# SUPPLEMENTAL DECLARATION OF CHARLES HUFFINE, M.D.

I, Dr. Charles Huffine, hereby declare and affirm as follows:

## A. Summary of Qualifications and Opinions

1. I have been a practicing child and adolescent psychiatrist for more than thirty years. I am currently the assistant medical director for child and adolescent programs at the King County Mental Health, Chemical Abuse and Dependency Services Division in Seattle, Washington. In this position, I have overseen the care of children with emotional and behavioral challenges, many of whom are receiving wraparound services or therapeutic foster care. I also am a clinical professor at the University of Washington in the Department of Psychology, and until 2006, also in the Department of Psychiatry. In addition, I have an active, community oriented, private practice specializing in children and adolescents with emotional and behavioral disorders, including children and youth in foster care and residential treatment programs.

2. For many years, I have been a consultant to federal, state and local programs providing community-based services to children with emotional and behavioral impairments. I have helped develop wraparound and therapeutic foster care programs nationally and within King County.

3. I have held leadership positions in a number of professional associations involved with children's mental health, including being past president of the American Association of Community Psychiatrists and founding president of the Washington State Association of Community Psychiatry. I am a Fellow in the American Academy of Child and Adolescent Psychiatry. I have co-authored

several articles and book chapters on children's mental health care and am an editor of a regular column in the Psychiatric services Journal of the American Psychiatric Association. I have received several awards for my work.

4. My qualifications are set forth in more detail in my earlier declaration submitted in support of Plaintiffs' Motion for Preliminary Injunction, a true copy of which is attached as Exhibit 1 and incorporated herein by reference. My most recent curriculum vitae details my education, professional experience, organizational affiliations, publications and awards, a true copy of which is attached as Exhibit 2 and incorporated herein by reference.

5. Wraparound services and therapeutic foster care are medically necessary services for children with emotional and behavioral challenges. Both wraparound and therapeutic foster care have a strong evidence base of clinical effectiveness and lead to positive outcomes for children.

6. To meet the mental health needs of children for whom wraparound services or therapeutic foster care are medically necessary, all of the components of these services must be provided and they must be provided in a coordinated fashion. I do not believe, and there is no evidence to suggest, that wraparound services or therapeutic foster care can be effective without providing all of the components and doing so in a coordinated fashion.

7. In my expert opinion, California cannot adequately provide the components of wraparound services or therapeutic foster care unless it provides all of the components of these services and does so in a coordinated fashion.

## B. Wraparound Services and Therapeutic Foster Care Are Essential Mental Health Services and are Clinically Effective Interventions

8. Wraparound services are essential mental health services and are medically necessary for some children with emotional and behavioral challenges, as I discussed in my prior declaration. Exh. 1 at ¶¶ 7, 30, 38-42. Wraparound services are provided through a child and family team that makes an individualized, strength-based assessment of a child and then creates a comprehensive care plan that addresses the needs of the child and family through a broad array of flexible and unconditional services, including mental health services and family and community supports. *Id.* at ¶ 23.

9. Wraparound services provide a far more therapeutic intervention than traditional mental health services, such as in-office therapy or residential care. They prevent over-reliance on restrictive placements such as group and residential care, neither of which has been shown to be clinically effective. In contrast, wraparound services have been found to be clinically effective in treating children with emotional and behavioral challenges. Wraparound services, along with therapeutic foster care, are generally cited as among the most effective community-based mental health interventions for these children. For years, wraparound services have been cited as a promising practice for children with mental health needs, including by the Surgeon General in his Report on Mental Health (1999).[1]

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[1] In general terms, a promising practice is an intervention that has led to positive outcomes in practice in the field, has an objective basis for claiming effectiveness, and has the potential for replication.

Given recent research on the clinical effectiveness of wraparound services, including research by Eric Bruns, wraparound services are now considered by many in the children's mental health field to be an evidence-based practice.[2]

10. In my prior declaration, I discussed the elements of wraparound services. Exh. 1 at ¶¶ 24-27. The activities comprising these elements are the same as those that are the components of wraparound as described in Appendix A. I agree with the definition of wraparound in Appendix A. My use of the term "wraparound" or "wraparound services" in this declaration and in my prior declaration is the same as the definition in Appendix A and as plaintiffs' use of this term in this litigation.

11. Therapeutic foster care is another essential mental health service for children with emotional and behavioral challenges. Therapeutic foster care provides intensive, individualized mental health care in a home-like setting for children with emotional and behavioral disorders who are at risk of placement in residential or group care, a hospital, or other institution. It is the least restrictive and most integrated out-of-home placement for these children. Therapeutic foster care is widely recognized as an evidenced-based practice for children with emotional and behavioral challenges.

12. I have reviewed the definition of therapeutic foster care in Appendix B, and I agree with their definition. My use of the term therapeutic foster care in this declaration is the same as the definition in Appendix B and as plaintiffs' use of that term in this litigation.

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[2] In general terms, an evidence-based practice is an intervention that has been shown through rigorous scientific research and testing to be an effective treatment.

13. In my prior declaration, I discussed the assessment instrument known as Child and Adolescent Level of Care Utilization System ("CALOCUS") developed by the American Association of Community Psychiatry and the American Academy of Child and Adolescent Psychiatry. Exh. 1 at ¶¶ 30-32. I was a member of the working group that developed this instrument. CALOCUS assigns children to one of six levels of care, based on the severity of their emotional, functional and psychiatric impairments and environmental factors, ranging from Level 1 (Basic Services) to Level 6 (Secure, 24 hour, Services with Psychiatric Management – most commonly, in-patient psychiatric care). In my prior declaration, I discussed the medical necessary for wraparound services for children at Levels 3 through 6. See Exh. 1 at ¶¶ 33-37. In my clinical opinion, therapeutic foster care is medically necessary for children at Levels 4 through 6 for whom receiving wraparound services in their own home or in an alternative home is not possible or is insufficient.

**C. Wraparound Services and Therapeutic Foster Care Are Clinically Effective Only When All of the Components of these Services are Provided and the Components are Provided in a Coordinated Fashion**

14. As a general proposition regarding evidenced-based practices of any type, there is no evidence, and no reason to believe, that the intervention will be effective if you vary the method of providing it from the way it was designed, developed, and researched. There must be adherence to the practice of an intervention to claim the evidence of its effectiveness.

15. All of the components of wraparound services and therapeutic foster care must be provided and be provided in a coordinated fashion in order to be effective. As I discussed in my prior declaration, research in the field of mental health,

including that conducted by Eric Bruns, has shown that wraparound programs that faithfully provide all of the components of wraparound services in a coordinated fashion produce excellent results for children with emotional and behavioral challenges. Exh. 1 at ¶ 29. Dr. Bruns' recent work continues to prove that to be clinically effective, wraparound programs must contain the essential elements of wraparound services (what he terms the core activities and phases of wraparound), which are the same as the activities described as the components of wraparound services in Appendix A. Similarly, researchers, including Patti Chamberlain, have shown that therapeutic foster care programs must faithfully provide all the components of therapeutic foster care and in a coordinated fashion to be effective.

16. I have participated in the design of both wraparound and therapeutic foster care programs, and I would not consider designing a program that did not include all of the components. In my experience, a wraparound program that did not include, for example, empowerment of the family[3] and the development and implementation of a comprehensive care plan and of a crisis plan could not be effective in meeting a child's mental health needs. Similarly, a therapeutic foster care program that did not include the development of an individualized treatment plan by a team, specially trained therapeutic foster parents being the primary implementers of the treatment plan, or a plan to transition a child to a permanent home also could not meet a child's needs. All of the components of wraparound services and therapeutic foster care are essential to their effectiveness, as I discussed above. However, while every child who needs wraparound services or

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[3] I use the term "empowerment of the family" to mean the activities that are described in Appendix A as the component "engagement of the child and family."

therapeutic foster care must receive every component of the service, the wraparound team and therapeutic foster care team individualizes the service by deciding how best to implement each component for a particular child and family through, for example, deciding what specific mental health treatments, support services and strategies will be included in the plan.

17. To be effective, wraparound services and therapeutic foster care must be provided in a coordination fashion. By coordinated, I mean that there is some level of interconnectedness and interdependency among the components. In the context of wraparound services, for example, the family and child must be empowered and involved in every component of wraparound services, be it the wraparound team formation, development of the comprehensive care plan, or crisis stabilization and planning. Identifying the child's strengths and needs during the assessment forms the basis for the care plan development. And the goals and objectives developed by the wraparound team during the development of the comprehensive care plan drives implementation and adapting of the plan, as well as crisis planning. Similarly, the therapeutic foster care team is involved in the development and implementation of the treatment plan, as well as transitioning the child out of therapeutic foster care when appropriate. The therapeutic foster parents are the primary agents in implementing, tracking and adapting the child's treatment plan. And when reunification with the child's family is a goal of therapeutic foster care, the child's family is involved in development of the treatment plan and receives training to prepare them for the child's return. Based on my experience working with children receiving wraparound services and therapeutic foster care, there is no way to adequately provide these services without this type of coordination of the

components. When designing wraparound and therapeutic foster care programs, I always ensure that the programs coordinate the components in this fashion.

18. One can understand the need for wraparound services and therapeutic foster care to be provided with all of the components in a coordinated fashion by examining the typical scenario of what a family might experience if services are not provided in this manner. The problems typically first begin with the child becoming disruptive at school. The parents are called to the school, and a special education plan is developed. Then the child may become involved in the juvenile justice system. The parents are required to go to court and to participate in meetings with the probation officer, and the juvenile justice system develops a different plan about how to deal with this child. Child Protective Services often becomes involved at some point. The parents have to participate in yet another set of meetings, and CPS develops yet another plan to deal with the child. All along the way, the parents are trying to get their child mental health services, which is the true problem underlying all of the child's issues. The child typically begins receiving therapy, and the parents have to go to meetings with the child's therapist, who often has yet another approach or plan for dealing with the child. The parents of a multi-system involved child ultimately become completely overwhelmed by the number of different meetings they must attend, the different obligations being placed on them, and the variety of plans that they are supposed to be following.

19. Without the provision of wraparound services with all of its components in a coordinated fashion, children and families experience a silo-based approach to services, where the child and family are pulled in a variety of directions by different obligations and approaches and there is a replication of efforts by different child-serving agencies. A wraparound program, that provides all of the

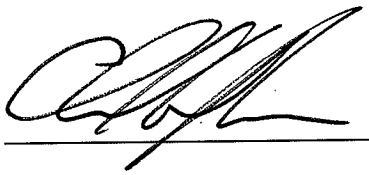
components in a coordinated fashion, solves this problem. With wraparound services, everyone dealing with the child comes together and develops a single comprehensive care plan that embraces all of the child and family's needs. Empowered parents become essentially the chairman of this group, and with the support of the team, ultimately responsible for making sure everyone is implementing the plan. Providing wraparound services with all of the components in a coordinated fashion not only benefits children and families, it ultimately saves states money by creating efficiencies and removing duplicative and often conflicting efforts by the multiple systems serving children.

20. In my professional opinion, it would be unethical, and possibly even malpractice, to fail to provide a component of an evidence-based practice to a child for whom the service has been found to be medically necessary. To give an example, many classic evidence-based practices – like behavioral therapy or multi-systemic therapy – are "manualized" interventions. That means there is a set protocol of actions – a manual – to follow when providing a particular intervention, and specific results are expected if the provider follows the manual's prescribed steps. Varying the practice from the manualized intervention could subject a treating professional to claims of malpractice. In my professional opinion, the same is true for wraparound services and therapeutic foster care. Much like manualized interventions, in order to get the results that are possible from wraparound services and therapeutic foster care, these services must be provided as they were designed (that is, with all of the components being provided in a coordinated fashion).

21. In my professional opinion, California cannot meet the mental health needs of children for whom wraparound services or therapeutic foster care is

medically necessary unless it provides all of the components of these services and does so in a coordinated fashion.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America and the State of California that the foregoing is true and correct. Executed this 6 day of Dec., 2007 in Seattle, Washington



Charles Huffine, M.D.