

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

KATIE A. et al.,)	CASE NO. CV-02-05562 AHM (SHx)
)	
Plaintiffs,)	SPECIAL MASTER'S REPORT
)	ON PROGRESS TOWARD
)	COMPLETION OF THE KATIE A.
)	IMPLEMENTATION PLAN.
v.)	
)	The Honorable A. Howard Matz
DIANA BONTA, et al.,)	Courtroom 14
)	
Defendants.)	
)	

TABLE OF CONTENTS

1

2 SECTION ONE: INTRODUCTION 2

3 Katie A. Class Definitions and Settlement Agreement Objectives 3

4 Katie A. Negotiation Workgroup Composition and Members 4

5 Katie A. Negotiation Workgroup Planning Process 5

6 Joint State Leadership in Katie A. Planning and Implementation 6

7

8 SECTION TWO: KATIE A. FIVE POINT IMPLEMENTATION PLAN (IN DRAFT) 7

9 The Five Points 8

10 Governance Integration Structure 8

11 Core Components 9

12 Training and Support 10

13 Service Delivery 10

14 Data, and Quality Assurance 10

15 Katie A. Five Point Plan Diagram 11

16 Additional Implementation Issues 11

17 Special Master Comments Regarding Overall Progress of the Katie A.

18 Implementation Plan 12

19

20 SECTION THREE: SPECIAL MASTER'S RECOMMENDATIONS 12

21

22 Exhibit 1: Katie A. Negotiation Workgroup Members 14

23

24

SECTION ONE: INTRODUCTION

25

26 This report is submitted to the Court in accordance with the Katie A. Court Order dated

27 December 1, 2011, SETTLEMENT AGREEMENT. The purpose of this report is to inform the

28 Court regarding progress of the Katie A. Implementation Planning process and to make several

29 recommendations I believe are essential to ensuring the overall progress and success of the

30 endeavor. This report is one of several Interim Reports due to the Court periodically per the

31 Settlement Agreement; because of the timing of this report, the parties have not had time to

32 review and respond to the report prior to filing. As such, this report reflects the views of the

1 Special Master only and does not necessarily represent the views of the various parties and
2 partners involved in the Katie A. Implementation Plan development process.

3 Overall, I am pleased to report that the parties are generally making progress toward
4 completing the Katie A. Implementation Plan. The Negotiation Workgroup has held weekly
5 meetings since mid-October, with exceptions for the holidays, and has made considerable
6 progress in sorting out the various requirements of the Settlement Agreement and reorganizing
7 them into a coherent and comprehensive plan. Much work remains, which I believe can be
8 completed on time by the June 2, 2012 Implementation Plan due date. I believe that with
9 continued progress the Negotiation Workgroup will satisfy the Implementation Plan
10 requirements set forth in Paragraph 21 of the Settlement Agreement.

11 One very positive opportunity regarding joint state leadership of the Katie A.
12 Implementation Plan has recently emerged, and I wish to bring this matter to the attention of the
13 Court – essentially, the Directors of the state Departments of Health Care Services and Social
14 Services have offered to put forward a written plan, within the next few weeks, to identify,
15 authorize, and task policy-level representatives from both departments who will work together
16 across their respective service systems to lead the Katie A. joint management and planning effort
17 as the plan moves forward. This opportunity will both resolve a current high-level vacancy issue
18 within the newly-consolidated Mental Health and Substance Use Disorder Services unit of
19 DHCS and demonstrate state commitment to shared management at the highest department
20 levels. This offer comes as the Workgroup is preparing to roll out several task forces called for
21 in the Settlement Agreement, and I believe it is worthy of the attention of the Court. I will
22 describe this opportunity in greater detail later in this section of the report.

23

24 ***Katie A. Class Definitions and Settlement Agreement Objectives***

25 For the broad purposes of this report and the continued progress of the implementation
26 planning process, the Katie A. class includes children with an open case in child welfare services
27 who have or may have mental health needs. (For a more specific definition, I would refer
28 interested persons to the Katie A. Settlement Agreement, Paragraphs 3 and 4 (pages 1-2),
29 approved by the Court on December 1, 2011.) This class definition was developed early in the
30 litigation process and sets the field for children who are to receive services under the Katie A.
31 agreement.

32 The Katie A. Settlement Agreement identifies a specific set of objectives that are intended to

1 result from implementation of the agreement. The following language is from Paragraph 19 of
2 the Agreement.

3 The objectives of this Agreement are to:

4 (a) Facilitate the provision of an array of services delivered in a coordinated,
5 comprehensive, community-based fashion that combines service access, planning, delivery,
6 and transition into a coherent and all-inclusive approach;

7 (b) Support the development and delivery of a service structure and a fiscal system that
8 supports a core practices and services model, as described in (a),

9 (c) Support an effective and sustainable solution that will involve standards and methods to
10 achieve quality-based oversight, along with training and education that support the practice
11 and fiscal models;

12 (d) Address the need for certain class members with more intensive needs (hereinafter
13 referred to as "Subclass members") to receive medically necessary mental health services in
14 their own home, a family setting or the most homelike setting appropriate to their needs, in
15 order to facilitate reunification, and to meet their needs for safety, permanence, and well-
16 being.

17 (I) Subclass Members are children and youth who are full-scope Medi-Cal eligible,
18 meet medical necessity, have an open child welfare services case, and meet either of the
19 following criteria:

20 A. Child is currently in or being considered for: Wraparound, therapeutic foster care or
21 other intensive services, therapeutic behavioral services, specialized care rate due to
22 behavioral health needs or crisis stabilization/intervention; or

23 B. Child is currently in or being considered for a group home (RCL 10 or above), a
24 psychiatric hospital or 24 hour mental health treatment facility, or has experienced
25 his/her 3rd or more placements within 24 months due to behavioral health needs.

26 The Katie A. Implementation Plan is being developed to achieve the intended objectives
27 using the activities described in Paragraph 20 of the Settlement Agreement. A summary of how
28 the Negotiation Workgroup will implement the Paragraph 20 activities is presented in Section II
29 of this report, below.

30

31 ***Katie A. Negotiation Workgroup Composition and Members***

32 The Negotiation Workgroup includes the following representatives (See Exhibit I at the end

1 of this report for a complete list of participant names and titles):

- 2 • California Department of Social Services: Deputy Director, Children and Family
3 Services Division; Bureau Chief, Resource Development and Training Support;
4 Assistant Chief Counsel; Senior Staff Counsel.
- 5 • California Department of Health Care Services: Chief, Medi-Cal Benefits Waivers
6 Analysis and Rates; Senior Staff Counsel; Manager, Specialty Mental Health Services
7 Policy and Implementation.
- 8 • California Department of Health Care Services: Deputy Director, Mental Health and
9 Substance Use Disorder Services, (vacant, pending appointment).
- 10 • California Department of Mental Health: Senior Staff Counsel, Legal and Forensic
11 Services.
- 12 • Department of Justice, Office of the Attorney General: (two) Deputy Attorneys General.
- 13 • Representing the class: Managing Attorney, California, National Health Law Program;
14 Deputy Director, National Center for Youth Law,.
- 15 • Representing the class perspective: Executive Director, United Parents (also the parent
16 of a child who has been in the public mental health and foster care system); Director of
17 the Statewide Community Network, United Advocates for Children and Families (also
18 the parent of children who have been in the public mental health and foster care
19 system); Statewide Youth Council Coordinator, California Youth Connection (also a
20 former foster youth); Senior Executive Vice President, Hathaway-Sycamores Child and
21 Family Services.
- 22 • Representing the County Welfare Directors Association of California: Senior Policy
23 Analyst; Deputy Director, Child Welfare Services Division, San Bernardino County
24 Department of Social Services.
- 25 • Representing the California Mental Health Directors Association: Deputy
26 Director/Small Counties Liaison; Mental Health Director, Contra Costa County.
- 27 • Representing Los Angeles County perspective as it implements Katie A: Clinical
28 District Chief, Child Welfare Division, Los Angeles County Department of Mental
29 Health; Division Chief, Child Welfare Mental Health Services, Los Angeles County
30 Department of Children and Family Services.

31

32 ***Katie A. Negotiation Workgroup Planning Process***

1 The Special Master proposed and the Court approved a Work Plan for the Negotiation
2 Workgroup that approaches the implementation process in three phases:

3 Phase I – Planning (4 to 6 months) to form/reform the planning team, clarify and align the
4 objectives, and write the implementation plan;

5 Phase II – Implementation (30 to 32 months) to launch, monitor, and correct the plan; and

6 Phase III (Post Court Exit) – Sustain permanent structures and services that meet the needs
7 of children in the class and their families.

8 Currently, the Workgroup is nearing the end of Phase I – Planning. In order to satisfy the short
9 timeline for rolling out the plan, several activities have already begun; specifically, formation of
10 several Task Forces and the beginning of written work to complete two Katie A. manuals and to
11 clarify other aspects of the plan. Other requirements of Paragraph 20 are either in planning or
12 soon to be address during the remaining four months of the planning period. The
13 Implementation Plan must be completed and submitted to the Court by June 2, 2012. Following
14 Court approval, the plan will begin implementation, with some activities starting immediately
15 and other activities staged to begin over the following months.

16 The Negotiation Workgroup began meeting weekly in October 2011 and will likely continue
17 weekly meetings until about March 1 when the schedule may change to semi-monthly meetings,
18 and at which time Workgroup members will be joined by other stakeholders to complete the
19 various writing and planning tasks necessary to prepare for and implement the plan.

20

21 ***Joint State Leadership in Katie A. Planning and Implementation***

22 In numerous sections of Paragraph 20, the Settlement Agreement calls for joint or shared
23 management on the part of the state Departments of Mental Health and Social Services to,
24 among other tasks, create cross-system processes and procedures for service delivery and
25 promote agencies working together at the state and county levels. This joint management
26 requirement presupposes high-level policy and administrative leadership from both state
27 departments working together on the Negotiation Workgroup, beginning during the planning
28 period and sustained far into the future.

29 During the Interest Based Decision Making negotiation period that led to the Settlement
30 Agreement, both DSS and DMH were represented by Deputy Directors on the Katie A. team.
31 While the DSS Deputy Director for Children and Family Services, Greg Rose, has participated
32 fully since the beginning of the planning process, the acting Deputy Director for DMH, Sean

1 Tracy, resigned last fall and the Deputy Director position (newly redesigned for the consolidated
2 DHCS Mental Health and Substance Use Disorder Services) has not yet been filled. This
3 vacancy has left one deputy director to lead a planning process that clearly calls for two deputies
4 working together across their respective departments. To their great credit, two key DHCS
5 members of the Negotiation Workgroup at the chief and manager levels have stepped up to
6 represent DHCS in the absence of a deputy director, and DHCS has been recruiting aggressively,
7 albeit unsuccessfully, to find a suitable person to fill the position, which will be especially
8 complicated in this newly consolidated state department and realigned state-county service
9 environment.

10 As the Negotiation Workgroup moves closer to implementation of the Joint Management
11 and leadership activities, I brought my concerns to the attention of both departments, and the
12 directors have responded very positively, creating time to meet with me and tasking senior staff
13 to resolve this issue as quickly as possible. The directors have made a commitment to me to
14 develop a written joint plan to identify and deploy representatives with policy experience and
15 leadership authority to represent the departments on the Negotiation Workgroup and its task
16 forces as they roll forward during this critical planning period and ahead into the future. This
17 solution will address the need for sustained leadership during the current DHCS position vacancy
18 and ensure a permanent pairing of the departments once the DHCS Deputy Director position has
19 been filled.

20 Specifically, as I understand their offer, these representatives will attend the regularly
21 scheduled Workgroup meetings, ensure joint department leadership of the task forces, provide
22 policy leadership and direction to the Workgroup as it completes and launches the
23 Implementation Plan, and work together outside formal meetings – with Special Master
24 assistance as needed – to plan and prepare for and guide their departments in Katie A.
25 implementation. I am also hopeful that by modeling high-level joint leadership between state
26 departments, they will demonstrate interagency commitment and collaboration that their staffs
27 and counterpart agencies at the county and subcontractor levels will follow in order to implement
28 the core practice model, intensive services and training, and accountability efforts called for in
29 the Settlement Agreement.

30 Because of the importance of this proposed solution to the overall success of the Settlement
31 Agreement, I am bringing this matter to the attention of the Court both to acknowledge the
32 responsiveness of the state departments and to encourage follow through during the full period of

1 Court jurisdiction in the matter. I will detail my recommendations to the Court regarding this
2 opportunity in Section Three, below.

3
4

5 SECTION TWO: KATIE A. FIVE POINT IMPLEMENTATION PLAN (IN DRAFT)

6 During the first phase of the current planning process, the Negotiation Workgroup reviewed
7 all the plan requirements identified in Paragraphs 19 and 20 of the Settlement Agreement and
8 reorganized these requirements into five "clusters" identifying key points of the implementation
9 plan. Subsequently, the Workgroup divided into two Implementation Planning Teams tasked
10 with developing and integrating each of the five points into a comprehensive and holistic
11 implementation plan. The clusters, now loosely referred to as the "Five Point Plan" are
12 summarized below.

13

14 ***The Five Points***

- 15 1. Governance Integration Structure which is forming three task forces and designing
16 a model county strategy;
- 17 2. Core Components which is developing key manuals to guide service delivery and
18 billing;
- 19 3. Training and Support to prepare and sustain workers in the Core Practice Model;
- 20 4. Service Delivery to develop a Katie A. rollout strategy;
- 21 5. Data and Quality Assurance to ensure accountability at the state and local levels.

22 Several additional key issues not directly described in the Settlement Agreement have also
23 been factored into the Workgroup planning process. These include:

- 24 • State Agency Consolidation of sections of the Department of Mental Health into the
25 Department of Health Care Services;
- 26 • State/County Realignment which has shifted some program authorities and resources
27 from the state agencies to the counties;
- 28 • A Katie A. Communication Strategy that will be needed to rollout the Implementation
29 Plan; and
- 30 • Child Welfare Council Out Of County Mental Health Services Recommendations that
31 might best be addressed through the Katie A. Implementation Plan.

32 The five points and the additional key issues are summarized below.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

Governance Integration Structure

The Settlement Agreement calls for the formation of two task forces:

- The *Joint Management Task Force* to create a shared management structure for DSS and DHCS to work together to implement Katie A. and to guide/manage service delivery to foster youth with mental health needs; and
- The *Core Practice Model Fiscal Task Force* to develop a strategic plan or proposal that focuses on do-able, achievable, and fiscally sound incentives to deliver Katie A. services within the core practice model framework, reduce administrative barriers, and reduce use of group homes and other institutional placements.

As of the February 9, 2012, the Workgroup has developed a matrix of activities and timelines for the Joint Management and Core Practice Model (CPM) Fiscal Task Forces, and is in the process of finalizing charters for both task forces. Possible participants in the Joint Management Task Force have been identified and may soon be recruited; and a working list of possible members of the CPM Fiscal Task Force is being considered. The task forces are tentatively scheduled to begin meeting in March 2012. The parties will incorporate the CPM Fiscal Task Force recommendations into the Implementation Plan; recommendations from the Joint Management Task Force are due in September 2012.

The Workgroup has also started developing a *Model Counties* strategy to encourage early-adopter counties to participate in an accelerated effort to implement the Katie A. process in their respective counties. Selection criteria have been drafted and possible approaches to mobilizing model counties are being discussed. It is important to note here that all counties are concurrently expected to implement the Katie A. agreement, with this selected set of counties modeling various innovative approaches and receiving special assistance and incentives from the state to assist their efforts. The Model Counties effort will likely begin in Summer of 2012.

Core Components

The Settlement Agreement calls for the development of a written "Medi-Cal Specialty Mental Health Documentation Manual" to instruct and inform providers on Katie A. Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) and to describe how ICC and IHBS should be provided consistent with the Katie A. Core Practice Model. The agreement also calls for planning to determine what elements of Therapeutic Foster Care (TFC) are covered

1 by Medi-Cal and to identify suitable models for TFC delivery.

2 The Workgroup decided to fulfill this requirement through two written manuals, a *Katie A.*
3 *Documentation Manual* to guide delivery of Medi-Cal mental health services, and a *Katie A.*
4 *Core Practice Model Guide* to guide changed practice among county-level child welfare and
5 mental health service staff. Outlines and tables of contents have been written for both documents
6 and writing subgroups are currently being recruited to begin writing both documents. A
7 subgroup is also working to resolve questions regarding TFC. It is anticipated that both manuals
8 will be completed, vetted, and distributed for statewide use by September 2012.

9 There is important ongoing discussion regarding how exactly to characterize the ICC and
10 IHBS Medi-Cal services on the existing Medi-Cal menu of services; this technical decision –
11 along with clarification regarding TFC coverage and service models – must be resolved before
12 substantive writing of the mental health documentation manual begins. There also may be a
13 need to hire an outside consultant familiar with how other states handle TFC Medicaid coverage
14 and to help identify models suitable for California – in Section Three, I will make a
15 recommendation to the Court regarding a TFC consultant.

16

17 ***Training and Support***

18 Several subsections of Paragraph 20 in the Settlement Agreement call for training, technical
19 assistance, guidance, and support for child welfare and mental health staff involved in Core
20 Practice Model service integration and/or coordination for mental health services to Katie A.
21 class members. The Workgroup has compiled the array of training and support requirements
22 into one cluster and is beginning to shape these into a key point of the Implementation Plan –
23 work is just beginning and the Workgroup anticipates that solutions will be detailed in the plan
24 by the June deadline. This effort likely will also incorporate recommendations from the CPM
25 Fiscal Task Force to identify strategies to help pay for implementation of the Core Practice Model.

26

27 ***Service Delivery***

28 Paragraph 20 also requires an array of activities to prepare counties to roll out the Katie A.
29 Implementation Plan, including a model county strategy to accelerate services in selected
30 counties. As noted earlier, all California counties are required to implement the Katie A. plan – a
31 selected group of counties including at least one small, one medium, and one large county will be
32 identified to receive supportive incentives from the state. The Workgroup has compiled these

1 requirements into one cluster and is beginning to shape them into a key point of the
2 Implementation Plan with the understanding that service delivery solutions will be detailed in the
3 plan by the June deadline.

4

5 ***Data and Quality Assurance***

6 The charter and activities matrix for the Data and Quality Assurance Task Force are
7 currently under development. The goal will be to ensure the successful implementation of the
8 Settlement Agreement in the short term while providing and sustaining an evolving transparent
9 state and local joint governance and accountability framework to ensure that the Core Practice
10 Model and intensive mental health services are having the intended effect on foster children and
11 their families throughout California. The Workgroup is just beginning to identify a data and
12 accountability process that, per the Settlement Agreement, will draw on and be integrated into
13 existing data and quality assurance efforts and not overburden counties with new data collection.
14 The data and quality assurance accountability process must be designed to support the needs of
15 the state and counties in collecting, analyzing, interpreting, and reporting the various
16 perspectives of public and private providers, families, youth, and other stakeholders at the county
17 and state levels to ensure transparent and continuous improvement at the community level that is
18 responsive to local needs and receiving appropriate state oversight and support.

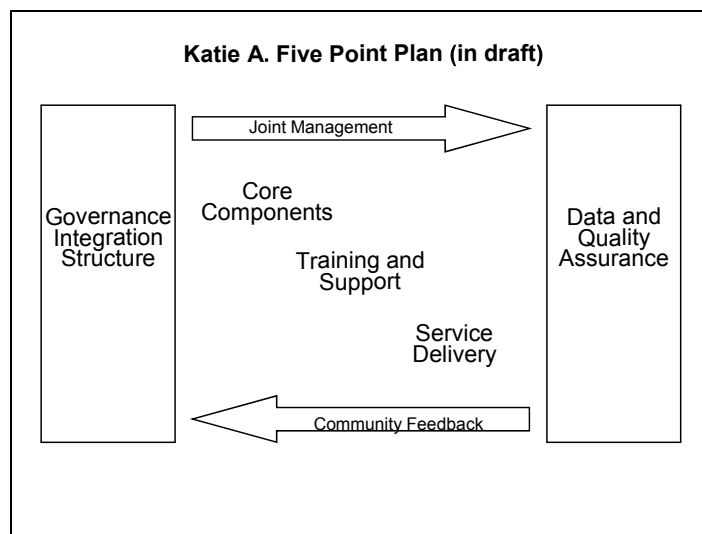
19

20 ***Holistic Katie A. Five Point Plan Concept***

21 The challenge with designing and implementing a plan as comprehensive and far-reaching
22 as the Katie A. Settlement Agreement is to frame the various elements of the strategy into a
23 holistic approach. The danger is that a large initiative such as this could get split apart into
24 disconnected activities as different groups work independently to solve the many problems
25 associated with preparing the state and counties for full implementation of the plan. In the
26 interest of keeping the wholeness and connectedness of this Settlement Agreement at the
27 forefront of the many planning activities currently underway – especially as new partners and
28 stakeholders are being recruited for the manual writing subgroups and task forces – the Special
29 Master and his team have put together the following diagram. This model suggests in a simple
30 fashion how the Settlement Agreement objectives and activities need to be configured into a
31 holistic and comprehensive approach to implementing the Agreement to meet the needs of
32 children in the Katie A. class. There is a brief description of the mechanism of the model below

1 the diagram.

2



3

4

5 A state Department of Social Services and Department of Health Care Services joint
6 management team would oversee the broad Katie A. effort. And – within the context of the
7 larger statewide effort – the 58 county counterpart joint management teams would manage the
8 core practice model and intensive mental health services through the manuals, training and
9 support, and service delivery. Local and state quality assurance and accountability efforts would
10 provide transparent stakeholder feedback to the state and county joint management teams to
11 learn from and improve on activities and ensure that members of the Katie A. class and their
12 families are benefiting from services as intended in the Settlement Agreement.

13

14 ***Additional Implementation Issues***

15 In addition to the objectives and activities contained in the Settlement Agreement, the
16 Negotiation Workgroup has identified several important matters that it must account for in the
17 Implementation Plan. These issues include the following:

- 18 • State agency consolidation, especially as it impacts the redistribution of state mental
19 health authorities, resources, and functions into the state DHCS.
- 20 • State/county realignment of mental health and child welfare service authorities,
21 resources, and functions from CDSS and CDHCS to the 58 California counties.
- 22 • A comprehensive Katie A. Communication Strategy to inform and engage with
23 counties, providers, families and youth, and other key stakeholders in the Katie A.

1 process as the Implementation Plan rolls forward.

- 2 • Child Welfare Council – Out Of County Mental Health Services Recommendations
3 regarding the potential to integrate and/or coordinate out of county mental health
4 services alongside the Katie A. mental health services delivery process. The
5 Negotiation Workgroup has accepted a request from the California Health and Human
6 Services Agency to include a representative of the California Child Welfare Council in
7 some Workgroup planning and discussions.

8
9 ***Special Master Comments Regarding Overall Progress of the Katie A. Implementation Plan***

10 Overall, I am very pleased with the progress the Negotiation Workgroup is making to
11 complete a comprehensive Katie A. Implementation Plan. At this mid-point in the planning
12 process, satisfactory progress is being made to develop the plan by the June 2012 deadline set by
13 the Court. Several technical matters associated with Medi-Cal coverage for Intensive Care
14 Coordination, Intensive Home Based Services, and Therapeutic Foster Care require resolution as
15 soon as possible, and I believe the parties may need outside assistance in the matter of
16 Therapeutic Foster Care.

17 And as noted above, I am encouraged by the commitment of the Directors of the California
18 Departments of Health Care Services and Social Services to create a joint management solution
19 to guide the Katie A. Settlement Agreement effort.

20
21
22 **SECTION THREE: SPECIAL MASTER'S RECOMMENDATIONS**

- 23 • I recommend that the Court require CDSS and DHCS file an "Interim Joint Leadership
24 Plan" with the Court and provide a copy to the Special Master no later than March 2,
25 2012.
- 26 • I recommend that the Court authorize the Special Master to contract with an outside
27 consultant(s), upon the Court's approval, to provide recommendations that assist the
28 Negotiation Workgroup in determining Medi-Cal coverage and models for TFC.
- 29 • I recommend that the Negotiation Workgroup continue developing the Implementation
30 Plan.

31
32

1 In closing, as Special Master I would like to thank the Court for affording me the privilege
2 of serving as Special Master for the Katie A. case. The Negotiation Workgroup is making
3 progress toward completing the Katie A. Implementation Plan by the June 2012 deadline
4 identified in the Settlement Agreement.

5
6
7
8
9
10
11
12
13
14
15

Dated: February 10, 2012

Respectfully Submitted

/s/

Richard Saletta, LCSW
Special Master

1
2 **Exhibit 1: Katie A. Negotiation Workgroup Members**
3

- 4 • DeAnna Avey-Motikeit, Deputy Director, Child Welfare Services Division, San
5 Bernardino County Department of Social Services, Representing County Welfare
6 Directors Association of California.
- 7 • Diana Boyer, Senior Policy Analyst, County Welfare Directors Association of
8 California, Sacramento.
- 9 • Fran Bremer, Senior Staff Counsel, Legal Division, California Department of Social
10 Services, Legal Services.
- 11 • Mary Ellen Collins, Executive Director, United Parents, Camarillo.
- 12 • Susan Diedrich, Assistant Chief Counsel, Legal Division, California Department of
13 Social Services, Legal Services.
- 14 • Patrick Gardner, Deputy Director, National Center for Youth Law.
- 15 • David Gray, Special Master's Assistant, Facilitator.
- 16 • Don Kingdon, Deputy Director, California Mental Health Directors Association.
- 17 • Dina Kokkos-Gonzales, Chief, Medi-Cal Benefits Waivers Analysis and Rates,
18 California Department of Health Care Services.
- 19 • Steve Korosec, Special Master's Assistant, Facilitator.
- 20 • John Krause, Senior Staff Counsel, Legal Services, California Department of Health
21 Care Services.
- 22 • Greg Lecklitner, Clinical District Chief, DMH, Child Welfare Division, Los Angeles
23 County Department of Mental Health.
- 24 • John Lessley, Chief, Specialty Mental Health Services Policy and Implementation
25 Department of Health Care Services/California Department of Mental Health.
- 26 • Kim Lewis, Managing Attorney, California, National Health Law Program, Los
27 Angeles.
- 28 • Debbie Manners, Senior Executive Vice President, Hathaway-Sycamores Child and
29 Family Services, Los Angeles.
- 30 • Ernest Martinez, Deputy Attorney General, Department of Justice, Office of the
31 Attorney General.

- 1 • Vickie Mendoza, Director of State Wide Community Network, United Advocates for
2 Children and Families, Sacramento.
- 3 • Adrienne Olson, LCSW, Division Chief, Child Welfare Mental Health Services, Bureau of
4 the Medical Director, LA County Department of Children and Family Services.
- 5 • Cynthia Rodriguez,* Chief Counsel, Legal and Forensic Services, California
6 Department of Mental Health.
- 7 • Greg Rose, Deputy Director, Children and Family Services Division, California
8 Department of Social Services.
- 9 • Richard Saletta, Federal Court Special Master.
- 10 • Carmen Snuggs, Deputy Attorney General, Department of Justice, Office of the
11 Attorney General.
- 12 • Janay Swain, Statewide Youth Council Coordinator, California Youth Connection,
13 Sacramento.
- 14 • Suzanne Tavano Ph.D., Director, Contra Costa County Mental Health, Representing
15 California Mental Health Director's Association.
- 16 • Sean Tracy*, Acting Deputy Director, Community Services Division, California
17 Department of Mental Health.
- 18 • Cheryl Treadwell, Bureau Chief, Resource Development and Training Support,
19 California Department of Social Services.
- 20 • Barbara Zweig, Senior Staff Counsel, Legal and Forensic Services, California
21 Department of Mental Health.
- 22 • California Department of Health Care Services, Deputy Director, Mental Health and
23 Alcohol and Drug Services Division, Vacant, Pending Appointment.

24
25 * As a result of DMH consolidation with DHCS, Cynthia Rodriguez is no longer assigned to
26 Katie A. Ms. Rodriguez continues to work at DMH preparing the department for its new
27 responsibilities over State Hospitals and Forensics. Sean Tracy accepted an appointment with
28 the California Public Employees' Retirement System – CalPERS.

CERTIFICATE OF SERVICE

Case Name: KATIE A., et al. v. BONTA, et al. No. CV-02-05662 AHM (SHx)

I hereby certify that on February 10, 2012, I electronically filed the following documents with the Clerk of the Court by using the CM/ECF system:

SPECIAL MASTER'S REPORT ON PROGRESS TOWARDS COMPLETION OF THE KATIE A. IMPLEMENTATION PLAN

Participants in the case who are registered CM/ECF users will be served by the CM/ECF system.

I further certify that some of the participants in the case are not registered CM/ECF users. On February 10, 2012, I have mailed the foregoing document by First-Class U.S. Mail, postage prepaid, for delivery within three (3) calendar days to the following non-CM/ECF participants:

Catherine J. Pratt, Esq.
Children Services Division
201 Centre Plaza Dr., Suite 1
Monterey Park, CA 91754-2143

John F. Toole, Esq.
National Center for Youth Law
405 14th Street, 15th Floor
Oakland, CA 94612-2701

Gerald M. Custis, Esq.
Monterey County Counsel
Children's Services Division
201 Centre Plaza Drive, Suite 1
Monterey Park, CA 91754-2143

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on February 10, 2012, at Los Angeles, California.

VERONICA SAWERS

Declarant

/s/ Veronica Sawers

Signature