



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

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February 29, 2024

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

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

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

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

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

The 60 attached case review forms constitute the first 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, 2023 to December 31, 2023. 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 replacement was indicated as "child's behavior." Also per the settlement, the reviews specify whether intensive mental health services and/or Child and Family Team Meetings were provided during the 30 days prior to and 30 days after the placement change date, as well as the duration and intensity of intensive service provision that each child received during that same timeframe. Demographics and the total number of moves are also reported.

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

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

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) 351-5530, or Crystal Kibby, DMH Board Liaison, at (213) 700-2521.

BN: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>	1	<b>Age</b>	9
<b>Race/Ethnicity</b>	Hispanic	<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>	10/10/2023

**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>	9/11/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	5	116	0	0
Intensive Home Based Services (IHBS)	4	120	1	35
<b>TOTAL</b>	<b>9</b>	<b>236</b>	<b>1</b>	<b>35</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 09/10/2023 to 11/09/2023, the client received the following Intensive Home-Based Services (IHBS) and Intensive Case Coordination (ICC) services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The following IHBS services were provided: mindfulness skills, psychoeducation on trauma, identifying feelings, supported transition of client's placement by discussing changes, challenges, and expectations. IHBS also included the following: explored the development of positive relationships that can assist client's successful functioning in the home and school. The Rehab Specialist utilized trauma interventions, psychoeducation, art, problem-solving, feelings identification, and positive communication skills to support client's goals. The Rehab Specialist maintained communication with DCFS by providing information learned regarding client's trauma and Regional Center referral. The client continues to receive ICC and IBHS services from the mental health provider beginning 9/15/2023 to the present.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	2	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	8
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	12/1/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive Intensive Care Coordination (ICC) nor Intensive Home-Based Services (IHBS) during the review period of 11/01/2023 to 12/31/2023, from any Los Angeles County Mental Health Provider because client resided outside Los Angeles County.

*\*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**

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

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

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

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>	3	<b>Age</b>	6
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Pasadena	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/30/2023

**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>	11/8/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	19	0	0
Intensive Home Based Services (IHBS)	4	96	6	160
<b>TOTAL</b>	<b>5</b>	<b>115</b>	<b>6</b>	<b>160</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 10/31/2023 to 12/30/2023, the client received the following Intensive Home-Based Services (IHBS) and Intensive Case Coordination (ICC) services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist provided the following IHBS services including utilizing mindfulness skills, psychoeducation on trauma, identifying feelings, supported transition of client's placement by discussing changes, challenges, and expectations. Rehab Specialist explored the development of positive relationships that can assist client's successful functioning in the home and school. The Rehab Specialist utilized trauma interventions, psychoeducation, feelings identification, and behavior chart to support client's goals. The Intensive Care Coordinator's ICC services included facilitating team weekly meetings to share updates and coordinating mental health treatment for the week and maintaining communication with DCFS by providing information learned regarding the client's trauma. The client continues to receive ICC and IBHS services from the mental health provider beginning 6/14/2023 to the present.

\*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**

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

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

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



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>	4	<b>Age</b>	14
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	12
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/30/2023

**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>	10/24/2023, 11/21/2023		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	14	437	11	683
Intensive Home Based Services (IHBS)	10	461	19	1,273
<b>TOTAL</b>	<b>24</b>	<b>898</b>	<b>30</b>	<b>1,956</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From Review Period 9/30/2023 to 11/29/2023 the client received the following Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS): Assessment, Individual and Group Therapy, Plan Development, Treatment Planning, Psychoeducation, Crisis Management, Medication Support, Discharge Planning, and Targeted Case Management. The first mental health provider delivered ICC services that included facilitating Staff Engagements to discuss treatment, including the client's emotional regulation and underlying needs. The Rehab Specialist assisted the client in developing coping skills such as going on walks and increasing communication skills. The Intensive Care Coordinator discussed linkage with the formal team members and DCFS. The second mental health provider delivered weekly Intensive Home-Based Services. The Rehab Specialist used grounding exercises, praise, modeling, psychoeducation, feelings identification, and effective communication skills to support client's goals. The Rehab Specialist explored client's interest in physical exercise to limit client's triggers and escalation of aggressive behaviors. The Rehab Specialist also supported the client's transition to the Short-Term Residential Therapeutic Program (STRTP) by discussing changes and expectations. The Intensive Care Coordinator maintained communication with DCFS and scheduled CFT Meetings to discuss client's trauma, coordinate mental health treatment, and identify an approach to work with the potential adoptive family. Client started services with the first mental health provider on 8/29/2022 to 11/14/2023, and transitioned to the second provider on 11/21/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	5	<b>Age</b>	10
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	M
<b>DCFS Office</b>	Santa Clarita	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/8/2023

**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>	11/28/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	256	4	50
Intensive Home Based Services (IHBS)	10	697	9	969
<b>TOTAL</b>	<b>13</b>	<b>953</b>	<b>13</b>	<b>1,019</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the Review Period 11/08/2023 to 1/07/2024, the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services were provided to client: Targeted Case Management, Individual Therapy, Plan Development, Coordination of Care. The Rehabilitation Specialist assisted client with problem solving, reality testing, re-direction, and de-escalation. The Rehabilitation Specialist also assisted client during placement and mental health team changes. The Rehabilitation Specialist helped client develop coping skills such as reading, playing basketball, and communicating with others. The Intensive Care Coordinator facilitated a Child and Family Team Meeting, consulted with DCFS, conducted staff engagements, and teamed with the school. Client received services from the first mental health provider starting on 04/11/2022 to 01/05/2024. Client transitioned to an STRTP and started to receive mental health services at this facility on 12/18/2023.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

The previous placement change date was on 10/3/2023 when client moved from a resource home to a relative caregiver's home. After this placement, client received Intensive Care Coordination and Intensive Home Based Services, which included participation in Child and Family Team Meetings and coordination with school personnel to support client with an Individualized Education Plan (IEP). The Intensive Care Coordinator consulted with DCFS and the mental health team to identify skills to assist client in the placement, and maintained the team informed of client's progress. The Rehabilitation Specialist worked with client on assertive communication and mindfulness skills. Client also received therapy and medication support. The therapist assisted client in processing multiple changes and identifying triggers. The peer support specialist provided caregiver with psychoeducation on trauma, reviewed the safety plan, and provided parenting skills on consistency.

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>	6	<b>Age</b>	9
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	F
<b>DCFS Office</b>	Compton-Carson	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/19/2023

**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>	9/20/2023; 10/05/2023, and 10/30/2023		

**III. MENTAL HEALTH SERVICES DATA**

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	41	3,128	25	1,315
Intensive Home Based Services (IHBS)	17	959	9	421
<b>TOTAL</b>	<b>58</b>	<b>4,087</b>	<b>34</b>	<b>1,736</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From Review Period 9/19/2023 to 11/18/2023, the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services were provided to client: Rehabilitation Services, Individual Therapy. The Rehabilitation Specialist supported client and caregivers with practicing new coping skills, emotional regulation skills, implementing a behavior chart, securing a designated safe space at school for de-escalation, and working on positive peer interactions. The Intensive Care Coordinator worked closely with the mental health team, school administration, DCFS, client, and caregivers to facilitate Child and Family Team Meetings. The Intensive Care Coordinator also assisted with updating the safety plan, providing psychoeducation on client's triggers, and highlighting what's been working for client. Client started to receive services from the mental health provider on 05/25/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	7	<b>Age</b>	16
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	M
<b>DCFS Office</b>	Pomona	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/27/2023

**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>	10/30/2023		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive Intensive Care Coordination (ICC) services or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period.

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

**V. DCFS NARRATIVE**

The youth declined intensive mental health services as he had participated in both Wraparound and Therapeutic Behavioral Services (TBS) in his prior placement, and no longer wanted to take part in such services. From 11/29/22 until approximately July 2023, he participated in weekly individual counseling. He decided to take a break from therapy after that.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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



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>	8	<b>Age</b>	18
<b>Race/Ethnicity</b>	White	<b>Gender</b>	M
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/11/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive Intensive Care Coordination (ICC) services or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period.

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

**V. DCFS NARRATIVE**

This was a non-minor dependent who re-entered foster care after their 18th birthday. A CFTM was held prior to the 30 days that preceeded the placement change. Youth was receiving in-home supportive services through the Regional Center, and a 1:1 aide for four hours per day.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	9	<b>Age</b>	17
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Female
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/6/2023

**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>	10/16/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	23	1,428	27	2,279
<b>TOTAL</b>	<b>23</b>	<b>1,428</b>	<b>27</b>	<b>2,279</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From review period 9/6/2023 to 11/5/2023 the following Intensive Home-Based Services (IHBS) were provided to the client: therapy, case management, care coordination, plan development, and rehabilitation. The client's first date of services with this provider was on 2/21/2023 and the client continues to receive services from this provider. The Intensive Care Coordinator (ICC) provided IHBS including multiple weekly sessions. The Intensive Care Coordinator used grounding exercises, psychoeducation, redirection, reality testing, journaling, problem-solving, feelings identification, and positive communication skills to support the client's goals. When the client struggled with triggers, the Intensive Care Coordinator explored the client's expectations and ways to communicate her needs to those around her. The Intensive Care Coordinator also supported transitions by discussing changes and expectations with the client and coordinating with the caregiver. The Intensive Care Coordinator facilitated team weekly meetings to share updates and coordinated mental health treatment for the week. The Intensive Care Coordinator coordinated staff engagements, Child and Family Team meetings, consultations, and a shared safety plan to support the client.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	10	<b>Age</b>	2
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Waterridge	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/04/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive Intensive Care Coordination (ICC) or Intensive Home-Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period.

*\*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**

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

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

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

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>	11	<b>Age</b>	19
<b>Race/Ethnicity</b>	Other	<b>Gender</b>	Female
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	13
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/6/2023

**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>	9/13/2023, 10/18/2023		

**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)	24	1,113	15	725
<b>TOTAL</b>	<b>24</b>	<b>1,113</b>	<b>15</b>	<b>725</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From review period 9/6/2023 to 11/5/2023, Intensive Home-Based Services (IHBS) including case management, and therapy services were provided to the client. The client's first date of service with the Mental Health provider was on 8/26/2023 and the client continues to receive services. The therapist and case manager provided Intensive Home-Based Services including weekly sessions. The therapist used grounding exercises, problem-solving, short term goal oriented life activities, modeling, feelings identification, and positive communication skills to support the client's goals. The therapist supported the client through connecting the client to couples therapy and organizing flex funds to assist the client with groceries and hygiene supplies. The therapist also assisted the client in identifying her emotions and empowered the client to keep herself safe and communicate her needs to those around her when necessary. The therapist reported that the team held Child and Family Team (CFT) meetings monthly to explore concerns, give updates, explore the client's goals, and revise ways to assist the client in reaching their goals. The treatment team maintained communication with DCFS and scheduled CFT Meetings to discuss information learned regarding the client's situation, and identify approaches that would best work with the family.

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

**V. DCFS NARRATIVE**

The placement change was due to this non-minor dependent choosing to move in with her boyfriend.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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



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>	12	<b>Age</b>	11
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/8/2023

**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>	10/17/2023		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period.

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

**V. DCFS NARRATIVE**

This youth is receiving individual therapy. DCFS engaged with the caregiver to attempt to preserve the placement and to set up additional services (such as therapeutic boxing); however, the caregiver was adamant about ending the 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>	13	<b>Age</b>	8
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Santa Fe Springs	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/1/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period from 11/01/2023 to 12/31/2023.

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

**V. DCFS NARRATIVE**

The placement change was not due to the child's behavior. Rather, the placement change was the result of a court order to place siblings together. A CFTM took place prior to the 30 days preceding the placement change date.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	14	<b>Age</b>	15
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/20/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive Intensive Care Coordination (ICC) or Intensive Home-Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period from 09/20/2023 to 11/19/2023.

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

**V. DCFS NARRATIVE**

A CFTM was offered to the relative caregiver in an effort to preserve the placement; however, the caregiver refused. DCFS submitted a mental health referral for the child; however, caregiver refused mental health services, citing that she did not have time to accommodate appointments. The child was replaced into a different placement and linked to appropriate services.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	15	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Torrance	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/24/2023

**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>	10/3/2023 and 11/16/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	4	94	1	45
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>4</b>	<b>94</b>	<b>1</b>	<b>45</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the review period 09/24/2023 to 11/23/2023, the client received Intensive Care Coordination (ICC) services that included collaboration with the Child and Family Team (CFT) members and the Children's Social Worker, to clarify the client and caregiver's expectations regarding placement. The ICC services also included staff engagement meetings to address the client's participation in treatment. The Child and Family Specialist helped the client develop skills, such as safety planning, identifying triggers, problem solving, exploring healthy activities, internet safety skills, creating a sleep routine, and building healthy friendships. The client started to receive services from the current mental health provider on 9/12/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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



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>	16	<b>Age</b>	11
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<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>	10/24/2023

**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>	9/25/2023		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive Intensive Care Coordination (ICC) or Intensive Home-Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period of 09/24/2023 to 11/23/2023.

*\*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**

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

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

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

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>	17	<b>Age</b>	10
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/2/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period.

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

**V. DCFS NARRATIVE**

There was no CFTM because the caregiver refused. The caregiver also refused DCFS's efforts to provide additional services to stabilize the placement. The child was connected to the Regional Center for developmental services.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	18	<b>Age</b>	12
<b>Race/Ethnicity</b>	White	<b>Gender</b>	M
<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>	11/1/2023

**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>	10/10/23, 10/23/23, 11/1/23		

**III. MENTAL HEALTH SERVICES DATA**

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	6	427	7	512
Intensive Home Based Services (IHBS)	4	167	13	897
<b>TOTAL</b>	<b>10</b>	<b>594</b>	<b>20</b>	<b>1,409</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From Review Period 10/2/2023 to 12/1/2023, the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services were provided to client: Rehabilitation Services, Targeted Case Management. Rehabilitation specialist assisted client in reviewing safety plan, redirecting unhelpful thoughts from the past, stepping away from situations that were difficult, engaging in deep breathing, and using communication skills. IHBS with caregivers included teaching parenting skills, reviewing the safety plan, and helping to reinforce client's coping skills. The Intensive Care Coordinator conducted collaborative meetings with DCFS and mental health team to coordinate services and link client with additional resources. The client started services with the mental health provider on 9/8/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	19	<b>Age</b>	12
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	M
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/22/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period.

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

**V. DCFS NARRATIVE**

A CFTM was not held as the caregiver refused. The child/youth was involved in non-intensive mental health services with a therapist during this review period.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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



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>	20	<b>Age</b>	11
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	F
<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>	11/22/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	66	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>66</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From Review Period 10/23/2023 to 12/22/2023, the following Intensive Care Coordination (ICC) services were provided to client: Targeted Case Management. The ICC service provided was consultation with DCFS, updating on client's progress and caregiver's involvement. The client received services from the mental health provider starting on 8/3/2023 and ended services on 11/25/2023.

*\*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>	21	<b>Age</b>	12
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	F
<b>DCFS Office</b>	Wateridge	<b>Total Number of Placement Moves</b>	11
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/15/2023

**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>	10/31/2023, 11/09/2023, & 12/7/2023		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	47
Intensive Home Based Services (IHBS)	8	396	8	432
<b>TOTAL</b>	<b>8</b>	<b>396</b>	<b>9</b>	<b>479</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 10/16/2023 to 12/15/2023, the client received the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services: Assessment, Therapy, Medication Support. The Child and Family Specialist (CFS) and Facilitator worked with the client to identify strengths and interests and client was linked to gymnastics, track, tutoring, boxing, exploration of poetry venues and museums. During the Child and Family Team meetings the Facilitator provided updates, supported placement transition, and revised the safety plan. CFS and Therapist met with client to reflect and acknowledge her behavior, identify her triggers, and maintain boundaries to reduce aggression. Client was taught to practice coping skills such as deep breathing techniques, music to calm down, and poetry to communicate feelings when dysregulated. IHBS interventions also included making slime & stress balls, painting, and drawing for processing trauma. Caregiver was provided with strategies to redirect client's behaviors, psychoeducation on client's trauma, and reminders of the safety plan. Client received services from the mental health provider starting on 9/14/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	22	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/21/2023

**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>	1/18/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	20	705
Intensive Home Based Services (IHBS)	0	0	3	225
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>930</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/21/2023 to 1/20/2024, the client received the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services: Assessment, Therapy, Medication Support. Client was taught to prioritize and maintain safety in the home and community by practicing prosocial behaviors and learning psychoeducation on body language. The Child and Family Team (CFT) worked jointly for safety planning, providing updates on treatment progress, building trust and rapport with client, and facilitating visitation. The Rehabilitation Specialist modeled and demonstrated effective healthy coping skills, aided in exploration and identification of triggers and trauma responses, and helped client practice calm demeanor and behavior modification techniques. Client applied conflict resolution skills by engaging in non-reactive conversation with his peers. The Rehabilitation Specialist also worked on relaxation skills such as grounding techniques for client to utilize when feeling anxious. Staff worked with client to support his goal of independent living by teaching him to practice adhering to a routine schedule with emphasis on sleep and hygiene, as well as providing client with opportunities to cook his own meals. The client started services with mental health provider on 12/21/2023 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 their primary caseworker, this child/youth has been assigned a specialized secondary worker through DCFS's Placement Stabilization Team, which supports the youth and caregiver 24 hours per day, seven days per week. It was challenging to hold CFTMs due to the youth leaving placement daily and then being arrested. Intensive services were offered to the youth while in the previous placement; however, both the youth and caregiver refused. The youth is engaged in intensive services in his new placement.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	23	<b>Age</b>	16
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	11/17/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	13	838	12	877
<b>TOTAL</b>	<b>13</b>	<b>838</b>	<b>12</b>	<b>877</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 10/18/2023 to 12/17/2023, the client received the following Intensive Home Based Services(IHBS) and Intensive Care Coordination (ICC) services: Assessment, Therapy, Rehabilitation, Plan Development, Medication Support. Therapist and Case Manager provided support for increasing communication skills and rapport building. Client practiced identification of goals, and social support network, recognition of coping skills such as deep breathing, outside activities such as skateboarding, and sitting outside and writing in his journal when triggered. Psychoeducation and reality testing was used to support adherence to psychotropic medication regimen. Several Staff Engagement meetings occurred initially to review placement preservation strategies, including how to support the client in crisis, identifying his underlying needs, safety planning, and supporting the transition into a new placement. The client received services from the first mental health provider starting on 4/28/2023 to 12/20/2023. The client transitioned to a new mental health provider on 12/15/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

The youth was on a temporary visit with family members and then was absent from placement for approximately one month during this 60-day review period, making it challenging to schedule a CFTM.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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



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>	24	<b>Age</b>	13
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/4/2023

**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>	11/28/2023, 12/12/2023		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	40	1,493	10	247
Intensive Home Based Services (IHBS)	8	462	7	442
<b>TOTAL</b>	<b>48</b>	<b>1,955</b>	<b>17</b>	<b>689</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 11/4/2023 to 1/3/2024, the client received the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services: Assessment, Therapy, Rehabilitation, Medication Support. The Child and Family Team Meeting (CFTM) recognized client's strengths and helped connect client with opportunities to explore after school activities. The CFT addressed safety planning and coordinated an Individualized Educational Plan (IEP) with the school personnel. The CFT increased in-home support for client and caregiver to strengthen effective communication for placement stability. The Child and Family Specialist helped client develop communication skills, such as requesting a break when triggered, helped client reflect upon underlying needs, increase coping skills, and build empathy and emotional awareness. Therapist met with client to provide play and art therapy to process trauma. Case Manager met with client and provided psychoeducation on substance use. Case Manager also provided supportive techniques for client to communicate her needs with her peers. Weekly multidisciplinary meetings occurred to provide updates to the team and facilitate communication with DCFS for natural family visitation. Consultation with the medication coordinator took place to increase client's adherence to medication regimen. The client received services from the first mental health provider starting on 1/19/2023 through 12/11/2023. The client transitioned to a second mental health provider on 12/7/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	25	<b>Age</b>	2
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/17/2023

**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>	10/12/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	1	121
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>121</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the review period of 9/17/2023 to 11/16/2023 the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) Services were provided to client: Comprehensive Psychosocial Mental Health Assessment for diagnostic purposes. The client started to receive mental health services on 11/06/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

The previous relative caregiver refused to participate in intensive services; however, the new caregiver (with whom the child was placed on the "placement change date") accepted 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:***

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>	26	<b>Age</b>	15
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	10/24/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period because client resided outside Los Angeles County.

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

**V. DCFS NARRATIVE**

This is a new case (entered foster care on 10/19/2023). A 1:1 behavioral health aid was put in place for this youth, and referrals were made to the Regional Center and also for psychiatric services. Although a formal CFTM was not held during the short period of this placement, the DCFS Children's Social Worker communicated regularly with the caregiver to discuss supports and to try to prevent replacement. The caregivers would not consider maintaining the placement, however, due to feeling like the youth's needs exceed their abilities.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	27	<b>Age</b>	7
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Compton - Carson	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/9/2023

**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>	12/4/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	7	346	20	886
Intensive Home Based Services (IHBS)	14	1,107	7	467
<b>TOTAL</b>	<b>21</b>	<b>1,453</b>	<b>27</b>	<b>1,353</b>

**IV. ICC/IHBS SERVICES PROVIDED**

For this client the Intensive Home Based Services (IHBS) and Intensive Care Coordination Services (ICC) that were provided during the designated review period of 10/10/2023 to 12/09/2023 included Family Therapy, Individual Therapy, Intensive Care Coordination, and Intensive Home-Based Services. The Facilitator assisted client in participating in skill building activities such as arts and crafts, making new friends, and engaging in sports. Facilitator helped client cultivate skills aimed at self-regulation, improving functioning, and feeling supported by resource family. Intensive Care Coordination services included communication with Department Children Family Services, facilitating a Child and Family Team Meeting, and incorporating a reward chart to help meet the client's goals. The client started to receive mental health services on 8/23/2022 and continues to receive services from the same provider to this date.

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

**V. DCFS NARRATIVE**

This was only a temporary stay with a family that was known to the child while the caregiver resolved a licensing issue. The child returned to the caregiver after respite.

**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>	28	<b>Age</b>	17
<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>	11/9/2023

**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>	10/20/23, 12/7/23		

**III. MENTAL HEALTH SERVICES DATA**

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	72	3	231
Intensive Home Based Services (IHBS)	22	911	13	592
<b>TOTAL</b>	<b>23</b>	<b>983</b>	<b>16</b>	<b>823</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the review period of 10/10/2023 to 12/9/2023 the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services were provided: Assessment, medication support and referral, team collaborations to meet the needs of the client, and therapy. The Therapist provided Intensive Home Based Services including therapy sessions, and worked collaboratively with client using individualized relaxation techniques, calming coping skills, communication skills to support the client and caregiver, self-care, nutrition management, psychoeducation, time and money management, and praise and validation techniques. Intensive Care Coordination Services included team collaboration with DCFS via regular team meetings. Child and Family Team (CFT) meetings were held to discuss the client's goal, trauma, and transition plans to support the client's overall mental health needs. The CFT supported the needs of the caregiver to adequately care and support the client. The client received services from the mental health provider starting on 9/8/2022 and was disenrolled from services on 1/25/2024.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	29	<b>Age</b>	17
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	10
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/23/2023

**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>	11/17/2023		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated Review Period of 10/24/2023 to 12/23/2023, the client did not receive Intensive Home Based Services (IHBS) or Intensive Care Coordination (ICC) Services. The client started services with the mental health provider on 6/24/2021 to the present.

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

**V. DCFS NARRATIVE**

The 17-year-old requested to be moved from this placement.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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>	30	<b>Age</b>	21
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	25
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/28/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive Intensive Care Coordination or Intensive Home Based Services from a Los Angeles County Mental Health Provider during the designated review period of 10/29/2023 to 12/28/2023.

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

**V. DCFS NARRATIVE**

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

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	31	<b>Age</b>	15
<b>Race/Ethnicity</b>	African American	<b>Gender</b>	Female
<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>	11/1/2023

**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>	12/7/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	170	6	336
Intensive Home Based Services (IHBS)	5	161	4	265
<b>TOTAL</b>	<b>8</b>	<b>331</b>	<b>10</b>	<b>601</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the review period of 10/2/2023 through 12/1/2023 the client received the following Intensive Home-Based Services (IHBS) and Intensive Case Coordination (ICC) services: Assessment, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist worked on strategies that included implementing routines, providing psychoeducation on trauma, and engaging in safety planning. The Rehab Specialist also assisted the client in developing coping skills such as using stress balls, going on walks, and increasing communication skills. The Intensive Care Coordinator (ICC) discussed linkage with the formal team members and DCFS, and facilitated meetings to discuss placement and underlying needs. The client started to receive services from the mental health provider on 10/6/2023 was disenrolled from services on 1/29/2024.

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

**V. DCFS NARRATIVE**

N/A

**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>	32	<b>Age</b>	17
<b>Race/Ethnicity</b>	African American	<b>Gender</b>	Male
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/29/2023

**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>	12/28/2023, 1/25/2024		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	26	1,171	33	1,551
Intensive Home Based Services (IHBS)	3	244	2	215
<b>TOTAL</b>	<b>29</b>	<b>1,415</b>	<b>35</b>	<b>1,766</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the Review Period of 11/29/2023 through 1/28/2024 the client received the following Intensive Home-Based Services (IHBS) and Intensive Case Coordination (ICC) services: Assessment, Individual and Group Therapy, Plan Development, Treatment Planning, Crisis Management, Medication Support, Discharge Planning, and Targeted Case Management. The Intensive Care Coordinator (ICC) facilitated Staff Engagements to discuss treatment including the client's emotional regulation and underlying needs. The ICC engaged the treatment team in planning for placement preservation and safety concerns. The ICC addressed crises and consulted with appropriate team members including DCFS. The Rehab Specialist worked with caregiver to review coping skills, safety planning, and strategies for managing client's behavior. The client received services from the first mental health provider on 10/13/2023, and transitioned to the second mental health provider on 1/22/2024.

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

**V. DCFS NARRATIVE**

N/A

**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>	33	<b>Age</b>	8
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<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>	11/21/2023

**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>	11/8/2023		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

From the Review Period of 10/22/2023 through 12/21/2023 the client did not receive Intensive Care Coordination Services (ICC) and Intensive Home Based Services (IHBS) from an LA County Mental Health provider.

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

**V. DCFS NARRATIVE**

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

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	34	<b>Age</b>	10
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	5
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/10/2023

**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>	10/5/2023, 10/18/2023, 11/8/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	130	3	330
Intensive Home Based Services (IHBS)	12	977	11	1,352
<b>TOTAL</b>	<b>14</b>	<b>1,107</b>	<b>14</b>	<b>1,682</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the review period of 9/10/2023 to 11/9/2023, the client received the following Intensive Home-Based Services (IHBS) and Intensive Case Coordination (ICC) Services: Plan Development, Treatment Planning, Targeted Case Management. The Facilitators worked with the treatment team to coordinate the CFT Meetings to assist in addressing the client's goal. The treatment teams discussed services to support placement stability. The treatment teams focused primarily on de-escalation and self-calming techniques to support the client's identified placement stability needs. The client received services from the mental health provider starting on 11/2/2022 and ended services on 11/28/2023.

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

**V. DCFS NARRATIVE**

In addition to the above services, this child also had a 1:1 aide in place.

**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>	35	<b>Age</b>	14
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	F
<b>DCFS Office</b>	Santa Fe Springs	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	11/16/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	11	788
Intensive Home Based Services (IHBS)	0	0	5	211
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>999</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the review period of 10/17/2023 to 12/16/2023, the client received the following Intensive Home-Based Services (IHBS) and Intensive Case Coordination (ICC) Services: Mental Health Assessment, Plan Development, Treatment Planning, Targeted Case Management. The treatment team participated with DCFS in Staff Engagement and collaborated to assist with client's goal. The Clinician engaged the treatment team in supporting the client's underlying needs and promoting placement stability. The Clinician and Child and Family Specialist utilized psychoeducation, healthy communication skills, and self-calming techniques to support the client's identified goal. The client received services from the mental health provider starting on 11/29/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

A CFTM a held on 9/21/23 (prior to 30 days before the placement change date) to attempt to preserve this placement, and another CFTM was held on 12/28/2023 (more than 30 days after the placement change date). Also, this youth was receiving weekly individual therapy prior to the placement change date.

**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>	36	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	Santa Fe Springs	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/30/2023

**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>	10/24/2023, 10/30/2023		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	5	110	1	49
Intensive Home Based Services (IHBS)	0	0	4	230
<b>TOTAL</b>	<b>5</b>	<b>110</b>	<b>5</b>	<b>279</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the review period of 9/30/2023 to 11/29/2023, the client received the following Intensive Home-Based Services (IHBS) and Intensive Case Coordination (ICC) Services: Assessment Mental Health Service, Plan Development, Treatment Planning, Targeted Case Management. The treatment team participated in Child and Family Team Meetings to coordinate and support the client's identified goal. The Facilitator engaged the treatment team to support the identified underlying needs and promote placement stability. The Child and Family Specialist utilized trauma-informed care, healthy communication skills, independent living skills, and self-calming techniques to support the client's identified goal. The client received services from the mental health provider starting on 8/30/2023 and ended services on 11/21/2023.

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

**V. DCFS NARRATIVE**

N/A

**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>	37	<b>Age</b>	16
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	M
<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>	11/27/2023

**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>	11/22/2023, 12/12/2023, and 12/21/2023		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	13	745
Intensive Home Based Services (IHBS)	0	0	4	165
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>910</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 10/28/2023 to 12/27/2023, the client received the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) Services: Assessment, Mental Health Plan Development, and Psychotherapy. The IHBS services provided during the review period consisted of assisting the client in identifying and verbalizing his emotions, improving self-regulation, social skills, and referrals to community resources based on the client's interests and needs. The ICC and IHBS team members supported the client's placements by discussing changes and expectations. The Intensive Care Coordinator (ICC) communicated with DCFS to plan for future CFT Meetings, share updates, discuss the client's trauma and identify needs. The client received services from the mental health provider starting on 12/15/2023 and continues to receive services as of this date.

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

**V. DCFS NARRATIVE**

This youth was recently removed on 10/14/2023, and was placed out-of-county until the placement change date.

**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>	38	<b>Age</b>	7
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Pasadena	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/30/2023

**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>	11/8/2023		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated Review Period of 10/31/2023 to 12/30/2023, the client did not receive Intensive Home Based Services (IHBS) or Intensive Care Coordination (ICC) Services from a LA County Mental Health provider.

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

**V. DCFS NARRATIVE**

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

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	39	<b>Age</b>	7
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/22/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client was referred for assessment but did not receive Intensive Home Based Services (IHBS) or Intensive Care Coordination (ICC) Services from a LA County Mental Health provider during the designated review period from 11/22/2023 to 1/21/2023.

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

**V. DCFS NARRATIVE**

This was a recent removal on 12/05/2023. Caregiver declined to participate in any supportive services and requested immediate removal.

**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>	40	<b>Age</b>	15
<b>Race/Ethnicity</b>	BLACK	<b>Gender</b>	F
<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>	11/8/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

From the Review Period 10/09/2023 to 12/08/2023 the client did not receive Intensive Case Coordination (ICC) or Intensive Home Based Services (IBHS) from a Los Angeles County mental health provider. The client started services with current mental health provider on 11/30/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

A CFTM a held on 9/27/23 (prior to 30 days before the placement change date) to attempt to preserve this placement, and another CFTM was held on 12/12/2023 (more than 30 days after the placement change date). The youth would leave placement at times, making it difficult to hold more frequent CFTMs and to complete intake for mental health services sooner. She began services with a mental health provider on 11/30/2023.

**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>	41	<b>Age</b>	5
<b>Race/Ethnicity</b>	HISPANIC	<b>Gender</b>	M
<b>DCFS Office</b>	LANCASTER	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	NO	<b>PLACEMENT CHANGE DATE</b>	10/5/2023

**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>	9/27/2023		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

From the Review Period 09/05/2023 to 11/04/2023 the client did not receive Intensive Home-Based Services (IHBS) or Intensive Case Coordination (ICC) 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**

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>	42	<b>Age</b>	16
<b>Race/Ethnicity</b>	HISPANIC	<b>Gender</b>	F
<b>DCFS Office</b>	PASADENA	<b>Total Number of Placement Moves</b>	7
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/6/2023

**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>	10/12/2023; 11/9/2023		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	7	308	6	275
Intensive Home Based Services (IHBS)	0	0	7	322
<b>TOTAL</b>	<b>7</b>	<b>308</b>	<b>13</b>	<b>597</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From the Review Period 10/07/2023 to 12/06/2023 the client received the following Intensive Home-Based Services (IHBS) and Intensive Case Coordination (ICC) services: Assessment, Plan Development, Treatment Planning, and Targeted Case Management. The Intensive Care Coordinator (ICC) facilitated a Staff Engagement and CFT Meeting to assist with the client's goal. The ICC engaged the treatment team in discussing the identified underlying needs and promoting placement stability. The Rehab Specialist utilized psychoeducation, healthy communication skills, and self-calming techniques to support the identified goal. The client received services from the first mental health provider starting on 11/29/2023 to 02/06/2024. The client transitioned to a second mental health provider on 02/06/2024 and continues to receive services.

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

**V. DCFS NARRATIVE**

The provision of services and supports for this youth is sometimes impacted by the youth running away from placement frequently.

**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>	43	<b>Age</b>	14
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Female
<b>DCFS Office</b>	Pomona	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/17/2023

**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>	10/10/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	6	480	6	291
Intensive Home Based Services (IHBS)	23	955	17	713
<b>TOTAL</b>	<b>29</b>	<b>1,435</b>	<b>23</b>	<b>1,004</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 9/17/2023 to 11/16/2023, the clinician provided Intensive Home Based Services (IHBS) during weekly sessions. The clinician assisted the client in utilizing mindfulness skills, psychoeducation, and identifying feelings. The clinician supported the transition of client's placement by addressing challenges, expectations, and exploring the development of positive relationships to assist successful functioning at home and at school. Through Intensive Care Coordination (ICC), the clinician conducted an assessment of the client's strengths and needs. The clinician assisted the client in developing goals, conducted plan development with the formal supports, and collaborated with the Child and Family Team (CFT). The client received services from the mental health provider starting on 7/31/2023 to 12/21/2023.

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

**V. DCFS NARRATIVE**

N/A

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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



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>	44	<b>Age</b>	9
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Santa Fe Springs	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/22/2023

**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>	12/13/2023 and 01/09/2024		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period from 11/22/2023 to 01/21/2024.

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

**V. DCFS NARRATIVE**

The child previously participated in Wraparound Services beginning on or about 03/13/2020, and graduated to a lower level of services on 07/23/2023, which included weekly therapy and medication 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>	45	<b>Age</b>	2
<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>	12/22/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client received an assessment on 1/05/2024, however did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the review period of 11/22/2023 to 1/21/2024.

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

**V. DCFS NARRATIVE**

Caregiver declined to participate in any supportive services to preserve the placement and requested immediate removal, and also refused to participate in a CFTM.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	46	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<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>	11/29/2023

**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>	11/9/2023		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive Intensive Care Coordination (ICC) or Intensive Home-Based Services (IHBS) from a Los Angeles County Mental Health Provider during the review period of 10/30/23 to 12/29/23. Client started services with mental health provider on 2/1/2024.

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

**V. DCFS NARRATIVE**

This youth refused to participate in services and left placement despite DCFS's efforts to engage with both the youth and the caregiver. DCFS submitted multiple referrals for mental health services; however, linkage could not occur initially because the youth was frequently absent from placement. The youth started to participate in therapy after the current reporting 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>	47	<b>Age</b>	15
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	17
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/17/2023

**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>	10/10/2023 and 11/6/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	3	156
Intensive Home Based Services (IHBS)	0	0	6	68
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>224</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The following Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) were provided to client during the designated review period of 9/17/2023 to 11/16/2023: Intensive Care Coordinator initiated collaboration between youth and systems including DCFS. The Intensive Care Coordinator organized a plan for a Child and Family Team meeting which included psychoeducation with the caregivers on client's behaviors. The Intensive Care Coordinator facilitated care planning and monitoring of progress in placement by addressing engagement with client. The Intensive Care Coordinator assessed the strengths and explored service delivery options for the client. Client started mental health services on 11/02/2023 and ended services on 12/19/2023.

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

**V. DCFS NARRATIVE**

Prior to the placement change date (from 6/21/23 to 10/17/23), this youth was placed in a Short-Term Residential Therapeutic Program (STRTP), which is a residential facility that provides an integrated program of specialized and intensive care and supervision, services and supports, and treatment, as well as short-term 24-hour care and supervision to children and non-minor dependents. In the 30 days leading up to the placement change, the youth refused to participate in services at the STRTP.

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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



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>	48	<b>Age</b>	17
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	BSRS	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/16/2023

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

<b>Number of CFT Meetings (Pre*)</b>	3	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	10/18/23, 11/02/23, 11/15/23		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	13	1,118	3	149
Intensive Home Based Services (IHBS)	11	641	1	47
<b>TOTAL</b>	<b>24</b>	<b>1,759</b>	<b>4</b>	<b>196</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The following Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) were provided to the client during the designated review period of 10/17/2023 to 12/16/2023: Clinician facilitated cross-system communication and planning between the client, staff and DCFS. Clinician provided well-being checks with the client, discussed the benefits of remaining in placement, explored ways to function in the placement, discussed safety concerns and risks of certain behaviors. Clinician utilized a trauma responsive approach to help client feel safe in the environment and increase communication with staff. The Clinician created a safe space and built trust with client to increase engagement every time the client returned to placement. The Clinician helped the client increase awareness of behaviors and overcome thoughts of limitations for the future. Clinician provided coordination of services and resources with the client and staff to help meet the goals. Clinician helped facilitate and enhance life skills, parenting skills, and support health and wellness. Team members assisted the client with daily living activities. Clinician communicated concerns and expectations with client to develop trust. Clinician developed a plan to promote long-term placement stability. The client started services with the mental health provider on 6/05/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

N/A

**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>	49	<b>Age</b>	17
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	BSRS	<b>Total Number of Placement Moves</b>	24
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	10/11/2023

**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>	09/12/2023, 09/28/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	21	1,456	10	533
Intensive Home Based Services (IHBS)	19	1,170	2	167
<b>TOTAL</b>	<b>40</b>	<b>2,626</b>	<b>12</b>	<b>700</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From Reveiw Period 09/11/23 to 11/10/23, the Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) that were provided to the client included Targeted Case Management, Care Coordination, Individual Therapy, and Individual Rehabilitation. The ICC services provided to the client during the review period focused on facilitating CFT Meetings and connecting the client to ancillary therapeutic programs and other supportive services to promote independent living. The IHBS services provided to the client during the review period included the use of art therapy (writing, painting) and role-playing to assist the client in expressing her emotions and maintaining safe interpersonal boundaries; as well as accompanying the client on errands and personal care appointments to assist the client in developing independent-living skills. The Clinician reported that two CFT Meetings held before the client's placement change focused on preserving the placement. The client received Short-Term Residential Therapeutic Program (STRTP) services from this agency from 01/20/2023 to 10/11/2023. The client transitioned to lower level of care and received aftercare services on 10/20/2023, and continues to receive aftercare services.

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

**V. DCFS NARRATIVE**

N/A

**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 period.

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>	50	<b>Age</b>	18
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Glendora	<b>Total Number of Placement Moves</b>	5
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/17/2023

**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>	11/15/2023 and 12/1/2023		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive Intensive Care Coordination (ICC) or Intensive Home-Based Services (IHBS) from a Los Angeles County Mental Health Provider (MHP) during the Review Period. A CFT meeting took place on 12/01/2023 at the client's last session with a MHP.

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

**V. DCFS NARRATIVE**

This non-minor dependent was receiving weekly individual therapy and participated in their last session with the therapist on 12/01/2023. He also received monthly medication management.

**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>	51	<b>Age</b>	9
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	West L.A.	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/21/2023

**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>	11/20/2023, 12/21/2023		

**III. MENTAL HEALTH SERVICES DATA**

<b>Service Category</b>	<i>Pre*</i>		<i>Post*</i>	
	<b>Service Count</b>	<b>Total Minutes</b>	<b>Service Count</b>	<b>Total Minutes</b>
Intensive Care Coordination (ICC)	18	516	32	991
Intensive Home Based Services (IHBS)	10	531	7	382
<b>TOTAL</b>	<b>28</b>	<b>1,047</b>	<b>39</b>	<b>1,373</b>

**IV. ICC/IHBS SERVICES PROVIDED**

The client began receiving services from the most recent mental health provider on 05/04/2022, and as of this writing continues to receive services from this provider. From Review Period 10/22/2023 to 12/21/2023, the Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) that were provided included Plan Development and Individual Therapy. The ICC services provided to the client included facilitating the CFT Meetings, collaborating regularly with the client's afterschool program, and assisting the Caregiver in obtaining Regional Center assessments and an Individualized Education Plan (IEP) at the client's school. The IHBS services included assisting the client in identifying and verbalizing his emotions, improving self-regulation and social skills, and supporting the Caregiver with parenting strategies.

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

**V. DCFS NARRATIVE**

This was not an actual placement change. The Foster Family Agency closed, so the home was re-licensed through the Resource Family Approval process. The child remained in the home throughout this 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>	52	<b>Age</b>	9
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Santa Fe Springs	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/13/2023

**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>	10/24/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	180	0	0
Intensive Home Based Services (IHBS)	1	60	3	150
<b>TOTAL</b>	<b>4</b>	<b>240</b>	<b>3</b>	<b>150</b>

**IV. ICC/IHBS SERVICES PROVIDED**

For the Review Period of 9/13/2023 to 11/12/2023 the following Intensive Home Based Services (IHBS) and Intensive Care Coordination (ICC) services were provided: Plan Development, Rehabilitation Services, Targeted Case Management. The Rehab Specialist utilized a variety of therapy techniques to assist client in the exploration of interests, strengths, coping skills, triggers, and feelings. The Rehab Specialist assisted client to express needs using feelings and emotion charts, and "I" statements. The Rehab Specialist introduced grounding techniques, promoted self-care, and helped client improve self-esteem through positive affirmations. The Rehab Specialist also supported client's transition to current placement and provided opportunities to process changes. The ICC Coordinator maintained a collaborative relationship with DCFS and team to assess risk factors, develop a safety plan, and provide psychoeducation to resource parent. The client received services from the mental health provider starting on 10/03/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

N/A

**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>	53	<b>Age</b>	15
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Compton-Carson	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/24/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period.

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

**V. DCFS NARRATIVE**

This youth previously was connected to Therapeutic Behavioral Services. DCFS also attempted to have him attend an outpatient substance abuse program. He attended one session and reported that he would not return. He was also placed in a charter school in order to receive more one-on-one academic support. The youth was absent from placement for approximately three weeks during this focus period, and he refused to participate in services at times. DCFS has been engaging with this youth to ensure that he is connected to appropriate resources to support his needs. After being placed in the new placement, the youth began following the placement rules and did not leave placement again.

**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:***

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>	54	<b>Age</b>	1
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Santa Fe Springs	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/2/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period.

*\*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**

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

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

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

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>	55	<b>Age</b>	17
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	21
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	10/24/2023

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

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	
<b>CFT Meetings Dates</b>	10/12/2023		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	15	866	3	224
Intensive Home Based Services (IHBS)	6	562	3	224
<b>TOTAL</b>	<b>21</b>	<b>1,428</b>	<b>6</b>	<b>448</b>

**IV. ICC/IHBS SERVICES PROVIDED**

From Review Period 9/24/2023 to 11/23/2023, the Intensive Care Coordination (ICC) services consisted of a Child and Family Team (CFT) Meeting, Staffings, and meetings with the DCFS Placement Stability Worker. The ICC services included consulting with the direct care and treatment team. The ICC also assisted with coordinating the medical appointments, school updates, and facilitating the CFTM. The Intensive Home Based Services (IHBS) consisted of group therapy related to hygiene and building independent living skills. The IHBS included meeting with client outside of the facility to create a safe space to process trauma. The Rehabilitation Specialist assisted client with applications to Community College, and confirmed client was on track in school. The Clinician assisted the client with transitioning during placement changes. The Clinician's intervention strategies of breathing and grounding exercises enabled the client to communicate feelings and make better decisions. The ICC assisted the Client with articulating her needs, and increasing positive communication with DCFS. The ICC explored alternative resources and mental health treatment to ensure continuity of care and reduce the number of placement changes. The client's first date with this mental health provider was 9/9/2023 and last date of service was 11/20/2023.

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

### V. DCFS NARRATIVE

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

### VI. PRIOR PLACEMENT INFORMATION

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

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

The previous placement change date was on 10/18/2023 when client was moved from an STRTP to shelter care. After this placement change, the following mental health services were provided to the client: Therapy, Group Therapy, IHBS, and ICC. The Clinician assisted the Client with transitioning during the placement change. The Clinician provided intervention strategies including breathing and grounding exercises to enable the Client to communicate feelings and make better decisions. The Intensive Care Coordinator (ICC) assisted the client with developing positive communication skills to use with DCFS. The Intensive Care Coordinator (ICC) and team explored alternative resources and mental health treatment to ensure continuity of care and reduce the number of placement changes.



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>	56	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<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>	11/30/2023

**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>	11/30/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	180	2	80
Intensive Home Based Services (IHBS)	1	60	1	15
<b>TOTAL</b>	<b>4</b>	<b>240</b>	<b>3</b>	<b>95</b>

**IV. ICC/IHBS SERVICES PROVIDED**

For the Review Period of 10/31/2023 to 12/31/2023, Intensive Care Coordination (ICC) services included the facilitation of a CFTM to discuss concerns of resource parents, care coordination for consistency regarding medication and maintaining participation in services. Intensive Home-Based Services (IHBS) interventions consisted of helping client explore strengths, engage in positive self-talk, practice using "I" statements, practice communication skills, promoting engagement, and implementing self-calming skills. The Clinician assisted client with the transition and adjustment to the new resource home. The client started services with the mental health provider on 07/12/2023 and continues to receive services.

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

**V. DCFS NARRATIVE**

N/A

**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>	57	<b>Age</b>	11
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Compton/Carson	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	12/1/2023

**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**

The Client did not receive any Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the review period of 11/01/2023 to 12/31/2023.

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

**V. DCFS NARRATIVE**

The child only stayed in the home for one night, then the caregiver indicated they could not keep the child due to a conflict of interest. The placement change was not due to the child's behavior.

**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>	58	<b>Age</b>	10
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/22/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	5	195
Intensive Home Based Services (IHBS)	0	0	6	388
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>583</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 10/23/2023 to 12/22/2023 the client received Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS), which included treatment planning, assessment, and individual therapy. The client started services with the mental health provider on 11/29/2023 and as of this writing, continues to receive services from this provider. The following IHBS services were provided including art therapy, play therapy, teaching communication skills and self-regulation techniques. The Rehab Specialist helped the client identify triggers and increase feelings vocabulary to effectively communicate his emotions. The Rehab Specialist assisted the client in developing tangible coping tools to use during moments of dysregulation. The Intensive Care Coordinator facilitated team meetings and maintained contact with DCFS in an effort to organize a CFT meeting. The ICC has also facilitated meetings with the caregiver and assisted with coordination of medical care to address client's newly identified medical needs.

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

**V. DCFS NARRATIVE**

A CFTM was not held as the caregiver refused.

**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>	59	<b>Age</b>	7
<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>	12/11/2023

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive Intensive Care Coordination (ICC) or Intensive Home Based Services (IHBS) from a Los Angeles County Mental Health Provider during the designated review period of 11/11/2023 to 1/10/2024.

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

**V. DCFS NARRATIVE**

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

**VI. PRIOR PLACEMENT INFORMATION**

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

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

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



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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	60	<b>Age</b>	18
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	5
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	11/3/2023

**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>	10/19/2023		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	8	626	0	0
Intensive Home Based Services (IHBS)	3	400	0	0
<b>TOTAL</b>	<b>11</b>	<b>1,026</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 10/4/2023 through 12/3/2023, the client received both Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS). The client began receiving services from the mental health provider on 8/8/2023 and ended services on 11/2/2023. During this period, the Intensive Care Coordinator (ICC) assisted the client with acquiring independent living skills, job readiness tools, transitional housing applications, and enrollment into a school credit recovery program. The ICC also assisted in preparation of the staff and client prior to facilitation of Child and Family Team (CFT) meetings. The Rehab Specialist helped the client with developing adaptive coping tools and used the client's expressed interests to engage her in group rehabilitation.

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

**V. DCFS NARRATIVE**

On the placement change date, this non-minor dependent was placed in a Short-Term Residential Therapeutic Program (STRTP), which is a residential facility that provides an integrated program of specialized and intensive care and supervision, services and supports, and treatment, as well as short-term 24-hour care and supervision to children and non-minor dependents.

**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.