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GOVERNOR

January 9, 2018

ALL COUNTY LETTER NO. 17-122

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
 COUNTY WELFARE DIRECTORS ASSOCIATION OF CALIFORNIA
 CHIEF PROBATION OFFICERS OF CALIFORNIA
 COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
 ALL CHIEF PROBATION OFFICERS
 ALL COUNTY MENTAL HEALTH DIRECTORS
 ALL TITLE IV-E TRIBES
 ALL FOSTER FAMILY AGENCY DIRECTORS
 ALL GROUP HOME PROVIDERS
 ALL OUT-OF-STATE GROUP HOME PROVIDERS
 ALL SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM PROVIDERS
 ALL CHILDREN'S RESIDENTIAL PROGRAM STAFF

SUBJECT: **SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS (STRTPS) PLACEMENT CRITERIA, INTERAGENCY PLACEMENT COMMITTEES (IPCS), SECOND LEVEL REVIEW FOR ONGOING PLACEMENTS INTO GROUP HOMES AND STRTPS**

REFERENCE: ASSEMBLY BILL (AB) [403 \(CHAPTER 773, STATUTES OF 2015\)](#), AB [1997 \(CHAPTER 612, STATUTES OF 2006\)](#), AB [404 \(CHAPTER 732, STATUTES OF 2017\)](#); AB [1299 \(CHAPTER 603, STATUTES OF 2016\)](#); WELFARE AND INSTITUTIONS CODE (WIC) SECTIONS [206](#), [241.1](#), [300](#), [361.2\(e\)\(9\)](#), [601](#), [602](#), [706.6](#), [727](#), [4096](#), [11400](#), [11462.01](#), [11467.1](#), [16501.1\(a\)\(3\)](#), [16514](#), [5600.3](#); MANUAL OF POLICIES AND PROCEDURES, [DIVISION 31](#), Family Code (FC) [7911.1](#), HEALTH AND SAFETY CODE (HSC) SECTIONS [1502](#), [1502.4](#), [1530.8](#), [1562.01](#)

The purpose of this All County Letter (ACL) is to provide county placing agencies guidance and instructions pertaining to the following:

- 1) IPCs
- 2) STRTP Placement Criteria
- 3) The IPC and Child and Family Team (CFT), IPC Dispute Resolution, and other related topics
- 4) Second Level Review requirements for children and Nonminor Dependents (NMDs) placed in STRTPs and group homes.

Background

For purposes of this letter, **county placing agencies** refers to child welfare agencies, probation departments, and Title IV-E tribes, and **a child** refers to a child, youth, or NMD.

The Continuum of Care Reform (CCR) draws together numerous existing and new reforms to the child welfare system to ensure that, when children are removed from their own families, they are supported with a broad continuum of programs and services tailored to their individual needs. Under the reform, reliance on residential care is limited to circumstances when the child requires residentially-based, short-term interventions designed to enable the child's successful transition into a permanent home-based family placement.

To that end, [AB 403](#) established a new licensed children's residential facility type called STRTP¹, defined in [HSC section 1502](#) and [WIC section 11400](#). An STRTP is a public agency or private organization licensed by the California Department of Social Services (CDSS) to provide an integrated program of high quality, therapeutic interventions and 24-hour supervision on a short-term basis for children who have complex and severe needs.

[AB 403](#) and subsequent legislation also provided that placements of any child into an STRTP must be approved by an IPC that has considered the recommendation of a Child Family Team (CFT). Additionally, legislation clarified that the second level review is required for STRTP placements, as is required for group home placements. These requirements are discussed thoroughly later in this letter.

Privately funded placements of youth who are not dependents or wards of the juvenile court may be accepted by an STRTP and do not require approval by an IPC. However, children whose placements are privately funded must be assessed by the STRTP to have needs in common with the other children placed within that same STRTP facility.

¹ [AB 403](#) established Short-Term Residential Treatment Center, and [AB 1997](#) changed the name of the name to Short-Term Residential Therapeutic Program.

Please see **Attachment 1** for Frequently Asked Questions (FAQ's) regarding the IPC and STRTPs.

STRTP Placement Purpose and Role within the Continuum of Care

Broadly, the STRTP level of care is intended for children whose behavioral and therapeutic needs are not able to be met in a home-based family setting, even with the provision of supportive services, and who require the level of supervision and clinical interventions provided by the STRTP provider. Additionally, the STRTP is intended to play a key role in the continuum of care by having the capacity to serve individual children whose needs are just below an inpatient health facility level of care.

The overarching goal of the STRTP is to provide trauma-informed therapeutic interventions and integrated programming designed to address barriers to a child's ability to safely reside and transition into a home-based family setting in support of permanency and the child's well-being. Therefore, an STRTP is expected to provide a range of services, of varying intensity, tailored to the individual needs of the child, which can be adjusted during his or her stay in the program and as they transition from the STRTP to a home-based family setting.

It is critical that the county placing agency, the STRTP, the proposed caregiver, the child and their support system in the CFT work closely together to identify and coordinate the necessary services, and natural supports essential to meeting the individual needs of the child.

Interagency Placement Committee (IPC)

The county IPC team is comprised of representatives from the county placing agencies with statutory authority for the care, custody, and control of a child, and a representative from the county Mental Health Plan (MHP). The IPC team may also include other representatives from county agencies which have shared responsibility for the well-being and safety of the child, such as school/education staff, public health or nursing staff, or other department or agency decision makers. Consistent with current practices in several jurisdictions, the IPC may also serve as a multi-disciplinary committee to guide delivery of services for children with significant behavioral, emotional, medical, and/or developmental needs beyond the statutory purposes.

The IPC requirements pursuant to [WIC section 4096](#) establish criteria for reviewing and approving placements into STRTPs, group homes with a Rate Classification Level (RCL) 13/14 that have been granted extensions pursuant to [ACL NO. 16-65](#), and out-of-state residential programs operating pursuant to [FC 7911.1](#). An IPC review is not required for placements in group homes with RCLs 12 or lower with granted extensions, unless required through a local county procedure.

As a best practice, when determining if a child is eligible for placement in an STRTP or a group home with a RCL 13/14 that has been granted an extension, the IPC members should review all available assessments of the child to make an informed decision through the IPC process and strongly consider the recommendations of the CFT.

To support partner agency's compliance with state and federal law, when placing a child in an STRTP, the county placing agency should immediately notify and coordinate needed services with:

1. The school of origin, or, if the education rights holder and the child have determined it is in the child's best interest to change schools, the school of residence in the county and the school district where the STRTP is located. Please see [ACL NO. 10-12](#) and [ACL NO. 12-70](#) regarding educational stability and case plan assurances for children in foster care.
2. The MHP responsible for the child's Specialty Mental Health services. Please see [ACL NO. 17-77](#) regarding Presumptive Transfer of Specialty Mental Health Services when placing a child out-of-county.
3. The Regional Center that is currently serving the child, or to which the child should be referred if the child appears eligible for such as services (as applicable).

For further information on IPC best practices including specialized services and least restrictive placement as it relates to the IPC process, please refer to **Attachment 2**.

STRTP Placement Criteria

A child may be accepted into an STRTP for placement following an IPC determination that the child meets the following criteria listed below as required in WIC sections [4096](#) and [11462.01](#):

- a) The child does not require inpatient care in a licensed health facility;

and

- b) The child's needs have been assessed pursuant to WIC sections [4096](#) and [11462.01](#), as requiring the level of services provided in an STRTP in order to maintain the safety and well-being of the child or others due to behaviors, including those resulting from trauma, that render the child or those around them unsafe or at risk of harm; or that prevent the effective delivery of needed services and supports provided in the child's own home or other family settings (such as with a relative, guardian, foster family, resource family, or adoptive family). The assessment must ensure that the child has needs in common with other children in the STRTP.

AND at least one of the following criteria is present:

- a) The child meets medical necessity criteria for Medi-Cal Specialty Mental Health Services, which is determined by a licensed mental health professional.
- b) The child is assessed as seriously emotionally disturbed (SED) as defined by [WIC section 5600.3](#), or has been assessed as SED through an Individualized Education Plan (IEP).
- c) The child is assessed as requiring the level of services provided by the STRTP in order to meet his or her behavioral or therapeutic needs. This criterion may be met by utilizing a current assessment tool completed by the county placing agency. The IPC shall review the assessment and recommendation of the county placing agency pursuant to [WIC section 706.6\(b\)](#) for probation departments or [WIC section 16501.1\(d\)\(2\)](#) for child welfare agencies.

Note: If the child is placed into an STRTP without a determination that the child meets medical necessity criteria for Medi-Cal Specialty Mental Health Services, there may be **limited access to those services from the STRTP**, and limited access to those services when the child transitions from an STRTP to a home-based family setting. In these circumstances, it is critical that all needed therapeutic interventions and services, including transitional services, are planned based on the recommendations of the CFT.

- d) The child meets the criteria for an emergency placement into an STRTP, prior to a determination by the IPC, only if the following criteria has been met:
 - 1. A licensed mental health professional, as defined in [WIC section 4096\(g\)](#), has made a written determination within 72 hours of placement that the child requires the level of services and supervision provided by the STRTP, in order to meet his or her behavioral or therapeutic needs.
 - 2. **Within 30 days of an emergency placement**, the IPC shall make a determination regarding the appropriateness of the continued placement, with the recommendations from the CFT. If the placement is determined to be appropriate, the IPC shall transmit this approval in writing to the county placing agency and to the STRTP.
 - 3. If the IPC determines at any time that the placement, including an emergency placement, is not appropriate, it shall transmit the disapproval in writing to the county placing agency and the STRTP, and shall include a recommendation to the appropriate level of care and placement to meet the child's service needs. **In the case of an emergency placement, such transmittal must be provided within 30 days of placement.** An IPC representative or representatives shall participate in any CFT meetings as necessary to refer the child to an appropriate placement. The child may remain in the placement for the amount of time necessary to identify and transition the child to an alternative, suitable placement.
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However, if the IPC determines the placement is not appropriate due to a health and safety concern, then immediate arrangements for the child to transition to an appropriate placement shall occur.

4. An emergency placement into an STRTP may **not** be used as a temporary placement for a child not requiring the STRTP level of care due to lack of an identified home-based family setting for a child, and timelines regarding emergency placements and second level reviews are not reset or altered by changing a child's placement from one STRTP to another.

Subject to the placement criteria above and to the requirements of STRTPs under [WIC section 11462.01](#), an STRTP may have a specialized program to serve the unique needs of children, including, but not limited to commercially sexually exploited children, juvenile sex offenders, or children who are affiliated with or impacted by a gang. An STRTP may also operate a specialized program serving private, voluntary placements, if the child exhibits status offender behavior, when the parents or other relatives feel they cannot control the child's behavior, and short-term intervention is needed to transition the child back into the home.

When county placing agencies are considering placement of a child into an STRTP that serves children from both the child welfare agency and the probation department, these county placing agencies, in consultation with the STRTP, must ensure there is a commonality of need with the other children in the placement setting and the requirements pursuant to [WIC section 16514\(c\)](#) have been met, with a final determination and approval by the IPC. For further clarification regarding commonality of need and [WIC section 16514\(c\)](#), please refer to All County Information Notice ([ACIN NO. I-75-16](#)).

IPC and CFT

The CFT process is an integral part of family engagement and service planning and is designed to empower the child and the parent(s) so they can be fully informed and involved in the placement and case plan decisions.

Some counties have explored the integration of the CFT and IPC into one meeting, which is allowable as long as the requirements are met for both the CFT and IPC. If counties choose to do this, they should ensure, via an Interagency Memorandum of Understanding (MOU), effective coordination of CFT and IPC activities.

A CFT is a highly facilitated process and, as defined in [ACL NO. 16-84](#), it is only a CFT meeting if decisions about goals and strategies to achieve them are made with involvement of the child and family members. If a child and his or her parent(s) are not able to attend the CFT meeting in person, an option is to include them via videoconferencing or telephone.

Tracking Non-admissions and Preventing Disruptions in an STRTP

The STRTP providers are not required to accept any specific child for placement. However, it is expected that STRTP providers will have the capacity to serve individual children with challenging and complex needs, including those whose needs are just below an inpatient health facility level of care. Common characteristics of children intended to be served by STRTPs include children who may have experienced multiple placement disruptions, who display aggressive or assaultive behaviors, who frequently run away, children who have multiple co-occurring needs (developmental delays, medical needs, substance abuse, etc.), and other needs that require a higher level of care and supervision.

Intake procedures for STRTPs should be coordinated with the IPC to ensure there is a process for avoiding non-admissions and 7-day notices through collaborative needs and service planning and the development of individualized safety plans to ensure the individual needs of children are met jointly by the STRTP provider and the county. Prior to an STRTP provider issuing a 7-day notice, or when a child is at risk of a placement disruption, the STRTP provider should communicate the concern to the county placing agency, so that a CFT meeting may be convened prior to a disruption.

In cases where an STRTP provider demonstrates a pattern of not accepting placements of children that meet the STRTP criteria, or frequently submits a 7-day notice, despite active efforts of the CFT and the IPC to meet the individual needs of the child, a review process may be initiated by the CDSS or by the county placing agency to determine whether the STRTP provider requires technical assistance to meet the diverse needs of children requiring the STRTP level of care.

County placing agencies may use an optional tracking form (**Attachment 3**) to track non-admissions, including the reasons the STRTP provider denied a placement, or submitted a 7-day notice. **The county placing agency may forward these forms to the CDSS at ccr@dss.ca.gov. The county should not include child-identifying information on the form.**

IPC Dispute Resolution

[AB 1997](#) added requirements in [WIC section 4096](#) for the Department of Health Care Services (DHCS) and the CDSS to develop a dispute resolution process, or utilize an existing process currently operated by the CDSS and the DHCS, and to track the number of disputes reported and resolved to the Legislature as part of the State Budget process. The intent was for the DHCS and the CDSS to track disputes and create transparency when disagreements occur among county placing agencies and county mental health plans, and address any systemic issues if applicable. The CDSS and the DHCS will provide additional information in a forthcoming ACL regarding the appropriate dispute resolution process.

In the meantime, the county placing agency should inform the CDSS if there is an unresolved IPC dispute by emailing the CDSS at ccr@dss.ca.gov.

In addition to any dispute process developed by the DHCS and the CDSS, county IPC teams are encouraged to refer back to their local county procedures involving dispute resolution or, if applicable, their Interagency Memorandum of Understanding (MOU), since county IPC teams are well positioned to make these decisions at the local level. Furthermore, an Interagency MOU tool for enhanced practice was released to counties on September 13, 2017 by the California State Association of Counties. County placing agencies may request a copy of the Interagency MOU tool by emailing this request to the CDSS at ccr@dss.ca.gov.

Currently, IPC disputes are rare and are resolved through a consensus between the county placing agency (as applicable) and the county mental health plan or, if applicable, through a MOU between the county placing agency and the county mental health plan.

Case Plan Documentation and Second Level Review

The CCR is predicated on the belief that residential care is best used when necessary as a short-term, therapeutic intervention until the child is able to transition to a home-based family setting. Case plan documentation and the second level review is applicable to county placing agencies and intended to ensure that diligent effort has been made to address barriers to home-based family placement and that the STRTP or group home placement continues to be necessary.

Case Plan Documentation Requirements

Pursuant to [WIC section 361.2\(e\)\(9\)](#) for child welfare agencies and [WIC section 727\(a\)\(4\)\(E\)](#) for probation departments, the case plan for a child placed in an STRTP or a group home with a granted extension must document the following:

- The placement is for the purposes of providing short-term, specialized and intensive treatment;
- The need for, nature of, and anticipated duration of this treatment;
- The plan for transitioning the child to a less restrictive environment;
- The projected timeline the child will be transitioned to a less restrictive environment.

These case plan documentation requirements as described above should also be included in the child's Needs and Service plan. Additionally, the initial placement of a child 12 years of age or younger requires prior approval from the director of the child welfare agency.

Age-Based Placement Timeframes for Second Level Reviews

Ages 0-6

STRTP or group home placements for children under the age of six should be extremely rare and limited in a length of time not to exceed 120 days. These placements must comply with the requirements set forth in [WIC section 361.2\(e\)\(9\)\(A\)](#).

Ages 6-12

The placement of a child between the ages of 6-12 shall not exceed six months unless **all of the following second level review extension criteria are met:**

- The county has made progress toward or is actively working toward implementation of the case plan that identifies the services and supports necessary to transition the child or youth to a family setting;
- Circumstances beyond the county's control have prevented the county from obtaining those services or supports within the timeline documented in the case plan;
- The need for additional time consistent with the case plan is documented by the caseworker and approved by the Child Welfare Deputy Director or Director, or the Chief Probation Officer or Assistant Chief Probation Officer², for their respective dependents or wards, no less frequently than every 60 days. See [ACL NO. 13-86](#) for how this may be documented in the case plan.

Ages 13 and up

For children, 13 years and older, under the supervision of dependency court, the placement shall not exceed six months, unless the Child Welfare Deputy Director or Director has approved the case plan consistent with [WIC section 16501.1\(a\)\(3\)](#) every six months thereafter.³

For children, 13 years and older, under the supervision of delinquency court, the placement shall not exceed 12 months unless the Chief Probation Officer of the county probation department or his/her designee has approved for the continued placement and no less frequently than every 12 months thereafter, pursuant to [WIC section 727\(a\)\(4\)\(E\)](#).

County placing agencies should have established processes to ensure these provisions are followed immediately for children placed in STRTPs or group homes. Consistent with the goals of CCR, counties should re-assess a child placed in an STRTP or group home to determine if the child can be transitioned to a home-based family setting as described in [ACIN NO. I-42-16](#).

² Consistent with [ACL NO. 13-87](#)

³ For youth who remain in a group home placement that has not yet converted to an STRTP after January 1, 2017, Counties must continue to assess any youth in group home care over one year consistent with instructions provided in [ACL NO. 13-86](#), pursuant to [WIC 11467\(c\)\(2\)](#).

Attachment 4 includes a table display of the case plan and extension case plan criteria for children placed in STRTPs or group homes.

If you have any questions regarding STRTP placement criteria, IPC, or second level review, please contact the Continuum of Care Reform Branch at (916) 651-5240 or ccr@dss.ca.gov.

Sincerely,

Original Document Signed by:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachments

Attachment 1

Frequently Asked Questions (FAQ's)

1) For group homes with a Rate Classification Level (RCL) 13/14 that have been granted extensions, but are planning to convert to a Short-Term Residential Therapeutic Program (STRTP), are the children or nonminor dependents (NMDs) placed in these group homes required to be re-assessed through the Interagency Placement Committee (IPC) or are they “grandfathered” into an STRTP?

The children placed in group homes with RCLs 13/14 that have been granted extensions are not required to be re-assessed through the IPC upon the facility's licensure as an STRTP, if they were initially assessed upon placement in a RCL 13/4 group home through the IPC as required in statute.

For children placed in group homes with RCLs 12 or lower, that have been granted extensions, and will be converting to STRTPs, an assessment through the IPC process to determine eligibility criteria for continued placement must occur. In the event that the IPC determines the child does not meet eligibility criteria into an STRTP, the child may remain in placement until an appropriate placement is identified, unless the placement is determined not appropriate due to a health and safety concern. In such instances, the child or NMD must be immediately transitioned to an appropriate placement.

2) What happens if the county placing agency disagrees with the county mental health plan on whether a child should be placed in an STRTP within the IPC process?

Counties are encouraged to refer back to their local county procedures involving dispute resolution, or the county Interagency Memorandum of Understanding (if applicable). The California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS) will provide additional information in a forthcoming All County Letter regarding the appropriate dispute resolution process. In the meantime, the county placing agency should inform the CDSS if there is an unresolved IPC Dispute by emailing the CCR inbox at ccr@dss.ca.gov.

3) Will CDSS provide a template or a required form for the IPC written documentation of approval into an STRTP?

The CDSS will not provide a template or require a specific form for the IPC written documentation. The IPC practice varies among counties, and therefore, documentation procedures may be developed at the local level among IPC members.

4) Is the second level review time period based on placement in a specific facility (STRTP or group home) or based on an episode involving multiple facilities? For instance, the child may change placements from one facility to another but still have been in residential care for 12 months.

The second level review time period requirements for a child of any age is based on a continuous time period or episode, and is not reset or altered when a placement change occurs in a STRTP or group home.

5) Does a child need to be enrolled in an STRTPs non-public school upon placement into the STRTP (if applicable)?

No. Placement into an STRTP may never be conditioned upon an Individualized Education Plan (IEP) approving enrollment into a non-public school operated by the STRTP. A child has the right to attend his or her school of origin unless there has been a determination made by the education rights holder that such continued attendance is not in the child's best interests. For further information on school of origin and best interest determination, immediate enrollment and transfer of records, and school transportation, please review [All County Letter \(ACL\) NO. 17-24](#), [ACL NO. 10-12](#) and [ACL NO. 12-70](#).

It should also be noted that even if an STRTP operates a non-public school, placement there for residential purposes does not require an IEP.

6) What happens when the court makes an order directly against the joint determination of the IPC and Child Family Team (CFT)?

To the extent that a court-order requires placement, the county must seek advice of its county counsel. Licensed STRTP providers remain subject to the licensure requirements delineated in the STRTP Interim Licensing Standards.

Attachment 2

Interagency Placement Committee Best Practices

For a majority of counties, the Interagency Placement Committee (IPC) supports coordinated decision making approval for specialized services such as Wraparound and/or least restrictive placements such as Intensive Services Foster Care (ISFC), or higher level of placements if applicable through the local county procedures. The IPC has served as a way to identify the most appropriate level of services and if possible the least restrictive placements. **These levels of services or least restrictive placements may include but are not limited to:**

- Community Treatment Facilities
- Intensive Services Foster Care (ISFC) (previously known as Intensive Treatment Foster Care)
- Therapeutic Foster Care (TFC)
- Out of State Residential Placement
- Residential Based Services
- Wraparound Program

Counties have the flexibility to establish local policies and procedures beyond what is in statute for the IPC. For example, the frequency of IPC meetings varies among counties with most counties holding meetings on a weekly basis. Some counties invite the child and the parents to the IPC to engage the family, hear their concerns and include their input. In addition, some counties include county partners and providers in the IPC, which may include but are not limited to:

- Group Home Providers
- ISFC Providers
- Resource Families
- Mental Health Plan Organizational Providers
- CA Wraparound Service Providers
- Special Education Local Planning Area (SELPA) Representatives
- Public Health Nurses
- Regional Center Representatives
- Foster Family Agencies
- Placement providers who specialize in a target population such as commercially sexually exploited youth
- Out of State Providers (as applicable)
- Short-Term Residential Therapeutic Programs

Like a Child Family Team (CFT), the IPC meeting, may include family members as an effective mechanism for family engagement.

Currently, some counties have established an Interagency Policy Leadership Committee, which consists of Department Heads from Health and Human Services, Social Services, Behavioral Health and Probation Chiefs, and other agency leadership responsible for children and NMDs. As a best practice, shared leadership policy among county child welfare agencies, county probation departments, and county mental health providers will be an important element to incorporate as counties revise IPC policies and procedures. These policy teams are often able to increase the specialized services and coordination of services and supports to children and the parents through leveraging funds and available resources. Furthermore, an Interagency Memorandum Of Understanding (MOU) tool for enhanced practice was released to counties on September 13, 2017 by the California State Association of Counties. County placing agencies may request a copy of the Interagency MOU tool by emailing the CDSS at ccr@dss.ca.gov.

Attachment 4

**SECOND LEVEL REVIEW
CASE PLAN REQUIREMENTS AND EXTENSION CASE PLAN CRITERIA IN AN
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM (STRTP) OR GROUP
HOME WHEN A CHILD IS 12 YEARS AND UNDER**

Age	Case Plan Requirements	Extensions Case Plan Criteria	
0-6	Placements for children under the age of six should be extremely rare and limited in a length of time not to exceed 120 days, and these placements must comply with the requirements set forth in WIC section 361.2(e)(9)(A) .	Placements for children under the age of six should be extremely rare and limited in a length of time not to exceed 120 days, and these placements must comply with the requirements set forth in WIC section 361.2(e)(9)(A) .	
6-12	The case plan indicates that the placement is for purposes of providing: <ul style="list-style-type: none"> ▪ short-term, specialized and intensive treatment and ▪ specifies the need for, nature of, and anticipated duration of this treatment; and ▪ a plan for transitioning the child to a less restrictive environment; and ▪ the projected timeline the child will be transitioned to a less restrictive environment 	Case plan indicates: <ul style="list-style-type: none"> ▪ The county has made progress toward or is actively working toward implementing the case plan that identifies the services and supports necessary to transition the child to a family setting; ▪ circumstances beyond the county's control have prevented the county from obtaining those services or supports within the timeline documented in the case plan; and the need for additional time consistent with the case plan is documented by the caseworker and: ▪ has been approved by the Child Welfare Deputy Director or Director⁴, who shall approve the continued placement every 60 days thereafter for their respective dependents or wards.⁵ 	For children, ages 6-12, the placement shall not exceed six months unless extended.
6-12	Same requirements as above.	Same requirements as above.	

⁴ Consistent with [ACL NO. 13-87](#)

⁵ Although it is highly unlikely that a child 12 years of age or younger will be a ward of the juvenile court placed in a STRTP or group home, if such placement occurs, the case plan and secondary review requirements described in this letter must be followed.

**SECOND LEVEL REVIEW
EXTENSION CASE PLAN CRITERIA IN AN STRTP OR GROUP HOME
WHEN A YOUTH AND NONMINOR DEPENDENT IS 13 YEARS AND OLDER**

Age	County Placing Agency	Facility Type	Extension Criteria
13+	Child Welfare Dependents	STRTP or Group Home	The Child Welfare Deputy Director or Director has approved the case plan consistent with WIC section 16501.1(a)(3) every six months thereafter, pursuant to WIC section 361.2(e)(9) .
13+	Probation Foster Youth	STRTP or Group Home	The Chief Probation Officer of the county probation department or his/her designee has approved the case plan consistent with WIC section 16501.1(a)(3) every 12 months thereafter, pursuant to WIC section 727(a)(4)(E) .