An investigative report on the perceived mismanagement and inequitable distribution of Behavioral Health services and resources to the Latino/a community

Re: Ventura County Behavioral Health – A Publicly Funded Agency

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LISTING OF INDIVIDUALS WHO WERE INTERVIEWED TO GATHER INFORMATION AND TESTIMONY FOR THIS INQUIRY

Most of the listed participants were interviewed on an individual basis and some provided feedback to LULAC at group meetings that were facilitated as an information gathering session. Some VCBH employees requested that their names not be listed and therefore the following listing is not complete in terms of individuals who contributed to this inquiry.

Cynthia Frutos, community member, Fillmore
Dr. Gabino Aguirre, Santa Paula Latino Town Hall
Dennis O'Connell, Manager, Oxnard Adult Services Clinic (Retired 01-01-2014)
Jenny Crosswhite, Santa Paula Ministerial Association
Jim Gilmer, Representative, Racial & Ethnic Mental Health Disparities Coalition (REMHDCO)
Maria Jimenez, Lideres Campesinas & Poder Popular
Joelle Vessels, Interface Children & Family Services
Lynn Edmonds, One Step a la Vez
Marco Ramirez, Santa Paula Town Hall
Elvia Hernandez, Proyecto Esperanza, Santa Paula
Norma Perez-Sandford, Youth Services Advocate & community member, Fillmore
Henry Villanueva, Ed.D, Quality Assurance, Behavioral Health, County of Ventura
Jason Miller, Psychologist, Behavioral Health, County of Ventura
Jesus Romero, Adult Services, Behavioral Health, County of Ventura
Carolyn Kaneko, Adult Services, Behavioral Health, County of Ventura
Emilio Abarca, Behavioral Health, County of Ventura
Dr. Jennifer Hinkel, Recovery Innovations, funded contractor, Oxnard
Dr. Heather L. Gratt, Administrator, Recovery Innovations, funded contract Oxnard
Carla Cross, Internship and Clinical Training Manager, VCBH
Clyde B. Reynolds, Executive Director, Turning Point, Ventura County
Luis Tovar, Ethnic Services Manager, VCBH
Wendy Ruiz, Recovery Innovations, Ventura County
Laura Flores, Wellness Center, Oxnard
Norma Lopez, Adult Services, Behavioral Health, County of Ventura
Susan Kelly, MHSA Director, Behavioral Health, County of Ventura
Pam Fisher, Behavioral Health, County of Ventura
Elaine Augustine, Behavioral Health, County of Ventura

Our organization would like to make clear that the current Director of the Health Care Agency, Mr. Barry Fisher, was not in that position during the majority of the time being addressed by this inquiry. Nearly all of the findings made by LULAC in this inquiry occurred during a period of time that predates his arrival to the noted position. The majority of the findings in this report occurred during a period of time when Ms. Meloney Roy was the Director of the Behavioral Health Department.

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I. GENESIS AND PURPOSE OF INVESTIGATION

This investigation was prompted by numerous complaints from local community members, community leaders, several elected officials, and concerned staff from within the Ventura County Behavioral Health (VCBH) department. The majority of the complaints emanated from the sectors of the county with the largest concentration of people of Mexican descent, including the Santa Clara River Valley and the Oxnard plain. The lengthiness of the report is due to the comprehensive approach that LULAC uses when exposing and addressing systemic issues of this nature.

Specifically, the complaints included (1) that the Ventura County Behavioral Health (VCBH) management and leadership team maintain a veiled policy of doing as little as necessary to meet the mental health services needs of the Latino community, as compared to the same needs of the White community, (2) that the VCBH management and leadership team maintain a covert practice of hiding and altering data and evaluation reports that reveal the failed performance of the agency in reaching and meeting the mental health needs of the Latino community, (3) that clinical staff assigned to work in Latino communities are treated disparately as compared to staff assigned to work in White, more affluent communities, (4) that repeated recommendations from official evaluation agencies to improve services for the Latino community are ignored by the VCBH management and leadership team , and (5) that VCBH staff, including managers, who attempt to address recommendations made by external audit and evaluation teams are either ignored or directed to "hold back" on the intended action.

II. PROCEDURES USED TO COMPLETE THIS INVESTIGATION

(1) LULAC discussed and achieved a collaborative agreement with Michael Powers, the Chief Executive Officer (CEO) for the County of Ventura and Barry Fisher, the new Director of the County's Health Care Agency (HCA). In a spirit of transparency, they both approved and endorsed the study at hand in terms of making it clear to all VCBH employees that it was acceptable for them to be interviewed by LULAC as part of the inquiry. Behavioral Health is one of several departments under the HCA agency which Mr. Fisher oversees. Mr. Powers, as CEO for the County, is responsible for administrative oversight of all County agencies.

(2) Ventura County Behavioral Health Annual Summary reports for the past three fiscal years were read and analyzed.

(3) APS Healthcare audit reports for the past six years, from 2007 to 2013, were also obtained, read, and analyzed. Reportedly, these reports were never shared with senior County officials or the public.

(4) The complete budget for the VCBH department was obtained from the agency and studied to determine the focus for distribution of resources.

(5) Employees from the Behavioral Health Agency were interviewed to obtain their thoughts and perceptions regarding the equitable and/or inequitable distribution of Behavioral Health services and resources to the Latino/a community.

(6) Executive level directors from the VCBH management team, including Susan Kelly, Pam Fisher, and Elaine Augustine, were interviewed.

(7) Community leaders and residents from Oxnard, Santa Paula, Fillmore, and Piru were interviewed to obtain their perception and hear their concerns about Behavioral Health services in their communities.

(8) Concerned elected officials who reached out to LULAC regarding this matter were also interviewed.

(9) An external scan of relevant literature and previous research was reviewed and incorporated into our analysis of the inquiry, including a review of Cultural Competency best practices from behavioral health departments from other counties.

(10) Using the findings from the inquiry and the subsequent analysis that was completed, LULAC completed the report at hand which culminated with a listing of recommendations to improve and increase mental health services to the Latino/a community.

(11) Because the inquiry and the completed report was a direct response to a rather wide-based community constituency, the report was released to the public-at-large.

III. TERMS AND DEFINITIONS

In addition to casting light on perceived disparities, it is the intent of LULAC to be as didactive as possible in its investigative approach, so that readers from other LULAC Councils across the state and nation are able, if they choose to do so, to understand and duplicate our efforts pertaining to this investigative process. Therefore, the attention to detail in stating our definition of terms is important.

Aspirational Performance

For the purpose of this inquiry, this term is used to describe programs or institutions that are repeatedly cited for not performing to the desired level but consistently maintain the position that "we know we are not doing a good job but we are trying . . . "It is the act of substituting measurable performance with a never full-filled commitment to increase and/or improve performance in the future.

Cultural Competency

For the purposes of this inquiry, Cultural Competency is defined as the capacity of VCBH staff to understand and appreciate the cultural and linguistic differences between people of Mexican descent (including the Mixteco community) and the White population. In operational terms, Cultural Competency is the ability and desire of staff to connect with the noted population in a congruent manner which translated means at a level of sensitivity and understanding that enables

the VCBH to meet the mental health needs of the Mexican community in an effective and equitable manner. Foundationally, the absence of cultural competency is rooted in a form of ignorance that can be reversed with education and therefore agencies like the County of Ventura are required to maintain and facilitate Cultural Competency training, in particular for employees who engage the public with human services. In applied terms, within the context of this inquiry, a culturally competent staff person is able to serve the Mexican population in a manner that is equitable to how they serve the White population.

Hypothetical Imperative

Taken from the work of German Philosopher Immanuel Kant (1724-1804), the term hypothetical imperative differs from the commonly compared term categorical imperative, which is used in reference to absolutes, such as the saying "thou shalt not lie." His use of the term hypothetical imperative was not guided by the notion of absolutes. The same saying might be stated as "thou shalt not lie if you want to . . ." A hypothetical imperative is therefore contingent on something else and provides for exceptions to the absolute and categorical rule. The term hypothetical imperative was used within the context of this inquiry to help understand and explain the perceived tactics that are being used within the VCBH to dismiss and/or discredit evidence based findings within program reviews by outside agencies. (More on this later)

Indigenous people from Oaxaca, Mexico

Though typically emigrating from the region of Oaxaca, Mexico, this population is indigenous and Spanish is not their primary language, though many of them do speak the language. Of the 23 known dialects among Oaxacan tribes, languages that pre-date the European invasion of Mexico, within Ventura County the predominant dialects include Mixteco, Triqui, Zapoteco, Amusco, and Chatino. There are approximately 23,000 Oaxacans residing in Ventura County, making this region nearly first in the nation in terms of demographic concentration of this indigenous population per square mile. Mention of this indigenous population is germane to this inquiry because many of the individuals interviewed by LULAC stated that this population is grossly under-served by VCBH.

Joint Commission

This commission licenses and regulates the safety and quality of patient care within the County of Ventura's Health Care Agency, including the Behavioral Health department. As stated on its website, The Joint Commission is "an independent, not-for-profit organization, The Joint Commission accredits and certifies more than 20,500 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards." http://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx

Latino/a

For the purposes of this report, whatever term is used to refer to people of South and Central American descent, statistically it is a documented fact that 99% of Latino/as within Ventura County are people of Mexican descent. In other parts of the nation, such as Florida or New York, the referenced ethnicity may be quite different and it would need to be treated accordingly. LULAC California has embraced the position that when conducting investigations about racial

inequity we need to be very specific about ethnicity because it is our position that people of Mexican descent are specifically targeted for discrimination in certain settings.

Penetration Rates

According to the APS Healthcare audit firm that reviewed the performance of VCBH the past six years, "The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average eligible count." In basic language, this term can also be defined as: Of the total number of people who were eligible for your services, how many of them were able to access your agency and receive the services they were entitled to receive OR what percentage of the total number of people who were eligible for your services did you serve? The penetration rate achieved by a given County's behavioral health department is typically evaluated by comparing it to the penetration rate of the state average. In effect, if the penetration rate for the state is 4.0 and the penetration rate for your county is 3.0, your performance would be deemed to be lower than the state average.

Performance-based outcomes

The definition of this term was customized for the purposes of this report. It can be defined in the form of the following questions "What were the specific results of your service to the community this month, this quarter, this past fiscal year," etc. "How many people did you serve? How many people were you supposed to serve? Of the total people that you served, how many were Latino/a? Of the total people that you served, how many were from the Mixteco community? What were you paid to do by the Behavioral Health department? Did you deliver the things that you were paid to deliver in terms of measurable services? Performance-based evaluation was important to this inquiry because we received a significant number of complaints about the perceived misspending of the VCBH due to the funding of favored programs that reportedly do very little to continually receive contract funding.

Plantation Model (aka "Poverty Pimping")

As offensive as this term and its definition may be to some readers, it is important to know that the perception that drives this term is very real to many observers, particularly to civil rights activists as far back as the 1960's. While the history of this term can be traced back to a time when it was used to refer to the slave-White master era of more than 100 years ago, it was used within the context of this report to describe the practice of using the Mexican demographic to justify and acquire public funding and then diverting the bulk of those resources to other, more affluent White communities that by themselves would never have qualified for the received funding due to lack of demonstrated need. Another, more graphic example to help define the term, as used in this report, would be the perceived practice of treating the Mexican population as a crop to be harvested and used statistically to quality for funding that, once received, will be diverted to non-Latino purposes or needs. Poverty pimping, which emerged on the scene during the War on Poverty era of the 60's, is another pejorative term used to describe the practice of exploiting the disadvantaged to serve other mercenary interests.

Reasonableness of Cost

This term refers to the reasonableness of cost for the service provided. In other words, "how reasonable was the cost for the service contracted to provide?" For example, if a program received $1 million to train individuals to provide a certain service and you trained 22 people

during the funded period, the cost to train each person was $45,455. A second question that would be asked would be "Of the total number of people trained, how many obtained employment using the skills that they learned in your program?" If that number is 14, then the actual cost of training and placing each person in a training related job was $71,428.57. The final question would be, "How reasonable was the cost to our agency and to the taxpayers?"

Quality Assurance (QA) Unit

The VCBH maintains an in-house cohort of professional analysts to research, track, and analyze the agency's performance in statistical terms. The educational background of the analysts from this unit is typically in the range of Master's to doctoral level degrees. The data and related findings by this unit are supposed to be used to help operate the Behavioral Health department within a culture of evidence. In addition, this unit is charged with monitoring the performance of contracted service providers that are funded by VCBH to provide mental health services. In applied terms, this unit collects data and performance information that tells the agency how effective it is being in providing mental health services to the community. In the ideal world, the data provided by this unit is supposed to be respected and used to help guide the planning and improvement performance needs of the agency.

IV. OVERVIEW OF VENTURA COUNTY

Ventura County is the twelfth most populated county in the state and is therefore classified as a "large county." If the median household income (MHI) for this county is used as an indicator of family resources, the lowest MHI is in Santa Paula and the highest MHI can be found in the east county area, especially within Westlake along the 101 corridor. People of Mexican ancestry represent the largest non-Anglo population of the county.

According to the VCBH Annual Summary report for 2012-2013, "The largest concentration of Medi-Cal eligible" residents can be found on the Oxnard plain. County-wide the latest figure of the total number of eligible Medi-Cal clients for the county exceeds 170,000. In addition, the report states that Latino/as in this county constitute 68% of the Medi-Cal population.

Table A in the Appendix provides the reader with an ethnic and demographic profile of Ventura County. The data in Table A is slightly dated (2009). Table B is more current and provides a general summary of the Latino/a population of the county.

V. INTRODUCTION TO THE FINDINGS

This introduction to the findings of the inquiry is presented as a general overview of some of the global issues that we observed during the course of our inquiry. Following this section is a listing of specific findings and observations.

Each year the County's Behavioral Health department is reviewed by an independent evaluation firm to assess its effectiveness in meeting the needs of the community it was funded to serve by state and federal agencies. Over the course of the past six years, it has been evaluated by APS Healthcare (APSH), a national and statewide firm specializing in evaluating the effectiveness and quality of public agencies such as the Ventura County Behavioral Health (VCBH) unit. The

purpose of these evaluations is to identify strengths and weaknesses of the department and to make recommendations to correct practices or services that are deemed unsatisfactory. LULAC read and analyzed the reported findings of APS Healthcare for the past six years. (http://apshealthcare.com)

In terms of service to the Latino/a community, a summary characterization of the APS Healthcare evaluation reports for the Ventura County Behavioral health (VCBH) operation over the noted period amounts to what can be best described as a "broken record" repeating the same recommendations year-after-year. Also noted in the reports was the consistent failure of the VCBH to achieve any progress in addressing the APSH recommendations for corrective action. The repeated observations and subsequent recommendations all point to the failure and refusal of VCBH to effectively address the mental health needs of the Mexican population of Ventura County in an equitable manner as compared to the White population of the county. In brief, the findings of APSH can be summarized as follows:

- "Despite heightened awareness and ongoing attention to the underserved Hispanic community, both MHP [VCBH] and CAEQRO [APS Healthcare] data continue to show longstanding, significant disparity in access to services for Latinos," (APSH CAEQRO, FY 13-14, November 14, 2013, page 42)

- "Beneficiaries continue to report a perception that their psychiatry needs are not being met, particularly in their preferred language." (APSH CAEQRO, FY 13-14, November 14, 2013, page 42)

- "The MHP [VCBH] penetration rate for Hispanic beneficiaries (2.94%) is 18% less than the large county average (3.60%) and 24% less than the statewide average (3.88%).

One Quality Assurance staff member informed LULAC that the APS Healthcare organization was usually treated in an adversarial manner by senior VCBH managers. "In the ideal world, our agency would have looked at the APS recommendations as an opportunity to improve services but they were really not welcome here. For example, APS would usually contact us each year a couple of months in advance of their visit to get some up-front information from us. I was usually told by Meloney's people to stall giving them what they asked for, just to make things hard on them and so they would not be well prepared when they got here." Until early 2014, Ms. Meloney Roy was thereafter promoted to Assistant Director the Health Care Agency.

According to senior VCBH personnel interviewed by LULAC, it is the policy of Assistant Health Care Agency Director Meloney Roy and her lead managers to not share most reports such as the ones completed by APS Healthcare with upper managers, including the Director of the Health Care Agency. According County personnel interviewed, this was also her policy in her previous position as Director of Behavioral Health. When asked about the motive for not sharing such reports or findings with senior administrators, one VCBH staff member stated to LULAC that "the managers spend a lot of time covering up anything that might make them look bad with the higher ups or the Board of Supervisors. That's why they had such a problem with APS. So, instead of admitting to what was found so that we can repair things, they hide it from people for

all the wrong reasons. How can you fix things if you hide the problem?" (More specific coverage of this matter will be provided in the next section on findings).

On September 10, 2014, LULAC sent an email communication to Ms. Meloney Roy asking for guidance as to where on the VCBH website the public can view the APS Healthcare reports or the VCBH Annual Summary reports. Ms. Roy responded in writing to inform LULAC that it is not the practice of this County agency to post this type of information for public view.

Treatment of sources: Consistent with past practice pertaining to LULAC inquiries into County of Ventura agencies, LULAC interviewed employees from various departments within the VCBH. In order to protect such employees from possible retaliation within their workplace LULAC did not identify or link such individuals to specific statements provided to the LULAC investigator. However, in an effort to demonstrate a high confidence factor and credibility of the testimony provided to LULAC, if requested by senior County officials, the identity of the individuals who gave testimony will be disclosed to select individuals.

VI. FINDINGS AND OBSERVATIONS

Finding/Observations 1: Unsatisfactory Penetration Rate

LULAC's definition of "unsatisfactory" is consistent with the notion of equitable treatment. In other words, if the penetration rate for Latino/as is less than the state average penetration rate for mainstream populations (i.e. Anglos), then it is inequitable and therefore unsatisfactory.

The penetration rate measures the effectiveness of a County to reach and serve members of a population that are eligible for Medical sponsored mental health services. As previously stated, the penetration rate noted in the CAEQRO Evaluation Report for Ventura County in fiscal year 2012-2013 (Page 18-22), was 4.64%. The average penetration rate across the state for counties the size of Ventura was 5.72%. Ventura County is ranked 47th out of 56 counties examined by APS, making it <u>one of the lowest performing counties in the state</u> in terms of its penetration rate into the eligible community. The penetration rate for Latino/as in Ventura County is 2.94%. In terms of the penetration rate into the Latino/a community, Ventura ranks 41st out of 56 counties and is the 3rd lowest out of the 12 similar size counties within the state. A view of all pertinent reports, such as those from APS Healthcare, and a summary view of the overwhelming majority of what was said to LULAC, all validates the observation that VCBH has been advised and cited repeatedly for not doing a satisfactory job of responding to the mental health needs of the Latino/a community in the same manner that it responds to the White and more affluent sector of the county. Our interview of leaders from the African-American community revealed that they too share the same concerns expressed by Latino/a community leaders regarding inadequate mental services support to their community. While some of the executive level VCBH attempted to dismiss the APS Healthcare findings as being prone to error, not one manager disagreed with the reported finding that the penetration rate is very low and needs to be addressed. LULAC assessed the credibility of the APS Healthcare findings by comparing their data to the penetration rate data collected by the VCBH's Quality Assurance unit and it was found that the APS findings were highly consistent. It was LULAC's observation that executive level VCBH managers

appear to be accustomed to downplaying negative findings by searching for incorrect data elements within the body of a given report so that they can then claim the whole report is contaminated with error and therefore they should not be held accountable for the malperformance reported.

Finding/Observations 2: Failure to meet language proficiency needs of Spanish-speaking clients

There was considerable information within the APS Healthcare reports that can be summarized with the following interpretation: Lead administrators from VCBH are highly resistant to providing Spanish-speaking clients with the appropriate linguistic support required for them to benefit from treatment and/or services in a manner equitable to English-speaking clients receive from the agency. The findings from APS Healthcare revealed that the overwhelming majority of Spanish-speaking clients engaged by the agency prefer their services in a direct, congruent manner, meaning that they would like to fully understand what is being said to them and they, in turn, want the service provider to also fully understand what they have to say about their condition. While there has been a meager effort to find and hire Spanish-speaking bilingual clinical personnel, the usual proposed solution by agency personnel is to use interpreters if available. As noted on page 30 of the APS Healthcare report for 2012-2013, Spanish speaking individuals do not feel adequately served when having to use interpreters. In some cases, the use of interpreters is viewed by clients as an invasion of their privacy. As one psychologist stated to LULAC, "Privacy and confidentiality is probably the most essential ingredient in a successful therapeutic process. Having a third party sit in to interpret for you means that you don't have the privacy that you need. For the therapist, if you don't have true communication with the person in front of you, it's very difficult to build the trust that you need to build before you can help the person." Another Licensed Psychiatric Social Worker stated to LULAC that "It's like me asking someone you know to tell me how you really feel about things. How do I know that the interpreter is using the exact words that need to be used so that I can really understand what you are feeling? It's ridiculous. If I was Spanish-speaking I would want my therapist to fully understand what I have to say and vice versa."

In one study, APS Healthcare reported that 85% (80 out of 94 interviewed) prefer their treatment plan to be in Spanish. A VCBH study of bilingual services in 2011 showed that only 16% of people served that year were provided some form of bilingual language support. However, about 55% of the group examined was non English speaking. Furthermore, according to the report referenced by APS Healthcare, "federal and state mandates require that persons identified as [limited English proficient] LEP must be provided services in their language of preference and . . . the review of MediCal data demonstrates that as many as 50% of beneficiaries county-wide and 14% of beneficiaries served by VCBH are asking for service in a non-English language of preference. In Ventura County that language is Spanish."

In the most recent Ventura County Review for the current fiscal year titled "Items Out of Compliance with Plan of Correction," the State's Department of Health Care Services conducted what amounts to "spot checks" of case management files to identify indicators of overall service. In one review of a case file, the agency stated "There is no evidence that mental health interpreter services were offered and provided" to the Spanish speaking client served. As an

indicator of overall practice, the finding suggests that language appropriate service to Spanish-speakers is an incredibly low priority to the agency. The Review at hand continued on to report a finding that "There was no evidence of service-related personal correspondence in the preferred language [which was Spanish]," indicating that correspondence mailed to the Spanish speaker in this matter was presented to them in the English language, as opposed to the preferred Spanish. Overall, a summary view of these indicator findings suggests that the expressed preference of Spanish speaking clients is being ignored and treated as a low priority.

Finding/Observations 3: History of Recommendations

There were numerous topics addressed throughout the APS Healthcare reports but LULAC elected to only focus on the several core issues of inequitable treatment of the Latino/a community. All of the APS Healthcare reports that LULAC examined, along with other documents such as the 2010 (138 page report) Latino Access Project, included recommendations to improve and increase services to the Latino/a community. Based on the majority of the interviews conducted, it was our conclusion that the recommendations were and continue to be ignored by the VCBH management team. Following are just several of the recurring recommendations issued by APS Healthcare.

> 3.A The need for VCBH to examine and consult with other agencies that are being effective in serving the Latino/a community to "to mitigate this ongoing disparity. [Access, Quality]"
>
> 3.B Examine and correct the failure of the agency to effectively follow-up with patients after hospitalization.
>
> 3.C Continue to analyze and correct the excessive level of denied Medi-Cal claims, attributed to faulty MIS system.
>
> 3.D Continue efforts to expand bilingual-bicultural and overall psychiatry capacity by conducting an analysis of the existing service need gap and then implementing strategies to address findings.

One aspect of this particular finding was what appeared to be a very common sentiment across the senior management ranks (and some of the lower level managers) towards any documentation that drew attention to the notion that the agency is not doing an adequate job of serving the Latino community, especially Spanish-speaking clients. A question like "Have you read the APS Healthcare evaluation reports" seemingly provoked what some might describe as an angry response or, at a minimum, a highly defensive reaction. For example, when the LULAC investigator asked one manager if they were familiar with the APS findings about the lack of service to Spanish speaking clients, the response was "I don't know who you've been talking to but that's just not true." When the LULAC investigator attempted to explain to the manager that the APS Healthcare reports were the product of a firm hired by VCBH to measure and evaluate performance, the manager responded "I read and see a lot of reports and I'm not sure if I ever seen anything like that but it's just not true." It was the conclusion of the LULAC investigator that the manager had never seen nor heard of the APS Healthcare reports and that s/he was just not going to listen to anything that even suggested that the VCBH was not doing an effective job

of serving the Latino community. Though executive level managers presented the same sentiment to LULAC, only in a more diplomatic and restrained form, what was expressed by this one manager was highly consistent with the overall attitude of the group.

Finding 4: Senior managements' treatment of APSH evaluations

It is important to remember that the work performed by the APS Healthcare (APSH) evaluation firm over the course of the past six years was paid for by the VCBH and, more specifically, the taxpayers.

One of the primary questions asked of senior managers who were interviewed by LULAC as part of this inquiry was in regard to the apparent history of discounting the recommendations provided by APS Healthcare evaluators. LULAC presented the question as follows: "There is a widespread perception among certain behavioral health personnel and community people that senior managers ignore the findings and recommendations of groups like APS Healthcare, especially in respect to serving the Latino community. What are your thoughts on that?"

One executive level manager stated that "APS was fired because of the inconsistencies in their data findings." (The contract with APS Healthcare was reportedly not renewed effective this 2014-2015 fiscal year and a new firm was contracted by VCBH). When this LULAC investigator asked "Are you saying that your management team does not use any of the recommended actions provided by APS?" the senior manager seemingly reversed her position and stated, "Yes we do." A different senior manager who was asked the same question about APS reports stated to LULAC "data is not always correct." The manager then went on to show the LULAC investigator an internal Quality Assurance report that was supposedly in error. When the LULAC investigator asked the manager to explain the overall performance rating for the agency in terms of serving the Latino/a community, she agreed, without hesitation, that Latino/as are not being served in a satisfactory manner. The manager went on to state that "We can always do a better job but we're trying." The LULAC investigator then shared with the manager the definition of Aspirational Performance, whereby an individual or an agency will lay claim to "trying," year after year but never really achieve any measurable progress. According to several other managers interviewed, APS Healthcare was not "fired" as stated by the aforementioned manager. As explained to LULAC "APS Healthcare is a firm that we brought in with a contract. You don't fire contractors. The County may have decided to go with a different firm but that doesn't mean anyone was fired."

LULAC also interviewed VCBH Quality Assurance and Quality Improvement personnel who are deemed the agency's experts in tracking, analyzing, and documenting performance based data. The academic level of quality assurance personnel interviewed by LULAC included Master's Degree and doctoral level professionals. In addition to not informing them as to the responses LULAC received from senior managers in which they characterized APS and other data sources as "incorrect," they were asked the question "How accurate would you say that APS Healthcare is and has been in respect to the data findings for this County?" One doctoral level Quality Assurance manager stated to LULAC, "Our department also tracks and analyzes performance data and penetration rates and we have always found the data findings of APS to be

very consistent with our own data. When there is a difference, it's something like a half a percent off. I have always found them to be very accurate and consistent in their findings."

Finding/Observations 5: Practice of dismissing and/or hiding malperformance findings from stakeholders

Many of the findings presented in this report can be traced to documents and data that senior VCBH managers do not normally share with the public or senior level County officials. The six APS Healthcare annual evaluation reports that LULAC received and read as part of this inquiry were obtained from confidential sources. According to VCBH staff interviewed, the performance review of VCBH programs is required by several regulatory agencies, including the Joint Commission and various state departments. The APS Healthcare evaluations are a form of report card on the performance of the agency. These documents are not accessible to the public and apparently to anybody outside of the executive management team. In addition, the Behavioral Health Annual Summary Reports that LULAC obtained and read were and seemingly only available to those who know of their existence but such documents are also not voluntarily disclosed to the public. Throughout this inquiry, LULAC repeatedly asked personnel the question "Do you believe that the executive managers for VCBH intentionally do not share certain data from upper management and from the public and, if yes, why? Following is a listing of responses received from different VCBH staff members, including one recently retired management level clinic supervisor:

- "The few people who know about the APS reports and have read them will tell you that we are not doing a very good job of serving the Latino community. Those reports are incriminating. Each year they say the same thing over and over again. The recommendations they keep making are ignored. The lead APS person for this County told me that in terms of being responsive to recommendations, we are one of the lowest performing agencies in the state."

- "If you look closely, you'll see that the people in charge are people who see themselves as gatekeepers who want to keep certain people from receiving services. The APS people keep bringing attention to that and that's why they hate them."

- "The head managers are very ambitious people. I don't think they want people like the Board of Supervisors to know what outside evaluators have to say about us when it comes to not serving the Hispanic community. So, they just hide things from them and it seems to be working. They keep getting promoted."

- "These people are completely into self-preservation. They will hide anything that they believe shows they are not doing a good job and they don't care if that means changing the truth to something else. That's probably why the Quality Assurance people are usually stressed out."

- "To me it's a form of contempt towards Latinos. For whatever reason, they don't want to accept that we're not serving the Latino community in the right way. They get away with it because they are able to hide what they are doing. I doubt that the people at the top would even care so I don't know why they go to so much trouble to hide things."

- "Our department is data rich. We are a statewide model when it comes to collecting and analyzing information about performance in the mental health field. The data that we produce is supposed to be used to make good decisions but it's not. A lot of people in the agency think that the people who work in the Quality Assurance unit don't do much of anything because their work is not allowed to be shared with more than a couple of people. The people who work in that department are always very stressed because they feel they are part of a system that is dishonest."

- "They have no problems altering data to fit what they want to say. In one case, where our data showed that patients were not improving at a satisfactory rate in terms of moving from a severe state of mental illness to a less severe stage, the manager made [redacted] collapse the three levels into one stratum so that the undesirable data finding was no longer obvious."

- "They also have no problem using 'data splitting" to alter or hide things they don't like. They will have one person complete an analysis. If they don't like the findings, they will quietly go to a second analyst and ask them to complete the same procedure. If you wind up with even one different element, it's used to discredit the whole thing, no matter how factual it was."

- "One of the most senior quality assurance managers recently resigned from the Quality Assurance department and took a cut in pay just to get away from a supervisor that kept demanding that he hide or alter data. He felt that what he was being asked to do was dishonest and it was."

- One Quality Assurance manager stated that in one incident he told a senior manager that what he was being asked to do with a particular procedure was deceiving and a disservice to the community. The response he received from the senior manager was "You need to have more of a customer service attitude. We, [the managers] are your customers."

- Another high ranking Quality Assurance person stated "If you look closely, you will find that Meloney and her managers are moving ahead with a plan to circumvent the Quality Assurance unit. They have pulled people out of there and assigned them work to do that we cannot see or question in terms of accuracy. This is definitely happening with program monitoring. If we ask tough questions about bad performance and the program operator is one of the director's favorites, they will come down on us and they might even take the responsibility away from us and move it to their offices so the program is no longer asked questions. What should concern people is that our department only deals with facts."

  (LULAC actually tracked one of these programs down and conducted an on-site visit to interview the staff. Using standard program evaluation questions, it was our finding that the program had in the past not been required to maintain any performance-based data to justify the funding they receive. In the case of this particular program, the monitoring function had been removed as a responsibility of the Quality Assurance unit and it was

assigned to an in-house person within Ms. Roy's management team. The annual VCBH funding allocation to this program exceeds $1 million per year. The exact name of the program and key individuals will be provided to the HCA Director if requested. As a courtesy to the staff working within this program, the name of the program and the staff were not disclosed here).

The matter at hand, the perceived shrouding of data, is perhaps the most egregious finding uncovered by this investigation. There is a widespread perception that there is strong resistance within VCBH by senior management to using evidence (data) to guide planning and allocation of resources to the community. In the course of conducting our review of the literature, LULAC examined a set of materials used by the Mental Health Association of San Francisco to facilitate an event November 10, 2011. The event was facilitated by Dr. Sergio Aguilar-Gaxiola, a Professor of Internal Medicine at UC Davis. (This physician has in the past been contracted by VCBH to assist this county with development of strategies to address compliance requirements). The presentation was titled "The Intersection of Evidence-Based Practices and Cultural and Linguistic Considerations in Mental Health." The essence of the event can be summarized with the question posed, "Does the use of evidence-based practices improve consumer care?" The question was answered in terms of <u>what happens when evidence is not used to guide services and allocation</u> of resources in the health field. Following are direct excerpts from the presentation:

- Harms patients suffering health disparities
- Reduces healthcare utilization in one segment while increasing wasteful spending in other areas
- Replaces individualized medical care with payer-mandated "cookie cutter" treatment.
- Denies legitimate care
- Wrecks the doctor/patient relationship
- Increases overhead of medical practice and insurance benefit administration
- Distorts the scientific basis of medical practice

The message that was delivered at the San Francisco event, as described, in terms of what happens when evidence-based thinking is not used to guide planning and allocation of resources is the same message that many of the people interviewed for this investigation delivered to LULAC. There is definitely a perception by nearly everyone interviewed that there is a correlation between the refusal of senior managers to accept validated data to guide their actions and the persistent and incredibly low penetration rate into the Latino/a community. All available data from program evaluators and the VCBH Quality Assurance unit show that the penetration rate into the Latino/a community is one of the lowest in the state, as compared to similarly situated counties. The position of executive VCBH managers, as exhibited during their interviews with LULAC is that data findings from firms such as APS Healthcare and their own in-house Quality Assurance unit are not reliable. When LULAC shared the noted position with a mid-level VCBH manager, the response was "That's their way of saying that they won't recognize anything that makes them look bad." The thing to remember is that this is only happening in the Latino community, not in White communities like Thousand Oaks."

LULAC interviewed several of the lead executive level managers from VCBH with the specific intent of asking them about their philosophy regarding the use of data to guide their planning and

decision making. The executive level managers interviewed seemingly dismissed any data that was critical of the agency's unsatisfactory performance in terms of service to the Latino community. One of the managers interviewed actually came to the meeting with the LULAC investigator with a listing of perceived data element errors that in-house VCBH staff had found within past APS Healthcare evaluation reports.

It was LULAC's interpretation of the responses from executive level managers pertaining to the use and/or misuse of data that senior managers have learned to use a tactic that can be traced to what LULAC perceives as a form of manipulative reasoning that can be explained by borrowing from philosophy academicians (Kant circa 1764). The term is hypothetical Imperative. In operational terms this tactic amounts to the following tactic: "**If** we can find any errors anywhere in the body of the report, **then it follows** that we can make an argument that the conclusive findings of the report are not valid or, at a minimum, open to question." When asked about the very low penetration rate into the Medi-Cal eligible Latino/a community by VCBH, all of the executive managers interviewed attempted to convince the LULAC investigator that "there are always errors in data and you really can't rely on it . . ." When the LULAC investigator questioned them about the use of the noted tactic to discredit certain findings, though the tactic was not articulated for them in the above described terms, all of the executive managers retreated to the same conclusion as the evaluators who found the penetration rate into the Latino community to be less than 3%. It is furthermore the observation and conclusion of LULAC that this tactic is no doubt used in many managerial or public settings to divert attention from data findings that are not complimentary to the agency and the lead management team. It should also be noted that the noted tactic is confined to the executive level management team and we did not find anything to suggest that personnel in other arenas of the agency use the described tactic. LULAC's preoccupation with explaining the tactics used to dismiss data findings is driven by our objective to restore the use of validated data findings to guide the agency's planning and distribution of resources.

Finding/Observations 6: Disparate treatment of Seriously Mentally Ill (SMI) members of Latino-Mexicano community

This inquiry included an examination of serious mental illness (SMI) prevalence rates which required a review of the literature pertaining to Charles Holtzer, as well as several other sources, including a recent report by the California Healthcare Foundation (2013), the California Mental Health Prevalence Estimates by County report, and pertinent data generated by the VCBH's Quality Assurance unit. Holtzer is a nationally recognized expert on how to conduct prevalence studies for SMI. He uses a combination of data deducted from the U.S. Census for a given community, social and economic features of the targeted locality, principles of epidemiological theory, and inferential statistics to determine the prevalence rate for SMI in a given community. In layperson's terms, his methodology allows him to conduct SMI "profiling" for a community with a very high rate of accuracy. While it was not clear if the lead management team for VCBH accepts the Holtzer methodology for determining penetration rates, The Department of Health Care Services accepts the methodology and expects counties to use the findings to guide their correction action efforts. LULAC's interest in this subject was prompted by our mission to examine and reduce perceived disparate treatment of Latino consumers, in this case the seriously mentally ill residents of our community. The guiding research question was "Are seriously

mentally ill Latino/as being provided the same quality and quantity of services being provided to the White population by the VCBH?" Latinos and Whites constitute the two largest populations in this county and given the focus of LULAC, those are the comparable populations that were examined. In concise form, our findings were as follows:

- According to the most recent penetration study completed for Ventura county using Holtzer's methodology, it was estimated that in 2013-2014, there were 2,903 White individuals deemed to be SMI. That year VCBH served 2,507 White SMI clients, 396 more than what Holtzer estimated the need to be.
- In that same year (2013-2014), Holtzer estimated that there were 7,283 Latino/as deemed SMI, of which 3,469 were served by VCBH which means that 3,814 Latino/a SMIs were not served.
- In effect, VCBH services to White SMI's during the noted period was 100%+ of the Holtzer estimated prevalence figure and, during the same period of time, less than half of the estimated SMI Latino/a population was served.
- According to the Holtzer data, over the course of the past several years there has been a slight increase in services to both Whites and Latino/as but the gross disparity in reaching and serving Latino/as has not improved.
- LULAC's interview of executive level VCBH managers found that there is an uncorroborated belief among this unit that there are other mental health services providers in the county, such as Clinicas del Camino Real, that also serve the SMI Latino/a population and that therefore the Holtzer data and corresponding VCBH services do not represent the complete picture, implying that Latino/as are receiving SMI services elsewhere. LULAC made a direct inquiry into the noted belief and found that (a) the number of SMIs served by Clinicas is not significant when measured within the context of the overall statistical scenario, and (2) pursuant to state mental health guidelines, only the VCBH is supposed to be serving the SMI population and therefore the sole responsibility for the disparate findings is with the VCBH.
- One manager stated to LULAC "Saying that other people are serving the seriously mentally ill Hispanic community is just another example of how they [the VCBH executive team] are always trying to spin the facts. The truth is that we're just not serving that community very well."

Finding/Observations 7: Disparate allocation of funding resources

One complaint that LULAC heard repeatedly from community leaders from Santa Paula, Fillmore, and Oxnard is that the VCBH administration is highly unfair and discriminatory in the distribution of funding to contracted program operators that are selected to provide services to people at the community grassroots level. There is a widespread perception that programs that are owned and operated by White personnel and who are in good personal and political standing with members of the executive management team for VCBH are greatly favored with funding, as opposed to program operators that are representative in appearance and cultural characteristics of the Mexican community. In the course of its inquiry LULAC conducted on-site visits to three community-based programs funded by VCBH. A significant number of questions were presented to the program operators pertaining to the amount of money provided to them each year by VCBH, their purpose, their relation to the Latino/a community, their performance data, and

measurable outcomes. Following are the observations that LULAC made when visiting the three programs.

Recovery Innovations

This contracted program is located at the Williams Center across the street from St. Johns Hospital in Oxnard, California. Each year this program receives about $1.3 million. The purpose of the program is to recruit and train individuals to serve as recovery coaches that assist clinical treatment programs with the provision of services to the community. There are several within the Center which include the coaching program, the Connections Program, Recovery Education Classes, and Peer Employment Training. The program recruits and trains about 16 coaches per year. When meeting with the staff, LULAC asked performance-based questions that included (1) of the total number of people trained to be coaches, how many were placed in jobs related to the training? (2) Where were the coaches placed? (3) How many were male and how many were female? (4)How many were Latino/a? (5) How many were bilingual? (6) How many of your employees are of Mexican descent? With exception to answering the question about the number of employees who are of Mexican descent (seven), staff were unable to answer any of the other questions. We were informed that until this fiscal year, the Behavioral Health administration has not required that they track their performance outcomes. We were told that this will be the first year that they have ever been required to track their performance. As a follow-up, LULAC interviewed the program monitors from the Behavioral Health department who are responsible for evaluating these types of contracted programs. The question posed to them by LULAC was "Is it true that your staff have never required the staff from this program to provide your agency with performance outcome data?" It was explained to LULAC that whenever a program monitor from Behavioral Health questioned the absence of performance information for Recovery Innovations, they were accused of "being too hard on the program." LULAC was informed that, at one point, the chairperson of the Behavioral Health Advisory Committee requested that serious consideration be given to no longer funding the program, given the complete absence of any evidence to support the worthiness of the program. LULAC was informed that executive management directly intervened and assigned the monitoring of the program to central administration, as opposed to Quality Assurance people, so that the normally assigned program monitors would no longer be authorized to ask performance-based questions of the program. As of this moment, the Behavioral Health department has no performance-based evidence to support the several million dollars it has granted to this program over the past several years.

Wellness Center

This Center is located at the Center Point Mall in Oxnard at the cross section of Channel Islands and C Streets. It is situated in a strip mall that is predominantly patronized by local residents of the Mexican community. The parent organization overseeing this program is the Turning Point Foundation which is based in Ventura. This contracted operation receives about $1.8 million per year of Behavioral Health mainstream funding and another $599,484 from the Mental Health Services Act unit of the County. This operation is a county-wide operation. The purpose of this program is to provide people in need of mental health services with mentoring, learning, and transition support. As a storefront operation, it attempts to use a "neighborhood focus" to reach and serve targeted clients. The Center is located within a sector of Oxnard that is populated with one of the highest concentrations of Mexicans and Spanish-speakers. Based on our interview of Behavioral Health program monitors and on feedback that we received from other County

personnel, we learned that one of the greatest challenges (and deficiencies) that has faced this program is how to effectively reach and serve the Mexican community. Despite being in the heart of the Mexican community (93030-93033 zip code corridor), staff have not been able to penetrate the targeted population in Oxnard to a level considered even mildly satisfactory by program monitors. Over 90% of the merchants and the thousands of customers accessing and patronizing the Center Point Mall are Spanish-speaking and of Mexican descent. In performance-based terms, the following chart that illustrates the Center's outreach and recruitment goals for the next two years. Please know that the noted percentages have not yet been achieved. The current range of reach into the Mexican community is about one-third of what it should be. At this stage, these goals are what LULAC would term a form of aspirational performance (See Definition of Terms in this report, page 4:

Percentage of Latino Membership Goals for the Wellness Center in Oxnard	
By September 30, 2014	To increase Latino membership to 35%
By December 31, 2014	To increase Latino membership to 40%
By March 31, 2015	To increase Latino membership to 45%
By June 30, 2015	To increase Latino membership to 50%
Source: Turning Point Foundation Oxnard Outreach Plan 2014-2015	

The Wellness Center, per an agreement with Behavioral Health, is required to complete a monthly review of the plan and submit it to the County by the 10th day of each month. The plan is formative in nature and therefore subject to changes and added activities along the way. A review by LULAC of the written activities within the plan, to achieve the objectives, revealed virtually no connection to the established human services network of the community. As a gesture of good will, LULAC provided the Center with a listing of contacts from Oxnard College and the County's Human Services Agency (Job and Career Centers) to assist them with enhancement of their outreach efforts. LULAC also reached out to the listing of individuals for the purpose of introducing to them the staff members from the Wellness Center. Staff informed LULAC that it recently hired a part-time bilingual outreach worker which they hope will help them to connect with the Latino community. We were also later informed that the Center has hired a Mixteco staff member to help the project better reach and serve that sector of the community. In summary, it was our perception that the program is administered and led by a management and leadership team that lacks significant congruency with the Latino community in terms of understanding how to effectively engage that population and to provide them with the entitled services. In a discussion that LULAC had with CEO Michael Powers to review the findings within this report, he stated that his office is "fully committed to improving services for the Mixteco community." He cited the founding of the MICOP organization in Ventura County as one example of the support that the County has exerted to serve this community. LULAC advised Mr. Powers that the findings from our investigation clearly showed that this population is not being adequately served and there is much that needs to be done to address this deficiency.

Project Esperanza

LULAC conducted an on-site visit to this Santa Paula service site and interviewed operational staff. This project is housed within the community reception center of La Virgen de Guadalupe

Church in the City of Santa Paula. It has now been in place for five years. While the program is housed within a church, religious background has no bearing on whether a person qualifies for assistance. The purpose of this grassroots project is to provide a bridge of support between community residents in need of mental health services and the Ventura County Behavioral Health system. About 95% of families served are Spanish-speaking. Staff informed LULAC that "When we meet somebody who needs help, we always ask them about the whole family, especially when working with kids, because the parents are so important to the process." This wholistic approach to serving families is viewed by the project's staff as one of the strengths of the project. The project serves about 20 families per month or about 240 families per year. The annual allocation by VCBH to the project is $50,000. At a recent town hall meeting with community leaders from Santa Paula, LULAC was informed that "The amount of funding provided by the County to these people is almost nothing. This program is heavily subsidized with volunteer support and other things that the Church does. If it wasn't for the volunteer support, the project could not achieve all of the things that it does for our community."

Distribution of VCBH Funding to Independent Program Operators across the County

Table D (Appendix) provides a listing of the 53 programs and projects contracted by VCBH for the 2014-2015 fiscal year. Of the total projects funded, LULAC was able to identify only six programs led and operated by Latino/a individuals and/or perceived by LULAC as being culturally competent in terms of the Latino community. As one employee from VCBH stated to LULAC, "If you look like them, think like them, and you do exactly what they want you to do or not do, you will probably get funded year after year." Another VCBH employee stated "If you take a good look at the fact that many of these contractors don't have to show any kind of performance to keep getting funded, it leads you to believe that it's a political and personal thing. It's not about being funded for doing a good job. If you look at the performance evaluations for all of these programs, especially the ones that are paid to serve the Latino community, you will see that they really don't have to do much of anything to get the money. Because they are paid to serve Latinos and the agency doesn't care about serving Latinos, you really don't have to perform. It's a really sweet deal for all of these operators. If you don't believe me, just look at the budget and the performance evaluations if you can find them." In effect, the core of this report is a response to the aforementioned statement made to LULAC by a highly credible source from within the VCBH department.

For the current fiscal year, VCBH awarded $30,205,890 to the 53 projects. The following chart lists the allocations that were made to Latino operated and/or programs perceived as being culturally competent. For a listing of all 53 programs funded, see Table D in the appendix of this report.

Latino Operated Programs funded by VCBH 2014-2015		
Title of Project	**Allocated**	**% of total funds allocated**
City Impact - EPSDT	$624,365	
City Impact - PEI	$484,197	
City Impact – First 5	$260,000	
Clinicas del Camino Real	$300,000	
Mixteco Indigena Project	$30,000	
One Step a La Vez - Fillmore	$50,000	
Promotoras/res Santa Paula-Fillmore	$12,000	
Project Esperanza/Guadalupe Ch. Santa Paula	$50,000	
Total allocation Latino operated projects	**$1,810,562**	6%
Total allocation to non-Latino operated projects	**$28,395,328**	94%

Our investigative team was informed along the way that many of the programs funded across the County reach and serve people of Mexican descent. However, as reported by APSH, in the case of MediCal eligible clients, it's at a grossly unsatisfactory penetration rate. The focus of the investigation was completely driven by institutional research and respective data findings, not aspirational performance.

This section of the report is focused on what we perceive to be the systemic practice of not funding Latino operated programs and/or culturally competent programs in a fair and equitable manner, as compared to programs owned and/or operated by members of the White community. This subject matter was treated as a finding by LULAC because it was brought to our attention by numerous individuals who reported their concerns during the course of being interviewed. We heard from several community-based, grassroots program operators who shared with us stories about repeatedly applying for VCBH funding to support their efforts to reach and serve the Latino community but never being funded. One elected official stated to our investigator "We are sick and tired of watching agencies like this [VCBH] use our people to justify getting money and then making sure that very little of it is shared with the people who really want to do something for our community. It's like the old Indian reservation thing where the agents would receive supplies for the people but the food never made it to the people." Another community leader and CEO of a community health services network stated "The people running Behavioral Health know that they would not get a lot of the money they receive every year if the Latino community in places like Oxnard and Santa Paula did not exist. If you look at their budget and where all of the money goes, you'll see that almost none of it is used to serve Latinos the way they serve people in places like Simi Valley or Thousand Oaks. If they were to just go by the numbers and where the majority of entitled people live, things would be a lot different than they are right now but they don't."

In the course of its investigation, LULAC provided one funded program (FY 2014-2015) with a series of questions to try and determine how the VCBH evaluates the performance of these programs. The following excerpt is an actual verbatim transcript of the response to a listing of questions that LULAC presented the program director in writing. The response clearly demonstrates a glaring disconnect between performance, record of performance, program monitoring, and the funding received. It is important to note that this program has received

millions of dollars over the course of the past several years and continues to receive such funding, despite the complete absence of any performance outcomes to justify the funding. The identity of the program and the staff was redacted from their written response to LULAC as a courtesy. LULAC's intent here was to present an example of what we perceive be a highly systemic problem and dysfunctional culture where certain, favored program operators are issued millions of dollars without even the most rudimentary level of accountability required by senior VCBH managers. On the other hand, programs such as Project Esperanza in Santa Paula are expected to perform in an exemplary and "beyond the call of duty" manner for a meager amount of funding.

Re: The following is a listing of questions presented by LULAC to a program operator with the written response that was issued to LULAC by the on-site program director. The on-site visit by LULAC to assess the overall operation occurred on August 28, 2014.

How much funding did [redacted] specifically receive from Behavioral Health during the 2012-2013 for the coach program?
Our FY 12/13 contract total was $1,354,345 and included the coach training program, the connections program, recovery education classes and recovery coaches serving on clinical teams.

How much funding did [redacted] receive for the coach training program during the current fiscal year 2013-2014? Our FY 13/14 contract total was $1,375,075 and included the coach training program, the connections program, recovery education classes and recovery coaches serving on clinical teams.

How many candidates (participants) completed the full training as coaches during the 2012-2013 fiscal year? Peer Employment Training 20 enrolled, 4 withdrew, 16 successfully graduated
We also facilitated Advanced Peer Employment Training and WRAP Facilitator Training

Of the total participants who completed the coach training in 2012-2013, how many were placed in a training-related position within the County of Ventura's Behavioral Health programs?
We are tracking this information in FY 14/15; however we did not track this information in FY 12/13.

Of the total participants who completed the coach training in 2012-2013, how many were placed in a training-related position within a behavioral health services program or CBO outside of the County? In other words, how many are working in a position where they are using the training they received from [redacted]? We are tracking this information in FY 14/15; however we did not track this information in FY 12/13.

Of the total participants who completed the coach training program during the 2012-2013 fiscal years, how many were male? How many were female? We are tracking this information in FY 14/15; however we did not track this information for FY 12/13.

How many were bilingual Spanish-English speaking? How many were bilingual in a different second language other than Spanish? If there are some, please specify languages. We are

tracking this information in FY 14/15; however we did not track this information in FY 12/13

Of the total number of paid staff within [redacted] how many are bi-cultural Mexican-American? Based on self-report: 6 employees are Mexican-American and 1 employee is Chilean/Mexican-American.

How many are bi-cultural other than Mexican-American? Specify:
Based on self-report:
2 employees – Spanish
2 employees – French
1 employee – Japanese
1 employee – Australian
1 employee – German

Who specifically within the program [redacted] is responsible for recruiting participants for the coach program? We use a multi-disciplinary approach by partnering with the clinics we serve as well as Ventura County to recruit participants for trainings. [redacted] Services Administrator is the lead on this process.

How often does the staff partake in cultural competency training? During first week of New Employee Orientation, Weekly in Team Meetings, Annually – company-wide Cultural Competency Program

Who specifically provides the cultural competency training?Orientation – [redacted] Learning Department TeamWeekly – [redacted] Leadership, Ventura County Staff, various guest speakers. Most recently, the Executive Director of MICOP discussed the Mixtexo community and reducing mental illness stigma Annually – [redacted] Learning Department Team and/or the local senior leader

When LULAC asked VCBH monitors how it was that this program is able to be refunded year after year without any identified measurable outcomes, we were informed that past efforts by Quality Assurance (QA) personnel to monitor and demand measurable performance from this program was met with discontent by the VCBH executive management team. In effect, the responsibility of monitoring the program was taken away from the Quality Assurance unit and relegated to a person from within the executive management team's unit. As stated by one high ranking QA analyst, "Whatever they are doing, we [Quality Assurance] are no longer allowed to see that information."

LULAC interviewed one non-profit organization in Oxnard that has applied for funding but has not been successful in receiving any from VCBH. As stated to LULAC by one of the program directors, "This is like a Plantation Model and what I mean by that is they use us [Latinos] like a crop to get the statistics they need to get funding from the state but it never really gets back to the community. The money goes to a lot of programs that are not connected to the community. A lot of these programs do almost nothing and they get millions of dollars."

Finding/Observations 8: Disparate Treatment of VCBH employees serving Latino/a community

One of the most salient complaints that LULAC received from VCBH staff was the perceived disparate treatment of clinical staff (and by extension the client population) in terms of staff ratio to client population. The individuals who gave testimony to LULAC included clinical management staff, direct services clinicians, Quality Assurance personnel, and one former clinic manager who recently retired after 32 years of service to the VCBH.

The guiding questions for our interview of said personnel included (1) How long have you worked within the department? (2) What are your responsibilities? (3) How are you treated by upper-level managers? (4) How often do you participate in cultural competency training? (5) Do you believe that the cultural competency training is effective? (6) What percentage of your caseload is Mexican? (7) What percentage of your caseload is Spanish speaking? (8) What percentage of your caseload is Mixteco? (9) Do you feel that you are treated in an equitable manner as compared to other employees with the same job title? (10) Do you feel that your department is doing an effective job of reaching and serving the Mexican community? (11) Do you believe that management is sensitive to the mental health needs of the Mexican community? (12) If you had the power to change things within the Behavioral Health department to improve services to the Latino community, what would you change?

There was a pervasive view by those interviewed that senior management treats employees assigned to serve the Latino community in a disparate manner as compared to employees who work in predominantly White communities. A recurring comparison that came up was the perceived difference in treatment and services between the west area of the county which is heavily populated with people of Mexican descent and the east area of the county which is heavily populated with a White, more affluent population.

According to one manager interviewed, "if you go the Adult Service Center in Simi Valley or Thousand Oaks you will see a plush, modern facility with a lot of staff. You will not see what you see in Oxnard." Another manager stated "If you add up all of the MediCal clients served in Santa Paula, Fillmore, and Piru, that figure is equal or higher to the number of clients served at the one Center in Thousand Oaks but they have more than twice the staff that we have over here" [Santa Clara River Valley area].

LULAC was informed that after years of expressed concerns from various stakeholders about the shortcomings of the VCBH in reaching and effectively serving residents within the main corridor of the Latino community and the largest city in Ventura County (the 93030/93033 zip code area of Oxnard), the VCBH agreed to open a second Adult Services facility at the Center Point Mall in Oxnard. The purpose of the new Center is <u>to reach and serve more community residents</u> and to promote the use of a "storefront" approach to serving the community. At the time of this writing, the new Center was scheduled to open sometime in late October 2014. The current Adult Services Center at the Williams Center maintains a caseload of about 1,600 adult clients. When the new Center opens, about half of the adult services clinical staff from the Williams Center will be relocated to the Center Point Mall and the workload (1,600 clients) will be divided

accordingly. As one staff member stated, "This is not an expansion of services to better serve the community. We are doubling our facilities and our physical presence in the community but we are not adding any new staff. As it was, our client population is twice the size of the Adult Services Center in Ventura. They only have about 800 people but they have about the same number of staff that we do. It's a very unbalanced situation and it has always been like that." Another staff member stated "It's almost like they opened the second center to fool people into believing that we are increasing services but we're really just being split up with no new staff." If the new Center does its job and brings in more people, our staff will not be able to provide quality service. They're going to break our backs and they know it." A former clinic manager who recently retired after 32 years within the VCBH informed LULAC that "Oxnard houses the largest population of eligible adult clients and always has but the Director of the department has always said no to balancing the workload things out in a fair way for staff across the agency." The following chart provides a statistical distribution and location of staff members presently assigned to VCBH adult services across the county.

Client Caseload and Staffing Levels – Adult Service Centers – VCBH						
Location	Oxnard North	Oxnard South	Ventura	Santa Paula	Conejo Valley	Simi Valley
#Clients	630	950	850	330	590	530
#Case Managers	6	9	14	3	3	1
#Bilingual Case Managers	2	2	5	Not available	Not available	Not available
Ratio of bilingual Case Managers to clients	315	475	170	Not available	Not available	Not available
Case Manager ratio to clients	105	105	61	110	197	530
#Psychologists	0.5	0.5	2.5	1	2	1
Psychologist to Client Ratio	1-1260	1-1900	1-340	1-330	1-295	1-530
#Nurses	3	4	4	1	3	2
#Office Staff	2.5	4	4	1	3	2

Source: LULAC research - VCBH, County of Ventura, October 13, 2014. Some data not available to LULAC

Two managers who were interviewed stated that Adult Services in Oxnard has consistently decreased in staff numbers. "When someone leaves or transfers out, they usually do not refill the position. Sometimes we are told that it's a funding problem. Then what you see is an increase in a staff member at a different Center across the county. The work load for clinicians in the Oxnard area is the largest in the county but they still take every opportunity to take staff positions away from us."

LULAC asked several managers to explain the guidelines that are used to determine how many staff members, such as case managers and/or bilingual staff, are assigned to a given Center. Based on the responses received, it was the conclusion of LULAC that there are no set guidelines, particularly having to do with workload balancing, that are followed when

determining divisions of labor or staffing among the various Centers. One manager stated "It makes no sense. The two adult centers in Oxnard have the highest client population of Spanish speakers and they only have two bilingual case managers at each of the two Centers. In Ventura, they have the client population that Oxnard has and a smaller Spanish speaking population, yet they have five bilingual case managers." In terms of psychologists, one manager stated "In Oxnard we have one psychologist for over 1,500 clients. In Ventura they have 2.5 psychologists for a little over 800 clients. The ratio to clients in Oxnard for the psychologist is about 1500 to 1. In Ventura it's about 340 to 1." A former manager of an adult services clinic, now retired, answered LULAC's question by stating "The Oxnard clinic has always been understaffed as compared to adult services clinics in other parts of the county. Oxnard is the center that serves the largest client population in the county. They have never been provided with the right number of staff and everybody knows it."

Finding 9: Insensitivity to travel and access to services

It was reported to LULAC that clients from the 93004 zip code area, otherwise known as the Saticoy or east Ventura sector of the county are not allowed to access Ventura Adult Services Center in the same town and are instead made to travel to Santa Paula which is further away than the Ventura center. LULAC also received a report that the STAR system, which is used to assist with admission and routing of clients to service centers, is housed in Oxnard at the Williams Center. According to one report we received, this means that a first-time client in the Santa Paula area must first go to Oxnard for processing. One clinician stated to LULAC "When you send a client away you lose the warm handoff or timeliness of the situation. This presents an unnecessary delay in service for the new client, not to mention a great inconvenience to them." This matter was mentioned to one member of the executive management team and LULAC was informed that clients from Santa Paula are not required to be re-routed through Oxnard before being served in Santa Paula. LULAC asked one of the executive managers about the complaint pertaining to the STAR system and was told that clients in Santa Paula do not have to go to Oxnard to initiate service.

Finding 10: Cultural Incompetence - "It starts at the top."

LULAC repeatedly listened to stories about incidents that clearly point to a major deficiency in cultural competence pertaining to the management and leadership team of the agency. As stated by one Behavioral Health manager, "It starts at the top. I was at a recent management meeting where there was a discussion about the need to increase services to the Latino community. Meloney Roy, Director Behavioral Health at the time, made the comment that Latino people "Don't need our services. They take care of their own." The manager stated to LULAC that s/he openly challenged Ms. Roy's comment by reminding her that she emanates from a background that was much more affluent than the background of the average Latino/a. According to the manager, Ms. Roy then stated that she did not "mean it the way it sounded. " LULAC asked the manager if they had ever seen Ms. Roy present at any of the agency's cultural competency training sessions. The response was that "Meloney told me that because she is a therapist [Licensed Psychiatric Social Worker] and therefore she doesn't need cultural competency training, that she can relate to anybody."

Pursuant to the State Department of Health Care Services and The Joint Commission requirements, the VCBH presently has in place a "Three Year Cultural & Linguistic Competence Training Plan." According to the majority of agency personnel interviewed by LULAC, the plan is not functional in terms of application. As stated by one manager, "The plan states goals but there is no congruency between what it says we are supposed to do and the community we are supposed to serve. In other words, there are no specific activities in place to support implementing the plan." When asked about Cultural Competency planning across the agency, the manager stated "We provide staff an opportunity to meet their two-hour per year requirement by offering a workshop once a month. That way staff can meet their requirement when it's convenient for them." When asked the question "Do you believe the training is appreciated by staff?" the manager responded "There is no leadership behind it. In other words, people say that it's boring. Some want to know why we spend so much time talking about the Latino community. They don't seem to make the connection between the community they are serving and what we are trying to tell them about the Latino culture. When I say there is no leadership behind it, what I mean is that it's not given a lot of importance around here. We do it so that we can just check off the box and say that we did it."

A manager from a different department, as opposed to the previously quoted manager stated to LULAC that "We have a plan because it's required but we don't do any of the things that are included in the plan. If you were to try and implement any of those things, you will be stopped by Meloney. Remember that the reason that we are mandated to have Cultural Competency is because we can't do a good job of serving Latinos if we don't understand the culture and the customs. If you think about it, it's not really about culture, it's about us not understanding how to connect and serve more Latinos." Another mid-level manager stated to LULAC that "There are two things around here that really bother the people that want to do the right thing for the Latino community. One is the constant push-back from Meloney and her people to hide the facts about not serving Latinos and the other is that if you even make a suggestion about improving things, you are told no. Being culturally competent means that you are doing a good job of serving people like Latinos and it looks like we're just not going to be allowed to do that."

When asked about Cultural Competency across the agency, LULAC was informed by one lead VCBH staff member that "They make all of the program operators have a statement that philosophically supports cultural competency but no one actually has specific things that they do to actually train their staff."

The 2012-2013 evaluation report by APS Healthcare (Page 34) focused part of its evaluation on Cultural Competence as it pertains to the ability and desire of the agency to meet the linguistic needs of Spanish speaking consumers. This section of the report described a survey that was conducted to determine the language preference of consumers seeking treatment by the agency. In other words, how culturally competent is the agency in understanding and appreciating the unique communication needs of Spanish-speaking people seeking treatment? There were two attitudinal surveys conducted that clearly revealed that the overwhelming majority of Spanish-speakers want their treatment plan and their treatment in their primary language. One manager stated "We have been able to improve a little bit but not much. One of the problems that we have is that when we greet people at intake, people are not asked about their language preference. Based on how we handle other business around here, even if we did collect that data, I would not

be surprised if it was hidden or discarded." See Finding 2 for a more detailed account pertaining to bilingual services.

There was considerable feedback from several mid-level managers and some rank and file employees which described the management and leadership support for the VCBH cultural competency program as being highly ineffective. As stated by one senior level clinician, "There is no leadership and no interest by the individuals in charge of the program. Because the lead person does nothing, he is protected by the administration."

Finding 11: Inappropriately directing Child Welfare Subsystem staff to withhold information from federal compliance officer

In December of 2011, the Federal District Court issued an order, known as the "Katie A" decision, approving a settlement that mandated a provision to "accomplish systemic change for mental health services to children and youth" at imminent risk of being placed in foster homes. The provision included the establishment of a Special Master monitor to conduct on-site visits to County mental health agencies to ensure that implementation of the new provision is being taken seriously and that the court order is being followed. At the local level this means that VCBH must put in place certain measures to address the federal court order. During the week of September 22, 2014, the Special Master visited VCBH. In Ventura County, the lead unit responsible for implementation of the Katie A provision is the Child Welfare Subsystem. According to our sources, prior to the arrival of the Special Master, "executive management" approached the unit and, in a highly directive manner, "coached" unit staff on how to respond to the Special Master. Reportedly, they were told what they could not say to the Special Master regarding challenges and obstacles to implementation of the Katie A measure. Staff members from the unit were reportedly dismayed with the action taken and "viewed the whole thing as highly unusual." In a written account that LULAC received, it was stated that "She told me that executive management came and instructed all the staff on how to respond to the special master's questions, including what they should NOT say. She thought it was very unusual. Again, this is a politically very hot issue right now, so I find this pretty egregious. It is obviously part of the same pattern you [LULAC] have repeatedly documented [in the course of your investigation]. This is just another highly egregious example of the interference and attempt to squelch the sharing of information."

Again, the mission of LULAC is usually confined to the matter of civil rights and equity. However, we followed the lead regarding the Katie A incident because we view the described and reported conduct as just another glaring indicator of what the current VCBH management team is capable of doing in order to repress factual accounts of what is really going on within the department, in particular the failure to serve Latinos in an equitable manner.

On October 9, 2014, the lead LULAC investigator re-interviewed the individual(s) who informed our organization about the Katie A incident. A review of the matter resulted in a clarification that executive level managers did not physically approach Child Welfare Subsystem staff but the on-site manager clearly stated to lead personnel from that unit that the directive to refrain from sharing certain information with the Special Master came from two lead administrators from the central VCBH office.

Finding 12: Outreach to community non-existent

One of the most important findings that LULAC discovered with this inquiry was what appeared to be an agency that is completely devoid of an understanding or appreciation for the value and use of effective outreach to reach and serve under-served populations. Interviews across all cohorts of staffing, including executive managers, revealed that there are no staff specifically assigned the task of going out into the community to reach and link potential clients to the VCBH. As stated by one manager, "We do a few things but in terms of actually having an action plan to deliberately go out to the Latino/a community, there is nothing." A program operator stated "The County doesn't have anybody to do outreach for adult services. They expect us to do it or they just expect people to find us." This finding was particularly glaring when we interviewed some of the contracted program operators such as the Wellness Center and Recovery Innovations. An examination of the budgetary breakdown for some of the service centers and for the two operators that we visited showed that of the millions of dollars they receive each year, at most less than 2% of their funds are used to pay for outreach staff. We were also told by different VCBH staff members that it is the perception of some executive managers that Latinos "Don't need our services. They take care of their own," thereby implying that the lack of presence is not an outreach issue, it's a disinterest in services. In summary, this finding embodies two conditions: (A) the VCBH does not have a working knowledge of outreach or its correlation to the penetration rate, whether low or high, and (B) the failure to effectively reach and engage the Latino/a community is interpreted by some senior personnel as being attributed to the lack of appreciation or interest in mental health services on the part of Latino/a residents.

A review of the literature on best practices in respect to outreach and the mental health field revealed that there is an abundance of research and recommended strategies available to VCBH to help it increase its capacity to understand and utilize effective outreach methods. One example is "The California Reducing Disparities Project" (2012). This statewide initiative was facilitated by UC Davis and propelled with funding from the Mental Health Services Act (aka Proposition 63). A review of the 81 page report revealed an array of core strategies and community-minded ideas on how to reduce disparities in access to mental health services, with particular attention being paid to under-served populations, including Latino/as. The report examined and addressed the typical "societal barriers to accessing mental health care." Things like poverty and the role it plays in preventing the historically disadvantaged from accessing services is also examined and strategies to overcome those type of barriers are discussed. Interestingly enough, a copy of the report was provided to LULAC by a senior administrator from VCBH. In essence, effective outreach methodology to reduce disparate delivery of mental health services to Latino/as (and other under-served groups) is nothing new to the industry, despite LULAC's finding that it's almost undetectable within the domain of the VCBH.

RECOMMENDED ACTION TO ADDRESS FINDINGS

Recommendation 1 – Acknowledgement of inadequate penetration rate

It is highly recommended that the executive management team and all other responsible County officials, including the Chief Executive Officer and the County Board of Supervisors, fully

acknowledge the fact that the penetration rate into the Latino/a community for Medi-Cal eligible residents is completely unacceptable and that situation is amply documented by APS Healthcare evaluators and the Quality Assurance data analysts within the County's VCBH unit. Until this fact is fully acknowledged and treated accordingly, the disparate treatment of the Medi-Cal eligible Latino/a population, as described in this report, will continue to thrive. *(It is estimated that the Latino/a Medi-Cal eligible population on the Oxnard plain alone exceeds 50,000 people).*

Recommendation 2 - Task Force to help steer implementation of recommendations

In applied terms, we are recommending that in addition to the County issuing the directive noted in Recommendation 1, the county will direct the executive management team to form a culturally competent task force to assist with oversight and implementation of the recommendations at hand. The Task Force will include representation from stakeholders concerned with improving services to the Latino-Mexicano communities of Fillmore, Oxnard, Piru, and the Santa Paula communities, as well as representatives from within VCBH. Inclusively, the Task Force will have representation from other stakeholder groups, including members of the African-American, Asian, and any other ethnic group concerned with the matter at hand. In order to avoid the usual monopolizing of these bodies which are sometimes "stacked" with County employees or contractor affiliates, the task force will include no more than three VCBH staff members appointed by the Director of the Health Care Agency. For the sake of effectiveness, the Task Force will not include more than 14 participants. One of the core responsibilities of the Task Force will be to contribute to the development of an action plan to increase the participation and VCBH treatment rate of seriously mentally ill members of from historically under-represented ethnic groups. It will also provide the Director of the Health Care Agency with a quarterly progress report on the VCBH's headway in addressing the listed recommendations.

Recommendation 3 – More equitable distribution of agency's special projects funding

We further urge county officials to direct the executive management team for VCBH to immediately adopt a new policy that serves to distribute the agency's funding resources in a more equitable manner to ensure that the penetration rate into the Latino/a communities in Oxnard, Santa Paula, Fillmore, and other impacted sectors of the county are increased to an acceptable level. In addition to a more equitable distribution of general fund resources, we are also recommending that the agency establish a set-aside budget of no less than $5 million per year within the discretionary and/or special projects budget (program operator contracts) which this year alone dispensed $30,205,890 across the county. The $5 million would be specifically earmarked for genuine projects that are clearly designed to reach and serve more members of the Latino community in a culturally and linguistically competent manner. This set-aside will be in addition to the approximate $1.8 million presently being used to sponsor the four program operators listed on page 18 of this report. The VCBH will also be directed to develop, within 90 days, a capacity building program to increase the number of service providers in Latino impacted communities; this program will also be designed to provide new and emerging culturally competent service providers with the technical assistance necessary to effectively compete for special projects funding from VCBH. In effect, the focus of this initiative will be to promote a social equity model that ensures equitable distribution of VCBH resources across the county. In

effect, a core measure of this initiative will be to develop a specific action plan to address the historic VCBH neglect of Latino/communities within the Santa Clara River Valley, including Santa Paula and Fillmore, to ensure that those sectors of the county are finally treated in a manner equitable to White communities in East County. *(This would mean that only about 16% of the existent discretionary budget would be focused on the Latino community which constitutes more than half of the eligible Medi-Cal population. The vision behind identifying the funding to implement many of the recommendations at hand is that the VCBH executive management team well use a Reasonableness of Cost and reduction in waste strategy to redirect funds from non-performing programs to new, equity driven programs).*

Recommendation 4 – Development and implementation of aggressive outreach program

It is also recommended that the executive management team for VCBH be directed to develop and fill five full-time Outreach Specialist positions and that an aggressive, culturally competency action plan be developed to drive this initiative. The minimum requirements for the positions will, in part, include bilingual Spanish-English and bilingual Mixteco-English skill sets, as well as bicultural competence. Specific training of these staff positions will be based on best practices outreach and retention models that will be searched out within other counties and/or states, if necessary. Relevant and community based networking building will be a major focus of the training and/or already existent skill sets for these outreach specialists. A working knowledge of outreach, retention, and persistence theory, customized for the VCBH arena, will be used as a guiding vision for this initiative. The reason for assigning value to this aspect of human services (outreach theory) is so that VCBH can not only find and serve more eligible clients within the Latino/a community, but also retain them so they can follow through with treatment in a successful manner. The five positions will be distributed out to Latino/a impacted communities, including Oxnard, Santa Paula, Fillmore, Piru, and other statistically significant sectors of the county. The need to create and launch similar outreach efforts into other under-represented sectors of the community will also be addressed and pursued if deemed necessary by the Task Force.

Recommendation 5 – Development and adoption of workload balancing policy that includes a more effective utilization of bilingual and bicultural staff

It is also recommended that County officials direct the VCBH executive management team to develop and implement a workload balancing policy designed to achieve equitable treatment of VCBH clinical staff so that such employees are no longer treated in a disparate manner, as opposed to similarly situated peers outside of the Oxnard area. The policy will be developed by VCBH and implemented within 90 days of being issued the directive. In applied terms, the policy will be designed to ensure that clinicians and support staff across the county are being treated in an equitable manner and that their client caseload is receiving equitable treatment accordingly. Specifically, we are requesting that immediate action be taken to augment the staffing profile for the Adult Services Center at the Williams and Center Point Mall in Oxnard. Because it was predicted by everyone that we interviewed, including senior managers, that the already existent client group being moved from the Williams Center to the Center Point Mall is predicted to increase due to the heightened presence in the community, we believe that increase to mean that an already overworked staff unit will be further strained and therefore they will

need additional clinical staff in order to achieve parity of workload to other centers across the county

Recommendation 6 – Reduction of wasteful spending

We are also strongly recommending that the VCBH executive management team be directed by County officials to immediately implement a Reasonableness of Cost policy (see page 7 for definition of term). In effect, it should be required that all program operators who receive special projects money (from the $30.9 million pool) must, at all times, be subject to performance-based monitoring and that programs that cannot demonstrate that they are performing at a level that constitutes Reasonableness of Cost or satisfactory compliance to contract deliverables be determined to be ineligible for future funding. *(As noted in our findings section, page 15, we found one program that had no documented history of performance and yet has received millions of dollars in funding from VCBH over the past four years. This information was provided to LULAC directly by the program operator. LULAC's interest in Reasonableness of Cost is tied to our position that "favored" programs are being provided millions of dollars and have very little to show for it in terms of service to community, in particular the Latino community.*

Recommendation 7 – New policy of transparency for use of institutional research

It is recommended that the Director of the Health Care Agency initiate an inquiry into the perceived and reported misconduct of members from the VCBH executive management team in respect to the practice of manipulating, altering, and/or hiding data findings and other information for the sole purpose of deflecting criticism from upper management, unsympathetic VCBH staff, evaluation firms, and members of the community. We are also strongly urging County officials to investigate (and reverse) the finding that the executive management team has adopted the practice of circumventing the agency's established Quality Assurance (QA) unit by (a) at times removing the responsibility of performance monitoring of contracted operators from the QA analysts in order to shelter "favored" program operators from appropriate scrutiny and (b) sabotaging or dismissing evidence-based findings not deemed politically favorable to executive level managers. *(In an effort to assist the agency Director with the obtainment of credible and first-hand testimony regarding the perceived manipulation of facts and data by executive level managers, LULAC is predisposed to assisting by contacting the VCBH personnel who initially reported the noted accounts to our organization as reported in this document).*

Recommendation 8 – Katie A incident

In regard to the matter of executive managers from the VCBH unit approaching and directing staff from the Child Welfare Subsystem as to what they were to say or not say to the Special Master who visited the VCBH in late September 2014 to monitor progress on the implementation of the Katie A court order, LULAC is recommending that an inquiry be made by the Director of the Health Care Agency to determine if standard operating procedures for these type of performance evaluations were violated and to ensure staff members from the respective unit that this type of "coaching" and unprofessional conduct will not happen again. It is furthermore recommended that respective staff be interviewed to determine if there was any relevant information withheld from the Special Master that should have been shared. And finally, we are

recommending that the Special Master who visited the agency as noted be directly informed of what occurred during his visit to the Child Welfare Subsystem. *(Again, the matter at hand is not something that is normally of interest to LULAC but we pursued this matter because we viewed it as yet another example of the dysfunctional culture created and maintained by the current executive management team within the VCBH unit. The conduct demonstrated per this incident is the same type of conduct that we believe has served to hinder the ethical and responsive provision of mental health services to the Latino/a community across this county).*

Recommendation 9 – Removing artificial barriers to client access

Regarding the matter of east Ventura adult clients having to travel to Santa Paula to receive services, it is recommended that this complaint be investigated to ensure that the perceived artificial barrier is not in place. If the information provided to LULAC is found to be in accurate, it is recommended that Ventura residents be re-routed to the Ventura adult services clinic in their respective locality. In the matter of Santa Paula adult services clients being required to initiate their receipt of services by way of the STAR system at the Williams Center in Oxnard, it is also recommended that an inquiry be made to ensure that the clients are not being subjected to this perceived artificial barrier to service.

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X. APPENDICES

Table A City Population by Percentage of Ethnicity									
City	*White	African American	American Indian & Alaskan	Asian	Native Hawaiian & Pacific Islander	Some other race	Two or more races	**Hispanic or Latino(of any race)	Total Population
Camarillo	74.1%	1.8%	0.4%	9.5%	0.6%	10.0%	3.6%	21.2%	**62,392**
Fillmore	52.6%	0.6%	0.2%	2.3%	0.0%	42.3%	1.9%	72.6%	**14,945**
Moorpark	71.3%	1.1%	0.4%	6.4%	0.0%	17.4%	3.4%	30.1%	**35,830**
Pt. Hueneme	55.7%	3.8%	5.1%	6.7%	0.8%	19.7%	8.1%	51.4%	**21,531**
Ojai	83.1%	0.0%	0.1%	1.7%	0.0%	13.6%	1.5%	19.8%	**7,772**
Oxnard	53.1%	4.3%	2.7%	8.1%	0.3%	27.6%	3.7%	69.3%	**183,765**
Santa Paula	49.5%	0.1%	0.3%	1.0%	0.1%	46.0%	3.1%	75.5%	**28,482**
Simi Valley	75.8%	1.1%	0.5%	7.9%	0.1%	11.6%	2.9%	21.7%	**119,334**
Thous. Oaks	81.2%	1.1%	0.4%	8.6%	0.5%	5.7%	2.6%	15.0%	**122,652**
Ventura	72.3%	1.1%	1.1%	3.4%	0.1%	17.0%	4.9%	30.6%	**103,232**
Total unincorporated areas: Data by unincorporated area not available per ACS									**103,065**
TOTAL (2009) http:factfinder.census.gov									**803,000**

Table B 2010 U.S. Census – Population of Race Ventura County	
Hispanic or Latino	331,567 (40%)
Non-Hispanic or non-Latino	491,751 (60%)
Total	**823,318 (100%)**
Source: http://www.usa.com/ventura-county-ca-population-and-races.htm#PopulationDensity	

Table C County of Ventura Budget Summary for all HCA Mental Health Programs	
Program Area	Total
Behavioral Health	$62,995,325
Alcohol & Drug	$13,720,227
DUI Program	$4,674,632
Mental Health Services Act	$55,141,643
Grand Total	**$136,531,827**
Source: County of Ventura, Approved Budget, 2014-2015	

Table D
Listing of community-based programs funded in 2013-2014 by the

Latino/a Operated CC = Latino/a operated or perceived as culturally competent and/or integrated into Latino/a community. Criteria used to determine the programs as ranked included direct feedback from VCBH personnel, community leaders, elected officials, and our review of cultural competency materials and evaluation reports regarding the VCBH history of performance.

Non-Latino/a operated & NCC = Non Latino/a owned, operated, or viewed as culturally competent

Title of Project	Amount $ Allocated	Non-Latino operated & NCC	Latino/a operated CC
Anka Behavioral Health Inc.	1,867,610	X	
Anka BH - Casa	1,291,273	X	
Aspiranet COEDS	419,365	X	
Aspiranet EPSDT	401,453	X	
Aspiranet – Katie A	1,744,764	X	
Aurora Vista Del Mar	100,000	X	
Browns Board and Care	30,601	X	
Casa Pacifica – Res/Campus	5,982,240	X	
Casa Pacifica – Wraparound	684,440	X	
Casa Pacifica – CIRT	1,358,126	X	
Casa Pacifica – ITFC	96,000	X	
Casa Pacifica – IFS	315,000	X	
Casa Pacifica - ITFC	73,917	X	
City Impact - EPSDT	624,365		X
City Impact – PEI	484,197		X
City Impact – First 5	260,258		X
Clinicas del Camino Real	300,000		X

Cottonwood Residential	49,700	X	
Elms Residential Care	100,000	X	
Hickory House	100,000	X	
Ind. Liv. Resource Center	56,554	X	
Interface – EPSDT	1,397,219	X	
Interface – Special Court Program	445,841	X	
Interface – First 5	241,639	X	
Interface – PEI	611,915	X	
Kids & Families Together	527,533	X	
La Siesta Guest home	100,000	X	
Mission Manor	7,205	X	
Mixteco/Indigena Community	30,000	X	
NAMI of Ventura County	99,218	X	
One Step A La Vez	50,000		X
Our Lady of Guadalupe Parish Santa Paula –Porject	50,000		X
Pacific Clinics –TAY Wellness	554,000	X	
Pathpoint (Work Training)	404,939	X	
Promotoras y Promotores	12,000		X
Recovery Innovations	1,327,742	X	
Rocendia Taylor Family Care	6,001	X	
Safe Haven (aka Lemonwood)	12,582	X	

Saundra Jarmon Board/Care	22,000	X	
SP Baptist Church	50,000	X	
Sunrise Manor	100,000	X	
Telecare –AB109	693,877	X	
Telecare Casa B	37,026	X	
Telecare Casa C	759,313	X	
Telecare Casa D	751,278	X	
Telecare Casa E	653,077	X	
Telecare Corp - EDIPP	830,170	X	
Telecare Corp - XP	865,764	X	
Tri-County GLAD	50,000	X	
Turning Point QLI	332,803	X	
Turning Point – Wellness Center	484,731	X	
Turning Point – Social Rehab	889,470	X	
United Parents - FAST	642,952	X	
United Parents Respite	125,732	X	
GRAND TOTAL ALLOCATED	**$30,205,890**		
Source: Per LULAC request - VCBH Contracts and Budget Office, September 17, 2014			