

CHECKLIST FOR YOUTH WHO RETURN FROM BEING ON THE RUN OR MISSING

When youth returns home:

_____ Child and Family Team members remind one another of the need to be welcoming, as well as actively show concern for the young person's well-being.

_____ Child is provided with food, and an opportunity to rest.

_____ Team member (who has been previously designated during the planning process) ensures that the youth has an immediate medical exam to address any medical, or other high risk issues, that may have occurred while the child was missing. (This should be coordinated with the DMCPD worker if the youth is on a CHIPS order.)

_____ Care Coordinator notifies supervisor and all team members, including systems partners and law enforcement, as well as documents all contacts within progress notes immediately.

_____ Care Coordinator then contacts Clinical Program Manager Steve Gilbertson if youth is suspected to have been victimized, involved in high risk sexual activities, or exploited while missing. Care Coordinator may also need to contact 220-SAFE and Sensitive Crimes based on discussion with Mr. Gilbertson. Please refer to the Critical Incident Policy, and complete documentation as necessary should this be the case.

_____ Care Coordinator enters a return Temporary Change of Placement per policy.

_____ Enrollment Coordinator Christine Robinson cancels disenrollment if youth has been disenrolled due to the length of time their whereabouts were unknown.

_____ If needed, the Child and Family Team designates someone (DMCPD worker or Human Services Worker if on a court order) to contact the legal parties and request that the CAPIAS be withdrawn if the youth returns without the involvement of law enforcement. If CAPIAS cannot be cancelled, then Care Coordinator assists the youth in connecting with their Public Defender to complete a walk-in, so that it can be cleared.

_____ The Child and Family Team meets within 24 hours to discuss needs, strategies and options for the young person. The Crisis Plan, and Plan of Care if necessary, are updated to clearly identify what team members are doing to ensure the youth's safety and/or prevent this from happening again in the future. The Child and Family Team will revisit this safety issue at each future team meeting, and make changes to the plan as needed.

When youth is picked up, and placed in Detention/Shelter/Respite:

_____ Child and Family Team members remind one another of the need to be supportive, as well as actively show concern for the young person's well-being.

_____ Care Coordinator notifies supervisor and all team members, as well as documents all contacts within progress notes immediately. Care Coordinator should share any information about upcoming court hearings generated as a result of the youth returning.

_____ Team member (who has been previously designated during the planning process) ensures that the youth has an immediate medical exam to address any medical, or other high risk issues, that may have occurred while the child was missing. This may be coordinated with the DMCPD worker if the youth is on a CHIPS order, or with Detention staff if child is placed in Detention.

_____ Care Coordinator then contacts Clinical Program Manager Steve Gilbertson if youth is suspected to have been victimized, involved in high risk sexual activities, or exploited while missing. Care Coordinator may also need to contact 220-SAFE and Sensitive Crimes based on discussion with Steve Gilbertson. Please refer to the Critical Incident Policy, and complete documentation as necessary should this be the case.

_____ Care Coordinator enters a return Temporary Change of Placement per policy.

_____ The Child and Family Team meets within 24 hours to discuss needs, strategies and options for the youth. The Crisis Plan, and Plan of Care if necessary, are updated to clearly identify what team members are doing to ensure the youth's safety and/or prevent this from happening again in the future. The Child and Family Team will revisit this safety issue at each future team meeting, and make changes to the plan as needed. These strategies and responses are presented to the court in future court letters, if required; if no letter is required, care coordinator must provide a verbal update in court.