



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

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(213) 351-5602



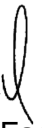
BRANDON T. NICHOLS
Director

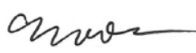
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November 27, 2024

To: Supervisor Lindsey P. Horvath, Chair
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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., Director 
Department of Mental Health

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

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

The 60 attached case review forms constitute the fourth 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 July 1, 2024 to September 30, 2024. Per the settlement, the 60 reviews were chosen randomly from the children/youth/non-minors who experienced a placement change request within the quarter and the reason for the placement change was indicated as “child’s behavior.” Also, per the settlement, the reviews specify whether Intensive Care Coordination, Intensive Home Based Services, and/or Child and Family Team Meetings were provided during the 30 days prior to and 30 days after the placement change date, as well as the duration and intensity of intensive service provision that each child received

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

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

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

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

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

BTN:JF:DI
LW:jn

Attachments

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	181	Age	2
Race/Ethnicity	Hispanic	Gender	M
DCFS Office	Torrance	Total Number of Placement Moves	2
Resided Out of County	No	PLACEMENT CHANGE DATE	7/16/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, the client did not receive IHBS or ICC services during the designated review period of 6/16/2024 through 8/15/2024.

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

V. DCFS NARRATIVE

This was not a placement change. Rather the child was placed into this home temporarily to accommodate the caregiver's need to travel out of the country, and then the child returned to the placement when the caregiver returned to the United States. The child was not permitted to travel out of the country.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	182	Age	16
Race/Ethnicity	Hispanic	Gender	F
DCFS Office	Belvedere	Total Number of Placement Moves	4
Resided Out of County	No	PLACEMENT CHANGE DATE	8/20/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	8/6/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	27	1,425	21	951
Intensive Home Based Services (IHBS)	15	982	10	603
TOTAL	42	2,407	31	1,554

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 7/21/2024 through 9/19/2024, client received the following IHBS and ICC services: Individual therapy, psychosocial rehabilitation, and targeted case management. The client's Intensive Care Coordinator worked with client's school to provide assessments and school-based supportive services. The client's Rehabilitation Specialist used incentive charts and role modeling to increase prosocial behaviors, improve communication and ultimately preserve the client's placement. Client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

Not applicable due to no prior placement change during this review period.

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	183	Age	15
Race/Ethnicity	Black	Gender	M
DCFS Office	Lancaster	Total Number of Placement Moves	9
Resided Out of County	No	PLACEMENT CHANGE DATE	7/25/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	2	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	6/26/2024, 7/15/2024, 8/07/2024		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	18	1,135	16	1,053
Intensive Home Based Services (IHBS)	5	315	5	253
TOTAL	23	1,450	21	1,306

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 6/25/2024 through 8/24/2024, the client received IHBS and ICC services including targeted case management and rehabilitation services. The Intensive Care Coordinator collaborated with client's caregivers, social worker and advocates to engage in plan development and provision of resources. The Intensive Care Coordinator also engaged with the client in resume building skills and searching for job opportunities to help facilitate the client's desire for independence. The Rehabilitation Specialist provided psychoeducation, helped the client to build effective communication skills and used trauma-informed interventions to improve the client's ability to self-reflect and increase pro-social behaviors. The client's treatment team worked together to improve the client's engagement in services, strengthen school performance, and preserve the placement. The client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

This youth has a Court Appointed Special Advocate (CASA) and mentor.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	184	Age	5
Race/Ethnicity	Black	Gender	M
DCFS Office	Lancaster	Total Number of Placement Moves	2
Resided Out of County	No	PLACEMENT CHANGE DATE	8/15/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	N/A	Number of CFT Meetings (Post*)	N/A
CFT Meetings Dates	N/A		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	88	4	183
Intensive Home Based Services (IHBS)	2	56	1	15
TOTAL	4	144	5	198

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 07/16/2024 through 09/14/2024, client received the following IHBS and ICC services: Targeted case management, individual therapy, and rehabilitation services. The Rehabilitation Specialist engaged the client in play therapy and used worksheets to teach the client how to identify feelings. The Intensive Care Coordinator consulted and collaborated with the client's social worker to coordinate an assessment for Regional Center services. The Intensive Care Coordinator also worked with a school liaison to facilitate meeting with the client while at school, as well as requesting an assessment for the client to receive an Individualized Education Plan (IEP). The client's treatment team used trauma-informed interventions to improve the client's functioning and to preserve the client's placement. The client began receiving services from current the Mental Health Provider on 7/31/2024 and continues to receive services.

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

V. DCFS NARRATIVE

Shortly before the review period, members of the Child and Family Team convened a meeting on 6/27/2024 to discuss the child's mental health, behavioral health and physical health needs. In addition to their primary caseworker, this child has been assigned a specialized secondary worker through DCFS' Placement Stabilization Team, which supports the youth and caregiver 24 hours, seven days per week.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	185	Age	15
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	South County	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	8/20/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	7/30/2024, 8/27/2024		

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	11	1,683	4	406
Intensive Home Based Services (IHBS)	6	481	1	93
TOTAL	17	2,164	5	499

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 07/21/2024 through 09/19/2024, the following ICC and IHBS were provided to the client: Psychotherapy, rehabilitation, and case management. The Child and Family Team collaborated with the Department of Children and Family Services, family members, and resource parents to assist the client in developing a sense of safety and belonging. The Child and Family Team also focused on developing rapport with the client by addressing the client's immediate needs. Community settings and the client's interests were also utilized to engage the client in treatment. ICC included conducting Child and Family Team Meetings to support client's transition to her living situation, address safety concerns, and improve school participation. IHBS included processing trauma, developing independent living skills, and strengthening social skills. Caregivers were included in treatment to improve communication with the client and to better recognize the client's trauma responses. The client started to receive services from the Mental Health Provider on 7/05/2024 and continues to receive services.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	186	Age	15
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Palmdale	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	9/20/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	10/10/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	63	3	243
Intensive Home Based Services (IHBS)	18	735	0	0
TOTAL	20	798	3	243

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 08/21/2024 through 10/20/2024, the following IHBS and ICC services were provided to the client: Case management, rehabilitation, and individual therapy. The clinician coordinated with the Department of Children and Family Services and other team members to review and assess the client's mental health symptoms, placement changes, and potential resources. The rehab worker worked diligently to establish rapport and encourage the client's voice and choice. The Child and Family Team explored placement settings that better matched the client's needs. The client transitioned to a new Mental Health Provider on 09/30/2024 and continues to receive services.

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

V. DCFS NARRATIVE

A CFT meeting was offered prior to the placement change date; however, that caregiver declined. After the child was placed with a new caregiver, a CFTM was successfully held on 10/10/2024.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	187	Age	16
Race/Ethnicity	Black	Gender	Female
DCFS Office	Compton-Carson	Total Number of Placement Moves	2
Resided Out of County	No	PLACEMENT CHANGE DATE	8/13/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	None		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	14	1,018	12	595
Intensive Home Based Services (IHBS)	4	152	1	61
TOTAL	18	1,170	13	656

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 07/04/2024 through 09/02/2024, the following ICC and IHBS were provided to the client: Care coordination, psychotherapy, and rehabilitation. Treatment focused on reducing high-risk behaviors, developing independent living skills, and developing healthy relationships with her support system. ICC services assisted the client with transitions between placements and focused on how to involve natural supports. ICC services were provided to coordinate with the Department of Children and Family Services, and other staff from the Child and Family Team. IHBS included helping the client develop rapport with the Child and Family Team, helping the client verbalize underlying needs, and helping the natural supports find ways to effectively respond to the client. The Child and Family Team utilized the client's interests to engage in treatment and to build upon the client's strengths. The client started to receive services from the Mental Health Provider on 07/23/2024 and continues to receive services.

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

V. DCFS NARRATIVE

This placement change was not due to the youth's behavior. Rather, the youth was court-ordered to be returned to the home of their parent. The youth is participating in intensive mental health services. In addition to their primary caseworker, this youth was assigned a specialized secondary worker through DCFS' Placement Stabilization Team, which supports the youth and caregiver 24 hours per day, seven days per week.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	188	Age	7
Race/Ethnicity	Black	Gender	F
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/17/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	7/16/2024		

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 6/17/24 through 8/16/24.

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

V. DCFS NARRATIVE

Child was referred for mental health services in her previous placement; however, the child was moved from the home before services could begin there. However, the child was re-referred for mental health services in her new placement. A CFT meeting was offered to the previous caregiver to preserve the placement and caregiver declined.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	189	Age	13
Race/Ethnicity	Hispanic	Gender	M
DCFS Office	Hawthorne	Total Number of Placement Moves	4
Resided Out of County	No	PLACEMENT CHANGE DATE	7/3/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	6/12/2024, 7/3/2024, 7/29/2024		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	197	3	147
Intensive Home Based Services (IHBS)	21	1,086	17	901
TOTAL	24	1,283	20	1,048

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 6/03/24 through 8/02/24 the following IHBS and ICC services were provided to the client: Rehabilitation, psychotherapy, treatment planning, and targeted case management. The Clinician met with the client for in-person psychotherapy, and immediate support was available by phone when the client expressed a greater need for services. The Clinician utilized specific trauma-informed evidence-based practices to assist the client in processing their trauma history. The Child and Family Specialist supported the client in developing coping strategies to manage triggers, and to take greater accountability for behavioral choices. The Facilitator collaborated with the rest of the treatment team, and also collaborated frequently with DCFS, to update safety plans and assist with transitions to different placements. The Facilitator also connected the client to community activities and facilitated regular Child and Family Team Meetings with DCFS. The treatment team collaborated to enhance their services and promote the client's placement stability. The client continues to receive services from this Mental Health Provider.

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

V. DCFS NARRATIVE

This youth also received One-to-One Behavioral Aide services which increased supervision of the youth in their placement.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	190	Age	14
Race/Ethnicity	Black	Gender	M
DCFS Office	Wateridge	Total Number of Placement Moves	2
Resided Out of County	No	PLACEMENT CHANGE DATE	8/2/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	7/31/2024, 8/20/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	12	885	6	440
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	12	885	6	440

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 7/03/24 through 9/01/24 the ICC services provided to the client focused on targeted case management. The Intensive Care Coordinator provided ICC services in-person with the client, as well as by phone with other team members, including regular communication with DCFS. The Intensive Care Coordinator made multiple efforts to connect the client to mentorship programs and other community resources based upon the client's stated interests and goals. The Intensive Care Coordinator, Rehab Specialist, and Clinician collaborated in developing strategies to strengthen the client's engagement in services and to promote placement stability. The client also received individual and group rehabilitation services. The Intensive Care Coordinator linked the client to intensive outpatient services to ensure continuity of care.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	191	Age	6
Race/Ethnicity	Hispanic	Gender	M
DCFS Office	Hawthorne	Total Number of Placement Moves	5
Resided Out of County	No	PLACEMENT CHANGE DATE	7/9/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	2	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	6/26/2024, 7/3/2024, 7/31/2024		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	120	3	141
Intensive Home Based Services (IHBS)	11	315	21	1,137
TOTAL	13	435	24	1,278

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 6/09/24 through 8/08/24 the following IHBS and ICC services were provided to the client: Plan development, psychotherapy, coordination of care, and targeted case management. The Clinician provided individual therapy to the client, supported the client in developing coping skills, and supported the resource parent in developing an incentive system to promote positive behavior. The Intensive Care Coordinator facilitated Child and Family Team Meetings and collaborated with the Parent Partner in providing support to the resource parent. The Intensive Care Coordinator supported the client's transition to a new resource home, assisted the resource parent in implementing a safety plan, and ensured the client's linkage to the Regional Center and other ancillary services. The client continues to receive services from the Mental Health Provider.

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

V. DCFS NARRATIVE

Prior to and after this placement change, this child participated in one-to-one Behavioral Aide services which provided increased supervision of the child in their placement.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	192	Age	4
Race/Ethnicity	Black	Gender	Male
DCFS Office	Lancaster	Total Number of Placement Moves	2
Resided Out of County	No	PLACEMENT CHANGE DATE	8/15/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	9/9/2024		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	75	1	22
Intensive Home Based Services (IHBS)	1	26	9	338
TOTAL	4	101	10	360

IV. ICC/IHBS SERVICES PROVIDED

During the review period from 7/16/24 through 9/14/24, the following ICC and IHBS services were provided to the client: Rehabilitation Services, Treatment Planning, Targeted Case Management. The clinician utilized a teaming approach to build rapport with the client and provide age-appropriate psychoeducation between mental health providers and community resources. The clinician utilized play therapy to build trust and assess areas to build on the client's skills and strengths. The treatment team supported the client's transition to reunify with caregiver by establishing services within the home that focused on de-escalation, communication, redirecting, and rewards. The clinician and community partners coordinated with the caregiver to provide services that the caregiver found helpful to support the client in placement. The client started receiving services on 7/31/2024 and continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	193	Age	16
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Van Nuys	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	7/11/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	6/18/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	6	275	22	951
Intensive Home Based Services (IHBS)	0	0	2	116
TOTAL	6	275	24	1,067

IV. ICC/IHBS SERVICES PROVIDED

During the review period from 6/11/24 through 8/10/24, the following IHBS and ICC services were provided to the client: Targeted Case Management and Rehabilitation Services. The clinician assessed the client's communication style and identified ways to empower the client to express needs. The clinician supported the client in transitioning to a new placement by supporting the client in using coping skills such as seeking support, communication, processing, and healthy decision making. The treatment team supported the client in using these skills in other environments. The treatment team utilized a teaming approach to support the client's voice and choice, and to maintain consistent communication. The client started receiving services on 7/17/2024 and continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

A CFT meeting was held shortly outside of the review period on 8/13/2024.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	194	Age	15
Race/Ethnicity	White	Gender	Male
DCFS Office	Hawthorne	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/29/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	7/11/2024; 8/27/2024		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	113	13	510
Intensive Home Based Services (IHBS)	10	1,343	2	180
TOTAL	12	1,456	15	690

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 6/29/24 through 8/28/24, the following ICC and IHBS services were provided: Targeted Case Management, Treatment Planning, and Individual Therapy. The treatment teams supported the client in learning and using coping strategies including grounding, communication, distraction, debriefing, and healthy decision making. The treatment teams supported the client in using their strengths to increase pro-social behavior and maintain placement. The treatment teams provided the client with readily available interventions in an effort to assist the client in maintaining placement.

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

V. DCFS NARRATIVE

This youth was frequently absent from their placement, making it challenging to provide mental health services or conduct CFT meetings.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	195	Age	14
Race/Ethnicity	Black	Gender	Male
DCFS Office	Palmdale	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/12/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive Intensive Care Coordination (ICC) nor Intensive Home-Based Services (IHBS) during the designated review period of 06/12/2024 through 08/11/2024 from a Los Angeles County Mental Health Provider. During the review period, outreach attempts were made to conduct an assessment, however the mental health provider was notified that the client had moved out of county and the assessment was not able to be completed.

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

V. DCFS NARRATIVE

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned home of their parent. Child's case was transferred out of county to the parent's county of residence. Child's case was open for less than a month before court ordered reunification.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	196	Age	14
Race/Ethnicity	Black	Gender	Female
DCFS Office	Palmdale	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/15/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	7/31/2024		

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	15	1,700	22	1,204
Intensive Home Based Services (IHBS)	10	294	11	331
TOTAL	25	1,994	33	1,535

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 06/15/2024 through 08/14/2024, the client received the following IHBS and ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist utilized mindfulness skills, psychoeducation on trauma, identifying feelings, and supported the transition of client's placement by discussing changes, challenges, and expectations. The Rehab Specialist explored the development of positive relationships that could assist the client's successful functioning in the home and school. The Rehab Specialist utilized trauma-informed interventions, autonomy, and positive reinforcement to support the client's goals of seeking and maintaining her employment. The Intensive Care Coordinator facilitated team meetings to share updates. The Intensive Care Coordinator coordinated mental health treatment by communicating with DCFS and providing information learned regarding the client's trauma. The client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

A CFT meeting was held with the caregiver on 6/7/2024, shortly before the review period.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	197	Age	16
Race/Ethnicity	Black	Gender	Male
DCFS Office	Lancaster	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/2/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	8/1/2024		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	6	416
Intensive Home Based Services (IHBS)	0	0	19	879
TOTAL	0	0	25	1,295

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 06/02/2024 through 08/01/2024, the client received the following IHBS and ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist worked with the client on building self-esteem, utilizing mindfulness skills, psychoeducation on trauma, and identifying feelings. The Rehab Specialist supported the transition of the client's placement by discussing changes and utilizing strength-based language. The Rehab Specialist explored the development of positive relationships to assist the client's successful functioning in the home. The Rehab Specialist utilized trauma-informed interventions to build rapport by providing the client with autonomy and effective listening skills. The Intensive Care Coordinator facilitated team meetings as needed to share updates, coordinated mental health treatment, and maintained communication with DCFS, and the caregivers. The client continues to receive services from the current mental health provider.

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

V. DCFS NARRATIVE

In addition to their primary caseworker, this youth has been assigned a specialized secondary worker through DCFS' Placement Stabilization Team, which supports the youth and caregiver 24 hours per day, seven days per week. Post placement change, this youth has also been participating in one-to-one Behavioral Aide services which provide increased supervision of youth in their placement.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	198	Age	6
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Palmdale	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/8/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	0
CFT Meetings Dates			

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 6/08/24 through 8/07/24.

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

V. DCFS NARRATIVE

Child was linked to Adoption Promotion Support Services (APSS) for individual and family therapy services. Family Urgent Response System (FURS) was utilized by the caregiver and/or youth on 4/30/2024. A CFTM was offered to the former caregivers to preserve the placement; however, they declined.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	199	Age	11
Race/Ethnicity	Other	Gender	Male
DCFS Office	Santa Fe Springs	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	9/24/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	8/25/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	2	42
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	2	42

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 8/24/24 to 10/25/24, the client received the following ICC services: Care coordination, collaboration, and initiation of planning with DCFS. ICC services included team collaboration through Staff and Family Engagement meetings. The Mental Health Provider conducted an assessment and supported the client with linkage to mental health treatment. Client started services with the Mental Health Provider on 9/16/2024 and continues to receive services.

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

V. DCFS NARRATIVE

Shortly after the review period, members of the Child and Family Team convened a meeting on 10/3/2024 to discuss the child's mental health, behavioral health, and physical health needs, and also discussed plans for future team meetings. Child is receiving mental health services.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	200	Age	14
Race/Ethnicity	Hispanic	Gender	M
DCFS Office	Glendora	Total Number of Placement Moves	1
Resided Out of County	Yes	PLACEMENT CHANGE DATE	7/30/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS services during the designated review period of 6/30/24 through 8/29/24 from any Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

This was not an actual placement change. Child has been continuously placed with the caregivers since March 2021. Caregivers consistently report that child does not present with any behaviors that might require therapeutic support/intervention and will continue to monitor.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	201	Age	21
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Santa Clarita	Total Number of Placement Moves	1
Resided Out of County	Yes	PLACEMENT CHANGE DATE	7/16/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS services during the designated review period of 6/16/24 through 8/15/24 from any Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

This was not a placement change due to the youth's behavior. Rather, this youth's case terminated since they reached the age of majority. Youth declined mental health services prior to case terminating.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	202	Age	12
Race/Ethnicity	Black	Gender	Male
DCFS Office	Palmdale	Total Number of Placement Moves	2
Resided Out of County	No	PLACEMENT CHANGE DATE	9/18/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	9/18/2024		

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 8/19/24 through 10/18/24.

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

V. DCFS NARRATIVE

The child entered foster care in August 2024 and was referred to mental health services, then experienced a placement change before the services could be put into place. After the placement change, the child was assigned to a specialized unit within a DCFS regional office to ensure his complex needs were met in the new placement.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	203	Age	6
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	8/13/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	3	138
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	3	138

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 7/14/2024 through 9/12/2024, the client received the following ICC services: Assessment, coordination, linkage, plan development, psychoeducation, and safety planning. ICC services included team collaboration through Staff and Family Engagements. The Mental Health Provider supported client with linkage to mental health treatment and communication with school personnel for school-based interventions. The Clinician worked with client to promote safety awareness in the home and encouraged client to communicate with caregiver when expressing needs. Psychoeducation was provided to the caregiver to increase the understanding of client's symptoms and trauma responses. Promotion of stimulating activities was introduced to increase attention, retention, and decrease hyperactivity. The caregiver and client were educated on the benefits of utilizing Lego blocks for spatial awareness and focus. Deep pressure activities such as shoulder squeezes were incorporated into plan development for self-regulation and calming techniques. Client started to receive services from the current Mental Health Provider on 8/28/2024 and continues to receive services.

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

V. DCFS NARRATIVE

A Child and Family Team meeting was offered to the previous caregiver to try to preserve the child's placement; however, she declined to participate.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	204	Age	6
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	South County	Total Number of Placement Moves	4
Resided Out of County	No	PLACEMENT CHANGE DATE	8/9/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 7/10/24 through 9/8/24.

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

V. DCFS NARRATIVE

This was not an actual placement change. Rather, the child stayed in this home temporarily to accommodate the caregiver's need for a short-term arrangement due to the caregiver experiencing a family emergency, and then the child was later returned to the placement when the caregiver was ready/able to receive them back. Client is receiving mental health services.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	205	Age	7
Race/Ethnicity	Black	Gender	Male
DCFS Office	Pomona	Total Number of Placement Moves	1
Resided Out of County	Yes	PLACEMENT CHANGE DATE	8/14/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	33
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	1	33

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 07/15/2024 to 09/13/2024, the client received the following ICC Services: Intake and assessment of strengths and needs, and coordination of medication management. The treatment team also addressed telehealth with the caregiver, as it pertained to client's mental health treatment. The Clinician engaged the treatment team in supporting the client's underlying needs and promoting placement stability. The client started services with the Mental Health Provider on 9/5/2024 and continues to receive services.

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

V. DCFS NARRATIVE

DCFS's Family Urgent Response System (FURS), which is available 24 hours per day and 7 days per week to support caregivers and youths to try to preserve the placement, was utilized by the caregiver on 8/13/2024. The caregiver declined to participate in a Child and Family Team meeting to preserve the placement.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	206	Age	17
Race/Ethnicity	Black	Gender	Male
DCFS Office	Hawthorne	Total Number of Placement Moves	5
Resided Out of County	No	PLACEMENT CHANGE DATE	7/13/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	8/1/2024		

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS during the designated review period of 06/13/2024 through 08/12/2024 from a Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

Youth was participating in mental health services through a non-DMH provider prior to the placement change in July 2024. Caregiver requested more intensive mental health services; however, youth refused to consent to, or participate in, intensive services during the review period.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	207	Age	14
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Wateridge	Total Number of Placement Moves	1
Resided Out of County	Yes	PLACEMENT CHANGE DATE	7/8/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	0
CFT Meetings Dates			

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS during the designated review period of 06/08/2024 through 08/07/2024 from a Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

This placement change was not due to the youth's behavior. Rather, the youth was court-ordered to be returned to the home of their parent. Pre and post-reunification, youth consistently refused to consent to, or participate in, mental health services.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	208	Age	5
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	South County	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	8/9/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	0		

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 7/10/24 through 9/27/24.

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

V. DCFS NARRATIVE

This was not an actual placement change. Rather, the child stayed in this home temporarily to accommodate the caregiver's need for a short-term arrangement due to the caregiver experiencing a family emergency, and then the child was later returned to the placement when the caregiver was ready/able to receive them back. Client is receiving mental health services.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	209	Age	19
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	South County	Total Number of Placement Moves	8
Resided Out of County	No	PLACEMENT CHANGE DATE	7/12/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	7/31/2024, 8/2/2024		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS during the designated review period of 06/12/2024 through 08/11/2024 from a Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

This non-minor dependent refuses to consent to, or participate in, mental health services. DCFS made multiple efforts to engage the non-minor dependent in mental health services during monthly, in-person visits. Since the placement change, the non-minor dependent now resides in a Transitional Housing Program (THP), which offers personalized case management and access to resources, such as counseling, with an aim to empower non-minor dependents to overcome challenges and build skills in preparation to transition out of care.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	210	Age	16
Race/Ethnicity	Black	Gender	Female
DCFS Office	Wateridge	Total Number of Placement Moves	11
Resided Out of County	No	PLACEMENT CHANGE DATE	7/12/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 6/12/24 through 8/11/24.

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

V. DCFS NARRATIVE

Prior to the placement change, the youth refused to consent to, or participate in, mental health services. In addition, DCFS's specialized program, the Family Urgent Response System (FURS) - which is available to youths and caregivers 24 hours per day, seven days per week - was utilized by the caregiver or youth to provide support in attempt to preserve the placement.

A CFT meeting was held on 6/5/2024, prior to the reporting period, to address preserving the placement. A follow-up CFT meeting was held on 9/5/2024, after the reporting period, with the youth and their new caregiver.

After the placement change, the youth participated in an intensive outpatient mental health program.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	211	Age	4
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/11/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	6/27/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	2	28
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	2	28

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 06/11/2024 through 08/10/2024, the client received ICC services, which included collaboration with DCFS to coordinate linkage for mental health services to a Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

The child was referred to Regional Center.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	212	Age	13
Race/Ethnicity	Black	Gender	Female
DCFS Office	Hawthorne	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/7/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	16	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	1	16	0	0

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 06/07/24 through 08/06/24, the client received the following ICC services:
 Engagement and coordination of linkage to mental health services.

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

V. DCFS NARRATIVE

The previous caregiver declined to participate in a CFT meeting to preserve the placement. After the placement change, the youth consented to mental health services and was referred for services. Additionally, the youth has been participating in an after-school program to learn the basics of hair styling, which helps to boost her self-esteem, regulate her emotions and make appropriate social connections with others.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	213	Age	15
Race/Ethnicity	Black	Gender	F
DCFS Office	Lancaster	Total Number of Placement Moves	5
Resided Out of County	No	PLACEMENT CHANGE DATE	7/14/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	53
Intensive Home Based Services (IHBS)	0	0	2	325
TOTAL	0	0	3	378

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 6/14/2024 through 8/13/2024 the client received the following Intensive Home-Based Services (IHBS): Assessment and Plan Development. The Clinician explored loss, trauma and the development of positive relationships that assisted client in successful functioning in the home. The Clinician modeled appropriate social behavior for client when engaging in peer relations. The treatment team explored natural supports, opportunities to establish positive peer relationships, and encouraged substance counseling attendance. The treatment team supported client's transition to a lower level of care placement.

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

V. DCFS NARRATIVE

DCFS made multiple attempts to schedule a Child and Family Team meeting with the youth's caregiver but were unsuccessful.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	214	Age	15
Race/Ethnicity	Black	Gender	F
DCFS Office	Glendora	Total Number of Placement Moves	4
Resided Out of County	No	PLACEMENT CHANGE DATE	8/28/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	9/10/2024		

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	13	531
Intensive Home Based Services (IHBS)	0	0	3	48
TOTAL	0	0	16	579

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 7/29/2024 through 9/27/2024 the client received the following Intensive Care Coordination services: Assessment, Coordination, Transition and Plan Development, and Psychiatric medication evaluation. The Clinician helped client develop effective coping skills when upset such as grounding, mindfulness, use of art and music therapy, and deep breathing. The Clinician assisted client with linkages, referrals, and assessments to help support client's functioning in the home. The Clinician provided support and validation to Caregiver to help gain trust and encourage a collaborative relationship with the youth and promote permanency in the home. Clinician explored and supported client's placement in a higher level of care. Behavioral Specialist provided client with healthy coping strategies and ways to manage distressing emotions such as counting methods, praise, and music therapy. Case Manager provided educational supports with client's school and maintained communication with DCFS, and mental health team related to services. Client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

A CFT meeting was held on 7/24/2024, which was immediately prior to the current review period, to address preserving the child's placement and offer additional supports.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

The prior placement change date was 8/08/24. The following mental health services were provided to the client after this placement change date: Assessment, Plan Development, Rehabilitation Services, Crisis Stabilization, Team Planning, Education Support, Therapy and Transition. Clinician and treatment team provided consultation, coordination of care between mental health agencies, and other systems including the school. Clinician and treatment team assisted with warm handoff transitions between providers, Regional Center referrals, psychiatric recommendations, and medication support follow ups. Clinician and Rehabilitation Specialist provided sessions at the school and at home for skill building activities, such as active listening, being mindful of tone of voice, stop-think-act methods, goal setting, and positive reinforcements. Clinician explored needs around placement stability that included evaluation of functioning at placement with caregivers.

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	215	Age	16
Race/Ethnicity	Black	Gender	F
DCFS Office	Wateridge	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/25/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	7/2/2024		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	86	0	0
Intensive Home Based Services (IHBS)	14	652	0	0
TOTAL	17	738	0	0

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 6/25/2024 through 8/24/2024, the client received the following Intensive Home-Based Services and Intensive Care Coordination: Assessment, Therapy, Rehabilitation, Crisis Planning, and Plan Development. The Rehabilitation Specialist explored strengths and provided coping strategies to assist client with successful functioning in the home. Strategies included modeling, walking, and music therapy. Rehabilitation Specialist and treatment team facilitated a skill building activity, including cooking where client was able to help create a menu to support independent living goals. Clinician helped client identify healthy coping skills such as deep breathing exercises, counting, and drawing to help facilitate emotional regulation. Clinician developed a personalized crisis plan when client became triggered, which included the identification of emergency contacts. Clinician monitored psychiatric medication supports to help client manage emotional dysregulation. Case Manager identified an animal shelter to help connect client to a positive activity, gain an emotional outlet, and maintain placement stabilization.

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

V. DCFS NARRATIVE

Since 7/25/2024, this youth has been absent from care because they ran away from their placement, making it challenging to provide mental health services and conduct CFT meetings.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	216	Age	16
Race/Ethnicity	Black	Gender	F
DCFS Office	Compton-Carson	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	8/23/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	9/16/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	63
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	1	63

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 7/24/2024 through 9/22/2024, the client received the following ICC service: Targeted Case Management. Clinician and CSW met to review client's needs, mental health history and identify additional supportive services.

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

V. DCFS NARRATIVE

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

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	217	Age	14
Race/Ethnicity	Hispanic	Gender	F
DCFS Office	Lancaster	Total Number of Placement Moves	7
Resided Out of County	No	PLACEMENT CHANGE DATE	9/9/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	9/4/2024, 10/3/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	143	17	615
Intensive Home Based Services (IHBS)	5	281	12	361
TOTAL	8	424	29	976

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 8/10/2024 through 10/9/2024, the client received the following IHBS and ICC services: Targeted Case Management, Rehabilitation, and Individual Therapy Services. The treatment team met with DCFS to address the client's placement, treatment progress, identify safety concerns, and monitor the client's well-being. The treatment team brainstormed ideas to assist with maintaining placement, advocated for the client's voice and choice, assisted with transition in placement, and incorporated school and community resources. The client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

Post placement change, the youth began participating in one-to-one Behavioral Aide services, which is an in-placement support to the youth's primary caregiver, offering increased supervision to stabilize a youth.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

The prior placement change date was on 8/11/24, when the client moved from one resource home into a temporary shelter care placement before moving to a different resource home. The Mental Health Provider continued to deliver services throughout the placement change. The treatment team worked closely with the resource parent to assist with the transition to school, safety planning, and to stabilize the client's needs. The Intensive Care Coordinator managed regular communication between the biological parent, resource parents, DCFS, and other treatment team members to maintain placement stability.

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	218	Age	5
Race/Ethnicity	Hispanic	Gender	F
DCFS Office	Pomona	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	8/28/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	8/15/2024; 9/18/2024		

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 7/29/2024 to 9/27/2024, the client received the following ICC service: Targeted Case Management. The clinician participated in the Child and Family Team Meeting to discuss the client's needs, recommendations, and referrals for treatment. The client transitioned to a new Mental Health Provider and continues to receive services.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	219	Age	12
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Metro North	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	8/12/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	7/16/2024 and 9/10/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	91	11	410
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	1	91	11	410

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 7/13/2024 through 9/11/2024 the following ICC services were provided: Targeted Case Management, Therapy, and Rehabilitation Services. The clinician maintained collaboration with the resource families and DCFS to assist with safety planning, crisis intervention, and to address placement preservation strategies. The treatment team was successful at engaging the resource families and DCFS to participate in CFT Meetings. The CFT worked to establish long-term goals, address needs and safety concerns, and to maintain stability in the placement. During the client's placement transitions the treatment team utilized a variety of therapy techniques to increase coping skills, communication skills, expression of emotions, thoughts, and needs, and to improve identification of triggers. The client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	220	Age	21
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Santa Fe Springs	Total Number of Placement Moves	4
Resided Out of County	No	PLACEMENT CHANGE DATE	8/22/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS during the designated review period of 7/23/2024 through 9/21/24 from a Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

This was not a placement change due to the child's/youth's behavior. Rather, this youth's case terminated since they reached the age of majority. Prior to termination, Youth was offered but declined mental health services.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	221	Age	10
Race/Ethnicity	Black	Gender	Female
DCFS Office	Metro North	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	8/29/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period of 7/30/2024 through 9/28/2024.

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

V. DCFS NARRATIVE

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

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	222	Age	9
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Palmdale	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/23/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	8/7/2024		

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	63	4	247
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	2	63	4	247

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 6/23/2024 through 8/22/2024 the following IHBS and ICC services were provided: Assessment, Individual Therapy, Targeted Case Management, Rehab Services, and Transition Support. The treatment team met with DCFS to collaborate on placement preservation and transitional supportive services. The clinician maintained collaboration with the resource families and DCFS to assist with safety planning, crisis intervention, and to address placement strategies. The clinician and treatment team utilized a variety of therapy techniques to assist with practicing coping skills, interpersonal relationship skills, communication skills, and expression of thoughts and emotions. The treatment team was able to assist the client during the transition to a new placement by focusing on the utilization of coping skills and working closely with the caregiver. The treatment team focused on psychoeducation, maintaining communication to address safety concerns, and providing linkages to resources in the community. The client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	223	Age	11
Race/Ethnicity	Black	Gender	M
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	8/27/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	07/30/2024, 09/10/2024, 09/25/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	3	198
TOTAL	0	0	3	198

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 7/28/2024 through 9/26/2024, the following IHBS were provided to the client: Assessment, Rehab, and Plan Development. The Child and Family Specialist met with biological parent to discuss behavioral concerns and develop a plan for implementing coping skills. The Clinician assessed for the client and family's strengths and needs and helped the family to identify goals for therapy. The client started to receive services from the current Mental Health Provider on 9/19/2024 and continues to receive services.

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

V. DCFS NARRATIVE

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

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	224	Age	0
Race/Ethnicity	Hispanic	Gender	M
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/2/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS during the designated review period of 06/02/2024 through 08/01/2024 from any Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be returned to the home of their parent. Child was 7 months old at the time of reunification with parent and meeting all developmental milestones with no behavioral concerns.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	225	Age	17
Race/Ethnicity	Black	Gender	F
DCFS Office	Lancaster	Total Number of Placement Moves	7
Resided Out of County	No	PLACEMENT CHANGE DATE	9/16/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	8/27/2024		

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	5	258	4	167
Intensive Home Based Services (IHBS)	6	386	13	908
TOTAL	11	644	17	1,075

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 8/17/2024 through 10/16/2024, the following IHBS and ICC services were provided to client: Psychosocial Rehabilitation, Psychotherapy, Targeted Case Management. The case manager assisted client in exploring community resources including anger management classes and sports. The case manager also practiced with client on how to communicate needs and discussed ways to increase client's participation in Child and Family Team Meetings. The clinician provided client with psychotherapy on grief, depression, and discussed coping strategies at school including taking breaks and planning ahead. The rehabilitation specialist explored positive communication strategies with client such as awareness of body language and the use of "I" statements. The rehabilitation specialist also encouraged client to utilize positive affirmations to boost self-confidence and led client in practicing deep breathing and hand tension exercises for self-regulation. The client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

This placement change was not due to the youth's behavior. Rather, the placement change was made so that the youth could be placed with a relative.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	226	Age	14
Race/Ethnicity	Other	Gender	M
DCFS Office	Metro North	Total Number of Placement Moves	13
Resided Out of County	No	PLACEMENT CHANGE DATE	8/6/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	7/30/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	38
Intensive Home Based Services (IHBS)	0	0	1	13
TOTAL	0	0	2	51

IV. ICC/IHBS SERVICES PROVIDED

During the review period of 7/7/2024 through 9/5/2024, the following IHBS and ICC services were provided to client: Rehabilitation Services and Plan Development. Rehabilitation services included providing psychoeducation on the importance of maintaining communication with DCFS and the treatment team to assist during crises to help preserve client's placement. Intensive Care Coordinator facilitated a consultation meeting with the treatment team and DCFS to share updates and develop plans. Client started to receive services from the Mental Health Provider on 8/14/2024 and continues to receive services.

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

V. DCFS NARRATIVE

The youth also participated in equine therapy after the placement change.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	227	Age	16
Race/Ethnicity	Black	Gender	M
DCFS Office	Hawthorne	Total Number of Placement Moves	5
Resided Out of County	No	PLACEMENT CHANGE DATE	7/8/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	2	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	6/27/2024, 7/8/2024, 7/30/2024		

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	41	2,535	9	510
Intensive Home Based Services (IHBS)	7	420	3	150
TOTAL	48	2,955	12	660

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 6/8/2024 through 8/7/2024, the following IHBS and ICC services were provided to client: Rehabilitation Services and Plan Development. The treatment team used developmentally appropriate vocabulary to facilitate client's understanding of the interventions being utilized. Rehabilitation Specialist inquired about and acknowledged client's feelings, explained the importance of completing daily living activities, and assisted client in making connections between positive behaviors and future privileges. Rehabilitation Specialist also reviewed and encouraged client to follow house rules, and prepared client for going into the community to maintain safety and placement stability. During a placement transition, the Clinician, Parent Partner, and Rehabilitation Specialist provided aftercare services for the client and biological parent. Intensive Care Coordinator facilitated regular team consultation meetings with the treatment team, DCFS, Regional Center, and community supports to coordinate treatment plan and review client's needs. The Intensive Care Coordinator and Clinician supported the client's transition by conducting a warm handoff to the next service provider. The client transitioned to a new Mental Health Provider and continues to receive services.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	228	Age	16
Race/Ethnicity	White	Gender	M
DCFS Office	South County	Total Number of Placement Moves	12
Resided Out of County	No	PLACEMENT CHANGE DATE	7/16/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS during the designated review period of 06/16/2024 through 08/15/2024 from a Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

Client was offered services and client declined services. It should be further noted that in addition to their primary caseworker, this youth has been assigned a specialized secondary worker through DCFS's Placement Stabilization Team, which supports the youth and caregiver 24 hours per day, seven days per week.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	229	Age	6
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Belvedere	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	8/22/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	2	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	07/24/24 and 08/20/24		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	51	2,304	40	3,011
Intensive Home Based Services (IHBS)	10	738	5	468
TOTAL	61	3,042	45	3,479

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period of 07/23/24 through 09/21/24 the following IHBS and ICC services were provided to the client: Psychotherapy, care coordination, and rehabilitation. Treatment focused on addressing client's trauma, de-escalation, and developing skills to manage feelings and emotions. The Intensive Care Coordinator facilitated consultation meetings with the treatment team and the Department of Children and Family Services (DCFS) to assess client and caregiver's needs. The Intensive Care Coordinator linked the client and caregiver with additional supportive services to address client's safety and maintain placement. The treatment team supported the caregiver by teaching coping skills utilizing role playing, modeling use of coping skills such as deep breathing, and increasing emotional awareness. Clinician utilized de-escalation skills while in the home and at school. The treatment team and DCFS strategized on rapport building approaches to increase engagement with the caregiver and biological parents. The client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

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

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	230	Age	7
Race/Ethnicity	Black	Gender	F
DCFS Office	Santa Fe Springs	Total Number of Placement Moves	1
Resided Out of County	Yes	PLACEMENT CHANGE DATE	7/31/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period of 7/01/2024 through 8/30/2024.

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

V. DCFS NARRATIVE

This placement change was not due to the child's behavior. Rather, the child was placed into the home of a relative. Child was referred for mental health services.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	231	Age	17
Race/Ethnicity	Black	Gender	Male
DCFS Office	South County	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/20/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	7/26/2024, 8/20/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	9	980
Intensive Home Based Services (IHBS)	7	300	9	330
TOTAL	7	300	18	1,310

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 07/01/24 through 08/30/24 the following IHBS and ICC services were provided to the client: Plan development, treatment planning, individual therapy, and group therapy. Treatment focused on stabilization, safety planning, motivational interviewing, identifying triggers, and self-regulation. The treatment team collaborated with DCFS and caregiver in addressing clients underlying needs and identifying goals. The treatment team supported the client during the transition to a new Mental Health Provider, and a warm hand off was completed during a Child and Family Team Meeting. The Intensive Care Coordinator facilitated referrals to community services and mentoring programs to address client's needs and goals towards transitioning to an independent living program to increase stabilization. The client transitioned to a new Mental Health Provider and continues to receive services.

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

V. DCFS NARRATIVE

In July 2024 DCFS attempted to schedule a CFT meeting to address preserving the placement; however, the caregiver declined.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	232	Age	4
Race/Ethnicity	White	Gender	Female
DCFS Office	Torrance	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	7/29/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	6/4/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	5	280
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	5	280

IV. ICC/IHBS SERVICES PROVIDED

During the review period from 06/29/2024 to 08/28/2024 the client received the following ICC services: Case management. The Mental Health Specialist facilitated meetings with CSW to discuss mother and child's progress, participation in services, and change in placement. The client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	233	Age	15
Race/Ethnicity	White	Gender	Female
DCFS Office	Lancaster	Total Number of Placement Moves	15
Resided Out of County	No	PLACEMENT CHANGE DATE	7/24/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	7/18/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	4	321	5	140
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	4	321	5	140

IV. ICC/IHBS SERVICES PROVIDED

During the review period from 06/24/2024 to 08/23/2024 the client received the following ICC services: Case management and CFTM. The facilitator led a CFT meeting and discussed the client's strengths, needs, and safety concerns that could impact the client's placement. The clinician consulted with the treatment team and provided strategies on how to preserve the client's placement and identified ways to support the family. The Youth Specialist supported the client during the CFTM by encouraging the client to engage in self-regulation when feeling upset. The Parent Partner shared a plan to link the client to services closer to the new caregiver. The client transitioned to a new Mental Health Provider and continues to receive services.

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

V. DCFS NARRATIVE

After the placement change, the youth was linked to a substance abuse counselor and participated in an outpatient substance abuse treatment program. Additionally, a CFT meeting was held on 8/29/2024, which was shortly after this review period, with the youth and their new caregiver.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	234	Age	17
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	9/18/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	9/19/2024		

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS during the designated review period of 08/19/2024 through 10/18/2024 from a Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

Youth was referred for mental health services; however, the youth was moved from the home to be placed with relatives before services could begin. After the placement change, relative caregivers reported the youth was not displaying behaviors that would necessitate mental health services and would continue to monitor. DCFS has referred youth for mentorship opportunities.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	235	Age	2
Race/Ethnicity	Other	Gender	Female
DCFS Office	Van Nuys	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	9/13/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client is receiving services from a Mental Health Provider. However, client did not receive ICC or IHBS during the designated review period from 08/14/2024 through 10/13/2024.

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

V. DCFS NARRATIVE

This placement change was not due to the child's behavior. Rather, child was court-ordered to be returned to the home of their parent. Child was linked and is receiving mental health services.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	236	Age	9
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Vermont Corridor	Total Number of Placement Moves	9
Resided Out of County	Yes	PLACEMENT CHANGE DATE	7/20/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

Client did not receive ICC or IHBS during the designated review period from 6/20/2024 through 8/19/2024 from a Los Angeles County Mental Health Provider.

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

V. DCFS NARRATIVE

Client was linked to services in their county of residence, and is receiving intensive mental health services. In addition to their primary caseworker, this child has also been assigned a specialized secondary worker through DCFS' Placement Stabilization Team, which supports the child and caregiver 24 hours per day, seven days per week.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	237	Age	16
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Santa Clarita	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	9/20/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	2	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	8/28/2024, 9/13/2024, 9/26/2024 and 10/16/2024		

III. MENTAL HEALTH SERVICES DATA

	<i>Pre*</i>		<i>Post*</i>	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	3	133	5	248
Intensive Home Based Services (IHBS)	0	0	6	301
TOTAL	3	133	11	549

IV. ICC/IHBS SERVICES PROVIDED

During the designated review period from 8/21/2024 through 10/20/2024, the following IHBS and ICC services were provided to client: Assessment, Plan Development, Treatment Planning, Coordination of Care, and Targeted Case Management. The clinician evaluated client for mental health services, coordinated staff engagement, consulted with team members, and participated in Child and Family Team Meetings. Once the assessment was completed, client was transferred to a new Mental Health Provider. The new treatment team provided psychoeducation to caregiver about the impacts of trauma, developed a support system for the client, conducted safety planning, and encouraged caregiver to practice effective communication with client in order to foster a supportive relationship. The client continues to receive services from the current Mental Health Provider.

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

V. DCFS NARRATIVE

No additional information to report.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	238	Age	16
Race/Ethnicity	White	Gender	Male
DCFS Office	Lancaster	Total Number of Placement Moves	15
Resided Out of County	No	PLACEMENT CHANGE DATE	9/11/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	2	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	8/20/2024, 9/5/2024		

III. MENTAL HEALTH SERVICES DATA

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

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a mental health provider. However, client did not receive IHBS or ICC services during the designated review period from 08/12/2024 through 10/11/2024 from a Los Angeles County Mental Health Provider. Client was offered ICC/IHBS services however the client and family declined services.

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

V. DCFS NARRATIVE

Prior to the placement change, this youth was participating in intensive mental health services. Youth graduated from services in May 2024 and was stepped down to individual counseling. Youth continues to participate in individual counseling.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	239	Age	7
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Palmdale	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	8/16/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

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

III. MENTAL HEALTH SERVICES DATA

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0

IV. ICC/IHBS SERVICES PROVIDED

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services during the designated review period from 07/17/2024 through 09/15/2024.

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

V. DCFS NARRATIVE

This placement change was not due to the child's behavior. Rather, the child was court-ordered to be placed with relatives.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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

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

I. CLIENT DEMOGRAPHIC INFORMATION

Unique Client ID#	240	Age	12
Race/Ethnicity	Black	Gender	Female
DCFS Office	Hawthorne	Total Number of Placement Moves	6
Resided Out of County	No	PLACEMENT CHANGE DATE	7/28/2024

II. CHILD AND FAMILY TEAM (CFT) INFORMATION

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	8/5/2024		

III. MENTAL HEALTH SERVICES DATA

	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	19	1,428	16	1,069
Intensive Home Based Services (IHBS)	1	54	46	3,107
TOTAL	20	1,482	62	4,176

IV. ICC/IHBS SERVICES PROVIDED

During the review period from 6/28/2024 through 8/27/2024, the following IHBS and ICC services were provided to client: Assessment, medication support services, collaborations with DCFS, family therapy, and individual therapy. ICC services included team collaboration with DCFS, targeted case management, and coordination of initial CFT meeting and follow-up meetings to review client's successes and challenges. In addition, CFT meetings were held to discuss client's placement stability, trauma history, treatment goals, and overall treatment progress. The team continued to advocate for client's academic needs. Clinician utilized psychoeducation, reframing thoughts, therapeutic walks, and music therapy when working with client. Group therapy was provided during the review period to support client's treatment. The client started to receive services from the current Mental Health Provider on 7/29/2024 and continues to receive services.

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

V. DCFS NARRATIVE

A CFT meeting was held on 9/3/2024, which was shortly after the review period.

VI. PRIOR PLACEMENT INFORMATION

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

Explanation of Services Provided After Previous Placement:

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