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UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

KATIE A. by and through her next friend Michael Ludin; **MARY B.** by and through her next friend Robert Jacobs; **JANET C.** by and through her next friend Dolores Johnson; **HENRY D.** by and through his next friend Gillian Brown: AND **GARY E.** by and through his next friend Michael Ludin; individually and on behalf of others similarly situated, Plaintiffs, v. **DIANA BONTA**, Director of California Department of Health Services; **LOS ANGELES COUNTY; LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES**; **ANITA BLOCK**, Director of the Los Angeles County Department of Children and Family Services; **RITA SAENZ**, Director of the California Department of Social Services, and DOES 1 through 100, Inclusive Defendants.	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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State Defendants' Motion for Clarification and/or Correction of the Order Granting Plaintiffs' Motion for Preliminary Injunction came on for hearing on April 24, 2006. Plaintiffs were represented by Robert D. Newman and Melinda Bird. State Defendants were represented by Sandra L. Goldsmith and Erin S. Kubota.

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

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

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

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

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

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

(3) "Does the Order require screening and provision of 'wraparound services' and 'therapeutic foster care' for Medi-Cal-eligible members only of the statewide class?" [Clarification Motion at 6:23-25]

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

(4) "Is the statewide class restricted to EPSDT-eligible children?" [Clarification Motion at 6:26]

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

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

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

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

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

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

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

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

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

Response: State Defendants' first question concerns the "plan." The "plan" is

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Dated: May __, 2006

A. HOWARD MATZ
UNITED STATES DISTRICT JUDGE

Submitted by:

Robert D. Newman

Robert D. Newman
Attorney for Plaintiffs

Appendix A

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:

APPENDIX A

Component	Rendering Providers of Formal Supports Include the Following[1]	Federal Statutory Authorization (all citations to 42 U.S.C.)
Engagement of the Child and Family: 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. The engagement of the child and family continues throughout the provision of wraparound care services.	Any other staff operating within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	Case-management services, § 1396d(a)(19) Screening services, § 1396d(r)(1)(B) 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) Anticipatory guidance, § 1396d(r)(1)(B)(v) Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13)
Immediate Crisis Stabilization: One goal of a wraparound service	Any other staff operating within his/her scope of	Screening services, § 1396d(r)(1)(B)

[1] 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

provider is to ensure safety. Crisis stabilization describes actions taken to address immediate concerns about safety and security. 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 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.	practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	Case-management services, § 1396d(a)(19) 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) Outpatient hospital services, § 1396d(a)(2)(A) Rural health clinic services, § 1396d(a)(2)(B) Federally-qualified health center services, § 1396d(a)(2)(C) Physician services, § 1396d(a)(5)(A) Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6) Home health care services, § 1396d(a)(7) 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)
Strengths and Needs Assessment: 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.	Any other staff operating within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	Case-management services, § 1396d(a)(19) Screening services, § 1396d(r)(1)(B) 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) Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13) Physician services, § 1396d(a)(5)(A) Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6) Anticipatory guidance, § 1396d(r)(1)(B)(v)
Wraparound Team Formation:	Any other staff operating	Case-management services, §

The child, the parent or guardian, and the wraparound coordinator are almost always members of the wraparound team. 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. 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. 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.	within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	1396d(a)(19) Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13) 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) Physician services, § 1396d(a)(5)(A) Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6) Anticipatory guidance, § 1396d(r)(1)(B)(v) Transportation, § 1396d(a)(27)
Wraparound Service Plan Development: 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. During the wraparound team meetings, the wraparound facilitator will coordinate the	Any other staff operating within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health	Case-management services, § 1396d(a)(19) Physician services, § 1396d(a)(5)(A) 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)

assignment of tasks to team members. Deadlines for task completion are recorded. 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.	CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6) Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13) Anticipatory guidance, § 1396d(r)(1)(B)(v) Transportation, § 1396d(a)(27)
Wraparound Service Plan Implementation: 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. 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	Any other staff operating within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with	Screening services, § 1396d(r)(1)(B) Case-management services, § 1396d(a)(19) 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) Rural health clinic services, § 1396d(a)(2)(B) Federally-qualified health center services, § 1396d(a)(2)(C) Physician services, § 1396d(a)(5)(A) Medical care or any other type of remedial care

psychotherapy using play equipment, physical device, or other mechanisms of non-verbal communication, individual rehabilitation services, and day rehabilitation. 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.	co-signature	furnished by licensed practitioners, § 1396d(a)(6) Home health care services, § 1396d(a)(7) 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)
Ongoing Crisis and Safety Planning: The wraparound facilitator leads the wraparound team through a crisis planning process. Typically, a team meeting to develop the crisis plan is held a few days after the initial wraparound plan is developed.	Any other staff operating within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health CSW MFT	Case-management services, § 1396d(a)(19) 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) Physician services, § 1396d(a)(5)(A) Medical care or any other type of remedial care furnished by licensed

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

health system for the adult mental health system, or when the child and family no longer need formal supports.	experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	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) Rural health clinic services, § 1396d(a)(2)(B) Federally-qualified health center services, § 1396d(a)(2)(C) Physician services, § 1396d(a)(5)(A) Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6) Home health care services, § 1396d(a)(7) 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)

Appendix B

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:

APPENDIX B

Component	Potential Provider(s) and Non-Recipient Participants Include[1]	Federal Statutory Authorization (all citations to 42 U.S.C.)
Recruitment and Matching: 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. One matching technique is to recruit families with an existing relationship to the child.	Any other staff operating within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health, including therapeutic foster parents CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	Screening services, § 1396d(r)(1)(B) Case-management services, § 1396d(a)(19) Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13) 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) Anticipatory guidance, § 1396d(r)(1)(B)(v)
Therapeutic Foster Parent Training:	Any other staff operating	Screening services, §

[1] 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

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. 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.	within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health, including therapeutic foster parents CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	1396d(r)(1)(B) Case-management services, § 1396d(a)(19) 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) Physician services, § 1396d(a)(5)(A) Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13) Anticipatory guidance, § 1396d(r)(1)(B)(v)
Development of Treatment Plan: 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. 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.	Any other staff operating within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health, including therapeutic foster parents CSW	Screening services, § 1396d(r)(1)(B) Case-management services, § 1396d(a)(19) 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)

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.	MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13) Anticipatory guidance, § 1396d(r)(1)(B)(v)
Tracking and Adapting the Treatment Plan: Therapeutic foster care coordinators provide intensive case monitoring, coordinate the efforts of the foster parents and the individual therapists. 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.	Any other staff operating within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health, including therapeutic foster parents CSW MFT MD/DO PhD/PsyD NP/CNS RN Student professionals with co-signature	Case-management services, § 1396d(a)(19) Physician services, § 1396d(a)(5)(A) 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) Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6) Other diagnostic, screening, preventive, and rehabilitative services, § 1396d(a)(13) Anticipatory guidance, § 1396d(r)(1)(B)(v) Transportation, §

		1396d(a)(27)
Plan Implementation—Individual Child Treatment: On a day-to-day basis, the therapeutic foster parent is the primary agent who implements the child's treatment plan. In addition, individual mental health treatment is provided for all children in therapeutic foster homes. Natural supports are also provided. 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. 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.	Any other staff operating within his/her scope of practice CSW Therapeutic Foster Parent MD/DO PhD/PsyD MFT NP/CNS (involved as needed) RN (involved as needed) Student professionals with co-signature (involved as needed)	Screening services, § 1396d(r)(1)(B) Case-management services, § 1396d(a)(19) 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) Rural health clinic services, § 1396d(a)(2)(B) Federally-qualified health center services, § 1396d(a)(2)(C) Physician services, § 1396d(a)(5)(A) Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6) Home health care services, § 1396d(a)(7) 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)
Plan Implementation—Family Treatment: The ultimate goal of a therapeutic foster placement depends on the child's long-term plan. If reunification with the child's family is the goal, therapeutic foster care programs prepare the family for when the child returns home. 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.	Any other staff operating within his/her scope of practice CSW Therapeutic Foster Parent MD/DO (involved as needed) PhD/PsyD (involved as needed) MFT (involved as needed) NP/CNS (involved as needed) RN (involved as needed) Student professionals with co-signature (involved as needed)	Screening services, § 1396d(r)(1)(B) Case-management services, § 1396d(a)(19) 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) Rural health clinic services, § 1396d(a)(2)(B) Federally-qualified health center services, § 1396d(a)(2)(C) Physician services, § 1396d(a)(5)(A) Medical care or any other type of remedial care furnished by licensed

		practitioners, § 1396d(a)(6) Home health care services, § 1396d(a)(7) 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)
Transition: 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. 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.	Any other staff operating within his/her scope of practice Staff with BA/BS in MH related field or with 2 years experience in Mental Health Staff without BA/BS in MH related field or with 2 years experience in Mental Health CSW MD/DO (involved as	Screening services, § 1396d(r)(1)(B) Case-management services, § 1396d(a)(19) 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) Rural health clinic

	needed) PhD/PsyD (involved as needed) MFT (involved as needed) NP/CNS (involved as needed) RN (involved as needed) Student professionals with co-signature (involved as needed)	services, § 1396d(a)(2)(B) Federally-qualified health center services, § 1396d(a)(2)(C) Physician services, § 1396d(a)(5)(A) Medical care or any other type of remedial care furnished by licensed practitioners, § 1396d(a)(6) Home health care services, § 1396d(a)(7) 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)

PROOF OF SERVICE

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

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

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

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

by placing ___ the original _x__ a true copy thereof enclosed in a sealed envelope addressed as follows:

SEE ATTACHED SERVICE LIST

On the above date:

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

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

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

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

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

Nancy Kay Hunt

NANCY KAY HUNT

SERVICE LIST

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