



**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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August 30, 2024

To: Supervisor Lindsey P. Horvath, Chair  
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Supervisor Kathryn Barger

From:   
Brandon T. Nichols  
Director, Department of Children and Family Services

Lisa H. Wong, Psy.D.   
Director, Department of Mental Health

**REQUIRED QUARTERLY REPORTING, PURSUANT TO THE NOVEMBER 29, 2023  
JUDGMENT APPROVING SETTLEMENT IN THE KATIE A. LAWSUIT, REGARDING  
REVIEWS OF PLACEMENT CHANGE REQUESTS MADE DUE TO “CHILD’S  
BEHAVIOR”**

On November 29, 2023, the United States District Court for the Central District of California entered a judgment approving the parties’ settlement agreement and ending the *Katie A.* lawsuit; however, the judgment requires ongoing publishing of information from the County of Los Angeles for a period of 18 months.

The 60 attached case review forms constitute the third quarterly publishing of the County of Los Angeles Department of Children and Family Services (DCFS) and Department of Mental Health (DMH) joint reporting pursuant to the settlement, covering the period from April 1, 2024 to June 30, 2024. Per the settlement, the 60 reviews were chosen randomly from the children/youth/non-minors who experienced a placement change request within the quarter and the reason for the placement change was indicated as “child’s behavior.” Also per the settlement, the reviews specify whether Intensive Care Coordination, Intensive Home Based Services, and/or Child and Family Team Meetings were provided during the 30 days prior to and 30 days after the placement change date, as well as the duration and intensity of intensive service provision that each child received during that same timeframe. Demographics and the total number of moves are also reported.

*“To Enrich Lives Through Effective and Caring Service”*

Each Supervisor  
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When applicable, other information is included on the review form to elucidate the circumstances that impacted service provision, describe what efforts were made to prevent the replacement (if there was prior placement change included in this reporting), and explain whether the placement change was due to another reason besides the child's behavior.

The settlement agreement also requires the County to report on what, if any, new measures it has implemented, or intends to implement, based on the findings in the immediately prior Quarterly Report. There are no new measures to report at this time.

These reports will be publicly available and can be accessed on the Los Angeles County Board Correspondence website: (<https://lacounty.gov/government/board-of-supervisors/board-correspondence/>). The reports will also be posted on the DCFS and DMH public websites.

If you have any questions, you may contact us, or your staff may contact Aldo Marin, DCFS Board Liaison, at (213) 454-6652, or Crystal Kibby, DMH Board Liaison, at (213) 700-2521.

BTN:JF:DI  
LW:jn

Attachments

c: Department of Probation  
Los Angeles County Commission for Children and Families  
Los Angeles County Mental Health Commission

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	121	<b>Age</b>	3
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Compton- Carson	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/12/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	0		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive ICC or IHBS services during the designated review period of 3/13/2024 through 5/12/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	122	<b>Age</b>	17
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	F
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/10/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	5/7/2024 and 5/17/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	16	1,440	17	1,243
Intensive Home Based Services (IHBS)	7	629	6	450
<b>TOTAL</b>	<b>23</b>	<b>2,069</b>	<b>23</b>	<b>1,693</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 4/10/2024 through 6/09/2024, the client received the following ICC services: Plan development, care coordination, and collaboration with DCFS to support the client's transition to placement. ICC services also included family engagement meetings and collateral sessions with the school. IHBS interventions consisted of clinician providing psychoeducation related to trauma, modeling behavior modification skills such as *thought stopping*, journaling, and taking walks. Client started to receive services from the current Mental Health Provider on 4/20/2024 and continues to receive services.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	123	<b>Age</b>	1
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/23/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	0		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 4/23/2024 through 6/22/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	124	<b>Age</b>	12
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/25/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	9	794	6	466
Intensive Home Based Services (IHBS)	24	1,691	20	1,406
<b>TOTAL</b>	<b>33</b>	<b>2,485</b>	<b>26</b>	<b>1,872</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 3/26/2024 to 5/25/2024 the following ICC and IHBS were provided to the client: Psychotherapy, care coordination, and rehabilitation. Treatment focused on addressing the client's trauma, de-escalation, and developing skills to manage anger. ICC services included conducting weekly staff engagement meetings, coordinating linkage for additional assessments, and communicating with other agencies such as the Department of Children and Family Services. IHBS included providing caregiver support, teaching coping skills such as managing stress, assisting client with communicating needs, and increasing emotional awareness. Individual therapy supported client in developing insight, verbalizing underlying needs, and exploring identity. The Child and Family Team Meeting focused on reducing high-risk behaviors that impacted placement and progress at school. The Child and Family Team demonstrated efforts to utilize the client's strengths and to recognize the client's progress. The client started to receive services from the Mental Health Provider on 11/16/2021 and continues to receive services.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

This was not an actual placement change. Rather, the home was converted to a different type of placement on the electronic case management system. The child/youth remained in the home throughout the conversion process. Also, there were CFTMs; however, they occurred shortly prior to, and shortly after, the reporting period (CFTM dates were 03/21/2024 and 06/04/2024).

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	125	<b>Age</b>	8
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Pomona	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	5/23/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	5/3/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 04/23/2024 through 06/22/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

The Court ordered this child to reside with a relative out-of-state; however, that placement did not work out, so the child was returned to Los Angeles County on the placement change date referenced above.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	126	<b>Age</b>	13
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/2/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	3/13/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 03/03/2024 through 05/02/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent. The child was referred to therapeutic boxing. Child also participated in family therapy with parents and siblings.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	127	<b>Age</b>	13
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/8/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	5/6/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client is receiving services from a Mental Health Provider; however, client did not receive ICC or IHBS during the designated review period of 04/08/2024 through 06/07/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

Child is enrolled in individual counseling, and the frequency of counseling sessions was increased after this placement change.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	128	<b>Age</b>	17
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	El Monte	<b>Total Number of Placement Moves</b>	9
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/27/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	6/17/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	16	1,065
Intensive Home Based Services (IHBS)	0	0	2	124
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>1,189</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 4/27/2024 through 6/26/2024, the client received the following ICC and IHBS: Plan coordination, linkage, rehabilitation services, therapy, and safety planning. The Intensive Care Coordinator assisted client with exploring interests and linkages to basketball, boxing, and music creation. Client was supported with connection to substance abuse treatment, educational support services and tutoring. Interventions such as psychoeducation on substance use, study habits, teaching relaxation skills for healthy sleep, and assertive communication were incorporated into the treatment planning. IHBS interventions also included modeling mindfulness and coping skills such as deep breathing, taking walks, and listening to music when emotionally triggered. A Child and Family Team Meeting was conducted to discuss safety planning, highlight strategies to support client's stability in placement, and to prepare for the transition into an Independent Living Program. Client started services with the Mental Health Provider on 6/3/2024 and continues to receive services.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

There was an additional CFTM that occurred prior to the reporting period, on 03/27/2024.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	129	<b>Age</b>	4
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/14/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period from 4/14/2024 through 6/13/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was ordered by the court. Child is receiving individual therapy, Applied Behavioral Analysis therapy, and was referred to the Regional Center for additional support.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	130	<b>Age</b>	12
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	10
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/16/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	5/30/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	16	1,053	46	3,438
Intensive Home Based Services (IHBS)	3	218	4	202
<b>TOTAL</b>	<b>19</b>	<b>1,271</b>	<b>50</b>	<b>3,640</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 4/16/2024 to 6/15/2024 the following ICC and IHBS was provided: Care coordination, linkage support, safety planning, assessment, therapy, and multidisciplinary team consultation. Linkage coordination assisted client with exploration of extracurricular sports, activities, and connection to community based organizations. The therapist provided psychoeducation on situational awareness, triggers, and maintaining safety. Breathwork and mindfulness was integrated into coping strategies for emotional regulation during challenging situations. Staff engagement meetings and a Child and Family Team Meeting occurred for collaborative consultations to review client's progress in treatment, discuss transition and safety planning. The team strategized rapport building approaches to increase engagement with the caregiver. Client started services with the Mental Health Provider on 4/23/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	131	<b>Age</b>	15
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Glendora	<b>Total Number of Placement Moves</b>	5
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/7/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	3	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	4/25/2024; 5/2/2024; 5/3/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	14	1,015	0	0
Intensive Home Based Services (IHBS)	0	0	2	86
<b>TOTAL</b>	<b>14</b>	<b>1,015</b>	<b>2</b>	<b>86</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 4/7/2024 to 6/6/2024, client received the following ICC and IHBS: Therapy, assessment, coordination of care, and targeted case management. Mental Health Rehabilitation Specialist provided interventions that included the utilization of affirmations to build self-esteem and confidence. The use of "I" statements, were modeled to help client practice positive communication to express their needs. Coping skills such as hand tension exercises, counting, journaling, coloring, music, and deep breathing were taught to support mood regulation. Weekly team meetings occurred to review client's progress in treatment, placement transition, and linkage to an aftercare program for continuity of care. Child and Family Team Meetings occurred to address safety and placement transition. The client transitioned to the current Mental Health Provider on 5/7/2024 and continues to receive services.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	132	<b>Age</b>	6
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/31/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	6/26/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	2	120
Intensive Home Based Services (IHBS)	1	30	13	370
<b>TOTAL</b>	<b>1</b>	<b>30</b>	<b>15</b>	<b>490</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 05/01/2024 through 06/30/2024, the ICC and IHBS services provided to the client consisted of assessment, rehabilitation, plan development, and coordination of care. The IHBS services provided to the client focused on supporting the client in developing emotional regulation and communication skills, assisting the caregiver in managing the client's behaviors and developing structure in the home, providing crisis support, and coordinating with DCFS and inpatient staff. The ICC services provided to the client occurred in conjunction with a CFT Meeting to discuss a transition plan and support placement stability. The client continues to receive services from the current Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

In addition to the mental health services described above, this child also has a one-on-one behavioral aide.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	133	<b>Age</b>	16
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Pomona	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	4/24/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	Not applicable		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 03/25/2024 through 05/24/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

The youth was under the care of a Legal Guardian, who wanted to move the youth out-of-state. However, the youth refused to move out-of-state, and the guardianship was consequently disrupted. The youth also declined to participate in mental health services.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	134	<b>Age</b>	15
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	El Monte	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/2/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	03/08/2024, 04/05/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	21	970	25	1,470
Intensive Home Based Services (IHBS)	12	611	2	135
<b>TOTAL</b>	<b>33</b>	<b>1,581</b>	<b>27</b>	<b>1,605</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 03/03/2024 through 05/02/2024, the ICC and IHBS services that were provided to the client consisted of assessment, rehabilitation, targeted case management, and coordination of care. The ICC services focused on supporting the caregivers in preserving placement stability, developing interventions based on the client's interests, developing strategies to improve the client's engagement in services, and coordinating with DCFS and Probation staff. The IHBS services provided focused on assisting the client in developing coping skills and positive behaviors, processing relationship issues, academic support, and assisting the client in completing Probation requirements. The ICC services focused on transitioning the services to the new Mental Health Provider, collaborating with the client on developing treatment goals, academic support, connecting the client to ancillary resources, and coordinating with other formal supports. The IHBS services provided consisted of supporting the client in attaining his educational goals, verbalizing his thoughts and feelings, and tailoring interventions to the client's interests. The client started to receive services from the current Mental Health Provider on 04/02/2024 and continues to receive services.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	135	<b>Age</b>	11
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	15
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/22/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	2	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	4/26/24 and 5/16/24		

**III. MENTAL HEALTH SERVICES DATA**

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	28	960	5	120
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>28</b>	<b>960</b>	<b>5</b>	<b>120</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 4/22/2024 through 6/21/2024 the following IHBS and ICC services were provided to client: Intake Assessment, Plan Development, Individual Therapy, and Targeted Case Management. The Intensive Care Coordinator provided in-person weekly sessions and assisted client in utilizing strengths that supported positive decision making. The Intensive Care Coordinator assisted client in identifying members of the Child and Family Team that could support client via telephone calls when client was upset. The Intensive Care Coordinator also explored coordinating visits with client's extended family of origin. The Clinician provided weekly, mental health treatment in-person sessions. The Clinician facilitated debrief sessions to discuss information learned regarding client's trauma history and current placement concerns. Clinician also identified approaches that would best work with the client's individual needs. The Clinician maintained communication with DCFS and coordinated visits with the Court Advocate. The Clinician supported the transition of client's placement by discussing challenges in order to facilitate after care services. Client transitioned to a new Mental Health Provider and continues to receive services.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

There was a CFTM held on 4/19/2024, shortly before the review period.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	136	<b>Age</b>	12
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/5/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	0		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	24	1,276	10	452
<b>TOTAL</b>	<b>24</b>	<b>1,276</b>	<b>10</b>	<b>452</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 4/5/2024 through 6/4/2024 the client received IHBS services, which were provided by the Mental Health Clinician. The Clinician facilitated meetings with the caregiver and the client to discuss the client's school attendance, academic progress, and action steps to ensure client's academic success. The Clinician assisted client in developing coping tools and brainstorming ideas for continued progress. The client received tutoring and assistance from a team member who role modeled how to organize and utilize school supplies to enhance academic learning. The client transitioned to a new Mental Health Provider and continues to receive services.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

There were CFTMs held on 3/27/2024 and 6/6/2024, which were shortly before and after the review period.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	137	<b>Age</b>	17
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	BSRS	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/3/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	2
<b>CFT Meetings Dates</b>	3/22/2024; 4/19/2024; 5/2/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	160	2	75
Intensive Home Based Services (IHBS)	2	150	2	85
<b>TOTAL</b>	<b>4</b>	<b>310</b>	<b>4</b>	<b>160</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 3/4/2024 through 5/3/2024 the following IHBS and ICC services were provided to client: Assessment, case management, care coordination and individual therapy. Intensive Care Coordination Services included assessment of the client's strengths and needs, development of goals to support the transition to adulthood, plan development with formal supports to collaborate in client's treatment plan, and the formation of a Child and Family Team. The treatment team provided IHBS services that included helping the client develop skills to enhance well-being. Techniques such as meditation and workout routines were introduced to promote stress management, increase energy, and improve mood stabilization. The treatment team also assisted client in developing functional skills such as money management, problem solving, modeling positive communication, and increasing self-awareness. Treatment team also assisted client in building interpersonal relationship skills for success in the workforce, and in client's pursuit of a higher education. Client continues to receive services from the current Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	138	<b>Age</b>	15
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Belvedere	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/9/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	3	145
Intensive Home Based Services (IHBS)	0	0	1	60
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>205</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 03/10/2024 to 05/09/2024, the client received the following IHBS and ICC Services: Mental Health Assessment, Plan Development, Treatment Planning, Psychosocial Rehabilitation. The treatment team engaged with DCFS and caregiver and collaborated to assist with client's goal. The facilitator engaged the treatment team in supporting the client's underlying needs and promoting placement stability. The Clinician and Child and Family Specialist utilized the client's functional strengths to engage client and to support the client's identified goal. The client started to receive services from the Mental Health Provider on 05/02/2024. Services concluded thereafter due to client moving outside of Los Angeles County.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

Caregiver refused to participate in a placement preservation CFTM, and the youth also refuses to participate in CFTMs.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	139	<b>Age</b>	13
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/10/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive IHBS or ICC services during the designated review period from 4/10/2024 through 6/9/2024. The child was linked to individual counseling.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This case had previously been closed with Legal Guardianship in place; however, the guardian was no longer able to provide care and supervision, so the child was placed with another relative. The child was linked to individual counseling shortly after the review period.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	140	<b>Age</b>	6
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/1/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>			

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	83	1	40
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>83</b>	<b>1</b>	<b>40</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 04/01/2024 to 05/31/2024, the client received the following ICC Services: Plan Development, Treatment Planning, Targeted Case Management. The treatment team engaged with DCFS and caregiver and collaborated to assist with client's goal. The Clinician engaged the treatment team in supporting the client's underlying needs and promoting placement stability. The Case Manager coordinated linkage to community resources and the Clinician provided individual and family therapy to support the client's identified goal. The client continues to receive services from the current Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	141	<b>Age</b>	10
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/25/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	5/19/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 03/26/2024 through 05/25/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent. DCFS continues to assess the need for therapeutic services; however, during this period of review the child was not exhibiting behavioral/emotional issues.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	142	<b>Age</b>	10
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	M
<b>DCFS Office</b>	Santa Fe Springs	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/22/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	4/8/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period from 3/23/2024 through 5/22/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	143	<b>Age</b>	12
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	F
<b>DCFS Office</b>	Wateridge	<b>Total Number of Placement Moves</b>	14
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/19/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	10	812	11	742
Intensive Home Based Services (IHBS)	12	650	11	667
<b>TOTAL</b>	<b>22</b>	<b>1,462</b>	<b>22</b>	<b>1,409</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 03/20/2024 through 05/19/2024 the client received the following IHBS and ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning and Crisis Management. The Intensive Care Coordinator facilitated weekly team meetings to share updates and to coordinate mental health treatment. The Intensive Care Coordinator maintained communication with DCFS by providing information learned regarding the client's trauma history. The Intensive Care Coordinator also maintained communication with the client's school and educational rights holder to support client's functioning at school. The Clinician explored grief and loss and the development of positive relationships that assisted the client in successful functioning in the home and at school. The Clinician provided psychoeducation on trauma, identifying feelings, limit setting, and supported the transition of client's placements by discussing changes, challenges, and expectations. The Clinician provided conjoint sessions with client and caregivers and facilitated rapport building sessions to open communication with client. The Clinician assisted the client in developing coping skills such as journaling, music, art therapy, problem solving, and effective communication skills. The client continues to receive services from the current Mental Health Care provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

Caregiver refused a placement preservation CFTM. There were CFTMs held on 5/26/24 and 6/6/24, which were after the review period.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	144	<b>Age</b>	14
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	F
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/19/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	3/27/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	15	593	8	248
Intensive Home Based Services (IHBS)	25	1,402	25	1,046
<b>TOTAL</b>	<b>40</b>	<b>1,995</b>	<b>33</b>	<b>1,294</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 03/20/2024 through 05/19/2024 the following IHBS and ICC services were provided to client: Coordination of services, medication evaluation, and therapy. The Intensive Care Coordinator facilitated meetings to discuss client's trauma history and to support client's functioning at home and at school. The Intensive Care Coordinator supported placement transitions by fostering discussions on changes and expectations with client. The Intensive Care Coordinator also worked to coordinate treatment with caregivers. The Intensive Care Coordinator collaborated and helped empower client's biological parent to be involved in the client's educational plan and services. The treatment team assisted caregiver in developing incentives to improve client's engagement and functioning in the home. The treatment team worked with client and caregiver on improving interpersonal skills to help build a better relationship in the home. The Clinician assisted the client in identifying her emotions and encouraged client to openly communicate her needs to those around her. The Clinician provided the caregiver with methods to praise the client. The treatment team used interventions such as psychoeducation, reality testing, problem-solving, and positive communication skills to help support the client's goals. The treatment team explored client's needs and provided referrals to alternative services to help improve client's functioning in all settings. The services included Therapeutic Behavioral Services, Psychiatry, Regional Center, and referrals for psychological evaluations. The client continues to receive services from the current Mental Health Provider.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	145	<b>Age</b>	14
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Wateridge	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/25/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	5/10/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	300	13	950
Intensive Home Based Services (IHBS)	16	628	13	653
<b>TOTAL</b>	<b>18</b>	<b>928</b>	<b>26</b>	<b>1,603</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 3/25/2024 through 5/24/2024, this client received the following IHBS and ICC services: Plan Development, Rehabilitation Services, Individual Therapy and Targeted Case Management Services. The Behavior Specialist utilized different techniques to address client hygiene, expression of feelings, and taught conflict resolution skills. The Behavioral Specialist collaborated with client in the development of client's own safety plan to assist with placement stability. The Intensive Care Coordinator arranged Therapeutic Behavioral Services in school, connected client to summer programs, and cosmetology resources. The Intensive Care Coordinator also supported the youth's transition by discussing expectations and conducting a warm handoff to the next service provider upon case closure. The client's mental health providers used trauma informed, strength-based interventions to improve client's functioning and work towards the treatment goals. The client transitioned to a new Mental Health Provider and continues to receive services.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

Caregiver refused a placement preservation CFTM; however, after the placement change there was a CFTM on 5/10/2024.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

The prior placement change date was on 4/18/2024 when the client was moved from a resource home into a temporary shelter before securing another resource home. The Mental Health Team continued to provide services despite the placement change to ensure continuity of care. The Intensive Care Coordinator assisted in advocating for client's needs to support placement preservation and discharge planning to promote a smooth transition. The mental health treatment team collaborated with client, client's CSW, and caregiver to create a safety plan and establish long-term goals.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	146	<b>Age</b>	17
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/4/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	5	102	3	176
Intensive Home Based Services (IHBS)	10	755	2	104
<b>TOTAL</b>	<b>15</b>	<b>857</b>	<b>5</b>	<b>280</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period between 04/04/2024 and 06/03/2024, this client received the following IHBS and ICC services: Targeted Case Management, Rehabilitation Services, Individual Therapy. Rehabilitation Specialist assisted client with the coordination of driver's education courses and state identification acquisition; resume building, interview preparation and identifying and using community resources. Intensive Care Coordinator joined client's therapy sessions to increase client's participation in individual therapy. Therapist provided individual therapy that focused on harm-reduction interventions, teaching mindfulness skills, and engaging in art therapy. Mental health service providers used flexible, strength-based interventions to improve client's overall functioning and meet treatment goals. Client continues to receive services from the current Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

Caregiver refused a placement preservation CFTM.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	147	<b>Age</b>	19
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Female
<b>DCFS Office</b>	BSRS	<b>Total Number of Placement Moves</b>	12
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/25/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	4/11/2024 and 5/14/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period of 3/26/2024 through 5/25/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	148	<b>Age</b>	7
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	M
<b>DCFS Office</b>	Van Nuys	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/11/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	80
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>80</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 3/12/2024 to 5/11/2024, the following ICC service was provided to client: Targeted Case Management. The Clinician met with the biological family to provide information about the Child and Family Team process. Clinician also assessed for client and family's strengths and needs and helped family to identify a long-term goal. The client started to receive mental health services from the current Mental Health Provider on 4/19/2024 and continues to receive services.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, it was a court-ordered placement for the child to be with a relative.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	149	<b>Age</b>	12
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	F
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/22/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	5/2/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	80	1	60
Intensive Home Based Services (IHBS)	6	354	5	274
<b>TOTAL</b>	<b>8</b>	<b>434</b>	<b>6</b>	<b>334</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 3/23/2024 to 5/22/2024, the following IHBS and ICC services were provided to client: Psychosocial Rehabilitation, Assessment. The Rehabilitation Specialist met weekly with the client to provide skills training including using photography and art, mindfulness, and positive affirmations. The Intensive Care Coordinator modeled effective communication skills for caregiver, supported client during an Individualized Education Plan (IEP) meeting at school, and facilitated a CFT Meeting. The client continues to receive services from the current Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This was not an actual placement change. Rather, the home was converted to a different type of placement on the electronic case management system. The child/youth remained in the home throughout the conversion process.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	150	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	10
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	5/15/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	6/12/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	1	60	1	60
<b>TOTAL</b>	<b>1</b>	<b>60</b>	<b>1</b>	<b>60</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 4/15/2024 to 6/14/2024, the following IHBS were provided to client: Individual Therapy. The mental health clinician reviewed client's coping skills, worked with client on decision making skills, and helped client to process placement change. Client transitioned to a new Mental Health Provider and continues to receive mental health services.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

Youth declined to participate in ongoing intensive mental health services and therefore was linked to individual therapy instead.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	151	<b>Age</b>	12
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	F
<b>DCFS Office</b>	Pomona	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	5/23/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	5/1/2024 and 6/10/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client is linked with Mental Health services; however, client did not receive ICC or IHBS during the designated review period of 04/23/2024 through 6/22/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

Child had been placed out-of-county prior to this placement change and had been receiving intensive mental health services there to address issues specific to that home. In their new placement, they are receiving mental health services, including psychiatric support.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	152	<b>Age</b>	19
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	West San Fernando Valley	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/11/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	3/13/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	4	16	0	0
Intensive Home Based Services (IHBS)	37	134	22	48
<b>TOTAL</b>	<b>41</b>	<b>150</b>	<b>22</b>	<b>48</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 3/12/2024 to 5/11/2024 the following IHBS and ICC services were provided: Assessment, planning, monitoring, teaming, engagement, prevention, and transition support. The clinician maintained collaboration with the resource family, biological family, and DCFS. The clinician collaborated with the staff to assist client with safety planning, crisis intervention, and addressing placement strategies. During client's placement transitions the clinician assisted client with employment development and accessing resources. The clinician and team utilized a variety of therapy techniques to assist with practicing coping skills, communication skills, expressing of emotions, thoughts, needs, and identifying goals.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change occurred since the non-minor dependent chose to leave their placement.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	153	<b>Age</b>	19
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Van Nuys	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/31/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	3	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	5/07/24, 5/17/2024, and 5/24/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 5/1/2024 through 6/30/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This non-minor dependent refused intensive services but has agreed to individual counseling.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	154	<b>Age</b>	17
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Belvedere	<b>Total Number of Placement Moves</b>	7
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/23/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 3/24/2024 through 5/23/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This youth receives support from a Court Appointed Special Advocate and participates in therapy (non-intensive).

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	155	<b>Age</b>	6
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/8/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period of 4/08/2024 through 6/07/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

The caregiver refused a placement preservation CFTM. Child is receiving weekly therapy.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	156	<b>Age</b>	6
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	F
<b>DCFS Office</b>	Torrance	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/6/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	5/21/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS from a Los Angeles County Mental Health Provider during the designated review period of 4/06/2024 through 6/05/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent. Child was linked to individual counseling shortly after this review period concluded.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	157	<b>Age</b>	14
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	14
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/17/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period of 3/18/2024 through 5/17/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

The caregiver refused a placement preservation CFTM. The child is receiving therapy.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	158	<b>Age</b>	14
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	West San Fernando Valley	<b>Total Number of Placement Moves</b>	5
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/29/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	4/23/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	4	204	0	0
Intensive Home Based Services (IHBS)	9	425	19	839
<b>TOTAL</b>	<b>13</b>	<b>629</b>	<b>19</b>	<b>839</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 3/30/2024 through 5/29/2024 the following IHBS and ICC services were provided to client: Assessment, Plan Development, Treatment Planning, Psychotherapy, and Targeted Case Management. The Child Family Specialist (CFS) provided weekly IHBS at the client's school and in the community to support client's goals. CFS assisted client with communication, repairing relationships, conflict resolution, school performance, and appropriate behaviors. CFS maintained contact with school personnel to further support client's behavior progress. The clinician supported client during placement changes by reminding client of their strengths and attributes. The clinician was available to address crises and maintained communication with other team members. The mental health team met frequently to address safety concerns and placement changes. The clinician included significant people into family therapy to address trauma needs and assist with placement stability. Facilitator assisted caregivers to address concerns and maintain communication with DCFS. The mental health team met frequently to provide updates and address changes in placement. The mental health team demonstrated cultural sensitivity to the client's culture and individualized needs. Client transitioned to a new Mental Health Provider and continues to receive services.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This was not a placement change. Rather, the child was placed temporarily to accommodate the caregiver's need for respite, and then the child returned to this placement when the caregiver was ready to receive them back.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	159	<b>Age</b>	9
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Female
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/29/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	2	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	4/15/2024, 4/22/2024, 5/2/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	5	452	2	143
Intensive Home Based Services (IHBS)	10	355	7	355
<b>TOTAL</b>	<b>15</b>	<b>807</b>	<b>9</b>	<b>498</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 3/30/2024 to 5/29/2024, the client received the following IHBS and ICC services: Case Management, Rehabilitation, and Individual Therapy Services. The In-Home Behavioral Specialist used age-appropriate interventions including rapport building, safety planning, emotional regulation tools, and psychoeducation for the youth and surrounding adults. The treatment team maintained a frequent collaborative communication with DCFS. The treatment team utilized resources to support the caregivers by providing psychoeducation, identifying and utilizing appropriate communication skills, and supporting placement stability. The team was able to link the caregiver and biological parent to community resources to address their own needs. The mental health team and DCFS participated in multiple Child and Family Team Meetings (CFTMs) to address the client's stability in the current placement and help transition to a biological parent. The client continues to receive services from the current Mental Health Provider.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	160	<b>Age</b>	13
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/17/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	3/18/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	8	249	1	30
Intensive Home Based Services (IHBS)	8	683	5	317
<b>TOTAL</b>	<b>16</b>	<b>932</b>	<b>6</b>	<b>347</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 3/18/2024 to 5/17/2024, the client received the following IHBS and ICC services: Targeted Case Management, Rehabilitation, and Individual Therapy Services. The In-Home Behavioral Specialist used interventions that included de-escalation techniques to maintain overall safety and to improve appropriate communication. The treatment team met biweekly with DCFS to address client's placement, identify safety concerns and overall wellbeing. The treatment team made efforts to increase collaboration and coordination between DCFS, resource parents and the agency in order to preserve the placement. Client continues to receive services from the current Mental Health Care provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	<b>Yes</b>	<b>No</b>
<b>Prior Placement Change in this Reporting?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

The prior placement change date was on 4/3/2024 when client moved from one resource home to a different resource home. The Mental Health Provider continued to provide services throughout the placement changes. The mental health treatment team worked closely with the resource parents at the second resource home to provide psychoeducation, bonding activities, develop a safety plan, and address concerns. The Intensive Care Coordinator managed regular communication between the resource parents, DCFS, and other clinical team members to maintain placement stability.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	161	<b>Age</b>	17
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Wateridge	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	5/28/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	6/5/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	6	345
Intensive Home Based Services (IHBS)	0	0	2	130
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>475</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 4/28/2024 to 6/27/2024 the following IHBS and ICC services were provided to the client: Targeted Case Management, and Plan Development. The mental health team provided weekly services to the client following a placement change. The Intensive Care Coordinator facilitated staff engagement meetings and Child and Family Team Meetings and included the mental health team, DCFS, and the Probation Department. The mental health team used grounding exercises, psychoeducation, and positive communication skills to support the client's goals. The Intensive Care Coordinator facilitated weekly meetings with the mental health team to share updates and coordinated on-going mental health treatment to address the client's placement. Client started to receive services from the current Mental Health Provider on 5/28/2024 and continues to receive services.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	162	<b>Age</b>	17
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Van Nuys	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/24/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 3/25/2024 through 5/24/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

The youth refuses to consent to, or participate in mental health services. There was a CFTM held prior to the reporting period on 3/6/2024, and another was held after the reporting period on 6/25/2024. Youth is linked to a mentor.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	163	<b>Age</b>	6
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	F
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/15/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period of 4/15/2024 through 6/14/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

Caregiver refused a CFTM.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	164	<b>Age</b>	21
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	F
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	8
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	5/16/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 4/16/2024 through 6/15/2024 from a Los Angeles County Mental Health Provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This was not a placement change due to the child's/youth's behavior. Rather, this youth's case terminated since they reached the age of majority.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	165	<b>Age</b>	16
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	M
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	20
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/22/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	4/11/2024		

**III. MENTAL HEALTH SERVICES DATA**

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	114	0	0
Intensive Home Based Services (IHBS)	18	1,749	15	725
<b>TOTAL</b>	<b>20</b>	<b>1,863</b>	<b>15</b>	<b>725</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 3/23/2024 through 5/22/2024, the following IHBS and ICC services were provided to client: Rehabilitation Services, Individual Therapy, Plan Development. Rehabilitation Specialist addressed client's communication style and identified ways to empower client to express needs. Rehabilitation Specialist also explored interests to help client find activities that would assist in self-understanding and feeling connected to peers and the community. Rehabilitation Specialist supported the transition to client's new placement by discussing the adjustment to a new home and utilizing communication skills. The mental health team supported client to address behaviors, maintain safety, and placement stability. The mental health team maintained ongoing communication with caregivers by reinforcing positive parenting skills, going over de-escalation techniques, providing psychoeducation, and reviewing the safety plan. Clinician provided individual therapy, including exploration of feelings, asking open-ended questions, actively listening, and praising positive behaviors. Intensive Care Coordinator facilitated team consultation meetings with the mental health team and DCFS to share updates and develop plans. Client continues to receive services from the current Mental Health Provider.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	166	<b>Age</b>	9
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/9/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period of 3/10/2024 through 5/09/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	167	<b>Age</b>	17
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	BSRS	<b>Total Number of Placement Moves</b>	8
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	5/16/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	5/9/2024 and 5/16/2024		

**III. MENTAL HEALTH SERVICES DATA**

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	7	299	8	343
Intensive Home Based Services (IHBS)	32	1,349	26	1,185
<b>TOTAL</b>	<b>39</b>	<b>1,648</b>	<b>34</b>	<b>1,528</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 4/16/2024 through 6/15/2024, the following IHBS and ICC services were provided to client: On-going assessment, referral to medication support when applicable, collaborations with DCFS and Probation, and individual therapy. ICC services included team collaboration with DCFS and Probation, targeted case management, and scheduling of CFT meetings and coordination of follow-up CFT meetings to review client's successes and challenges. CFT meetings were held to discuss client's placement stability, trauma history, treatment goals, and overall treatment progress. Clinician indicated that the team provided psychoeducation and support to caregiver as needed, to support the client's mental health needs. Individual therapy was conducted in person and via telehealth weekly and as needed to support the client. IHBS were provided outside the clinical setting to support the client and caregiver. Client had an IEP to support her educational goals. Client was linked to appropriate medical care. Therapist utilized psychoeducation, a trauma responsive approach, assertive communication skills, and a positive trust building relationship when working with client. Weekly group therapy was provided during the review period to support client's treatment. The client started to receive services from the mental health provider on 3/21/2024 and continues to receive services.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	168	<b>Age</b>	7
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/29/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period from 04/29/2024 through 06/28/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This child was newly detained on 05/23/2024.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	169	<b>Age</b>	3
<b>Race/Ethnicity</b>	Other	<b>Gender</b>	Male
<b>DCFS Office</b>	Belvedere	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/4/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period from 03/05/2024 through 05/04/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent. This child is receiving individual counseling. The child was also receiving Early Intervention services through the Regional Center, but was transitioned to the Head Start program to continue receiving services there.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	170	<b>Age</b>	14
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Sante Fe Springs	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/12/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	4/3/2024 and 4/24/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	4	248	4	183
Intensive Home Based Services (IHBS)	11	547	2	74
<b>TOTAL</b>	<b>15</b>	<b>795</b>	<b>6</b>	<b>257</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 3/13/2024 through 5/12/2024 the following IHBS and ICC services were provided to client: Mental Health Plan Development, Psychotherapy, Assessment, Psychosocial Rehabilitation, Individual Therapy and Targeted Case Management. Mental health team provided care planning, coordinated services, which included having access to resources at school when feeling overwhelmed. In addition, treatment team participated in cross agency collaboration to ensure continuity of services. Treatment team also developed a supportive connection between caregiver and client, by teaching caregiver to use positive reinforcement and praise with client when cooking together. Lastly, a Child and Family Team Meeting was conducted, as well as staff engagements, and collaboration with DCFS. The client transitioned to a new Mental Health Provider on 4/15/2024 and continues to receive mental health services.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

There was an additional CFTM that occurred on 05/14/2024, shortly after the review period.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	171	<b>Age</b>	18
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	Pasadena	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/12/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	3/29/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	43	3,243	0	0
<b>TOTAL</b>	<b>43</b>	<b>3,243</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 03/13/2024 through 05/12/2024, the client received the following IHBS services: Mental Health Plan Development, Rehabilitation, Team Conference, and Psychotherapy. Client's treatment consisted of helping client meet educational goals, supporting with reducing substance use, and providing resources at school. In addition, services included the facilitation of a Child and Family Team Meeting; the coordination of staff engagement meetings to promote care coordination and increase consistency with medication management and collaboration with DCFS. Client transitioned to a new Mental Health Provider on 4/18/2024 and continues to receive services.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	172	<b>Age</b>	16
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	BSRS	<b>Total Number of Placement Moves</b>	21
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/29/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	5/7/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	1	90
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>90</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During review period from 04/29/2024 through 06/28/2024, the client received the following IHBS: Psychosocial Rehabilitation. The mental health clinician supported the client in addressing behaviors that interfered with having positive interpersonal relationships at home and explored activities such as creating bracelets to express feelings. Treatment also consisted of cognitive behavioral therapy to help client analyze her decision making when feeling overwhelmed. The treatment team also supported the transition of client's placement by discussing changes, challenges, and expectations with caregiver. The mental health team facilitated daily consultations and coordinated treatment care to best support the client.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	173	<b>Age</b>	14
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Glendora	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/13/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	04/29/2024, 06/03/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	36	1,612	15	826
Intensive Home Based Services (IHBS)	7	469	12	693
<b>TOTAL</b>	<b>43</b>	<b>2,081</b>	<b>27</b>	<b>1,519</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the Review Period 04/13/2024 to 06/14/2024 the client received the following IHBS and ICC services: The Therapist provided strategies that included coping skills such as increasing self-regulation, stress reducing skills such as deep breathing, utilizing application of ice for grounding, knitting, and listening to music. The Mental Health Rehab Specialist provided in home services that included safety planning with client and provided strategies such as bracelet making, baking, practicing positive communication skills, and setting boundaries with others. The Parent Partner met with caregiver and made efforts to engage biological parent. The Parent Partner assisted in increasing communication skills with client. The Parent Partner also discussed with caregiver how to respond to the client's triggers and how to resolve conflict with client. The ICC facilitated meetings such as staff engagements, family engagements, facilitated Child and Family Team meetings in order to address safety concerns, underlying needs, and to discuss placement preservation. The ICC also advocated for client to have one on one support and submitted a referral for TBS services. The team also consulted regularly to discuss placement and included CSW to address safety concerns. The team consulted with hospital staff and provided support to caregiver when client's behavior escalated and also assessed for safety. The team made efforts to identify and engage natural supports. The client transitioned to a new Mental Health Provider and continues to receive services.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	174	<b>Age</b>	14
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Santa Clarita	<b>Total Number of Placement Moves</b>	11
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/23/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	4/4/2024 and 5/2/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	12	600	13	985
Intensive Home Based Services (IHBS)	16	2,035	11	1,090
<b>TOTAL</b>	<b>28</b>	<b>2,635</b>	<b>24</b>	<b>2,075</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From Review Period 03/24/2024 through 05/23/2024 the client received the following IHBS and ICC services: The Rehab Specialist worked on strategies that included increasing self-regulation, stress reducing skills such as deep breathing, grounding techniques, journaling, and playing basketball. The Rehab Specialist also focused on living skills such as hygiene, problem solving, and cooking lessons. The ICC facilitated discussions with the formal team members including DCFS and Probation to discuss placement, safety concerns, and high-risk behaviors. The ICC also facilitated a Child and Family team meeting to discuss needs, strengths, worries, and a safety plan. The Therapist engaged the client and assessed needs for social skills and problem solving. The client transitioned to a new mental health provider on 04/23/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

In addition to their primary caseworker, this child/youth has been assigned a specialized secondary worker through DCFS's Placement Stabilization Team, which supports the youth and caregiver 24 hours per day, seven days per week.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	175	<b>Age</b>	15
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/17/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	0		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	27
Intensive Home Based Services (IHBS)	25	1,139	14	557
<b>TOTAL</b>	<b>25</b>	<b>1,139</b>	<b>15</b>	<b>584</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the Review Period 03/18/2024 to 05/17/2024 the client received the following IHBS and ICC services: The Therapist provided strategies that included increasing self-regulation, conflict resolution, and stress reducing skills such as deep breathing. The Parent Partner assisted the caregiver in communication skills and coping skills such as utilizing cold packs when triggered, going for walks and deep breathing. The ICC facilitated meetings such as staff engagements, treatment team meetings to discuss placement, safety concerns, and underlying needs. The team consulted regularly to discuss placement, consulted with CSW, and provided support to caregivers when client's behaviors would escalate. The client began to receive services from the mental health provider on 03/28/2024 and the services concluded when client moved out of Los Angeles County.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This youth was frequently absent from their placement, making it challenging to conduct CFTMs. Also, the youth refused CFTMs at times. However, a CFTM was held on 7/11/2024, which was after the reporting period.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	176	<b>Age</b>	21
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Wateridge	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/11/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive IHBS or ICC services during the designated review period from 03/12/2024 through 05/11/2024.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This was not a placement change due to the child's/youth's behavior. Rather, this youth's case terminated since they reached the age of majority.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	177	<b>Age</b>	13
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	8
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	6/22/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	6/20/2024, 6/26/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	150	2	75
Intensive Home Based Services (IHBS)	1	75	0	0
<b>TOTAL</b>	<b>4</b>	<b>225</b>	<b>2</b>	<b>75</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 05/23/2024 through 07/22/2024, the client received the following IHBS and ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist provided the following IHBS services including utilizing mindfulness skills, psychoeducation on trauma, identifying feelings, and supported transition of client's placement by discussing changes, challenges, and expectations. Rehab Specialist explored the development of positive relationships that could assist client's successful functioning in the STRTP and school. The Rehab Specialist utilized trauma interventions, psychoeducation, feelings identification, autonomy, and positive reinforcement to support client's goals. The ICC's services included facilitating weekly team meetings to share updates. The ICC coordinated mental health treatment for the week by communicating with DCFS and providing information learned regarding the client's trauma.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

This youth is also linked to the Regional Center and is receiving Applied Behavioral Analysis therapy, in addition to being supported by a one-on-one aide.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?	X	

***Explanation of Services Provided After Previous Placement:***

The prior placement change date was on 5/9/2024 when client was moved from a resource home to a different resource home. After this placement change, the following mental health services were provided to the client: The ICC consulted with DCFS and the mental health team to identify skills to assist client in the placement. The ICC maintained the team informed of client's progress. The ICC and team explored alternative resources and mental health treatment to ensure continuity of care and to reduce the number of placement changes. The Rehab Specialist worked with client on developing positive communication and mindfulness skills. The client also received therapy and medication support. The therapist assisted client in processing multiples changes and identifying triggers. The therapist provided intervention strategies including breathing and grounding exercises to enable the client to make better decisions.

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	178	<b>Age</b>	4
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	4/12/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	4/5/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	33	1	16
Intensive Home Based Services (IHBS)	4	191	3	159
<b>TOTAL</b>	<b>5</b>	<b>224</b>	<b>4</b>	<b>175</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 03/13/2024 through 05/12/2024, the client received the following IHBS and ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist provided the following IHBS services including utilizing the MAP approach, adapting practices to help client with his language barrier, play therapy, engaging in safety planning, personal skills, relaxation skills, utilizing mindfulness skills, and identifying feelings. The Rehab Specialist explored the development of positive relationships with resource family to promote client's successful functioning in the home. The ICC services included facilitating team huddles weekly and as needed to share updates, coordinating mental health treatment for the week, and maintaining communication with DCFS by providing information learned regarding the client's trauma. The client continues to receive services from the current mental health provider.

*\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.*

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	<b>Yes</b>	<b>No</b>
<b>Prior Placement Change in this Reporting?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	179	<b>Age</b>	13
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	7
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	5/17/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	2	<b>Number of CFT Meetings (Post*)</b>	2
<b>CFT Meetings Dates</b>	4/17/2024, 5/03/2024, 5/24/2024 and 6/17/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	6	595	0	0
Intensive Home Based Services (IHBS)	20	1,232	3	180
<b>TOTAL</b>	<b>26</b>	<b>1,827</b>	<b>3</b>	<b>180</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 04/17/2024 through 06/16/2024, the client received the following IHBS and ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist provided the following IHBS services including building self-esteem activities, utilizing mindfulness skills, psychoeducation on trauma, and identifying feelings. The IHBS supported the transition of client's placement by discussing changes and utilizing strength-based language. Rehab Specialist explored the development of positive relationships to assist client's successful functioning in the home and school. The Rehab Specialist utilized trauma interventions to build confidence by engaging in physical activities such as, community boxing, football, and basketball at his school. The ICC services included facilitating weekly team meetings as needed to share updates, coordinate mental health treatment for the week, and maintain communication with DCFS and the family.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	<b>Yes</b>	<b>No</b>
<b>Prior Placement Change in this Reporting?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***



County of Los Angeles  
 Departments of Children and Family Services & Mental Health  
**DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change**

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	180	<b>Age</b>	16
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	5
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	5/10/2024

**II. CHILD AND FAMILY TEAM (CFT) INFORMATION**

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	5/8/32024 and 6/05/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	46
Intensive Home Based Services (IHBS)	13	760	12	572
<b>TOTAL</b>	<b>13</b>	<b>760</b>	<b>13</b>	<b>618</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 04/10/2024 through 06/19/2024, the client received the following IHBS and ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist provided the following IHBS services by addressing triggers with caregiver, harm reduction, and provided resources to reach out after hours. The Rehab Specialist provided the caregiver with the team contact information, and discussed changes, challenges, and expectations. The Rehab Specialist worked with client on job exploration, building a resume, and preparing him for the transitional housing programs. The Rehab Specialist utilized trauma interventions, psychoeducation, feelings identification, effective communication skills, and the use of autonomy by walking away. The ICC services included facilitating team meetings weekly and as needed to share updates, to coordinate mental health treatment, and to maintain communication with DCFS by providing information learned regarding the client's trauma.

\*Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

**V. DCFS NARRATIVE**

No additional information to report.

**VI. PRIOR PLACEMENT INFORMATION**

	<b>Yes</b>	<b>No</b>
<b>Prior Placement Change in this Reporting?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

***Explanation of Services Provided After Previous Placement:***

Not applicable due to no prior placement change in this reporting.