



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.

- |  |   |
|--|---|
| <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.)

#### 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