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DENVER

COLORADO EVALUATION
AND ACTION LAB

Rapid Response and Evidence-Based Services for Runaway Youth in Denver

Lessons Learned from a Pay for Success Financed Project

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Colorado Department of Human Services
Denver Collaborative Partnership
Denver Human Services, Child Welfare Division
Denver Police Department
Denver Public Safety Youth Programs
Evidence-Based Practices Implementation for Capacity (EPIC)
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About Policy and Budget Recommendations

Policy and budget recommendations are the opinions of the Colorado Lab authors and do not represent the budget or legislative agendas of state agencies, the Governor’s Office, or other partners. Any requests for funding or statutory changes will be developed in collaboration with the Governor's Office and communicated to the legislature through the regular budget and legislative processes.

Administrative Data Sources

This study uses data from three sources that were connected through the Linked Information Network of Colorado (LINC):

1. Colorado Department of Human Services provided client level demographic and child welfare involvement data. These data were extracted from Trails.
2. Denver Police Department provided youth level information demographic information, runaway dates, and information on charges.
3. Savio House provided client level information on referrals to and number of sessions participated in community and evidence-based services.

LINC is a state data collaborative that uses a linking hub in the Governor’s Office of Information and Technology to integrate and anonymize cross-system data for approved projects. The data used for this report came from an approved LINC project. Administrative data from the Colorado Department of Human Services, and the Denver Police Department, and Savio House were utilized in this study.

Suggested Citation

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Rapid Response and Evidence-Based Services for Runaway Youth in Denver

Lessons Learned from a Pay for Success Financed Project

Project Objectives

Rapid Response for Runaway Youth is an intervention designed to serve runaway youth and their families by dispatching a network of rapid responders to meet families where they are, including at home, within 72 hours of the report of a runaway incident and then connecting them to services aimed at preventing child welfare or juvenile justice involvement. These services include an array of evidence-based interventions, such as Multisystemic Therapy (MST), Functional Family Therapy (FFT), High Fidelity Wraparound, and Trauma-Focused Cognitive Behavioral Therapy (TFCBT) as well as some community-based interventions. The program is being implemented by the Denver Collaborative Partnership, in close coordination with the Denver Juvenile Services Center and the Denver Department of Public Safety.

The purpose of this report is to reflect on the lessons learned in launching an innovative program aimed at preventing youth who run away from entering foster care and becoming involved in the juvenile justice system.

Need for Upstream Prevention

Over the course of a year, an estimated 1 in 30 youth ages 13-17 experiences some form of homelessness, including running away or being kicked out of their home.¹ Runaway youth represent a distinct population with unique characteristics and long-term outcomes. Youth who run away from home are at higher risk for mental health issues, substance use, violence and victimization, risky sexual behavior, academic setbacks, and involvement in the juvenile justice or child welfare systems.^{2, 3, 4} Because some youth who run away are not reported as missing, it can be difficult to quantify the extent of the problem and deliver effective interventions. Developing innovative interventions that focus on the comprehensive needs of these youth and their families is a critical step toward greater prevention of future runaway incidents and deeper system involvement.⁵

“The Rapid Responder was very open and there was a no judgment zone that allowed me and my daughter to open up and get involved. We felt heard and had a choice, which made us want to move forward. The incentive helped her to set a goal. Our communication is really good now and my daughter made a complete turnaround.”

- Parent of Runaway Youth



A Call for Innovation

The Colorado Governor’s Office of State Planning and Budgeting (OSPB) issued a “Call for Innovation” in January 2017 to seek proposals from community stakeholders on how to improve outcomes for youth involved in Colorado’s child welfare or juvenile justice systems. In addition to reducing child welfare and juvenile justice placements, OSPB asked applicants to focus on other key outcomes, such as educational attainment, behavioral health, and placement stability for Colorado youth. This Call for Innovation was associated with Colorado HB 15-1317, which authorized OSPB to enter into Pay for Success (PFS) agreements with lead contractors for the provision of program-eligible interventions (CRS 24-37-403).

The Rapid Response for Runaway Youth was one of three programs selected through this Call for Innovation and ultimately funded through a hybrid PFS financing model. The PFS contract was structured so that the cost of the program was split between the state and philanthropic funders. If the project met predetermined benchmarks or success measures, then the state would “pay for success” by repaying the philanthropic investors for their initial investment plus a maximum of a 2% annual return on their investment. Funding for these projects was authorized under HB 18-1323. The desired outcomes for this project were a reduction in out-of-home placement and juvenile justice involvement, with full success measured as a greater than 15% reduction in youth charges and/or a greater than 40% reduction in out-of-home placements. Early measures of success were based on the rate at which families engage or “take-up services” (TUS) within four months of a run report being filed with the Denver Police Department.

Although many of the services funded and included in the project, such as MST, TFCBT, and others, have been rigorously evaluated and have a strong evidence record, Rapid Response for Runaway Youth may be considered the most *innovative* of the three projects launched under Colorado’s first ever state-initiated PFS financed projects.

- There are no known interventions in Colorado or nationally that have successfully addressed the needs of this population prior to system involvement.
- Rapid Response for Runaway Youth was not piloted prior to the launch of the PFS contract.
- There was only a two month *building period* to shore up implementation and refine this novel approach before the project was accountable for meeting its benchmarks or success measures.

Despite a true cross-system partnership, data-based identification of barriers to implementation, and a comprehensive corrective action plan, the project failed to meet the benchmarks or success measures during its first year and was terminated 15 months after launch, with a three-month wind down period to continue services to families already enrolled. Read more in the [Joint Budget Committee report](#).

The purpose of this report is to describe the lessons learned for advancing upstream prevention efforts for youth who run away and leveraging PFS financing for innovative programs.

Interim Report Structure

Rapid Response Approach
Preliminary Evaluation Results and Take-up of Services Rates
Lessons Learned for Upstream Prevention
Lessons Learned for PFS Financing
Path Forward



Rapid Response Approach

Defining a rapid response approach that connects families to evidence-based services as soon as possible after a runaway incident is among the most important contributions of this project to the field of upstream prevention. The rapid response approach is characterized by rapidly engaging with families in crisis and connecting them with appropriate services. When rapid responders receive a report on a runaway incident, they begin the screening process and aim to connect with the family the same day (and no later than 48 hours after the report is received). Rapid responders take a standardized approach to contacting families, including repeated phone and in-person outreach attempts for up to 120 days. The rapid response approach also includes standardized incentives for families—a \$25 incentive at both screening and intake (\$50 total) as well as the opportunity for ongoing incentives with continued service engagement.

Rapid responders utilize a screening tool in their first meeting with families and attempt to connect families with service providers on the spot to avoid dropout. To further bridge the gap between screening and service engagement, rapid responders attend service intake sessions whenever possible and continue to support the service provider and family throughout the process to ensure satisfaction and assess ongoing family needs.

The project team developed an implementation rubric to ensure the rapid response program is carried out with fidelity. Table 1 presents the fidelity measure, which is broken up into seven key indicators: (1) leadership, (2) partnerships and data sharing, (3) program design and sustainability, (4) rapid responder screenings, (5) service referrals and delivery, (6) training and qualifications, and (7) communication skills. The rubric allows for ongoing self-assessment and improvement to guide program delivery in a consistent, replicable fashion. The fidelity measure was intended to be completed twice per year, at a minimum, by the project team.

“It has been an incredible experience to witness so many families and their children have the courage to trust the Rapid Responders and then engage in services. Joining families along the way toward healing and even more so, preventing further juvenile justice and system involvement has not only contributed to community safety, but also in breaking down barriers between families, community, and law enforcement.”

- Cheryl Perez, Program Coordinator,
Family Strong Program

Table 1: Implementation Fidelity Rubric

1. Leadership Framework – Evidence of a leadership-driven culture of commitment to the Rapid Responder program and its principles.	
Leaders within the program, service providers, and child welfare and juvenile justice agencies position the program for sustainability (e.g., support efforts to secure funds, partner in removing barriers, and prioritize internal resources as needed).	<input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never
Leaders within the program, service providers, and child welfare and juvenile justice agencies engage with each other to create solutions when implementation challenges arise (e.g., articulate concrete examples).	<input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely or never



Leaders participate in regularly scheduled meetings to launch and sustain the program.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Leaders spearheading the implementation have a high level of decision-making authority to prioritize practice changes necessary to align systems (e.g., no approval for decisions is needed).	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Comments:	
2. Partnerships & Data Sharing – Evidence of cross-system partnerships to meet program goals and commitment to utilizing data to improve referrals to services and engage in quality improvement .	
Evidence of coordination across agencies/systems (e.g., police department, juvenile services, child welfare, and evidence-based providers) to ensure formalized and consistent referral process.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Evidence of systematic data sharing across agencies (e.g., juvenile justice, child welfare) to track referrals and service delivery.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Evidence that data are collected, tracked, and utilized to refine the Rapid Responder model and improve engagement with youth and families.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Data collected on reasons that families choose to engage in or refuse services for continuous program improvement.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders and service providers demonstrate knowledge of partnerships, how to follow up on referrals, and strengths and limitations of available resources.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Comments:	
3. Program Design & Sustainability – Evidence of effective program design that supports communication across agencies and coordination at the administrative level to enroll families in evidence-based services.	
Systematic opportunities for leadership to coordinate on program refinement and improvement (e.g., regular meetings, assignment of point person or teams to lead distinct tasks).	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Evidence of ongoing efforts to document program design, core components, and procedures.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>



Evidence of efforts to sustain the program by securing funds for continued operations, program incentives, and evidence-based services.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Comments:	
4. Rapid Responder Screenings – Evidence that Rapid Responders conduct timely and effective screenings.	
Rapid Responders input data in database the same day a run report is received and confirm accurate contact information for families, cross-referencing the Trails system and performing additional online searches as needed.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders reach out to engage families in screening process within 24-48 hours of each run report.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders offer \$25 incentives at first contact with family for both screening and intake, along with ongoing incentives for continued service engagement (\$350 in discretionary funds available per family).	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders engage in ongoing outreach efforts, making unannounced visits after 3 contact attempts and continuing outreach attempts for up to 120 days. Rapid Responders document all efforts in database.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders conduct all screenings utilizing the screening tool and co-Rapid Responder attends screening when feasible for safety and support. Rapid Responders deliver \$25 gift card during screening.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders review each screening with supervisor and team and write narrative summarizing results for service authorization.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Comments:	
5. Service Referrals & Evidence-Based Service Delivery – Evidence that Rapid Responders make appropriate service referrals and coordinate seamlessly with evidence-based providers.	
Rapid Responders schedule intake with service provider during the screening whenever possible.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders attend service intake session to bridge ongoing engagement with families. Rapid Responders deliver \$25 gift card during intake.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders continue to support service providers and families for at least 120 days through regular check-ins to assess satisfaction and ongoing needs for each family.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>



Rapid Responders conduct satisfaction surveys at termination of services and/or when families refuse services.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Comments:	
6. Rapid Responder Training & Qualifications – Evidence that Rapid Responders receive appropriate training and demonstrate the necessary qualifications.	
Evidence that a standard job description and list of desired/necessary skills and qualifications has been developed to guide the Rapid Responder hiring process. Rapid Responders who are hired demonstrate the necessary skills and qualifications.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Supervisor attends each Rapid Responder's first screening to assess for skills. Supervisor develops additional training plan as needed.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders attend trainings as needed and demonstrate proficiency in training topic, which may include (depending on individual Rapid Responder needs) motivational interviewing, adult mental health first aid, youth mental health first aid, strength-based and solution-focused training, training on system of run retrieval and use of HRV tool, etc.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders review each screening with supervisor to allow for oversight of use of approach.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Comments:	
7. Rapid Responder Communication Skills – Evidence that Rapid Responders utilize solution-focused and motivational interviewing skills to engage youth and families.	
Rapid Responders consistently use basic helping skills, such as open-ended questions, affirmations, and reflection of feeling to build rapport with youth and families and understand barriers to participation.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Rapid Responders consistently demonstrate more advanced motivational interviewing and solution-focused skills.	<input type="checkbox"/> <i>Most of the time</i> <input type="checkbox"/> <i>Sometimes</i> <input type="checkbox"/> <i>Rarely or never</i>
Comments:	



Preliminary Evaluation Results and Take-up of Services Rates

The evaluation strategy for this project was a randomized controlled trial (RCT) designed to assess the impact of the rapid responder model on juvenile justice involvement and out-of-home/foster care placement within one year of the runaway incident. The early measures of project success were based on the TUS rates. It was hypothesized that if rapid responders could engage close to or more than 50% of the families in evidence-based services, there would be a practically meaningful reduction in new criminal charges and out-of-home placements. This section of the report includes information about the early evaluation results.

Enrollment and Crossover

Exploring Expansion of the Target Population

Description of the Sample: April-December 2019

Take-up of Services Rates

Enrollment and Crossover

A calendar was used to define treatment and control dates. Youth with a run report on a treatment date were to be served by the rapid responders. Youth with a run report on a control date were assigned to the control group. In analyzing initial 2019 results from the RCT, the research team identified an administrative issue with reported run dates. The run report date in Denver Police Department data did not match the run report date entered into Savio House's data system for 97 cases. After further investigation, we determined that this discrepancy was due to the police data reporting the date that the run report was filed rather than the date the runaway incident occurred. While the report was often filed on the same day as the runaway incident, the report was filed at a later date in the cases that did not match. This issue could easily be corrected by pulling the actual run date from police data and would not have presented an ongoing threat to the study.

Study enrollment and eligibility determinations were made through the end of the 2019 calendar year based on linked data from the Denver Police Department, Colorado Department of Human Services, and Savio House. Enrollment in the study was projected to be 230 youth in the treatment group from April-December 2019. After excluding 140 youth in out-of-home care at the time of the run and seven youth with a pending district charge at the time of the run, actual enrollment in treatment was 214 youth during this time period.

Through the end of February 2020, enrollment increased to 257 youth in treatment. Eligibility was not verified for youth enrolled in January and February 2020, so some of these youth may not meet the study inclusion criteria of low levels of child welfare and juvenile justice involvement.

Exploring Expansion of the Target Population

Lower than projected study enrollment can largely be attributed to fewer run reports made than in years prior to the start of this project and to excluding cases with higher levels of child welfare and juvenile



justice involvement. Given the lower enrollment numbers, the project team explored the feasibility of expanding the target population to capture additional youth who could be at risk of similar outcomes as the runaway population.

Youth with truant behavior but pre-court involvement

The project team considered including youth with truant behavior but without extensive court involvement. This involved having exploratory conversations with representatives from Denver Public Schools and Denver Public Safety Youth Programs and examining limited data on truancy. The team hypothesized that truancy could be an early indicator of future child welfare or juvenile justice involvement. However, this population was ruled out because we could not determine if the outcomes of interest occurred at a similar rate to runaway youth.

Youth with a municipal charge

Similarly, the project team also considered including youth with a municipal charge as a pre-cursor to greater system involvement. This population was determined to not be viable because these families are served by diversion officers, and “business as usual” was not distinct enough from the rapid response intervention.

Description of the Sample: April-December 2019

Based on run reports from April-December of 2019, 460 youth ages 10-17 made up the sample. The sample was evenly split between male and female youth, and the majority of youth identified as Hispanic.

Note: Demographic data are only available through December 2019 based on the anonymized data pull performed via the Linked Information Network of Colorado.

The control group was made up of 246 youth (53.5%), while 214 (46.5%) were randomized into the treatment group. The 2019 randomization calendar designated more control days than treatment days due to reduced staffing in the early stages of the project. Table 2 presents key demographic characteristics of the sample as of December 2019.

Table 2: Key Demographic Characteristics, April-December 2019 Sample

Total Sample Size, April-December 2019	460 youth
Group	46.5% Treatment 53.5% Control
Gender	52% Female 48% Male
Average age at time of run	14.7 years old (with a range of 10-17 years old at the time of the run)



Total Sample Size, April-December 2019	460 youth
Race/ethnicity	51.3% Hispanic 27.6% Black 18.7% White, non-Hispanic 2.4% Other/unknown
Youth with History of Out-of-Home Care in Year Prior to Run	3.3%
Youth with Law Enforcement Contacts in Year Prior to Run	39.6% (with an average of 0.72 contacts)

Take-up of Services Rates

The TUS rates for the duration of the project fell below the anticipated 50% threshold set in the project planning stages. TUS rates improved over the course of the project's first year as the program design was refined and corrective actions were implemented. However, TUS rates began to take a downward trajectory in early 2020 based on the unique circumstances of the COVID-19 crisis.

Certified data for April-August 2019 showed the average TUS rate was 22.2% based on Denver Police Department run report dates and 23.6% based on Savio House run dates.

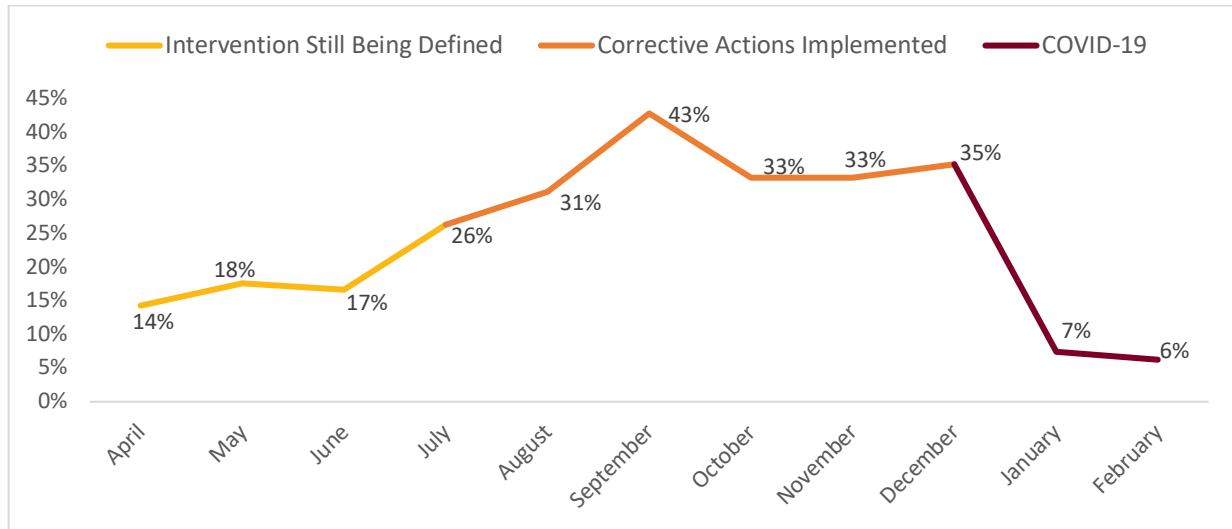
The average TUS for April 2019-February 2020 was 24.7%. This is based on a combination of certified and non-certified data.ⁱ

Figure 1 illustrates the percentage of run reports that resulted in full uptake of services—defined as three service engagements within four months of the run. The TUS rates fall into three overarching categories that help provide context. From April-July 2019, the project was in its early stages, and the rapid response intervention itself was still being defined. During this time, the project team met regularly to address the lower than expected TUS rate and identify the necessary corrective actions (e.g., ensuring rapid responders have the appropriate training and tools, developing standard incentives, bridging the gap between screening and service intake, etc.). These corrective actions were implemented and began to have a marked improvement on service engagement from August-December 2019. While rapid responders continued implementing the more well-defined model, the COVID-19 crisis in 2020 introduced new challenges. Despite rapid responders adjusting their approach to interacting with families, service engagement declined for families with a run incident that occurred in January and February 2020.

ⁱ Certified data means that records from Denver Police Department and Colorado Department of Human Services were connected to the program data to remove from the study participants who were system involved at the time of the run incident. System involved was defined as currently having a district level criminal charge or being in out-of-home care.



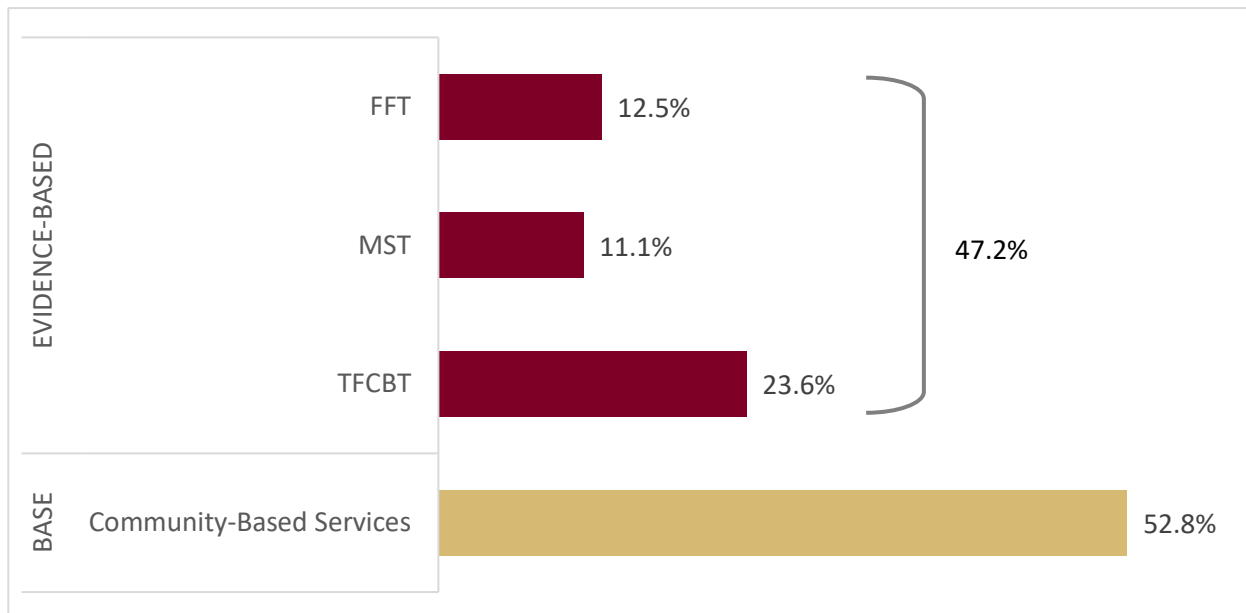
Figure 1: Percentage of Run Reports with Full TUS



Service Types

The analysis plan was predicated on an estimate that 55% of the services families participated in would have a strong evidence base. Figure 2 shows the breakdown of services delivered from April 2019 through June 2020. The chart reflects services that families participated in at least once. Some families engaged in multiple services. Overall, the balance across base and evidence-based services was roughly equivalent.

Figure 2: Breakdown of Services Delivered from April 2019-June 2020



Note. Functional Family Therapy (FFT); Multisystemic Therapy (MST); Trauma-Focused Cognitive Behavioral Therapy (TFCBT)



Lessons Learned for Upstream Prevention

Family engagement is a significant hurdle for deploying prevention to families who have never been system involved, and there is still more work to be done to uncover how to best connect families with upstream, voluntary prevention services. As described in the [Take-up of Services Rates section](#), the project team implemented a series of strategic corrective actions to increase take-up of services. These corrective actions were associated with improvements in the TUS rate ([Figure 1](#)). Below are some of the key lessons learned from the rapid response pilot program and its efforts to match families to evidence-based prevention services. The lessons learned that were also a corrective action are denoted with an asterisk.

Runaway Youth are a Priority Population for Family First Prevention Services

Leveraging federal Family First Prevention Services Act (FFPSA) dollars is one strategy for sustaining delivery of evidence-based services to youth who run away and their families.

- FFPSA allows states to draw down funds to provide evidence-based services when children or youth are at risk of entering foster care.
- Colorado identified runaway youth as a subcategory of youth at high risk of entry into the child welfare or juvenile justice system because approximately half of youth who runaway—and are not system involved at the time—enter out-of-home care or the juvenile justice system within 18 months.

Engaging Families in Services Takes Time to Build Trust and Skilled Staff

Connecting families to evidence-based services takes time to build trust, multiple contacts, and the use of incentives.

- Specify the approach and tools necessary to implement the program at the outset. A well-defined model for rapid response and family engagement is critical for consistent delivery and achieving the desired outcomes (see [Rapid Response Approach](#) for more information). The model should specify the training necessary for those delivering the program, standardized incentives offered to program recipients, outreach and communication strategies, assessment, etc.
- Plan for a 120-day window from the time of a runaway incident to when families have fully engaged in a prevention service, defined as participating in at least three sessions.
- Set the expectations that rapid responders will need multiple strategies and touchpoints to engage families in voluntary services.*
- Prioritize outreaching to families as close to the point of crisis (e.g., run incident) as possible.*
- Create seamless connections from the rapid responder to providers of prevention services (e.g., rapid responders call families to schedule intake and participate in the initial assessment).*
- Use incentives as a tool for initial engagement and as needed to reinforce ongoing participation in prevention services. Rapid responders offered each family a standardized incentive of \$25 at screening and \$25 at intake in the form of a gift card. They were also able to offer ongoing incentives tailored to the family's needs throughout the process (e.g., providing a meal or child care, purchasing an item related to the youth's interests or hobbies, etc.). The maximum incentive per family was \$400.*



- Set performance management targets for engaging in services that are realistic for voluntary populations.

Training staff in motivational interviewing and trauma-informed practices, along with providing coaching and clinical supervision, was associated with an increase in rates of family engagement.

- Staff rapid responder positions above the “entry level.” Position descriptions should require a bachelor’s degree, one to three years of relevant clinical service experience, and demonstrated proficiency in basic helping skills, motivational interviewing, and trauma-informed practice.
- Ensure rapid responders have a clinical supervisor who can help them develop advanced family engagement skills and increase their cultural and trauma-related awareness and competence.*

Community-based Services May be a Gateway or Entry Point to More Intensive, Evidence-based Mental Health Services

Deploying intensive evidence-based interventions to at-risk families and youth may not meet the needs of all families along the prevention continuum.

- Of the families who engage in prevention services following identification through a run report, approximately 25% will be matched to intensive, evidence-based mental health services like MST and FFT. Approximately 25% may be better served by interventions like TFCBT. The remaining half may initially opt into community-based services that are less intensive than evidence-based services.
- Ensure that the array of services available includes parenting skills and support that can be accessed prior to the youth returning home.
- Survey families to ensure that the array of services is matched to their perceived needs and delivered in an accessible format.*

Collaboration, Coordination, and Potential Co-Location of Rapid Responders with Police Departments is Essential for Serving the Runaway Population

Navigating systems is challenging for families, especially during a crisis. Programs aimed at bridging law enforcement response and prevention services require formalized partnerships and proactive collaboration.

- Collaboration among rapid responder initiatives and police departments can ensure that youth of all ages and risk levels are prioritized for services when they run away.
- Coordinating the distribution of information, such as a flyer about rapid responder services that police officers hand out at the time a run report is filed, can frontload for families the expectation that rapid responders will be reaching out to them.*
- Co-locating rapid responders at a police department or creating an on-call system when officers respond to run reports can offer families a more immediate connection to services and support during their time of crisis. Rapid responders can provide a touchpoint outside of the system and begin the process of building trust with families earlier.



Lessons Learned for Pay for Success Financing

This project was launched under a hybrid PFS financing model. The thresholds for success were not met, and the contract was terminated 15 months after launch, with a three-month wind-down period. Below are some of the key lessons learned as they relate to PFS financing of innovative programs.

Termination of a PFS Contract Does Not Mean “Failure”

- PFS is focused on allocation of scarce resources based on outcomes. It is equally as valuable to know what is not working, as implemented during the project period, as it is to know what is working.
- The termination means that the project did not meet benchmarks for taking up services. Since the number of families who took up services was not high enough to support demonstrable outcomes, the philanthropic funders were unlikely to recoup their investment.ⁱⁱ
- The evaluation data suggest that with a sustained focus on implementation science, applications of the lessons learned, and alignment with police policy/practice, rapid response could be a promising tool for connecting non-system-involved families to evidenced-based prevention services and supports following a runaway incident. More time was needed.

Deploying rapid responders to connect families of youth who run away with evidence-based interventions is an innovative, upstream prevention approach. Prior to the launch of this project, this was not a well-established practice in Denver, Colorado or nationally.

Seed Funds and Successful Pilots Are Needed Prior to Launching a PFS Contract

Innovative projects are particularly susceptible to early termination due to the number of assumptions that must be made to launch a PFS contract and the limited time available to address implementation challenges.

- Seed funding prior to PFS financing can allow the project team to test drive assumptions about how the project will function, the true cost of service delivery, staffing requirements, and acceptability of the intervention to families.

The project launched with a two-month building period in February of 2019. This was not enough time to define the intervention and bring implementation to fidelity. In fact, the rapid response intervention changed dramatically throughout the 2019 calendar year as a result of corrective actions aimed at increasing the TUS rate.

ⁱⁱ The PFS contract set forth three success measures (TUS, reductions in youth charges, and reduction in out-of-home placements) upon which success payments were based. Predetermined TUS thresholds dictated the payment amounts, but the project was never able to meet the minimum TUS threshold for repayment of 45%. Not meeting the minimum threshold by April 1, 2020 was sufficient cause for early termination.



- PFS financing might be best used when programs have demonstrated delivery with fidelity and there is initial performance management or pre-test/post-test data to suggest readiness for a rigorous evaluation.

Seed funding may also be needed to support PFS contract structuring, build capacity for data sharing, and develop an evaluation plan.

- Planning grants may be a mechanism to offset some of the costs associated with fiscal agent, provider, intermediary, and evaluator time spent developing term sheets and evaluation plans.
- Investments may be needed to build capacity to collect or share data for program delivery and evaluation.
- All parties need access to specialized legal support for review of the PFS contract.

Longer Project Periods are Needed for Innovative Approaches

The Rapid Response for Runaway Youth project was launched with a two-month building period, two and a half year project enrollment period, and approximately one year to follow program participants and assess impacts on juvenile justice and child welfare involvement.

- In the absence of a pilot project, this length of time was too short, as evidenced by the TUS trends (see Figure 1, page 10). These trends suggest that it took several months to identify the key implementation challenges and then several more months to implement and see the positive results of corrective actions.

PFS Contracts Need to Balance Rigidity with Flexibility

A criticism of PFS is that contracts get renegotiated to ensure “success,” and the rigor of ensuring a return on taxpayer dollars gets lost. Reasonable flexibility with appropriate oversight is needed to allow adjustments to be made without renegotiating and re-signing the contract.

- An option to eliminate select time periods from counting toward success measures would offer parties an alternative to early termination. For example, the Rapid Response for Runaway Youth project might have benefitted from removing the first months of data prior to corrective actions being implemented as implementation was uneven during that time. For other projects, major policy changes could be a reason to eliminate months of data from the measure of success.
- No-cost extensions should be able to be approved with consensus of all parties to the contract. This will allow for flexibility when enrollment in the program is lower than expected due to factors outside the project’s control (e.g., a policy change, a pandemic).
- Expansions of the target population, pivots to program design in response to policy changes, adjustments to the evaluation plan, and reallocations of budget line items are examples of areas where flexibility may be warranted.



Including evaluation costs in the PFS deal structure would allow parties to set the deliverables, select independent evaluator(s) and approve substantive changes to the evaluation design if needed (e.g., shift from an RCT to a quasi-experimental design if there is not a waitlist for enrolling in the program).

Value of Regular Operational and Governance Meetings

Active performance monitoring allows for identification of problems early and promotes data-driven decision-making.

- Regular operational and governance committee meetings create the structure for project pivots that are based on data.
- Membership of these meetings should reflect the multi-sector partnership with the expertise and social capital to address barriers to implementation and sustainability beyond the PFS financing.

Path Forward

Runaway incidents are an opportunity to identify families in need of support. There is an ongoing need to invest in upstream prevention that meets families where there are, provides the support they need, and prevents deeper system involvement.

This project clearly demonstrated that runaway youth and their families typically do not seek out and engage in evidence-based prevention services in absence of a program that creates the bridge between law enforcement and mental health services. The role of engaging families of youth who run away from home will transition from *FamilyStrong* program under Denver Collaborative Partnership to the Denver Juvenile Services Center (DJSC). Currently DJSC is staffed with three responders who are well positioned to apply the lessons learned from this project to family engagement. These rapid responder positions are funded by Denver Public Safety Youth Programs through the City of Denver general fund.

The project team is actively exploring opportunities to cover the cost of delivering evidence-based and community-based services to runaway youth and their families, particularly when the right service is not Medicaid reimbursable or the family is not eligible for Medicaid. Denver Public Safety Youth Programs will be allocating some funding to support the services that were available to families through the PFS project; however, with substantial budget cuts looming for 2021, there will a resource gap. In the short-term bridge funding is needed to ensure youth who runaway and their families have access to services designed to prevent deeper system involvement. Longer-term, the inclusion of runaway youth as a priority in Colorado's Family First Prevention Services Plan will allow the state to draw down federal reimbursement for participation in evidence-based services such as MST and FFT. When Colorado opts into the financial aspect of Family First Prevention Services Act, the federal reimbursement rate will be up to fifty cents on the dollar.

Consistent with the lessons learned, evaluation focuses moving forward will focus on implementation science and tracking take-up-services rates. Once the approach demonstrates consistent delivery in the new, DSJC setting then more rigorous evaluation strategies may be explored.



Appendix A

Baseline Equivalence of Demographic Measures (April-December 2019)

We used linked administrative data from the Denver Police Department and Colorado Department of Human Services to assess baseline equivalence of youth between treatment and control groups. We compared each subject group at baseline using demographic measures of race, gender, and age.

Demographics were compared using the Cox index for dichotomous variables and Hedges' g for continuous variables. Testing showed that the groups were equivalent on all measures. The table below presents the detailed breakdown of results across the treatment and control groups. Green highlight indicates the absolute value of the effect size is less than 0.25.

Table A1: Baseline Equivalence Results

	Proportion control	Proportion treatment	Cox d
Female	0.52	0.52	0
Hispanic	0.52	0.51	0.024265
Non-Hispanic	0.48	0.5	-0.04851
History of OOH in Year Prior to Run	0.3	0.3	0

	Mean control	Mean treat	Hedges' g
Age	14.86	14.58	0.183007
Count of arrests in year prior to run	0.037	0.019	0.03956
Law enforcement contacts in year prior to run	0.646	0.813	-0.15755

Baseline Equivalence on Confirmatory Outcome 1: Criminal Charges (April-December 2019)

Counts of law enforcement contacts and arrests were comparable between treatment and control groups.

Counts of law enforcement contacts and arrests in the year prior to each run were used as a proxy for the criminal charge outcome. Youth in the treatment and control groups were equivalent on the baseline measures of both count of arrests and number of law enforcement contacts.

Baseline Equivalence on Confirmatory Outcome 2: Out-of-Home Care (April-December 2019)

History of out-of-home care in the year prior to the run was equivalent between the treatment and control groups.

History of out-of-home care in the year prior to each run was used as a proxy for the outcome. Youth who were in out-of-home care at the time of the run were excluded from analyses. Youth in the treatment and control groups were equivalent on the baseline measure of history of out-of-home care.



Endnotes

- ¹ Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). *Missed opportunities: Youth homelessness in America*. National estimates. Chicago, IL: Chapin Hall at the University of Chicago.
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- ³ Gambon, T. B., & O'Brien, J. R. (2020). Runaway youth: Caring for the nation's largest segment of missing children. *Pediatrics*, 145(2), 1-12. doi:10.1542/peds.2019-3752
- ⁴ Tucker, J. S., Edelen, M. O., Ellickson, P. L., & Klein, D. J. (2011). Running away from home: A longitudinal study of adolescent risk factors and young adult outcomes. *Journal of Youth and Adolescence*, 40(5), 507-518. doi:10.1007/s10964-010-9571-0
- ⁵ Slesnick, N., Dashora, P., Letcher, A., Erdem, G., & Serovich, J. (2009). A review of services and interventions for runaway and homeless youth: Moving forward. *Children and Youth Services Review*, 31(7), 732-742. doi:10.1016/j.childyouth.2009.01.006