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9  
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11

12 UNITED STATES DISTRICT COURT  
13 CENTRAL DISTRICT OF CALIFORNIA

14 **KATIE A.** by and through her next  
friend Michael Ludin; **MARY B.** by and  
15 through her next friend Robert Jacobs;  
**JANET C.** by and through her next  
16 friend Dolores Johnson; **HENRY D.** by  
and through his next friend Gillian  
17 Brown; AND **GARY E.** by and through  
his next friend Michael Ludin;  
18 individually and on behalf of others  
similarly situated,  
19

Plaintiffs,

20 v.

21 **DIANA BONTA**, Director of California  
Department of Health Services; **LOS**  
22 **ANGELES COUNTY; LOS**  
**ANGELES COUNTY DEPARTMENT**  
23 **OF CHILDREN AND FAMILY**  
**SERVICES; ANITA BLOCK**, Director  
24 of the Los Angeles County Department  
of Children and Family Services; **RITA**  
25 **SAENZ**, Director of the California  
Department of Social Services, and  
26 **DOES 1 through 100, Inclusive**

Defendants.  
27  
28

Case No. CV-02-05662 AHM  
(Shx)

[PROPOSED] ADDENDUM TO  
ORDER GRANTING  
PLAINTIFFS' MOTION FOR  
PRELIMINARY INJUNCTION

Date: April 24, 2006

Judge: A. Howard Matz  
Courtroom: 14

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1 State Defendants' Motion for Clarification and/or Correction of the Order  
2 Granting Plaintiffs' Motion for Preliminary Injunction came on for hearing on April  
3 24, 2006. Plaintiffs were represented by Robert D. Newman and Melinda Bird.  
4 State Defendants were represented by Sandra L. Goldsmith and Erin S. Kubota.

5 The Court denies State Defendants' Motion for Clarification and/or  
6 Correction ("Clarification Motion"). The Court nonetheless issues this Addendum  
7 to the March 14, 2006 Order Granting Plaintiffs' Motion for Preliminary Injunction  
8 ("Order").  
9

10 (1) "Are the services required under the Order restricted to those services  
11 eligible for Medicaid Federal Financial Participation (FFP)? (42 U.S.C. § 1396b; 42  
12 C.F.R. § 430.0 & §430.1, et seq.)" [Clarification Motion at 6:17-19]

13 Response: Yes. This Court only ruled upon the merits of Plaintiffs' Medicaid  
14 claims. Order at 20 n. 17. The Court concluded that "wraparound services and  
15 therapeutic foster care fall within the EPSDT [Early and Periodic Screening,  
16 Diagnosis and Treatment] obligations of Medicaid-participating states" and that  
17 "this conclusion is buttressed by the fact that in other states wraparound services and  
18 therapeutic foster care programs have been funded by Medicaid." *Id.* at 15:3-6.  
19 Given that wraparound services and therapeutic foster care ("TFC") are mandated  
20 by the EPSDT obligations of the Medicaid Act, these services are by definition  
21 eligible for Medicaid FFP. *See also* 42 C.F.R. § 431.250(b)(2)(federal financial  
22 participation is available for "services provided within the scope of the federal  
23 Medicaid program and made under a court order").  
24

25 (2) "Does the screening referred to at page 20, lines 5-9, of the Order consist  
26 of the screening services defined in 42 U.S.C. § 1396d(r)(1), which are referred to in  
27 42 U.S.C. § 1396d(r)(5)? [Clarification Motion at 6:20-22]

28 Response: It is necessary to look at the statutory scheme in its entirety for

1 the authority for the screening referred to at page 20, lines 5-9, of the Order, and not  
2 merely the screening services required by 42 U.S.C. § 1396d(r)(1)(A); 42 U.S.C. §  
3 1396d(r)(1)(B), for example, also provides further guidance.

4  
5 (3) “Does the Order require screening and provision of ‘wraparound services’  
6 and ‘therapeutic foster care’ for Medi-Cal-eligible members only of the statewide  
7 class?” [Clarification Motion at 6:23-25]

8 Response: The Order requires screening and provision of wraparound  
9 services and TFC only for Medi-Cal eligible members of the statewide class.

10  
11 (4) “Is the statewide class restricted to EPSDT-eligible children?”  
12 [Clarification Motion at 6:26]

13 Response: No. The Court has previously certified the following class in this  
14 case:

15 “[C]hildren in California who (a) are in foster care or are at imminent  
16 risk of foster care placement; and (b) who have a mental illness or  
17 condition that has been documented or, had an assessment already been  
18 conducted, would have been documented; and (c) who need  
19 individualized mental health services, including but not limited to  
20 professionally acceptable assessments, behavioral support and case  
21 management services, family support, crisis support, therapeutic foster  
22 care and other necessary services in the home or in a home-like setting,  
23 to treat or ameliorate their illness or condition.”

24 Order at 2:13-17. Plaintiffs’ motion for preliminary injunction did not ask the  
25 Court to modify the above definition of the statewide class, nor did the Order  
26 make any such modifications in the class definition. Plaintiffs’ First  
27 Amended Complaint also alleges claims under the Americans with  
28 Disabilities Act, the Rehabilitation Act, and substantive due processes

1 wherein Plaintiffs seek wraparound services and TFC for class members who  
2 are not EPSDT-eligible children and youth. The Court has not ruled on the  
3 merits of those claims. *See, e.g., Order* at 4 n. 5 (“the Court need not deal  
4 directly with the claims asserted under the Americans with Disabilities Act  
5 and Rehabilitation Act”).

6  
7 (5) “What services does the Order require that State Defendants are not  
8 already providing?” [Clarification Motion at 6:27-7:1]

9 Response: Wraparound services and TFC. Order at 20:15.

10  
11 (6) “At page 20, lines 16-17, the Order states, ‘Such forms of treatment  
12 [wraparound services and therapeutic foster care, as defined in Appendices A and B]  
13 shall be provided to class members on a consistent, statewide basis through the  
14 Medi-Cal program or other means’ What ‘other means’ is the Order referring to?”  
15 [Clarification Motion at 7:2-6]

16 Response: “Other means” refers to other statewide programs besides the  
17 Medi-Cal program. The Court has given State Defendants the flexibility to choose  
18 whether they want a different statewide program besides the Medi-Cal program to  
19 provide wraparound services and TFC to class members for whom these services are  
20 medically necessary.

21  
22 (7) “The Order states, at page 21, lines 1-3, ‘(The plan need not necessarily  
23 include all of the aspects of wraparound services and therapeutic foster care  
24 specified in Appendices A and B.)’ What ‘plan’ is the Order referring to here, and  
25 what aspects of ‘wraparound services and therapeutic foster care specified in  
26 Appendices A and B’ must be included in the plan and what aspects need not be  
27 included in the plan?” [Clarification Motion at 7:7-12]

28 Response: State Defendants’ first question concerns the “plan.” The “plan” is

1 the one that “counsel for the State Defendants and for Plaintiffs shall meet and  
2 confer and develop. . .for implementing this preliminary injunction.” Order at 21:4-  
3 5.

4 State Defendants’ second questions concerns the different “aspects” of  
5 wraparound services and TFC specified in Appendices A and B. True copies  
6 of Appendices A and B are attached to this Addendum. The Order should not  
7 be construed to mean that every component and/or subcomponent of  
8 wraparound services and TFC, as described in Appendices A and B, must be  
9 funded, monitored, reported on, etc. To give one example, the Court is not  
10 ordering that State Defendants fund a subcomponent of wraparound services  
11 and TFC for a class member that would be duplicative of another  
12 subcomponent of wraparound services and TFC that is already receiving  
13 funding.

14  
15 (8) “What is meant at page 21, lines 7-8, of the Order by ‘the eligibility  
16 criteria for wraparound services and therapeutic foster care” [Clarification Motion at  
17 7:13-14]

18 Response: The Court is asking the parties to set forth in the plan the  
19 conditions under which class members will be entitled to receive these two  
20 mental health services. *See, e.g., Emily Q. v. Bonta*, 208 F.Supp.2d 1078,  
21 1085 (C.D.Cal. 2001)(setting forth the Medi-Cal eligibility criteria for  
22 children and youth under the age 21 to receive a different mental health  
23 service, Therapeutic Behavioral Services).

24  
25 (9) “At lines 10-12 on page 21, the Order states, ‘In negotiating the plan,  
26 counsel shall diligently and in good faith take into account and apply this Court’s  
27 previous rulings and observations in this case and in *Emily Q.*’ What ‘previous  
28 rulings and observations in this case and in *Emily Q.*’ does the order refer to? State

1 Defendants' counsel herein does not, and has never, represented the State Defendant  
2 in *Emily Q.* Moreover, the California Department of Social Services is not a  
3 defendant in *Emily Q.*" [Clarification Motion at 7:15-22]

4 Response: State Defendants are able to review the prior rulings and  
5 orders, plus the transcripts of various hearings, in this case and *Emily Q.* in  
6 order that State Defendants can obtain an answer to this particular question.

7 The reference in the Order to the Court's prior rulings and observations  
8 in the two cases entails the following directives to both sides in this case: (a)  
9 the parties should try to narrow their differences whenever possible; (b) the  
10 parties should identify the areas in dispute; (c) the parties should propose a  
11 means to resolve the disputed issues; and (d) persons with final decision  
12 making authority should participate in these negotiations.

13  
14 (10) "Where the Order directs the State Defendants to 'screen' or to 'provide'  
15 services, is this limited to requiring State Defendants to provide financial coverage  
16 for the services? If not, what does the Order require of the State Defendants?"  
17 [Clarification Motion at 7:23-26]

18 Response: The Order is not limited to requiring State Defendants merely to  
19 provide "financial coverage" for the screening of class members and for the  
20 provision of wraparound services and TFC to class members when medically  
21 necessary. The Order contains the broad injunction that State Defendants "shall  
22 provide wraparound services and therapeutic foster care. . .to class members on a  
23 consistent, statewide basis. . . ." Order at 20:15-17. The Order further directs that  
24 "[a]mong other things," the implementation plan "must identify the responsibilities  
25 of the different State agencies, the need for additional providers, the eligibility  
26 criteria for wraparound services and therapeutic foster care [and] methods and  
27 procedures to inform class members of the availability of these services." Order at  
28 21:5-9.

1 (11) "What state agencies are included in 'the different State agencies referred  
2 to at lines 6-7 on page 21" [Clarification Motion at 7:27-28]

3 Response: The three state agencies with principal responsibilities for  
4 the mental health needs of foster children in California are California  
5 Department of Health Services, California Department of Social Services and  
6 California Department of Mental Health. However, the ultimate responsibility  
7 lies with the State itself.

8  
9 (12) "The Order states at page 4, lines 8-10, 'Even though the Government  
10 has agreed to provide aid to these children and has an interest in doing so, the  
11 adversary process risks swallowing up and interfering with both sides' mutual  
12 objectives.' Defendants are uncertain if this statement references a formal  
13 agreement or some other requirement. It is also unclear whether the reference to  
14 'Government' is meant to indicate Defendants or some other form of federal, state  
15 or local government and what 'specific aid' the Court is referring to." [Clarification  
16 Motion at 8:1-8]

17 Response: This question does not require an answer. The Order was trying to  
18 reflect the prior statements by State Defendants about how they were acting in good  
19 faith and with the utmost integrity in providing class members with all the mental  
20 health services that they are entitled to receive.

21  
22 Dated: May \_\_, 2006

\_\_\_\_\_  
23 A. HOWARD MATZ  
24 UNITED STATES DISTRICT JUDGE

25 Submitted by:

26 Robert D. Newman  
27 Robert D. Newman  
28 Attorney for Plaintiffs





## Components of Wraparound Services

Wraparound services are defined in Welfare and Institutions Code §18251(d) as "community-based intervention services that emphasize the strengths of the child and family and includes the delivery of coordinated, highly individualized unconditional services to address needs and achieve positive outcomes in their lives." Providers of wraparound care services: (a) engage in a unique assessment and treatment planning process that is characterized by the formation of a child, family, and multi-agency team (b) marshal community and natural supports through intensive case management and (c) make available an array of therapeutic interventions, which may include behavioral support services, crisis planning and intervention, parent coaching and education, mobile therapy, and medication monitoring.

The components of wraparound care services, by definition, are individualized, and thus unique to each child and family. However, wraparound care services often include the following:

| <u>Component</u>  | <u>Rendering Providers of Formal Supports Include the Following<sup>1</sup></u>  | <u>Federal Statutory Authorization</u><br><i>(all citations to 42 U.S.C.)</i>  |
|---|--|--|
| <p><b>Engagement of the Child and Family:</b> A wraparound coordinator organizes an initial meeting with the child and family. During this meeting the coordinator engages the child and family, explains wraparound care services, and encourages the participation of additional family members and other natural supports.</p> <p>The engagement of the child and family continues throughout the provision of wraparound care services.</p> | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p> | <p>Case-management services, § 1396d(a)(19)</p> <p>Screening services, § 1396d(r)(1)(B)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> |
| <p><b>Immediate Crisis Stabilization:</b><br/>One goal of a wraparound service</p>  | <p>Any other staff operating within his/her scope of</p>   | <p>Screening services, § 1396d(r)(1)(B)</p>  |

<sup>1</sup> Rendering Providers:

- CNS – Clinical Nurse Specialist
- DO - Doctors of Osteopathy
- CSW – Clinical Social Worker
- MD – Medical Doctor
- MFT – Marriage & Family Therapist
- NP – Nurse Practitioner
- PhD – Doctor of Philosophy, clinical psychologist
- PsyD – Doctor of Psychology, clinical psychologist
- PT – Psychiatric Technician

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| <p>provider is to ensure safety. Crisis stabilization describes actions taken to address immediate concerns about safety and security.</p> <p>Before the first full team meeting, the wraparound coordinator and other team members might need to address safety issues related to medical needs, severe psychiatric symptoms, behaviors of a child that might place others in jeopardy, or issues related to a child living in an unsafe environment</p> <p>In addition to the immediate relief of existing safety concerns, the wraparound coordinator attempts to predict potential areas of crisis and to clearly identify ways to resolve the crisis, should one occur.</p> | <p>practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p> | <p>Case-management services, § 1396d(a)(19)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Outpatient hospital services, § 1396d(a)(2)(A)</p> <p>Rural health clinic services, § 1396d(a)(2)(B)</p> <p>Federally-qualified health center services, § 1396d(a)(2)(C)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6)</p> <p>Home health care services, § 1396d(a)(7)</p> <p>Clinic services, § 1396d(a)(9)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> <p>Certified pediatric nurse practitioner or certified family nurse practitioner</p> |
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|   |  | <p>services, § 1396d(a)(21)</p> <p>Personal care services, § 1396d(a)(24)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> <p>Transportation, § 1396d(a)(27)</p>  |
| <p><b>Strengths and Needs Assessment:</b><br/>The wraparound coordinator is responsible for gathering information that identifies the unique skills, talents, interests, and resources of the child and family. This information is used to build a strength-based and individualized service plan.</p> | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p> | <p>Case-management services, § 1396d(a)(19)</p> <p>Screening services, § 1396d(r)(1)(B)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> |
| <p><b>Wraparound Team Formation:</b></p>  | <p>Any other staff operating</p>   | <p>Case-management services, §</p>   |

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|---|--|--|
| <p>The child, the parent or guardian, and the wraparound coordinator are almost always members of the wraparound team.</p> <p>In addition, friends, extended family, neighbors, members of the family's faith community, teachers, social workers, therapists and co-workers might be among those invited to join.</p> <p>The wraparound coordinator contacts potential team members to explain the specific reasons they are needed on the team and coordinates the schedules of team members.</p> <p>Once the team is formed, the wraparound coordinator may or may not serve as the wraparound facilitator. Any member of the team can serve as the facilitator.</p> | <p>within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p> | <p>1396d(a)(19)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> <p>Transportation, § 1396d(a)(27)</p> |
| <p><b>Wraparound Service Plan Development:</b> With the help of a facilitator, the wraparound team works together to develop and adopt a wraparound service plan. The service plan describes the needs, long-range vision and short-term objectives for the child and family, and the services that will best fit their needs.</p> <p>During the wraparound team meetings, the wraparound facilitator will coordinate the</p>   | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p>   | <p>Case-management services, § 1396d(a)(19)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p>   |

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| <p>assignment of tasks to team members. Deadlines for task completion are recorded.</p> <p>Any team member may accept assignments to secure services and supports, sometimes from formal networks of mental health supports, other times from other child-serving systems, and often from community and other informal sources.</p>  | <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p>   | <p>Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> <p>Transportation, § 1396d(a)(27)</p>   |
| <p><b>Wraparound Service Plan Implementation:</b> Once the wraparound service plan is established, those team members with specific assignments carry out their assigned responsibilities within the agreed timeframes. The services will be highly individualized, and will consist of both natural and formal supports.</p> <p>The types of services provided will vary from child to child, and from team to team. However, the formal services that are provided may include (but are not limited to): diagnostic intellectual evaluations, comprehensive neurological evaluations, therapeutic behavioral support services, individual and family crisis planning and intervention services, parent coaching and education, medication monitoring, intensive in-home, individual, group, and family therapy services, interactive</p> | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with</p> | <p>Screening services, § 1396d(r)(1)(B)</p> <p>Case-management services, § 1396d(a)(19)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Rural health clinic services, § 1396d(a)(2)(B)</p> <p>Federally-qualified health center services, § 1396d(a)(2)(C)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Medical care or any other type of remedial care</p> |

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| <p>psychotherapy using play equipment, physical device, or other mechanisms of non-verbal communication, individual rehabilitation services, and day rehabilitation.</p> <p>Natural supports will also vary from child to child and team to team. One example of a natural support could be enrolling a child in basketball league.</p> | <p>co-signature</p>  | <p>furnished by licensed practitioners, § 1396d(a)(6)</p> <p>Home health care services, § 1396d(a)(7)</p> <p>Clinic services, § 1396d(a)(9)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> <p>Certified pediatric nurse practitioner or certified family nurse practitioner services, § 1396d(a)(21)</p> <p>Personal care services, § 1396d(a)(24)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> <p>Transportation, § 1396d(a)(27)</p> |
| <p><b>Ongoing Crisis and Safety Planning:</b> The wraparound facilitator leads the wraparound team through a crisis planning process.</p> <p>Typically, a team meeting to develop the crisis plan is held a few days after the initial wraparound plan is developed.</p>  | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>CSW</p> <p>MFT</p> | <p>Case-management services, § 1396d(a)(19)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Medical care or any other type of remedial care furnished by licensed</p>   |



|   |  |  |
|---|--|--|
|   | <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p>  | <p>practitioners, § 1396d(a)(6)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p>  |
| <p><b>Tracking and Adapting the Wraparound Service Plan:</b> The wraparound facilitator tracks assignment completion.</p> <p>The facilitator also works with the team to modify the wraparound plan when appropriate.</p> | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p> | <p>Case-management services, § 1396d(a)(19)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> |
| <p><b>Transition:</b> The wraparound team ensures that children and families are appropriately transitioned from the wraparound services, either when the child leaves the children's mental</p>                          | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years</p>  | <p>Screening services, § 1396d(r)(1)(B)</p> <p>Case-management services, § 1396d(a)(19)</p>  |

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| <p>health system for the adult mental health system, or when the child and family no longer need formal supports.</p> | <p>experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p> | <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Rural health clinic services, § 1396d(a)(2)(B)</p> <p>Federally-qualified health center services, § 1396d(a)(2)(C)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6)</p> <p>Home health care services, § 1396d(a)(7)</p> <p>Clinic services, § 1396d(a)(9)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> <p>Certified pediatric nurse practitioner or certified family nurse practitioner services, § 1396d(a)(21)</p> <p>Personal care services, § 1396d(a)(24)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> |
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## Components of Therapeutic Foster Care

Therapeutic foster care is an intensive, individualized mental health service provided to a child in a family setting, utilizing specially trained and intensively supervised foster parents.

Therapeutic foster care programs: (a) place a child singly, or at most in pairs, with a foster parent who is carefully selected, trained, and supervised and matched with the child's needs; (b) create, through a team approach, an individualized treatment plan that builds on the child's strengths; (c) empower the therapeutic foster parent to act as a central agent in implementing the child's treatment plan; (d) provide intensive oversight of the child's treatment, often through daily contact with the foster parent; (e) make available an array of therapeutic interventions to the child, the child's family, and the foster family (interventions may include behavioral support services for the child, crisis planning and intervention, coaching and education for the foster parent and the child's family, mobile therapy for the child and child's family, and medication monitoring); and (f) enable the child to successfully transition from therapeutic foster care to placement with the child's family or alternative family placement by continuing to provide therapeutic interventions.

Therapeutic foster care is both a highly structured and highly individualized service. As such, the components of the services are, by definition, unique to each child and family.

However, therapeutic foster care services often include the following:

| <u>Component</u>  | <u>Potential Provider(s) and Non-Recipient Participants Include<sup>1</sup></u>  | <u>Federal Statutory Authorization (all citations to 42 U.S.C.)</u>  |
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| <p><b>Recruitment and Matching:</b> One task is the recruitment of families to serve as therapeutic foster parents, and then matching those families with children in need of a therapeutic foster home.</p> <p>One matching technique is to recruit families with an existing relationship to the child.</p> | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health, including therapeutic foster parents</p> <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p> | <p>Screening services, § 1396d(r)(1)(B)</p> <p>Case-management services, § 1396d(a)(19)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> |
| <b>Therapeutic Foster Parent Training:</b>  | Any other staff operating  | Screening services, §  |

<sup>1</sup> Rendering Providers:

- CNS – Clinical Nurse Specialist
- DO - Doctors of Osteopathy
- CSW –Clinical Social Worker
- MD – Medical Doctor
- MFT – Marriage & Family Therapist
- NP – Nurse Practitioner
- PhD – Doctor of Philosophy, clinical psychologist
- PsyD – Doctor of Psychology, clinical psychologist
- PT – Psychiatric Technician

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| <p>Before a child enters into the home of a therapeutic foster parent, the foster parent undergoes a pre-service training, during which the foster parent is taught how to use behavior management strategies.</p> <p>When a child is placed in a therapeutic foster home, the foster parents receive ongoing supervision and support, similar to that given to therapist trainees.</p>  | <p>within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health, including therapeutic foster parents</p> <p>CSW</p> <p>MFT</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>NP/CNS</p> <p>RN</p> <p>Student professionals with co-signature</p> | <p>1396d(r)(1)(B)</p> <p>Case-management services, § 1396d(a)(19)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> |
| <p><b>Development of Treatment Plan:</b><br/>Each child has a treatment plan that is both standardized and individualized. Age-appropriate limits are set for all of the children placed in therapeutic foster care settings. The plans are focused on the individualized strengths and needs of the child.</p> <p>The plan guides the foster parents to be specific in the way they reinforce progress and to be consistent in setting limits and consequences. The plan engages children by building on their strengths.</p> | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health, including therapeutic foster parents</p> <p>CSW</p>  | <p>Screening services, § 1396d(r)(1)(B)</p> <p>Case-management services, § 1396d(a)(19)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p>   |

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| <p>Team meetings are held, during which the overall integrity of the child's treatment plan is monitored and re-evaluated, and the sequencing and timing of interventions is planned.</p>   | <p>MFT<br/>MD/DO<br/>PhD/PsyD<br/>NP/CNS<br/>RN<br/>Student professionals with co-signature</p>  | <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)<br/><br/>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p>   |
| <p><b>Tracking and Adapting the Treatment Plan:</b> Therapeutic foster care coordinators provide intensive case monitoring, coordinate the efforts of the foster parents and the individual therapists.</p> <p>They also maintain contact with the child's biological parents, teachers, psychiatrist, caseworkers, parole/probation officers, employers, and other important members of the child's community.</p> | <p>Any other staff operating within his/her scope of practice<br/><br/>Staff with BA/BS in MH related field or with 2 years experience in Mental Health<br/><br/>Staff without BA/BS in MH related field or with 2 years experience in Mental Health, including therapeutic foster parents<br/><br/>CSW<br/>MFT<br/>MD/DO<br/>PhD/PsyD<br/>NP/CNS<br/>RN<br/>Student professionals with co-signature</p> | <p>Case-management services, § 1396d(a)(19)<br/><br/>Physician services, § 1396d(a)(5)(A)<br/><br/>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)<br/><br/>Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6)<br/><br/>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)<br/><br/>Anticipatory guidance, § 1396d(r)(1)(B)(v)<br/><br/>Transportation, §</p> |



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|   |   | 1396d(a)(27)  |
| <p><b>Plan Implementation—Individual Child Treatment:</b> On a day-to-day basis, the therapeutic foster parent is the primary agent who implements the child’s treatment plan.</p> <p>In addition, individual mental health treatment is provided for all children in therapeutic foster homes. Natural supports are also provided.</p> <p>The types of services provided will vary from child to child, and from team to team. However, the formal services that are provided may include (but are not limited to): diagnostic intellectual evaluations, comprehensive neurological evaluations, therapeutic behavioral support services, individual and family crisis planning and intervention services, parent coaching and education, medication monitoring, intensive in-home, individual, group, and family therapy services, interactive psychotherapy using play equipment, physical device, or other mechanisms of non-verbal communication, individual rehabilitation services, and day rehabilitation.</p> <p>Natural supports will also vary from child to child and team to team. One example of a natural support could be enrolling a child in basketball league.</p> | <p>Any other staff operating within his/her scope of practice</p> <p>CSW</p> <p>Therapeutic Foster Parent</p> <p>MD/DO</p> <p>PhD/PsyD</p> <p>MFT</p> <p>NP/CNS (involved as needed)</p> <p>RN (involved as needed)</p> <p>Student professionals with co-signature (involved as needed)</p> | <p>Screening services, § 1396d(r)(1)(B)</p> <p>Case-management services, § 1396d(a)(19)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Rural health clinic services, § 1396d(a)(2)(B)</p> <p>Federally-qualified health center services, § 1396d(a)(2)(C)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6)</p> <p>Home health care services, § 1396d(a)(7)</p> <p>Clinic services, § 1396d(a)(9)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, §</p> |

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|   |  | <p>1396d(a)(13)</p> <p>Certified pediatric nurse practitioner or certified family nurse practitioner services, § 1396d(a)(21)</p> <p>Personal care services, § 1396d(a)(24)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> <p>Transportation, § 1396d(a)(27)</p>   |
| <p><b>Plan Implementation—Family Treatment:</b> The ultimate goal of a therapeutic foster placement depends on the child’s long-term plan.</p> <p>If reunification with the child’s family is the goal, therapeutic foster care programs prepare the family for when the child returns home.</p> <p>To this end, where appropriate, family therapy is provided, and parents are taught how to use the behavioral management techniques used by the child’s therapeutic foster family.</p> | <p>Any other staff operating within his/her scope of practice</p> <p>CSW</p> <p>Therapeutic Foster Parent</p> <p>MD/DO (involved as needed)</p> <p>PhD/PsyD (involved as needed)</p> <p>MFT (involved as needed)</p> <p>NP/CNS (involved as needed)</p> <p>RN (involved as needed)</p> <p>Student professionals with co-signature (involved as needed)</p> | <p>Screening services, § 1396d(r)(1)(B)</p> <p>Case-management services, § 1396d(a)(19)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Rural health clinic services, § 1396d(a)(2)(B)</p> <p>Federally-qualified health center services, § 1396d(a)(2)(C)</p> <p>Physician services, § 1396d(a)(5)(A)</p> <p>Medical care or any other type of remedial care furnished by licensed</p> |

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|  |   | <p>practitioners, § 1396d(a)(6)</p> <p>Home health care services, § 1396d(a)(7)</p> <p>Clinic services, § 1396d(a)(9)</p> <p>Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)</p> <p>Certified pediatric nurse practitioner or certified family nurse practitioner services, § 1396d(a)(21)</p> <p>Personal care services, § 1396d(a)(24)</p> <p>Anticipatory guidance, § 1396d(r)(1)(B)(v)</p> <p>Transportation, § 1396d(a)(27)</p> |
| <p><b>Transition:</b> The therapeutic foster care coordinator ensures that children and families are appropriately transitioned from therapeutic foster care, either when the child and family no longer need therapeutic foster care, or when the child leaves the children's mental health system for the adult mental health system.</p> <p>Many children transitioned from therapeutic foster homes receive wraparound care services. Usually the family therapy continues after the child leaves care and the biological family is encouraged to call if there is a crisis.</p> | <p>Any other staff operating within his/her scope of practice</p> <p>Staff with BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>Staff without BA/BS in MH related field or with 2 years experience in Mental Health</p> <p>CSW</p> <p>MD/DO (involved as</p> | <p>Screening services, § 1396d(r)(1)(B)</p> <p>Case-management services, § 1396d(a)(19)</p> <p>Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered during screens, § 1396d(r)(5)</p> <p>Rural health clinic</p>   |

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|  | needed)  | services, § 1396d(a)(2)(B)   |
|  | PhD/PsyD (involved as needed)                                | Federally-qualified health center services, § 1396d(a)(2)(C)   |
|  | MFT (involved as needed)                                     | Physician services, § 1396d(a)(5)(A)   |
|  | NP/CNS (involved as needed)                                  | Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6)     |
|  | RN (involved as needed)                                      | Home health care services, § 1396d(a)(7)   |
|  | Student professionals with co-signature (involved as needed) | Clinic services, § 1396d(a)(9)   |
|  |  | Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)                   |
|  |  | Certified pediatric nurse practitioner or certified family nurse practitioner services, § 1396d(a)(21) |
|  |  | Personal care services, § 1396d(a)(24)   |
|  |  | Anticipatory guidance, § 1396d(r)(1)(B)(v)   |
|  |  | Transportation, § 1396d(a)(27)   |

1 **PROOF OF SERVICE**

2 **KATIE A. v. DIANA BONTA**  
3 **CV-02-05662 AHM (SHx)**

4 I am employed in the County of Los Angeles, State of California. I am over the  
5 age of 18 and not a party to the within action; my business address is : 3701  
6 Wilshire Blvd., Ste. 208, Los Angeles, CA 90010

7 On May 2, 2006, I served the foregoing document(s) described as:

8 [PROPOSED] ADDENDUM TO ORDER GRANTING PLAINTIFFS'  
9 MOTION FOR PRELIMINARY INJUNCTION

10 by placing \_\_\_ the original  x  a true copy thereof enclosed in a sealed envelope  
11 addressed as follows:

12 **SEE ATTACHED SERVICE LIST**

13 On the above date:

14  X  (By X U.S. MAIL/BY  EXPRESS MAIL) The sealed envelope, with  
15 postage thereon fully prepaid, was placed for collection and mailing following  
16 ordinary business practices. I am aware that on motion of the  
17 party served, service is presumed invalid if the postage  
18 cancellation date or postage meter date on the envelope is more  
19 than one day after the date of deposit for mailing set forth in  
20 this declaration. I am readily familiar with Western Center On  
21 Law And Poverty's practice for collection and processing of  
22 documents for mailing with the United States Postal Service  
23 and that the documents are deposited with the United States  
24 Postal Service the same day as the day of collection in the  
25 ordinary course of business.

26        BY FACSIMILE TRANSMISSION I caused such document to be  
27 transmitted to the offices of the addressee(s) via facsimile machine, prior  
28 to 5:00 p.m. on the date specified above.

29        (BY FEDERAL EXPRESS OR OTHER OVERNIGHT SERVICE) I  
30 deposited the sealed envelope in a box or other facility regularly maintained  
31 by the express service carrier or delivered the sealed envelope  
32 to an authorized carrier or driver authorized by the express  
33 carrier to receive documents.

34 I declare under penalty of perjury that the foregoing is true and correct.

35 Executed on May 2, 2006 at Los Angeles, California.

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38 NANCY KAY HUNT

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