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| State_Seal3 | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **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.  Might run again  Has ran many times in last three months  Ran away for the first time  Has ran multiple times a month (Chronic)  Has ran for long periods of time (90+ days)  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.) | | | | |
| **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 | | |
| DCYF WORKER’S SIGNATURE DATE | | PRINTED DCYF WORKER’S NAME | | |
| **Primary Caregiver and Youth Support Needs** | | | | |
| 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) | | | | |

**DISTRIBUTION:** Original – Youth Case File; Copies: Caregiver