



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

510 S. Vermont Avenue, Los Angeles, California 90020  
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February 28, 2025

To: Supervisor Kathryn Barger, Chair  
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Supervisor Janice Hahn

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 fifth 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 October 1, 2024 to December 31, 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

*"To Enrich Lives Through Effective and Caring Service"*

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during that same timeframe. Demographics and the total number of moves are also reported.

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>	241	<b>Age</b>	5
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<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>	10/24/2024

**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**

Service Category	Pre*		Post*	
	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 during the designated review period of 09/24/2024 through 11/23/2024 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

CFT meeting occurred prior to the placement change date, but outside of 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 during 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>	242	<b>Age</b>	3
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	F
<b>DCFS Office</b>	Palmdale	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/30/2024

**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**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 09/30/2024 through 11/29/2024.

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

### V. DCFS NARRATIVE

Caregiver was offered CFT meeting prior to the placement change; however, caregiver declined. DCFS submitted referrals for a Regional Center assessment and Fetal Alcohol Syndrome Disorder assessment.

### 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 during 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>	243	<b>Age</b>	8
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	M
<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>	11/18/2024

**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**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the review period of 10/19/2024 through 12/18/2024.

\*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.

Prior to reunifying with their parent, the child was participating in mental health services. The child met his therapeutic goals as of 9/25/2024 and exited 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 during 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>	244	<b>Age</b>	6
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<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>	10/29/2024

**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>	None		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 09/29/2024 through 11/18/2024.

*\*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 behavior; rather, the child's DCFS case closed with legal guardianship in place and upon that date the legal guardian requested the case be reinstated so that she could adopt the child. The DCFS case database classifies this as a placement change, even though the child remained in the home.

The child has been receiving Regional Services prior to, during, 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 during 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>	245	<b>Age</b>	14
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Palmdale	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/19/2024

**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>	11/5/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 10/20/2024 through 12/19/2024.

\*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 youth's behavior. Rather, the youth 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>	246	<b>Age</b>	16
<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>	11/6/2024

**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>	10/31/2024, 11/06/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	14	1,050	3	165
Intensive Home Based Services (IHBS)	12	825	1	60
<b>TOTAL</b>	<b>26</b>	<b>1,875</b>	<b>4</b>	<b>225</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 10/07/2024 through 12/06/2024, the client received the following IHBS and ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist utilized mindfulness skills, psychoeducation on trauma, and identifying feelings. The Rehab Specialist supported the transition of the client's placement by discussing changes, challenges, and expectations. The Rehab Specialist explored the development of positive relationships that could assist the client's successful functioning in the home and school. The Rehab Specialist utilized trauma-informed interventions, autonomy, and positive reinforcement to support the client's goals of maintaining a relationship with his support system. The Intensive Care Coordinator facilitated staff meetings to share updates. The Intensive Care Coordinator coordinated mental health treatment by communicating with DCFS and providing information learned regarding the client's trauma history. The client is receiving aftercare 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**

Unique Client ID#	247	Age	18
Race/Ethnicity	Black	Gender	F
DCFS Office	West LA	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	11/27/2024

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

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	10/29/2024, 12/05/2024, 12/17/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	21	1,006	2	97
Intensive Home Based Services (IHBS)	4	245	0	0
<b>TOTAL</b>	<b>25</b>	<b>1,251</b>	<b>2</b>	<b>97</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 10/28/2024 through 12/27/2024 the following IHBS and ICC services were provided to the client: Assessment, case management, and rehabilitation. The IHBS services focused on assisting the client in developing alternative appropriate coping strategies to manage trauma symptoms, peer conflicts, and other daily stressors. The IHBS services also focused on assisting the client in completing tasks of daily living and preparing the client for transitioning to independent living and a lower level of care. The ICC services focused on collaborating with other members of the treatment team, DCFS, school staff, and the Regional Center to address placement stability. The ICC services focused on promoting the client's active engagement in services, providing academic support, developing a plan for independent living, and connecting the client to supportive community resources. The client is currently receiving services 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

In addition to intensive mental health services, the youth also participated in substance abuse treatment counseling prior to the placement change.

In addition to their primary caseworker, this youth has been assigned a specialized secondary worker through DCFS' 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 during 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>	248	<b>Age</b>	10
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/11/2024

**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>	9/25/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 09/11/2024 through 11/10/2024 from a Los Angeles County Mental Health Provider. Client is currently linked with mental health 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 behaviors. Rather, the child was placed into a home to remain with their sibling. Post-placement change, the child is participating in intensive 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 during 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>	249	<b>Age</b>	21
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/14/2024

**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>	0		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 10/15/2024 through 12/14/2024 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. The youth was participating in special services to address their individualized needs during the review period, which provides financial, health and support for certain youth in out-of-home care.

### 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 during 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>	250	<b>Age</b>	15
<b>Race/Ethnicity</b>	Asian/Pacific Islander	<b>Gender</b>	Female
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/10/2024

**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>	9/25/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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, the client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 09/10/2024 through 11/09/2024.

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

### V. DCFS NARRATIVE

Prior to and post placement change, the youth participated in mental health services delivered by the same provider. The youth continues to participate in mental health services as of January 2025.

The case-carrying social worker, caregiver, and the youth met on 10/01/2024 to address placement 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 during 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>	251	<b>Age</b>	8
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/28/2024

**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>	10/17/2024, 11/14/2024, 11/25/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	14	1,172	33	3,443
Intensive Home Based Services (IHBS)	1	53	3	188
<b>TOTAL</b>	<b>15</b>	<b>1,225</b>	<b>36</b>	<b>3,631</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 9/28/24 through 11/27/24, the following ICC and IHBS services were provided: Targeted Case Management, Treatment Planning, and Individual Therapy. The treatment team worked collaboratively to support the client in learning and implementing strategies including grounding, communication, and age appropriate interventions. The treatment team provided the client with flexibility in the location for sessions. The treatment team identified a need to build rapport and increase engagement with the client and family. They responded to this need by spending additional time building relationships, and managing a culturally held stigma regarding participation in mental health services. The treatment team integrated family customs into services to promote placement stability. The treatment team also included the family members in sessions, and provided services in the client and family's language. 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 during 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>	252	<b>Age</b>	14
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<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>	11/20/2024

**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**

Service Category	Pre*		Post*	
	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**

During the review period of 10/21/24 through 12/20/24, the client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider. Client and family were referred for services however, they declined to participate.

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

### V. DCFS NARRATIVE

The youth was away from care, which impacted service delivery. The caregiver was offered a CFT meeting prior to the placement change but declined. The youth remains away from care, but will be engaged about and referred to mental health services once she returns to care.

In addition to their primary caseworker, this youth has been assigned a specialized secondary Runaway Outreach Unit (ROU) worker who supports the primary caseworker in locating, placing and stabilizing a missing/absent from care youth.

### 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 during 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>	253	<b>Age</b>	20
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	F
<b>DCFS Office</b>	BSRS	<b>Total Number of Placement Moves</b>	23
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/20/2024

**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**

Service Category	Pre*		Post*	
	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 services from a Los Angeles County Mental Health Provider during the designated review period of 10/21/2024 through 12/20/2024. Client was referred for Mental Health services, however client declined to participate.

\*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 non-minor dependent's (NMD) behaviors but rather their non-payment of rent to their Supervised Independent Living Placement (SILP) owner. NMD was referred to mental health services by DCFS; however, they did not follow through with intake appointments. In November 2024, the NMD declined mental health services, expressing that they did not feel a need for them at this time.

A CFTM was scheduled with the NMD prior to the placement change on 11/18/2024; however, the NMD requested that it be postponed until they moved out of their SILP.

**VI. PRIOR PLACEMENT INFORMATION**

	Yes	No
Prior Placement Change in this Reporting?		X

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

Not applicable due to no prior placement change during 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>	254	<b>Age</b>	18
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	10/8/2024

**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>	10/8/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	53	0	0
Intensive Home Based Services (IHBS)	19	1,132	0	0
<b>TOTAL</b>	<b>20</b>	<b>1,185</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 09/08/2024 through 11/07/2024, the following IHBS and ICC services were provided: Plan development, psychotherapy, rehabilitative services, and linkage. The ICC service included conducting the Child and Family Team Meeting to coordinate a smooth transition to the client's new placement. The Child and Family Team discussed ways to establish rapport with the client by participating in activities that the client enjoyed. The IHBS Worker collaborated with the Department of Children and Family Services to strengthen communication and ensure that the client's voice and choice was being honored in treatment. The treatment team collaborated on strategies to maintain placement and to engage the caregiver in supporting the client to utilize coping skills when necessary. Psychoeducation was provided to increase medication compliance and address any concerns regarding treatment. The client transitioned to a new Mental Health Provider on 10/02/2024 when they relocated outside of Los Angeles County.

\*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 during 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>	255	<b>Age</b>	14
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	M
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/14/2024

**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>	12/9/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	2	121
Intensive Home Based Services (IHBS)	17	996	22	1,148
<b>TOTAL</b>	<b>17</b>	<b>996</b>	<b>24</b>	<b>1,269</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period 10/15/2024 through 12/14/2024, the following IHBS and ICC services were provided: Plan development, rehabilitative services, and psychotherapy. The Intensive Care Coordinator conducted the Child and Family Team Meeting to coordinate a smooth transition to the client's new placement and strengthen the relationship between the client and caregiver. The Child and Family Team discussed the safety plan, the caregiver's needs, and strategies to utilize the client's strengths. IHBS included coordination with the school, developing coping skills, and exploring linkages to address other needs. The clinician supported the client in processing feelings and involved biological parent. Rehabilitative services included sessions in the community and using interventions that aligned with the client's developmental stage. The Child and Family Team supported the client in engaging in healthy communication skills, and modeled this by honoring the client's voice and choice. The client continues to receive services from a Mental Health Provider.

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

### V. DCFS NARRATIVE

A CFT meeting was held on 10/07/2024, which was prior to the placement change and eight (8) days prior to the start of the review period. Moreover, prior to the placement change, the youth was receiving one-on-one behavioral aide services which function to support a youth's primary caregiver by offering additional supervision of the youth in 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 during 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>	256	<b>Age</b>	17
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	F
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/12/2024

**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**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	61
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>61</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 10/13/2024 through 12/12/2024, the client received one ICC services. The Clinician coordinated placement and discussed the client's needs with the Department of Children and Family Services. The client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

This youth was and continues to be away from care, making it challenging to conduct CFTMs and provide mental health services. On sporadic occasions that youth has contact with DCFS, they continue to refuse to consent to, or participate in, mental health services.

### 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 10/16/2024. The mental health services that were provided included assessment for linkage needs, addressing behaviors, and collaboration with Department of Children and Family Services and the caregiver.

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>	257	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/21/2024

**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>	10/21/2024, 11/14/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	9	594	23	757
Intensive Home Based Services (IHBS)	11	538	9	444
<b>TOTAL</b>	<b>20</b>	<b>1,132</b>	<b>32</b>	<b>1,201</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 9/21/24 to 11/20/24, the client received the following ICC services: Care coordination, collaboration, and transition with placement. ICC services included team collaboration, multidisciplinary team meeting, CFT meeting, care planning, assistance with transition to placement, linkage to a substance use and peer organization programs, and consultation with the psychiatrist. The client received the following IHBS services: Processing emotions related to trauma, grounding techniques, bilateral mindfulness, journaling, and breathing techniques. The client received support on improving peer and community interactions. The client was encouraged to participate in mentorship and activities to build life skills. The client continues to receive services from the Mental Health Provider.

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

### V. DCFS NARRATIVE

In addition to their primary caseworker, this youth has been assigned a specialized secondary worker through DCFS' Placement Stabilization Team, which supports the youth and caregiver 24 hours per day, seven days a 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>	258	<b>Age</b>	18
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<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>	10/28/2024

**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>	10/18/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 9/28/24 through 11/27/24.

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

### V. DCFS NARRATIVE

This youth previously participated in intensive mental health services and successfully graduated on 03/07/2024 due to meeting their therapeutic goals. On 10/18/2024, A CFT meeting with the previous resource parent and youth was held to address the placement issues.

Post placement change, the youth is participating in individual 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>	259	<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>	17
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/17/2024

**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>	10/3/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	18	570	10	330
Intensive Home Based Services (IHBS)	8	366	0	0
<b>TOTAL</b>	<b>26</b>	<b>936</b>	<b>10</b>	<b>330</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 9/17/24 to 11/16/24, the client received the following ICC services: Care coordination, team collaboration through Staff and Family Engagement meetings, medication support services, as well as collaboration with the client's school staff. The client received the following IHBS services: psychoeducation to the caregiver regarding communication skills related to how to address behaviors, and the utilization of behavior charts. In addition, the team worked with the client to address appropriate behavior in home, school, and community. Client continues to receive services from the Mental Health Provider.

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

### V. DCFS NARRATIVE

In addition to their primary caseworker, this youth has been assigned a specialized secondary worker through DCFS' 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>	260	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Torrance	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/5/2024

**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>	10/24/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	2	176
Intensive Home Based Services (IHBS)	12	789	15	875
<b>TOTAL</b>	<b>12</b>	<b>789</b>	<b>17</b>	<b>1,051</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 9/5/2024 through 11/4/2024, the client received the following ICC and IHBS: Linkage, medication management, therapy, psychoeducation, safety planning, and team meetings. A Child and Family Team Meeting occurred to provide updates, discuss strengths, underlying needs, placement stability, safety planning, and academic challenges. The treatment team provided client with linkage to transportation and community-based resources. The team also worked with client on reestablishing a connection to family. Supportive strategies assisted client and caregiver to strengthen their communication while managing expectations in the resource home. Client was offered techniques to maintain safety in the community and school settings. Psychoeducation was provided to client for promotion of healthy boundaries in personal relationships. Client was also encouraged to practice coping skills such as listening to music, accessing a social support network, and finding a quiet place for reflection when feeling triggered. 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>	261	<b>Age</b>	9
<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>	10/16/2024

**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>	10/9/2024; 10/30/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 9/16/2024 through 11/15/2024.

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

### V. DCFS NARRATIVE

Prior to the placement change, the child was participating in mental health services since August 2024. Post-placement change, the child is placed outside of Los Angeles County and participates in mental health services provided by the host county. Additionally, the previous caregiver was offered 1-on-1 services to provide additional supervision by a paraprofessional in the placement home; however, the caregiver declined the 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>	262	<b>Age</b>	14
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Female
<b>DCFS Office</b>	Santa Fe Springs	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/18/2024

**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>	9/25/2024, 11/5/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	21	1,704	16	1,528
Intensive Home Based Services (IHBS)	12	1,392	6	1,092
<b>TOTAL</b>	<b>33</b>	<b>3,096</b>	<b>22</b>	<b>2,620</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 9/18/2024 through 11/17/2024, the client received the following ICC and IHBS: Linkage, medication management, therapy, safety planning, placement preservation, transition support, and team collaboration. Team collaboration led to placement preservation, transition strategies, addressing safety concerns, and identifying techniques to strengthen family dynamics. The treatment team, worked with client and caregiver to increase open communication, provide safety planning, and setting household rules and expectations. Client was provided with psychoeducation to increase medication compliance, reduce substance use, and maintain safety in the community. Client was encouraged to practice self-regulation techniques to reduce substance use cravings and when feeling triggered. Techniques included utilizing deep breathing exercises through yoga to promote mindfulness. Client also received linkage assistance to substance use treatment and after school activities such as boxing. The client continues to receive services from a Mental Health Provider.

\*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 has been assigned a specialized secondary worker through DCFS' Placement Stabilization Team, which supports the youth and caregiver 24 hours per day, seven days per week. Moreover, the child is supported by a Court Appointed Special Advocate and participates in school-based substance use treatment 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>	263	<b>Age</b>	17
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<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>	10/8/2024

**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**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 9/08/2024 through 11/07/2024.

*\*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 youth's behavior, but rather the youth was placed with a caregiver better positioned to meet their needs. Despite efforts to provide the previous caregiver with support to try to preserve the placement, the caregiver was unable to fully engage in these resources. The previous caregiver was offered a CFT meeting prior to the placement change and she declined. Post-placement change, a CFT meeting is pending being scheduled with the delay attributed to difficulty in coordinating with the new caregiver's and the child's respective schedules.

After the review period, the youth was referred for 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>	264	<b>Age</b>	12
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/19/2024

**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>	10/12/2024, 11/12/2024, 12/4/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	8	488	25	1,539
Intensive Home Based Services (IHBS)	20	885	26	1,631
<b>TOTAL</b>	<b>28</b>	<b>1,373</b>	<b>51</b>	<b>3,170</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period of 10/10/2024 through 12/19/2024, the client received the following IHBS and ICC services: Targeted Case Management, Rehabilitation, Individual Therapy Services and Medication Support. The treatment team conducted Child and Family Team Meetings with DCFS to address the client's placement, treatment goals, progress of goals, identify safety concerns, and monitor the client's well-being. The treatment team brainstormed ideas to assist with increasing coping skills, communication skills, and social skills. The treatment team supported the client's voice and choice to participate in a community athletic league as a coping skill, and promotion of positive peer interaction. The treatment team has also explored art as a form of engagement with client, in which client could express emotions, thoughts, and needs. 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?	X	

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

The prior placement change date was 10/10/2024. The following mental health services were provided to the client after this placement change date: Convening of a CFTM to introduce planning and assessment of the client's needs, goal development, referral to other mental health services such as medication support. In order to ensure continuity of care, a second CFTM was held to support the client's transition to a new mental health treatment team.

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>	265	<b>Age</b>	18
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Torrance	<b>Total Number of Placement Moves</b>	21
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	11/19/2024

**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>	10/24/2024, 11/5/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	203	0	0
Intensive Home Based Services (IHBS)	8	535	3	321
<b>TOTAL</b>	<b>11</b>	<b>738</b>	<b>3</b>	<b>321</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period of 10/20/2024 through 12/19/2024, the client received the following IHBS and ICC services: Rehabilitation, Individual Therapy Services, Case Management, Linkage and Consultation. The treatment team conducted Child and Family Team Meetings with DCFS to address the client's placement change, treatment goals, progress of goals, and to identify safety concerns. The treatment team assisted and role modeled ways for client to increase coping skills, communication skills, and social skills at school, home and the community. The treatment team supported client in learning to navigate community resources that could assist client with independent living skills such as, preparing to enter the workforce and obtaining a higher education. 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>	266	<b>Age</b>	14
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/11/2024

**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>	9/25/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 9/11/24 through 11/10/24.

*\*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>	267	<b>Age</b>	20
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<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>	11/15/2024

**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>	10/17/2024, 11/07/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	195	4	225
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>195</b>	<b>4</b>	<b>225</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 10/16/2024 to 12/15/2024, the client received the following Intensive Case Coordination Services: Plan development, referrals, and linkages to resources such as public benefits, assistance and housing. The treatment team engaged with client and collaborated to assist with supporting the client's underlying needs to promote placement stability. The Clinician provided individual therapy to support the client's identified goal. The client continues to receive services from the current the 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>	268	<b>Age</b>	8
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<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>	10/10/2024

**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>	9/10/2024, 10/29/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	26	4	219
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>26</b>	<b>4</b>	<b>219</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 09/10/2024 to 11/09/2024, the client received the following Intensive Case Coordination Services: Mental Health Assessment and Targeted Case Management. The treatment team engaged with DCFS and caregiver and collaborated to identify academic services and community resources to assist with the client's developmental concerns. The Clinician worked with the DCFS social worker to ensure the educational plan was current and to provide linkage to an academic program to fit the client's specific needs. The client is currently receiving services from a 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>	269	<b>Age</b>	4
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	Santa Clarita	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/23/2024

**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>	12/6/2024, 12/18/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	9	234	4	84
Intensive Home Based Services (IHBS)	2	45	0	0
<b>TOTAL</b>	<b>11</b>	<b>279</b>	<b>4</b>	<b>84</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 11/23/2024 to 01/22/2025, the client received the following Intensive Home-Based Services and Intensive Case Coordination (ICC) Services: Mental Health Assessment, Plan Development, Treatment Planning, Psychosocial Rehabilitation. The treatment team used music and videos, feelings identification, and positive communication skills to support the client's goals. The treatment team engaged with DCFS and caregivers and collaborated to assist with client's goal. The Clinician engaged the treatment team in supporting the client's underlying needs to promote placement stability. The Clinician and Child and Family Specialist utilized the client's functional strengths to engage client. 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>	270	<b>Age</b>	16
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Palmdale	<b>Total Number of Placement Moves</b>	9
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/20/2024

**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>	10/29/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	14	936	4	254
Intensive Home Based Services (IHBS)	14	1,605	0	0
<b>TOTAL</b>	<b>28</b>	<b>2,541</b>	<b>4</b>	<b>254</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 10/21/2024 through 12/20/2024 the client received the following Intensive Home-Based Services and Intensive Care Coordination: Assessment, Plan Development, Consultation, Coordination, Goal setting, Psychoeducation, and Treatment Review. The clinician explored the client's loss and trauma history and helped client identify ways to develop positive relationships and increase successful functioning in the home. The clinician encouraged mood elevating activities such as meditation, art, drawing, and skill building activities such as cooking. The clinician encouraged the client to use coping skills and to participate in a substance use program and medication supports. The treatment team helped reduce trauma related symptoms by helping client identify natural supports to help the client feel supported, understood, and optimistic about the future. The treatment team highlighted the importance of using adaptive coping strategies to promote emotional regulation. The treatment team supported the client's placement in a lower level of care and provided psychoeducation to caregiver. The treatment team worked with client to build social skills, communication skills, and independent living skills and explored community linkages and mentorship. The treatment team utilized the client's interests to engage in treatment. The treatment team built upon the client's strengths by enrolling client in an art academy. The client continues to receive services from a 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>	271	<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>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/13/2024

**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**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 10/14/2024 through 12/13/2024.

\*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. Prior to and post reunifying with their parent, the child has been participating in school-based 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>	272	<b>Age</b>	13
<b>Race/Ethnicity</b>	Hispanic	<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>	11/19/2024

**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>	11/6/2024, 12/05/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	339	8	755
Intensive Home Based Services (IHBS)	27	2,426	3	161
<b>TOTAL</b>	<b>30</b>	<b>2,765</b>	<b>11</b>	<b>916</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 10/20/2024 through 12/19/2024, the following ICC and IHBS were provided to the client: Care coordination, rehabilitation, and individual therapy. The ICC worked with members of the Child and Family Team, including the Department of Children and Family Services, to review and assess the client's mental health needs, explore placement preservation strategies, and identify resources in the community. The Rehab Specialist worked diligently to establish rapport and encouraged the client's use of coping techniques, such as muscle relaxation, deep breathing, art, and cooking. The team helped the client with job preparedness, mediating peer conflict, rebuilding positive relationships, and building self-esteem. The Clinician focused on reducing high-risk behaviors through engagement in music, journaling, harm reduction, mindfulness, and substance use support group. The clinician helped the client focus on developing healthy relationships with her support system. The client transitioned to a new Mental Health Provider on 12/16/2024 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>	273	<b>Age</b>	2
<b>Race/Ethnicity</b>	Black	<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>	10/10/2024

**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>	9/10/2024, 10/29/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	29	3	309
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>29</b>	<b>3</b>	<b>309</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 9/10/2024 through 11/09/2024 the client received the following Intensive Care Coordination services: Assessment, Coordination and Plan Development. The Clinician coordinated with the Department of Children and Family Services and other team members to review and assess the client's mental health symptoms, placement changes, identify potential resources, and prepare the caregivers to be a part of the Child and Family Team. The Clinician explored the client's trauma history and ways to help the client develop positive relationships to increase successful functioning in the home. The client began services with a Mental Health Provider on 09/16/2024 and continues to receive services.

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

### V. DCFS NARRATIVE

In addition to intensive mental health services, the child participates in additional services to support their developmental needs.

### 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>	274	<b>Age</b>	10
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/7/2024

**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>	11/11/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	38	1	15
Intensive Home Based Services (IHBS)	15	697	15	726
<b>TOTAL</b>	<b>17</b>	<b>735</b>	<b>16</b>	<b>741</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period of 10/08/2024 through 12/07/2024, the following IHBS and ICC services were provided to the client: Treatment Planning, rehabilitation, and psychotherapy. The Intensive Care Coordinator collaborated with DCFS and the mental health team to plan how to best support the client in maintaining appropriate boundaries. The Child and Family Specialist provided psychoeducation to the client and caregiver on the mental health diagnosis. The Child and Family Specialist also led the client in deep breathing exercises, practicing affirmations, and problem solving skills. The Clinician helped the client to process feelings after visits with mother, discussed how to develop healthy relationships, and assisted the client to identify triggers. The Clinician met with the caregiver to discuss methods to support the client including having frequent check-ins especially after visits with mother. The client continues to receive services from a 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>	275	<b>Age</b>	4
<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>	10/31/2024

**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**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 10/01/2024 through 11/30/2024.

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

### V. DCFS NARRATIVE

Since 1/8/2025, child has been participating in individual counseling once per week for one hour. Moreover, on 1/22/2025, child completed a Regional Center assessment and outcomes/recommendations are still pending.

Prior to the placement change on 10/31/2024, the caregiver was offered a CFT meeting and declined. A CFT meeting was held outside of the review period on 12/03/2024.

### 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>	276	<b>Age</b>	8
<b>Race/Ethnicity</b>	Black	<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>	10/10/2024

**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>	9/10/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	2	25
Intensive Home Based Services (IHBS)	3	193	3	213
<b>TOTAL</b>	<b>3</b>	<b>193</b>	<b>5</b>	<b>238</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period of 09/10/2024 through 11/09/2024, the following IHBS and ICC services were provided to the client: Initial Assessment, rehabilitation, targeted case management, and psychotherapy. The Intensive Care Coordinator collaborated with DCFS to establish services with the client and the family. The Child and Family Specialist held family engagement meetings to build rapport and discuss the benefits of mental health services. The Clinician helped the client and family identify their needs and utilized trauma-responsive interventions such as preparing the child before transitional activities. The client transitioned to a new Mental Health Provider on 10/2/2024 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>	277	<b>Age</b>	20
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Palmdale	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/30/2024

**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**

Service Category	Pre*		Post*	
	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 09/30/2024 through 11/29/2024 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 non-minor dependent's (NMD) behavior. Rather, this youth's case terminated since they reached the age of majority.

The NMD was away from care from April 2024 to October 2024, affecting DCFS's ability to engage with the NMD throughout that timeframe. On 10/30/2024, court jurisdiction was terminated.

### 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>	278	<b>Age</b>	8
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/19/2024

**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>	11/25/2024; 12/30/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	5	552	6	641
Intensive Home Based Services (IHBS)	16	1,526	16	1,470
<b>TOTAL</b>	<b>21</b>	<b>2,078</b>	<b>22</b>	<b>2,111</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period of 11/19/2024 through 1/18/2025, the client received the following IHBS and ICC services: Care Coordination, targeted case management, rehabilitation services, and individual therapy. The treatment team met regularly with DCFS to collaborate on safety planning, to maintain stability in placement, and to identify and link the client and family to additional community resources. The treatment team maintained contact with the school to develop a safety plan and identify interventions to address concerning behaviors. Clinician and treatment team met with the client regularly to help the client practice the following interventions: coping skills, emotional intelligence skills, communication skills, grounding exercises, interpersonal relationship, and social skills. The client continues to receive services from the 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>	279	<b>Age</b>	12
<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>	Yes	<b>PLACEMENT CHANGE DATE</b>	10/17/2024

**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**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 9/17/2024 through 11/16/2024.

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

### V. DCFS NARRATIVE

This placement change did not occur due to the child's behaviors, but rather due to the resource parent's medical restrictions which impacted the child's participation in necessary supportive services. The child was not in their previous placement long enough to be linked to mental health services. Post-placement change, the child began participating in intensive mental health services on 11/20/2024, four days after the review period ended.

### 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>	280	<b>Age</b>	14
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Palmdale	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/11/2024

**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**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	3	181
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>181</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 11/11/2024 through 1/10/2025, the client received the following IHBS and ICC services: Care Coordination and Targeted Case Management. The mental health team collaborated with DCFS to develop safety planning, address placement stability, and to link the client and family to additional community resources. 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 youth's behavior. Rather, the youth was court-ordered to be returned to the home of their parent. Post-placement change, the youth has frequently been absent from their placement, making it challenging to conduct CFT meetings.

Moreover, post-placement change, the youth has been referred to specialized advocacy services and is assigned to a specialized secondary worker who assists their primary caseworker in locating, placing and stabilizing the absent from care.

### 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>	281	<b>Age</b>	18
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	8
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/18/2024

**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>	9/20/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	19	785	8	440
Intensive Home Based Services (IHBS)	6	255	0	0
<b>TOTAL</b>	<b>25</b>	<b>1,040</b>	<b>8</b>	<b>440</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 9/18/2024 through 11/17/2024, the client received the following IHBS and ICC services: Targeted case management and psychosocial rehabilitation. The treatment team focused services on building rapport and engaging client into services. The treatment team maintained frequent consultations with DCFS and the program liaison to address safety concerns, develop a safety plan, arrange for additional mental health interventions, and develop strategies to engage client into services. The Parent Partner maintained contact with the caregiver to address behaviors and provide support as the treatment team continued working on engaging the client into services. 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

Prior to this placement change, this NMD was away from care, making it challenging to conduct CFT meetings.

### 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>	282	<b>Age</b>	17
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Pasadena	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/21/2024

**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>	10/22/2024; 11/7/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	12	665	1	60
Intensive Home Based Services (IHBS)	4	146	0	0
<b>TOTAL</b>	<b>16</b>	<b>811</b>	<b>1</b>	<b>60</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 10/22/2024 through 12/21/2024, the client received the following IHBS and ICC services: Targeted case management and psychosocial rehabilitation. Interventions included safety planning, exploring client's underlying needs, and assisting client in understanding consequences of behavior. The treatment team supported the client with strengthening coping skills, improving distress tolerance, linking client to school, and additional emotional supportive 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>	283	<b>Age</b>	14
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	5
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/5/2024

**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>	9/16/2024, 10/07/2024, 10/24/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	21	1,617	8	328
Intensive Home Based Services (IHBS)	2	103	4	244
<b>TOTAL</b>	<b>23</b>	<b>1,720</b>	<b>12</b>	<b>572</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 9/5/2024 through 11/4/2024, the client received the following IHBS and ICC services: Care coordination, targeted case management, and psychosocial rehabilitation. The treatment team consulted with caregivers, CSW, special advocate, and program liaison regarding educational services, engagement in treatment, safety planning, psychiatric needs, placement preservation, and continuity of care. ICC Coordinator and clinician empowered client to take ownership of his CFT Meeting by preparing his agenda and voicing his needs. The treatment team provided support to caregiver during crisis situations by developing a safety plan and involving additional supportive services to identify stability in placement.

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

### V. DCFS NARRATIVE

In addition to their primary caseworker, this youth has been assigned a specialized secondary worker through DCFS' 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>	284	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Pomona	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/30/2024

**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**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 9/30/2024 through 11/29/2024.

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

### V. DCFS NARRATIVE

Prior to the review period, this youth had been participating in intensive mental health services. They were also receiving Applied Behavior Analysis services, 1-on-1 services and respite services provided by Regional Center.

Additionally, post-placement change, the child began participating in intensive mental health services with a new provider on 12/05/2024, six days after the review period ended.

The previous caregiver declined a CFT meeting when offered by DCFS prior to the 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>	285	<b>Age</b>	16
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<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>	12/5/2024

**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>	11/26/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	4	664	0	0
Intensive Home Based Services (IHBS)	20	1,290	18	1,408
<b>TOTAL</b>	<b>24</b>	<b>1,954</b>	<b>18</b>	<b>1,408</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 11/5/2024 through 1/4/2025, the following IHBS and ICC services were provided to client: Rehabilitation Services, individual therapy, plan development, and a Child and Family Team Meeting. Rehabilitation services included modeling and assisting client in practicing problem-solving, conflict resolution, and communication skills. The Child and Family Specialist utilized motivational strategies to assist with task completion and help client in identifying coping skills. Clinician assisted client in processing feelings, exploring positive coping skills, providing psychoeducation about trauma, assessing for risk factors, and reviewing the safety plan. Intensive Care Coordinator facilitated team consultation meetings with the treatment team and DCFS to obtain updates and discuss client's needs and placement. During the Child and Family Team meeting, updates were shared, and plans were developed, including how to prepare and support the client for the placement transition. Client is currently receiving services from a Mental Health Provider.

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

### V. DCFS NARRATIVE

In addition to participating in intensive mental health services, the youth was also participating in weekly school-based mental health services and extra-curricular activities that built on their strengths and areas of interest.

### 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>	286	<b>Age</b>	3
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	Pasadena	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	10/29/2024

**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>	0		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 09/29/2024 through 11/28/2024 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.

Additionally, in April 2024 the child was assessed and found to not need any 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>	287	<b>Age</b>	20
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/6/2024

**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>	11/22/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 10/07/2024 through 12/06/2024.

\*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 non-minor dependent's (NMD) behaviors; rather, NMD requested to be moved to a different physical address within the same Transitional Housing Program (THP). The NMD was and continues to participate in individual therapy pre- and post- address change.

A CFT meeting was held on 10/03/2024, four days prior to the start of 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>	288	<b>Age</b>	7
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Female
<b>DCFS Office</b>	Santa Clarita	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/23/2024

**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>	12/6/2024, 12/18/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	7	183	3	74
Intensive Home Based Services (IHBS)	3	80	0	0
<b>TOTAL</b>	<b>10</b>	<b>263</b>	<b>3</b>	<b>74</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 11/23/24 through 01/22/25, the following IHBS and ICC services were provided to the client: Individual therapy, family therapy, care coordination, and rehabilitation. Treatment focused on addressing client's trauma, utilizing de-escalation techniques, and developing coping skills to manage feelings and emotions. ICC Coordinator facilitated meetings between DCFS and treatment team to address changes in placement, and to develop a plan to assist client during transition to the care of biological parents. Parent Partner focused on engaging resource parent into services to address safety in the home and provided support during the transition of placement. Family therapy with sibling focused on addressing boundaries and roles within the family. IHBS services included engaging biological parents into treatment and providing parenting support to identify triggers, and utilize parenting skills to address behaviors. The Child and Family Team Meeting focused on developing interventions and services to support client and biological parents as client returned to care of biological parents. The client continues to receive services from the 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>	289	<b>Age</b>	17
<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>	10/30/2024

**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>	11/25/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
<b>Service Category</b>	<b>Service Count</b>	<b>Total Minutes</b>	<b>Service Count</b>	<b>Total Minutes</b>
Intensive Care Coordination (ICC)	10	412	17	1,072
Intensive Home Based Services (IHBS)	13	579	21	1,101
<b>TOTAL</b>	<b>23</b>	<b>991</b>	<b>38</b>	<b>2,173</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 09/30/24 through 11/29/24, the following IHBS and ICC services were provided to the client: Targeted Case Management, therapy, rehabilitation and coordination of services. The treatment team focused on building rapport with the client and identifying resources. Treatment included psychoeducation of feelings and emotions, building self-esteem, identifying triggers, and learning coping skills. The treatment team collaborated with the school to identify additional support for the client. The Parent Partner engaged biological parent into services and assisted to identify underlying needs that could help the client and mother in their relationship. The Clinician assisted the client with linkages, referrals, and assessments to help support the client's functioning at home and at school. The client continues to receive services from the Mental Health Provider.

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

### V. DCFS NARRATIVE

Prior to the placement change, a CFT meeting was offered and the youth declined the meeting.

### 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>	290	<b>Age</b>	20
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Glendora	<b>Total Number of Placement Moves</b>	12
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/1/2024

**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>	09/16/24, 09/24/2024 and 10/31/24		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	60	1	80
Intensive Home Based Services (IHBS)	9	420	7	280
<b>TOTAL</b>	<b>10</b>	<b>480</b>	<b>8</b>	<b>360</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 09/01/24 through 10/31/24, the following IHBS and ICC services were provided to the client: Assessment, plan development, treatment planning, and individual therapy. Treatment focused on safety planning, learning and practicing boundaries, building self-esteem, identifying triggers, and engaging the family into treatment. The treatment team collaborated with DCFS to address transition planning and identifying resources. The treatment team maintained contact with the natural supports to discuss the transitional plan, address the client's underlying needs, and identify goals. The treatment team explored how the natural support system will continue to assist the client. ICC Coordinator facilitated referrals to community services and resources to support the client's transition into independent living and to help client maintain stabilization. The client continues to receive services from a 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>	291	<b>Age</b>	17
<b>Race/Ethnicity</b>	Black	<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>	11/5/2024

**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>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 services from a Los Angeles Mental Health Provider during the designated review period, 10/06/2024-12/05/2024.

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

### V. DCFS NARRATIVE

The placement change occurred at the youth's request. The youth was not displaying any concerning behaviors (per the youth and caregiver) and the youth declined a counseling referral as she felt she does not need any additional therapeutic 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>	292	<b>Age</b>	13
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	West San Fernando Valley	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/21/2024

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

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	3
<b>CFT Meetings Dates</b>	10/25/2024, 10/29/24 and 11/19/24		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	6	447
Intensive Home Based Services (IHBS)	0	0	4	264
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>711</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 09/21/2024 through 11/20/2024, the following IHBS and ICC services were provided to the client: Assessment, Coordination of Care, In-Home Supportive Services, and Individual Therapy. The treatment team made referrals to Regional Center and medication support services. ICC services included team collaboration with DCFS, targeted case management, and coordination of CFT meetings and follow-up CFT to support and meet the needs of the client. CFT meetings were held to discuss client's placement stability, trauma history, treatment goals, and overall treatment progress. The client had a special educational plan and the treatment team provided on-going educational support. The treatment team assisted the client with school reintegration, building rapport, utilized psychoeducation, reframing thoughts, and supporting the client to effectively communicate with others. The treatment team provided collateral support to the caregiver to meet the needs of the client. The client started to receive services from the current Mental Health Provider on 10/10/2024 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?	X	

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

The prior placement change date was 10/18/2024 when the client was relocated to a new resource home. After the placement change date, the client was linked to intensive services with a Los Angeles County Mental Health Provider. The client's mental health provider collaborated with DCFS to aid with appropriate referral and linkage to Regional Center for evaluation. The team provided support with client's educational plan to aid educational needs. The team provided collateral support to the caregiver to meet the emotional and mental health needs of the client. In addition, the client received individual therapy, medication support referral, and case management to assist the client's identified needs.

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>	293	<b>Age</b>	1
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<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>	10/31/2024

**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>	11/26/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 10/01/2024 through 11/30/2024.

\*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, but rather the court ordered the child to be placed with a relative. This was a new entry into foster care on 10/04/2024, and the child was referred for a comprehensive assessment of their needs.

### 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>	294	<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>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/9/2024

**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>	11/12/2024 and 12/30/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	124	3	189
Intensive Home Based Services (IHBS)	31	1,465	27	1,415
<b>TOTAL</b>	<b>33</b>	<b>1,589</b>	<b>30</b>	<b>1,604</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 11/09/2024 through 01/08/2025, the client received the following ICC and IHBS services: Coordination of Care, Plan Development, Rehabilitation, and Psychotherapy. The treatment team focused on collaborating with DCFS, facilitating the initial CFT meeting, and coordinating follow-up CFT meetings to review the client's successes and challenges. The treatment team along with CSW, consulted on resources beneficial for client's wellbeing including equestrian therapy and participation in sports. The Mental Health Clinician engaged client through board games, helping client to identify negative self-talk, and utilizing cognitive restructuring to promote self-awareness as well as insight. Additional interventions included, breathing techniques, counting to 10 backwards, role playing an apology for conflict resolution, emphasizing family cohesiveness by participating in family dinners, and encouraging hygiene practices. The client continues to receive mental health 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?	X	

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

The prior placement change date was 10/11/2024. The client received the following mental health services: Assessment, Plan Development, Rehabilitation, Crisis Stabilization, Team Plan Development, Psychotherapy, Coordination of Care, Child Family Team Meeting, and Medication Support. The treatment team collaborated with CSW to coordinate care, engage in consultations, and ensure that support was given to client during the placement change. The treatment team assisted with the transition to a new caregiver by exploring household boundaries, family culture, and dynamics. The Mental Health Clinician explored needs around placement stability that included evaluation of functioning with caregiver. In addition, the Mental Health Clinician utilized cognitive restructuring to identify client's negative thoughts that could interfere with 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>	295	<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>	23
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/3/2024

**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>	10/10/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 9/03/2024 through 11/02/2024 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 youth was away from care, making it challenging to conduct CFT meetings and provide mental health services. As of 10/03/2024, the youth was placed outside of Los Angeles County and began participating in mental health services provided by the host county.

### 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>	296	<b>Age</b>	0
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Santa Clarita	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/16/2024

**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**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	90	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>90</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 11/16/2024 through 01/15/2025, the client received the following ICC service: Targeted Case Management. The treatment team supported the transition of client's placement to out of county, by discussing changes, challenges, and expectations with caregiver. In addition, the treatment team consulted and collaborated with CSW about the impact on client's social emotional development, as well as ancillary supportive services.

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

### V. DCFS NARRATIVE

A CFT meeting was held on 11/06/2024, ten (10) days prior to the start date of the review period.

This placement change was not due to the child's behavior. Rather, the child was placed with relatives. Post-placement change, the child's dependency case was transferred to another state and the Los Angeles County DCFS case was closed.

### 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**

Unique Client ID#	297	Age	17
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Pomona	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	11/20/2024

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

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	12/19/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 10/21/2024 through 12/20/2024 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

Prior to and after this placement change, the youth refuses to consent to, or participate in, mental health services. On 11/12/2024, DCFS offered a CFT meeting to the previous caregiver and youth to address placement issues; however, both declined.

Post placement change, the youth is now placed outside of Los Angeles County and is receiving post-secondary educational support and employment 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**

Unique Client ID#	298	Age	15
Race/Ethnicity	Black	Gender	Male
DCFS Office	South County	Total Number of Placement Moves	4
Resided Out of County	No	PLACEMENT CHANGE DATE	10/15/2024

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

Number of CFT Meetings (Pre*)	3	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	09/18/2024, 09/27/2024, 10/01/2024, and 10/29/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	19	1,305	11	772
Intensive Home Based Services (IHBS)	15	821	12	987
<b>TOTAL</b>	<b>34</b>	<b>2,126</b>	<b>23</b>	<b>1,759</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 09/15/2024 through 11/14/2024 the client received the following ICC and IHBS services: Coordination of Care and Rehabilitation. The Intensive Care Coordinator led CFT meetings and discussed the client's strengths, needs, and safety concerns that could impact the client's placement. The Intensive Care Coordinator consulted with the team and provided strategies on how to support and preserve client's placement. The Intensive Care Coordinator linked the client to substance abuse and career counseling to assist client in reaching their Long-Term View. The Rehab Specialist supported the client by crafting interventions that were individualized to the client's interests and strengths. The Rehab Specialist introduced coping skills such as deep breathing, mindfulness, and physical exercise such as going to the gym and boxing classes. The Rehab Specialist also encouraged the client to engage in self-regulation when feeling upset. The therapist consulted with the other team members to assist in preserving placement. The client started to receive services from current Mental Health Provider on 10/15/2024 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>	299	<b>Age</b>	14
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Glendora	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/20/2024

**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>	11/12/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 from a Los Angeles County Mental Health Provider during the designated review period of 10/21/2024 through 12/20/2024.

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

### V. DCFS NARRATIVE

Youth was connected to mental health services prior to the placement change but was not attending or actively participating, then services were terminated. Post-placement change, the youth was referred to individual therapy with a provider located near his new 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>	300	<b>Age</b>	16
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	Belvedere	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	11/12/2024

**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>	N/A		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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 services during the designated review period of 10/13/2024 through 12/12/2024 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

Prior to and after this placement change, the youth refuses to consent to, or participate in, mental health services. The youth was referred to educational support services and a peer support group.

Youth requested this placement change to occur immediately; therefore, there was not adequate time to convene a CFT meeting prior to the 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.