

Youth Run Prevention Plan

YOUTH'S NAME	
PERSONAL ID NO.	DATE OF BIRTH
DATE PLAN CREATED	CASE NUMBER

CURRENT PLACEMENT NAME

Run Risk Level

CHECK ALL THAT APPLY.

- | | |
|--|---|
| <input type="checkbox"/> Might run again | <input type="checkbox"/> Has ran many times in last three months |
| <input type="checkbox"/> Ran away for the first time | <input type="checkbox"/> Has ran multiple times a month (Chronic) |
| <input type="checkbox"/> Has ran for long periods of time (90+ days) | |
| <input type="checkbox"/> Other reasons (describe): | |

Action Plan and Strategies

The Youth Run Prevention Plan needs to be realistic, positive, strength based collaboratively developed and achievable with the youth. Once a plan is developed, update as needed.

YOUTH STRENGTHS

What are your strengths? What are you good at? (Examples: basketball, being on time, friendly, respectful, baseball, math, etc.)

RUN PREVENTION

What has helped prevent you from running from placement in the past? (Examples: call caseworker, listen to music, talk to a friend, take a walk, etc.)

DISTRIBUTION: Original – Youth Case File; Copies: Caregiver

PAST RUN TRIGGERS / BEHAVIOR

What are some triggers or behaviors that you have noticed occur when you have feelings of running? (Examples: anxious, feeling trapped, not knowing what to do, overwhelmed, etc.)

OTHER PREVENTION OPTIONS

How can your caseworker, Missing from Care Locator, or caregiver best support you in staying in placement?

Signatures		
The youth run prevention plan identifies strategies to help prevent future runs. A signed copy will be given to the youth and the caregiver and the original placed in the youth's case file.		
YOUTH'S SIGNATURE	DATE	PRINTED YOUTH'S NAME
CAREGIVER'S / STAFF'S SIGNATURE	DATE	CAREGIVER'S / STAFF'S NAME
CA WORKER'S SIGNATURE	DATE	PRINTED CA WORKER'S NAME
Primary Caregiver and Youth Support Needs		
<input type="checkbox"/> Caregiver / Staff has reviewed MFC Online information at: https://www.dshs.wa.gov/ca/4500-specific-services/4550-youth-missing-care .		

LIST OTHER SUPPORT NEEDS (I.E., COUNSELING AND SUPPORT SERVICES)