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Strengthening Connections: Youth and Provider Perspectives on Youth Running from Out-of-Home Placements

REPORT HIGHLIGHTS:

- Connectedness is run prevention, intervention, and aftercare.
- Youth run *from* out-of-home placements when they become dysregulated to try to get their needs met. They run *to* connectedness and familiarity.
- Youth have a predisposition to test boundaries and desire autonomy over their own lives. Opportunities for both are limited in out-of-home placements, so running can reflect these typical adolescent needs.
- Providers must follow prescribed protocols when a youth runs and overall feel they do not have the autonomy to locate a youth who has run from a placement.
- The degree of connectedness youth feel with providers has an impact on their ability to psychologically and physically regulate after returning from a run.
- Programmatic and systemic barriers make it difficult to prevent a run from occurring.

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Abstract

In the 2022 legislative session, lawmakers passed House Bill 22-1375 Concerning Measures to Improve the Outcomes for Those Placed in Out-Of-Home Placement. This statute required the Office of Colorado’s Child Protection Ombudsman to enter into an agreement with an institution of higher education to examine the issue of youth running away from out-of-home placements from a lived experience perspective. This report contains the results of five focus groups, two with out-of-home placement providers, and three with youth ages 12-17 currently residing in out-of-home placement. Providers and youth provided their perspectives on (1) What conditions led to running from an out-of-home placement? (2) What efforts were made to locate a child or youth after a running incident? (3) What services were provided to the child or youth after a running incident? and (4) What programmatic and systemic barriers make it difficult to prevent a run from occurring? In addition to the questions required by statute, the results also provide insight into what happens right before a running incident, the impact of childhood trauma on running behaviors, a lived experience perspective on prevention efforts, and the importance of connectedness for youth in out-of-home placements.



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Data Sources

Data was collected through conducting five focus groups. Thank you to the Office of Colorado’s Child Protection Ombudsman, the Colorado Association of Family and Children’s Agencies, and the Timothy Montoya Task Force for assisting in finding focus group participants.

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Note on Language Regarding “Runaway”

The Timothy Montoya Task Force is working to develop common language that accurately reflects a child or youth’s experience on the topic of “runaway.” For the purposes of this report, language from House Bill 22-1375 will be used to ensure required elements of the bill were fulfilled.

Introduction

Timothy Montoya was a 12-year-old residing in an out-of-home placement who was tragically hit and killed by a car in 2020 while on the run from an out-of-home placement. His death highlighted statewide concerns about the lack of consistent, prompt and effective responses to youth who run from out-of-home placements. In 2022, House Bill (HB) 22-1375 Concerning Measures to Improve the Outcomes for Those Placed in Out-of-Home Placement Facilities was passed in Timothy Montoya’s honor.

Timothy Montoya’s life ended tragically as a result of running from an out-of-home placement. Running from out-of-home placements is a common occurrence resulting in potentially dangerous situations such as being a victim of crime, injury, or death. The Office of Colorado’s Child Protection Ombudsman and professionals in the child protection field assert that Colorado is in a mental health state of emergency. The rise in children and youth mental health concerns in Colorado has caused concern for out-of-home treatment facilities, parents, child welfare agencies, and legislators. Stakeholders like these see a need for statewide quality assurance and accountability systems, and supports for children with runaway behaviors. Such tools are valuable for promoting quality services for high-needs children. With such tools in place, caregivers can feel assured that their child’s placement will be safe. Concerned stakeholders also value the importance of amplifying child and youth voices to enhance understanding of runaway behaviors.

The purpose of HB 22-1375 is to establish the Timothy Montoya Task Force to Prevent Children from Running Away from Out-of-Home Placements, which began in September 2022 and will meet for two years. One of the requirements of the Task Force is to analyze root causes of why children run away from placement in order to develop a consistent, prompt, and effective response for children who run away from placement and will also address the safety and well-being of children upon return to placement after a run.

Additionally, HB 22-1375 required the Office of Colorado’s Child Protection Ombudsman to enter into an agreement with an institution of higher education with experience in child welfare research to conduct focus groups with providers and youth in out-of-home placements to better understand the lived experience on this topic. The statute specifically requires the researcher to conduct focus groups with children and youth who have experienced out-of-home placement. The five focus groups were conducted in early 2023 across Colorado, and this report highlights the findings. Providers and youth provided their perspectives on (1) What conditions led to running from an out-of-home placement? (2) What efforts were made to locate a child or youth after a running incident? (3) What services were provided to the child or youth after a running incident? and (4) What programmatic and systemic barriers make it difficult to prevent a run from occurring? In addition to the questions required by statute, the results also provide insight into what happens right before a running incident, the impact of childhood trauma on running behaviors, a lived experience perspective on prevention efforts, and the importance of connectedness for youth in out-of-home placements.

“Not all kids run away because they’re necessarily bad kids or because they want to make bad decisions, but sometimes it’s because they don’t know what to do and they’re looking for help. ...it’s not necessarily because they’re bad or that they want to make bad decisions but because they... trauma. They are looking for something, they’re looking for a way to get their needs met, and don’t know how to get those needs met. So, they’re trying whatever way they know how rather than trying a healthy, more positive manner.”

- Youth Focus Group Participant

Project Rationale and Description

Project Rationale

Children and youth who reside in residential treatment facilities often face significant behavioral health needs and are provided with critically important services to meet their complex needs in their out-of-home placements. Running away from out-of-home placements such as residential treatment facilities is common.¹ While there are a variety of reasons a child may run from out-of-home placement, running is a coping behavior. Prior research indicates children are either running to (access), or running from (avoidance of someone or something).^{2, 3, 4} Running away can adversely affect children and youth in a multitude of negative ways including criminal victimization, sexual exploitation, physical and mental health problems, homelessness, and delinquent behavior.^{5, 6, 7, 8} The most severe risk to children and youth who run away is the risk of dying from intentional or accidental means.⁹


Prior research indicates children and youth in group placements are more likely to run away from care than those in family placements.^{10, 11, 12} Children with more than two placements and a higher number of separation incidents from their homes have a significantly higher risk of running from an out-of-home placement.^{13, 14} Prior research has established a range of individual risk factors that increase the risk of running incidents with children in out-of-home placement such as child's age (teens in particular), gender, race, substance use, and mental health history.¹⁵

The research regarding why children run from treatment facilities is predominantly quantitative and does not capture the lived experience of children and youth who run from out-of-home placements. To date, there is one qualitative study, which was conducted in 2005.¹⁶ Courtney et al. (2005) interviewed 42 children who had run away between 1993 and 2003. The children were asked why they ran, which led to the finding that they were running to something or from something. The study also concluded that running behavior was related to four broad categories: (1) running to family of origin, (2) returning to friends and/or the streets, (3) maintaining relationships with friends or extended family members, and (4) running spontaneously.

While the study was groundbreaking, it also contains several notable limitations. It is dated, did not include information regarding the services provided to children and youth before a running incident, and did not include information about what happened to them once they were returned to care. This report addresses these gaps and also provides the perspectives of service providers. Findings from this project are consistent with previous research (e.g., reasons for running and where youth go while on the run).

Project Description

This project provides critical data to inform the Task Force on the following primary questions related to youth who run from out-of-home placements:

- 
1. What conditions led to running from an out-of-home placement?
 2. What efforts were made to locate a child or youth after a running incident?
 3. What services were provided to the child or youth after a running incident?
 4. What programmatic and systemic barriers make it difficult to prevent youth from running from an out-of-home placement?

In addition to the questions required by statute, the results also provide insight into what happens right before a running incident, the impact of childhood trauma on running behaviors, a lived experience perspective on prevention efforts, and the importance of connectedness for youth in out-of-home placements.

Methods

Purpose of Qualitative Research Perspectives

The primary investigator (PI) used qualitative research methods to capture the lived experiences of children and youth as well as out-of-home services providers on the issue of youth running from out-of-home placements. Although public policies have a direct impact on the lives of children, youth, and service providers who experience running behaviors, their voices are rarely included in research.^{17, 18} Recent research has explored individual and societal factors that influence running behavior; however, the *voices* of the children and youth who reside in facilities and the providers who serve them have rarely been explored.

The data collected in this project establishes critical context for policy and practice recommendations. The narratives of the children and youth provide first-hand knowledge of what it is like to experience an out-of-home placement and the impact running incidents have on the child who runs as well as their peers. The service providers' lived experience provides a comprehensive description of how they perceive running behaviors as well as the impact the run has on the individual child and facility as a whole. Amplifying youth and provider voices provides stakeholders and policymakers the opportunity to gain more understanding, empathy, and awareness.

Sample

A purposeful criterion-based sampling strategy was used to seek participants who are experts on the experiences of children and youth who run from out-of-home placement. The Office of Colorado's Child Protection Ombudsman, the Colorado Association of Family and Children's Agencies, and members of the Timothy Montoya Task Force provided a list of potential focus group participants, including children and youth up to age 22 and out-of-home placement providers.

Actual children and youth participants ranged in age from 12 to 17. The invitation to participate included children and youth up to 22 years of age; however, there was not representation in this project for children under age 12 or youth 18 to 22. While including voices of all ages would have been ideal, the ages in this sample are consistent with previous research that indicates adolescents ages 13 and over are most likely to run from placements.¹⁹ The participants had the ability to communicate verbally and the capacity to recount their experiences with running incidents in out-of-home placement programs. Youth focus group participants represented three out-of-home placement providers located in northern, front range, and southern Colorado.

Out-of-home service provider focus group participants represented facilities located in northern, Front Range, southeast, and southern Colorado. The focus groups included a variety of service roles within the facility including directors, supervisors, and direct care staff.

Focus Group Protocol

A semi-structured interview protocol was developed to facilitate a rich and robust description of experiences from the participants’ perspectives. This included 12 guiding questions for the youth and the providers that were directed toward the main purposes of the study and evaluation questions (see Appendix A). The focus group facilitator reflected participant experiences throughout the focus groups to check for accuracy of what was being said.

In qualitative research, data collection typically ends when saturation is reached, which means no new information is emerging. In this project, saturation was reached after two provider focus groups and three focus groups with children and youth.²⁰ The focus groups were audio-recorded and transcribed into written form to ensure accuracy of participant quotes. The transcripts were used to code the data into overarching themes. In addition to the PI, two independent qualitative research coders each reviewed transcripts and codes to ensure accuracy of the PI’s initial findings.

Key Findings

Each section contains a summary of the narrative provided by the youth and provider focus groups. Direct quotes from the youth participants are in **green** and provider quotes are in **brown**. Appendix B provides additional direct quotes for each topic.

The PI began each focus group by asking youth questions from the semi-structured interview protocol about running. In each group youth asked, “you mean AWOLing?” The term AWOL was widely used as common terminology among youth to describe running incidents and behaviors. This term was used regardless of the out-of-home placement during the interviews.

Findings are organized according to each of the four primary questions.

1. What conditions led to running from an out-of-home placement?

Focus group participants indicated three conditions that led youth to run from their out-of-home placement.

- Running from the placement due to dysregulation from triggering events, disconnection from staff, and responses to previous trauma.
- Running to connectedness and familiarity.
- Running due to typical adolescent behavior.

Conditions that Led to a Run: Running *From*

Triggering events, disconnection with staff, and responses to previous trauma

Consistent with previous literature, provider and youth described instances where youth ran *from* a situation for a variety of reasons. Regardless of the reason for running from an out-of-home placement, children are typically dysregulated at the time of a run. Youth focus group participants describe being in a state of emergency, often described as “fight, flight, or freeze”, and are unable to access the parts of their brain that allows them to make rational decisions an understand consequences. Therefore, youth who are dysregulated are more likely to run from an out-of-home placement.

Dysregulated youth may experience physical symptoms such as increased heart rate, irregular breathing patterns, or the inability to think or perform simple tasks. Common reasoning is not available to youth in this state of functioning. They cannot think of consequences or foresee their actions as potentially dangerous.²¹
²² The youth and provider focus group participants described events that led up to the child dysregulating. Although youth and providers may view these situations differently, the same three underlying themes emerged about what makes a child at risk for dysregulation and therefore to running from an out-of-home placement: triggering events, disconnection with staff, and responses to previous trauma.

Triggering Events

Children in out-of-home placements have individualized treatment plans. These plans frequently change and that results in a change in the child's daily life and expectations for the future (e.g., longer time in out-of-home placement, change in placement, or a change in their child welfare case). This can result in dysregulation and a potential running incident. Providers and youth had two different perceptions: youth who run after a phone call or visit from an external care provider like a caseworker or parole officer, and/or running after a phone call or visit from their family. Youth also indicated they ran, or thought more about running, after visiting family on a pass home.

Calls and visits from a member of their external provider team can result in a change in the child's treatment trajectory or out-of-home placement plan. Providers cited these conversations as events that can trigger a youth running from placement. Provider participants also referred to incidents where a child was regulated until they received a phone call from their family. The call could be regarding something the youth is missing out on with their family while in the out-of-home placement, or an argument with a family member.

"In a lot of the cases, kids have to be alone to make phone calls with their professional. In a delinquency filing, an attorney will want to talk and want to do it alone. If they get bad news there, that's one of the ways. When we get it right, we're engaged, the programs engaged in the call. The stage is set nicely and we're able to work with and through it, but when we don't know, you know, a lot of times this is what happens."

A Disconnection with Staff

Youth participants described feeling disconnected, unseen, or unheard as a reason for running from an out-of-home placement. Youth and providers also noted staff shortages prevent youth from getting what they need from staff. Youth participants often described themselves and their peers as "attention seeking" when they were not getting their psychological or physiological needs met due to a lack of staff time. Youth participants also described feeling unsafe or disconnected with some staff members based on their experiences in the placement.

"One reason why people like AWOL is because like, it's just, you don't want to be in the situation you're in. And, like, sometimes, especially here, it gets really stressful with the staff and youth. Staff do a lot of stuff that makes, like, that makes us want to, like, not talk or not speak around people. And it's just like, sometimes it's hard to open up the staff or open up to youth because you don't know what's going on, or you don't know who you're with, like, you know. You don't really want to be here. It's just more or less, you want to have a – you don't want to, like, spend the time here because, like, it's just really hard."

“In our facility, we would want to say that all of our staff are doing the right things. Sometimes, that wasn't the case. Sometimes, kids walked away because they didn't feel like staff were as caring as they should have been or were not able to provide the space that they needed; it's a myriad of things.”

Youth participants noted times where they did not feel respected or understood by staff and ran as a means of removing themselves from that situation. Some youth recalled instances where they felt unsafe with staff and ran in order to protect their safety. Whether or not staff agree with this assessment is immaterial to the youth who is perceiving danger as a reality in their worldview. Providers noted the youth are often working through extensive treatment plans, which can be difficult to explore and running is a means of protecting their psychological safety.

“I was thinking about AWOLing was because I was uncomfortable with the male night staff. He was just being very, very inappropriate. I wanted to leave so that he would not continue to be inappropriate. I wanted to AWOL because let's see, a grown man, and a teenage girl, who has already been through that situation, it made me extremely uncomfortable there.”

“I also think a really common reason or issue is that we are forcing them to talk about really difficult things and to confront some unhealthy behaviors and patterns, and that's really difficult to do even as an adult. So, try to sometimes – their first reaction is, “This is too hard. I don't want to do it,” and then their thought is to run.”

Responses to Previous Trauma

Youth in out-of-home placements often have a history of complex trauma, and they are viewing their world and interactions within the world from that lens.²³ Humans have a desire to connect with others,²⁴ and the perception of connection can be skewed and informed by a youth's past, particularly if they experienced childhood trauma.^{25, 26, 27} In addition to running, trauma responses can include self-harming behaviors as a means of coping with an event that made them recall trauma.^{28, 29, 30} Participants noted that youth were not necessarily aware of why they were running, and some youth were running as a way of asking for help. When a response to past trauma puts children and youth into a state of dysregulation, it increases the likelihood of a running incident.

“Not all kids run away because they're necessarily bad kids or because they want to make bad decisions, but sometimes it's because they don't know what to do and they're looking for help. The only way they can find that help is by running away and going, whether that be to a friend's house or running away and calling the police or – I wish I didn't have to do that, but running away and to another family member, and even running from a facility, it's not necessarily because they're bad or that they want to make bad decisions but because they...trauma. They are looking for something, they're looking for a way to get their needs met, and don't know how to get those needs met. So, they're trying whatever way they know how rather than trying a healthy, more positive manner.”

“Sometimes kids will talk about engaging in risky or unsafe behavior, such as running away, because they need support. They don't know how to ask for it other than physically acting out or saying that they're going to because they know that if they say they're going to do something unsafe or something risky, that they'll get that additional support. That's how they ask for it because they don't know how to go up to somebody and be like, “Hey, I'm struggling. Can you help me with this?” ...that's where a lot of the disconnect is, is because they don't have the mental capacity to

understand that sometimes they can ask for it and we'll provide it, rather than putting themselves in an unsafe situation to get the support that they need.”

Trauma and the dysregulation that occurs as a result makes it difficult for youth to anticipate the danger they are in when they physically leave their placements and are out in the community, or sometimes, in harsh elements of nature. Providers were widely concerned about the high risk of trafficking, other victimization by adults, self-harming behaviors, serious injury, or death while on a run. In short, the adults understand and the youth may not have the ability to foresee risk for a variety of reasons. Youth participants spoke to events that occurred on a run in a matter-of-fact manner while recounting their experiences, while providers spoke with a clear sense of concern.

Provider and youth participants described times in which they were regulated, having a typical day/night, and seemingly acted on impulse in running. Youth and provider participants did not recall a particular event that led to a run in some instances. In other examples, youth noted boredom as a factor. Part of this may be due to typical adolescent brain development, but the risks that come from a running incident are the same regardless of the reason.

“Normally before someone goes AWOL, they just say they're going to AWOL and then they just go. This all just builds up.”

“They are bored. If you're bored of the program, then like there's – why would you think of staying?”

“I think [what] plays a part for our youth is just simply impulsivity. They are all emotionally dysregulated, and they kind of can turn on a dime. The first thing that they do is look to get out of whatever situation they are in, and so that oftentimes ends up being translated into some type of high-risk behavior. The getting away is leaving wherever you are currently, and then, if people are following you, you keep going, basically, and so then it ends up kind of going on and on and has a snowball effect. I think it starts with the fact that they're all emotionally dysregulated, which kind of lends itself to the high level of impulsivity.”

“That was really tough from a provider standpoint, to have to watch and know that they could cross the perimeter and five minutes later, “Oh, let me come back,” and we have to call in authorities, but we saw a lot of dysregulation. For me, it became this whole thing about adolescent boys' brain development, that they were not thinking, and then you add the trauma, and you add all of the other stuff on top of it, they did not have the wherewithal to make a good decision at that point, in my opinion, having to be able to stop and regulate and then make a choice, right? I didn't feel like they used brain development and/or the trauma-informed stuff when we talk about walkaways, and we talk about where they're at physically and emotionally and socially.”

“Not that long ago, we had an incident where we had two youths that ended up going off campus together and finding just the smallest piece of glass, and they lacerated themselves from ankles to head. Then, they took their blood and were sharing it with the other person inside the other person's wounds, and no idea what each kid had available to them or if they were diagnosed with anything, and then were sharing that dangerousness with each other and that they were feeding off of each other. When we brought them back, they were covered head to toe in blood, and just were having the greatest time of their lives and laughing, did not feel suicidal at all, but they just were so engaged in this dangerous behavior and this impulsivity that they didn't even see what they were doing was dangerous to themselves.”

“We also operate a facility up in [a location of an interstate]. There is a huge truck stop, so that is a huge...it's a huge concern. We've got both boys and girls up there, and so the trafficking, it's a huge concern, so you have every right to be fearful of having another access point for those kids and for perpetrators.”

“If they go to [a local store], they can find somebody that will give them a ride to wherever it is they want to go, some random person to put them in their car, and they don't even realize the danger that they're putting themselves in, that somebody could actively be looking for some kid like that to take and do whatever it is that they want with them. They don't even realize that they could disappear, that anything could happen to them, and every time that they get brought back to the facility, because, luckily, they have been brought back, we have these conversations and they're like, ‘Oh, I didn't even think about that,’ or, ‘Nothing would have happened to me.’ They're so nonchalant, and so disconnected from the reality of what it is that could happen to them getting in a stranger's vehicle.”

“With it being [a city] and being the hub for child trafficking, I think that has a lot to do with it too. Unfortunately, the sad fact is that some of these kids are the providers for their families while trafficking for like parents that aren't working or can't work. And they feel like that if they don't run and provide for that family that the family is going to struggle. The lack of services, I guess, for other family members in a way is causing that running to happen.”

Conditions that Led to a Run: Running To

Connectedness and Familiarity

Youth in out-of-home placements are not currently residing with their family of origin and are often unable to connect with friends and peers in person during their placement. Youth participants describe making phone calls and receiving visits from family, but are still desiring more connectedness to their loved ones and friends. Youth reported they are often limited to 10 minutes per day for phone calls and sporadic visits from families. Many youth participants recall phone calls from an approved list or visits with family that results in them missing being home and triggering a desire to return home. Youth also indicated a sense of missing out as a result of being physically away from their closest connections. In these instances, youth report running to an environment that includes their family, friends, or others they care about. Youth also described a desire to connect to familiar environments or places. Youth reported on times they felt homesick, felt as if they were missing out on important events with family and friends, were missing friendships and interactions with peers at home, and the desire to be and feel connected. Providers also spoke to interacting with youth who are missing family connectedness.

“I honestly just didn't want to sit here and do another six months of treatment. And in my head, that just felt like I'm trying so hard to become, trying so hard to go home and be like a person that I want to be. It's really hard because a lot of us, me, we, have so many people at home that we care about. For my specific situation, I have two little sisters, and I'm missing my little sister's first days of kindergarten, and she's getting bullied in school right now. And I have to hear about it over a phone. It really sucks. So, I guess I just wanted to leave, that's pretty much why I ran.”

“When we said kids that have been in the system for a while, you know, they don’t feel like all of the entities that are involved in their life have really worked hard to keep family connection, keep them involved with family. But I think we see them, you know, get more hopeless and they want to run to their family or they want to feel that connection with family.”

“I was running to something but I was also running away from something. Whether that be abuse, sadness, whether it's physical or not physical, I was always just trying to run away from something. What I was running to was helping me get away from whatever I was running from, whether that be someone's house or drugs or whatever it may be. It could even be food, to be completely honest. It was just always something that I was chasing that helped me get away from what I was running away from.”

Providers and youth also noted substances as a precipitating factor in the desire to run. Whether they were experiencing symptoms of withdrawal, craving a substance, or they obtained substances while on the run, this was a prevalent theme across youth and provider participants. Engaging in substance use can increase other risk-taking behaviors as well as the potential for victimization.

“Sometimes the programs are restricting the things that they really want to do. Because they just – from what I'm thinking of, they experience withdrawals, so then they think the only way that they can get what they need, what they think they need is to leave the facility and get access.”

“People run just [to] get their drugs. Just straight up drugs.”

“Particularly, I mean a substance-using youth. They’ll start having those cravings and we’ll start seeing some more of that behavior, that craving behavior beforehand and really try and mitigate that, but that’s a tough task to overcome and the kids really struggle with craving. Once in a while we see situations where kids just kind of blow up and they’ll be super aggressive and explosive and they’ll just take off.”

Conditions that Led to a Run: Running as Typical Adolescent Behavior

Developmentally, youth have a predisposition to test boundaries, explore the world around them, and form their own friendships and bonds. Several youth participants describe behaviors and instances any typically developing adolescent may experience. Additionally, as with any human, youth desire access to rights and autonomy over their own lives. These are not necessarily readily accessible to youth in an out-of-home placement.

“When I was first here, I was AWOLing because I just want to be a butt, and I know a lot of kids that just AWOL just do it. I know those people, and you can decipher those people. I was one of those people.”

“I think some kids that have been in congregate care for a while and have been in multiple placements sometimes know that there really isn’t much consequence to running and they can go have fun for a couple of hours or overnight or go to some party and then come back, and there’s not any real meaningful consequence. So, they just kind of do it to – almost like a joyride. Go take some time for themselves.”

As with any typically-developing adolescent, they do not necessarily have an adult view of potential consequences and life-threatening outcomes of these behaviors. While typical, the behaviors are not always safe or without the potential for severe consequences. Whether a youth is running from or running to something, or simply acting in a way that is developmentally appropriate for an adolescent, running from out-of-home placement has the potential for dire consequences. As discussed in previous sections, this could be due to a trauma response, or it could be a part of a typically developing brain.

“They like, hitchhike. They like to talk with people that, “Can I get a ride? Can I get a ride?” They’ll go like further from the facility because the facility is like, so many people know about it.”

Typical adolescent development also includes a sense of rights, autonomy, and justice in one’s life. Youth in out-of-home placements inherently experience restriction over these human needs.

“I will run because there’s no way out. I’m not an adult yet. I’m still a minor, and there’s nothing in my power that I can do to. You know? Hear my voice.”

“Leaving the facility, or walking out, or running is the only way I feel like I can say something, or I can make myself heard.”

“The first time I AWOL-ed—the only time I AWOL-ed— is because I was getting refused a phone call and my personal items. My needs aren’t getting met. I feel like I had to run away to get heard. Also, like I felt like dealing with stuff I was dealing with at home was happening here. They were considering our family supports, our 10-minute phone calls, that we only get once a day, to be a privilege. Those are my support systems.”

Conditions that Led to a Run: Summary

The focus groups were asked about the conditions that lead children to run away from out-of-home placements and their responses included much more than conditions. The youth and provider responses to this question also spoke in depth about *why* children and youth run from out-of-home placements. Most of the results in this section were consistent with previous literature on the topic; however, the participants also provided more context for what it is like for someone who has experienced trauma and the impact the symptoms of trauma as well as typical brain development has on running behavior. The providers in this section also discussed the importance of understanding brain development, trauma, and other mitigating factors of mental illness can have on the youth’s ability to foresee or understand consequences of their actions. Participants also provided context for the importance of human connection and relationships. Whether running from, to, or running as typical behavior, youth had a strong desire to avoid connections they deemed unsafe and find places where they feel connected. The importance of connectedness appears throughout this report with respect to prevention, intervention, and after care.

2. What efforts were made to locate a child or youth after a running incident?

Providers indicated they must follow a prescribed protocol when a child runs, and overall felt they do not have the autonomy to locate a child once they run from the facility.

Providers spoke to the protocols in place to report a youth who ran from a facility as well as the responsibility and worry they feel for youth who are on the run. Providers indicated they must follow a prescribed protocol when a child runs, and overall felt they do not have the autonomy to locate a child once

they run from the facility. Provider participants indicated major changes after C.R.S. § 26-20-102(6) took effect regarding restraining youth in out-of-home placement facilities. The law restricts providers' use of restraints to situations where children or youth are in imminent danger to themselves or others. This can leave providers feeling that their only option when a child runs is to report the child missing to law enforcement.

The provider participants also discussed the strategies they take to keep youth in their line of sight for as long as possible while trying to convince them to return to their placement. At the same time, some of the providers worried about losing their job or license if these strategies were perceived as inappropriate by state agencies or in defiance of protocols within their own organization. Lastly, providers noted their concern for youth well-being and going home worrying about youth who were on the run.

Providers indicated the first step in locating a child who has run is to make a report to law enforcement. Providers reported mixed experiences in reporting a youth who is on the run to law enforcement, which will be covered in detail later under the section about systemic barriers to preventing a run. It was clear that providers and law enforcement do not feel the current protocols are working on behalf of the child or youth who is on the run. Participants noted that competing priorities sometimes lead to conflict between facilities and law enforcement, and meanwhile, the child is not actively being located.

"Law enforcement pick up a radio from the facility and they hear the radio traffic. They don't come on the grounds. If they hear that someone is leaving the facility or that we have someone going out of the gate or whatever, they will drive their police cruiser either into the parking lot or down the street. If nothing else, it gives them a head start if the youth does leave grounds. Sometimes, just the sight of the cruiser itself is a bit of a deterrent to the youth to sort of snap them back into reality and be like, "Oh yeah, I don't really want to do that," or at least change directions or something. It's not always effective, but it's enough for us to continue to pay for it [contract with law enforcement], so it is something that we utilize."

"If kids go off grounds, then we have to call and they're [law enforcement] a little grumpy about that. They're not super happy to talk to us most of the time, especially when there are repeat offenders or multiple in a short period of time. We have had comments like, 'We have more important things to do. We have real things that we need to be responding to,' stuff like that, they get real frustrated with us. We do have regular, I think quarterly meetings with kind of the administrative folks, people in charge at the police station, and we try to work things out. Ultimately, they just simply don't get the difference of why we have to call versus why they think we should call. A lot of times, it's hard to have that discussion because we don't necessarily disagree with them, but a regulation is a regulation, and so we have to do what we have to do."

Providers noted that relationships with law enforcement agencies were inconsistent due to high turnover among law enforcement professionals. Providers suggested that the Colorado Department of Human Services (CDHS) could take a larger role in communicating runaway reporting requirements to law enforcement agencies to enhance understanding of what providers are required to do when a child runs and why physical restraint on the part of the provider may not have been appropriate.

"I think another really important thing for us is, I think CDHS needs to step in and be the one taking control over really advocating and outreaching to law enforcement to help them understand these things. We just can't do it on a high enough level to where it's truly efficient. You know? We've done so many meet-and-greets. We have barbecues for a police department and we do all this great

work. We give them all this information, do all this great work, and then two months later the entire beat has turned around and it's all new officers. The advocacy and the knowledge or the education needs to come from CDHS to the top. Right? So that that information is being filtered down through the ranks and we are not constantly setting up barbecues and meet and greet every other month because the beat cops have all shifted in that timeframe. I think we really need CDHS to take on advocacy for this."

"They [law enforcement] didn't really understand what our policies are, what we can do and we can't do and what our role is and what we were doing. I told them we couldn't restrain them just because they were leaving the building. They're not being unsafe but they're walking out. We can't put them in the management, she had no idea, she was very surprised about that. I think that's probably where some of the problems are stemming from."

Providers spoke to the worry and concern they have for youth who are on the run from a facility. As noted in previous sections, staff worry about children and youth being victimized while also worrying about their physical and psychological safety. The provider participants often felt stuck in what they are able to do to prevent a run and to intervene after the fact. The following quote speaks to the provider's frustration with multiple aspects of running behavior, which will also be discussed in detail in the systemic barriers section.

"I don't think that our families understand that, because when one of their children run away and we have to explain what we did and didn't do, if I was the mother of one of those children, I would want a voice in being able to say if my child could be physically intervened with to be stopped from making really high-risk decisions. I don't think we listen to our families enough in that interpretation, because there are certain – of course, you know, we want to monitor what we're doing and not using it all the time with stuff like that, but I used to get numerous phone calls, "How do you let my kid run away? I put him there for him to be safe. How can you just say that you guys let them walk away?" and that's all a reality. Even though you've probably explained it to them, or you try to explain that the imminent risk conversation, at the end of the day, when their child is out of a safe environment, it doesn't matter how it got there. That's really scary to them, as it should be, because that's probably what they've been interfacing with or dealing with for a very long time, and now the system is involved and the system isn't keeping their kid safe anymore than they were able to. Again, I just think that I would agree that the interpretation of these and it's about compliance through a regulation versus making a decision in the moment that is around the safety of the youth."

3. What services were provided to a child or youth after a run?

Providers and youth described clear processes after returning from a run. Youth also indicated that the degree of connectedness they felt with providers had an impact on their ability to psychologically and physically regulate after returning to the out-of-home placement.

Providers and youth described clear processes after returning from a run. Providers reported the need to return the child to physical and psychological safety upon their return through a physical search and assessment of overall health and well-being. Youth indicated mixed reactions from staff upon return from a run. Most youth participants felt welcomed back and understood the protocols providers needed to follow to help them reintegrate in the placement.

“In my personal opinion, I feel like they’re treated a lot worse than they should be. Like you can’t change your clothes. You can’t wear shoes. You have to wear your slides. You have to only wear scrubs. You can’t wear your personal clothes. You’ll be separated, so you won’t be with the unit. Which I totally, like, I get they’re trying to follow protocol.”

“We would do a debriefing with the youth and ask, ‘How did we miss it? Were there things that we missed? Was there something that happened on the direct care side of things? Was there a phone call?’ So really trying to debrief our own processes, as well, like, ‘How did we miss this?’ because we do. I mean, the reality is kids give us signs sometimes and we miss them, and so just learning from them both internally but also externally, including those external people, too. You know, ‘Is there something that the team knew that we didn’t know?’ That could happen, as well, the communication or something that may have been talked about with the youth and wasn’t shared with the facility.”

“Those two processes, that physical and mental debriefing are so important because if we don’t do that, if we don’t find a way to talk about the behavior and then make a plan to correct it, we’ll continue to see it over and over again because that response is what they’re used to. A lot of these kids have run away, and that has been their coping skill because they’re running from that unsafe environment, or they’re running to go to somewhere else, and so when they get here, when something happens, their first response is that running. It’s about figuring out what causes that stimulus, and then addressing it appropriately to make sure that they know that this isn’t a safe behavior; while you have this coping skill, it is not an appropriate one and it’s a negative, unsafe that can result in damage to you.”

Youth also indicated that the degree of connectedness they felt with providers had an impact on their ability to psychologically and physically regulate after returning to the out-of-home placement. Some youth felt re-traumatized based on the nature of their interactions with law enforcement. Some youth felt staff helped them process their experience and re-integrate quickly while others felt they were mistreated upon their return to the placement. Regardless of how they were initially treated, youth reported connectedness to individuals helped them reintegrate into their programs.

“The first time I AWOL-ed, [law enforcement] brought me back, and one of the staff drove me back. [Law enforcement] escorted me to an outing van and escorted me out of there, and drove me back. I got separated on sunlight. I got restrained, and put in seclusion. They were not letting me breathe. I said just let me breathe. Like get out of my face... I put one of the lower restraints on the floor. And they were like, ‘Seclusion. Put her in seclusion...I just said, “Please get off me. Like, let me breathe, Get off of me.” And they’re like, ‘She’s dangerous.’ I calmed down because one of my trusted staff came to talk to me. The trusted staff was our facility Grandpa, and he talked to me. He made a joke about a giraffe because we went to the zoo the previous day. And I like I came out of it. It took one comment, and one smile, one silly joke to get me out of seclusion.”

“Even though he [staff member] made me really mad that day. He also really helped me. I felt I have a few staff. I feel like they’re still always there. The staff that like care for you, are always still there. Like they don’t really leave you. My therapist is always there, too, they don’t ever really leave you. They don’t like just say, “I want to process with you,” and then just walk away. They’ll process with you. Maybe it might take them a few days, but like they’ll get to, as soon as possible.”

“Then when a kid does return that they’re welcomed back into the program... they’re offered the opportunity for food, to shower or bathe, change clothing. And it should never be consequential in nature as far as upon their return. Yes, there might be something that we’re going to talk about, but then it’s not going to – that’s not going to happen when they return. First things first, is, ‘We’re happy that you are back. We are happy that you are safe. Let’s come inside. Let’s meet your basic needs and care for you and feed you, shower, change clothes,’ whatever that might be.”

4. What programmatic and systemic barriers make it difficult to prevent a run from occurring?

Providers discussed the main barriers they encounter in preventing youth from running. These include experiences with law enforcement when a youth is on a run. Providers noted the need for clear definition of “imminent danger” in reference to C.R.S. § 26-20-102(6), a better partnership with CDHS, and funding for more staff.

Provider participants were widely concerned about Colorado’s Protection of Individuals from Restraint and Seclusion Act, which allows staff to physically prevent youth from leaving facilities only when leaving would put youth in imminent danger. Providers understand why this law exists, and they do not necessarily disagree with it, but feel their jobs and potentially licensure is on the line if they use a physical restraint to prevent youth from leaving. Providers indicated the need for clearer guidance on the practical meaning of “imminent danger.”

“Restraining is the absolute worst part of the job. It’s traumatizing for everybody involved. We all know that. We do everything in our power to not go in that direction. But ultimately, when does the safety of these kids matter more than anything else? You know? And so, this has been a really hard thing for us. We’ve had to watch many, many impulsive kids run away and put themselves in risky situations because we were completely stopped from utilizing any higher-level intervention.”

“Runaway is not exclusive to Colorado, nor is the imminent risk issue exclusive to Colorado. But the definition is, again, just as nebulous as it can possibly be. And it needs to get buttoned down. It strikes me, for example, when we assess a child for suicidal ideation, you know, or for a risk of self-harm, we are allowed to consider ideation, and yet if it’s a runaway ideation, it’s not included in any kind of justification. It would be great if that could get figured out. You’ve got say a bad phone call. You’ve got an escalated young person, and they make the choice to run away. They have no cell phone, no money, no water, no preparation. In a lot of cases, they really don’t know their way around. And that context is disregarded when we try to justify, you know, a measure which is well-intended and probably well justified. But it’s not okay. Every provider—and this is true in every state—has backed off.”

“One thing that just really makes it difficult and should probably be discussed is just about how – a blanket rule and stuff for some of this stuff is just not going to cut it. I think that everything should be a lot more individualized. Some of our campuses with how young a kid is, you know, if you have an eight-year-old that’s trying to run out of the house in the middle of winter shoeless and no shirt on, to me that would be – you’re adding that risk to yourself.”

Reporting requirements were also an issue for provider participants. When a report to CDHS needed to be made (the conditions for which generally appeared unclear), the providers reported feeling as if the assumption was that they had not done everything in their power to keep youth from running.

Consequently, providers were constantly in the position of having to justify their decisions. For example, one provider recalled a time where they followed a youth in a snowstorm because the youth left without warm clothing. The provider felt death could be imminent if the youth was left exposed to the elements. Based on the facility's "hands off" policy, the staff member was concerned about how their actions would be interpreted and that they could face adverse professional consequences.

"You burn relationships all over the place where you're operating, and I think the hardest part, like I'll share an example. We had a 13-year-old young person go out in [a major snow storm], or whatever blizzard that we had, and he left in sweatpants and flipflops. I went out in my own car, and I was contemplating, "What do I do?" I was at the point where my career was on the line, you know what I mean? If he wasn't going to get into my car, I mean, as a mom, I was like, 'I cannot leave this kid out here for any amount of time.' Fortunately, he doubled back and made it back to the facility before I did in a car, so I didn't have to make that decision, but I had to think about that. All of us have been put into a situation now that you have to think about all of the things about the youth, and what you feel as a human being is in their best interest versus how it's going to be interpreted. We became super hands-off, and if kids walked away, we followed them to the perimeter, we called law enforcement, and felt really horrible about the dangerous situation we put them in, and so there is just that reality."

"Kids have rights, yes they do, but we have duties. We have obligations to keep them safe. And that's really where we're all coming from. And the default is that we are doing something wrong, and it strikes me that if any of our own children ran away, it would be them doing something wrong. And yet – so they are placed out of the home for some difficult circumstance and, all of a sudden, what would be a mistake on their part becomes a mistake on our part."

"If you block egress for child, you're guilty of violating their rights. And for the program you got an institutional abuse finding on that if it's determined that you blocked an egress. And so, many of us have taken to allowing kids egress and just walking around with them. For hours."

Providers and youth reported a shortage in providers as a major problem for preventing youth from running from a placement. The youth reported feeling this shortage on a personal level when they are in need of attention (e.g., talking through trauma, calming down after a triggering event, or supporting mental health needs). Providers also noted the lack of an adequate staff-to-youth ratio prevents them from recognizing signs of youth in distress or being able to assist them in regulating emotions. Youth reported they were not getting their needs met because there was not enough staff to serve the number of youth given their high needs. Providers indicated they felt the need for better collaboration between systems, including common definitions and understanding of terms, and lower provider-to-youth ratios would help them focus more on treating youth and preventing running behaviors.

"There's not enough staff-to-youth ratio for us to ever get our needs met. We don't really get to process. And, honestly, our only way out is to run and walk out for us to be able to get talked to. We're struggling, and it's like, well, I had to deal with something else right now. The staff are here for support, and it's not really how it's going right now, for me at least."

"Our trusted staff are like really rare to find because they don't just appear out of the blue. Like, you have to build a bond. We have to talk to them. You have to, you know, communicate with them but there is not enough of them."

“We have two staff per say eight or nine kids. And if we’re pursuing a kid who’s leaving, we’re leaving that other staff potentially in a difficult situation. If we had the resources to have increased ratios in our programs, A, I think we could prevent more runs because we could give, you know, maybe that youth a little more individualized attention and we potentially could have the additional resource to pursue or walk along with the kid trying to encourage, reason, talk them down from continuing on. I think that’s another big factor that at times at times makes it difficult in some of our programs, is just a lack of resource.”

Opportunities for Prevention: Consequences and Connectedness

In the initial meetings of the Timothy Montoya Task Force, members indicated interest in what might prevent a child or youth from running. Participants indicated the following preventative factors:

- Fear of consequences
- Connectedness with provider staff
- Connectedness with peers

Fear of Consequences

A predominant theme for youth was the fear of consequences for running. Youth shared instances where they felt they had to start all over again once they returned from a run and lost all of the progress they made prior to the run. Participants provided examples of consequences such as extending placement when they were close to going home, losing all previously earned privileges, and losing access to belongings such as shoes or personal clothing.

“I have a background of running all the time. And I've been here for three months and I only went off campus one time. I don't want to go back into step one, do it all over again, and all my progress went down the drain. So, I think of it – so, do I want to do this? I'm just going to run for no – well, I have a reason, but run to just be in step one and come back and start all over again?”

“I was really just contemplating walking out, but one thing that really stopped me was "What benefit does this have for me? What am I realistically going to gain from being homeless and trying to live off of 7-11 food or something like that?" So, I just kind of thought about what would be better for me, even though it's not really the situation that I want to be in, and how I can get better from not doing that, and what can get better for me if I stay?”

“When you're here for a while and then you finally get passes and you don't like coming – going on a pass and seeing your family and then coming back here. Like, with my first pass, I wanted to run when I came back. But I didn't because, like I said in the beginning, I would just be in step one and do this all over again and not have passes or something like that.”

Youth also reported times where they did not think about potential consequences due to being dysregulated. In these types of situations, youth do not have access to logical thinking or the ability to process the potential consequences.³¹ Youth provided examples of when staff were able to intervene before they reached a critical level and successfully talked them down in part through a discussion of potential consequences.

“What helped me when a staff stopped me from running was kind of the same thing about what I have and what I don't utilize but can utilize. They said, ‘Why give up all this nice stuff just because you want something different that you could get at a later time?’”

“We'll have a kid that has had a really bad family therapy session or a bad phone call or something and gets really upset. And so, that fight or flight kicks in and their go to is to flee in many situations, but our staff really work hard to try and intervene and just, you know, get their brain and their body back to a place where the adrenaline and the cortisol isn't just pulsing through them. Often times when the staff are able to get their body just regulated, those compulsive urges to just take are just kind of gone. Then we can further process. But I've seen many, many situations where as soon as we get the kids body back to a state of regulation that impulsive urge really just – it's dissipated.”

“I actually just had this happen with a kiddo this past weekend where he wanted to leave after a bad phone call with dad and leaned on myself because I was his therapist to really try and encourage him – or pull him out of that headspace of wanting to run. And a lot of times it's a battle within themselves on what they're going to do. I've seen it a lot where they try and lean on kind of us as their safe space to support them.”

Connectedness with Provider Staff

As demonstrated above when a provider successfully talked a youth out of a run, connectedness with a provider emerged as a strong running prevention strategy. Youth described staying where they feel safe, seen, heard, and valued. Youth indicated that taking a short walk with a staff member is all they needed to calm down, process, and return to their program. However, as discussed previously, staff shortages significantly limit providers' ability to establish and maintain the kinds of connections with youth that allow staff to anticipate when youth are heading toward dysregulation and a potential run.

“I just want to point out like this lovely staff on the left here. I look forward to her smile every single morning. Like even if she's [the staff] going through something, she will always come into work with a smile. I hardly ever hear, ‘I'm proud of you from any of my family members.’ But you go to her and she's like, ‘Great job. Like I'm proud of you.’ She will not point out your flaws, but she will always compliment you on things that you're doing successfully. If I'm ever sad, I just want to see her smile. And it's just so goofy, and silly, and I love it.”

“It's connection with people, when kids have good connection and you're able to pull that person into maybe the situation that's brewing, that may help make that child be able to process differently. It really talks to that caring environment, full staff, and safe environment physically, and all those different things that, unfortunately, are not always available, and the intent to ensure that we have more than one person that these young people can connect with, but I think that speaks to a bigger issue. I think that speaks to a funding issue. I think that speaks to an issue of for us to get really good people in the door, and caring and intrinsically there, is no different than the schoolteacher world, right? We aren't able to pay people what they're worth to do this type of work, and it's getting harder and harder every day.”

“We're always using and putting ourselves in positions to try and intervene in a non-physical way first at the lowest level, making sure that we do have incentives in place and goals, and distractions and everything possible to prevent them, engaging them with activities. I know we now have our rec team and our rec therapists. We have the kids riding bikes around the track and getting outside, and doing things to try and prevent them from even wanting to run, but I'm going to be honest in the

fact that it's dangerous for a lot of these kids that we're working with to get out of the facility and out of staff supervision because they're on a one-to-one supervision throughout their time.”

Connectedness with Peers

Peer connectedness was also reported as a means of prevention. Youth described leaning on trusted peers to talk them through issues like anger, frustration, and disappointment and felt calmer as a result. Youth also described talking to each other and rationalizing about potential consequences for running.

“I guess me personally, I've helped out a couple friends that were in that head space of running away. But all I normally do is just sit there and talk to them and see what's going on, and then, if something's wrong and they're really just sitting there and just – I guess the best way to describe it is just sitting there and reflecting on it and just letting it bring them down in that head space. I just try to talk them out of it.”

“I've talked to people—it would be beneficial to learn how to understand the fact that whether or not it's happening instantly, something good is going to happen, whether that be something simple, like not having the opportunity to go on passes and then having the opportunity to go on passes, or discharging and having—still having restrictions at your house, and then being able to do more stuff as time goes on because you worked for it and you've earned it. So, it doesn't matter if it's instant or not; it's something that's going to happen”

Conclusion

Connectedness matters for children and youth in out-of-home placement. Connection between caregivers and youth is essential for the mental well-being for all youth, but especially for youth who have experienced trauma. Youth run as a means of getting their needs met, and at times this can result in tragedy. Young people do not always have the developmental capacity to fully anticipate or comprehend the consequences of their actions. However, connectedness is a protective factor that can serve as run prevention, intervention, and aftercare. Unfortunately, when connection is made more difficult by a workforce shortage, that puts kids at higher risk of becoming dysregulated and running.

In order to enable connectedness, treatment facilities need to be adequately staffed and have the time and support they need to make meaningful connections with youth. Providers also highlighted the need to clearly define terms in C.R.S. § 26-20-102(6) considering the variety of circumstances under which running incidents occur. Providers indicated the need to work with state agencies and law enforcement to define the word “imminent” and come up with solutions to help providers to have more autonomy in running prevention efforts.

Appendix A: Semi-Structured Interview Protocols for Youth and Providers

Youth Questions

As we talked about in the consent form, I am here today to listen to your thoughts about why young people run from out-of-home placements (like treatment facilities or foster homes). The people listening to what you have to say today want to understand more about why people run so they can make things better for you and other people who live in an out-of-home placement. I will ask you some questions about experiences you, or someone you know, has had with running. There are no right or wrong answers and you can share anything that feels important to you.

1. Why do you think young people run from out-of-home placements?
2. What was happening for you, or someone you know, right before running?
3. Do you know of someone who has thought about running but decided not to run? Tell us more about what you think it was like for them.
4. Have you ever felt like you wanted to run from an out-of-home placement? If so, did you run? Why or why not?
5. Has anyone who has stopped you, or someone you know, from running? What was that experience like?
6. How would you feel about yourself or a friend being restrained by a staff member to stop you from leaving an out-of-home placement?
7. Was there something a staff member did that made you want to run away? Was there something a staff member did that made you want to stay/not run away?
8. What do you think would stop someone who was thinking about running from running? from thinking about running?
9. Where are some of the places young people go when they run? Why do you think they go there?
10. What happens to people after they come back to the out-of-home placement after running? How are they treated? Is there anyone who helps them?
11. Is there anything I did not ask that you think I should know about people who run from out-of-home placements?

Provider Questions

The following questions were asked of provider focus group members after the informed consent and demographic questionnaires were completed.

1. Why do you think young people run from out-of-home placements?
2. Tell me about some things that are happening for young people right before a running incident?
3. How often do children you work with talk about running from their out-of-home placement?
4. Can you think about a time where a young person thought about running but did not? What was that experience like, and what do you think prevented them from running?

5. What do you think about physically restraining a young person to prevent them from running?
6. What do you think would stop someone in your placement, or children in general, someone from thinking about running?
7. Where are some of the places young people go when they run? Why do you think they go there?
8. What happens to young people in your placement when they return after a running incident? How are they treated? What supports are provided to the young person and their family? What conversations do you have with the young person regarding why they ran? What plans are discussed with the young person regarding preventing future runs or ensuring safety of the young person while on the run.
9. What, if any, have your experiences been like with law enforcement when young people run from their out-of-home placement?
10. What do you think needs to happen to prevent someone from running from the out-of-home placement where you work?
11. Is there anything else I did not ask that you think is important to share?

Appendix B: Additional Focus Group Participant Quotes by Topic

Topic I: What conditions led to running from an out-of-home placement?

Conditions that Led to a Run: Running *From*

Triggering events, disconnection with staff, and responses to previous trauma

Triggering Events

“Often in our facility, it happens when a kid gets bad news, or gets told no to something that they're really wanting. We see kids run for numerous reasons, whether it be getting caught for doing something they weren't supposed to be doing, being held accountable, or even a phone call with a future placement that doesn't go well. Often, they're super dysregulated and not necessarily thinking about their future; it's in that moment, what's going on.”

“The majority of any clients who have actually run, and it's because they've gotten bad news from their team or they've got extension or it's like it's now side factor, they got bad news and we had nothing to do with it.”

“I definitely think that that's a pretty big factor. But I also think, since that is their team, sometimes their families call and tell them. We had a kiddo a few weeks ago that mom called and said a Dependency and Neglect case was open on her. And we didn't know that, and the kid was upset for a long time and finally it came out. Even just their families. But I do think the teams often tell them information that would be good for us to know in advance.”

“It's kind of an uphill battle for us at times to get it in place. You try to keep those kids, you know, where they're at. But I think their trying to really be with family or be around friends, that kind of stuff, is a pretty common reason as well.”

“I think there are times that we know in advance as well and are able to provide support, but I do think that it's not just their teams. It's also families. A lot of times they're with us because their families are unhealthy and have unhealthy patterns, and that comes out in phone calls, and they share stuff that they shouldn't share or we should know before they share, and that doesn't always happen unfortunately.”

“We saw a lot of times just the uncertainty that kids have around what they're being told by their teams because they couldn't comprehend what treatment was and what that looked like for them as far as how they were going to complete something, as much as we would try to break it down and have them understand. Objectives from the different players on their teams, that uncertainty and disappointment.”

“Some kids will have a bad phone call, so they're running from that even though that physically isn't here but it feels like it is.”

Disconnection with Staff

“There is some staff that make it to where the youth that are causing the issue are their one priority. Like if there’s a youth screaming, yelling, whatever, they said, ‘Oh, wait, we’re gonna have to wait to process because this is –.’ It’s just, it’s frustrating because we don’t have enough staff on the floor to process, or if we don’t communicate how we feel, we get in trouble for it. It’s, like, some of us don’t even know how to communicate how we feel. It’s hard to just tell staff how we feel, especially when it’s like we don’t feel that most staff listen.”

“I just graduated high school here. I just, I’m trying to move forward, and I can’t do that when everyone else on the unit needs something else. There’s probably I think 13 or 14 people on our unit, and like day-to-day, staff when we have time for to get to three or four to be able to talk to them about what they’re going through that day.”

“I’ve never I’ve never AWOL-ed here. I’ve had the thoughts of going to AWOL, or walking out. I don’t know. Maybe like the lack of consistency, or it feels like we’re not being listened to sometimes.”

“The de-escalation tactics are either, hey, let’s sit down and talk about it. If you can’t talk about being unsafe, we’re just going to restrain you. It’s like I either choose to be restrained, or I choose to run out of the gates because I’m so escalated, and nobody’s gonna let me breathe. It feels very caged and trapped right before I have to feel like I need to walk. It’s happens more often than not.”

Responses to Previous Trauma

“You could have told by my face. You could have told by my body language, that I was not okay. And they just like ignored it, and pushed it off, like, oh, we’re talking about the unit having bad hygiene, or bullying. It was one of those groups, and I just need to leave. I’m going to flip. And I have like talked prior to this to a staff, and said, I just need to go on a walk to get my adrenaline out. Because it’s like, you know, when you have ADHD, and then you have like bad anger, like when you get to the point where, like you’re mad.”

“I feel like sometimes when people went AWOL, they, they feel like they can run from their fears and their problems, and I know for a fact, that’s not true. You can’t run from your problems. You can’t run from your traumas, and from your fears. What happens before people go AWOL is that either they get so worked up, that they just can’t handle it anymore, then they just walk out. It gets to the point where it builds up so much, that you can really walk out to help it feel better.”

“Some youth self-harm because they just want to feel better. They want help. And so staff don’t get that, they’ll just like quickly give you an assignment or something like that. Yeah, they have a self-harm assignment, which I think is just – it doesn’t help, whatsoever. The only kind of recognition I get is when I walk.”

“A lot of times, these kids try to run away to harm themselves, as well. There are a lot of threats like, ‘I’m going to run in front of traffic,’ or ‘I’m going to kill myself,’ right before they run out the gate.”

“Sometimes this place, or wherever they are, is the safest place that they have been. And I think that that scares a lot of our youth. And so, they want to run back to the place that they feel comfortable with and, like someone else mentioned, run back to their friends or and things like that. So, I think

feeling safe and secure in a place really scares them, and so, they want to go back to what they're feeling comfortable with."

"I think sometimes they're just self-sabotaging, too, like they know that they have a safe place in here and they're cared for, but then they get scared that they'll have to leave eventually so they want to sabotage themselves. They want to run away and act out to make sure they don't leave anytime soon."

"I feel like some could just be scared to come into a facility like this one. Not that there's necessarily anything to be scared of but some people might just be scared and want something different and run."

"It's just really across the board because sometimes kids can take off and they seem calm and regulated and seem like things are fine. Other times they'll take off as a result of some sort of trigger that occurred and they get really emotional and upset."

Conditions that Led to a Run: Running To

Connectedness and Familiarity

"There was a time where I was planning an AWOL, where I was going to find somebody's phone, to run back to a home that I was previously at. I was going to call. I was gonna, 'Hey, come pick me up. I want to come home.' It was never my plan to like go to Walmart or anything. I was just trying to find a cell phone so I can get a ride to my house. I wanted to go home. I wanted to see people that haven't seen in a while, and I'm just like, 'I miss you guys, pick me up.'"

"My sister, for instance, she's ran to, I guess, her friend's house just so it's away from family, and she can just sit there and think. Or she just goes somewhere where it's peace and quiet."

"Some kids can go on passes and just stay and not come back. It doesn't necessarily have to be like they go on the pass and then they run away. It can just be they go on the pass with their family and then they just stay with their family and don't come back."

"They [peers] sometimes just want to go home. I know a bus place not that far from here like in a town over there. One night me and [another youth] went AWOL. But then the cops came and I had to say I'd give up."

"We broke into a house. Oh, and when we have the opportunity to drink, and we have the opportunity to smoke, we're gonna do it. There was like a whole tray of alcohol sitting inside so I broke in and I stole the alcohol. I stole the iPad. I stole shoes. And we went out, and we got drunk. That's how I go when I go AWOL."

"I need to leave this place. I need to get back home."

"There's running from something and running to something...friends, drugs, the families, probably in that order..."

“I think it’s discussed most within the population of like the trafficking youth. I think a big reason for that is, these traffickers know substances to keep those kids under control. Right? They know if the kid would go into placement or even run away from them that after a few days they start showing like withdrawal symptoms and they’re going to run right back. I think the substance abuse stuff, it causes a lot of those conversations too. And those are the kids that we see having those conversations the most in our care, are the traffic youth.”

“What they know is coping, right? They know to go and use substances, they know to go and find a place where they can do the things that make them feel good in the immediate.”

Conditions that Led to a Run: Running as Typical Adolescent Behavior

“I notice that every time I’ve seen someone run from a home or a facility they’ve always went to a store for some reason. I don’t know why. Maybe it’s that feeling of being free and being around other people that have that same opportunity of just being free and doing their own thing.”

“They [peers] usually go down the street to the skate park, somewhere to hang out with other people.”

Youth Who do not Understand Consequences of Typical Adolescent Behavior or Intentional Running

“Some people end up getting chased by animals, apparently fighting bears. Laying on the side of a foothill for the night. Going to Walmart, and dyeing their hair in the Walmart bathroom. Sprinkle in some hanging out with some random homeless people under the bridge. Some people get robbed by hobos. And, you know, and get drunk, but they’re still drunk two days later.”

“I think a lot of people don’t know where to go, but like some people go towards that cactus field out there. It was like my first place I went.”

“When I went with [another youth] one time he asked people from vehicles from a skating rink like in the parking lot who came out of their vehicles, and he was sitting on the bench crying to make it look like he was injured or something. He kept on asking people for favors from like cash.”

“I go most when I AWOL is – the first time, I was just out in the wilderness. The second time – well, the few first times, I was out in the wilderness. Second time, I hid in a porta-potty.”

“Some people talk to random people and be like, ‘I used to be like you.’”

Youth Rights and Justice

“I’ve AWOL-ed a lot of times while I’ve been here. Personally, the things that triggered me to AWOL, sometimes it’s phone calls because you only get a certain amount of people o++n your call list. And the only one I can call is my mom. And it’s hard sometimes because when they refuse you phone calls, it makes you – it just makes me feel like they don’t care. So you feel like you need to walk out, or AWOL. But I AWOL because, usually, it’s just me because I’m pissed.”

“I’m pissed, and staff will process with me about it. I felt like, because when I first got here, the reason I AWOL-ed was because I wouldn’t get my personals. I did not feel comfortable in the clothes that were provided here. They refused my clothes because they said that it was a privilege to have

my clothes because if my behavior isn't on point, I don't get my clothes. I was, I was just kind of angry about that."

"I guess being locked down, not being able to have freedom."

Topic II: What efforts were made to locate a child or youth after a running incident?

Contacting Law Enforcement after a Run

"We end up waiting and waiting for that moment where we could, I guess, prove or justify lethality or imminent danger, and we end up putting ourselves and our kids, our staff and our kids in a more unsafe situation by doing that because the waiting is just as dangerous as intervening. Not doing something can often be worse than doing something, so trying to wait around until we're not going to get in trouble before we stop them, even though we know we should be stopping them, and then we end up in a worse situation is not really the wisest intervention in my opinion."

"Sometimes the police, they look at the kiddos file and their diagnosis and their history and make a really quick decision on whether the kid is high-risk or not and don't always take into account the fact that we worked hours and hours with these kids. We know these kids. We know their families. We know the background. It can be very difficult and challenging too, when you're sitting here telling a police officer like, 'This kid is high-risk. We need to – you know, you need to be looking for him, and they're like, 'Yeah, if he doesn't show up in a few hours we'll send someone out or we'll let everyone know to kind of keep an eye out.' But you know when they're telling you they're not actively looking for a kid."

Staff concern About Youth Who Run

"We saw a lot of walkaways, or running away when they would get dysregulated. We were out in the middle of nowhere, and so they would become dysregulated. Maybe they had a bad phone call, a bad visit from their family and/or client manager, caseworker, GALs [guardians ad litem], and we would just see them do that walkaway thing. Towards the end, we had a perimeter that we could follow them and try, you know, engage them to come back. With their dysregulation and their age, it did become a safety issue for them."

"I think for us, one of the things that we rely on is planned interventions. If we know that kids have a history of that unsafe behavior or running and they're looking for that freedom, we can place kids on AWOL precautions where we engage in extra supervision with these kids. We put them in clothing that is easily identifiable so if they run, we know exactly what they're wearing, so those planned interventions make a big thing. The second thing is programming, making sure that the kids are engaged in things throughout the day, and that less time for idle hands, the less time for them to really kind of make decisions for themselves, to make sure that they don't have the time to think about, 'Hey, I want to AWOL,' and then go."

Trafficking

"I used to do transportation, that I've had to go all the way to [another state] to pick up kids. I went to other states to pick up kids that went AWOL, and it's really scary to me to know, especially that that truck stop is going to be there, that there's going to be a hotel there; what are these kids going to be doing at some point in time? It is really terrifying to me."

“With our population right now, we have numerous youth that are on clinical precautions and have been for months, that if they get a hold of the wrong type of lid or the wrong piece of plastic off of a container, they've got lacerations and cuts all over their bodies. We're working with kids right now that are so out to self-harm that to allow those kids into society without having someone to intervene is scary. For us, it does determine that that is an imminent danger for themselves. Then, we also are working with a youth that we're learning over time is in imminent danger because if she gets out of the facility, she runs to a house and goes in a house—she is developmentally delayed—and then she is assaulting people with anything she finds on the road or going in front of traffic just because.”

“They go to [a store] down here. They ask for rides, they ask people to buy them whatever they need. They just steal it, they'll shoplift, they'll just go get clothes and put them on to get out of the clothes they're wearing.”

“If they go to [a local store], they can find somebody that will give them a ride to wherever it is they want to go, some random person to put them in their car, and they don't even realize the danger that they're putting themselves in, that somebody could actively be looking for some kid like that to take and do whatever it is that they want with them. They don't even realize that they could disappear, that anything could happen to them, and every time that they get brought back to the facility, because, luckily, they have been brought back, we have these conversations and they're like, ‘Oh, I didn't even think about that,’ or, ‘Nothing would have happened to me.’ They're so nonchalant, and so disconnected from the reality of what it is that could happen to them getting in a stranger's vehicle.”

“They also go to the hotel. We've had kids that have gone to the hotel and ended up in situations that we wouldn't want them to be in again, just based on getting in vehicles and then just going there because that's what they know, and that is their survival skills right there.”

“When you talk about it's dangerous to do, because they don't know what they are putting out there or what person may not find them as intriguing as they find themselves. I was surprised how many people would pick these kids up walking down a country road, or if they went the other way, it was a housing development with a golf course, as well – so there was shelter, they would find the different little shelters. Also, because of much more open access to phones and different abilities to communicate, if you're doing work at school and you know how to hack into Facebook and all those different things that you think you have firewalls against, communicating with the outside world, we definitely have kids picked up often in different locations from their friends or family, or acquaintances.”

Topic III: What services were provided to the child or youth after a run?

“We also conduct a search and shower, which is basically where they have to turn in all of their clothing that they were off campus with so we can search it. They then have to shower with lice shampoo, because we have had youth who have gone off campus who hang out with some individuals who were homeless and then contracted lice and different things, and then we provide them with facility clothing. Then, there is a big debriefing process, a processing that has to happen to discuss the behaviors and the prior events that caused that behavior, because if we don't know what caused it, we can't help make a safety plan to negate those things.”

“When possible – especially if the police brought the client back or if they came back just checking in with them. If they’re able to process before going back into the milieu, then great. If they’re not, we still at least need to be like, ‘Are you going to be able to be safe in the milieu?’ Just at least, you know, making sure they’re not in any sort of headspace that’s going to negatively affect the of the milieu before we bring them back there.”

“It’s not that we even want them [law enforcement] to be the ones intervening. Often, I’m noticing their techniques and theirs is very compliance-based, and they don’t intervene in a way that we would as a trauma-informed facility, so it’s not a positive thing whenever we have [law enforcement] being the ones bringing back our kids, or in physical management with our kids. I don’t think I’ve had a time where I’ve felt very positive or comfortable with the way they intervene, which is not to say that they’re doing anything wrong. It’s just the way they’re trained versus the way we are trained, which is why we try and keep our kids as close to home as possible so that we can prevent as many of these hands-on and spit-masks, and we don’t slam kids, but if a kid gets out, like they did this week, and goes to swing at a cop, you’re going to get slammed to the ground, and that does happen.”

“They don’t treat you like, ‘Hey, you ran because you had an issue.’ It’s more like, ‘You ran because you’re a bad kid. Or you ran away because you needed attention or whatever.’ It’s not, ‘You ran away. What’s wrong? Why did you run?’ It’s never, ‘What happened?’ It’s, ‘These are the consequences now.’ Consequence after consequence after consequence, to the point where I got put into seclusion. Like it was bad when I got back. I feel like I wasn’t treated like a human. I felt like I was treated like an animal, or like a number. I was a stamp, you know, just put in a room to calm down.”

“I guess the environment, getting with – getting you sick. If you stay out too long and it’s a cold night, you’ll get sick. They have illnesses that can happen. Basically, though, it’s a natural consequence where you go – you run and you get picked up and go to jail. That’s a natural consequence because you did it to yourself where you’re getting sick.”

“If you’re frequented AWOL, you’re frequently AWOL, you’re like, ‘It’s not really a big deal. Just come back and get back on the program.’ But if you rarely go AWOL people will ask like, ‘You need help with anything? Do you need anything?’”

“When I came back from AWOLing, I didn’t really get treated any differently. Everybody hated my, like, staff-wise, hated my guts, because I was already acting a fool before that. I already had a whole reputation. I was still treated absolutely horrid. Then I got changed to a different unit, and it was really great there. Anyway, but my thing is, like, staff-wise, staff will do whatever.”

Topic IV: What programmatic and systemic barriers make it difficult to prevent a run from occurring?

Defining Imminent Danger

“Some of the neighborhoods that, you know, houses are located in our – we’re in [a city] and the kid goes to run and we’re not in the greatest neighborhoods, where does that leave us? We have gang kids that we’ve had where someone – you know, that’s affiliated with the gang that they’re in... has been killed. And this kid it has talked about paybacks and things like that. So to me that would mean he’s a danger to others to others. Right? In that situation. I just think asking some questions about

where that risk lies and where it crosses over to imminent risk is some of the questions that I think need to be asked. At what point does this become an imminent risk to yourself or others?”

“There are competing rights. Kids have the right to leave the facility. I think for a lot of us we also have the view that kids have a right to safety. They have a right to be protected from being trafficked. They have a right to be protected from overdose. They have a right to be protected from being hit by a car on the side of this highway. Like, they are children. We are adults. They need to be protected by us.”

“Sometimes, knowing, seeing a kid that's completely out of control, that is completely chaotic, that's saying they're going to run off campus and get hit by a car, at that point, sometimes physical intervention is absolutely needed, because when they can't manage their safety, we will have to intervene and do it for them. Physical intervention, at the end of the day, is an asset to us, to be able to maintain that safety at all points.”

“Clearly, this has evolved over the last 20 years that I've been involved. We used to physically intervene with kids that were leaving, and that changed through licensing regulation, or interpretation of the licensing reg, is what I would say, because it says imminent danger and how that is interpreted, I think, is very different with circumstances and the kids that you're working with. I think, over the years, that became a really difficult thing to put into practice. You know, [another provider] just talked about they've added a cost by having to contract with the local police department.”

“We end up waiting and waiting for that moment where we could, I guess, prove or justify lethality or imminent danger, and we end up putting ourselves and our kids, our staff and our kids in a more unsafe situation by doing that because the waiting is just as dangerous as intervening. Not doing something can often be worse than doing something, so trying to wait around until we're not going to get in trouble before we stop them, even though we know we should be stopping them, and then we end up in a worse situation is not really the wisest intervention in my opinion.”

Staff Shortage

“I've been asking to talk to some staff here for days now, and the only time they talk to me when I was crying yesterday when I found out my brother, I was gonna lose my brother.”

“It's like staff's fault 80, 90 percent of the time, but on other hand, a lot of it isn't because of staff. It's more because there's staff that obviously are mistreating, you know, saying not okay things, all that kind of stuff, but there also are a lot of staff that will try to get your priorities met, but are incapable because there's a staff shortage, and there's only so many of them, and a lot of us.”

“It does get really hard when like those people [peers] that are the problems ask to process the staff that you've been waiting to process for days, and they have been trying to get to you. That makes me really upset. Because like I've been waiting for – we're five days now. And there was another youth that asked to process, and then got processed with, which is got really frustrating to me.”

“It really talks to that caring environment, full staff, and safe environment physically, and all those different things that, unfortunately, are not always available, and the intent to ensure that we have more than one person that these young people can connect with, but I think that speaks to a bigger issue. I think that speaks to a funding issue. I think that speaks to an issue of for us to get really good people in the door, and caring and intrinsically there, is no different than the schoolteacher world, right? We aren't able to pay people what they're worth to do this type of work, and it's getting harder and harder every day.”

“Unfortunately, we ebb and flow with staffing patterns in the sense of I feel like we're always green on the direct care staff, but, once again, it goes back to the people that are super good with kids tend to move away from kids. They become administrators and they become case managers, and our direct care staff are the ones that are with the kids all the time, and we definitely see a less experienced person doing the day-to-day, the hard work on the front lines.”

Law Enforcement

“I think that there's just not a good understanding or knowledge of what we do and what our policies are and what we are allowed to do and what we are not allowed to do as well as there are some misconceptions we have about them and what they are able to do and incapable. A lot of it is a communication issue [with law enforcement] and that we are all working in a really sensitive field and there's a lot of pressure put on everyone from every direction who are all nervous about making the wrong decision.”

Reporting Requirements to CDHS

“Even though [the child] did some transgression, something happened. Again, on youth that have histories of delinquency have all of a sudden been more empowered than they were before all that took place. And that's where we all struggled, is, you know, we love kids. We want to work with kids. We want to see them succeed. We want to see them go home and live and live happily ever after. And we work really hard to do that. And then to have the default be you're doing something wrong when you're performing your duty is just backwards. It's completely – makes no sense.”

“The thing that we are really missing is the availability to make our own decision about how we intervene. We're being forced to make a decision based on compliance reasons, and that's just being honest about our situation because we typically – if feel like the scales have an overbalance on this issue of not intervening for compliance-based reasons, and I don't think we should do that. However, I don't think that should be prioritized over the safety risks of the youth leaving in all these intricate, judgmental things that happen after the fact of why you did something, or whatever. My personal opinion is that if we were allowed to monitor our own compliance-based interventions and deal with that, because we don't want to do that, that's not our mode of interacting with kids or our program setup, but everybody is with a magnifying glass judging if we're doing that or not. If we were allowed to monitor that and we were allowed to intervene when we feel like it's an unsafe situation for a kid, we would stop kids from leaving the campus, and we would handle it in our way that we are trained to handle things on the grounds.”

Topic V: Opportunities for Prevention: Consequences and Connectedness

Fear of Consequences

“The consequences, because like – You'd lose your privilege for the day, three days. Lose being able to go places. You got all your stuff taken out of your room.”

“When I see people who are going AWOL I remind myself I want to go home. I also want to see my family. So I just look on the bright side and don't AWOL.”

“If you go AWOL for two hours, right, so two hours you're just out walking around, but like that doesn't add up to three days. Like why would you go AWOL for two hours just to have to lose everything for three days?”

Connectedness to Providers

“The staff will talk me out of it.”

“Last night like a staff stopped one of the kids from going AWOL. The staff said, ‘No, you're not going to go out that door.’”

“I would say the biggest thing that helped our kids stay put was when they were connected to enough staff that they felt cared about.”

“I think we see this very frequently. I think we probably see this more than the kids talking about it and then actually running. Our staff are really trained in de-escalation and processing and co-regulation. And they're able to verbally tell us if they're wanting to run and verbally tell us why, then doing those things to help co-regulate and bring the kid back down has been a huge help.”

“I would also say that when a young person tells you they're going to run away, when they're thinking about running away they're looking for – that's a lifeline. They're asking for help. The people that run away typically don't tell you. You might see warning signs but there won't be an outward...yeah. My experience is that when a young person says, ‘I'm really thinking about running away,’ he's looking for permission to stay and perhaps different support, better support, in the program that he is in or she's in.”

“I agree with that. I've seen that a lot too. Like, I've had a client that would literally just say, “I'm going to run,” and he'll get down to the end of the hallway but then he'll turn around and make sure staff was – but he never got out of the building. He just wanted to make sure we were following him. So I do feel like there's a lot of just following him around, processing, trying to process within an encouraging them to make the right decisions. And whether that's in their best interest.”

Appendix C: Coding Strategy

Phenomenological methodology involves exploring lived experiences of people as experts in their own lives. This type of methodology involves taking a holistic view of the data to understand the phenomenon being studied, in this case lived experiences with running incidents. In this program evaluation process, the PI captured the essence of what it was like to experience a run personally, as a peer who runs, or from the perspective of the service provider. The coding process in this research approach involves the following methods: epoche, phenomenological reduction, horizontalization, imaginative variation, and synthesis of meanings and essence.¹ Each of the following steps occur in order, as the steps are intended to build upon one another, and one cannot happen before the previous step is achieved.³²

Epoche

This first step means to refrain from holding dogmatic views of the phenomenon being studied. In order to accomplish this step, the PI and external coders evaluated any previously held biases, understandings, or judgements regarding running incidents and behaviors.

Phenomenological Reduction

The phenomenological reduction process involves viewing all participant statements in an open way and aiming to recognize any bias that may hinder the evaluators in fully understanding the participant experience. Methods used to address this were evaluator journals, listening to recorded interviews multiple times, and carefully reviewing interview transcripts.

Horizontalization

This process involves giving each participants' statements equal importance by setting aside evaluator bias or opinion. To accomplish this, the evaluator reviewed transcripts independently and worked with external coders to evaluate accuracy.

Imaginative Variation

Each external coders read transcripts according to the codebook. The PI carefully considered the possible underlying causes or influences that may have impacted participants in their experiences with running from out-of-home placements. The PI and external coders selected salient participant statements to represent the textural essence of the phenomenon that was studied.

Synthesis of Meanings and Essences

This final step in phenomenology is intended to synthesize the meaning and essence through a rich description of the phenomenon. This step is represented in the results section by integrating participant quotes.

Trustworthiness

One evaluator conducted the interviews and evaluated the transcripts. In order to reduce bias, the PI consulted with two qualitative research coders to reduce bias and subjectivity in the data analysis process.³³ Additionally, the PI used five criteria to address trustworthiness: credibility, transferability, dependability, confirmability, and authenticity.³⁴

Credibility

Credibility refers to the importance of viewing each participant as an expert in their own life and experiences.³⁵

Transferability

Transferability is the extent to which the results of can be applied in other contexts.^{36, 37} The quality of transferability depends on the evaluator's ability to describe the evaluation process and findings for the reader to determine its applicability to their context.³⁸ In this report, findings were represented with direct quotes that support the findings.

Dependability

In qualitative research and evaluation, the concept of dependability is related to whether the data collected is stable over time.^{39, 40} This was achieved through documenting all decisions made by the evaluator to the Colorado Action Lab Staff, the Office of Colorado's Child Protection Ombudsman, and the Timothy Montoya Taskforce.

Confirmability

Confirmability refers to ensuring the data and interpretations are accurate. In this project, the findings and interpretations were directly linked to raw data and an audit trail of data.^{41, 42}

Authenticity

Authenticity is seen as the ability to represent multiple perspectives in data interpretation.^{43, 44} This was accomplished through use of two external coders to review the PI's interpretation of data.

Endnotes

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