

**CONTRA COSTA COUNTY  
JUVENILE PROBATION PLACEMENT CASE PLAN**

**\*For youth placed in a STRTP to satisfy the requirements of FFPSA in WIC 727.12, 706.6, and 16501.1**

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PO's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Case Plan       Updated Case Plan      Juvenile Court No.: \_\_\_\_\_ Probation Case No.: \_\_\_\_\_

Check appropriate Reasonable Candidate Case Plan Goal: (31-206.1)

- Family Maintenance Services have been unsuccessful
  - Case Plan Goal is Family Reunification
  - Permanency Planning (with Reunification efforts)

Date of Placement Order: \_\_\_\_\_  **Disposition pending** Date youth was detained: \_\_\_\_\_  
(m/d/yyyy) (m/d/yyyy)

1. Enter corresponding date for each:

Initial Case Plan with Family Maintenance Goal completed on: (31-206.1)	Youth was removed from their home on: (31-101.5) (31-210.1)	Date of Child and Family Team (CFT) Meeting: (WIC 16501.1(c))	STRTP Placement is recommended. Date Interagency Placement Committee reviewed & approved placement: (WIC 4096)	Resource Family: Relative or Non-Relative Placement: (WIC 16501.1)

2. Type of home or living arrangement needed: (31-206.312(a) (31-206.313) (WIC 16501.1 (2) & WIC 706.6 (c)(1))

Explain why placement is appropriate at this time, the reason that led to the removal of the youth. Include in your response, any present or past Evidence-Based/Evidence-Informed Mental Health Services and rationale for any out-of-county and/or other placements used. Include a description of the type of placement in which the youth is to be placed, and the reasons for that placement decision, including a discussion of the safety and appropriateness of the placement. WIC 706.6(B)(v), (WIC 706.6(a)(2)) \_\_\_\_\_

3. Please explain how the probation officer made reasonable and good faith efforts to identify and include all required individuals in the CFT : \*

4. List all CFT Members (child/nonminor dependent, family members and supports, caregivers, tribal representative, educational rights holder, and others) and nonrelative extended family members not part of the CFT : \*

5.  Permanency Goals Discussed with youth/family/CFT  
 Youth's Placement stability was reviewed/assessed
6. If reunification is the permanency goal, provide information on how the parent(s) from whom the child was removed provided input on who should be members of the CFT : \* \_\_\_\_\_
7. Was the CFT meeting held at a time and place convenient for the family? \*  YES  NO  
 Describe how the location and time of the CFT meeting was determined: \*
8. Explain all the recommendations of the CFT and any inconsistencies between the CFT recommendations and the case plan and why the case plan recommendation is different than what was recommended by the CFT. \* WIC 706.6(3)(A), WIC 706.6(b)(2) \_\_\_\_\_

Appropriate placement would include: (31-206.31) Check all that apply.

<input type="checkbox"/> Ability to dispense psychotropic drugs	<input type="checkbox"/> On-grounds school	<input type="checkbox"/> Substance abuse treatment
<input type="checkbox"/> Family Counseling	<input type="checkbox"/> Group/Individual therapy	<input type="checkbox"/> Specialty Mental Health Services
<input type="checkbox"/> Trauma-informed services	<input type="checkbox"/> Therapeutic services for sexual perpetrator	<input type="checkbox"/> Therapeutic services to address victimization of sexual exploitation
<input type="checkbox"/> Independent Living skills	<input type="checkbox"/> Therapeutic services for Pyromaniac	<input type="checkbox"/> Other: _____

9. Relatives to be assessed for possible placement: (31-205.1(g))

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Youth is a Native American. See attached document (31-515)

10. Qualified Individual (QI) Determination (*this section is only applicable when considering an STRTP placement or if an emergency placement into an STRTP was made*) \*

- Please describe how the determination by the QI was conducted in conjunction with the CFT: \_\_\_\_\_
- Please list the placement preferences of the minor/NMD and the CFT: \_\_\_\_\_
- Are the placement preferences of the child/NMD and the CFT the same from the QI recommendations?  YES  NO  
 If they differ, please summarize the rationale provided by the QI: \_\_\_\_\_

11. Family Reunification Goal:

Return Home  Permanent Placement with a fit and willing relative  
 Adoption  Legal Guardianship  Another Planned Permanent Living Arrangement (APPLA): \_\_\_\_\_

12. Describe the latest concurrent plan pursuant (WIC 11400 & WIC 16501.1(f)(10)) (Describe the services to be provided to assist in reunification and the services to be provided concurrently to achieve legal permanency if efforts to reunify fail.) \_\_\_\_\_

13. Identify the intensive and ongoing efforts to return the youth to the home of the parent, place the youth for adoption, establish a legal guardianship, or place the youth with a fit and willing relative, as appropriate. Efforts shall include the use of technology, including social media, to find biological family members of the youth \_\_\_\_\_

- 14. THE PROBATION OFFICER WILL CASE MANAGE ALL OF THE ACTIVITIES DESCRIBED BELOW** as well as compliance with Court Orders, conduct monthly visits with the youth, placement provider, and contacts with parents. (31-206.51) Probation will arrange transportation and services as needed. (List all supports and services; activities designed to enable the safe reunification to their home. (31-201, 31-320, 31-206, 31-206.222(a))

Projected date by which youth may be reunified in the home of a parent/guardian(s): \_\_\_\_\_  
(m/d/yyyy)

**YOUTH/CHILD:** (31-206.22) Objectives must be specific, time limited, to enable safe return of youth home.

Objective	Area of Need Addressed	Projected Completion Date (31-206.23)	Date Completed (31-206.21)

**PROVIDER:** (31-206.34)

Name(s): \_\_\_\_\_

Objective (31-206.221)	Area of Need Addressed	Projected Completion Date (31-206.23)	Date Completed (31-206.21)

**PARENT/GUARDIAN(s):** (31-206.22)

Name(s): \_\_\_\_\_

Objective (31-206.211)	Area of Need Addressed	Projected Completion Date (31-206.23)	Date Completed (31-206.21)

Parent/Guardian(s) advised they may request adoption and legal guardianship counseling and services on \_\_\_\_\_  
(m/d/yyyy)

- 15. Services and steps to be taken to implement the permanency alternative should reunification fail:**

(31-206.318(a) (31-206.222(b))

- Probation Officer to consider appropriate response for any violations of Court Order.
- Probation Officer will review youth's progress in completing case plan objectives during placement visits and phone contacts.
- Continue engagement with family and with family finding efforts.
- Emancipation or Independent Living Program
- Adoption Assessment & Planning
- Legal Guardianship Assessment & Planning
- Other: \_\_\_\_\_

16. Scheduled visits between child/youth and their family. (31-206.32) (31-206.33)
- Child is / will be placed locally. Youth shall have visits with  Mother(s)  Father(s)  Family  Grandparents  
 Other: \_\_\_\_\_  Has transportation.
- Has transportation issues. Visits will be facilitated by: \_\_\_\_\_
- Transportation Assistance i.e. tap cards, bus passes, taxi/Uber vouchers etc. [ ] Other: \_\_\_\_\_
- Family members who are included in visiting plans: \_\_\_\_\_  
Visits will be scheduled:  Weekly  Bi-weekly  Monthly  Other: \_\_\_\_\_  
Dates of scheduled visits: \_\_\_\_\_
17.  Youth is / will be placed out-of-county, in \_\_\_\_\_ County.  
 \_\_\_\_\_ County will continue to monitor compliance and case plan progress.  
Youth shall have visits with  Mother(s)  Father(s)  Family  Grandparents  
 Other: \_\_\_\_\_  Has transportation.
- Has transportation challenges and visits will be facilitated by  Bus Passes  Other: \_\_\_\_\_
- Family members who are included in visiting plans \_\_\_\_\_  
 Visits will be scheduled:  Weekly  Bi-weekly  Monthly  Other \_\_\_\_\_  
Scheduled visits Dates: \_\_\_\_\_  
Reason for out-of-county placement: (specify 31-206.32, 31-206.313(a)) \_\_\_\_\_
18.  Youth is / will be an out-of-state placement.  
 Out-of-state residential facility has been approved and authorized in accordance to WIC Section 727.1(b) and Family Code 7911.1 Date: \_\_\_\_\_  
 Out-of-state RFA home meets all requirements within the residing state, and ICPC approval obtained: Date: \_\_\_\_\_
- What in-state facilities were used or considered and state the reasons other in-state facilities were reviewed and not recommended: (31-206.312(a)) \_\_\_\_\_
- Note:** New placements in out-of-state residential facilities are prohibited on and after July 1, 2022 pursuant to Family Code 7911 and WIC 727.1.
19. Reasons why the youth will be placed a substantial distance from home of parent/guardian. State why is the placement the most appropriate and in the best interest of the youth. (31.206.313) (WIC 706.6):  
\_\_\_\_\_
- Not applicable  Receiving County has been notified on \_\_\_\_\_  
(date)
- Responsibilities of sending county: (31-505): \_\_\_\_\_  
Responsibilities of receiving county: (31-505) (31-206.312): \_\_\_\_\_
20. Reasons why this specific placement is most appropriate and is in the best interest and meets the special needs of the youth, least restrictive, most family-like setting that promotes normal childhood experiences, in closest proximity to youth's home: (WIC 706.6(B)) (31-206.314) (3-206.313(a)) (31-206.316): \_\_\_\_\_
21. Efforts made to place youth and siblings together and reasons for separating siblings. (31-206.311) (31-206.318(b))  
 Not applicable Reason for separation: \_\_\_\_\_
- a. If applicable, indicate the nature of the sibling relationship, the impact of placement and planning for legal permanence, the continued need for sibling interaction, need to suspend sibling interaction and other factors taken into consideration.  
\_\_\_\_\_

- b. If siblings are NOT placed together, please indicate the following:

The frequency and nature of the visits between the siblings: 1) If there are visits between the siblings, whether the visits are supervised or unsupervised. If the visits are supervised, a discussion of the reasons why the visits are supervised, and what needs to be accomplished in order for the visits to be unsupervised; 2) If there are visits between the siblings, a description of the location and length of the visits; 3) Any plans to increase visitation between the siblings: \_\_\_\_\_

22. The Probation Officer will visit the youth      "Visit" means face-to-face "Contact" means face-to-face, phone, etc. (31-206.32) (31.206.24) (31.206.241) (31.206.315)(31-320)

Three visits will take place within 30 calendar days, from the date of the youth's initial placement order.

*(This timeline begins on the date of the youth's initial placement order, which can include contact with the youth, while awaiting placement in juvenile hall)*

Subsequent visits will be conducted in accordance with the following schedule:

Monthly - Provider will also be contacted/visited at that time.

Other: \_\_\_\_\_

**Note:** No visit exceptions are permissible for STRTPs, unless a youth is in runaway status and the placement order has been revoked or closed.

23. The Probation Officer will visit/have contact with the youth's Parent(s)/Guardian(s)/Family (31.206.24) (31.206.241) (31.206.315) (WIC 706.6(p))

Monthly       Other \_\_\_\_\_

Justification for exception to contact:

Case Plan Goal is not reunification     No Parent/Guardian (previous 300 WIC Dependent)

Other reason(s) \_\_\_\_\_

24. Foster Care Rights (31-236(a))

Pursuant WIC 16001.9, the youth has been informed of their rights at least every six months, no later than annually by their probation officer.

25. Credit Report inquiry for youth ages 14 years or older and younger than 18 years and NMD over 18 years (WIC 10618.6)

A copy of their credit report was provided to the youth. Date provided: \_\_\_\_\_

No problems identified

Youth referred to agency/organization to help clear youth's credit report

Name of agency/organization referred: \_\_\_\_\_

26. Health Passport: (31-206.35)

The required health care information is  attached  being prepared by: \_\_\_\_\_.

It will be given to the care provider within 30 days of placement. A copy of this information attached to this document and includes names and address(es) of health care provider(s), immunization records, medical considerations, current medications, where information is documented, a plan to ensure medical care with scheduled periodic health assessments. (31-206.351, 31-206.352, 31-206.36).

Date referred to Public Health Nurse: \_\_\_\_\_

Date information given to Care Provider: (31-405.1(n)) (31-405.1(m)) \_\_\_\_\_

Name/address of Health Care Provider: \_\_\_\_\_

Youth will be provided a medical exam and dental exam within 30 calendar days after placement. (31-206.361)

Date of Medical Exam: \_\_\_\_\_ Date of Dental Exam: \_\_\_\_\_

**Reproductive Rights:** For a youth in foster care 10 years of age or older or a non-minor dependent, the case plan shall be updated annually to indicate that the case management worker has completed the following: (WIC 16501.1(f)(21))

- Informed the youth or non-minor dependent that they may access age-appropriate, medically accurate information about reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections.
- Informed the youth or non-minor dependent, in an age- and developmentally appropriate manner, of their right to consent to sexual and reproductive health services and their confidentiality rights regarding those services.
- Informed the youth or non-minor dependent how to access reproductive and sexual health care services and facilitated access to that care, including assistance with any identified barriers to care, as needed
- For a youth 10 years or older, or non-minor dependent enrolled in high school, it has been verified that the youth or non-minor dependent has received comprehensive sexual health education that meets the requirements of Chapter 5.6 (commencing with Section 51930) of Part 28 of Division 4 of Title 2 of the Education Code through the school system or has ensured that the youth will receive the instruction.
  - Describe how the county will ensure that the youth receives the instruction at least once before completing junior high or middle school if the youth remains under the jurisdiction of the court: \_\_\_\_\_
  - Describe how the county will ensure that the youth or nonminor dependent receives the instruction at least once before completing high school if the youth or nonminor dependent remains under the jurisdiction of the Court:  
\_\_\_\_\_

27. Education Passport: (31-206.35)

The required educational information is being prepared by \_\_\_\_\_ and includes: school records, immunizations, known medical problems, known medications, names/address of health and educational providers.

It will be given to care provider within 30 days of placement. This document contains the school plan for the youth that includes names and address of the education provider, (31.206.351(a)) youth's school records, assurances that takes into account their proximity of school at the time of placement. (31-206.351)

Attached (31.206.351(c))

Will be attached to the case plan when completed.

Youth is performing at \_\_\_\_\_ Grade level (31-206.351(b))

Youth has special education needs: \_\_\_\_\_

Youth has an Individualized Education Plan dated: \_\_\_\_\_

Identified adult to provide assistance with post-secondary education, including career and technical education, and related financial aid (WIC 16501.1(g)(22)): \_\_\_\_\_

The youth does not wish to pursue postsecondary education, career, or technical education at this time. (The youth may change their mind at any time at which point the case plan shall be updated to identify an adult and indicate above)

Date information was given to Care Provider: \_\_\_\_\_

A recommendation has been made to the Court that the right of the parent to make educational decisions be limited by the Court. (31-206.38)

Date of recommendation report: \_\_\_\_\_ Date of Court Order: \_\_\_\_\_ (copy in file)

Assigned Educational Rights Holder (If other than a parent): \_\_\_\_\_

28. Independent Living Plan

The youth is 16 years of age or older. (31-206.37)

Independent Living Plan is attached.

Referred to \_\_\_\_\_ for an Independent Living Plan. Once the plan has been completed, the Probation Officer will review and approve the plan. A copy of the plan will be given to the Care Provider.

The ILP agency will provide regular progress reports to the Probation Officer.

Date the plan was reviewed and approved by Probation Officer: \_\_\_\_\_

Date the plan given to Care Provider: \_\_\_\_\_

29. Permanent Plan: (31-201), (31-206.318(a)), (31-206.318(c))

- Return Home       Permanent Placement with a fit and willing relative  
 Adoption       Legal Guardianship       Another Planned Permanent Living Arrangement (APPLA):

If the case plan goal is a permanent plan of adoption, guardianship or APPLA, indicate the child's wishes regarding their permanent placement plan and an assessment of their wishes below: (WIC 16501.1(f)(15)(A))

Child's permanent placement plan: \_\_\_\_\_

Assessment of permanent plan: \_\_\_\_\_

Identify any barriers to achieving legal permanence and list the steps that will be taken to address those barriers.

\_\_\_\_\_

**Note:** For a youth in out-of-home care who is 16 years of age or older, a written description of the programs and services, which will help them prepare for the transition from foster care to successful adulthood should be included in an aftercare service plan.

When a youth has been in foster care for 15 of the most recent 22 months, complete the following: (WIC 727.32) (31-206.318)

Termination of parental rights is not in the best interest of the youth for the following compelling reasons:

- The parent/guardian(s) has/have maintained regular visits and contact with youth and the youth would benefit from the continued relationship.  
 The permanent plan is for the youth to return to their home (reunification). (31-206.23)  
 Compelling reason(s) exist as to why it is not in the best interest of the youth to return home, be placed for adoption, be placed with a legal guardian, or be placed with a fit and willing relative.  
Compelling reason(s) include: \_\_\_\_\_  
 A determination by the licensed county adoption agency that all of the following apply:  
a. The child is unlikely to be adopted. (31-206.318(e))  
b. The child is living with a relative who is unable or unwilling to adopt because of exceptional circumstances.  
c. Removal of the child from the physical custody of their relative or foster parent would be detrimental to the child's emotional well-being.  
 Probation has not provided the family with reasonable efforts necessary to achieve reunification.

Date this section was completed: \_\_\_\_\_

30. The youth has been placed at: \_\_\_\_\_

Address: \_\_\_\_\_

Reason(s) this placement was determined most appropriate and, in the youth's best interest: (706.6(g) WIC) (31-206.314)

\_\_\_\_\_

Name and address of school the youth will attend while residing in this placement (WIC 706.6(j)) (31-206.351(a))

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

- This is same school youth was attending.  
 The previous school was considered, however, based on other factors in determining the appropriate placement it is necessary for the youth to change schools.  
 School records have been forwarded to the new school  Yes  No   
Other educational information: \_\_\_\_\_

31. The Court has approved placement of the youth or NMD in an STRTP: \*  Yes  No

If no, please explain: \_\_\_\_\_

32. Pursuant to WIC - 727(a)(4)(E), if a youth is 13 years and older, has an active placement order through delinquency court, is anticipated to remain in placement in an STRTP for 12 consecutive months, 18 nonconsecutive months,\* or in the case of a youth younger than 13 years of age placed in an STRTP for more than six (6) consecutive or nonconsecutive months,\* the Chief Probation Officer of the county probation department or their designee shall approve the continued placement, no less frequently than every 12 months.

Chief Probation Officer or their designee has approved the child/youth continued placement in an STRTP.\*  
Expected date of completion: \_\_\_\_\_

Describe child/youth's needs that justify continued placement in an STRTP, include barriers that need to be addressed:  
\_\_\_\_\_

33. Prior to a child/NMD's discharge from an STRTP, please provide a description of the type of home-based services that will encourage the safety, stability, and appropriateness of the next placement. Include description of home-based services recommended by the QI and the CFT, when applicable : \*

A plan for aftercare support services to the youth and family is attached and was developed with the STRTP pursuant to Section 4096.6 \*

YES  NO (not applicable at this time)

**SIGNATURE PAGE:**

**YOUTH:** This case plan has been reviewed with me and I have received a copy of my plan (WIC 16501.1(f)(13)). I agree to actively participate in the activities and work toward the goals as described. I have reviewed my case plan and my plan for permanency. I have been advised that I have the right to receive information about my placement and case plan, including changes to my plan as described. ( WIC 16001.9 (a)(38) )

Youth's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(m/d/yyyy)

**PARENT/GUARDIAN(S):**

This case plan has been reviewed with me and I have been provided an opportunity to participate in the development of the case plan. I agree to actively participate in the activities and work toward the goals described. I also understand that adoptive/counseling services are available to me should I request them. I have received a copy of this plan.

Parent's Signature: \_\_\_\_\_  
(31.210.13)

Date: \_\_\_\_\_  
(m/d/yyyy)

If no parent/guardian is available/willing to sign the above, indicate efforts to obtain signature and reason parent did not sign:  
(31-210.131) \_\_\_\_\_

Youth / Parent REFUSED TO SIGN CASE PLAN. Document present by DPO on: \_\_\_\_\_

Probation Officer's Signature: \_\_\_\_\_  
(31-210.11)

Date: \_\_\_\_\_  
(m/d/yyyy)

Probation Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(m/d/yyyy)

Date the Case Plan was reviewed with Care Provider: (31-405.1) \_\_\_\_\_

Date a copy of the Case Plan given to Care Provider: (31-405.1) \_\_\_\_\_

Provider Staff's Signature: \_\_\_\_\_  
(31-405.1)

Date: \_\_\_\_\_

Provider Staff's Name/Job Title/Name of Organization (printed): \_\_\_\_\_