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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