

JENNIE FERIA

Chief Deputy Director

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

510 S. Vermont Avenue, Los Angeles, California 90020 (213) 351-5602



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February 29, 2024

To: Supervisor Lindsey P. Horvath, Chair

Supervisor Hilda L. Solis Supervisor Holly J. Mitchell Supervisor Janice Hahn Supervisor Kathryn Barger

From: Brandon T. Nichols

Director, Department of Children and Family Services

Lisa H. Wong, Psy.D. Comul D. Orow W

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.

Each Supervisor February 29, 2024 Page 2

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: (<a href="https://lacounty.gov/government/board-of-supervisors/board-correspondence/">https://lacounty.gov/government/board-of-supervisors/board-correspondence/</a>). 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

	NI DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 1			Age 9	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Lancaster		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	E 1	0/10/2023
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 9/11/2023				
III. MI	ENTAL HEALTH S	SERVICES DATA	1	
	Pre	)*	Po	ost*
Service Category	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
TOTAL	9	236	1	35
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 09/10/2023 to 11/				

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NA	RRATIVE		
N/A			
\// BBIOB BI 40EME	1 T 1 1 1 E A B 1 1 A T 1 A		
VI. PRIOR PLACEME			
	NT INFORMATIO Yes	N No	
VI. PRIOR PLACEME			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	

LCHE				
i. OLIL	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 2			<b>Age</b> 15	
Race/Ethnicity Black			Gender Female	
DCFS Office Hawthorne		Total Number of	Placement Moves	8
Resided Out of County Yes	PLACEME	NT CHANGE DAT	E	12/1/2023
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 0				
III. ME	ENTAL HEALTH S	SERVICES DATA		
				1 th
	Pre			ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive Intensive Care Coordina period of 11/01/2023 to 12/31/2023, from any Los Angeles County.	` ,		,	_

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAI	RRATIVE		
		different type of placer	nent on the
V. DCFS NARRATIVE  This was not an actual placement change. Rather, the home was converted to a different type of placement on the electronic case management system. The child/youth remained in the home throughout the conversion process.  VI. PRIOR PLACEMENT INFORMATION  Yes No  Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:  Not applicable due to no prior placement change in this reporting.			
VI. PRIOR PLACEMEN			
	Yes	No	
Prior Placement Change in this Reporting?		X	
Not applicable due to no prior placement change in this report	ing.		

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 3			Age 6	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Pasadena		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	<b>E</b> 1	1/30/2023
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)		Number of CFT M	leetings (Post*)	0
CFT Meetings Dates 11/8/2023				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>)</b> *	Po	ost*
Service Category	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
TOTAL	5	115	6	160
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 10/31/2023 to 12/ (IHBS) and Intensive Case Coordination (ICC Treatment Planning, and Targeted Case Manincluding utilizing mindfulness skills, psychoeoplacement by discussing changes, challenges relationships that can assists client's success interventions, psychoeducation, feelings ident Coordinator's ICC services included facilitating treatment for the week and maintaining commit trauma. The client continues to receive ICC appresent.	e) services: Assessing agement. The Rehald ducation on trauma, s, and expectations. If the functioning in the diffication, and behaving team weekly meet the function with DCF.	nent, Mental Health b Specialist providing identifying feelings Rehab Specialist e home and school. for chart to support ings to share upda S by providing infor	n Service, Plan Deved the following IHI , supported transitiexplored the develoe The Rehab Special client's goals. The tes and coordinatiremation learned reg	velopment, BS services on of client's pment of positive alist utilized trauma Intensive Care ng mental health parding the client's

V. DCFS NA	RRATIVE		
This placement change was not due to the child's behavior. Rat		ourt-ordered to be r	eturned to the home
of their parent.			
VI. PRIOR PLACEME	NT INFORMATIO	N	
	Yes	No	
Prior Placement Change in this Reporting?		Х	
Prior Placement Change in this Reporting?		^	
Evalenation of Sorvices Drovided Attor Drovings Discomor	4.		
Explanation of Services Provided After Previous Placemen			
Not applicable due to no prior placement change in this report			

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 4			Age 14	
Race/Ethnicity Black			Gender Female	
DCFS Office Hawthorne		Total Number of I	Placement Moves	12
Resided Out of County No	PLACEME	NT CHANGE DAT	E 1	0/30/2023
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 10/24/202	3, 11/21/2023			
III. ME	ENTAL HEALTH S	ERVICES DATA		
	Pre	<b>)</b> *	Po	ost*
Service Category	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
TOTAL	24	898	30	1,956
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From Review Period 9/30/2023 to 11/29/2023 Intensive Home Based Services (IHBS): Asserbanning, Psychoeducation, Crisis Managemer Management. The first mental health provided discuss treatment, including the client's emotic client in developing coping skills such as goin Coordinator discussed linkage with the format weekly Intensive Home-Based Services. The psychoeducation, feelings identification, and explored client's interest in physical exercise. Specialist also supported the client's transition changes and expectations. The Intensive Carl Meetings to discuss client's trauma, coordinated adoptive family. Client started services with the second provider on 11/21/2023 and continuations.	essment, Individual a ent, Medication Supp r delivered ICC servi ional regulation and ig on walks and incre il team members and Rehab Specialist us effective communica to limit client's trigge in to the Short-Term re Coordinator maint te mental health trea ne first mental health	and Group Therapy port, Discharge Plant ces that included faunderlying needs. The second grounding exercition skills to suppours and escalation of Residential Therapained communication and identify provider on 8/29/2	r, Plan Development nning, and Targete acilitating Staff Eng The Rehab Special tion skills. The Internation of the Rehab Special tion skills. The Internation of the	nt, Treatment ed Case gagements to list assisted the nsive Care rovider delivered eling, ne Rehab Specialist viors. The Rehab RTP) by discussing scheduled CFT ork with the potential

V. DCFS NAF	RRATIVE		
N/A			
VI. PRIOR PLACEMEN	NT INFORMATIO	N	
VI. PRIOR PLACEMEN			
	Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 5			<b>Age</b> 10	
Race/Ethnicity Hispanic			Gender M	
DCFS Office Santa Clarita		Total Number of	Placement Moves	4
Resided Out of County No	PLACEME	NT CHANGE DAT	E	12/8/2023
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT M	leetings (Post*)	0
CFT Meetings Dates 11/28/202	3			
III. MI	ENTAL HEALTH S	SERVICES DATA	ı.	
	Pre	<b>;</b> *	Po	ost*
Service Category	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
TOTAL	13	953	13	1,019
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From the Review Period 11/08/2023 to 1/07/2 Coordination (ICC) services were provided to				) and intensive Care
Coordination of Care. The Rehabilitation Specescalation. The Rehabilitation Specialist also Rehabilitation Specialist helped client develop others. The Intensive Care Coordinator facilitiengagements, and teamed with the school. C 04/11/2022 to 01/05/2024. Client transitioned 12/18/2023.	cialist assisted client assisted client durin coping skills such a ated a Child and Far lient received servic	with problem solvi g placement and m as reading, playing nily Team Meeting es from the first me	ng, reality testing, rental health team of basketball, and column consulted with DC ental health provide	re-direction, and de- changes. The mmunicating with CFS, conducted staff er starting on

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE		
N/A			
VI. PRIOR PLACEMEN	NT INFORMATION	N	
	Yes	No	
Prior Placement Change in this Reporting?	Х		
Explanation of Services Provided After Previous Placement	•		
Explanation of Services Provided After Previous Placement The previous placement change date was on 10/3/2023 when cl		esource home to a r	relative caregiver's
home. After this placement, client received Intensive Care Coord	dination and Intensiv	e Home Based Ser	vices, which
included participation in Child and Family Team Meetings and co Individualized Education Plan (IEP). The Intensive Care Coordin			
identify skills to assist client in the placement, and maintained th			
Specialist worked with client on assertive communication and mi medication support. The therapist assisted client in processing n			
specialist provided caregiver with psychoeducation on trauma, reconsistency.	eviewed the safety p	lan, and provided pa	arenting skills on
consistency.			

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 6			Age 9	
Race/Ethnicity Hispanic			Gender F	
DCFS Office Compton-Carson		Total Number of	Placement Moves	6
Resided Out of County No	PLACEME	NT CHANGE DAT	<b>E</b> 1	0/19/2023
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	2	Number of CFT M	leetings (Post*)	1
CFT Meetings Dates 9/20/2023	10/05/2023, and 10	0/30/2023		
III. ME	NTAL HEALTH S	SERVICES DATA		
	Pre	9*	Po	ost*
Service Category	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
TOTAL	58	4,087	34	1,736
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From Review Period 9/19/2023 to 11/18/2023 Coordination (ICC) services were provided to Specialist supported client and caregivers with behavior chart, securing a designated safe spare Intensive Care Coordinator worked close caregivers to facilitate Child and Family Team	client: Rehabilitation n practicing new cop ace at school for de ly with the mental he	n Services, Individu ping skills, emotiona e-escalatation, and ealth team, school a	al Therapy. The Re al regulation skills, working on positive administration, DCI	ehabilitation implementing a peer interactions. FS, client, and

V. DCFS NA	RRATIVE	E			
N/A					
\"					
VI. PRIOR PLACEME					
		RMATIO Yes		lo	
VI. PRIOR PLACEME  Prior Placement Change in this Reporting?			^	<b>V</b> o	
Prior Placement Change in this Reporting?	,		^		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	t:		^		
Prior Placement Change in this Reporting?	t:		^		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	t:		^		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	t:		^		
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Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	t:		^		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	t:		^		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	t:		^		

	NT DEMOGRAPH	IIC INFORMATIO	N	
Unique Client ID# 7			<b>Age</b> 16	
Race/Ethnicity Hispanic			Gender M	
DCFS Office Pomona		Total Number of	Placement Moves	2
Resided Out of County No	PLACEMI	ENT CHANGE DAT	<b>E</b> 1	1/27/2023
II. CHILD AI	ND FAMILY TEAM	M (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 10/30/202	3			
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pr			ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	SES BROVIDED		
The client did not receive Intensive Care Coo Angeles County Mental Health Provider durin	, ,		ome Based Service	es (IHBS) from a Los

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NA	RRATIVE
The youth declined intensive mental health services as he had problem Behavioral Services (TBS) in his prior placement, and no longer approximately July 2023, he participated in weekly individual contract.	er wanted to take part in such services. From 11/29/22 until
VI. PRIOR PLACEME	INT INFORMATION
THE INOR LACENCE	Yes No
Prior Placement Change in this Reporting?	X
Explanation of Services Provided After Previous Placement	nf.
Not applicable due to no prior placement change in this report	
1	

I. CLIE	NT DEM	OGRAPH	IIC INFORMA	OITA	N		
Unique Client ID# 8					Age	18	
onique onent 15#				L -		10	
Race/Ethnicity White					Gender	М	
DCFS Office Lancaster			Total Numbe	r of F	Placement	t Moves	1
Resided Out of County No		PLACEME	NT CHANGE	DAT	Έ	1	0/11/2023
II. CHILD AN	ND FAMI	LY TEAN	(CFT) INFO	RMA	ATION		
Number of CFT Meetings (Pre*)	0		Number of Cl	FT M	leetings (F	Post*)	0
CFT Meetings Dates 0							
III. ME	ENTAL H	EALTH S	SERVICES DA	ATA			
		Pro	e*			Po	ost*
Service Category	Service	Count	Total Minut	es	Service	Count	Total Minutes
Intensive Care Coordination (ICC)	(	)	0		0		0
Intensive Home Based Services (IHBS)		)	0		0		0
TOTAL		0	0		0		0
IV. 10	CC/IHBS	SERVIC	ES PROVIDE	ED			
The client did not receive Intensive Care Cool Angeles County Mental Health Provider during				re Ho	ome Based	Service	s (IHBS) from a Los

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NA	ARRATIVE
This was a non-minor dependent who re-entered foster care aft days that preceeded the placement change. Youth was receiving Center, and a 1:1 aide for four hours per day.	
VI. PRIOR PLACEME	ENT INFORMATION
VI. PRIOR PLACEME	Yes No
Prior Placement Change in this Reporting?	X
Explanation of Services Provided After Previous Placement	nt:
Not applicable due to no prior placement change in this report	

ı. OLILi	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 9			<b>Age</b> 17	
Race/Ethnicity White			Gender Female	
DCFS Office Hawthorne		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	E	10/6/2023
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 10/16/202	3			
III. ME	ENTAL HEALTH S	ERVICES DATA	L	
	Pre	<b>)</b> *	Po	ost*
Service Category	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
TOTAL	23	1,428	27	2,279
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From review period 9/6/2023 to 11/5/2023 the therapy, case management, care coordination this provider was on 2/21/2023 and the client Coordinator (ICC) provided IHBS including mexercises, psychoeducation, redirection, realificommunication skills to support the client's go	n, plan development continues to receive ultiple weekly sessio ty testing, journaling	, and rehabilitation. services from this ns. The Intensive ( , problem-solving, f	The client's first da provider. The Inter Care Coordinator u eelings identification	ate of services with nsive Care sed grounding

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NA	RRATIVE		
N/A			
VI. PRIOR PLACEMEI	NT INFORMATIO	M	
VI. PRIUR PLACEIVIEI	NIINFURINAIIU	N	
VI. PRIOR PLACEIVIEI			
	Yes	No	
Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:	No	

I. CLIE	NT DEMOGRAPH	IIC INFORMATIO	N	
Unique Client ID# 10			Age 2	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Waterridge		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	E	12/04/2023
II. CHILD A	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 0				
III. MI	ENTAL HEALTH S	SERVICES DATA		
				4*
Comics Category	Pro Service Count	Total Minutes	Service Count	ost*  Total Minutes
Service Category		0	0	0
Intensive Care Coordination (ICC)	II ∩			
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	0	0	0	0
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)  TOTAL				
Intensive Home Based Services (IHBS)  TOTAL	0 <b>0</b>	0 <b>0</b>	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0
Intensive Home Based Services (IHBS)  TOTAL  IV. I  Client did not receive Intensive Care Coordinates	0 0 CC/IHBS SERVIC	0 0 EES PROVIDED ive Home-Based S	0	0

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NA	RRATIVE		
This placement change was not due to the child's behavior. Ra	ther, the child was	court-ordered to be	returned to the
home of their parent.			
VI. PRIOR PLACEME	NT INFORMATIO	N	
	Yes	No	
Prior Placement Change in this Reporting?		Х	
gg.			
Explanation of Services Provided After Previous Placemen	t:		
Not applicable due to no prior placement change in this report			

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 11			<b>Age</b> 19	
Race/Ethnicity Other			Gender Female	
DCFS Office Hawthorne		Total Number of	Placement Moves	13
Resided Out of County No	PLACEME	NT CHANGE DAT	E	10/6/2023
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT M	leetings (Post*)	1
CFT Meetings Dates 9/13/2023	, 10/18/2023			
III. MI	ENTAL HEALTH S	ERVICES DATA		
	Pre	*	Po	ost*
Service Category	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
TOTAL	24	1,113	15	725
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From review period 9/6/2023 to 11/5/2023, In therapy services were provided to the client. 8/26/2023 and the client continues to receive Services including weekly sessions. The thera activities, modeling, feelings identification, an supported the client through connecting the c groceries and hygiene supplies. The therapis to keep herself safe and communicate her neteam held Child and Family Team (CFT) meetand revise ways to assist the client in reachin scheduled CFT Meetings to discuss informatibest work with the family.	The client's first date services. The therapapist used grounding d positive communication to couples therapated talso assisted the cleeds to those around etings monthly to expeg their goals. The tree	of service with the pist and case mana gexercises, probler cation skills to suppapy and organizing ient in identifying he her when necessalore concerns, give eatment team main	Mental Health provinger provided Intension—solving, short termort the client's goal flex funds to assister emotions and energy. The therapist repetupdates, explore that ined communications are supported to the communication of the supported to the communication of the supported to the supported	vider was on sive Home-Based m goal oriented life ls. The therapist the client with mpowered the client eported that the the client's goals, tion with DCFS and

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NA	RRATIVE		
The placement change was due to this non-minor dependent cl		vith her boyfriend.	
VI BRIOR DI ACEME	NT INFORMATIO	N	
VI. PRIOR PLACEME			
VI. PRIOR PLACEME	NT INFORMATIO Yes	No No	
VI. PRIOR PLACEME  Prior Placement Change in this Reporting?			
		No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes t:	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 12			Age 11	
			-	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office South County		Total Number of I	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	E	11/8/2023
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT M	leetings (Post*)	0
CFT Meetings Dates 10/17/202	3			
III. ME	ENTAL HEALTH S	SERVICES DATA	1	
	Pro	e*	P	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive Intensive Care Coordina County Mental Health Provider during the des			ervices (IHBS) fro	n a Los Angeles

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NA	RRATIVE
This youth is receiving individual therapy. DCFS engaged with set up additional services (such as therapeutic boxing); howeve	the caregiver to attempt to preserve the placement and to er, the caregiver was adamant about ending the placement.
VI. PRIOR PLACEME	INT INFORMATION
VII. I RIORI LAGLIIL	Yes No
Prior Placement Change in this Reporting?	X
Explanation of Services Provided After Previous Placemen	t:
Not applicable due to no prior placement change in this repor	ting.

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 13			Age 8	
Race/Ethnicity Hispanic			Gender Female	
rado/Lamiotty   mapanio			i cinale	
DCFS Office Santa Fe Springs		Total Number of	Placement Moves	1
Resided Out of County No PLACEMENT CHANGE DATE 12/1/2023				
II. CHILD A	II. CHILD AND FAMILY TEAM (CFT) INFORMATION			
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 0				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>)</b> *	Po	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive Intensive Care Coordina County Mental Health Provider during the des				n a Los Angeles

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE		
The placement change was not due to the child's behavior. Rath			
to place siblings together. A CFTM took place prior to the 30 da	ys preceding the pla	acement change da	te.
VI. PRIOR PLACEMEN	NT INFORMATIO	N	
	Yes	No	
Prior Placement Change in this Reporting?		Х	
The Flacement entinge in this reporting.		Λ	
Explanation of Services Provided After Previous Placement	•		
Not applicable due to no prior placement change in this reporting			

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
				_
Unique Client ID# 14			Age 1	5
Race/Ethnicity Hispanic			<b>Gender</b> Fema	le
DCFS Office South County		Total Number of	Placement Move	es 1
Resided Out of County No	PLACEME	ENT CHANGE DAT	E	10/20/2023
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT M	leetings (Post*)	0
CFT Meetings Dates 0				
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	<u>;</u> *		Post*
Service Category	Service Count	Total Minutes	Service Count	
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive Intensive Care Coordina County Mental Health Provider during the des				om a Los Angeles

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NA	RRATIVE
A CFTM was offered to the relative caregiver in an effort to pre- DCFS submitted a mental health referral for the child; however not have time to accommodate appointments. The child was re- services.	serve the placement; however, the caregiver refused. , caregiver refused mental heath services, citing that she did
VI. PRIOR PLACEME	NT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	X
Explanation of Services Provided After Previous Placemen	t:
Not applicable due to no prior placement change in this repor	ting.

I. CLIEI	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 15			<b>Age</b> 15	
Unique Client ID# 15			Age 15	
Race/Ethnicity Black			Gender Female	
DCFS Office Torrance		Total Number of	Placement Moves	6
Resided Out of County No	PLACEMENT CHANGE DATE 10/24/2023			
II. CHILD AI	II. CHILD AND FAMILY TEAM (CFT) INFORMATION			
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 10/3/2023	and 11/16/2023			
III. ME	ENTAL HEALTH S	ERVICES DATA		
	Pre	<b>;</b> *	Po	ost*
Service Category	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
TOTAL	4	94	1	45
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From the review period 09/24/2023 to 11/23/2 included collaboration with the Child and Fam and caregiver's expectations regarding placer the client's participation in treatment. The Chil planning, identifying triggers, problem solving, building healthy friendships. The client started continues to receive services.	ily Team (CFT) mem nent. The ICC servic d and Family Specia exploring healthy ac	bers and the Child es also included st list helped the clier ctivities, internet sa	ren's Social Worke aff engagement mo nt develop skills, su fety skills, creating	er, to clarify the client eetings to address ich as safety a sleep routine, and

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE		
N/A			
VI. PRIOR PLACEMEN	IT INFORMATIO	NI .	
VI. PRIOR PLACEINEN			
	Yes	No	
Prior Placement Change in this Reporting?	Yes	No X	
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
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Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 16			<b>Age</b> 11	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Glendora		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	<b>E</b> 1	0/24/2023
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 9/25/2023				
III. ME	ENTAL HEALTH S	ERVICES DATA		
	Pre	<b>;</b> *	Po	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive Intensive Care Coordina County Mental Health Provider during the des				n a Los Angeles

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE		
This placement change was not due to the child's behavior. Rat		court-ordered to be	returned to the
home of their parent.			
VI. PRIOR PLACEMEN	NT INFORMATIO	N	
	Yes	No	
	763		
Prior Placement Change in this Reporting?		X	
Explanation of Services Provided After Previous Placement			
Not applicable due to no prior placement change in this reporti	ing.		

I. CLIE	NT DEMOGRAPH	IIC INFORMATIC	)N	
Liniana Oliant ID# 47			<b>Ago</b> 40	
Unique Client ID# 17			<b>Age</b> 10	
Race/Ethnicity Black			Gender M	
DCFS Office South County		Total Number of	Placement Moves	1
Parished Out of Country   No	DI AGENT	THE CHANGE DAT		40/0/000
Resided Out of County No PLACEMENT CHANGE DATE 10/2/2023			10/2/2023	
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 0				
III ME	ENTAL HEALTH S	SEDVICES DATA		
111. 1912				
	Pro			ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client did not receive Intensive Care Coo County Mental Health Provider during the des			ed Services (IHBS)	from a Los Angeles

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF			
There was no CFTM because the caregiver refused. The careg	iver also refused DC	CFS's efforts to prov	vide additional
services to stabilize the placement. The child was connected to	the Regional Cente	r for developmental	services.
VI DDIOD DI ACEMEN	IT INFORMATION	VI .	
VI. PRIOR PLACEMEN			
	Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N		
Unique Client ID# 18			<b>Age</b> 12		
Race/Ethnicity White			Gender M		
DCFS Office Metro North Total Number of Placement Moves 1					
Resided Out of County No PLACEMENT CHANGE DATE 11/1/2023					
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*)		Number of CFT N	leetings (Post*)	1	
CFT Meetings Dates 10/10/23,	10/23/23, 11/1/23				
III. MI	ENTAL HEALTH S	SERVICES DATA			
	Pre	<b>;</b> *	Po	ost*	
Service Category	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	
TOTAL	10	594	20	1,409	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
From Review Period 10/2/2023 to 12/1/2023, Coordination (ICC) services were provided to specialist assisted client in reviewing safety p situations that were difficult, engaging in deep teaching parenting skills, reviewing the safety Coordinator conducted collaborative meeting with additional resources. The client started s services.	client: Rehabilitation lan, redirecting unher breathing, and using plan, and helping to swith DCFS and me	n Services, Targete elpful thoughts from ng communication so n reinforce client's c ental health team to	d Case Management the past, stepping skills. IHBS with car coping skills. The In a coordinate service	ent. Rehabilitation away from regivers included ntensive Care es and link client	

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NARI			
	KAIIVE		
N/A			
VI PRIOR DI ACEMENT	- INICODIA ATIO		
VI. PRIOR PLACEMENT	INFORMATIO	N	
VI. PRIOR PLACEMEN	Yes	N No	
		No	7
Prior Placement Change in this Reporting?			]
Prior Placement Change in this Reporting?		No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

I CUE	NT DEMOGRAPH	IC INFORMATIO	N		
	INI DEMOCITAL II	IO IN ORMATIC	/K		
Unique Client ID# 19			<b>Age</b> 12		
Race/Ethnicity Hispanic			Gender M		
DCFS Office South County		Total Number of	Placement Moves	1	
Resided Out of County No	PLACEME	ENT CHANGE DAT	<b>E</b> 1	1/22/2023	
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CET Meetings (Dre*)	0	Number of CET N	lectings (Beet*)	0	
Number of CFT Meetings (Pre*)	0	Number of CFT N	reetings (Post")		
CFT Meetings Dates 0					
III. MI	ENTAL HEALTH S	SERVICES DATA			
	Pro	e*	Po	ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
<u> </u>				0	
intensive care coordination (ICC)	0	0	0		
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	0	0	0	0	
· · · · · · · · · · · · · · · · · · ·		_	_	_	
Intensive Home Based Services (IHBS)  TOTAL	0 <b>0</b>	0	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I	0 0 CC/IHBS SERVIO	0 0 ES PROVIDED	0	0	
Intensive Home Based Services (IHBS)  TOTAL	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	
Intensive Home Based Services (IHBS)  TOTAL  IV. I The client did not receive Intensive Care Coo	0 0 CC/IHBS SERVIO	0 0 EES PROVIDED tensive Home Base	0	0	

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS N	IARRATIVE		
A CFTM was not held as the caregiver refused. The child/yo	uth was involved in nor	-intensive mental health serv	ices with
a therapist during this review period.			
VI. PRIOR PLACEN	IENT INFORMATION	N .	
	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?	Yes		
	Yes	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	
Explanation of Services Provided After Previous Placeme	Yes ent:	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 20			<b>Age</b> 11	
Offique Chefit ID# 20			Age   11	
Race/Ethnicity Hispanic			Gender F	
DCFS Office Compton-Carson		Total Number of	Placement Moves	1
Resided Out of County No PLACEMENT CHANGE DATE 11/22/2023				
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 0				
III. ME	ENTAL HEALTH S	SERVICES DATA	1	
	Pro	e*	P	ost*
Service Category	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
TOTAL	1	66	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From Review Period 10/23/2023 to 12/22/202 client: Targeted Case Management. The ICC and caregiver's involvement. The client receiv services on 11/25/2023.	service provided wa	s consultation with	DCFS, updating of	n client's progress

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V DOES NAD	DATIVE		
V. DCFS NAR			
This placement change was not due to the child's behavior. Rath of their parent.	her, the child was co	ourt-ordered to be r	eturned to the home
or those paronic			
I VI PRIOR PI ACEMEN	IT INFORMATION		
VI. PRIOR PLACEMEN			
VI. PRIOR PLACEMEN	IT INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No	
	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 21			<b>Age</b> 12	
Race/Ethnicity Black			Gender F	
DCFS Office Wateridge		Total Number of	Placement Moves	11
Resided Out of County No PLACEMENT CHANGE DATE 11/15/2023				
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	2	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 10/31/202	3, 11/09/2023, & 12/	7/2023		
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	p*	Po	ost*
Service Category	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
TOTAL	8	396	9	479
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 10/16/2023 to 12/(IHBS) and Intensive Care Coordination (ICC Specialist (CFS) and Facilitator worked with t gymnastics, track, tutoring, boxing, exploration meetings the Facilitator provided updates, sumet with client to reflect and acknowledge he aggression. Client was taught to practice cop to communicate feelings when dysregulated. drawing for processing trauma. Caregiver was client's trauma, and reminders of the safety p 9/14/2023 and continues to receive services.	b) services: Assessment to identify so on of poetry venues a apported placement to behavior, identify hing skills such as dealth and the provided with stratellan. Client received states.	ent, Therapy, Medi trengths and intere and museums. Duri ransition, and revis- er triggers, and ma ep breathing technialso included makir egies to redirect cli	cation Support. The sts and client was and client was and the Child and Freed the safety plan. Intain boundaries to call ag slime & stress basent's behaviors, ps	e Child and Family linked to amily Team CFS and Therapist o reduce m down, and poetry alls, painting, and ychoeducation on

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V P050 WA	D 4 TI) /E		
V. DCFS NAR	RATIVE		
N/A			
VI DRIOR DI ACEMENI	T INFORMATION	J	
VI. PRIOR PLACEMEN			
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
		No	1
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 22	<del></del>		<b>Age</b> 15	
Race/Ethnicity Black			Gender Male	
DCFS Office South County		Total Number of	Placement Moves	4
Resided Out of County No PLACEMENT CHANGE DATE 12/21/2023				
II. CHILD A	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 1/18/2024				
III. MI	ENTAL HEALTH S	ERVICES DATA		
	Pre	<b>)*</b>	Po	ost*
Service Category	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
TOTAL	0	0	23	930
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 12/21/2023 to 1/2 (IHBS) and Intensive Care Coordination (ICC prioritize and maintain safety in the home and on body language. The Child and Family Tea progress, building trust and rapport with client demonstrated effective healthy coping skills, helped client practice calm demeanor and be engaging in non-reactive conversation with hi grounding techniques for client to utilize wher living by teaching him to practice adhering to client with opportunities to cook his own meal continues to receive services.	e) services: Assessmed community by praction (CFT) worked join t, and facilitating visit aided in exploration to the peers. The Rehabit feeling anxious. State a routine schedule was explored.	ent, Therapy, Medicicing prosocial behalf ty for safety plannication. The Rehabil and identification of echniques. Client a litation Specialist aff worked with clientific the mphasis on slipping prosocial structure.	cation Support. Clinaviors and learning ing, providing upda itation Specialist man friggers and traunapplied conflict resolutes worked on relation support his goeep and hygiene, a	ent was taught to g psychoeducation tes on treatment todeled and na responses, and plution skills by exation skills such as pal of independent as well as providing

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAR	RATIVE		
In addition to their primary caseworker, this child/youth has bee	en assigned a speci	alized secondary	worker through
DCFS's Placement Stabilization Team, which supports the youth		-	_
was challenging to hold CFTMs due to the youth leaving placeme	ent daily and then	being arrested. Ir	itensive services
were offered to the youth while in the previous placement; how	vever, both the you	uth and caregiver	refused. The youth
is engaged in intensive services in his new placement.			
VI. PRIOR PLACEMEN	T INFORMATION	l .	
	Yes	No	
Prior Placement Change in this Reporting?	Yes	No X	1
Prior Placement Change in this Reporting?	Yes		]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		]
Explanation of Services Provided After Previous Placement:			]
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			]
Explanation of Services Provided After Previous Placement:			]
Explanation of Services Provided After Previous Placement:			
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Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 23			<b>Age</b> 16	
Race/Ethnicity Black			Gender M	
DCFS Office Vermont Corridor		Total Number of	Placement Moves	1
Resided Out of County Yes PLACEMENT CHANGE DATE 11/17/2023				
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT M	leetings (Post*)	0
CFT Meetings Dates 0				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>9</b> *	Po	ost*
Service Category	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
TOTAL	13	838	12	877
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period from 10/18/2023 to Services (IHBS) and Intensive Care Coordinat Medication Support. Therapist and Case Marbuilding. Client practiced identification of goal breathing, outside activities such as skateboar Psychoeducation and reality testing was used Engagement meetings occurred initially to reversis, identifying his underlying needs, safety received services from the first mental health mental health provider on 12/15/2023 and continued in the services in the services and continued in the services from the services from the services and continued in the services from the serv	tion (ICC) services: An ager provided supports, and social supported arding, and sitting out to support adheren view placement preserplanning, and support provider starting on	Assessment, Thera ort for increasing control of the transition of	py, Rehabilitation, ommunication skills ion of coping skills his journal when tr medication regime including how to s into a new placem	Plan Development, s and rapport such as deep iggered.  n. Several Staff upport the client in ent. The client

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE		
The youth was on a temporary visit with family members and the			ely one
month during this 60-day review period, making it challenging to	schedule a CFTM.		
VI. PRIOR PLACEMEN	NT INFORMATIO	N	
	Yes	No	
Prior Placement Change in this Reporting?		Х	
Thor i lacement change in this reporting:		Λ	
Explanation of Services Provided After Previous Placement.			
Not applicable due to no prior placement change in this reporti			
hot applicable due to no prior placement change in this report	8.		

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 24			<b>Age</b> 13	
Race/Ethnicity Black			Gender Female	
DCFS Office Vermont Corridor		Total Number of I	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	E	12/4/2023
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	1	Number of CFT M	leetings (Post*)	1
CFT Meetings Dates 11/28/202	3, 12/12/2023			
III. ME	ENTAL HEALTH S	SERVICES DATA	\	
	Pre	<b>)</b> *	Pe	ost*
Service Category	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
TOTAL	48	1,955	17	689
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 11/4/2023 to 1/3/2 and Intensive Care Coordination (ICC) service Family Team Meeting (CFTM) recognized clies chool activities. The CFT addressed safety period personnel. The CFT increased in-homological personnel placement stability. The Child and Family Spewhen triggered, helped client reflect upon unconverse awareness. Therapist met with client to provide provided psychoeducation on substance use. communicate her needs with her peers. Weef facilitate communication with DCFS for natural increase client's adherence to medication registarting on 1/19/2023 through 12/11/2023. The continues to receive services.	es: Assessment, The ent's strengths and holanning and coording e support for client a ecialist helped client derlying needs, increde play and art thera. Case Manager also ekly multidisciplinary al family visitation. Cujimen. The client reco	erapy, Rehabilitation elped connect clier atted an Individualizand caregiver to structure develop communicase coping skills, a py to process traund provided supportive meetings occurred onsultation with the eived services from	n, Medication Support with opportunitie zed Educational Placengthen effective cation skills, such a and build empathy ana. Case Manager te techniques for coll to provide updates a medication coording the first mental here.	port. The Child and so to explore after an (IEP) with the communication for some requesting a break and emotional met with client and lient to so to the team and inator took place to ealth provider

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V P050 WA	D 4 TI) /E		
V. DCFS NAR	RATIVE		
N/A			
VI DRIOR DI ACEMENI	T INFORMATION	J	
VI. PRIOR PLACEMEN			
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
		No	1
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N		
Unique Client ID# 25			Age 2		
Race/Ethnicity Hispanic			Gender Male		
DCFS Office South County		Total Number of	Placement Moves	1	
Resided Out of County No	PLACEME	NT CHANGE DAT	E 1	0/17/2023	
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*)	1	Number of CFT M	leetings (Post*)	0	
CFT Meetings Dates 10/12/202	3				
III. MI	ENTAL HEALTH S	ERVICES DATA			
	Pre	<b>)</b> *	Po	ost*	
Service Category	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	
TOTAL	0	0	1	121	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
From the review period of 9/17/2023 to 11/16 Care Coordination (ICC) Services were providing diagnostic purposes. The client started to rec	ded to client: Compre	ehensive Psychoso	cial Mental Health	Assessment for	

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NARI	RATIVE		
The previous relative caregiver refused to participate in intensive		the new caregiver	(with whom the
child was placed on the "placement change date") accepted servi	ces.		
" PRIOR DI ACEMENI	=~ DII A TIA	•	
VI. PRIOR PLACEMENT			
VI. PRIOR PLACEMENT	T INFORMATION Yes	No No	
			<u> </u>
VI. PRIOR PLACEMENT  Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?		No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
			A /	
Unique Client ID# 26			Age 1	5
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Metro North		Total Number of	Placement Move	s 1
Resided Out of County Yes	PLACEME	ENT CHANGE DAT	Έ	10/24/2023
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates				
III ME	ENTAL HEALTH S	SEDVICES DATA		_
III. IVIE	ENTAL HEALTH S	SERVICES DATA		
	Pre			Post*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive Intensive Care Coordina County Mental Health Provider during the des				

<sup>\*</sup>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 duthe 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,	
the short period of this placement, the DCFS Children's Social Worker communicated regularly with the caregiver to	
	ring
IDISCUSS SUDDONS AND 10 IIV 10 DIEVENT TEDIAGEMENT. THE GALEUIVEIS WOULD NOT CONSIDER MAINTAINING THE PROCEINENT.	
however, due to feeling like the youth's needs exceed their abilities.	
lionovol, add to roomig into the youth o hoods sheets also also also also hoods	
VI. PRIOR PLACEMENT INFORMATION	
VI. PRIOR PLAGEIVIENT INFORMATION	
YI. PRIOR PLACEMENT INFORMATION  Yes No	
Yes No	
Yes No	
Yes No	
Yes No Prior Placement Change in this Reporting?	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	
Yes No Prior Placement Change in this Reporting?   Explanation of Services Provided After Previous Placement:	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 27			Age 7	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Compton - Carson		Total Number of	Placement Moves	3
Resided Out of County No PLACEMENT CHANGE DATE 11/9/2023				
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*) 0 Number of CFT Meetings (Post*) 1				
CFT Meetings Dates 12/4/2023				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<u>*</u>	Pr	ost*
Service Category	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
TOTAL	21	1,453	27	1,353
IV. I	CC/IHBS SERVIC	ES PROVIDED		
For this client the Intensive Home Based Sen provided during the designated review period Intensive Care Coordination, and Intensive Houlding activities such as arts and crafts, maskills aimed at self-regulation, improving functions included communication with Depart and incorporating a reward chart to help mee 8/23/2022 and continues to receive services to	of 10/10/2023 to 12, ome-Based Services king new friends, and tioning, and feeling street Children Familt the client's goals. T	/09/2023 included I s. The Facilitator a d engaging in sport supported by resou ly Services, facilitat the client started to	Family Therapy, Ind ssisted client in par ss. Facilitator helpe rce family. Intensiv ing a Child and Fa	dividual Therapy, rticipating in skill d client cultivate e Care Coordination mily Team Meeting,

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF			
This was only a temporary stay with a family that was known to t	the child while the ca	aregiver resolved a li	icensing issue.
The child returned to the caregiver after respite.			
VI. PRIOR PLACEMEN	IT INFORMATION	J .	
VI. I NORT EASEMEN	TI IN OKWATIOI	<u> </u>	
VI. I RIOR I EAGEMEN	Yes	No	
		No	
Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 28			<b>Age</b> 17	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office West San Fernando Va	alley	Total Number of	Placement Moves	3
Resided Out of County No PLACEMENT CHANGE DATE 11/9/2023				
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	1	Number of CFT M	leetings (Post*)	1
CFT Meetings Dates 10/20/23,	12/7/23			
III. ME	ENTAL HEALTH S	ERVICES DATA	i.	
	Pre	<b>)</b> *	Po	ost*
Service Category	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
TOTAL	23	983	16	823
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From the review period of 10/10/2023 to 12/9 Care Coordination (ICC) services were provided meet the needs of the client, and therapy. The sessions, and worked collaboratively with client communication skills to support the client and money management, and praise and validation collaboration with DCFS via regular team medicient's goal, trauma, and transition plans to so of the caregiver to adequately care and suppostanting on 9/8/2022 and was disenrolled from	led: Assessment, more Therapist provided in using individualized caregiver, self-care on techniques. Intensetings. Child and Falupport the client's overt the client. The client is a self-care in the client.	edication support a d Intensive Home E ed relaxation techni , nutrition manager sive Care Coordina mily Team (CFT) m verall mental health ent received service	nd referral, team of Based Services incl Iques, calming cop- ment, psychoeduca- tion Services includated ineetings were held ineeds. The CFT s	ollaborations to uding therapy ing skills, ation, time and ded team to discuss the supported the needs

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V P050 WA	D 4 TI) /E		
V. DCFS NAR	RATIVE		
N/A			
VI DRIOR DI ACEMENI	T INFORMATION	J	
VI. PRIOR PLACEMEN			
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
		No	1
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 29			<b>Age</b> 17	,
Race/Ethnicity Black			Gender Male	
DCFS Office Lancaster		Total Number of	Placement Moves	10
	1			
Resided Out of County No	PLACEME	NT CHANGE DAT	Έ ΄	11/23/2023
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 11/17/202	3			
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pro	e*	P	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the designated Review Period of 10/24 Services (IHBS) or Intensive Care Coordination on 6/24/2021 to the present.				

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAI	RRATIVE		
The 17-year-old requested to be moved from this placement.			
VI. PRIOR PLACEMEI	NT INFORMATIO	N	
	Yes	No	
	Yes		
Prior Placement Change in this Reporting?	Yes	No X	
Prior Placement Change in this Reporting?	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	t:		

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N		
Unique Client ID# 30		[	Age 21		
Race/Ethnicity Black			Gender Female		
DCFS Office South County Total Number of Placement Moves 25					
Resided Out of County No PLACEMENT CHANGE DATE 11/28/2023					
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION		
Number of CFT Meetings (Pre*)	0	Number of CFT M	leetings (Post*)	0	
CFT Meetings Dates 0					
III. MI	ENTAL HEALTH S	SERVICES DATA			
	Pre	<b>*</b>	Po	ost*	
Service Category	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	
TOTAL	0	0	0	0	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
The client did not receive Intensive Care Coo Mental Health Provider during the designated				ngeles County	

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAI				
This was not a replacement due to the child's/youth's behavior.	Rather, this youth's	case terminated since	e they reached	
the age of majority.				
VI. PRIOR PLACEMEN	NT INFORMATION	V		
	Yes	No		
Prior Placement Change in this Reporting?		No		
	Yes	No		
Prior Placement Change in this Reporting?	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No		

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 31			Age 15	5
Race/Ethnicity African American			Gender Female	9
DCFS Office Compton-Carson		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	'E	11/1/2023
II. CHILD A	ND FAMILY TEAN	I (CFT) INFORM	ATION	
		, ,		
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 12/7/2023				
III M	ENTAL LIEALTILE	PERMICES DATA		
III. IVII	ENTAL HEALTH S	SERVICES DATA	1	
	Pre	<u>*</u>	P	ost*
Service Category	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
TOTAL	8	331	10	601
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From the review period of 10/2/2023 through (IHBS) and Intensive Case Coordination (ICC Targeted Case Management. The Rehab Spepsychoeducation on trauma, and engaging in coping skills such as using stress balls, going Coordinator (ICC) discussed linkage with the placement and underlying needs. The client statement disensed from services on 1/29/2024.	c) services: Assessmecialist worked on stream safety planning. The gon walks, and increformal team membe	ent, Plan Developr rategies that includ Rehab Specialist asing communicati ers and DCFS, and	ment, Treatment P ed implementing r also assisted the o ion skills. The Intel facilitated meeting	lanning, and outines, providing client in developing nsive Care gs to discuss

V. DCFS NAR	RATIVE		
N/A			
VI. PRIOR PLACEMEN	T INFORMATION	V	
VI. PRIOR PLACEMEN			
	T INFORMATION Yes	No	7
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			]
		No	]
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

I. CLIEI	NT DEMOGRAPH	IC INFORMATIO	N		
Unique Client ID# 32			<b>Age</b> 17		
			Candan		
Race/Ethnicity African American			Gender Male		
DCFS Office South County		Total Number of	Placement Moves	3	
Resided Out of County No PLACEMENT CHANGE DATE 12/29/2023					
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*) 1 Number of CFT Meetings (Post*) 1					
CFT Meetings Dates 12/28/202	3, 1/25/2024				
III. ME	ENTAL HEALTH S	SERVICES DATA			
	Pre	e*	P	ost*	
Service Category	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	
TOTAL	29	1,415	35	1,766	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
(IHBS) and Intensive Case Coordination (ICC Treatment Planning, Crisis Management, Med Intensive Care Coordinator (ICC) facilitated S regulation and underlying needs. The ICC enconcerns. The ICC addressed crises and conworked with caregiver to review coping skills, received services from the first mental health provider on 1/22/2024.	dication Support, Distaff Engagements to gaged the treatment sulted with approprises safety planning, and	scharge Planning, a discuss treatment team in planning fo ate team members I strategies for mar	and Targeted Case including the clie or placement prese including DCFS. T naging client's beha	Management. The nt's emotional ervation and safety he Rehab Specialist avior. The client	

V. DCFS NAF	DDATI\/E		
	MATIVE		
N/A			
VI. PRIOR PLACEMEN	IT INFORMATION		
VI. I NON I LAOLINEN	TI IN CIMATION		
	Yes	No	
Prior Placement Change in this Reporting?	Yes		1
Prior Placement Change in this Reporting?	Yes	No X	]
			]
Explanation of Services Provided After Previous Placement.	:		
	:		
Explanation of Services Provided After Previous Placement.	:		]
Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		
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Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		
Explanation of Services Provided After Previous Placement.	:		

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 33			Age 8	
Race/Ethnicity Hispanic			Gender Male	
		Tatal November of I	l	1
DCFS Office Glendora		Total Number of I	Placement Woves	
Resided Out of County No PLACEMENT CHANGE DATE 11/21/2023				
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT M	leetings (Post*)	0
CFT Meetings Dates 11/8/2023				
III MI	ENTAL HEALTH S	SERVICES DATA		_
		1		44
Service Category	Service Count	Total Minutes	Service Count	ost*  Total Minutes
Intensive Care Coordination (ICC)	Service Count	Total Williates	Service Count	Total Willates
Intensive Home Based Services (IHBS)				
TOTAL	0	0	0	0
From the Review Period of 10/22/2023 throug (ICC) and Intensive Home Based Services (II				ordination Services

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE
This placement change was not due to the child's behavior. Rat	ther, the child was court-ordered to be returned to the
home of their parent.	
VI. PRIOR PLACEMEN	NT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	Х
Explanation of Services Provided After Previous Placement	<u>:</u>
Not applicable due to no prior placement change in this report	

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 34			<b>Age</b> 10	
Race/Ethnicity Black			Gender M	
Nace/Ethnicity Diack			Goriadi Ivi	
DCFS Office Lancaster		Total Number of	Placement Moves	5
Resided Out of County No PLACEMENT CHANGE DATE 10/10/2023				
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	2
CFT Meetings Dates 10/5/2023	, 10/18/2023, 11/8/2	023		
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	p*	Po	ost*
Service Category	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
TOTAL	14	1,107	14	1,682
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From the review period of 9/10/2023 to 11/9/2 and Intensive Case Coordination (ICC) Service The Facilitators worked with the treatment teams. The treatment teams discussed services to secalation and self-calming techniques to support services from the mental health provider start.	ces: Plan Developmo am to coordinate the upport placement sta port the client's ider	ent, Treatment Plar CFT Meetings to a ability. The treatme atified placement st	nning, Targeted Ca assist in addressing nt teams focused p ability needs. The o	se Management. the client's goal. orimarily on de-

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V DOES NA	DD A TIV /E		
V. DCFS NAF			
In addition to the above services, this child also had a 1:1 aide in	n place.		
VI. PRIOR PLACEMEN	IT INFORMATIO	N	
VII. I KIOK I EAGEMEI	· · · · · · · · · · · · · · · · · · ·	N-1	
VII I NON I EAGLINE.			
	Yes	No	1
Prior Placement Change in this Reporting?			]
Prior Placement Change in this Reporting?	Yes	No	]
	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	)N	
Unique Client ID# 35			<b>Age</b> 14	
			_	
Race/Ethnicity Black			Gender F	
DCFS Office Santa Fe Springs		Total Number of	Placement Moves	1
Resided Out of County Yes PLACEMENT CHANGE DATE 11/16/2023				
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<u>2</u> *	Pe	ost*
Service Category	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
TOTAL	0	0	16	999
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From the review period of 10/17/2023 to 12/1 (IHBS) and Intensive Case Coordination (ICC Planning, Targeted Case Management. The to assist with client's goal. The Clinician enga promoting placement stability. The Clinician a communication skills, and self-calming technithe mental health provider starting on 11/29/2	<ul> <li>Services: Mental Freatment team parti- ged the treatment tean Child and Family ques to support the</li> </ul>	lealth Assessment cipated with DCFS am in supporting the Specialist utilized client's identified go	, Plan Developmen in Staff Engageme ne client's underlyir psychoeducation, hoal. The client rece	t, Treatment ent and collaborated ng needs and nealthy

V. DCFS NARI	RATIVE		
A CFTM a held on 9/21/23 (prior to 30 days before the placement			
another CFTM was held on 12/28/2023 (more than 30 days after t	the placement chan		
receiving weekly individual therapy prior to the placement change	date.		
VI. PRIOR PLACEMENT	<b>FINFORMATION</b>		
	Yes	No	
Brian Blassmant Change in this Beneating?			
Prior Placement Change in this Reporting?		X	
Explanation of Services Provided After Previous Placement:			
Not applicable due to no prior placement change in this reportin	g.		

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 36			<b>Age</b> 15	
Race/Ethnicity Black			Gender M	
DCFS Office Santa Fe Springs		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	<b>E</b> 1	0/30/2023
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 10/24/202	3, 10/30/2023			
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	e*	Po	ost*
Service Category	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
TOTAL	5	110	5	279
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From the review period of 9/30/2023 to 11/29 (IHBS) and Intensive Case Coordination (ICC Treatment Planning, Targeted Case Manager coordinate and support the client's identified gunderlying needs and promote placement sta communication skills, independent living skills received services from the mental health provided in the provided services from the mental health provided in the provided services from the mental health provided in the provided services from the mental health provided in the provided services from the mental health provided in the provided services from the mental health provided in the provided services from the mental health provided in the provided services from the mental health provided services from t	Services: Assessing ment. The treatment goal. The Facilitator bility. The Child and s, and self-calming to	nent Mental Health team participated engaged the treatn Family Specialist u echniques to suppo	Service, Plan Deve in Child and Family nent team to suppo utilized trauma-infor ort the client's ident	elopment, Team Meetings to rt the identified med care, healthy ified goal. The client

V. DCFS NAI	RRATIVE		
N/A			
VI. PRIOR PLACEMEN	NT INFORMATION	V	
VIII I I I I I I I I I I I I I I I I I	*** ***** *****************************	•	
VII I NON I EAGLINE.			
	Yes	No	1
Prior Placement Change in this Reporting?			]
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	]
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 37 Age 16					
Race/Ethnicity Hispanic	Race/Ethnicity Hispanic Gender M				
DCFS Office Belvedere		Total Number of	Placement Moves	1	
Resided Out of County Yes	PLACEME	ENT CHANGE DAT	TE 1	1/27/2023	
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION		
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	2	
CFT Meetings Dates 11/22/202	3, 12/12/2023, and 1	12/21/2023			
III. MI	ENTAL HEALTH S	SERVICES DATA			
	Pre			- 44	
Service Category	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	
TOTAL	0	0	17	910	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
During the designated review period from 10/Based Services (IHBS) and Intensive Care Cand Psychotherapy. The IHBS services provious verbalizing his emotions, improving self-regul interests and needs. The ICC and IHBS team expectations. The Intensive Care Coordinator updates, discuss the client's trauma and iden starting on 12/15/2023 and continues to receive the coordinate of the coordin	oordination (ICC) Seded during the reviewation, social skills, and members supported (ICC) communicated tify needs. The clien	ervices: Assessmer w period consisted nd referrals to com d the client's placel ed with DCFS to plat t received services	nt, Mental Health Pl of assisting the clie munity resources b ments by discussin an for future CFT M	an Development, ont in identifying and cased on the client's g changes and eetings, share	

V. DCFS NARRATIVE			
This youth was recently removed on 10/14/2023, and was placed		the placement chan	ge date.
VI. PRIOR PLACEMEN	IT INFORMATION	J.	
VI. PRIOR PLACEMEN	11 INFORMATIO	<b>V</b>	
VI. PRIOR PLACEWIEN	Yes	No	
		No	
Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 38			Age 7	
Offique Chefft ID# 30			Age /	
Race/Ethnicity Hispanic		Gender Female		
DCFS Office Pasadena Total Number of Placement Moves 3				
Resided Out of County No PLACEMENT CHANGE DATE 11/30/2023				
II. CHILD A	ND FAMILY TEAN	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 11/8/2023	k			
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	p*	Pe	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the designated Review Period of 10/3 Services (IHBS) or Intensive Care Coordinate				

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE
This placement change was not due to the child's behavior. Rat	ther, the child was court-ordered to be returned to the
home of their parent.	
VI. PRIOR PLACEMEN	NT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	Х
Explanation of Services Provided After Previous Placement	<u>:</u>
Not applicable due to no prior placement change in this report	

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 39			Age 7	
Unique Client ID# 39			Age /	
Race/Ethnicity Black		Gender Female		
DCFS Office Lancaster		Total Number of	Placement Moves	2
Resided Out of County No PLACEMENT CHANGE DATE 12/22/2023				
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 0				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>9</b> *	P	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client was referred for assessment but di Coordination (ICC) Services from a LA Count 11/22/2023 to 1/21/2023.				

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE
This was a recent removal on 12/05/2023. Caregiver declined to	participate in any supportive services and requested
immediate removal.	
VI. PRIOR PLACEMEN	NT INFORMATION
VI. FIXION FLACEIVILI	
VI. PRIOR PEACEMEN	
	Yes No
Prior Placement Change in this Reporting?	
Prior Placement Change in this Reporting?	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 40			<b>Age</b> 15	
Unique Client ID# 40			13	
Race/Ethnicity BLACK	Gender F			
DCFS Office VERMONT CORRIDO	PR	Total Number of	Placement Moves	3
Resided Out of County NO	PLACEME	ENT CHANGE DAT	E	11/8/2023
II. CHILD A	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 0				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<u>;</u> *	Po	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From the Review Period 10/09/2023 to 12/08 Home Based Services (IBHS) from a Los Angmental health provider on 11/30/2023 and co	geles County mental	health provider. The		

<sup>\*</sup>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 CFTN		e intake for mental l	health services	
sooner. She began services with a mental health provider on 11/3	30/2023.			
.,,		-		
VI. PRIOR PLACEMENT	<b>FINFORMATIO</b>	N		
	Yes	No		
Prior Placement Change in this Reporting?		Х		
, , ,				
Explanation of Services Provided After Previous Placement:				
Not applicable due to no prior placement change in this reportin	ıσ			
Thot applicable due to no prior placement shange in this . sps. tim	۶.			

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 41			Age 5	
			-	
Race/Ethnicity HISPANIC			Gender M	
DCFS Office LANCASTER		Total Number of	Placement Moves	3
Resided Out of County NO	PLACEME	NT CHANGE DAT	E	10/5/2023
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 9/27/2023				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	e*	Po	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
From the Review Period 09/05/2023 to 11/04 Intensive Case Coordination (ICC) services fi				TVICES (INDS) OI

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE
This placement change was not due to the child's behavior. Rat	ther, the child was court-ordered to be returned to the
home of their parent.	
VI. PRIOR PLACEMEN	NT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	Х
Explanation of Services Provided After Previous Placement	<u>:</u>
Not applicable due to no prior placement change in this report	

I. CLIENT DEMOGRAPHIC INFORMATION						
Unique Client ID# 42			Age	16		
Unique Chefit ID# 42			Age	10		
Race/Ethnicity HISPANIC			Gender F			
DCFS Office PASADENA	Total Number of Placement Moves 7					
Resided Out of County No PLACEMENT CHANGE DATE 11/6/2023						
II. CHILD	AND FAMILY TEA	M (CFT) INFORM	MATION			
Number of CFT Meetings (Pre*)	1	Number of CFT M	eetings (Post*)	1		
CFT Meetings Dates 10/12/202	23; 11/9/2023					
III N	MENTAL HEALTH	SERVICES DAT	Δ			
	Pre		0 1 0	Post*		
Service Category	Service Count	Total Minutes 308	Service Coun	t Total Minutes 275		
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	7	0	7	322		
TOTAL	7	308	13	597		
IV.	ICC/IHBS SERVI	CES DROVIDED		1		
From the Review Period 10/07/2023 to 12/(IHBS) and Intensive Case Coordination (I Targeted Case Management. The Intensive assist with the client's goal. The ICC engapromoting placement stability. The Rehab calming techniques to support the identifies starting on 11/29/2023 to 02/06/2024. The continues to receive services.	CC) services: Assested CC) services: Assested Coordinator ged the treatment te Specialist utilized psecialist utilized psecial	ssment, Plan Develo (ICC) facilitated a S am in discussing th sychoeducation, hea ceived services fror	opment, Treatmonth Staff Engagemer e identified under althy communica on the first menta	ent Planning, and it and CFT Meeting to erlying needs and ition skills, and self- I health provider		

V. DCFS NA	ARRATIVE		
The provision of services and supports for this youth is some	times impacted by th	ne youth running awa	ay from placement
frequently.			
VI. PRIOR PLACEM	ENT INFORMATIO	NA I	
VI. PRIOR PLACEIVIE	ENTINFORMATIC	N	
VI. PRIOR PLACEMI			
	Yes	No	
Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes ent:	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 43			<b>Age</b> 14	
Race/Ethnicity White			Gender Female	
DCFS Office Pomona		Total Number of	Placement Moves	1
Resided Out of County No PLACEMENT CHANGE DATE 10/17/2023				
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 10/10/202	3			
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	j*	Po	ost*
Service Category	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
TOTAL	29	1,435	23	1,004
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 9/17/2023 to 11/1 weekly sessions. The clincian assisted the cli The clinician supported the transition of client development of postive relationships to assist Coordination (ICC), the clinician conducted at client in developing goals, conducted plan de Family Team (CFT). The client received serving the conducted plan de transity Team (CFT).	ent in utilizing mindforms of the control of the control of the control of the control of the colon of the co	ulness skills, psych ressing challenges ing at home and at client's strengths a ormal supports, and	oeducation, and id , expectations, and school. Through Ir and needs. The clind d collaborated with	entifying feelings. I exploring the ntensive Care lician assisted the the Child and

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE		
N/A			
VI DDIOD DI ACEMEN	IT INCODMATION	J	
VI. PRIOR PLACEMEN	NT INFORMATION	N	
VI. PRIOR PLACEMEN	NT INFORMATION Yes	No	
		No	7
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 44			Age 9	
Offique Chefft ID#			790 3	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Santa Fe Springs		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	<b>E</b> 1	12/22/2023
II. CHILD A	ND FAMILY TEAN	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	1
			3: ( :::: ,	
CFT Meetings Dates   12/13/202	3 and 01/09/2024			
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>;</b> *	P	ost*
Service Category	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
TOTAL	0	0	0	0
	CC/IHBS SERVIC			
Client did not receive Intensive Care Coordina County Mental Health Provider during the des				ii a Lus Ailgeles

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAI	RRATIVE		
The child previously participated in Wraparound Services beginr	ning on or about 03/13/2	2020, and graduated to a low	er level
of services on 07/23/2023, which included weekly therapy and m	nedication support.		
VI. PRIOR PLACEMEN	NT INFORMATION		
	Yes	No	
Prior Placement Change in this Reporting?		Х	
The Hacement Change in this Reporting.			
Explanation of Services Provided After Previous Placement	•		
Not applicable due to no prior placement change in this report			
	0.		

I. CLIE	NT DEMOGRAPH	IIC INFORMATIO	)N	
Unique Client ID# 45			Age 2	
offique offerit 15# 45				
Race/Ethnicity Black			Gender Male	
DCFS Office Lancaster		Total Number of	Placement Moves	2
Resided Out of County No	PLACEM	ENT CHANGE DAT	<b>E</b> 1	12/22/2023
II. CHILD A	ND FAMILY TEAM	M (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leatings (Post*)	0
	0	Number of of 1 in	leetings (i ost )	
CFT Meetings Dates 0				
III. MI	ENTAL HEALTH	SERVICES DATA		
	Pr	e*	P	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client received an assessment on 1/05/2024, Home Based Services (IHBS) from a Los And 1/21/2024.				

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAR			
Caregiver declined to participate in any supportive services to pre	eserve the placeme	ent and requested i	mmediate removal,
and also refused to participate in a CFTM.			
VI. PRIOR PLACEMEN	T INFORMATION	N	
	Yes	No	
Prior Placement Change in this Reporting?		Х	1
3			_
Explanation of Services Provided After Previous Placement:			
Not applicable due to no prior placement change in this reporti	ng.		

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 46			Age 15	
Offique Chefit ID# 40			Age	<u>,                                      </u>
Race/Ethnicity Black			Gender Female	9
DCFS Office Pomona		Total Number of	Placement Moves	<b>s</b> 4
Resided Out of County No	PLACEME	ENT CHANGE DAT	'E	11/29/2023
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
		144111501 01 01 11	iootiiigo (i oot )	
CFT Meetings Dates 11/9/2023				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>)</b> *	P	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive Intensive Care Coordina County Mental Health Provider during the rev provider on 2/1/2024.				

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAR	RATIVE		
This youth refused to participate in services and left placement de the caregiver. DCFS submitted multiple referrals for mental hea because the youth was frequently absent from placement. The y reporting period ended.	espite DCFS's effort	er, linkage could no	ot occur initially
VI. PRIOR PLACEMEN			
Prior Placement Change in this Reporting?	Yes	No X	
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:  Not applicable due to no prior placement change in this reportion in the provided After Previous Placement:  Not applicable due to no prior placement change in this reportion in the provided After Previous Placement:  Not applicable due to no prior placement change in this reportion in the provided After Previous Placement:  Not applicable due to no prior placement change in this reportion in the provided After Previous Placement:  Not applicable due to no prior placement change in this reportion in the provided After Previous Placement:  Not applicable due to no prior placement change in this reportion in the provided After Previous Placement:  Not applicable due to no prior placement change in this reportion in the provided After Previous Placement:  Not applicable due to no prior placement change in this reportion in the provided After Previous Placement:  Not applicable due to no prior placement change in this reportion in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the provided After Previous Placement:  Not applicable due to no prior placement change in the previous Placement change in the previou			

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 47			<b>Age</b> 15	
			-	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Hawthorne		Total Number of	Placement Moves	17
Resided Out of County No	PLACEME	NT CHANGE DAT	<b>E</b> 1	0/17/2023
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 10/10/202	23 and 11/6/2023			
III. M	ENTAL HEALTH S	SERVICES DATA	<b>L</b>	
	Pre	e*	Po	ost*
Service Category	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
TOTAL	0	0	9	224
IV.	ICC/IHBS SERVIC	ES PROVIDED		
The following Intensive Care Coordination (IC) the designated review period of 9/17/2023 to and systems including DCFS. The Intensive which included psychoeducation with the care planning and monitoring of progress in place assessed the strengths and explored service 11/02/2023 and ended services on 12/19/202	11/16/2023: Intensive Care Coordinator orgegivers on client's be ment by addressing delivery options for	e Care Coordinato ganized a plan for a haviors. The Intensengagement with c	r initiated collabora I Child and Family sive Care Coordina lient. The Intensive	tion between youth Team meeting tor facilitated care Care Coordinator

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAR	RATIVE	
Prior to the placement change date (from 6/21/23 to 10/17/23), th		ort-Term Residential
Therapeutic Program (STRTP), which is a residential facility that	provides an integrated progr	am of specialized and
intensive care and supervision, services and supports, and treatm		
to children and non-minor dependents. In the 30 days leading up	to the placement change, the	ne youth refused to participate
in services at the STRTP.		
\(\( PDIOD DI ASSUENT		
VI. PRIOR PLACEMEN	T INIEMPRATIONI	
VII. I RIGHT EAGEMEN		
VII. I NORT EAGEMEN	Yes A	lo .
Prior Placement Change in this Reporting?	Yes A	ZO X
	Yes A	
	Yes A	
Prior Placement Change in this Reporting?	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes A	

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 48			<b>Age</b> 17		
Race/Ethnicity Black			Gender Female		
DCFS Office BSRS		Total Number of	Placement Moves	6	
Resided Out of County No	PLACEME	NT CHANGE DAT	<b>E</b> 1	1/16/2023	
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*) 3 Number of CFT Meetings (Post*) 0					
CFT Meetings Dates 10/18/23, 11/02/23, 11/15/23					
III. MENTAL HEALTH SERVICES DATA					
Pre* Post*					
Service Category	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	
TOTAL	24	1,759	4	196	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
The following Intensive Care Coordination (IC during the designated review period of 10/17/planning between the client, staff and DCFS. remaining in placement, explored ways to fun behaviors. Clinician utilized a trauma respons communication with staff. The Clinician create the client returned to placement. The Clinician of limitations for the future. Clinician provided the goals. Clinician helped facilitate and enhamembers assisted the client with daily living a develop trust. Clinician developed a plan to promental health provider on 6/05/2023 and continuous conti	2023 to 12/16/2023: Clinician provided we ction in the placeme ive approach to helped a safe space and helped the client in a coordination of serince life skills, parent ctivities. Clinician comote long-term plate.	Clinician facilitated ell-being checks went, discussed safeto client feel safe in built trust with cliencrease awareness vices and resource ting skills, and suppommunicated concacement stability. T	d cross-system con ith the client, discu- ty concerns and ris the environment ar nt to increase enga of behaviors and c s with the client an port health and wel erns and expectation	nmunication and ssed the benefits of ks of certain and increase agement every time overcome thoughts d staff to help meet lness. Team ons with client to	

V. DCFS NAI	RRATIVE		
N/A			
VI. PRIOR PLACEMEN	IT INFORMATION	J.	
VI. I KIOK I EAGEMEN	11 IN OKWATIOI	V	
VI. I NON I EAGLINE	Yes	No	
		No	1
Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	j
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N			
Unique Client ID# 49			Age	17		
Race/Ethnicity Black			Gender Fema	ale		
DCFS Office BSRS		Total Number of	Placement Mov	es 24		
Resided Out of County Yes	PLACEME	NT CHANGE DAT	E	10/11/2023		
II. CHILD AND FAMILY TEAM (CFT) INFORMATION						
Number of CFT Meetings (Pre*)	2	Number of CFT N	leetings (Post*)	0		
CFT Meetings Dates 09/12/202	3, 09/28/2023					
III MI	ENTAL HEALTH S	SERVICES DATA				
111. 1911						
	Pre			Post*		
Service Category	Service Count 21	Total Minutes	Service Coun	Total Minutes 533		
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	19	1,456 1,170	2	167		
TOTAL	40	2,626	12	700		
		_,===		100		
From Reveiw Period 09/11/23 to 11/10/23, the (IHBS) that were provided to the client include Individual Rehabilitation. The ICC services properties and connecting the client to ancillar living. The IHBS services provided to the client and role-playing to assist the client in express accompanying the client on errands and personal skills. The Clinician reported that two CFT Metalement. The client received Short-Term R 01/20/2023 to 10/11/2023. The client transition continues to receive aftercare services.	ed Targeted Case Movided to the client of the client of the the program to during the review points are the care appointmentations and the care appointmentations held before the sidential Therapeur	anagement, Care (during the review perms and other suppoperiod included the dimaintaining safements to assist the client's placementic Program (STRT)	Coordination, Incoriod focused on ortive services to use of art theral interpersonal boent in developing the change focus P) services from	ividual Therapy, and facilitating CFT promote independent by (writing, painting) undaries; as well as g independent-living ed on preserving the this agency from		

V. DCFS NAF	RRATIVE		
N/A			
VI. PRIOR PLACEMEN	NT INFORMATION	ı	
VI. FRIOR FEAGLIVIE	Yes	No	
Dries Blacement Change in this Beneating?	res		
Prior Placement Change in this Reporting?		Х	
Explanation of Services Provided After Previous Placement	::		
Not applicable due to no prior placement change in this report			

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 50			<b>Age</b> 18		
			-		
Race/Ethnicity Hispanic			Gender Male		
DCFS Office Glendora		Total Number of	Placement Moves	5	
Resided Out of County No	PLACEME	ENT CHANGE DAT	E	11/17/2023	
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*) 1 Number of CFT Meetings (Post*) 1					
CFT Meetings Dates 11/15/202	3 and 12/1/2023				
III. MI	ENTAL HEALTH S	SERVICES DATA	L		
Pre* Post*					
Service Category	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	
TOTAL	0	0	0	0	
	CC/IHBS SERVIC				
The client did not receive Intensive Care Coo County Mental Health Provider (MHP) during last session with a MHP.	• • •		, ,	_	

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAI			
This non-minor dependent was receiving weekly individual thera	py and participated i	in their last session with the t	therapist
on 12/01/2023. He also received monthly medication managem	ient.		
.,,			
	IN IEABALATIAN		
VI. PRIOR PLACEMEN	NT INFORMATION		
VI. PRIOR PLACEMEI	NT INFORMATION Yes	No No	
VI. PRIOR PLACEMEI  Prior Placement Change in this Reporting?			
		No	
	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes	No	

I. CLIENT DEMOGRAPHIC INFORMATION						
Unique Client ID# 51			Age 9			
			-			
Race/Ethnicity Black			Gender Male			
DCFS Office West L.A.		Total Number of	Placement Moves	1		
Resided Out of County No	PLACEME	NT CHANGE DAT	<b>E</b> 1	1/21/2023		
II. CHILD AND FAMILY TEAM (CFT) INFORMATION						
Number of CFT Meetings (Pre*) 1 Number of CFT Meetings (Post*) 1						
CFT Meetings Dates 11/20/2023, 12/21/2023						
III. ME	NTAL HEALTH S	ERVICES DATA				
Pre* Post*						
Service Category	Service Count	Total Minutes	Service Count	Total Minutes		
Intensive Care Coordination (ICC)	18	516	32	991		
Intensive Home Based Services (IHBS)	10	531	7	382		
TOTAL	28	1,047	39	1,373		
	CC/IHBS SERVICE					
The client began receiving services from the montinues to receive services from this provide Coordination (ICC) and Intensive Home-Based Individual Therapy. The ICC services provided with the client's afterschool program, and assis Individualized Education Plan (IEP) at the client verbalizing his emotions, improving self-regula	r. From Review Perion I Services (IHBS) that to the client included sting the Caregiver in t's school. The IHBS	od 10/22/2023 to 1 at were provided in a facilitating the CF obtaining Regional services included	2/21/2023, the Inte cluded Plan Develo T Meetings, collaboral Center assessments assisting the client	nsive Care pment and prating regularly ents and an in identifying and		

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NARF	RATIVE		
This was not an actual placement change. The Foster Family Ager	ncy closed, so the	home was re-licens	ed through the
Resource Family Approval process. The child remained in the hom	e throughout this	process.	
VI. PRIOR PLACEMENT	INFORMATION	١	
	Yes	No	
Prior Placement Change in this Reporting?		Х	
Thorr acement change in this Reporting:		^	
Explanation of Services Provided After Previous Placement:			
Not applicable due to no prior placement change in this reporting.			
riot applicable and to he prior placement enange in the reporting.			

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 52			Age	9	
Race/Ethnicity Black			Gender Fe	male	
DCFS Office Santa Fe Springs		Total Number of	Placement Mo	oves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	E	10/13/202	23
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION		
Number of CFT Meetings (Pre*) 0 Number of CFT Meetings (Post*) 1					
realise of a fill meetings (i.e., )					
CFT Meetings Dates 10/24/2023					
III. MI	ENTAL HEALTH S	SERVICES DATA			
Pre* Post*					
Service Category	Service Count	Total Minutes	Service Cou	unt Total	Minutes
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	3 1	180 60	3		150
TOTAL	4	240	3		150
IV I	CC/IHBS SERVIC	ES PROVIDED		•	
For the Review Period of 9/13/2023 to 11/12/2 Coordination (ICC) services were provided: PRehab Specialist utilized a variety of therapy skills, triggers, and feelings. The Rehab Specialist introducesteem through positive affirmations. The Reprovided opportunities to process changes. Tteam to assess risk factors, develop a safety services from the mental health provider start.	lan Development, Rechniques to assist stalist assisted client ed grounding technical Specialist also she ICC Coordinator plan, and provide ps	ehabilitation Service client in the explorate to express needs a ques, promoted se supported client's transintained a collability choeducation to reclient to recl	es, Targeted ( ation of interes using feelings a lf-care, and he ansition to cur corative relation esource parer	Case Manage sts, strengths, and emotion of elped client imprent placeme on ship with DO at. The client in	ement. The , coping charts, and aprove self- ent and CFS and

V. DCFS NAF	RRATIVE		
N/A			
VI. PRIOR PLACEMEN	IT INICODMATION		
	I I INCURIVATION		
VII. I RIOR I EAGEINER			
VII TRIOR I EAGLINE	Yes	No	_
Prior Placement Change in this Reporting?			]
		No	]
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N		
Unique Client ID# 53			<b>Age</b> 15		
			- 1		
Race/Ethnicity Hispanic			Gender Male		
DCFS Office Compton-Carson		Total Number of	Placement Moves	1	
Resided Out of County No	PLACEME	NT CHANGE DAT	<b>E</b> 1	0/24/2023	
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION		
Number of CFT Meetings (Pre*) 0 Number of CFT Meetings (Post*) 0					
CFT Meetings Dates 0					
Of 1 Meetings Dates					
III. MI	ENTAL HEALTH S	SERVICES DATA			
	Pre	<b>)</b> *	P	ost*	
Service Category	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	
TOTAL	0	0	0	0	
The client did not receive Intensive Care Coo County Mental Health Provider during the des			ed Services (IHBS)	from a Los Angeles	

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

This youth previously was connected to Therapeutic Behavioral S	RATIVE		
		o attempted to hav	e him attend an
outpatient substance abuse program. He attended one session a			
in a charter school in order to receive more one-on-one academic	support. The yout	h was absent from	placement for
approximately three weeks during this focus period, and he refuse	ed to participate in s	services at times.	DCFS has been
engaging with this youth to ensure that he is connected to approp			
in the new placement, the youth began following the placement ru	ules and did not leav	ve placement agaiı	٦.
VI DDIOD DI ACEMENI	T INCODMATION		
VI. PRIOR PLACEMEN			
	Yes	No	
Prior Placement Change in this Reporting?		Х	
Explanation of Services Provided After Previous Placement:			

I. CLIE	NT DEMOGRAPH	IC INFORMATIC	)N		
Unique Client ID# 54			Age 1		
Race/Ethnicity Hispanic			Gender Female	Э	
DCFS Office Santa Fe Springs		Total Number of	Placement Move	s 1	
Resided Out of County No PLACEMENT CHANGE DATE 11/2/2023					
II. CHILD A	ND FAMILY TEAM	(CFT) INFORM	ATION		
Number of CFT Meetings (Pre*)	0	Number of CFT N	fleetings (Post*)	0	
	<u> </u>				
CFT Meetings Dates 0					
III. MI	ENTAL HEALTH S	SERVICES DATA			
	Pre	<b>)</b> *	F	Post*	
Service Category	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	
TOTAL	0	0	0	0	
The client did not receive Intensive Care Coo County Mental Health Provider during the des			ed Services (IHBS	) from a Los Angeles	

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE		
This placement change was not due to the child's behavior. Rat	ther, the child was o	ourt-ordered to be return	ed to the
home of their parent.			
.,,			
VI. PRIOR PLACEMEN			
	Yes	No	
Prior Placement Change in this Reporting?		X	
	<b>1</b> -		
Explanation of Services Provided After Previous Placement Not applicable due to no prior placement change in this report			
not applicable due to no prior placement change in this report	iiig.		

I. CLIEI	NT DEMOGRAPH	IC INFORMATIO	)N		
Unique Client ID# 55			<b>Age</b> 17		
			- I		
Race/Ethnicity Hispanic			Gender Female		
DCFS Office Vermont Corridor Total Number of Placement Moves 21					
Resided Out of County No PLACEMENT CHANGE DATE 10/24/2023					
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION		
Number of CFT Meetings (Pre*)	1	Number of CFT N	Meetings (Post*)		
CFT Meetings Dates 10/12/202	3				
III ME	ENTAL HEALTH S	SEDVICES DATA			
III. WE	ENTAL HEALTH S	SERVICES DATA			
	Pre			ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	15 6	866 562	3	224 224	
TOTAL	21	1,428	6	448	
	CC/IHBS SERVIC	, ,	-		
From Review Period 9/24/2023 to 11/23/2023 Family Team (CFT) Meeting, Staffings, and mincluded consulting with the direct care and trappointments, school updates, and facilitating therapy related to hygiene and building independicility to create a safe space to process traust Community College, and confirmed client was placement changes. The Clinician's interventic communicate feelings and make better decisity positive communication with DCFS. The ICC continuity of care and reduce the number of p 9/9/2023 and last date of service was 11/20/2	t, the Intensive Care neetings with the DC eatment team. The log the CFTM. The Internet living skills. The Rehabilitation on track in school. On strategies of breatens. The ICC assist explored alternative lacement changes.	Coordination (ICC FS Placement State ICC also assisted versive Home Base The IHBS included on Specialist assist The Clinician assist athing and grounding at the Client with a resources and me	bility Worker. The I with coordinating the discrete Services (IHBS) ameeting with client ted client with applied the client with ang exercises enable articulating her neemal health treatme	CC services e medical consisted of group outside of the cations to transitioning during ed the client to ds, and increasing nt to ensure	

V. DCFS NAR	RATIVE		
In addition to their primary caseworker, this child/youth has been DCFS's Placement Stabilization Team, which supports the youth	en assigned a spe		
VI. PRIOR PLACEMEN	T INFORMATIO	ON	
	Yes	No	ļ
Prior Placement Change in this Reporting?	Х		]
Explanation of Services Provided After Previous Placement:  The previous placement change date was on 10/18/2023 when of placement change, the following mental health services were provided. The Clinician assisted the Client with transitioning during the strategies including breathing and grounding exercises to enable decisions. The Intensive Care Coordinator (ICC) assisted the clie with DCFS. The Intensive Care Coordinator (ICC) and team expl ensure continuity of care and reduce the number of placement changes.	lient was moved footing to the client of the client change the Client to coment with developing lored alternative r	nt: Therapy, Group Th nge. The Clinician pro nmunicate feelings ar ng positive communic	herapy, IHBS, and ovided intervention nd make better cation skills to use

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N		
Unique Client ID# 56			<b>Age</b> 15		
Offique Chefft 15# 30			<b>Age</b> 13		
Race/Ethnicity Black			Gender Female		
DCFS Office Torrance Total Number of Placement Moves 4					
Resided Out of County No PLACEMENT CHANGE DATE 11/30/2023					
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION		
Number of CFT Meetings (Pre*)	0	Number of CFT M	leetings (Post*)	1	
CFT Meetings Dates 11/30/202	3				
III. ME	ENTAL HEALTH S	SERVICES DATA	<u> </u>		
	Pre	<u>*</u>	P	ost*	
Service Category	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	
TOTAL	4	240	3	95	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
For the Review Period of 10/31/2023 to 12/31 a CFTM to discuss concerns of resource pare participation in services. Intensive Home-Bas engage in positive self-talk, practice using "I" implementing self-calming skills. The Clinician The client started services with the mental he	ents, care coordinati ed Services (IHBS) statements, practice n assisted client with	on for consistency nterventions consist communication sk the transition and	regarding medicati sted of helping clie kills, promoting eng adjustment to the i	on and maintaining nt explore strengths, lagement, and new resource home.	

V. DCFS NA	RRATIVE		
N/A			
VI. PRIOR PLACEME	NT INFORMATION		
	Yes	No	
Prior Placement Change in this Reporting?	Yes	No X	]
			]
Explanation of Services Provided After Previous Placement	t:		
	t:		]
Explanation of Services Provided After Previous Placement	t:		]
Explanation of Services Provided After Previous Placement	t:		
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Explanation of Services Provided After Previous Placement	t:		
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Explanation of Services Provided After Previous Placement	t:		
Explanation of Services Provided After Previous Placement	t:		
Explanation of Services Provided After Previous Placement	t:		

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N		
Unique Client ID# 57			<b>Age</b> 11		
			-		
Race/Ethnicity Black			Gender Male		
DCFS Office Compton/Carson		Total Number of	Placement Moves	1	
Resided Out of County No PLACEMENT CHANGE DATE 12/1/2023					
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION		
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0	
CFT Meetings Dates 0					
III. MI	ENTAL HEALTH S	SERVICES DATA	L.		
	Pre	p*	Po	ost*	
Service Category	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	
TOTAL	0	0	0	0	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
The Client did not receive any Intensive Care Angeles County Mental Health Provider durin				nda) IIOIII a Los	

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAR	RRATIVE
The child only stayed in the home for one night, then the caregive	
of interest. The placement change was not due to the child's beh	navior.
VI. PRIOR PLACEMEN	IT INFORMATION
VI. PRIOR PLACEMEN	IT INFORMATION  Yes No
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?	Yes No
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No x

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N		
Unique Client ID# 58			<b>Age</b> 10		
			-		
Race/Ethnicity Hispanic			Gender Male		
DCFS Office South County Total Number of Placement Moves 1					
Resided Out of County No PLACEMENT CHANGE DATE 11/22/2023					
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION		
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0	
CFT Meetings Dates 0					
III. MI	ENTAL HEALTH S	SERVICES DATA			
	Pre			ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	0	0	5 6	195 388	
TOTAL	0	0	11	583	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
During the review period of 10/23/2023 to 12/Home-Based Services (IHBS), which included services with the mental health provider on 1 provider. The following IHBS services were paself-regulation techniques. The Rehab Special effectively communicate his emotions. The Reduring moments of dysregulation. The Intensi DCFS in an effort to organize a CFT meeting coordination of medical care to address clients.	d treatment planning 1/29/2023 and as of rovided including artalist helped the clientehab Specialist assisted Care Coordinator. The ICC has also for the ICC	this writing, continutherapy, play thera t identify triggers are sted the client in dear facilitated team macilitated meetings	individual therapy.  ues to receive servi  upy, teaching comm  nd increase feeling  eveloping tangible of  eetings and mainta	The client started ces from this nunication skills and s vocabulary to coping tools to use ained contact with	

V. DCFS NAF	PRATIVE		
A CFTM was not held as the caregiver refused.	WATIVE		
7. Of Thi was not held as the salegiver relased.			
VI. PRIOR PLACEMEN	IT INFORMATION	N	
VI. PRIOR PLACEMEN			
	IT INFORMATION Yes	No	-
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			]
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	]
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 59			Age 7	
onique onent ib# 55			-	
Race/Ethnicity Black			Gender Female	•
DCFS Office Palmdale		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	E	12/11/2023
II. CHILD A	ND FAMILY TEAN	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leatings (Post*)	0
	- U	ivaniber of or 1 iv	ieetiligs (i ost )	
CFT Meetings Dates 0				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	e*	Р	ost*
Service Category	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
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client did not receive Intensive Care Coo County Mental Health Provider during the des				from a Los Angeles

<sup>\*</sup>Pre: 30 days before Placement Change Date; \*Post: 30 days after Placement Change Date.

V. DCFS NAF	RRATIVE
This placement change was not due to the child's behavior. Rat	ther, the child was court-ordered to be returned to the
home of their parent.	
VI. PRIOR PLACEMEN	NT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	Х
Explanation of Services Provided After Previous Placement	<u>:</u>
Not applicable due to no prior placement change in this report	

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 60			<b>Age</b> 18		
Unique Client ID# 60			Age 10		
Race/Ethnicity Black			Gender Female		
DCFS Office Vermont Corridor Total Number of Placement Moves 5					
Resided Out of County No PLACEMENT CHANGE DATE 11/3/2023					
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*) 1 Number of CFT Meetings (Post*) 0			0		
CFT Meetings Dates 10/19/2023					
III. MENTAL HEALTH SERVICES DATA					
0	Pro			ost*	
Service Category Intensive Care Coordination (ICC)	Service Count 8	Total Minutes 626	Service Count	Total Minutes 0	
Intensive Care Coordination (ICC)  Intensive Home Based Services (IHBS)	3	400	0	0	
TOTAL	11	1,026	0	0	
IV. ICC/IHBS SERVICES PROVIDED					
During the review period of 10/4/2023 through Intensive Home-Based Services (IHBS). The and ended services on 11/2/2023. During this acquiring independent living skills, job reading recovery program. The ICC also assisted in p (CFT) meetings. The Rehab Specialist helped expressed interests to engage her in group respectively.	client began receiving period, the Intensivess tools, transitional reparation of the state the client with development.	ng services from th e Care Coordinator I housing applicatio iff and client prior to	e mental health pro (ICC) assisted the ons, and enrollmen o facilitation of Chil	ovider on 8/8/2023 e client with t into a school credit d and Family Team	

V. DCFS NARRATIVE				
On the placement change date, this non-minor dependent was pl				
(STRTP), which is a residential facility that provides an integrated				
supervision, services and supports, and treatment, as well as sho	ort-term 24-hour care and supervision to children and non-			
minor dependents.				
VI. PRIOR PLACEMEN	TINFORMATION			
	Yes No			
Prior Placement Change in this Reporting?	X			
The state of the s				
Explanation of Services Provided After Previous Placement:				
Not applicable due to no prior placement change in this reporting				