#### **County of Los Angeles**



#### DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

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May 30, 2025

To: Supervisor Kathryn Barger, Chair

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From: Brandon T. Nichols

Director, Department of Children and Family Services

Lisa H. Wong, Psy.D. July 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 sixth and final 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 January 1, 2025 to March 31, 2025. 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

Each Supervisor May 30, 2025 Page 2

intensive service provision that each child received 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: (<a href="https://lacounty.gov/government/board-of-supervisors/board-correspondence/">https://lacounty.gov/government/board-of-supervisors/board-correspondence/</a>). The reports will also be posted on the DCFS and DMH public websites.

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

BTN:JF:DI LW:jn

#### Attachments

Department of Probation
 Los Angeles County Commission for Children and Families
 Los Angeles County Behavioral Health Commission

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 301			Age 12	2
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Palmdale		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	E	1/24/2025
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 0				
- III MI	ENTAL HEALTH S	SERVICES DATA		_
111. 141				(th
Samilas Catagomi	Service Count	Total Minutes	Service Count	ost*  Total Minutes
Service Category Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	TE BROVIDED		
Client did not receive ICC or IHBS during the County Mental Health Provider.	designated review p	eriod of 12/25/24 th	nrough 2/23/25 fro	m a Los Angeles

V. DCF5 NAM	RRATIVE	
This placement change was not due to the youth's behaviors; ra expressing a desire for a more affirming environment and reque declined a CFT meeting prior to the placement change. The you services during this review period.	sted the placement change. The caregiver and y	outh
VI. PRIOR PLACEMEN	NT INFORMATION	
	Yes No	
Prior Placement Change in this Reporting?		
	X	
Explanation of Services Provided After Previous Placement	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
Explanation of Services Provided After Previous Placement	· · · · · · · · · · · · · · · · · · ·	
Explanation of Services Provided After Previous Placement	· · · · · · · · · · · · · · · · · · ·	
Explanation of Services Provided After Previous Placement	· · · · · · · · · · · · · · · · · · ·	
Explanation of Services Provided After Previous Placement	· · · · · · · · · · · · · · · · · · ·	
Explanation of Services Provided After Previous Placement	· · · · · · · · · · · · · · · · · · ·	
Explanation of Services Provided After Previous Placement	· · · · · · · · · · · · · · · · · · ·	
Explanation of Services Provided After Previous Placement	· · · · · · · · · · · · · · · · · · ·	
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Explanation of Services Provided After Previous Placement	· · · · · · · · · · · · · · · · · · ·	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N			
Unique Client ID# 302			Age 14			
			Gender Female			
Race/Ethnicity Black			Gender Female			
DCFS Office Wateridge		Total Number of	Placement Moves	3		
Resided Out of County No	PLACEME	ENT CHANGE DAT	E ;	3/18/2025		
II. CHILD AND FAMILY TEAM (CFT) INFORMATION						
Number of CFT Meetings (Pre*) 1 Number of CFT Meetings (Post*) 1						
CFT Meetings Dates 2/20/2025	, 3/13/2025					
III. MI	ENTAL HEALTH S	SERVICES DATA				
	Pre	<u>;</u> *	Pe	ost*		
Service Category	Service Count	Total Minutes	Service Count	Total Minutes		
Intensive Care Coordination (ICC)	10	443	6	236		
Intensive Home Based Services (IHBS)	13	653	5	245		
TOTAL	23	1,096	11	481		
IV. I	CC/IHBS SERVIC	ES PROVIDED				
During the designated review period from 2/1 coordination, team collaboration through Staf youth athletic program, and consultation with Demonstration and use of grounding technique coping strategy, modeling appropriate behavinguided imagery. Client started services with the started services with the started services.	f Engagement meeti the psychiatrist. Tho ues when feeling and ors at home and sch	ngs, CFT Meetings e client received the kious, processing tr nool, use of narrativ	s, public school me e following IHBS se auma related triggo es as self-reflection	etings, linkage to a ervices: ers, cooking as a n, journaling, and		

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	IT INFORMATION		
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
		No x	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIC	N		
Unique Client ID# 303			<b>Age</b> 16		
Race/Ethnicity White			Gender Male		
DCFS Office Brand		Total Number of	Placement Moves	1	
Resided Out of County No	PLACEME	ENT CHANGE DAT	E	1/3/2025	
II. CHILD A	ND FAMILY TEAM	(CFT) INFORM	ATION		
Number of CFT Meetings (Pre*) 0 Number of CFT Meetings (Post*) 0					
CFT Meetings Dates 0					
III. MI	ENTAL HEALTH S	SERVICES DATA		-	
	Pro			ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC)	0	0	0	0	
Intensive Home Based Services (IHBS)	0	0	0	0	
TOTAL	0	0	0	0	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
Client did not receive ICC or IHBS during the County Mental Health Provider.	designated review p	period of 12/04/24 t	hrough 2/02/25 fror	n a Los Angeles	

V. DCFS NAR	RATIVE		
This placement change was not due to the youth's behavior. Ra	ther, the youth wa	s court-ordered to	be returned to the
home of their parent.			
VI. PRIOR PLACEMEN	T INFORMATIO	N	
	Yes	No	
Prior Placement Change in this Reporting?		Х	
Explanation of Services Provided After Previous Placement:			
Not applicable due to no prior placement change in this reporting			

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	NT DEMOGRAPH	IIC INFORMATIC	N		
Unique Client ID# 304			<b>Age</b> 18		
Race/Ethnicity Black			Gender Female		
DCFS Office Lancaster		Total Number of	Placement Moves		
DCF3 Office   Lancaster		Total Number of	Placement woves	3	
Resided Out of County No	PLACEM	ENT CHANGE DAT	Έ :	3/26/2025	
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION		
Number of CFT Meetings (Pre*) 0 Number of CFT Meetings (Post*) 0					
CFT Meetings Dates 0					
III. MI	ENTAL HEALTH S	SERVICES DATA			
	Pr	e*	Pe	ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC)	0	0	0	0	
Intensive Home Based Services (IHBS)	0	0	0	0	
TOTAL	0	0	0	0	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
Client did not receive ICC or IHBS during the County Mental Health Provider.	designated review p	period of 2/24/25 th	rough 4/25/25 from	a Los Angeles	

V. DCFS NAF	RRATIVE		
Prior to and post-placement change, this non-minor dependent has the youth's behaviors do not warrant more intensive mental has the youth's behavior; rather, the previous caregiver was no longe caregiver was offered a meeting to discuss the requested placer	ealth services. This er willing to be a pla	s placement chang acement resource.	e did not occur due to
VI. PRIOR PLACEMEN	NT INFORMATIO	N	
VI. I NON I EAGEMEN	Yes	No	
Prior Placement Change in this Reporting?		x	]
Explanation of Services Provided After Previous Placement			
Not applicable due to no prior placement change in this reporting	g.		

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IIC INFORMATIC	N	
Unique Client ID# 305			<b>Age</b> 16	
Race/Ethnicity Black			Gender Female	
DCFS Office Palmdale		Total Number of	Placement Moves	1 1
Paimdale		Total Number of	Placement woves	'
Resided Out of County Yes	PLACEMI	ENT CHANGE DAT	E	1/3/2025
II. CHILD A	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*) 1 Number of CFT Meetings (Post*) 0				
CFT Meetings Dates 12/19/202	4			
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pr	e*	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client is receiving services from a Mental Los Angeles County Mental Health Provider of the county Mental Health Provi				

V. DCFS NAR	RATIVE		
This placement change was not due to the youth's behavior. Ra	ther, the placemer	nt change occurred	to allow the youth
to be placed in the home of a relative caregiver.			
VI. PRIOR PLACEMEN			
	Yes	No	•
Prior Placement Change in this Reporting?		X	
Explanation of Services Provided After Previous Placement:	,		
Not applicable due to no prior placement change in this reporting			

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 306			Age 16	3
Race/Ethnicity Hispanic			Gender Femal	Э
DCFS Office Palmdale		Total Number of	Placement Move	s 1
Resided Out of County No	PLACEME	NT CHANGE DAT	E	1/24/2025
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>)</b> *	F	Post*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client did not receive IHBS or ICC service review period of 12/25/2024 through 2/23/202		es County Mental H	lealth Provider du	ring the designated

V. DCFS NAF	RRATIVE
This placement change was not due to the youth's behavior. Ra	
to be placed in the home of a relative caregiver.	
VI. PRIOR PLACEMEN	NT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	X
	<del>-</del>
Explanation of Services Provided After Previous Placement	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	
Not applicable due to no prior placement change in this reporting	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 307	ENT DEMOGRAPH	IIC INFORMATIO	N	
			Age 3	
Race/Ethnicity Hispanic			Gender Female	Э
DCFS Office Glendora		Total Number of	Placement Move	s 1
Resided Out of County Yes	PLACEME	ENT CHANGE DAT	E	1/13/2025
II. CHILD A	AND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 1/21/202	5			
III. N	IENTAL HEALTH S	SERVICES DATA		
	Pro	e*	F	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
· '		1	_	
TOTAL	0	0	0	0
TOTAL	ICC/IHBS SERVIC	ES PROVIDED		

V. DCFS NAR	RATIVE		
This placement change was not due to the child's behavior. Rath	ner, new DCFS plac	ement paperwork	had to be
generated to update the caregiver's relationship to the child and			
process.		·	-
VI. PRIOR PLACEMEN	T INFORMATIO	V	
	Yes	No	
Prior Placement Change in this Reporting?		Х	
Explanation of Services Provided After Previous Placement:			
Not applicable due to no prior placement change in this reporting.			

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IIC INFORMATIC	N	
Unique Client ID# 308			Age 2	
Race/Ethnicity Hispanic			Gender Female	
		Total Number of	Discoment Mayor	7
DCFS Office Santa Fe Springs		Total Number of	Placement Moves	,
Resided Out of County No	PLACEM	ENT CHANGE DAT	TE :	2/27/2025
II. CHILD AI	ND FAMILY TEAM	M (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	Meetings (Post*)	0
CFT Meetings Dates 2/12/2025				
III. ME	ENTAL HEALTH	SERVICES DATA		
	Pr	e*	P	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	15	0	0
Intensive Home Based Services (IHBS)	1	90	0	0
TOTAL	2	105	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the designated review period of 1/28/2 services: The treatment team and DCFS met treatment team addressed the caregiver's coron age-appropriate interventions. Music was a	to address the clier ncerns regarding be	nt's placement, the chaviors. The treatm	client's needs and the nent team provided	trauma history. The psychoeducation

V. DCFS NAF	RRATIVE	
DCFS' specialized program, the Family Urgent Response System	ı (FURS) – which is on call 24 hours per day, 365 days p	er
year - supported the youth and/or caregiver to help try to prese		
	·	
VI. PRIOR PLACEMEN	IT INFORMATION	
VI. PRIOR PLACEMEN	IT INFORMATION  Yes No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?	Yes No	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 309			<b>Age</b> 17	
Race/Ethnicity Black			Gender Female	
DCFS Office Brand		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	E	1/8/2025
II. CHILD AI	ND FAMILY TEAN	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
			ge (r eer )	
CFT Meetings Dates 0				
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>)</b> *	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive ICC or IHBS during the Angeles County Mental Health Provider. Clier			_	rom a Los

V. DCFS NAI	RRATIVE
During this review, the youth refused to consent to, or participate frequently absent from their placement, making it challenging to	
It should be noted that DCFS's specialized program, the Family hours per day, 365 days per year - supported the youth and/or p placements.	
ріасеттетіі».	
VI. PRIOR PLACEMEI	NT INFORMATION
VI. PRIOR PLACEME	NT INFORMATION  Yes No
VI. PRIOR PLACEMEI Prior Placement Change in this Reporting?	
Prior Placement Change in this Reporting?	Yes No X
	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	I. CLIENT DEMOGRAPHIC INFORMATION			
Unique Client ID# 310			<b>Age</b> 13	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office South County		Total Number of	Placement Moves	4
Resided Out of County No	PI ACEME	NT CHANGE DAT	F .	1/14/2025
			<b>.</b>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 12/18/202	4, 02/06/2025			
- III ME	ENTAL HEALTH S	SEDVICES DATA		
III. WIL				
2000 1000 2010 0000	Pre			ost*
Service Category Intensive Care Coordination (ICC)	Service Count	Total Minutes	Service Count	Total Minutes 0
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	20	1,055	15	689
TOTAL	20	1,055	15	689
	CC/IHBS SERVIC	E0 DD0\//DED		
During the review period of 12/15/2024 throug client in developing coping skills that supported the client that enhanced the client's independ the client's self-care. The clinician also utilized the client's sense of safety. The client also enaided the client in developing leadership skills Health Provider.	gh 02/13/2025, the ced emotional expressent living skills, such dart as a way for the gaged in a mentorsl	lient received IHBS sion and self-care. as learning to pur e client to express nip program throug	The clinician engaç chase merchandise thoughts and feelin h the client's school	ged in activities with e, which increased gs which enhanced ol district which

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATION		
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 311			Age 12	
Race/Ethnicity White			Gender Male	
DCFS Office South County		Total Number of	Placement Moves	9
Resided Out of County No	PLACEME	NT CHANGE DAT	E E	1/1/2025
II. CHILD A	ND FAMILY TEAN	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetinas (Post*)	0
9	ng review period		, , , , , , , , , , , , , , , , , , ,	
	·	NEDVICES DATA		
III. M	ENTAL HEALTH S	SERVICES DATA		
	Pre			ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	6	207	7	203
Intensive Home Based Services (IHBS)  TOTAL	14 <b>20</b>	749 <b>956</b>	7	203
TOTAL	20	936	,	203
IV.	ICC/IHBS SERVIC	ES PROVIDED		
During the review period from 12/02/2024 to Development, Treatment Planning, Psychoso utilized the client's functional strengths, board and to support the client's identified goals. The teams, DCFS, caregiver, and group care stated the client started services with the current M	ocial Rehabilitation, a d games, play therap ne Clinicians collabor ff to assist with the cl	and Psychotherapy.  y, and positive come  ated with each othe  ient's underlying ne	The Clinicians and nmunication skills to er and engaged wit eeds and promote p	d Rehab Specialist or engage the client the treatment olacement stability.

V. DCFS NAR	RATIVE
A CFT meeting was offered to the child, prior to the placem Consequently, the child's mental health services team concaddition to their primary caseworker, this child has been as DCFS's Placement Stabilization Team, which supports the per week.	ducted a staffing to address placement issues. In ssigned a specialized secondary worker through
On 12/31/2024, DCFS's specialized program, the Family U 24 hours per day, 365 days per year - supported the child a	- ,
VI. PRIOR PLACEMEN	TINEODMATION
VI. FRIOR FLACLIVILIN	Yes No
Prior Placement Change in this Reporting?	x x
Explanation of Services Provided After Previous Placement:	
Not applicable due to no prior placement change during this repo	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 312		IC INFORMATIO	)N	
			Age 4	
			_	
Race/Ethnicity Hispanic			Gender Female	)
DCFS Office Belvedere		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	E	1/9/2025
II. CHILD AN	ND FAMILY TEAM	(CFT) INFORM	ATION	
		,		
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
III. ME	NTAL HEALTH S	SERVICES DATA		
	Pro	<b>a</b> *	P	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IUDS SEDVIC			
The client received mental health services but		ES PROVIDED		

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

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 313	I. CLIENT DEMOGRAPHIC INFORMATION				
				Age 14	. ]
Race/Ethnicity Hispanic				Gender Male	
DCFS Office West San Feri	nando Valley		Total Number of	Placement Moves	2
Resided Out of County	No	PLACEME	NT CHANGE DAT	E	1/16/2025
II. CI	HILD AND F	AMILY TEAN	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0		Number of CFT N	Meetings (Post*)	0
OFT Markings Batas					
CFT Meetings Dates	/A				
	III. MENTA	AL HEALTH S	ERVICES DATA		
		Pre	<b>)</b> *	P	ost*
Service Category	Se	rvice Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)		0	0	0	0
Intensive Home Based Services (IHBS)		0	0	0	0
TO	TAL	0	0	0	0
	N/ 100/II				
The client received mental health ser			ES PROVIDED		

V. DCFS NAR	RATIVE	
This youth was participating in outpatient mental health services of		
W PRIOR DI AGENENI	- INTO DIA 4 TION	
VI. PRIOR PLACEMEN		
VI. PRIOR PLACEMEN		No
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?	Yes I	Vo X
	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes I	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 314			<b>Age</b> 17	
Race/Ethnicity Black			Gender Female	
DCFS Office Vermont Corridor		Total Number of	Placement Moves	1
		Total Number of	Placement woves	'
Resided Out of County No PLACEMENT CHANGE DATE 3/28/2025				
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pro			ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client did not receive ICC or IHBS service period of 02/26/2025 through 04/27/2025.	es from a Los Angel	es County Mental F	lealth Provider duri	ng the review

V. DCFS NAF	RRATIVE	
This placement change was not due to the youth's behavior. Ra		
in the home of their parent until May 1, 2025, with the goal of	reunifying with said parent.	
VI. PRIOR PLACEMEN	IT INFORMATION	
	Yes No	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?		
Explanation of Services Provided After Previous Placement.	X	
	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	
Explanation of Services Provided After Previous Placement.	X	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 315			Age 14	
Race/Ethnicity Black			Gender Male	
DCFS Office South County		Total Number of	Placement Moves	2
Resided Out of County No PLACEMENT CHANGE DATE 1/7/2025				
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	3
CFT Meetings Dates 1/14/2025	, 1/30/2025, 2/6/202	5		
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	e*	P	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	6	462	13	1,199
Intensive Home Based Services (IHBS)	1	40	3	162
TOTAL	7	502	16	1,361
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 12/08/2024 through Plan Development, Consultation, Coordination communication with DCFS and other team midentify potential resources, and to prepare the supportive services such as Therapeutic Behamber The ICC and team supported the biological moresources such as food, storage and move-in reunification with increased communication whelped the client process feelings surrounding the use of coping skills such as stop and think confidence and self-worth. The Clinician estation client's trauma, developed goals for the far successful functioning in the home, and suppose meetings with client's school to address behamber of the successful functioning in the home.	n, and Psychoeduca embers to review the e caregivers to be a avioral Services to he other when the team provisions. The treadith parent on family requirification with matching reunification with matching to before reacting, an ablished conjoint sesmily, helped the clier orted reunification w	ation. The Intensive e client's mental he part of the Child are part earned that clien at ment team supponeeds. The Clinician other and modeled discussed the important of the Child and parent developith parent. The Clirician the Clirician than the Cli	e Care Coordinator ealth symptoms, pland Family Team. The behaviors in the hot would be returned preed placement state an explored the clied problem solving supportance of buildinassisted parent with lop positive interactionician consulted and	r (ICC) maintained acement changes, the ICC coordinated nome and school. It to her care with ability following ent's trauma history, skills, encouraged ag client's self the psychoeducation tions to increase and maintained

V. DCFS NAR	RATIVE		
This placement change was not due to the youth's behavior. Rath		court-ordered to be	returned to the
home of their parent on 1/7/2025.	•		
1" PRIOR RI AGEMENI	- ::::::::::::::::::::::::::::::::::::		
VI. PRIOR PLACEMEN			
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 316		IC INFORMATIO	N	
			Age 9	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Lancaster		Total Number of	Placement Moves	1
Resided Out of County No PLACEMENT CHANGE DATE 1/21/2025				
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	2
			icounigo (i cot )	
CFT Meetings Dates 1/24/2025	, 2/20/2025			
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>;</b> *	Pe	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client received mental health services bu	t did not roppiya ICC			

V. DCFS NAI	RRATIVE
This child participated in intensive mental health services prior to	
VI. PRIOR PLACEMEN	NT INFORMATION
VI. PRIOR PLACEMEN	Yes No
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?	Yes No
	Yes No X
Prior Placement Change in this Reporting?	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes No X

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 317			<b>Age</b> 10	
Race/Ethnicity Black			Gender Female	;
DCFS Office Wateridge		Total Number of	Placement Moves	14
Resided Out of County No PLACEMENT CHANGE DATE 1/2/2025				
II. CHILD AN	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)  1 Number of CFT Meetings (Post*)  0  CFT Meetings Dates 12/11/2024				
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	e*	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	29	2,600	25	1,149
Intensive Home Based Services (IHBS)	8	628	5	359
TOTAL	37	3,228	30	1,508
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period from 12/03/2024 thromal Targeted case management, individual psych resources to client and family, including activities the client's strengths, needs and safety concernsulted with the team to explore strategies collaborated with the CSW to discuss client's Rehab Specialist supported the client by craft strengths. The Rehab Specialist introduced so practice effective communication. The therapit therapist also introduced coping skills such as collaborated with caregivers regularly to provice caregiver on how to provide support when client trauma to help the caregivers better understancement Mental Health Provider on 08/03/2023	notherapy, and psychoties that assisted with the could impart to help preserve clies progress, safety corting interventions that ocial skill-building opist consulted with other deep breathing to it de support to presert and the client's behavior of the client's behavior	nosocial rehabilitation the social skills. The sact placement, were ent's placement and neerns, and strateget were individualized oportunities, such a her team members increase emotional rive placement. The he Parent Partner aviors. The client beginning the social strategians.	on services. The IC ICC facilitated a C e discussed. The IC didentify additional gies to preserve the ed to the client's interest community outing to support the client regulation. The Pate Parent Partner roleals oprovided psychologicals.	CC provided CFT meeting, where CC regularly support. The ICC placement. The erests and gs to help the client nt's placement. The arent Partner le-played with noeducation on

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATION		
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 318			<b>Age</b> 18	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Pomona		Total Number of	Placement Moves	1
Resided Out of County No	DI ACEME	NT CHANGE DAT		3/21/2025
Resided Out of County 140	PLACEIVIE	INT CHANGE DAT		5/21/2025
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
· · · · · · · · · · · · · · · · · · ·	ENTAL HEALTH S	EDVICES DATA		
111. 1416				
200 100 2010 000	Pre			ost*
Service Category Intensive Care Coordination (ICC)	Service Count	Total Minutes	Service Count 4	Total Minutes 263
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	2	111	4	263
IV I	CC/IHBS SERVIC	ES PROVIDED		
During the review period from 02/19/2025 throconsulted with the DCFS social worker regard therapist could assist with. The therapist proveffectively that would enhance the client's em counselor to discuss educational needs. The Provider.	ling client's placeme ided caregiver with s otional wellbeing. In	nt, triggers, challer strategies on engaç addition, the thera	nges, and areas of gement and ways to pist consulted with	support that the communicate the school

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATION		
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I	. CLIENT	DEMOGRAPH	IC INFORMATIC	N	
Unique Client ID# 319				Age 15	
Race/Ethnicity Hispanic				Gender Male	
DCFS Office Lancaster			Total Number of	Placement Moves	1
Resided Out of County	Yes	PLACEME	NT CHANGE DAT	ΓE :	2/19/2025
II. CH	IILD AND	FAMILY TEAN	I (CFT) INFORM	ATION	
	1		, ,		
Number of CFT Meetings (Pre*)	1		Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 2/1	0/2025, 2/2	25/2025			
	III. MEN	ΓAL HEALTH S	SERVICES DATA	\	
		Pre	<u>*</u>	P	ost*
Service Category		Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)		5	184	11	570
Intensive Home Based Services (IHBS)		13	392	4	244
тот	AL	18	576	15	814
	IV. ICC	/IHBS SERVIC	ES PROVIDED		
During the review period from 01/20/2 rehab specialist assisted the client in a supported the client in improving his such as deep breathing and walking a likes. The team also frequently comm school to identify strategies to support planning to preserve the placement, in team also crafted individualized intervinformal supports that the client could community resources to support programment health services from a Mental Health I	developing ocial skills way when unicated winter the client's dentified strentions basereach out tress in reach	skills to build heat through communupset. The team ith the CSW to distend to distance seducational need rengths, and explosed on client's into, when client was	althy relationships.  In this provides and practical and p	In addition, the rehacticing anger mana the client by utilizing preservation and confirmed the team reds related to the confirmed the confirmed the couraged the ceam provided the confirmed the confi	ab specialist agement techniques, ig his strengths and illaborated with the n conducted safety client's trauma. The client to identify client with

V. DCFS NAR	RATIVE		
In addition to their primary caseworker, this youth has beer			
DCFS's Placement Stabilization Team, which supports the	youth and careg	iver 24 hours per	day, seven days
per week.			
On 2/12/2025 DCES's appointing a program the Family Ur	ant Ponnonce S	votom (ELIDS)	which is on call 24
On 2/13/2025, DCFS's specialized program, the Family Urghours per day, 365 days per year - supported the youth and			
Tiodis per day, 500 days per year - supported the youth and	a/or caregiver to	ncip preserve the	ріасстісті.
VI. PRIOR PLACEMEN	T INFORMATION	V	
VI. PRIOR PLACEMEN	T INFORMATION Yes	No No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
		No	
		No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 320			<b>Age</b> 13	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Compton-Carson		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	·F	2/6/2025
			<u>'</u>	2,0,2020
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
III MI	ENTAL HEALTH S	SERVICES DATA		
				- 44
Service Category	Pre Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	3	162
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	3	162
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period from 01/07/2025 through clinician consulted and discussed with the DC updates, school progress, and safety concern	CFS social worker re		_	

V. DCFS NAF	RRATIVE	
During this review period, this youth was frequently absent from		
meetings or participate in mental health services.		
VI. PRIOR PLACEMEN	NT INFORMATION	
VI. PRIOR PLACEMEN	Yes No	
	Yes No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 321			Age 17	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Glendora		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	F	1/3/2025
			<b>'</b>	110,2020
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 1/23/2025				
III MI	ENTAL HEALTH S	SEDVICES DATA		_
111. 1411				
0.00 0.00	Pre			ost*
Service Category	Service Count	Total Minutes 107	Service Count 8	Total Minutes 260
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	2	107	8	260
IV I	CC/IHBS SERVIC	ES PROVIDED		
During the review period from 12/04/2024 three Assessment, coordination of care, and individuates management, and coordination of CFT had an established educational resource to siskills, utilized psychoeducation, built rapport, client's overall mental health stability. In addit client's needs. The client is currently receiving	lual therapy. ICC ser meetings to enhance upport client's acade explored therapeutic ion, the clinician pro	rvices included tear e treatment progres mic needs. The cli e activities, and dev vided collateral sup	m collaboration with ss. The clinician ind nician also provide reloped a safety pla oport to the caregive	n DCFS, targeted licated that the client d independent living n to promote

V. DCFS NAR	RRATIVE		
A CFT meeting was offered prior to the placement change	; however, the	caregiver declined.	
In addition to their primary caseworker, this youth has been DCFS's Placement Stabilization Team, which supports the per week.			
VI. PRIOR PLACEMEN	IT INFORMATION	ON	
VI. PRIOR PLACEMEN	IT INFORMATION Yes	No No	_
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 322			Age 3	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Torrance		Total Number of	Placement Moves	1
Resided Out of County No	PI ACEME	NT CHANGE DAT	·F	1/15/2025
			•	1710/2020
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 1/6/2025				
III ME	ENTAL HEALTH S	EDVICES DATA		
III. IVIE				
2000 100 2010 0000	Pre			ost*
Service Category	Service Count 21	Total Minutes 950	Service Count 21	<b>Total Minutes</b> 575
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	4	143	4	203
TOTAL	25	1,093	25	778
IV I	CC/IHBS SERVIC	ES DEOVIDED		
During the review period from 12/16/2024 throclient: Assessment, in-home supportive service collaboration with DCFS, targeted case mana stability. The clinician and team provided psyclient's overall treatment progress. In addition emotional regulation skills to promote client's client's mental health needs. The client starte and continues to receive services.	ough 02/14/2025, the ces, coordination of gement, and coordin choeducation, play th , the team utilized ro overall stability. The	e following IHBS ar care, and individua nation of CFT mee nerapy, and behavi ble play, modeling, caregiver received	I therapy. ICC inclu tings to support clie or management sk stress managemer I collateral support	ided team ent's placement ills to support the nt techniques, and to help meet the

V. DCFS NAR	RATIVE		
A CFT meeting was held on 12/6/2024, prior to the placement ch		(10) days prior to th	e start of the review
period.	•	. , .	
VI. PRIOR PLACEMEN	T INFORMATION	N	
VI. PRIOR PLACEMEN			
	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
		No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 323			Age 9	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Metro North		Total Number of	Placement Moves	2
Resided Out of County No	PLACEME	NT CHANGE DAT	E	2/7/2025
			<b>'</b>	2///2020
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
III ME	ENTAL HEALTH S	SERVICES DATA		
	Pre			ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	85	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	1	85	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period from 01/08/2025 through Assessment, coordination of care, in-home supported to adapt to a new living environment supported the client to effectively promote plaguided discovery, transparency, art therapy, and The clinician also provided collateral support from the current Mental Health Provider on 12	upportive services, a nanagement to support. In addition, the clinicement stability. The and fostering autonomito the caregiver to he	nd individual thera ort and meet the ne nician built rapport erapeutic approach my and voice and c elp client's needs.	py. ICC services in eeds of the client. T , provided psychoe les facilitated by the choice to support the The client started to	cluded team 'he clinician assisted ducation, and e clinician included e client's stability.

V. DCFS NAR	RATIVE		
Prior to the placement change date, the previous caregiver was o	ffered a CFT meet	ing and declined. A	CFT meeting was
held on 4/1/2025, approximately one month after this review perio	od.		
VI. PRIOR PLACEMEN	T INFORMATION	V	
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
		No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

:: 32:2:	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 324			<b>Age</b> 18	
			_	
Race/Ethnicity Black			Gender Male	
DCFS Office Torrance		Total Number of	Placement Moves	5
Resided Out of County Yes	PLACEME	ENT CHANGE DAT	E	1/6/2025
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
	-	NEDVIOEO DATA		
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>;</b> *	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)  TOTAL	<b>0</b>	0	0	0
TOTAL	U	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive ICC or IHBS services de Los Angeles County Mental Health Provider.	uring the designated	review period of 1	2/07/2024 through	02/05/2025 from a

V. DCFS NAR	RRATIVE
Prior to and post-placement change, this non-minor dependent (New making it challenging to conduct CFTMs and provide mental heal from care.	
This NMD is currently a client of Regional Center and is assigned needs.	ed to a case coordinator to support his developmental
needs.	
VI. PRIOR PLACEMEN	NT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	X
Explanation of Services Provided After Previous Placement:	<i>t</i> :
Not applicable due to no prior placement change in this reporting	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 325			Age 5	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Metro North		Total Number of	Placement Moves	2
Resided Out of County No	PI ACEME	NT CHANGE DAT	·F	2/7/2025
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
III ME	ENTAL HEALTH S	EDVICES DATA		_
III. IVIE				
2000 1000 2010 0000	Pre			ost*
Service Category Intensive Care Coordination (ICC)	Service Count 4	Total Minutes 325	Service Count 27	Total Minutes 1,575
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	5	375	10	551
TOTAL	9	700	37	2,126
IV I	CC/IHBS SERVIC	ES BROVIDED		
During the review period of 01/08/25 through			services were provi	ded: Assessment
targeted case management, rehabilitation, trescollaboration with DCFS to review client's trescollaboration and developmental resources. The client's overall stability. They utilized mindfuln coloring, play therapy, and transition strategies collateral support to the caregiver to help meet the current Los Angeles County Mental Health	atment progress. The ne clinician and team ess activities, breath s to support the clie et the client's mental	e clinician indicated regularly met with ling exercises, beh nt's mental health. health needs. The	I that the team follo client and caregive avior management The clinician and to client began to rec	owed up on client's er to promote techniques, eam also provided eive services from

V. DCFS NAF	RATIVE	
During this review period and prior to the placement change date	, the previous caregiver was offered and	declined a CFT
meeting.		
VI. PRIOR PLACEMEN	IT INFORMATION	
VI. PRIOR PLACEMEN	Yes No	
	Yes No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 32		II DEMOGRAPE	IIC INFORMATIO	N	
Grindre Olient ID# 37	26			Age 9	
	20			Age   3	
Race/Ethnicity Hispanic				Gender Female	
DCFS Office Vermont Co	rridor		Total Number of	Placement Moves	1
Resided Out of County	No	PLACEM	ENT CHANGE DAT	E :	2/18/2025
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pr		0	Number of CFT N		0
Number of CFT Meetings (FI	e )	0	Number of CFT N	ieetings (Fost )	
CFT Meetings Dates	N/A				
	III. ME	NTAL HEALTH	SERVICES DATA		
	Γ	Pr	e*	Po	ost*
Service Category		Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)		0	0	0	0
Intensive Home Based Services (IHBS	S)	0	0	0	0
7	OTAL	0	0	0	0
	IV. IC	C/IHBS SERVIC	NEO DE OVEREN		
The client received mental health s					

V. DUFO NAR	RATIVE		
This placement change was not due to the child's behavior. Rathe		urt-ordered to be r	eturned to the home
of their parent.	,		
VI. PRIOR PLACEMEN	T INFORMATION	J	
	Yes	No	
Prior Placement Change in this Reporting?	Yes		]
Prior Placement Change in this Reporting?	Yes	No X	]
Explanation of Services Provided After Previous Placement:			
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:  Not applicable due to no prior placement change during this repo			]
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
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Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 327			Age 14	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Lancaster		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	E 2	2/13/2025
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
			ge (i eet )	
CFT Meetings Dates N/A				
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pro	e*	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client received mental health services; he Mental Health Provider during the designated receive mental health services.				

V. DCFS NAF	RRATIVE
This placement change occurred because the caregiver did not to her standards; however, the caregiver declined a CFT meeting preserve the placement.	feel that the youth was adequately cleaning their bedroom g prior to placement change on 02/13/2025, to try to
VI. PRIOR PLACEMEN	
	Yes No
Prior Placement Change in this Reporting?	X
Explanation of Services Provided After Previous Placement.	
Not applicable due to no prior placement change during this repo	orting.

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 328			Age 9	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office South County		Total Number of	Placement Moves	3
Resided Out of County No	PLACEME	NT CHANGE DAT	TE	1/16/2025
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	2
CFT Meetings Dates 1/14/2025	, 1/30/2025 and 2/0 <sup>2</sup>	1/2025		
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	<u>;</u> *	Pe	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	7	353	8	519
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	7	353	8	519
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the designated review period from 12/Child Family Team Meeting and targeted case support, and client's transition to a new place between client and caregiver by implementing addition, the treatment team reviewed treatment parent partner assisted by rendering psychologophenical needs. The client started services.	e management. The ment. The treatment of a routine chart, timent progress, safety choeducation to care	treatment team co t team collaborated ers, and ensuring a planning, and explo egiver to promote in	oordinated CFT me I to foster an emotion age-appropriate into ored strategies to s ansight into client's e	etings, medication onal connection erventions. In tabilize placement. emotional and

V. DCFS NAR	RATIVE
This child is a client of Regional Center which provides additiona addition to their primary caseworker, this child has been assigned Placement Stabilization Team, which supports the child and care	ed a specialized secondary worker through DCFS's
On 2/9/2025, DCFS's specialized program, the Family Urgent Redday, 365 days per year - supported the child and/or caregiver to	
VI. PRIOR PLACEMEN	T INFORMATION
	T INFORMATION  Yes No
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?	
	Yes No
Prior Placement Change in this Reporting?	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 329			Age 15	
Race/Ethnicity Black			Gender Female	
DCFS Office Santa Fe Springs		Total Number of	Placement Moves	5
Resided Out of County No	PLACEME	NT CHANGE DAT	E ;	3/20/2025
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	2	Number of CFT N	leetings (Post*)	0
	and 3/13/2025		<u> </u>	
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>;</b> *	Pe	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	39	1,875	1	59
Intensive Home Based Services (IHBS)	14	1,349	0	0
TOTAL	53	3,224	1	59
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the designated review period from 2/1 services: Child Family Team Meeting, targete The treatment team actively collaborated with challenges during subsequent CFT meetings academic success and implemented a suppocognitive behavioral therapy to promote self-aclient to track thoughts, feelings and behavior	ed case management in DCFS, facilitated Control in The team, including introl introl i	t, rehabilitation, pla FT meetings, and on G CSW, consulted with In the school setting Gressive behavior. I	n development, an explored client's su with the school to s g. The clinician eng n addition, the clini	d psychotherapy. ccesses and upport client's aged the client in cian encouraged

V. DCFS NAF	RRATIVE
Immediately following the placement change, this youth was absomaking it challenging to conduct any CFT meetings or further en	ent from care from 3/20/2025 to 4/25/2025, thereby gage the youth in services during that time period.
VI. PRIOR PLACEMEN	IT INFORMATION
	TI INI ORMATION
	Yes No
Prior Placement Change in this Reporting?	
	Yes No X
Prior Placement Change in this Reporting?	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 330			Age 9		
Race/Ethnicity Black			Gender Male		
DCFS Office Metro North Total Number of Placement Moves 1					
Resided Out of County No PLACEMENT CHANGE DATE 1/30/2025					
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION		
Number of CFT Meetings (Pre*)	3	Number of CFT N	leetings (Post*)	2	
CFT Meetings Dates 12/17/2024	4, 1/16/2025, 1/21/2	025, 2/04/2025 and	d 2/27/2025		
III BAF	TALLIENITHS	PERVICES DATA			
III. ME	ENTAL HEALTH S				
	Pre			ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	8 13	538 944	5 15	357 1,169	
TOTAL	21	1,482	20	1,526	
		·		.,	
	CC/IHBS SERVIC			. 100 111100	
During the designated review period from 12/s services: Child Family Team Meeting, targete psychotherapy. The Child Family Specialist procultural differences, values and beliefs. Child interventions. The clinician provided cognitive thoughts and promote insight into client's charaffirmations, engaging in sports, and the use CFT meetings, consulted with DCFS, collaborative thoughts and promote insight into client's charaffirmations, engaging in sports, and the use CFT meetings, consulted with DCFS, collaborative thoughts and service of the consultation of the c	d case management rovided interventions. Family Specialist related behavioral therapy, llenging behaviors. A for "I" statements in crated with psychiatristic during the client's tra	t, plan developmer emphasizing the condered culturally se such as cognitive Additional intervent communication with st, and coordinated nsition from placer	nt, rehabilitation, as client's culture, inclientive and age-aprestructuring to idea ions included deep family. The treatmand medication suppoment, re-assessme	sessment and uding exploring propriate ntify negative breathing, positive nent team facilitated rt. Additional	

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATION		
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 331			Age 6		
Race/Ethnicity White			Gender Female		
DCFS Office Torrance		Total Number of	Placement Moves	1	
Resided Out of County No PLACEMENT CHANGE DATE 1/15/2025					
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0	
CFT Meetings Dates 1/6/2025					
III ME	ENTAL HEALTH S	SERVICES DATA			
				4*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC)	21	980	21	615	
Intensive Home Based Services (IHBS)	4	162	5	246	
TOTAL	25	1,142	26	861	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
During the designated review period of 12/16/ to the client: Psychotherapy, Psychosocial Re- collaborated with DCFS and the mental health Specialist used art interventions to explore the Partner reviewed the safety plan with the care support the client including breathing technique expressing their emotions and used play there therapy session with the client and siblings to receive mental health services from the curre	chabilitation, and Tar in team to support the e client's emotions a egivers, provided psy ues and positive com apy to help reduce c address their dynan	geted Case Manage client's transition and to help increase thought to help increase thought the conflict in the home. The conflict in the home and parentified	gement. The Case to a new placemer everbal expression rauma, and introdu linician assisted the The Clinician facild behaviors. The cli	Manager  It. The Rehabilitation  The Parent  Ced coping skills to  c client in  Itated a family  ent started to	

V. DCFS NAR	RATIVE	
No additional information to report.	RATIVE	
The additional information to report.		
VI. PRIOR PLACEMEN	T INFORMATION	
VI. PRIOR PLACEMEN	T INFORMATION  Yes No	
	Yes No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 332			<b>Age</b> 16		
Race/Ethnicity Hispanic			Gender Male		
DCFS Office Palmdale		Total Number of	Placement Moves	1	
Resided Out of County No PLACEMENT CHANGE DATE 2/10/2025					
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	2	
CFT Meetings Dates 1/10/25, 2	/13/2025, 2/24/2025				
III. ME	ENTAL HEALTH S	SERVICES DATA			
	Pro	e*	Po	ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC)	11	963	3	384	
Intensive Home Based Services (IHBS)	0	0	26	2,222	
TOTAL	11	963	29	2,606	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
During the designated review period of 1/11/2 the client: Mental Health Service Planning, Ps The Intensive Care Coordinator collaborated placement change and maintain safety. The E options for community engagement, and exploit the effects of substance use on mental health positive decision making skills.	sychosocial Rehabili with DCFS, the scho Behavioral Specialis ored harm reductior	tation, Targeted Ca pol, and the mental t assisted the client n strategies. The Cl	se Management, a health team to sup in identifying their inician provided ps	and Psychotherapy. Sport the client's triggers, provided ychoeducation on	

	DATIVE		
V. DCFS NAR			
In addition to intensive mental health services, this youth participal youth's underlying needs and supported their overall mental, emo			hich addressed the
A post-placement change CFT meeting was held on 3/13/2025, c	one day after this r	eview period.	
VI. PRIOR PLACEMEN	TINFORMATIO	N	
	Yes	No	1
Prior Placement Change in this Reporting?		Х	
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:  Not applicable due to no prior placement change in this reporting.			

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 333			<b>Age</b> 15	
onque onent 12# 000				
Race/Ethnicity Hispanic			Gender Female	•
DCFS Office Hawthorne		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	E E	1/14/2025
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
OTILE A			Allon	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	2
CFT Meetings Dates 1/3/2025, 2	2/3/2025			
III. ME	ENTAL HEALTH S	SERVICES DATA		
				4 *
Service Category	Service Count	Total Minutes	Service Count	ost*  Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	12	793	17	909
TOTAL	12	793	17	909
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the designated review period of 12/15/client: Psychosocial Rehabilitation and Psychological	otherapy. The Facili set. The Case Mana to increase self-reg ner encouraged the he client to identify the the client started to re	tator explored pare ager explored conflutation, and collaborategiver to acknowing gers and to proceed	nting strategies wit ict resolution strate orated with the schowledge the client's ess their trauma, a	h the caregiver, egies such as using ool counselor to positive behaviors nd collaborated with

V. DCFS NAR	RATIVE	
No additional information to report.	RATIVE	
The additional information to report.		
VI. PRIOR PLACEMEN	T INFORMATION	
VI. PRIOR PLACEMEN	T INFORMATION  Yes No	
	Yes No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 334	I. CLIENT DEMOGRAPHIC INFORMATION				
			<b>Age</b> 21		
Race/Ethnicity White			Gender Male		
Race/Ethnicity White			Gerider IMale		
DCFS Office Santa Clarita		Total Number of	Placement Moves	5	
Resided Out of County Yes PLACEMENT CHANGE DATE 1/14/2025					
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0	
CFT Meetings Dates N/A					
III. ME	ENTAL HEALTH S	SERVICES DATA		_	
	Pro			ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC)	0	0	0	0	
Intensive Home Based Services (IHBS)	0	0	0	0	
TOTAL	0	0	0	0	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
Client did not receive IHBS or ICC services for review period of 12/15/2024 through 2/13/202		County Mental Hea	Ith Provider during	the decianated	

V. DCFS NARI	RATIVE	
On 08/08/2024, this non-minor dependent (NMD) relocated out-of Independent Living Placement (SILP). The NMD declined mental	f-state to reside with his parent under a health services after his out-of-state rel	
stable and supported by his biological family in Washington state.		
This was not a placement change due to the NMD's behavior. Rat they reached the age of majority.	ther, this NMD's case terminated on 01/	/14/2025, since
		ŗ
VI. PRIOR PLACEMENT	T INFORMATION	
VI. PRIOR PLACEMENT	T INFORMATION  Yes No	
VI. PRIOR PLACEMENT  Prior Placement Change in this Reporting?		
	Yes No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 335			Age 7		
Race/Ethnicity Hispanic			Gender Female		
DCFS Office South County		Total Number of	Placement Moves	1	
Resided Out of County No PLACEMENT CHANGE DATE 3/27/2025					
II. CHILD A	II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0	
CFT Meetings Dates N/A					
		NEDWOED DATA			
III. IVII	ENTAL HEALTH S	SERVICES DATA			
	Pre			ost*	
Service Category Intensive Care Coordination (ICC)	Service Count	Total Minutes	Service Count 0	Total Minutes 0	
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	0	0	0	0	
TOTAL	0	0	0	0	
IV I	CC/IHBS SERVIC	ES PROVIDED			
The client received mental health services; he Mental Health Provider during the designated with a Mental Health Provider.				_	

V. DCFS NAR	RATIVE		
The child participated in outpatient mental health services during this required more intensive services. This placement change did not occur previous caregiver not having the capacity to support the child's and her a few days prior to this review period.	due to this child's be	haviors; rather the cha	ange was due to the
VI. PRIOR PLACEMEN	IT INFORMATIO	N	
VIII I I I I I I I I I I I I I I I I I			
	Yes	No	
Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAP	HIC INFORMATIC	N	
Unique Client ID# 336			Age 15	
Race/Ethnicity Black			Gender Female	•
DCFS Office Palmdale		Total Number of	Placement Moves	1
Resided Out of County No	PLACEN	ENT CHANGE DAT	re l	1/15/2025
II. CHILD A	ND FAMILY TEA	M (CFT) INFORM	ATION	
Number of OFT Meetings (Part)	4	Name to CET I	1 - 4' (D - 44)	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post^)	0
CFT Meetings Dates 1/10/2025				
III. M	ENTAL HEALTH	SERVICES DATA	\	
	P	re*	P	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	5	215	0	0
Intensive Home Based Services (IHBS)	1	50	2	118
TOTAL	6	265	2	118
IV. I	CC/IHBS SERVI	CES PROVIDED		
During the review period of 12/16/2024 throu Assessment, transition planning, monitoring, caregiver and psychotherapy. The Clinician pand trauma. The Clinician assisted the client with peers, to communicate feelings, to ask f Clinician collaborated with the mental health transitioning to a new placement and school. updates and progress, and collaborated with collaborated with caregiver to implement place processing loss. The Facilitator collaborated planning, and link client to community resources.	team collaboration rovided a safe spate to develop coping sor help, and to distiteam, caregiver, clip The Clinician met the CSW to link the cement preservation with DCFS to revie	targeted case man- ce for client to proce skills, to utilize problenguish between hea ent and DCFS to de- with the team during e client to an after so a strategies, safety powers, powers, powers	agement, supportivess feelings and emem solving skills to althy and unhealthy velop a safety plan monthly team meethool program. Partolanning, and to supplacement preserva	re services to notions around loss address conflict relationships. The to support the client etings to provide ent Partner oport the client with tion, transition

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATION		
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 33	I. CLILIA	T DEMOGRAPH	IC INFORMATIO	N	
q	37			<b>Age</b> 11	
Race/Ethnicity Hispanic				Gender Female	
DCFS Office Glendora			Total Number of	Placement Moves	1
Resided Out of County	No	PLACEME	ENT CHANGE DAT	E	1/13/2025
II. (	CHILD ANI	D FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre	e*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates	N/A				
	III. MEN	NTAL HEALTH S	SERVICES DATA		
		Pre	<b>)</b> *	P	ost*
Service Category		Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)		0	0	0	0
Intensive Home Based Services (IHBS	OTAL	0	0 <b>0</b>	0 <b>0</b>	0 <b>0</b>
4.	OTAL	•	•	•	
The client received mental health s		C/IHBS SERVIC		vices from a Los A	

V. DCFS NAF	RRATIVE		
This placement change was not due to the child's behavior. Rath	er, the child was co	ourt-ordered to be re	turned to the home
of their parent.			
VI. PRIOR PLACEMEN	IT INFORMATION	N .	
VI. PRIOR PLACEMEN			
	IT INFORMATION	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 338		MOGRAPH	IC INFORMATIO	N	
				Age 4	
Day (Education   Library)					
Race/Ethnicity Hispanic		_		Gender Female	
DCFS Office Palmdale			Total Number of	Placement Moves	1
Resided Out of County	No	PLACEME	ENT CHANGE DAT	E	1/14/2025
II. CH	ILD AND FA	MILY TEAN	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0		Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 1/3	0/2025				
	III MENTAI	HEAI TH 9	SERVICES DATA		-
	III. WILITAL				
Service Category	Sarv	Pro	e* Total Minutes	Service Count	ost*  Total Minutes
Intensive Care Coordination (ICC)	Jeiv		0	0	0
Intensive Home Based Services (IHBS)		0	0	0	0
тота	\L	0	0	0	0
	IV. ICC/IHI	BS SERVIC	ES PROVIDED		
The client is receiving services from a Los Angeles County Mental Health Pro			wever, client did no	ot receive IHBS or	

V. DCFS NAR	RATIVE		
This was not a placement change due to the child's behavi			change on
01/14/2025, was completed in order to allow her to be plac	ed with a relative		
VI. PRIOR PLACEMEN	T INFORMATION	N	
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIEI	NT DEMOGRAPH	IC INFORMATIC	N	
Unique Client ID# 339			Age 12	
Race/Ethnicity Black			Gender Male	
DCFS Office Compton-Carson		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	E :	3/23/2025
II. CHILD AN	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pro	9*	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	26
Intensive Home Based Services (IHBS)	0	0	3	85
TOTAL	0	0	4	111
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period from 2/21/2025 thround Targeted case management and psychosocial about the case plan goals, client's history, streed Family Specialist focused on building rapport psychoeducation and assistance with coping a from the current Mental Health Provider.	al rehabilitation servi engths, concerns, a and assisting with e	ces. The Facilitatoned resources that we motion regulation.	collaborated with to collaborated with to collaborated. The parent partner	the CSW to learn The Child and provided

V. DCFS NAF	RRATIVE	
Due to the unexpected placement change, there was not an opp		T meeting to address placement
needs.		
VI. PRIOR PLACEMEN	IT INFORMATION	
VI. PRIOR PLACEMEN	Yes	No
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No X
Prior Placement Change in this Reporting?	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 340			<b>Age</b> 18	
Dece/Ethnicity Hignorie			Gender Female	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Compton-Carson		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	E	1/28/2025
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 2/25/2025				
272072020				
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>)</b> *	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client received mental health services; he review period of 12/29/2024 through 02/27/20			_	_

V. DCFS NAR	RRATIVE	
On 12/03/2024, approximately three weeks prior to this review pe		
dependent's (NMD's) previous caregiver to discuss placement iss	sues and needed support.	
Prior to and post-placement change, the NMD has been participa	ating in less intensive, weekly mental health services.	
	IT INCODMATION	
VI. PRIOR PLACEMEN		
VI. PRIOR PLACEMEN	Yes No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 341			<b>Age</b> 15	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Metro North		Total Number of	Placement Moves	3
Resided Out of County No	PLACEME	NT CHANGE DAT	E	1/23/2025
II CHII D AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
II. OTHER A	TO FAMILITICAL	r (or r) in ordin	Allon	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	2
CFT Meetings Dates 1/7/2025,	1/24/2025, 2/11/202	5		
III MI	ENTAL HEALTH S	SERVICES DATA		
111. 1011	ENTALTICALTIT	LITTIOLO DATA		
	Pre			ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	0	273 0	3	204 160
TOTAL	4	273	7	364
-	·		· .	
	CC/IHBS SERVIC			
During the review period of 12/24/2024 throug client: Rehabilitation, case management, and sensitive to the client's culture and provided the supporting the client at a school meeting and also provided the caregiver with parenting sugen client's interests, and strategies to help client as a management involved collaborating with provide additional linkages to other communities affect, overall functioning, immigration were shared, and plans were developed, inclient's parent, who resided in a different courties.	Child and Family Te he services in the cli reviewing problem-s pport, psychoeducat ent increase school a h other child-serving ty services. Case man n needs, continuity ouding how to meet the	eam Meetings (CFT ent's language. Re solving and commu ion about trauma a attendance, safe be entities to discuss anagement services f care, and medica te client's underlyin	TMs). The mental habilitation service inication skills. Rehad underlying need ehaviors, and follow client's suitable plass also focused on a tion services. During needs and how to	nealth team was a sincluded nabilitation services als, referrals to build wing directions. In accement and to naddressing the nag CFTMs, updates o engage the

V. DCFS NAF	RRATIVE
In addition to intensive mental health services, this youth particip	ated in substance abuse counseling which addressed the
youth's underlying needs and supported their overall mental, emo	
VI. PRIOR PLACEMEN	IT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	
Prior Placement Change in this Reporting?	Yes No X
	X
Explanation of Services Provided After Previous Placement:	X
	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X
Explanation of Services Provided After Previous Placement:	X

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 342			Age 12	
Race/Ethnicity Black			Gender Male	
Race/Ethnicity Black			Geridei Male	
DCFS Office Vermont Corridor		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	ENT CHANGE DAT	E	2/4/2025
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A	<del></del> ,			
III MI	ENTAL UEALTU (	SEDVICES DATA		-
III. WI	ENTAL HEALTH S			
	Pro			ost*
Service Category	Service Count	Total Minutes	Service Count 0	<b>Total Minutes</b>
	II ()	U	U	U
Intensive Care Coordination (ICC)	_	_	0	0
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)  TOTAL	0	0	0	0
Intensive Home Based Services (IHBS)  TOTAL	0	0		_
Intensive Home Based Services (IHBS)  TOTAL  IV. I  The client received mental health services; he	0 0 CC/IHBS SERVIC	0 0 ES PROVIDED t receive IHBS or I	0  CC services from a	0 Los Angeles
Intensive Home Based Services (IHBS)  TOTAL  IV. I	0 0 CC/IHBS SERVIC	0 0 ES PROVIDED t receive IHBS or I	0  CC services from a	0 Los Angeles

V. DCFS NAF	RRATIVE		
Prior to the placement change, case documentation indicates thi		ticipating in individ	ual therapy in
August 2024 and continued with the same provider post-placeme			
VI. PRIOR PLACEMEN	IT INFORMATION		
VI. PRIOR PLACEMEN	IT INFORMATION Yes	No	
		No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 343			<b>Age</b> 19	
Race/Ethnicity Hispanic			Gender Male	
DCFS Office Vermont Corridor		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	E	1/13/2025
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N		0
Number of CFT Meetings (Fie )	0	Number of CFT N	reetings (Post )	0
CFT Meetings Dates N/A				
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pro	<b>9</b> *	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
Client did not receive IHBS or ICC services fr review period of 12/14/24 through 02/12/25.	om a Los Angeles C	county Mental Healt	th Provider during t	ne designated

V. DCFS NAF	RRATIVE		
Per case documentation, this non-minor dependent (NMD) refus	ed to consent to, or	r participate in, men	tal health services
during the review period.			
VI. PRIOR PLACEMEN	IT INFORMATIO	N	
VI. PRIOR PLACEMEN	IT INFORMATION Yes	N No	
		No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement.	Yes	No	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 344			Age 9	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Hawthorne		Total Number of	Placement Moves	4
Resided Out of County No PLACEMENT CHANGE DATE 3/13/2025				
			<u>'</u>	
II. CHILD AI	ND FAMILY TEAM	I (CFI) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	Meetings (Post*)	2
CFT Meetings Dates 3/5/2025,	3/13/25 & 3/25/25			
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre			ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	2	153
Intensive Home Based Services (IHBS)	24	1,228	15	631
TOTAL	24	1,228	17	784
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 02/11/25 through Rehabilitation, individual therapy, care coordin DCFS, caregiver and client participated in Ch goals, linkages needed, and to identify safety with community resources to support the clier the client and caregiver to increase coping sk implemented strategies and interventions to hA safety plan was developed and implemente continues to receive services from the current	nation, medication so ild and Family Team concerns. The Child nt's goals, and help p ills, de-escalation te nelp decrease high-ried to assist the careg	upport, and safety   Meetings to addre I and Family Team preserve the placer chniques, and set e sk behaviors and i	planning. The ment ess the client's place identified the need ment. The treatment expectations. The t mprove functioning	al health team, ement, treatment to link the client it team worked with reatment team with daily activities.

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATION		
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 345			Age 17	
Race/Ethnicity Black			Gender Female	
DCFS Office Vermont Corridor		Total Number of	Placement Moves	1
Resided Out of County No	PLACEME	NT CHANGE DAT	E	1/7/2025
II. CHILD AI	ND FAMILY TEAN	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 1/27/2025				
III MI	ENTAL HEALTH S	SERVICES DATA		
111. 1411				
Sorvice Category	Service Count	Total Minutes	Service Count	ost* Total Minutes
Service Category Intensive Care Coordination (ICC)	0	0	3	10tal Minutes
Intensive Home Based Services (IHBS)	0	0	21	1,235
TOTAL	0	0	24	1,353
IV I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 12/08/24 through coordination, rehabilitation, medication support de-escalation, medication support, and identification increasing coping skills such as drawing, pair ICC services focused on the client learning data budget. A Child and Family Team Meeting client's stability in placement, and work toward continues to receive services from the current stability in placement.	ort, and safety planning strengths and onting, mindfulness, and living skills, work was conducted to did solient's goal of tra	ng. Treatment focu goals. The Rehab S nd incorporating cli ing towards indepe scuss safety plann insitioning into an li	sed on addressing Specialist assisted the ent's spiritual belie endence, and learning, highlight strate	the client's trauma, the client with fs into treatment. ing how to maintain gies to support

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATION		
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes		

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 346			Age 12	
cinque cinent izii			3	
Race/Ethnicity Black			Gender Male	
DCFS Office Vermont Corridor		Total Number of	Placement Moves	10
Resided Out of County No	PLACEME	NT CHANGE DAT	TE :	2/18/2025
			•	
II. CHILD AI	ND FAMILY TEAM	I (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	2	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 01/03/202	5, 02/04/2025			
CF1 Weetings Dates 01/03/202	5, 02/04/2025			
III. ME	ENTAL HEALTH S	SERVICES DATA	1	
	Pre	<b>)</b> *	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	7	309	6	241
Intensive Home Based Services (IHBS)	27	925	24	832
TOTAL	34	1,234	30	1,073
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 01/19/2025 through Assessment, plan development, psychosocial Family Team Meeting (CFTM) facilitation. The emotional expression. The Intensive Home B interpersonal interactions and provided supposing new caregivers when client experied DCFS to promote placement stability, ensure external agencies for ancillary services. The Coordinator collaborated on strategies to help caregivers.	I rehabilitation, psycle Therapist assisted ased Services Work ort to caregivers. The nced placement chad continuity with ther Therapist, Intensive	notherapy, targeted client in processing er assisted client in a Intensive Home E nges. The Intensiv apy and medicatio Home Based Servi	d case managemer g past traumas and n identifying triggers Based Services Wo e Care Coordinator n support, and conces Worker, and Ir	nt, and Child and I improving s of negative rker also focused on collaborated with nected client to stensive Care

V. DCFS NAR	RATIVE
In addition to their primary caseworker, this child has been assigr	
Placement Stabilization Team, which supports the child and care	giver 24 hours per day, seven days per week.
On 2/14/2025, DCFS's specialized program, the Family Urgent R day, 365 days per year - supported the child and/or caregiver to h	
VI. PRIOR PLACEMEN	T INFORMATION
VI. PRIOR PLACEMEN	T INFORMATION  Yes No
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?	
	Yes No
Prior Placement Change in this Reporting?	Yes No
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following	Yes No  X  mental health services were provided to the client after
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy	Yes No  X  mental health services were provided to the client after chosocial rehabilitation, peer support, plan development
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy psychotherapy, medication support, targeted case management,	Mo  X  mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation.
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy	Yes No  X  mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation sing past traumas and improving emotional expression.
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy psychotherapy, medication support, targeted case management, The Clinician provided assessment and assisted client in process The Intensive Home Based Services Worker assisted client in ideand provided support to caregivers. The Intensive Home Based V	Yes No  X  mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation sing past traumas and improving emotional expression. entifying triggers for negative interpersonal interactions Vorker also provided focused engagement to new
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy psychotherapy, medication support, targeted case management, The Clinician provided assessment and assisted client in process The Intensive Home Based Services Worker assisted client in ideand provided support to caregivers. The Intensive Home Based Varegivers when client experienced placement changes. The Inte	Yes No  X  mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation sing past traumas and improving emotional expression. entifying triggers for negative interpersonal interactions Vorker also provided focused engagement to new ensive Care Coordinator collaborated with DCFS to
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy psychotherapy, medication support, targeted case management, The Clinician provided assessment and assisted client in process The Intensive Home Based Services Worker assisted client in ideand provided support to caregivers. The Intensive Home Based V caregivers when client experienced placement changes. The Intensive promote placement stability, ensured continuity with therapy and in	mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation sing past traumas and improving emotional expression. entifying triggers for negative interpersonal interactions Vorker also provided focused engagement to new ensive Care Coordinator collaborated with DCFS to medication support, and facilitated the CFTM. The
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy psychotherapy, medication support, targeted case management, The Clinician provided assessment and assisted client in process The Intensive Home Based Services Worker assisted client in ideand provided support to caregivers. The Intensive Home Based Varegivers when client experienced placement changes. The Inte	mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation sing past traumas and improving emotional expression. entifying triggers for negative interpersonal interactions Vorker also provided focused engagement to new ensive Care Coordinator collaborated with DCFS to medication support, and facilitated the CFTM. The
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy psychotherapy, medication support, targeted case management, The Clinician provided assessment and assisted client in process The Intensive Home Based Services Worker assisted client in ideand provided support to caregivers. The Intensive Home Based Varegivers when client experienced placement changes. The Intensive promote placement stability, ensured continuity with therapy and colinician, In Home Based Worker, and Intensive Care Coordinated	mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation sing past traumas and improving emotional expression. entifying triggers for negative interpersonal interactions Vorker also provided focused engagement to new ensive Care Coordinator collaborated with DCFS to medication support, and facilitated the CFTM. The
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Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy psychotherapy, medication support, targeted case management, The Clinician provided assessment and assisted client in process The Intensive Home Based Services Worker assisted client in ideand provided support to caregivers. The Intensive Home Based Varegivers when client experienced placement changes. The Intensive promote placement stability, ensured continuity with therapy and colinician, In Home Based Worker, and Intensive Care Coordinated	mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation sing past traumas and improving emotional expression. entifying triggers for negative interpersonal interactions Vorker also provided focused engagement to new ensive Care Coordinator collaborated with DCFS to medication support, and facilitated the CFTM. The
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy psychotherapy, medication support, targeted case management, The Clinician provided assessment and assisted client in process The Intensive Home Based Services Worker assisted client in ideand provided support to caregivers. The Intensive Home Based Varegivers when client experienced placement changes. The Intensive promote placement stability, ensured continuity with therapy and colinician, In Home Based Worker, and Intensive Care Coordinated	mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation sing past traumas and improving emotional expression. entifying triggers for negative interpersonal interactions Vorker also provided focused engagement to new ensive Care Coordinator collaborated with DCFS to medication support, and facilitated the CFTM. The
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement: The prior placement change date was 01/03/2025. The following this placement change date: Crisis intervention, assessment, psy psychotherapy, medication support, targeted case management, The Clinician provided assessment and assisted client in process The Intensive Home Based Services Worker assisted client in ideand provided support to caregivers. The Intensive Home Based Varegivers when client experienced placement changes. The Intensive promote placement stability, ensured continuity with therapy and colinician, In Home Based Worker, and Intensive Care Coordinated	mental health services were provided to the client after chosocial rehabilitation, peer support, plan development and Child and Family Team Meeting (CFTM) facilitation sing past traumas and improving emotional expression. entifying triggers for negative interpersonal interactions Vorker also provided focused engagement to new ensive Care Coordinator collaborated with DCFS to medication support, and facilitated the CFTM. The
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### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIC	N	
Unique Client ID# 347			Age 14	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Lancaster		Total Number of	Placement Moves	8
Resided Out of County No	PLACEME	NT CHANGE DAT	E	2/6/2025
II. CHILD A	ND FAMILY TEAM	I (CFT) INFORM	ATION	
		, ,		
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 2/5/2025,	2/27/2025			
III. MI	ENTAL HEALTH S	SERVICES DATA		
				44
Service Category	Service Count	Total Minutes	Service Count	ost*  Total Minutes
Intensive Care Coordination (ICC)	0	0	2	121
Intensive Home Based Services (IHBS)	17	749	13	612
TOTAL	17	749	15	733
IV I	CC/IHBS SERVIC	FS PROVIDED		
During the review period of 01/07/2025 through a development, psychosocial rehabilitation. The Clinician assisted client in emotional expcoping strategies, and provided psychoeducation, acaden Facilitator facilitated the Child and Family Teapartner supported the caregivers in understanthe Clinician, Child and Family Specialist, Paaddress safety concerns; provided increased developed plans to improve engagement in the Provider.	n, psychotherapy, an ression, provided surtion on the impacts on ic support, and discard Meeting (CFTM) anding and following sarent Partner, Facilitacaregiver support w	d Child and Family pport for daily stres of substance use o ussions of alternat that occurred during afety plans and protor, and Clinical Suben client transition	Team Meeting (CF ssors, promoted the n mental health. The two healthy coping stage the review period ovided additional caupervisor coordinated to a new place.	TTM) facilitation.  e use of healthy  ne Child and Family  strategies. The  d. The Parent  aregiver support.  ed with DCFS to  ment, and

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATION	N .	
VI. PRIOR PLACEMEN	T INFORMATION Yes	No	
VI. PRIOR PLACEMENT  Prior Placement Change in this Reporting?		No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 348			Age 14	
Race/Ethnicity White			Gender Male	
DCFS Office Lancaster		Total Number of	Placement Moves	6
Resided Out of County No PLACEMENT CHANGE DATE 1/2/2025				
II. CHILD AN	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	2
CFT Meetings Dates 1/8/2025,	1/10/2025			
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	9*	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	20	944
Intensive Home Based Services (IHBS)	0	0	23	1,265
TOTAL	0	0	43	2,209
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 12/03/2024 through Assessment, plan development, psychosocial Family Team Meeting (CFTM) facilitation. The experiences, and support in developing self-ic supported client in improving interpersonal sk Manager facilitated the CFTM that occurred dipromote safety. The Case Manager also initial Clinician, Rehab Specialist, and Case Manager concerns. Mental health services began on 07	rehabilitation, psycle Clinician provided dentity and appropriails and utilized recreuring the review perted discussions wither all collaborated to	hotherapy, targeted attachment theory- ate interpersonal re eational activities ba iod, and collaborate a CSWs to explore a address specific of	I case management based interventions lationships. The Reased on client's intered with DCFS and a less restrictive placeurt orders and as	nt, and Child and s, corrective ehab Specialist erests. The Case school staff to acement. The sociated safety

V. DCFS NAF	RRATIVE		
A CFT meeting was offered prior to the placement change; how		the meeting.	
VI. PRIOR PLACEMEN	NT INFORMATION		
VI. PRIOR PLACEMEN	Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		No X	
Prior Placement Change in this Reporting?	Yes		
	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPI	HIC INFORMATIO	N	
Unique Client ID# 349			<b>Age</b> 15	
Race/Ethnicity Black			Gender Female	
DCFS Office Wateridge		Total Number of	Placement Moves	5
Resided Out of County No	PLACEM	ENT CHANGE DAT	TE	1/3/2025
II. CHILD A	ND FAMILY TEA	M (CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	Meetings (Post*)	2
	,	Italiber of or 1 in	meetings (i ost )	
CFT Meetings Dates 12/18/202	24, 1/30/2025, 2/4/2	025		
III. M	ENTAL HEALTH	SERVICES DATA		
	P	œ*	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	6	230
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	6	230
IV. I	ICC/IHBS SERVI	CES PROVIDED		
During the review period of 12/4/2024 through management. The Intensive Care Coordinate provide resources to the caregiver, and commodals. The Intensive Care Coordinator also fastrategies to promote placement preservation mother in mental health treatment to increase health services.	or collaborated with municate and coord acilitated Child and n. The Intensive Cal	the caregiver, client inate with formal su Family Team meetir e Coordinator also	, and the CSW to o pports to develop a ngs. The treatment attempted to engag	reate safety plans, nd update treatment team developed ge the biological

V. DCFS NAR	RATIVE	
No additional information to report.	RATIVE	
The additional information to report.		
VI. PRIOR PLACEMEN	T INFORMATION	
VI. PRIOR PLACEMEN	T INFORMATION  Yes No	
	Yes No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 350			Age 15	
Race/Ethnicity Black			Gender Female	
DCFS Office Vermont Corridor		Total Number of	Placement Moves	1
Resided Out of County Yes	PLACEME	ENT CHANGE DAT	E	3/20/2025
II. CHILD A	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>)</b> *	P	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	9	260	0	0
TOTAL	9	260	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 02/18/2025 through rehabilitation. The Clinician provided cognitive Specialist provided psychoeducation on emotincreasing her emotional vocabulary and ability Specialist used the client's strengths and intereceive services from a Mental Health Provided in the services from the services from a Mental Health Provided in the services from the serv	e behavioral therapy iions and body langu ty to articulate her u rests in music and a	and art therapy. Bo age. The Rehab S nderlying feelings a	oth the Clinician an pecialist assisted the and needs to others	d the Rehab he client with s. The Rehab

V. DCFS NA	RRATIVE		
A CFT meeting occurred one month prior to the beginning of the			
VI. PRIOR PLACEME	NT INFORMATION		
VI. PRIOR PLACEME	NT INFORMATION Yes	No	
VI. PRIOR PLACEME  Prior Placement Change in this Reporting?		No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes t:		

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIC	N	
Unique Client ID# 351			<b>Age</b> 15	
emque enemela.				
Race/Ethnicity Hispanic			Gender Female	
DCFS Office Glendora		Total Number of	Placement Moves	3
Resided Out of County No	PLACEME	ENT CHANGE DAT	E .	1/17/2025
II CHII D A	ND FAMILY TEAM	I (CET) INFORM	ATION	
II. OTHER A	ND I AWILLI ILAW	T (CTT) HAT OKIVI	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 1/6/2025				
III MI	ENTAL HEALTH S	SEDVICES DATA		
111. 1411	ENTALITEALITE	DERVICES DATA		
	Pre			ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	7 13	448 625	6 4	321 122
TOTAL	20	1,073	10	443
		·		
	CC/IHBS SERVIC			
During the review period of 12/18/2024 through Individual psychotherapy, psychosocial rehabilitionship building activities, enrollment in a Specialist focused on building rapport and ide Rehab Specialist also helped the client to effect concerns and preserve the placement. The Irruprogress and set treatment goals. The Intensiological family to improve communication simple Mental health services continued through the	illitation, and targeted cosmetology progra entifying client's strerectively identify and a tensive Care Coord ive Care Coordinato kills, and increase ar	d case management am, and teaming wingths and interests articulate emotions inator facilitated start ar also maintained of an understanding of	nt. These services the formal support set to engage them in in an effort to decrease engagement meanmunication with	included ystems. The Rehab treatment. The ease behavioral etings to review the caregiver and

V. DCFS NAR	RATIVE	
No additional information to report.	RATIVE	
The additional information to report.		
VI. PRIOR PLACEMEN	T INFORMATION	
VI. PRIOR PLACEMEN	T INFORMATION  Yes No	
	Yes No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?		
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes No X	

## DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 352			Age	6
Race/Ethnicity White			<b>Gender</b> Fema	le
DCFS Office Lancaster		Total Number of	Placement Mov	<b>es</b> 20
Resided Out of County No	PLACEME	NT CHANGE DAT	E	2/9/2025
II. CHILD A	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 1/30/2025				
or i moonings butto				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pro	e*		Post*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
The client did not receive ICC or IHBS during County Mental Health Provider.	the designated revi	ew period of 1/10/2	5 through 3/11/2	5 from a Los Angeles

V. DCI 3 NAI	RRATIVE
On 09/04/2024, this youth graduated from intensive services due intensive services, the youth was referred to outpatient mental hearticipate in, mental health services.	
This youth's DCFS case is assigned to the Lancaster Youth Per is a specialized unit designed to allow case-carrying CSWs to pr complex needs who are receiving Permanency Planning service provide intensive services to this population of children/youth. M has been assigned a mentor and receives ongoing support from	rovide focused, specialized casework to children/youth with es. The YP unit CSWs have reduced caseloads in order to oreover, in addition to their primary caseworker, this youth
VI. PRIOR PLACEMEN	NT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	Х
Explanation of Services Provided After Previous Placement	
Not applicable due to no prior placement change during this rep	orting.

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 353		IC INFORMATIO	)N	
			<b>Age</b> 17	
Race/Ethnicity Black			Gender Female	
		Total Noveless of		
DCFS Office Torrance		l otal number of	Placement Moves	3
Resided Out of County No	PLACEME	NT CHANGE DAT	E	1/30/2025
II. CHILD AN	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	2	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates 1/8/2025,	1/27/2025			
UI ME	ENTAL HEALTH S	SEDVICES DATA		
III. IVIE				
	Pro			ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC) Intensive Home Based Services (IHBS)	0	90	0	0
TOTAL	1	90	0	0
TOTAL	l	90	U	U
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 12/31/2024 throug case management. The therapist, case mana		wind ICC services	were provided to th	

V. DCFS NAR	RATIVE		
No additional information to report.			
== =		-	
VI. PRIOR PLACEMEN			
	T INFORMATIOI Yes	No	
VI. PRIOR PLACEMEN  Prior Placement Change in this Reporting?			]
Prior Placement Change in this Reporting?	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?	Yes	No	]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:	Yes	No	

#### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION				
Unique Client ID# 354			Age 14	
Race/Ethnicity Hispanic			Gender Female	
DCFS Office West San Fernando V	alley	Total Number of	Placement Moves	1
Resided Out of County Yes PLACEMENT CHANGE DATE 1/21/2025				
II. CHILD AND FAMILY TEAM (CFT) INFORMATION				
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates N/A				
III. MI	ENTAL HEALTH S	SERVICES DATA		
	Pre	<b>9</b> *	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	22	851
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	22	851
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 12/22/2024 throug case management. The Child Family Specialitreatment. The CFS supported the client in but and obtaining medication management service the client's desire to change placement and similar maintained communication with the CSW and on 2/3/2025 and continues to receive services.	ist (CFS) coordinate uilding a supportive on ces following the tran upported the client in d caregiver to mainta	d services for the c environment, encou sition to the placer n maintaining the c	lient, caregiver, and uraging age approp ment. The treatmen urrent treatment te	d team to facilitate riate interventions, at team supported am. The CFS

V. DCFS NAI	RRATIVE		
A CFT meeting was held six days prior to the start date of this re		024.	
VI. PRIOR PLACEMEN	NT INFORMATION		
VI. PRIOR PLACEMEN	NT INFORMATION Yes	No	
VI. PRIOR PLACEMENT Prior Placement Change in this Reporting?		No x	
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement	Yes		

#### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 355		GRAPHIC	INFORMATIO	N		
4				Age	12	1
<u> </u>						
Race/Ethnicity Black				Gender	М	
DCFS Office South County		То	tal Number of	Placemen	t Moves	6
Resided Out of County No	P	LACEMENT	CHANGE DA	ΓΕ	3	3/5/2025
II. CHILD	AND FAMIL	Y TEAM (	CFT) INFORM	ATION		
Number of CFT Meetings (Pre*)	0	Nu	ımber of CFT N	Meetings (I	Post*)	0
CFT Meetings Dates N/A						
III. I	MENTAL HE	ALTH SE	RVICES DATA	4		
		Pre*			Po	st*
Service Category	Service	Count T	otal 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 youth was engaged in mental health so	ervices brior t	a tha niacan		11		La constituina da Liv

V. DCF3 NAP	RRATIVE
During the period of 02/03/2025 to 03/20/2025, the youth was pa change, the youth experienced a brief period of time of participat	
had to be transferred to a provider closer to his new placement a	
VI. PRIOR PLACEMEN	NT INFORMATION
	Yes No
Prior Placement Change in this Reporting?	X
Explanation of Services Provided After Previous Placement.  Not applicable due to no prior placement change during this repo	
Explanation of Services Provided After Previous Placement: Not applicable due to no prior placement change during this repo	

#### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	ENT DEMOGRAPI	HIC INFORMATION	ON		
Unique Client ID# 356			<b>Age</b> 16		
Race/Ethnicity Hispanic			Gender F		
DCFS Office Van Nuys		Total Number of F	Placement Moves	1	
Resided Out of County No	PLACEME	ENT CHANGE DAT	E	2/26/2025	
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*)	2	Number of CFT M	leetings (Post*)	0	
	and 02/19/2025		,		
3					
III. N	IENTAL HEALTH	SERVICES DATA	4		
	Pro	e*	Po	ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC)	8	525	5	336	
Intensive Home Based Services (IHBS)	9	580	1	65	
TOTAL	17	1,105	6	401	
IV.	ICC/IHBS SERVI	CES PROVIDED			
During the review period 01/27/2025 throug development, collateral support, and rehable how to utilize healthy coping skills. Staff use and staying focused on long-term goals. The and the client to maintain placement. Child placement and explore the client's underlying client's voice and choice throughout treatment.	ilitative services. The ed IHBS intervention le ICC services focu and Family Team M ng needs. Staff reco	e IHBS interventions is to guide the client sed on supporting t eetings were held t	s addressed the cli t in making better i he relationship bet o address challeng	ent's behaviors and nformed decisions ween the caregiver les regarding	

V. DCFS NA	RRATIVE
No additional information to report.	
VI BRIOR DI ACEME	NT INCODMATION
VI. PRIOR PLACEME	
VI. PRIOR PLACEME	NT INFORMATION  Yes No
VI. PRIOR PLACEME  Prior Placement Change in this Reporting?	
	Yes No
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X

#### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

	ENT DEMOGRAPI	HIC INFORMATION	ON		
Unique Client ID# 357			<b>Age</b> 16		
Race/Ethnicity Hispanic			Gender Male		
DCFS Office West San Fernando \	/alley	Total Number of I	Placement Moves	7	
Resided Out of County Yes	PLACEME	ENT CHANGE DAT	E ;	3/31/2025	
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre*)	0	Number of CFT M	eetings (Post*)	3	
CFT Meetings Dates 4/8/2025,	4/14/2025, 4/28/202	5			
III. N	IENTAL HEALTH	SERVICES DATA	A		
	Pro	e*	Po	ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC)	0	0	0	0	
Intensive Home Based Services (IHBS)	1	39	0	0	
TOTAL	1	39	0	0	
IV.	ICC/IHBS SERVI	CES PROVIDED			
During the review period of 03/01/2025 thro Staff reviewed treatment goals and checke receive mental health services.	•	-			

V. DCFS NA	RRATIVE
No additional information to report.	
VI BRIOR DI ACEME	NT INCODMATION
VI. PRIOR PLACEME	
VI. PRIOR PLACEME	NT INFORMATION  Yes No
VI. PRIOR PLACEME  Prior Placement Change in this Reporting?	
	Yes No
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placemen	Yes No X

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

Unique Client ID# 358	NI DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 358			Age 8	
			-	
Race/Ethnicity Hispanic			Gender Female	•
DCFS Office Glendora		Total Number of	Placement Moves	1
Resided Out of County Yes	PLACEME	NT CHANGE DAT	E	1/23/2025
II. CHILD A	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	1	Number of CFT N	leetings (Post*)	1
CFT Meetings Dates 1/10/2025	2/12/2025			
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	2*	D	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	10	701
Intensive Home Based Services (IHBS)	0	0	6	209
TOTAL	0	0	0	0
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 12/24/2024 throug client: Plan development, psychotherapy, coo the client in developing coping skills, and sup positive behavior. The Intensive Care Coordir strengthen the client's engagement in service from a Mental Health Provider.	rdination of care, an ported the resource nator, Rehab Specia	d targeted case ma parent in developin list, and Clinician c	anagement. The C og an incentive sys ollaborated in deve	linician supported tem to promote eloping strategies to

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATIO	N	
	Yes	No	
Prior Placement Change in this Reporting?	Yes		1
Prior Placement Change in this Reporting?	Yes	X	]
	Yes		]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:  Not applicable due to no prior placement change in this reporting.			]
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			]
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			]
Explanation of Services Provided After Previous Placement:			
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Explanation of Services Provided After Previous Placement:			

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIE	NT DEMOGRAPH	IC INFORMATIO	N	
Unique Client ID# 359			Age 15	
Race/Ethnicity White			Gender Female	
DCFS Office West San Fernando Va	alley	Total Number of	Placement Moves	5
Resided Out of County No	PLACEME	ENT CHANGE DAT	TE :	2/10/2025
II. CHILD AI	ND FAMILY TEAM	(CFT) INFORM	ATION	
Number of CFT Meetings (Pre*)	0	Number of CFT N	leetings (Post*)	0
CFT Meetings Dates None				
III. ME	ENTAL HEALTH S	SERVICES DATA		
	Pre	<u>2</u> *	Po	ost*
Service Category	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	23	561
Intensive Home Based Services (IHBS)	0	0	0	0
TOTAL	0	0	23	561
IV. I	CC/IHBS SERVIC	ES PROVIDED		
During the review period of 1/11/2025 through Mental Health Service, Plan Development, Tr supported the transition of the client's placem Coordinator facilitated staff meetings to share treatment by communicating with DCFS and possible processes of the processes of the client's placem Coordinator facilitated consults and processes of the consults of the client's period of the client's placement of the cli	eatment Planning, a ent by discussing che updates. The Inten providing information ons, autonomy, and p	nd Targeted Case nanges, challenges sive Care Coordina n learned regarding positive reinforcem	Management. The , and expectations ator coordinated me , the client's trauma ent to support the c	Rehab Specialist The Intensive Care ental health The Rehab

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

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATIO	N	
	Yes	No	
Prior Placement Change in this Reporting?	Yes		1
Prior Placement Change in this Reporting?	Yes	X	]
	Yes		]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:  Not applicable due to no prior placement change in this reporting.			]
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			]
Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			]
Explanation of Services Provided After Previous Placement:			
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Explanation of Services Provided After Previous Placement:			
Explanation of Services Provided After Previous Placement:			

### DCFS TA 280 Client - DMH Mental Health Services Pre & Post Placement Change

I. CLIENT DEMOGRAPHIC INFORMATION					
Unique Client ID# 360			<b>Age</b> 16		
Race/Ethnicity Black			Gender Male		
DCFS Office Lancaster Total Number of Placement Moves 4					
Resided Out of County Yes	PLACEMENT CHANGE DATE 3/3/2025				
II. CHILD AND FAMILY TEAM (CFT) INFORMATION					
Number of CFT Meetings (Pre-)	Number of CFT Meetings (Pre*) 1 Number of CFT Meetings (Post*) 1				
CFT Meetings Dates 2/14/2025	, 3/12/2025				
III. ME	ENTAL HEALTH S	SERVICES DATA			
	Pro	e*	Pe	ost*	
Service Category	Service Count	Total Minutes	Service Count	Total Minutes	
Intensive Care Coordination (ICC)	0	0	25	2,130	
Intensive Home Based Services (IHBS)	0	0	11	1,300	
TOTAL	0	0	36	3,430	
IV. I	CC/IHBS SERVIC	ES PROVIDED			
During the review period of 02/01/2025 through Assessment, Mental Health Service, Plan Der Rehab Specialist supported the client's transit Intensive Care Coordinator coordinated mentinterventions based on client's trauma. The Intensity Rehab Specialist utilized trauma-informed intensity specialist provided linkage and opportunities local hikes, basketball games and workouts. On 3/3/25 and continues to receive services.	velopment, Treatme tion by helping the c al health treatment l tensive Care Coord erventions to promo for client to participa	nt Planning, and Ta lient identify challer by communicating r inator facilitated Ch te the client's place ate in mentorship o	argeted Case Mana nges and manage of regularly with DCFS hild and Family Tea ment stability and s rganizations, comm	agement. The expectations. The S and implementing m Meetings. The success. The Rehab nunity outings to	

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

V. DCFS NAR	RATIVE		
No additional information to report.			
VI. PRIOR PLACEMEN	T INFORMATIO	N	
	Yes	No	
Prior Placement Change in this Reporting?	Yes		1
Prior Placement Change in this Reporting?	Yes	X	]
	Yes		]
Prior Placement Change in this Reporting?  Explanation of Services Provided After Previous Placement:  Not applicable due to no prior placement change in this reporting.			]
Explanation of Services Provided After Previous Placement:			
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