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8 **UNITED STATES DISTRICT COURT**
9 **CENTRAL DISTRICT OF CALIFORNIA, EASTERN DIVISION**
10

11 KATIE A., by and through her next
12 friend, Michael Ludin; MARY B., by
and through her next friend, Robert
13 Jacobs; JANET C., by and through her
next friend Dolores Johnson;
14 HENRY D., by and through his next
friend Gillian Brown; and GARY E., by
15 and through his next friend, Michael
Ludin, individually and on behalf of
16 other similarly situated,

17 Plaintiffs,

18 v.

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

25 Defendants.

CASE NO. CV-02-05662AHM (SHx)

**COUNTY'S RESPONSE TO THE
KATIE A. ADVISORY PANEL'S
REPORT TO THE COURT FOR
THE SECOND REPORTING
PERIOD OF 2011**

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28 COUNTY'S RESPONSE TO THE
KATIE A. ADVISORY PANEL'S
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PERIOD OF 2011

1 The County is thankful for the thoughtful recommendations contained in the
2 Advisory Panel's Report to the Court for the Second Reporting Period of 2011.
3 Although these recommendations will be the basis of ongoing discussions, a
4 summary of the recommendations and the County's preliminary responses is briefly
5 outlined below.

6 **Training and Coaching**

7 **Recommendation 1:** The County should use the Compton Department of
8 Children and Family Services ("DCFS") office as both a laboratory for perfecting its
9 implementation approach and for building its internal capacity to move beyond
10 Compton to other service areas, and:

11 a) Develop expectations that Children's Social Workers ("CSWs")
12 in Compton will begin using family teams in their work with families and assist the
13 office to determine the types of cases with which to begin and establish the pace of
14 implementation;

15 b) Allocate additional staff to Compton to reflect recognition of the
16 need for time to implement regular family meetings; and

17 c) Assist the new coaches assigned to master the teaming process so
18 they can coach and mentor Compton staff.

19 **Preliminary Response 1:**

20 The County largely agrees with these recommendations and has established a
21 training and coaching pilot in the Compton office and in September 2011, the
22 County contracted with the Los Angeles Training Consortium ("LATC") for
23 external coaching services. This pilot is dedicating significant resources to help
24 staff in that office and will augment coaching capacity from a two-hour session per
25 month to three full days of coaching per week. Further, the County will expand
26 coaching efforts to include Department of Mental Health ("DMH") staff and

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1 contract providers in addition to DCFS staff. A total of eighteen lead coaches will
2 be assigned to the Compton office, seven DCFS training staff, two from DMH, one
3 from California State University, Long Beach ("CSULB"), and an additional eight
4 from LATC.

5 The Compton Prototype for coaching includes a two (2) track approach. In
6 the first track, a coaching team will follow a case from its inception in Emergency
7 Response ("ER") through to the Intensive Services Worker ("ISW") and (if it is a
8 court case) to the Continuing Services Worker. This track is designed to help
9 coaches shadow and mentor Supervising Children's Social Workers ("SCSWs") and
10 CSWs while modeling a strength-needs approach while working directly with
11 families. Track two encompasses all the other opportunities that coaches have to
12 teach, model and influence staff who are in key support positions in the office and
13 the field (e.g. home calls with supervisors and social workers to clients' homes,
14 Team Decision Making ("TDM") facilitators and families in a TDM, Educational
15 Liaisons, Multi-disciplinary Assessment Team ("MAT") meetings, Wraparound
16 Meetings, etc.).

17 In addition, they will sit in on case consultations with Coordinated Services
18 Action Team ("CSAT"), Adoption and Safe Families Act ("ASFA"), DMH, School,
19 Public Health Nurses ("PHNs"), Community Providers and Administration. The
20 two Compton offices will have coaching teams that will consist of experienced
21 DCFS, DMH, CSULB and LATC Coaches. Coaches will be matched with their
22 area of skill and program expertise [ER and Continuing Services ("CS")].

23 The 3-4 coaching teams per office will also be involved in regular weekly
24 group case coaching for identified units in the Compton office and will help
25 individual staff work on identifying and addressing the strengths and needs of their
26 clients. They will model how to "hunch" with families about children's underlying

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1 needs and how best to meet those needs. Finally, they will show staff how to work
2 with a family to craft individualized and appropriate interventions and services for
3 the families.

4 Each coach fills out a Coaching Summary sheet at the end of the day that lists
5 who they coached, what area of the Core Practice Model and Quality Service
6 Review ("QSR") their coaching aligned with and to which staff they gave their
7 coaching feedback card to ensure a continuous quality improvement feedback loop
8 into the coaching process.

9 Planning meetings between coaches and regional administrators in Compton
10 occurred late in November; they discussed teaming expectations for staff and how
11 that would be messaged. A one-day training seminar on teaming was held
12 December 5 and a second one is scheduled for January 13, for SCSWs and CSWs to
13 convey to staff the expectations for teaming and how teaming differs from case
14 management. Emphasis was placed on the importance of both formal and informal
15 teaming and that all staff (ER, ISW, CS) need to ask early and often who the family
16 knows that might be able to assist them so that staff get used to the idea that each
17 family is entitled to have a child and family team that supports the family through
18 their involvement with DCFS and even after their case with the County is
19 terminated. Formal one-on-one coaching in the Compton office is scheduled to roll
20 out in February 2012.

21 While the County supports the recommendation to lower the caseloads for the
22 four units in Compton to receive in-depth, one-on-one coaching, this
23 recommendation will be a significant challenge to implement. Specifically, it is not
24 likely that additional staff positions can be created for the sole purpose of supporting
25 this pilot effort, although the Department is exploring the possibility of hiring
26 "temporary" CSWs. More likely, this pilot will require the transfer of existing staff

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1 from somewhere else within the County. Accordingly, DCFS is currently planning
2 to complete a review by March 2012 of certain staffing allocations and assignments
3 in the Department to determine where such transfers, if possible, can occur. In the
4 current environment of high caseloads, it remains a challenge for staff to devote the
5 time necessary to learning required skills. To that end, DCFS has developed a
6 Caseload Reduction Workgroup and has begun developing strategies and related
7 milestones to further address rising caseload concerns that will be shared with the
8 Panel in the first quarter of 2012. The County appreciates the Panel's continued
9 insight and thoughts on this issue.

10 The County is also examining the use of an outside "master coach" on a short-
11 term basis that would train the eighteen lead coaches assigned to the Compton
12 office. The County has been discussing the qualifications of a master coach with the
13 Panel to identify an appropriate person to serve in this capacity. Also, the County
14 agrees with the specific recommendation to visit programs in Utah or Arizona to
15 observe how their master coaches specifically help individual line staff improve the
16 quality of their practice. If a master coach cannot be identified with the breadth of
17 experience in formalized coaching as it relates to the County's Core Practice Model
18 and that builds upon the QSR quality improvement processes underway, the County
19 may forgo the route of a master coach and focus solely on sending the lead coaches
20 to Utah or Arizona to observe this practice first-hand. Importantly, one key goal of
21 the coaching pilot will be to work with staff and contracted mental health service
22 providers to clarify expectations and roles with respect to Child and Family Team
23 meetings.¹

24 _____
25 ¹ In an effort to promote the importance of Katie A. related practice
26 generally, and the use of family specifically, the Directors of the Departments of

Development of Treatment Foster Care (TFC) Beds

Recommendation 2: The Panel recommends that the County allocate a supplementary amount of funds to providers to support recruitment and retention efforts.

Preliminary Response 2:

The County agrees the rate currently paid by Los Angeles ("LA") County to agencies and/or foster parents for TFC may be insufficient to recruit and retain foster parents. However, the County is not in the position to supplement funds to providers. The County is looking primarily to two State workgroups for decisions and guidance on how much, to whom, and for what the rate should be increased. The County is working to complete its own analysis to determine if and to what extent LA County may increase its TFC rate in the short-run, but the County is hopeful that a long term solution will be found through the Settlement Agreement recently approved in the State portion of this case ("State Settlement").

The State Settlement should provide the County with improved direction, programmatic support, and financial guidance and support for the County's own TFC program. The County is an active participant in the two State workgroups that will inform future programming and rate setting: one that is focused on the TFC statute and programs across the state; and the broader Katie A. State Settlement Implementation workgroup of which TFC is a focus of the settlement implementation planning. The first workgroup is a collective of TFC providers, County Child Welfare managers, Mental Health professionals and interested parties

(...continued)
Mental Health, Children and Family Services, and Probation, have issued a joint letter to all staff formally endorsing the Core Practice Model developed in consultation with the Panel.

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1 that was convened as stipulated in SB-1380 and has been administered by the
2 California Department of Social Services since November of 2010. The goal of this
3 work group is to flesh out the specific activities that would fall under the existing
4 TFC statute [Welfare and Institutions Code 18358] to determine which would be
5 defined as care and supervision and, therefore, fall appropriately under state and
6 federal Title IV-E definitions and which would be defined as mental health services
7 and need to be billed to Medi-Cal/Early Periodic Screening Diagnosis and Testing
8 (EPSDT). This workgroup has engaged in discussions on rates and the participating
9 providers have submitted suggested rate levels associated with TFC program
10 delivery. Although these discussions are very preliminary and no consensus has yet
11 been reached, the level of engagement and involvement will have a universally
12 positive impact on the delivery of TFC statewide. Much of what this workgroup
13 decides is contingent upon the second State workgroup described below.

14 The second group is the Katie A. State Settlement Implementation
15 workgroup, comprised of both state and county Katie A. leadership, state, county
16 and Katie A. legal representation, along with several other Katie A. stakeholders.
17 This group focuses on broader issues related to the Katie A. Settlement and the
18 implementation of those items related to satisfying the settlement exit conditions.
19 Although the goal of this second group is broader, one of the major foci is TFC and
20 the associated implementation and growth concerns. The end result will be a Billing
21 Manual that will provide the needed guidance on billing issues for care and
22 supervision that fall under Title IV-E as well as mental health services that should
23 be captured under EPSDT. With regard to TFC, this group is engaged in
24 discussions related to TFC rates, EPSDT billing activities, Aid for Dependent
25 Children ("AFDC") allotments, contractual concerns and the ultimate fulfillment of
26 the 300-bed commitment. At this time, no recommendations have been finalized for

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1 legislative change.

2 Pending the results of the State workgroups, the County is assigning
3 additional resources to DMH and DCFS to address this issue. Currently, DMH has
4 a full-time Clinical Psychologist and has assigned a Mental Health Service
5 Coordinator to dedicate a portion of her duties to TFC. DCFS has a part-time TFC
6 Program Manager, a full-time Program Coordinator, and a part-time Intermediate
7 Typist Clerk. DCFS will be requesting a new position for Fiscal Year (FY)
8 2012-13. Targeted recruitment is one of many duties for which these individuals
9 will be responsible. Recruitment activities include developing a primary contact
10 mechanism for interested potential TFC caregivers, facilitating communication with
11 Foster Family Agencies ("FFAs"), helping to coordinate recruitment events and
12 fairs, and conducting presentations about becoming a TFC caregiver to various
13 groups.

14 The departments have already begun preparations for an upcoming TFC
15 foster parent training/recruitment event in early 2012. The TFC team, along with a
16 subgroup of TFC providers, has created a workgroup to address foster parent
17 training, support, and recognition. The group has begun planning an event,
18 scheduled for February 17, 2012. The purpose of this event is to provide specific
19 training and support to current TFC caregivers with a focus on understanding
20 trauma-related symptoms and their impact on children and families. In addition, the
21 training will also address behavior management strategies, including de-escalation
22 techniques to help prevent crisis situations as well as positively reinforcing pro-
23 social behavior. The event will also provide an opportunity for those individuals
24 who are interested in becoming a TFC caregiver to learn more about the program,
25 the target population, and the resources available to them. A list of potential
26 caregivers will be generated for follow-up by FFAs for certification purposes.

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1 Finally, the event will also acknowledge those caregivers who have demonstrated a
2 particular strength and skill recognized as an asset to the overall TFC program.

3 Another effort that is underway is the drafting of an exploratory pilot project
4 involving D-rate foster homes who are currently receiving Wraparound services.
5 The pilot will involve teaching Wraparound staff TFC principles to be implemented
6 with the youth and foster parents in their D-rate setting. One of the goals of this
7 pilot is to explore the quality of intervention as we broaden the continuum of care
8 under TFC. Important elements of this project are providing additional training,
9 support, and respite to foster parents which will aid in our ability to retain
10 caregivers. In addition, we will conduct a qualitative review of the foster placement
11 to identify youth and caregiver attributes that would best fit with TFC (e.g.
12 demographics, identified strengths and needs, skill sets etc.). This will help us glean
13 information that will inform our recruitment efforts.

14 **Recommendation 3:** To enable the County to better understand the reasons that
15 a significant percentage of children transition to higher levels of care after discharge
16 from TFC, the County will conduct a QSR on a sample of children recently
17 transitioned to higher levels of care to assess the reasons the service is not
18 preventing such placements.

19 **Preliminary Response 3:**

20 The County agrees with this recommendation. The TFC, DCFS and DMH
21 staff decided to conduct a QSR on 10 percent of the youth who had to return to a
22 higher level of care after entering a TFC home. At the time of selection, there were
23 39 youth who fit this profile. The QSR subsequently randomly selected two ITFC
24 and two MTFC youth from this group to be included in the QSR review.

25 Appropriate staff received QSR training on November 9, 2011, and the first
26 two TFC cases for QSR review occurred before the Panel retreat in December; the

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1 next two cases for QSR review will occur in January, once the dates are finalized.
2 The report findings for the first two randomly selected clients will be made available
3 by January 31, 2012. It is anticipated that the remaining two sets will be available
4 for review by mid to late February.

5 **Availability of Home-Based Mental Health Services**

6 **Recommendation 4:** The County should utilize the Compton office as a target
7 for intensive home-based mental health service implementation and:

- 8 a) Amend the contracts of Compton mental health service providers
9 to require the delivery of home-based services consistent with the Core Practice
10 Model and to require providers to address how they will build appropriate service
11 capacity²;
- 12 b) Ensure that consultation is focused to MAT staff to improve their
13 ability to conduct strength and needs-based assessments and better engage with the
14 family team; and
- 15 c) Conduct a QSR of a small sample of cases served by major
16 mental health providers for Compton and involves the leadership of such agencies in
17 QSR reviews.

18 **Preliminary Response 4:**

19 The County agrees with these recommendations and intends to negotiate the
20 necessary contract amendments with appropriate providers. DMH will seek to align
21 the development of home-based mental health services within the parameters of the
22 service model contained in the Katie A. State Settlement Agreement. In this regard,

23 _____
24 ² As part of this recommendation, the Panel states the County should bring in
25 Arizona mental health experts to help orient mental health providers to new
26 approaches to practice and, to the extent possible, expedite the contract procurement
process.

1 the Department's Quality Assurance and Contracts Divisions, along with County
2 Counsel, have been provided with a copy of the State Settlement Agreement and the
3 attachment describing home-based mental health services as well as copies of the
4 State Plan Amendments, which support these services as well as Intensive Case
5 Coordination. A meeting occurred on November 22, 2011, to review these
6 documents and consider how best to promote these services in the County mental
7 health system. This meeting resulted in the need to develop a statement of work as a
8 contract amendment for providers that will be expected to provide this service.
9 Further discussion will be taking place between County Counsel and the DMH
10 Contracts Division.

11 Further, the County believes that there may be utility to pursuing such
12 changes on a countywide basis and is examining the implications of such a change.
13 In doing so, the County is mindful that implementation of these services should be
14 done in a way that is consistent with the State Settlement. A meeting occurred on
15 November 29, 2011, to discuss how Therapeutic Behavioral Services ("TBS") fits
16 within the Intensive In Home Services Model approach.

17 Once the service model and contracts considerations are completed, in
18 January 2012, DMH will begin a series of trainings for providers in the use of this
19 service model. In anticipation of these trainings, DMH has already met with the
20 Children's Mental Health Policy Committee of the Association of Community
21 Healthcare Service Agencies ("ACHSA") to discuss the QSR and invite
22 representatives to serve as shadows in upcoming QSR events. DMH is convening a
23 MAT Summary of Findings ("SOF") review to re-examine the quality of
24 assessments and compliance rates. Panel members will be invited to participate in
25 the review process, which is tentatively scheduled to occur in March 2012 at the
26 next Panel retreat.

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1 The County will also be consulting with model developers in Arizona, where
2 this home-based direct support program has been developed in response to a lawsuit
3 similar to Katie A. Tim Penrod already provided a day-long consultation in Los
4 Angeles on December 6, 2011, with key DMH and DCFS stakeholders as well as
5 contract providers. The County plans to continue consulting with Mr. Penrod.

6 **Medical Hubs**

7 **Recommendation 5:** To the extent possible, the County should identify children
8 who were not referred to medical hubs ("hubs") and investigate the reasons for non-
9 referral. The County should then develop a clear plan to increase referrals to the
10 hubs including some mechanisms imposing accountability for non-performance.

11 **Preliminary Response 5:**

12 The County agrees with this recommendation and is designing a study that
13 will examine newly detained children from July 2011 that were never referred to a
14 hub. A stratified random sample of 50 cases from both large and small DCFS
15 offices will be pulled to determine the reasons for non-referral. The selection of a
16 sample and the development of an interview guide will be completed in December.
17 In January 2012, CSWs will be contacted and interviewed for the reasons behind
18 non-referral. Findings from this study will be compiled in February and the report,
19 along with a set of corrective actions stemming from the report, will be provided to
20 the Panel by March 15, 2012.

21 At the December Panel retreat, the Department demonstrated the DCFS
22 Medical Hub Referral form interface with the E-mHub System, which will enable
23 the department to transmit electronic information from the Medical Hub Referral
24 form to the hubs and receive results of the initial medical exam or forensic exam in
25 real-time to the CSAT stationed in every DCFS office. From the electronic
26 information received from the hubs, DCFS has created a reporting system which

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1 will enable the Department to actively track cases that should be referred to the
2 hubs, as well as monitor the progress of those cases that have been referred to the
3 hubs. This reporting system provides scheduling details and reports of the initial
4 medical exams, and will enable the department to track the hub compliance rates
5 much more effectively than the manual process used in the past.

6 **Children in Group Care Settings**

7 **Recommendation 6:** County should forbid the placement of any child under age
8 10 in a group home.

9 **Preliminary Response 6:**

10 The County agrees that young children should not be placed in group homes.
11 To develop this service capacity, the County has initiated the Residentially Based
12 Service ("RBS") project which is showing promise, but is still in the early stages of
13 development. Plans to increase TFC homes are outlined in more detail elsewhere
14 (see discussion above) and significant foster parent recruitment efforts are underway
15 in the DCFS Recruitment section.

16 In the meantime, the County has released a policy specifically addressing the
17 proliferation of young children in group homes which dictates that ³:

18 1. Placement of children age eight years and younger in a group
19 home will no longer be permitted without the approval of the Chief Deputy or
20 Director of DCFS.

21 2. For any group home placement packet to be generated, the
22 signatures of the CSW, SCSW, Assistant Regional Administrator ("ARA"), and
23 Regional Administrator ("RA") must be obtained confirming that a facilitated
24 Resource Management Process ("RMP") team meeting has occurred prior to

25 _____
26 ³ A copy of this policy is attached for your review.

1 placement or within one week of placement when an RMP cannot take place in
2 advance.

3 3. For any youth approved for placement in a group home, a
4 mandatory referral to the Department's family finding program, called Permanency
5 Partners Program ("P3"), must be made at the time of placement (except for those
6 enrolled in RBS, which has its own family finding component).

7 4. For any youth placed in a group home, a regular family team
8 meeting coordinated and facilitated by the case carrying CSW or SCSW should
9 occur on a monthly basis at minimum.

10 5. For any child age 12 years or younger, a Permanency Planning
11 Conference ("PPC"), a family team meeting coordinated and facilitated by a PPC
12 Facilitator, should occur once every four months. The signature of the CSW,
13 SCSW, ARA and RA is required on the PPC plan. Additionally, a monthly tracking
14 report will be coordinated and produced by the Resource Management Division,
15 with an assignment to RAs to update the report with the current status and plan for
16 transitioning to the community.

17 **Recommendation 7:** The County should issue a child/sibling group-specific
18 Request for Proposal ("RFP") to providers asking that they design a specific
19 program of services and supports for any child 0-12 for whom a group home
20 placement is considered.

21 **Preliminary Response 7:**

22 The County agrees with the idea that services and supports should be tailored
23 to the specific needs of individual children. This premise is a central feature of the
24 Core Practice Model adopted by the County as part of the Strategic Plan. However,
25 the County believes further exploration of how existing services and supports differ
26 from what the Panel is now recommending, along with some examination of

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1 from what the Panel is now recommending, along with some examination of
2 whether an altogether new contracting process, as currently recommended by the
3 Panel, is the most efficient way to achieve the tailored and child-specific approach
4 we seek.

5 Ultimately, DCFS would like to consider the use of group homes as short
6 term placements that fit within the larger system of care currently being developed
7 and that any stay require specific clinical and safety reasons. Under this model,
8 throughout any child's stay in a group home, the home's treatment team would be
9 required to work within the child's overarching child and family team to develop and
10 implement a transition plan to community based settings as soon as clinically
11 appropriate.

12
13 DATED: December 20, 2011

Respectfully submitted,

14 ANDREA SHERIDAN ORDIN
15 County Counsel

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18 By

19 BRANDON T. NICHOLS
Principal Deputy County Counsel

20 Attorneys for County Defendants
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DECLARATION OF SERVICE
Case No. CV-02-05662 AHM (SHx)

STATE OF CALIFORNIA, County of Los Angeles:

Daisy Torres states: I am employed in the County of Los Angeles, State of California, over the age of eighteen years and not a party to the within action. My business address is 648 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, California 90012-2713.

That on December 20, 2011, I served the attached,

COUNTY'S RESPONSE TO THE KATIE A. ADVISORY PANEL'S REPORT TO THE COURT FOR THE SECOND REPORTING PERIOD OF 2011

upon Interested Party(ies) by placing the original a true copy thereof enclosed in a sealed envelope addressed as follows as stated on the attached mailing list:

(BY MAIL) by sealing and placing the envelope for collection and mailing on the date and at the place shown above following our ordinary business practices. I am readily familiar with this office's practice of collection and processing correspondence for mailing. Under that practice the correspondence would be deposited with the United States Postal Service that same day with postage thereon fully prepaid.

I declare that I am employed in the offices of a member of this court at whose direction the service was made.

Executed on December 20, 2011, at Los Angeles, California.

Daisy Torres



Type or Print Name of Declarant
and, for personal service by a
Messenger Service, include the
name of the Messenger Service

Signature

SERVICE LIST

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