



## County of Los Angeles

### DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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May 30, 2025

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

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

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

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

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

The 60 attached case review forms constitute the 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

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: (<https://lacounty.gov/government/board-of-supervisors/board-correspondence/>). The reports will also be posted on the DCFS and DMH public websites.

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

BTN:JF:DI  
LW:jn

#### Attachments

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	301	<b>Age</b>	12
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Palmdale	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	1/24/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 12/25/24 through 2/23/25 from a Los Angeles County Mental Health Provider.

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

### V. DCFS NARRATIVE

This placement change was not due to the youth's behaviors; rather, the youth demonstrated insight and self-advocacy in expressing a desire for a more affirming environment and requested the placement change. The caregiver and youth declined a CFT meeting prior to the placement change. The youth refused to consent to, or participate in, mental health services during this review period.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	302	Age	14
Race/Ethnicity	Black	Gender	Female
DCFS Office	Wateridge	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	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. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>23</b>	<b>1,096</b>	<b>11</b>	<b>481</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 2/16/25 through 4/17/25, the client received the following ICC services: Care coordination, team collaboration through Staff Engagement meetings, CFT Meetings, public school meetings, linkage to a youth athletic program, and consultation with the psychiatrist. The client received the following IHBS services: Demonstration and use of grounding techniques when feeling anxious, processing trauma related triggers, cooking as a coping strategy, modeling appropriate behaviors at home and school, use of narratives as self-reflection, journaling, and guided imagery. Client started services with the Mental Health Provider on 3/11/2024 and continues to receive services.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	303	<b>Age</b>	16
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	Brand	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	1/3/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 12/04/24 through 2/02/25 from a Los Angeles County Mental Health Provider.

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

### V. DCFS NARRATIVE

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

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	304	Age	18
Race/Ethnicity	Black	Gender	Female
DCFS Office	Lancaster	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	3/26/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 2/24/25 through 4/25/25 from a Los Angeles County Mental Health Provider.

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

### V. DCFS NARRATIVE

Prior to and post-placement change, this non-minor dependent has been participating in outpatient mental health services, as the youth's behaviors do not warrant more intensive mental health services. This placement change did not occur due to the youth's behavior; rather, the previous caregiver was no longer willing to be a placement resource. The previous caregiver was offered a meeting to discuss the requested placement change and declined.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	305	Age	16
Race/Ethnicity	Black	Gender	Female
DCFS Office	Palmdale	Total Number of Placement Moves	1
Resided Out of County	Yes	PLACEMENT CHANGE DATE	1/3/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 12/4/2024 through 2/2/2025.

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

### V. DCFS NARRATIVE

This placement change was not due to the youth's behavior. Rather, the placement change occurred to allow the youth to be placed in the home of a relative caregiver.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	306	Age	16
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Palmdale	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	1/24/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 12/25/2024 through 2/23/2025.

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

### V. DCFS NARRATIVE

This placement change was not due to the youth's behavior. Rather, this placement change occurred to allow the youth to be placed in the home of a relative caregiver.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	307	Age	3
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Glendora	Total Number of Placement Moves	1
Resided Out of County	Yes	PLACEMENT CHANGE DATE	1/13/2025

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

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	1/21/2025		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 12/14/2024 through 2/12/2025.

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

### V. DCFS NARRATIVE

This placement change was not due to the child's behavior. Rather, new DCFS placement paperwork had to be generated to update the caregiver's relationship to the child and the child remained placed in the home throughout this process.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	308	Age	2
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Santa Fe Springs	Total Number of Placement Moves	7
Resided Out of County	No	PLACEMENT CHANGE DATE	2/27/2025

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

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	2/12/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>2</b>	<b>105</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period of 1/28/2025 through 3/29/2025, the client received the following IHBS and ICC services: The treatment team and DCFS met to address the client's placement, the client's needs and trauma history. The treatment team addressed the caregiver's concerns regarding behaviors. The treatment team provided psychoeducation on age-appropriate interventions. Music was utilized by team members to engage client and develop rapport.

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

### V. DCFS NARRATIVE

DCFS' specialized program, the Family Urgent Response System (FURS) – which is on call 24 hours per day, 365 days per year - supported the youth and/or caregiver to help try to preserve the placement.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	309	Age	17
Race/Ethnicity	Black	Gender	Female
DCFS Office	Brand	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	1/8/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS during the designated review period of 12/9/2024 through 2/7/2025 from a Los Angeles County Mental Health Provider. Client is currently linked with Mental Health Services.

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

### V. DCFS NARRATIVE

During this review, the youth refused to consent to, or participate in, mental health services. Furthermore, the youth was frequently absent from their placement, making it challenging to conduct CFTMs.

It should be noted that DCFS's specialized program, the Family Urgent Response System (FURS) – which is on call 24 hours per day, 365 days per year - supported the youth and/or previous caregivers to help preserve the youth's placements.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	310	<b>Age</b>	13
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	1/14/2025

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

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	12/18/2024, 02/06/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	20	1,055	15	689
<b>TOTAL</b>	<b>20</b>	<b>1,055</b>	<b>15</b>	<b>689</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/15/2024 through 02/13/2025, the client received IHBS services. The clinician assisted the client in developing coping skills that supported emotional expression and self-care. The clinician engaged in activities with the client that enhanced the client's independent living skills, such as learning to purchase merchandise, which increased the client's self-care. The clinician also utilized art as a way for the client to express thoughts and feelings which enhanced the client's sense of safety. The client also engaged in a mentorship program through the client's school district which aided the client in developing leadership skills and positive peer interactions. The client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

No additional information to report.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	311	<b>Age</b>	12
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	9
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	1/1/2025

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

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	none during review period		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	6	207	7	203
Intensive Home Based Services (IHBS)	14	749	0	0
<b>TOTAL</b>	<b>20</b>	<b>956</b>	<b>7</b>	<b>203</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 12/02/2024 to 01/31/2025, the client received the following IHBS and ICC Services: Plan Development, Treatment Planning, Psychosocial Rehabilitation, and Psychotherapy. The Clinicians and Rehab Specialist utilized the client's functional strengths, board games, play therapy, and positive communication skills to engage the client and to support the client's identified goals. The Clinicians collaborated with each other and engaged with the treatment teams, DCFS, caregiver, and group care staff to assist with the client's underlying needs and promote placement stability. The client started services with the current Mental Health Provider on 01/14/2025 and continues through the present.

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

#### V. DCFS NARRATIVE

A CFT meeting was offered to the child, prior to the placement change, however, the child refused. Consequently, the child's mental health services team conducted a staffing to address placement issues. In addition to their primary caseworker, this child has been assigned a specialized secondary worker through DCFS's Placement Stabilization Team, which supports the child and caregiver 24 hours per day, seven days per week.

On 12/31/2024, DCFS's specialized program, the Family Urgent Response System (FURS) – which is on call 24 hours per day, 365 days per year - supported the child and/or caregiver to help preserve the placement.

#### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	312	<b>Age</b>	4
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Belvedere	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	1/9/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client received mental health services but did not receive ICC/IHBS from a Los Angeles County Mental Health Provider during the designated review period of 12/10/24 to 02/08/2025. Client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

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

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	313	Age	14
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	West San Fernando Valley	Total Number of Placement Moves	2
Resided Out of County	No	PLACEMENT CHANGE DATE	1/16/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client received mental health services, however did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 12/17/2024 to 02/15/2025. Client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

This youth was participating in outpatient mental health services during this review period.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	314	Age	17
Race/Ethnicity	Black	Gender	Female
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	3/28/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive ICC or IHBS services from a Los Angeles County Mental Health Provider during the review period of 02/26/2025 through 04/27/2025.

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

### V. DCFS NARRATIVE

This placement change was not due to the youth's behavior. Rather, the youth was court-ordered for an extended visit in the home of their parent until May 1, 2025, with the goal of reunifying with said parent.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	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 AND FAMILY TEAM (CFT) INFORMATION**

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	3
CFT Meetings Dates	1/14/2025, 1/30/2025, 2/6/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>7</b>	<b>502</b>	<b>16</b>	<b>1,361</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/08/2024 through 2/06/2025 the client received the following ICC and IHBS: Assessment, Plan Development, Consultation, Coordination, and Psychoeducation. The Intensive Care Coordinator (ICC) maintained communication with DCFS and other team members to review the client's mental health symptoms, placement changes, identify potential resources, and to prepare the caregivers to be a part of the Child and Family Team. The ICC coordinated supportive services such as Therapeutic Behavioral Services to help address client's behaviors in the home and school. The ICC and team supported the biological mother when the team learned that client would be returned to her care with resources such as food, storage and move-in provisions. The treatment team supported placement stability following reunification with increased communication with parent on family needs. The Clinician explored the client's trauma history, helped the client process feelings surrounding reunification with mother and modeled problem solving skills, encouraged the use of coping skills such as stop and think before reacting, and discussed the importance of building client's self confidence and self-worth. The Clinician established conjoint sessions with parent, assisted parent with psychoeducation on client's trauma, developed goals for the family, helped the client and parent develop positive interactions to increase successful functioning in the home, and supported reunification with parent. The Clinician consulted and maintained meetings with client's school to address behavior challenges and provide support. The client is currently receiving services from a Mental Health Provider.

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

### V. DCFS NARRATIVE

This placement change was not due to the youth's behavior. Rather, the youth was court-ordered to be returned to the home of their parent on 1/7/2025.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	316	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 AND FAMILY TEAM (CFT) INFORMATION**

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	1/24/2025, 2/20/2025		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client received mental health services but did not receive ICC/IHBS from a Los Angeles County Mental Health Provider during the designated review period of 12/22/24 to 02/20/25. Client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

This child participated in intensive mental health services prior to and post-placement change on 01/21/2025.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	317	Age	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 AND FAMILY TEAM (CFT) INFORMATION**

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	12/11/2024		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>37</b>	<b>3,228</b>	<b>30</b>	<b>1,508</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 12/03/2024 through 02/01/2025 the client received the following ICC and IHBS services: Targeted case management, individual psychotherapy, and psychosocial rehabilitation services. The ICC provided resources to client and family, including activities that assisted with social skills. The ICC facilitated a CFT meeting, where the client's strengths, needs and safety concerns, that could impact placement, were discussed. The ICC regularly consulted with the team to explore strategies to help preserve client's placement and identify additional support. The ICC collaborated with the CSW to discuss client's progress, safety concerns, and strategies to preserve the placement. The Rehab Specialist supported the client by crafting interventions that were individualized to the client's interests and strengths. The Rehab Specialist introduced social skill-building opportunities, such as community outings to help the client practice effective communication. The therapist consulted with other team members to support the client's placement. The therapist also introduced coping skills such as deep breathing to increase emotional regulation. The Parent Partner collaborated with caregivers regularly to provide support to preserve placement. The Parent Partner role-played with caregiver on how to provide support when client was triggered. The Parent Partner also provided psychoeducation on trauma to help the caregivers better understand the client's behaviors. The client began to receive services from the current Mental Health Provider on 08/03/2023 and continues to receive services.

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

### V. DCFS NARRATIVE

No additional information to report.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	318	Age	18
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Pomona	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	3/21/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	111	4	263
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>111</b>	<b>4</b>	<b>263</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 02/19/2025 through 04/20/2025 the client received the following ICC services: Therapist consulted with the DCFS social worker regarding client's placement, triggers, challenges, and areas of support that the therapist could assist with. The therapist provided caregiver with strategies on engagement and ways to communicate effectively that would enhance the client's emotional wellbeing. In addition, the therapist consulted with the school counselor to discuss educational needs. The client is currently receiving mental health services from a Mental Health Provider.

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

### V. DCFS NARRATIVE

No additional information to report.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

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	PLACEMENT CHANGE DATE	2/19/2025

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

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	2/10/2025, 2/25/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>18</b>	<b>576</b>	<b>15</b>	<b>814</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 01/20/2025 through 03/21/2025 the client received the following ICC and IHBS services: The rehab specialist assisted the client in developing skills to build healthy relationships. In addition, the rehab specialist supported the client in improving his social skills through community outings and practicing anger management techniques, such as deep breathing and walking away when upset. The team worked to engage the client by utilizing his strengths and likes. The team also frequently communicated with the CSW to discuss placement preservation and collaborated with the school to identify strategies to support the client's educational needs. During the CFT meeting, the team conducted safety planning to preserve the placement, identified strengths, and explored underlying needs related to the client's trauma. The team also crafted individualized interventions based on client's interests. The therapist encouraged the client to identify informal supports that the client could reach out to, when client was triggered. The team provided the client with community resources to support progress in reaching the client's Long-Term View. The client is currently receiving mental health services from a Mental Health Provider.

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

### V. DCFS NARRATIVE

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

On 2/13/2025, DCFS's specialized program, the Family Urgent Response System (FURS) – which is on call 24 hours per day, 365 days per year - supported the youth and/or caregiver to help preserve the placement.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	320	<b>Age</b>	13
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Compton-Carson	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	2/6/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
<b>Service Category</b>	<b>Service Count</b>	<b>Total Minutes</b>	<b>Service Count</b>	<b>Total Minutes</b>
Intensive Care Coordination (ICC)	0	0	3	162
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>162</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 01/07/2025 through 03/08/2025 the client received the following ICC/IHBS services: The clinician consulted and discussed with the DCFS social worker regarding the client's placement, referral needs, family updates, school progress, and safety concerns.

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

### V. DCFS NARRATIVE

During this review period, this youth was frequently absent from their placement, making it challenging to conduct CFT meetings or participate in mental health services.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	321	Age	17
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Glendora	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	1/3/2025

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

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	1/23/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	2	107	8	260
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>107</b>	<b>8</b>	<b>260</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 12/04/2024 through 02/02/2025, the following ICC services were provided to the client: Assessment, coordination of care, and individual therapy. ICC services included team collaboration with DCFS, targeted case management, and coordination of CFT meetings to enhance treatment progress. The clinician indicated that the client had an established educational resource to support client's academic needs. The clinician also provided independent living skills, utilized psychoeducation, built rapport, explored therapeutic activities, and developed a safety plan to promote client's overall mental health stability. In addition, the clinician provided collateral support to the caregiver to help meet the client's needs. The client is currently receiving mental health services from a Mental Health Provider.

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

### V. DCFS NARRATIVE

A CFT meeting was offered prior to the placement change; however, the caregiver declined.

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

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	322	Age	3
Race/Ethnicity	Hispanic	Gender	Male
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*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	1/6/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	21	950	21	575
Intensive Home Based Services (IHBS)	4	143	4	203
<b>TOTAL</b>	<b>25</b>	<b>1,093</b>	<b>25</b>	<b>778</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 12/16/2024 through 02/14/2025, the following IHBS and ICC services were provided to the client: Assessment, in-home supportive services, coordination of care, and individual therapy. ICC included team collaboration with DCFS, targeted case management, and coordination of CFT meetings to support client's placement stability. The clinician and team provided psychoeducation, play therapy, and behavior management skills to support the client's overall treatment progress. In addition, the team utilized role play, modeling, stress management techniques, and emotional regulation skills to promote client's overall stability. The caregiver received collateral support to help meet the client's mental health needs. The client started to receive services from the current Mental Health Provider on 12/19/2024 and continues to receive services.

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

### V. DCFS NARRATIVE

A CFT meeting was held on 12/6/2024, prior to the placement change date and ten (10) days prior to the start of the review period.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

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	PLACEMENT CHANGE DATE	2/7/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	85	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>85</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 01/08/2025 through 03/09/2025, the following services were provided to the client: Assessment, coordination of care, in-home supportive services, and individual therapy. ICC services included team collaboration with DCFS and targeted case management to support and meet the needs of the client. The clinician assisted the client to adapt to a new living environment. In addition, the clinician built rapport, provided psychoeducation, and supported the client to effectively promote placement stability. Therapeutic approaches facilitated by the clinician included guided discovery, transparency, art therapy, and fostering autonomy and voice and choice to support the client's stability. The clinician also provided collateral support to the caregiver to help client's needs. The client started to receive services from the current Mental Health Provider on 12/13/2024 and continues to receive services.

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

### V. DCFS NARRATIVE

Prior to the placement change date, the previous caregiver was offered a CFT meeting and declined. A CFT meeting was held on 4/1/2025, approximately one month after this review period.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	324	Age	18
Race/Ethnicity	Black	Gender	Male
DCFS Office	Torrance	Total Number of Placement Moves	5
Resided Out of County	Yes	PLACEMENT CHANGE DATE	1/6/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive ICC or IHBS services during the designated review period of 12/07/2024 through 02/05/2025 from a Los Angeles County Mental Health Provider.

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

### V. DCFS NARRATIVE

Prior to and post-placement change, this non-minor dependent (NMD) has been frequently absent from their placement, making it challenging to conduct CFTMs and provide mental health services. As of 04/23/2025, this NMD remains away from care.

This NMD is currently a client of Regional Center and is assigned to a case coordinator to support his developmental needs.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	325	<b>Age</b>	5
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	2
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	2/7/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	4	325	27	1,575
Intensive Home Based Services (IHBS)	5	375	10	551
<b>TOTAL</b>	<b>9</b>	<b>700</b>	<b>37</b>	<b>2,126</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 01/08/25 through 03/09/25, the following ICC and IHBS services were provided: Assessment, targeted case management, rehabilitation, treatment planning, and psychotherapy. ICC services included team collaboration with DCFS to review client's treatment progress. The clinician indicated that the team followed up on client's educational and developmental resources. The clinician and team regularly met with client and caregiver to promote client's overall stability. They utilized mindfulness activities, breathing exercises, behavior management techniques, coloring, play therapy, and transition strategies to support the client's mental health. The clinician and team also provided collateral support to the caregiver to help meet the client's mental health needs. The client began to receive services from the current Los Angeles County Mental Health Provider on 10/31/2024 and continues to receive services.

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

### V. DCFS NARRATIVE

During this review period and prior to the placement change date, the previous caregiver was offered and declined a CFT meeting.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	326	Age	9
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	2/18/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client received mental health services, however did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 1/19/2025 through 3/20/2025. The client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

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

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	327	Age	14
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Lancaster	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	2/13/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client received mental health services; however, did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 1/14/2025 through 3/15/2025. The client continues to receive mental health services.

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

### V. DCFS NARRATIVE

This placement change occurred because the caregiver did not feel that the youth was adequately cleaning their bedroom to her standards; however, the caregiver declined a CFT meeting prior to placement change on 02/13/2025, to try to preserve the placement.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	328	<b>Age</b>	9
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	1/16/2025

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

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	2
<b>CFT Meetings Dates</b>	1/14/2025, 1/30/2025 and 2/04/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>7</b>	<b>353</b>	<b>8</b>	<b>519</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 12/17/2024 through 02/15/2025, the client received the following ICC services: Child Family Team Meeting and targeted case management. The treatment team coordinated CFT meetings, medication support, and client's transition to a new placement. The treatment team collaborated to foster an emotional connection between client and caregiver by implementing a routine chart, timers, and ensuring age-appropriate interventions. In addition, the treatment team reviewed treatment progress, safety planning, and explored strategies to stabilize placement. The parent partner assisted by rendering psychoeducation to caregiver to promote insight into client's emotional and developmental needs. The client started services with this Mental Health Provider on 1/31/2025 and continues to receive services.

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

### V. DCFS NARRATIVE

This child is a client of Regional Center which provides additional supportive services to ensure the child's well-being. In addition to their primary caseworker, this child has been assigned a specialized secondary worker through DCFS's Placement Stabilization Team, which supports the child and caregiver 24 hours per day, seven days per week.

On 2/9/2025, DCFS's specialized program, the Family Urgent Response System (FURS) – which is on call 24 hours per day, 365 days per year - supported the child and/or caregiver to help preserve the placement.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	329	<b>Age</b>	15
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Santa Fe Springs	<b>Total Number of Placement Moves</b>	5
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	3/20/2025

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

<b>Number of CFT Meetings (Pre*)</b>	2	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	3/04/2025 and 3/13/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>53</b>	<b>3,224</b>	<b>1</b>	<b>59</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 2/18/2025 through 04/19/2025, the client received the following ICC and IHBS services: Child Family Team Meeting, targeted case management, rehabilitation, plan development, and psychotherapy. The treatment team actively collaborated with DCFS, facilitated CFT meetings, and explored client's successes and challenges during subsequent CFT meetings. The team, including CSW, consulted with the school to support client's academic success and implemented a support system for client in the school setting. The clinician engaged the client in cognitive behavioral therapy to promote self-accountability for aggressive behavior. In addition, the clinician encouraged client to track thoughts, feelings and behaviors in a journal to identify patterns contributing to problematic behavior.

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

### V. DCFS NARRATIVE

Immediately following the placement change, this youth was absent from care from 3/20/2025 to 4/25/2025, thereby making it challenging to conduct any CFT meetings or further engage the youth in services during that time period.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	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**

Number of CFT Meetings (Pre*)	3	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	12/17/2024, 1/16/2025, 1/21/2025, 2/04/2025 and 2/27/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	8	538	5	357
Intensive Home Based Services (IHBS)	13	944	15	1,169
<b>TOTAL</b>	<b>21</b>	<b>1,482</b>	<b>20</b>	<b>1,526</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period from 12/31/2024 through 03/01/2025, the client received the following ICC and IHBS services: Child Family Team Meeting, targeted case management, plan development, rehabilitation, assessment and psychotherapy. The Child Family Specialist provided interventions emphasizing the client's culture, including exploring cultural differences, values and beliefs. Child Family Specialist rendered culturally sensitive and age-appropriate interventions. The clinician provided cognitive behavioral therapy, such as cognitive restructuring to identify negative thoughts and promote insight into client's challenging behaviors. Additional interventions included deep breathing, positive affirmations, engaging in sports, and the use of "I" statements in communication with family. The treatment team facilitated CFT meetings, consulted with DCFS, collaborated with psychiatrist, and coordinated medication support. Additional interventions included supporting caregivers during the client's transition from placement, re-assessment of needs, addressing safety concerns, and planning collaboratively with the treatment team about safety.

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

### V. DCFS NARRATIVE

No additional information to report.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	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 Meetings (Post*)	0
CFT Meetings Dates	1/6/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>25</b>	<b>1,142</b>	<b>26</b>	<b>861</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period of 12/16/2024 through 2/14/2025, the following IHBS and ICC services were provided to the client: Psychotherapy, Psychosocial Rehabilitation, and Targeted Case Management. The Case Manager collaborated with DCFS and the mental health team to support the client's transition to a new placement. The Rehabilitation Specialist used art interventions to explore the client's emotions and to help increase verbal expression. The Parent Partner reviewed the safety plan with the caregivers, provided psychoeducation on trauma, and introduced coping skills to support the client including breathing techniques and positive communication. The Clinician assisted the client in expressing their emotions and used play therapy to help reduce conflict in the home. The Clinician facilitated a family therapy session with the client and siblings to address their dynamics and parentified behaviors. The client started to receive mental health services from the current Mental Health Provider on 12/19/2024 and continues to receive services.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	332	Age	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 Meetings (Post*)	2
CFT Meetings Dates	1/10/25, 2/13/2025, 2/24/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>11</b>	<b>963</b>	<b>29</b>	<b>2,606</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period of 1/11/2025 through 3/12/2025, the following IHBS and ICC services were provided to the client: Mental Health Service Planning, Psychosocial Rehabilitation, Targeted Case Management, and Psychotherapy. The Intensive Care Coordinator collaborated with DCFS, the school, and the mental health team to support the client's placement change and maintain safety. The Behavioral Specialist assisted the client in identifying their triggers, provided options for community engagement, and explored harm reduction strategies. The Clinician provided psychoeducation on the effects of substance use on mental health, reviewed coping strategies such as exercise and journaling, and discussed positive decision making skills.

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

### V. DCFS NARRATIVE

In addition to intensive mental health services, this youth participated in substance abuse counseling which addressed the youth's underlying needs and supported their overall mental, emotional, and relational well-being.

A post-placement change CFT meeting was held on 3/13/2025, one day after this review period.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	333	Age	15
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Hawthorne	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	1/14/2025

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

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	1/3/2025, 2/3/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	12	793	17	909
<b>TOTAL</b>	<b>12</b>	<b>793</b>	<b>17</b>	<b>909</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the designated review period of 12/15/2024 through 2/13/2025, the following IHBS services were provided to the client: Psychosocial Rehabilitation and Psychotherapy. The Facilitator explored parenting strategies with the caregiver, including giving space when the client was upset. The Case Manager explored conflict resolution strategies such as using "I" statements, utilized mindfulness exercises to increase self-regulation, and collaborated with the school counselor to support the client's success. The Parent Partner encouraged the caregiver to acknowledge the client's positive behaviors to increase motivation. The Clinician helped the client to identify triggers and to process their trauma, and collaborated with the caregiver and client on safety planning. The client started to receive mental health services from the current Mental Health Provider on 9/3/2024 and continues to receive services.

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

### V. DCFS NARRATIVE

No additional information to report.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	334	Age	21
Race/Ethnicity	White	Gender	Male
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 Meetings (Post*)	0
CFT Meetings Dates	N/A		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 12/15/2024 through 2/13/2025.

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

### V. DCFS NARRATIVE

On 08/08/2024, this non-minor dependent (NMD) relocated out-of-state to reside with his parent under a Supervised Independent Living Placement (SILP). The NMD declined mental health services after his out-of-state relocation as he felt stable and supported by his biological family in Washington state.

This was not a placement change due to the NMD's behavior. Rather, this NMD's case terminated on 01/14/2025, since they reached the age of majority.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

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 AND FAMILY TEAM (CFT) INFORMATION**

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client received mental health services; however did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 2/25/2024 through 4/26/2025. The client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

The child participated in outpatient mental health services during this review period, as she did not present with any behaviors that required more intensive services. This placement change did not occur due to this child's behaviors; rather the change was due to the previous caregiver not having the capacity to support the child's and her siblings' daily needs. A CFT meeting was held on 02/20/2025, a few days prior to this review period.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	336	Age	15
Race/Ethnicity	Black	Gender	Female
DCFS Office	Palmdale	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 Meetings (Post*)	0
CFT Meetings Dates	1/10/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>6</b>	<b>265</b>	<b>2</b>	<b>118</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/16/2024 through 2/14/2025 the following IHBS and ICC services were provided to client: Assessment, transition planning, monitoring, team collaboration, targeted case management, supportive services to caregiver and psychotherapy. The Clinician provided a safe space for client to process feelings and emotions around loss and trauma. The Clinician assisted the client to develop coping skills, to utilize problem solving skills to address conflict with peers, to communicate feelings, to ask for help, and to distinguish between healthy and unhealthy relationships. The Clinician collaborated with the mental health team, caregiver, client and DCFS to develop a safety plan to support the client transitioning to a new placement and school. The Clinician met with the team during monthly team meetings to provide updates and progress, and collaborated with the CSW to link the client to an after school program. Parent Partner collaborated with caregiver to implement placement preservation strategies, safety planning, and to support the client with processing loss. The Facilitator collaborated with DCFS to review safety concerns, placement preservation, transition planning, and link client to community resources. The client continues to receive services from the Mental Health Provider.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	337	Age	11
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Glendora	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	1/13/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client received mental health services; however did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 12/14/24 through 2/12/25. Client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

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

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	338	Age	4
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Palmdale	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	1/14/2025

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

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	1/30/2025		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client is receiving services from a Mental Health Provider; however, client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 12/15/24 through 2/13/25.

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

#### V. DCFS NARRATIVE

This was not a placement change due to the child's behavior. Rather, this child's placement change on 01/14/2025, was completed in order to allow her to be placed with a relative.

#### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	339	Age	12
Race/Ethnicity	Black	Gender	Male
DCFS Office	Compton-Carson	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	3/23/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	1	26
Intensive Home Based Services (IHBS)	0	0	3	85
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>111</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period from 2/21/2025 through 4/22/2025, the client received the following IHBS and ICC services: Targeted case management and psychosocial rehabilitation services. The Facilitator collaborated with the CSW to learn about the case plan goals, client's history, strengths, concerns, and resources that would be required. The Child and Family Specialist focused on building rapport and assisting with emotion regulation. The parent partner provided psychoeducation and assistance with coping skills and positive communication. The client continues to receive services from the current Mental Health Provider.

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

### V. DCFS NARRATIVE

Due to the unexpected placement change, there was not an opportunity to convene a CFT meeting to address placement needs.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	340	Age	18
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Compton-Carson	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	1/28/2025

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

Number of CFT Meetings (Pre*)	0	Number of CFT Meetings (Post*)	1
CFT Meetings Dates	2/25/2025		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client received mental health services; however client did not receive IHBS or ICC services during the designated review period of 12/29/2024 through 02/27/2025. The client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

On 12/03/2024, approximately three weeks prior to this review period, a CFT meeting was held with the non-minor dependent's (NMD's) previous caregiver to discuss placement issues and needed support.

Prior to and post-placement change, the NMD has been participating in less intensive, weekly mental health services.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	341	<b>Age</b>	15
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	Metro North	<b>Total Number of Placement Moves</b>	3
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	1/23/2025

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

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	2
<b>CFT Meetings Dates</b>	1/7/2025, 1/24/2025, 2/11/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	4	273	4	204
Intensive Home Based Services (IHBS)	0	0	3	160
<b>TOTAL</b>	<b>4</b>	<b>273</b>	<b>7</b>	<b>364</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/24/2024 through 02/22/2025, the following IHBS and ICC services were provided to the client: Rehabilitation, case management, and Child and Family Team Meetings (CFTMs). The mental health team was sensitive to the client's culture and provided the services in the client's language. Rehabilitation services included supporting the client at a school meeting and reviewing problem-solving and communication skills. Rehabilitation services also provided the caregiver with parenting support, psychoeducation about trauma and underlying needs, referrals to build on client's interests, and strategies to help client increase school attendance, safe behaviors, and following directions. Case management involved collaborating with other child-serving entities to discuss client's suitable placement and to provide additional linkages to other community services. Case management services also focused on addressing the client's safety, overall functioning, immigration needs, continuity of care, and medication services. During CFTMs, updates were shared, and plans were developed, including how to meet the client's underlying needs and how to engage the client's parent, who resided in a different country. The client continues to receive services from a Mental Health Provider.

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

### V. DCFS NARRATIVE

In addition to intensive mental health services, this youth participated in substance abuse counseling which addressed the youth's underlying needs and supported their overall mental, emotional, and relational well-being.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	342	Age	12
Race/Ethnicity	Black	Gender	Male
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	2/4/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client received mental health services; however, client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 01/05/2025 through 03/06/2025. Client is currently linked with a Mental Health Provider.

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

### V. DCFS NARRATIVE

Prior to the placement change, case documentation indicates this child had been participating in individual therapy in August 2024 and continued with the same provider post-placement change.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	343	Age	19
Race/Ethnicity	Hispanic	Gender	Male
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	No	PLACEMENT CHANGE DATE	1/13/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

Client did not receive IHBS or ICC services from a Los Angeles County Mental Health Provider during the designated review period of 12/14/24 through 02/12/25.

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

### V. DCFS NARRATIVE

Per case documentation, this non-minor dependent (NMD) refused to consent to, or participate in, mental health services during the review period.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	344	<b>Age</b>	9
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Hawthorne	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	3/13/2025

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

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	2
<b>CFT Meetings Dates</b>	3/5/2025, 3/13/25 & 3/25/25		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
<b>Service Category</b>	<b>Service Count</b>	<b>Total Minutes</b>	<b>Service Count</b>	<b>Total Minutes</b>
Intensive Care Coordination (ICC)	0	0	2	153
Intensive Home Based Services (IHBS)	24	1,228	15	631
<b>TOTAL</b>	<b>24</b>	<b>1,228</b>	<b>17</b>	<b>784</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 02/11/25 through 04/12/25, the client received the following IHBS and ICC services: Rehabilitation, individual therapy, care coordination, medication support, and safety planning. The mental health team, DCFS, caregiver and client participated in Child and Family Team Meetings to address the client's placement, treatment goals, linkages needed, and to identify safety concerns. The Child and Family Team identified the need to link the client with community resources to support the client's goals, and help preserve the placement. The treatment team worked with the client and caregiver to increase coping skills, de-escalation techniques, and set expectations. The treatment team implemented strategies and interventions to help decrease high-risk behaviors and improve functioning with daily activities. A safety plan was developed and implemented to assist the caregiver and client during crisis situations. The client continues to receive services from the current Mental Health Provider.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

<b>Unique Client ID#</b>	345	<b>Age</b>	17
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Female
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	1/7/2025

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

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	1/27/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	3	118
Intensive Home Based Services (IHBS)	0	0	21	1,235
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>1,353</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/08/24 through 02/06/25 the client received the following IHBS and ICC services: Plan coordination, rehabilitation, medication support, and safety planning. Treatment focused on addressing the client's trauma, de-escalation, medication support, and identifying strengths and goals. The Rehab Specialist assisted the client with increasing coping skills such as drawing, painting, mindfulness, and incorporating client's spiritual beliefs into treatment. ICC services focused on the client learning daily living skills, working towards independence, and learning how to maintain a budget. A Child and Family Team Meeting was conducted to discuss safety planning, highlight strategies to support client's stability in placement, and work towards client's goal of transitioning into an Independent Living Program. The client continues to receive services from the current Mental Health Provider.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	346	<b>Age</b>	12
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Vermont Corridor	<b>Total Number of Placement Moves</b>	10
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	2/18/2025

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

<b>Number of CFT Meetings (Pre*)</b>	2	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	01/03/2025, 02/04/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>34</b>	<b>1,234</b>	<b>30</b>	<b>1,073</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 01/19/2025 through 03/20/2025 the following IHBS and ICC services were provided to client: Assessment, plan development, psychosocial rehabilitation, psychotherapy, targeted case management, and Child and Family Team Meeting (CFTM) facilitation. The Therapist assisted client in processing past traumas and improving emotional expression. The Intensive Home Based Services Worker assisted client in identifying triggers of negative interpersonal interactions and provided support to caregivers. The Intensive Home Based Services Worker also focused on engaging new caregivers when client experienced placement changes. The Intensive Care Coordinator collaborated with DCFS to promote placement stability, ensured continuity with therapy and medication support, and connected client to external agencies for ancillary services. The Therapist, Intensive Home Based Services Worker, and Intensive Care Coordinator collaborated on strategies to help improve client's engagement in services and developed safety plans with caregivers.

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

### V. DCFS NARRATIVE

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

On 2/14/2025, DCFS's specialized program, the Family Urgent Response System (FURS) – which is on call 24 hours per day, 365 days per year - supported the child and/or caregiver to help preserve the placement.

### VI. PRIOR PLACEMENT INFORMATION

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

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

The prior placement change date was 01/03/2025. The following mental health services were provided to the client after this placement change date: Crisis intervention, assessment, psychosocial rehabilitation, peer support, plan development, psychotherapy, medication support, targeted case management, and Child and Family Team Meeting (CFTM) facilitation. The Clinician provided assessment and assisted client in processing past traumas and improving emotional expression. The Intensive Home Based Services Worker assisted client in identifying triggers for negative interpersonal interactions and provided support to caregivers. The Intensive Home Based Worker also provided focused engagement to new caregivers when client experienced placement changes. The Intensive Care Coordinator collaborated with DCFS to promote placement stability, ensured continuity with therapy and medication support, and facilitated the CFTM. The Clinician, In Home Based Worker, and Intensive Care Coordinator collaborated on plans to improve client's engagement in services and develop safety plans with caregivers.

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	347	<b>Age</b>	14
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	8
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	2/6/2025

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

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	2/5/2025, 2/27/2025		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
<b>Service Category</b>	<b>Service Count</b>	<b>Total Minutes</b>	<b>Service Count</b>	<b>Total Minutes</b>
Intensive Care Coordination (ICC)	0	0	2	121
Intensive Home Based Services (IHBS)	17	749	13	612
<b>TOTAL</b>	<b>17</b>	<b>749</b>	<b>15</b>	<b>733</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 01/07/2025 through 03/08/2025 the following IHBS and ICC services were provided to client: Plan development, psychosocial rehabilitation, psychotherapy, and Child and Family Team Meeting (CFTM) facilitation. The Clinician assisted client in emotional expression, provided support for daily stressors, promoted the use of healthy coping strategies, and provided psychoeducation on the impacts of substance use on mental health. The Child and Family Specialist provided psychoeducation, academic support, and discussions of alternative healthy coping strategies. The Facilitator facilitated the Child and Family Team Meeting (CFTM) that occurred during the review period. The Parent Partner supported the caregivers in understanding and following safety plans and provided additional caregiver support. The Clinician, Child and Family Specialist, Parent Partner, Facilitator, and Clinical Supervisor coordinated with DCFS to address safety concerns; provided increased caregiver support when client transitioned to a new placement, and developed plans to improve engagement in treatment. Client continues to receive services from the current Mental Health Provider.

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

#### V. DCFS NARRATIVE

No additional information to report.

#### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	348	<b>Age</b>	14
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Male
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	1/2/2025

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

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	2
<b>CFT Meetings Dates</b>	1/8/2025, 1/10/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>2,209</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/03/2024 through 02/01/2025 the following IHBS and ICC services were provided to client: Assessment, plan development, psychosocial rehabilitation, psychotherapy, targeted case management, and Child and Family Team Meeting (CFTM) facilitation. The Clinician provided attachment theory-based interventions, corrective experiences, and support in developing self-identity and appropriate interpersonal relationships. The Rehab Specialist supported client in improving interpersonal skills and utilized recreational activities based on client's interests. The Case Manager facilitated the CFTM that occurred during the review period, and collaborated with DCFS and school staff to promote safety. The Case Manager also initiated discussions with CSWs to explore a less restrictive placement. The Clinician, Rehab Specialist, and Case Manager all collaborated to address specific court orders and associated safety concerns. Mental health services began on 01/02/2025 and the client continues to receive mental health services.

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

### V. DCFS NARRATIVE

A CFT meeting was offered prior to the placement change; however, the youth declined the meeting.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	349	Age	15
Race/Ethnicity	Black	Gender	Female
DCFS Office	Wateridge	Total Number of Placement Moves	5
Resided Out of County	No	PLACEMENT CHANGE DATE	1/3/2025

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

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	2
CFT Meetings Dates	12/18/2024, 1/30/2025, 2/4/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>230</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/4/2024 through 02/02/2025 the client received the following ICC services: Targeted case management. The Intensive Care Coordinator collaborated with the caregiver, client, and the CSW to create safety plans, provide resources to the caregiver, and communicate and coordinate with formal supports to develop and update treatment goals. The Intensive Care Coordinator also facilitated Child and Family Team meetings. The treatment team developed strategies to promote placement preservation. The Intensive Care Coordinator also attempted to engage the biological mother in mental health treatment to increase support and stability for the client. The client continues to receive mental health services.

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

### V. DCFS NARRATIVE

No additional information to report.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	350	Age	15
Race/Ethnicity	Black	Gender	Female
DCFS Office	Vermont Corridor	Total Number of Placement Moves	1
Resided Out of County	Yes	PLACEMENT CHANGE DATE	3/20/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	9	260	0	0
<b>TOTAL</b>	<b>9</b>	<b>260</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 02/18/2025 through 04/19/2025 the client received the following IHBS services: Psychosocial rehabilitation. The Clinician provided cognitive behavioral therapy and art therapy. Both the Clinician and the Rehab Specialist provided psychoeducation on emotions and body language. The Rehab Specialist assisted the client with increasing her emotional vocabulary and ability to articulate her underlying feelings and needs to others. The Rehab Specialist used the client's strengths and interests in music and art to engage her in treatment. The client continues to receive services from a Mental Health Provider.

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

### V. DCFS NARRATIVE

A CFT meeting occurred one month prior to the beginning of the review period.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	351	Age	15
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	Glendora	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	1/17/2025

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

Number of CFT Meetings (Pre*)	1	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	1/6/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	7	448	6	321
Intensive Home Based Services (IHBS)	13	625	4	122
<b>TOTAL</b>	<b>20</b>	<b>1,073</b>	<b>10</b>	<b>443</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/18/2024 through 02/16/2025 the client received the following IHBS and ICC services: Individual psychotherapy, psychosocial rehabilitation, and targeted case management. These services included relationship building activities, enrollment in a cosmetology program, and teaming with formal support systems. The Rehab Specialist focused on building rapport and identifying client's strengths and interests to engage them in treatment. The Rehab Specialist also helped the client to effectively identify and articulate emotions in an effort to decrease behavioral concerns and preserve the placement. The Intensive Care Coordinator facilitated staff engagement meetings to review progress and set treatment goals. The Intensive Care Coordinator also maintained communication with the caregiver and biological family to improve communication skills, and increase an understanding of client's current developmental stage. Mental health services continued through the end of the review period.

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

### V. DCFS NARRATIVE

No additional information to report.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	352	<b>Age</b>	16
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Female
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	20
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	2/9/2025

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

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	1/30/2025		

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The client did not receive ICC or IHBS during the designated review period of 1/10/25 through 3/11/25 from a Los Angeles County Mental Health Provider.

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

### V. DCFS NARRATIVE

On 09/04/2024, this youth graduated from intensive services due to meeting her therapeutic goals. Post graduating from intensive services, the youth was referred to outpatient mental health services and has since refused to consent to, or participate in, mental health services.

This youth's DCFS case is assigned to the Lancaster Youth Permanency (YP) unit. The Lancaster Youth Permanency unit is a specialized unit designed to allow case-carrying CSWs to provide focused, specialized casework to children/youth with complex needs who are receiving Permanency Planning services. The YP unit CSWs have reduced caseloads in order to provide intensive services to this population of children/youth. Moreover, in addition to their primary caseworker, this youth has been assigned a mentor and receives ongoing support from her Regional Center care coordinator.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	353	Age	17
Race/Ethnicity	Black	Gender	Female
DCFS Office	Torrance	Total Number of Placement Moves	3
Resided Out of County	No	PLACEMENT CHANGE DATE	1/30/2025

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

Number of CFT Meetings (Pre*)	2	Number of CFT Meetings (Post*)	0
CFT Meetings Dates	1/8/2025, 1/27/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	1	90	0	0
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>1</b>	<b>90</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/31/2024 through 3/1/2025 the following ICC services were provided to the client: targeted case management. The therapist, case manager, parent partner, and clinical supervisor collaborated with DCFS to support client and caregiver to maintain placement by providing psychoeducation and setting collaborative goals. The client continues to receive mental health services.

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

### V. DCFS NARRATIVE

No additional information to report.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

Unique Client ID#	354	Age	14
Race/Ethnicity	Hispanic	Gender	Female
DCFS Office	West San Fernando Valley	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 Meetings (Post*)	0
CFT Meetings Dates	N/A		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	22	851
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>851</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/22/2024 through 2/20/2025 the following ICC services were provided to the client: targeted case management. The Child Family Specialist (CFS) coordinated services for the client, caregiver, and team to facilitate treatment. The CFS supported the client in building a supportive environment, encouraging age appropriate interventions, and obtaining medication management services following the transition to the placement. The treatment team supported the client's desire to change placement and supported the client in maintaining the current treatment team. The CFS maintained communication with the CSW and caregiver to maintain placement. The client started mental health services on 2/3/2025 and continues to receive services.

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

### V. DCFS NARRATIVE

A CFT meeting was held six days prior to the start date of this review period, on 12/16/2024.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	355	<b>Age</b>	12
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	M
<b>DCFS Office</b>	South County	<b>Total Number of Placement Moves</b>	6
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	3/5/2025

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

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

**III. MENTAL HEALTH SERVICES DATA**

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

**IV. ICC/IHBS SERVICES PROVIDED**

The youth was engaged in mental health services prior to the placement change. Following the change, he participated in telehealth services for a brief period while arrangements were made to transfer his care to a provider closer to his new placement.

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

### V. DCFS NARRATIVE

During the period of 02/03/2025 to 03/20/2025, the youth was participating in mental health services. Post-placement change, the youth experienced a brief period of time of participating in telehealth services, as his mental health services had to be transferred to a provider closer to his new placement area.

### VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	356	<b>Age</b>	16
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	F
<b>DCFS Office</b>	Van Nuys	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	2/26/2025

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

<b>Number of CFT Meetings (Pre*)</b>	2	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	1/28/2025 and 02/19/2025		

**III. MENTAL HEALTH SERVICES DATA**

	<i>Pre*</i>		<i>Post*</i>	
<b>Service Category</b>	<b>Service Count</b>	<b>Total Minutes</b>	<b>Service Count</b>	<b>Total Minutes</b>
Intensive Care Coordination (ICC)	8	525	5	336
Intensive Home Based Services (IHBS)	9	580	1	65
<b>TOTAL</b>	<b>17</b>	<b>1,105</b>	<b>6</b>	<b>401</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period 01/27/2025 through 03/28/2025, the following IHBS and ICC services were provided: Plan development, collateral support, and rehabilitative services. The IHBS interventions addressed the client's behaviors and how to utilize healthy coping skills. Staff used IHBS interventions to guide the client in making better informed decisions and staying focused on long-term goals. The ICC services focused on supporting the relationship between the caregiver and the client to maintain placement. Child and Family Team Meetings were held to address challenges regarding placement and explore the client's underlying needs. Staff recognized the client's strengths and the importance of the client's voice and choice throughout treatment.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	357	<b>Age</b>	16
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Male
<b>DCFS Office</b>	West San Fernando Valley	<b>Total Number of Placement Moves</b>	7
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	3/31/2025

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

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	3
<b>CFT Meetings Dates</b>	4/8/2025, 4/14/2025, 4/28/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	0	0
Intensive Home Based Services (IHBS)	1	39	0	0
<b>TOTAL</b>	<b>1</b>	<b>39</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 03/01/2025 through 04/30/2025, the IHBS that was provided was psychosocial assessment. Staff reviewed treatment goals and checked in with the client regarding symptoms and needs. The client continues to receive mental health services.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	358	<b>Age</b>	8
<b>Race/Ethnicity</b>	Hispanic	<b>Gender</b>	Female
<b>DCFS Office</b>	Glendora	<b>Total Number of Placement Moves</b>	1
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	1/23/2025

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

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	1/10/2025, 2/12/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 12/24/2024 through 02/22/2025 the following IHBS and ICC services were provided to the client: Plan development, psychotherapy, coordination of care, and targeted case management. The Clinician supported the client in developing coping skills, and supported the resource parent in developing an incentive system to promote positive behavior. The Intensive Care Coordinator, Rehab Specialist, and Clinician collaborated in developing strategies to strengthen the client's engagement in services and to promote placement stability. The client is currently receiving services from a Mental Health Provider.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	359	<b>Age</b>	15
<b>Race/Ethnicity</b>	White	<b>Gender</b>	Female
<b>DCFS Office</b>	West San Fernando Valley	<b>Total Number of Placement Moves</b>	5
<b>Resided Out of County</b>	No	<b>PLACEMENT CHANGE DATE</b>	2/10/2025

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

<b>Number of CFT Meetings (Pre*)</b>	0	<b>Number of CFT Meetings (Post*)</b>	0
<b>CFT Meetings Dates</b>	None		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	Service Count	Total Minutes	Service Count	Total Minutes
Intensive Care Coordination (ICC)	0	0	23	561
Intensive Home Based Services (IHBS)	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>561</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 1/11/2025 through 03/12/2025, the client received the following ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist supported the transition of the client's placement by discussing changes, challenges, and expectations. The Intensive Care Coordinator facilitated staff meetings to share updates. The Intensive Care Coordinator coordinated mental health treatment by communicating with DCFS and providing information learned regarding the client's trauma. The Rehab Specialist utilized trauma-informed interventions, autonomy, and positive reinforcement to support the client's goals. The Intensive Care Coordinator facilitated consultation meetings as needed to share updates.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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

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

**I. CLIENT DEMOGRAPHIC INFORMATION**

<b>Unique Client ID#</b>	360	<b>Age</b>	16
<b>Race/Ethnicity</b>	Black	<b>Gender</b>	Male
<b>DCFS Office</b>	Lancaster	<b>Total Number of Placement Moves</b>	4
<b>Resided Out of County</b>	Yes	<b>PLACEMENT CHANGE DATE</b>	3/3/2025

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

<b>Number of CFT Meetings (Pre*)</b>	1	<b>Number of CFT Meetings (Post*)</b>	1
<b>CFT Meetings Dates</b>	2/14/2025, 3/12/2025		

**III. MENTAL HEALTH SERVICES DATA**

Service Category	Pre*		Post*	
	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
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>3,430</b>

**IV. ICC/IHBS SERVICES PROVIDED**

During the review period of 02/01/2025 through 04/02/2025, the client received the following IHBS and ICC services: Assessment, Mental Health Service, Plan Development, Treatment Planning, and Targeted Case Management. The Rehab Specialist supported the client's transition by helping the client identify challenges and manage expectations. The Intensive Care Coordinator coordinated mental health treatment by communicating regularly with DCFS and implementing interventions based on client's trauma. The Intensive Care Coordinator facilitated Child and Family Team Meetings. The Rehab Specialist utilized trauma-informed interventions to promote the client's placement stability and success. The Rehab Specialist provided linkage and opportunities for client to participate in mentorship organizations, community outings to local hikes, basketball games and workouts. The client started to receive services from the current Mental Health Provider on 3/3/25 and continues to receive services.

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

## V. DCFS NARRATIVE

No additional information to report.

## VI. PRIOR PLACEMENT INFORMATION

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

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

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