Essential Components for High Risk Behavior Crisis Planning –
Youth Missing from Care

Proactive:

_____ Identify triggers and possible ways to address them.

_____ Ask the youth what helps them to avoid running and LISTEN to what they say.

_____ Identify who on the team will be responsible for coordinating medical care should a runaway episode occur.

_____ Talk about who on the team the youth can contact while they are on the run for support. This includes how they can access help with medication, medical concerns, legal issues, etc.

_____ Make sure family and youth have information regarding National Runaway Safeline at 1-800-RUNAWAY and National Center for Missing and Exploited Children at 1-800-THELOST (843-5678) so that they can be used as needed.

Reactive:

_____ All team members need to remain in close communication. Determinations should be made regarding the filing of a Critical Missing Persons Report/CAP/IAS, as well as contact with Sensitive Crimes, the National Safeline, and National Center for Missing and Exploited Children.

_____ Team members, especially family members, should attempt to connect with the young person via a call phone and/or social media. Communications should be informative and encouraging – POSITIVITY and COMPASSION are key! Everyone should avoid threatening language.

_____ An Emergency Team Meeting is held to discuss specifically how team members will look for and support the youth while they are gone.

_____ Care Coordinator connects with their Supervisor/Lead Care Coordinator for consultation, and then calls/emails Wraparound Program Manager Jenna Reetz (and Clinical Program Manager Steve Gilbertson as needed) within 24 hours for further consultation.

_____ When the young person returns, address immediate needs (such as food, sleep, and medical attention) first.

_____ Team member cancels Critical Missing Persons Report.

_____ Another Emergency Team Meeting occurs to discuss what happened, and to make adjustments to the Crisis Plan and/or Plan of Care as needed.