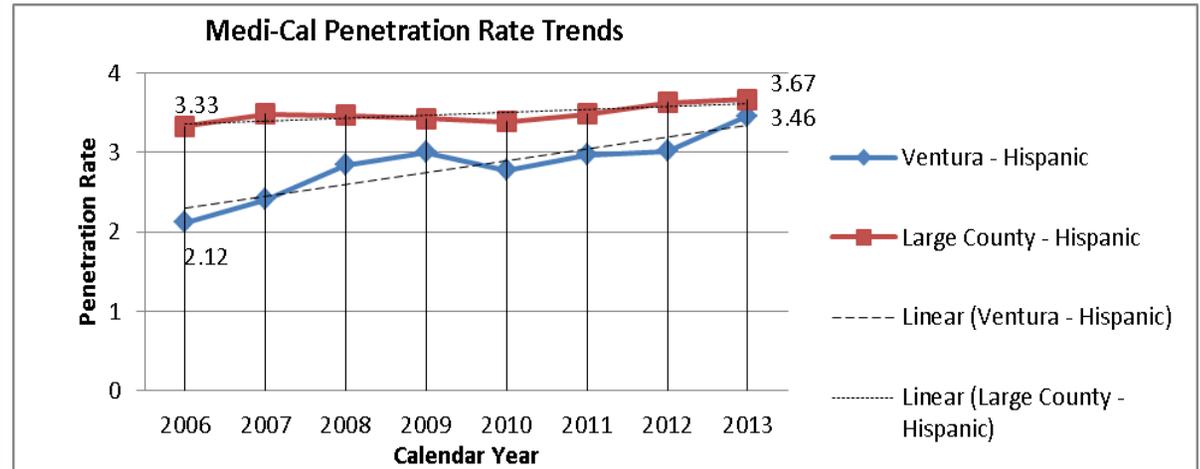


LULAC REPORT MAJOR THEMES (Excerpts Quoted)	COUNTY RESPONSE
<p>LULAC characterizes the inquiry leading to the publishing of their November 1, 2014 report as collaborative.</p> <p>“Employees from the Behavioral Health Agency were interviewed to obtain their thoughts and perceptions regarding the equitable and/or inequitable distribution of Behavioral Health services and resources to the Latina/a community.” (pg.5)</p> <p>Regarding the Latino Medi-Cal Beneficiary Penetration Rate and VCBH’s Performance Improvement Outcomes</p> <p>LULAC finds Ventura County’s penetration rate to be “unsatisfactory” (pg.10). “The penetration rate for Latino/as in Ventura County is 2.94% . . .” (pg.10)</p>	<p>In the spirit of transparency, since August 2014, LULAC has been provided unprecedented access to interview VCBH staff, review data, and collect relevant materials.</p> <p>The report was distributed via email and was provided to the MHSA State Oversight and Accountability Commission (OAC), during public comment at a community forum held on November 6, 2014 at the Crown Plaza Hotel in Ventura, where there were approximately 250 in attendance. There have been subsequent revisions, with at least one disseminated to the public on January 3, 2015.</p> <p>Some VCBH employees, interviewed by LULAC and listed as participants in interviews for this report, have stated that in agreeing to be named as a participant, their assumption was that their opinions and the information they provided would be represented in the final report, which they state was not the case.</p> <p>VCBH agrees that the Latino Medi-Cal beneficiary rate is an area for continued performance improvement. It is clear that VCBH’s Latino Medi-Cal penetration rate has improved measurably over time as is shown in the graphs below. LULAC cites 2012 data, when the more current 2013 data was available, showing a penetration rate of 3.46%, which compares more favorably to the large county average (3.67%). 3.46% represents a 14.6% increase in the rate from the prior year (which was actually 3.02%, not 2.94% per a supplemental report published in January 2014). During the same time period the Statewide average increased 2.9%, and the Large County Average increased only 1.1% - which is evidence of VCBH’s efforts. See the graph below for 8-year trend.</p>

On Jan 3, 2015 LULAC states, "A more recent review of the above APS Healthcare data showed a slight increase in some of the noted areas. For example, the MHP (VCBH) penetration rate for "Hispanic beneficiaries" in June of 2014 was 3.92% and 13% less than the statewide average."

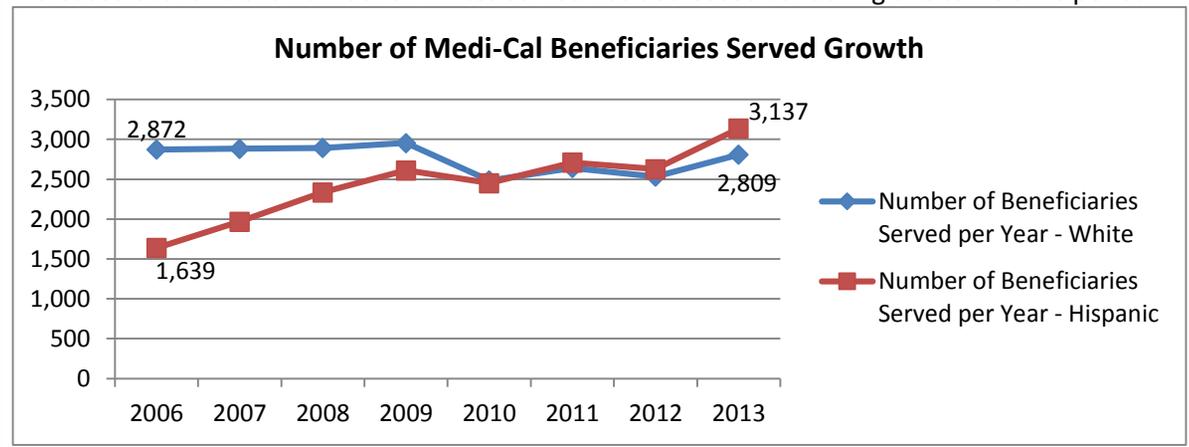
"A view of all pertinent reports . . . all validates the observation that VCBH has been advised and cited repeatedly for not doing a satisfactory job of responding to the mental health needs of the Latina/a community in the same manner that it responds to the White and more affluent sector of the county." (pg.10)

Penetration rates for 2014 have not been published. Please note that prevalence rates also need to be taken into consideration for an accurate analysis of how Ventura county is performing in relation to other counties.



From Calendar Year 2010 State Report: "Significant Claims Lag May Exist Due to SD/MC Phase II Processing Issues. The Claims Lag Varies across the MHPs [Counties]"

According to APS Data 2006 to 2013, Ventura County's Latino penetration rate increased +63%, while the white penetration rate decreased -16%. The actual number of Latinos served has increased 91% and the number of whites served has decreased 2% during this same time period.



<p>“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.” (pg.10)</p> <p>“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 [sic] data and corresponding VCBH services do not represent the complete picture, implying that Latino/as are receiving SMI services elsewhere.” (pg.18)</p>	<p>While state data indicates that the majority of Latinos do not return for continued treatment after the first visit, this is not true for VCBH, where a comparison of FY 13/14 Latino and White retention rates show retention rates slightly better for Latinos at 4+ visits (80.3% vs. 76.9%). The LULAC report does not address retention, which is an important aspect of analysis in reviewing mental health treatment services for underserved populations.</p> <p>Also not mentioned in the report, is the fact that disparity in Latino access to mental health services is a national and state-wide challenge: http://www.ucdmc.ucdavis.edu/newsroom/pdf/Latino_mental_health_report-6-25-2012-1.pdf http://www.cnn.com/2013/10/09/health/latino-mental-health-disparities/</p> <p>One of the primary reasons for disparity is stigma, which VCBH has been addressing both in its support of state-wide projects and through local efforts. Statewide projects: http://calmhsa.org/programs/cultural-responsiveness/crdp-california-reducing-disparities-project/</p> <p>Ventura County’s penetration rate for African Americans is higher than the state average for like-size counties. This data was available at the time of the report. <u>2012 VCBH African American Penetration Rate:</u> 11.93% (state average large counties per APS 9.77%) <u>2013 VCBH African American Penetration Rate:</u> 11.36% (statewide for large counties per APS 9.42%) Both years’ penetration rates for African Americans are higher than the penetration rate for the white population in Ventura County.</p> <p>In FY 11-12, APS recommended that VCBH devise a mechanism for tracking beneficiaries served in conjunction with local FQHC’s in order to capture improved accuracy in penetration rate reporting. This recommendation sparked VCBH’s interest in Clinicas’ mental health service data, so that a more complete picture of how we are doing collectively in Ventura County to serve the Latino population might be achieved.</p> <p>The fact that Clinicas serves SMI/SED clients is substantiated by public comment made at the Behavioral Health Advisory Board on 3.17.14: <i>“Ms. Campos Juarez, the Director of Mental Health Services at Clinicas del Camino Real advised the board of an emerging concern. She stated that Clinicas currently provides treatment for individuals with Serious Mental Illness and that depending on a pending decision by the state, those clients may need to be transferred to county mental health. The state is evidently considering whether or not to enforce the January 1, 2014 start date to</i></p>
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“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.” (pg. 18)

On page 17, LULAC writes, “this inquiry included an examination of serious mental illness (SMI) prevalence rates which required a review of the literature pertaining to Charles Holtzer [sic]. . .”

the new policy. Ms. Campos Juarez commented that this change in service will disrupt the treatment of patients who currently receive integrated care at Clinicas.”

Clinicas’ data, as reported on the federal website for Health and Human Services, indicates that it provided mental health services for 3,529 individuals in 2013.

<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d&bid=093650&state=CA&year=2013>

While it is unclear how many seriously mentally ill Latino adults or seriously emotionally disturbed Latino youth Clinicas serves, it is likely that the majority of youth served would meet EPSDT criteria. Therefore it is likely that the numbers of individuals served by Clinicas is material to a comprehensive understanding of mental health service delivery to the Latino population in Ventura County.

During the time period referenced in the LULAC report, the sole responsibility to treat SMI did not rest with VCBH, which is why APS suggested that FQHC data be shared and reviewed county-wide.

VCBH disagrees with the manner in which LULAC interprets and presents Holzer data, however is willing to engage in dialogue regarding its analysis and use by the Department. The LULAC report does not compare Ventura County Holzer data to other counties, similarly challenged in providing services for individuals, who are not covered by Medi-Cal and for whom there is no other payor source.

Year	County	Served	Holzer Target	% Difference
10-11/11-12	San Bernardino	8,188/8,781	36,817/36,817	-77.76%/-76.15%
10/11/11-12	San Diego	9,974/10,734	38,314/38,314	-73.97%/-71.98%
10-11/11-12	Fresno	4,827/4,904	22,539/22,539	-78.58%/-78.24%
10-11/11-12	Ventura	2,451/2,709	10,422/10,422	-76.48%/-74.01%

Per VCBH QI, ‘11/12 is most current information available.

Consistent with Ventura County and Health Care Agency policy, VCBH provides service to individuals meeting specialty mental health criteria without regard to insurance or immigration status.

“He (Mr. Powers) cited the founding of the MICOP organization in Ventura Count 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.” (pg. 20)

VCBH’s Responsiveness to APS Recommendations.

“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.” (pg. 9)

“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.” (pg. 12)

VCBH agrees that the Mixteco population is underserved, related to mental health treatment, and has responded by supporting programs for a number of years that both outreach and provide support to this population. With the opening of a new clinic in South Oxnard at the Center Point Mall and through a partnership with the Mixteco/ Indigena Community Organizing Project (MICOP), VCBH intends to continue the Health Care Agency’s long standing partnership with MICOP, to implement services and supports that will improve access and treatment services for this population. Additionally, a VCBH contracted provider, Turning Point Foundation, who operates the VCBH Adult Wellness and Recovery Center (AWRC) in Oxnard, has hired a Mixteco-speaking individual to assist with engagement, in addition to offering space for MICOP to conduct groups and meetings.

Every year APS makes “Key Recommendations” and in a review of reports dating back to ‘06, all forty (40) key recommendations were either “fully addressed” or “partially addressed”, with the following two exceptions:

06-07: Maintain steady progress toward a HIPAA compliant Medi-Cal claim. This is the only recommendation scored as “not addressed” in any APS report. VCBH was unable to address this recommendation until it contracted with Netsmart in 2007 for a new management information system, which allowed VCBH to produce compliant Medi-Cal claims.

11-12: Devise a mechanism for tracking beneficiaries served in conjunction with local FQHC’s in order to capture improved accuracy in Penetration Rate reporting. This recommendation has not been achieved, because VCBH does not have access to Clinicas’ data. Interestingly, with just an additional 192/418 SMI/SED clients accounted for in 2013, Ventura County would have achieved the large county/state penetration rate of 3.67%.

In the FY1314 EQRO Report by APS, conducted on 11/14/13: Ventura County was identified as one of the 15 Mental Health Plans (MHPs) in the state with the “highest total performance in the Key Components, organized by quality, access, timeliness, and outcomes.”

<p>“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.” (pg. 9)</p> <p>LULAC notes the following as “just several of the recurring recommendations issued by APS Healthcare.” (pg. 12)</p> <p>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]" (pg.12)</p> <p>3.B Examine and correct the failure of the agency to effectively follow-up with patients after hospitalization. (pg.12)</p> <p>3.C Continue to analyze and correct the excessive level of denied Medi-Cal claims, attributed to faulty MIS system. (pg.12)</p>	<p>Of the approximate forty (40) Key Recommendations, there are seven (7) repeated since 2006-7. Of the seven (7), some are ongoing goals and some were by design, multi-year projects. The implementation of an Electronic Health Record is an example of an ongoing project.</p> <p>Another example of an ongoing project is to <i>(12-13) Expand bilingual/bicultural and overall psychiatry capacity by recruiting and deploying additional professional staff with similar scopes of practice such as Nurse Practitioners or Physicians Assistants or by using tele-psychiatry service.</i> Providing medication management in the Spanish language has been a challenge, although VCBH has worked on this consistently by: offering higher rates and incentives for bilingual psychiatry (3 contracted, 1 offer pending); hiring a bilingual nurse practitioner; and the implementation of bilingual tele-psychiatry. It is reasonable to expect this to be an ongoing, multi-year goal, given that there is a national shortage of bilingual psychiatrists.</p> <p>This recommendation appeared for the first time in the 2013-14 report. VCBH took this recommendation to heart and facilitated a series of 12+ community meetings involving key stakeholders from the Latino community, so as to gather local data regarding how to improve both outreach and treatment services.</p> <p>This area has been a challenge, and became the subject of a performance improvement project (PIP), with the support of the County CEO’s office. The responsibility of ensuring that people who meet specialty criteria are warmly handed off to ongoing outpatient mental health services is a shared responsibility between VCBH and VCMC’s Inpatient Psychiatric Unit. The PIP was completed and data is jointly being collected. As additional testimony to the County’s commitment to improve follow up with patients after hospitalization, was the inclusion of staff to facilitate linkage to outpatient post-hospitalization in the VCBH SB 82 grant application. With the highest score in its region, VCBH acquired \$7.5M in funding to establish a program to assist in engaging hard to reach clients, including the homeless and those transitioning from acute to outpatient care.</p> <p>The claims issue is not due to a faulty MIS system. As with many counties with the implementation of Short-Doyle II, Ventura experienced issues reconciling paid claims with the state. Our most recent analysis of billed vs. paid units for Medi-Cal indicates a denial rate at approximately 4%, less than the 2012 state average (both historical and current claims data was never requested by LULAC at the time of the report).</p>
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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. (pg. 12)

VCBH’s Transparency as related to sharing data with APS, the public, and Senior County Officials.

“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.” (pg.4) “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.” (pg.9)

“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

County mental health penetration rate data is based on “claims data, meaning billed services as distinct from delivered services. As described above, due to reconciliation issues with the state, Ventura County’s penetration rate data was affected. In a January 27, 2014 email to the VCBH Chief Operations Officer, a Quality Improvement manager writes, “I had no idea that the error rate for claims submissions was 11% until I saw the EQRO draft. That is completely unacceptable.”

APS recognized this as partially addressed. The expansion of this capacity is a continued area of focused improvement for VCBH.

EQRO site visits are not audits, but are conducted in the spirit of consultation, feedback and quality improvement. VCBH did in fact share EQRO reports with Michael Powers (County CEO), when he was the HCA Director and with Dr. Robert Gonzalez, former HCA Director. At VCBH Director, Meloney Roy’s request, Dr. Gonzales attended APS site review feedback meetings on at least two occasions. APS site visits, during which VCBH penetration rate data was discussed, were attended by VCBH staff, HCA Executive Team Members, BHAB members and others from the community. APS EQRO reports were also available online for public review on the APS website, which was announced at the entrance meeting with APS.

Ms. Roy’s response to the referenced email was as follows: “The EQRO documents you reference are not normally posted for public view by us or any other county mental health department to the best of my knowledge. Final EQRO reports were however customarily posted by APS on their own website.”

not the practice of this County agency to post this type of information for public view.” (pg.10)

“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.”(pg.16)

“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.” (pg.9)

“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

VCBH shares data in many public forums. Local Mental Health Program data (operations and fiscal) is reviewed regularly by: the Behavioral Health Advisory Board (BHAB) – monthly; Behavioral Health Exec/Budget Committee – monthly; Age-specific Subcommittees of the BHAB – monthly; and Community Leadership Committee – quarterly – all in public meetings (Brown Act), with posted agendas/minutes.

Just two examples: 1) The following information resulted from a comprehensive review of MHSA programs conducted in 2013, which was presented at a series of stakeholder meetings, during which there was extensive public input. The long-standing goal of the department is to ensure that the community is able to make fully informed decisions regarding MHSA programming.

<http://www.vchca.org/docs/behavioral-health/css-summary-of-program-presentations.pdf?sfvrsn=0>

2) In 2014, the department with members of the Behavioral Health Advisory Board (BHAB) and the Community Leadership Committee (CLC) conducted a comprehensive review of Community Services and Supports (MHSA funded) contractors to ensure that the appropriate performance and outcome measures are in place. There were over 20 meetings, with resulting recommendations to improve efficiencies and cost effectiveness, which were implemented by the Department.

In addition to other numerous public presentations of VCBH data, on February 14, 2014 a presentation was made to Supervisor Zaragoza and interested Latino community leaders, during which data related to the challenges VCBH faces in increasing the numbers of Latinos accessing service was discussed and a power point presented .

LULAC does not provide any hard evidence to support its claims related to VCBH’s treatment of and relationship with APS. In fact, an email complimentary to the relationship between VCBH and APS was sent by one of the APS site reviewers to Meloney Roy and two Quality Assurance managers. Quoted from the email, “I wanted to take a moment to personally thank you for the time we’ve

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." (pg.9)

Later in the report, LULAC accuses VCBH's managers of directing Child Welfare Subsystem staff to withhold information from federal compliance officer – referenced later as the "Katie A Incident".

VCBH's efforts to addressing barriers to access and effective treatment for Latino consumers:

Linguistic Needs

"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. (pg.11)

spent working together in the past several years through the EQRO process. I have thoroughly enjoyed working with each of you and have appreciated the warm reception you've always extended to me."

VCBH Administration and other Quality Assurance staff emphatically deny that staff was ever instructed to stall reporting to APS. That fact that VCBH administrators supported timely reporting to APS is evidenced by over 20 emails between administrators and Quality Assurance staff.

The nature of the Katie A. Special Master's visit to Ventura County was collaborative. He was invited to Ventura County through collaborative planning between BHD and HSA. This was not an audit, but rather an opportunity to share the design, implementation, successes and challenges of the joint efforts between VCBH and HSA to restructure the delivery of mental health services within the foster care system.

To the contrary, VCBH has made significant progress in increasing linguistic capacity on behalf of monolingual Spanish-speaking and limited English proficient (LEP) consumers.

- Increased bilingual rate for psychiatrists, in order to retain/attract bilingual psychiatrists (3 contracted, 1 in process).
- Added 1 bilingual nurse practitioner
- Bilingual tele-psychiatry implementation
- Language Performance Improvement Project – Development of a Spanish language Master Treatment Plan.
- Establish bilingual internship program, with stipend incentives ("grow our own" approach), which has encouraged bilingual interns to choose BH as their learning site. As of this year, we now have a total of 60 interns, 50% of which are bilingual. In the UC Davis reducing disparities report, "the participants also highlighted the need to "grow our own" mental health providers"

http://www.ucdmc.ucdavis.edu/newsroom/pdf/latino_disparities.pdf page 26.

This is exactly what VCBH is working to do. 49 students have been hired, of which 31 are bilingual (63%).

Bilingual - Spanish/English Students

FY 5/6	FY 6/7	FY 7/8	FY 8/9	FY 9/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15
1	4	3	4	6	8	4	20	25	31

Note: Bilingual Stipends fully implemented in FY 12/13

VCBH also funded a trilingual program three evenings a week at Turning Point Wellness and Recovery Center, located in South Oxnard. Staff includes a trilingual Spanish/Mixteco/English speaking lead and three bilingual Spanish speaking Peer Specialists. This staff is in addition to the 70% Spanish-speaking staff in day time.

VCBH has made significant strides in increasing the number of bilingual staff. As of Jan 2015, there are a total 119 bilingual mental health staff, which represents a 32% growth from 90 as of 2009.

Absent a bilingual mental health professional, an interpreter is necessary.

<http://mcr.sagepub.com/content/62/3/255.short> VCBH's policy (Use of Interpreters CA 48), includes the statement that language interpretation services should occur within 30 minutes for LEP clients who need language assistance.

VCBH regrets that there are instances when lacking transportation impedes a consumer's ability to access necessary services. To mitigate the reality of inadequate public transit in certain areas of the county, VCBH has contracted with a transportation company to provide rides to treatment (over 5,000 rides provided in Oxnard alone). In 2007 and 2008 VCBH purchased 14 vehicles to transport consumers to appointments, labs, and other activities. A new clinic for Oxnard was established at the Center Point Mall to enhance access for consumers and family members living in South Oxnard/Port Hueneme. The VCBH evaluation team, STAR, travels county-wide as does the VCBH crisis team. The recently implemented Rapid Integrated Support and Engagement (RISE) program, funded by an SB 82 grant, provides field-based evaluations for hard-to-engage consumers.

Overcoming barriers related to lacking transportation:

LULAC received conflicting information related to whether or not VCBH is sensitive to the challenges for consumers lacking adequate transportation. Nevertheless "insensitivity to travel and access to services" (pg. 27) was listed as a finding.

Providing Culturally Competent Services

LULAC identifies cultural incompetence as a finding.

VCBH’s Resourcing (Staffing and Financial) in support of services to the Latino population.

“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.” (pg.22)

“As offensive as this term and its definition may be to some readers. . .it (Poverty Pimping) 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

VCBH was the champion of a cultural competency training project supported by the Southern California Regional Workforce Education and Training Partnership, whereby Dr. Steven Lopez of USC was funded to do cultural competency training for 4 counties and study its efficacy.

VCBH provides ongoing training for its staff and embraces the importance of providing services and supports that are sensitive and responsive to culture – all cultures. The LULAC report however, illuminated some philosophical differences in how cultural competency is defined, supported and measured within an organization. In order to generate consensus with advocacy groups such as LULAC, and so that the Department may move positively forward in collaboration with its stakeholders on initiatives to address disparities in mental health care, there needs to be a shared definition of what it means for an organization and its staff to be “culturally competent.” Therefore, the VCBH Office of Health Equity has been tasked to work with stakeholders to devise a working definition of cultural competency that utilizes current research and identifies and implements a validated cultural competency tool that may be used to monitor both county and contracted programs and services.

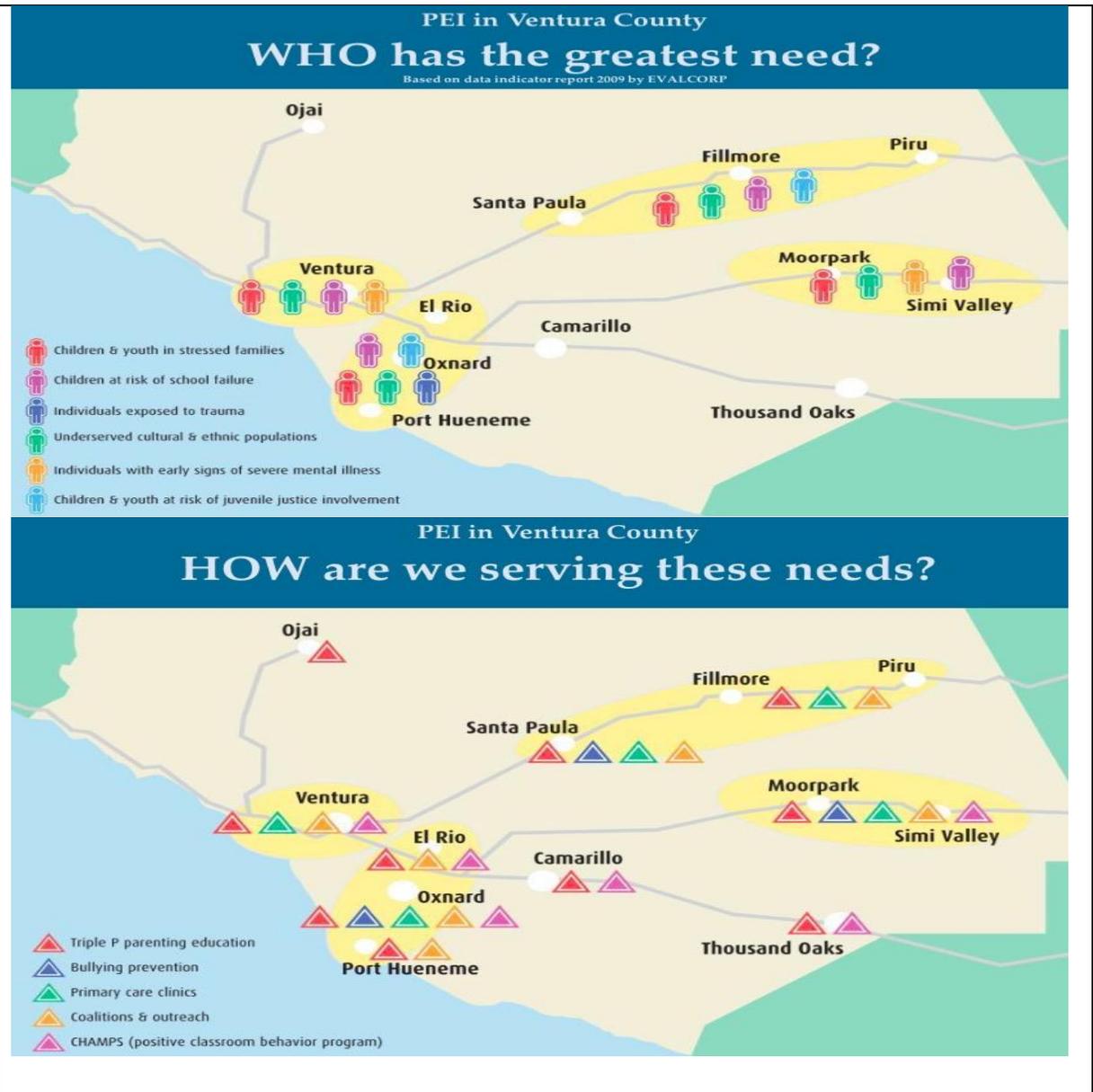
To choose contractors, with regard to their ethnicity, as LULAC suggests, is illegal. Linguistic capacity, cultural sensitivity, clinical expertise, experience, financial stability, etc. are all taken into consideration when a contractor is chosen.

VCBH’s MHSA Prevention and Early Intervention (PEI) Plan was developed using data to identify the geographic areas of need in the county. Through focus groups and key informants, the community identified their specific needs and strategies that might best identify those needs. VCBH implemented programs in the identified, underserved geographic areas of Ventura County following the recommendations made by key informants of those underserved communities.

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.” (pg. 7)

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.” (pg. 22)

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.



<p>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. 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." (pg.25)</p> <p>LULAC contends throughout the report that VCBH does not its contractors accountable and does not fund programs in a cost-effective manner. "A lot of these programs do almost</p>	<p>Contrary to what LULAC reports, a review of implemented PEI programming reveals that the programs were <u>implemented in the identified geographic areas</u>, addressing the needs of the community. Below is a link to the PEI Evaluation Report: http://www.vchca.org/docs/behavioral-health/fy-13-14-update---pei.pdf?sfvrsn=0</p> <p>In addition to Prevention Early Intervention funding, another major source of VCBH funding is Medi-Cal. Medi-Cal funding is based on services delivered, through which federal dollars are drawn down. The race or ethnicity of the person being served has no bearing on the amount of revenue generated.</p> <p>MHSA funding allocations to counties are based on the following: 50% county population; 30% population likely to apply for services, which is the sum of poverty population (<200% federal poverty level) and uninsured with incomes above 200% of federal poverty level; 20% population most likely to access services, which is based on the prevalence of mental illness among different age groups and ethnic groups in each county. VCBH does not control how the state allocates MHSA funding.</p> <p>Actual staffing levels demonstrate that the majority of staff is located in the West County, not East County. "Salaries and benefits" is the largest line item in the VCBH budget, meaning that VCBH allocates the majority of its resources to the West County.</p> <p>The Oxnard clinic at Williams Drive is a modern facility. VCBH just completed a significant investment (\$2M) in a new south Oxnard clinic, for which there was a grand opening on December 10, 2014. This clinic is co-located with the HCA Medi-Cal Clinic, Las Islas and the Turning Point Wellness and Recovery Center. It is anticipated that new staff will be hired to accommodate the increased numbers of clients accessing care.</p> <p>VCBH holds its contractors to high standards and is constantly supporting performance improvement related to data collection, monitoring and decision-making. Treatment contracts are monitored in a team approach, with representation of the following areas: operations, Quality Assurance, finance and contracts' management. Contract monitoring meetings occur with the contractor and the monitoring team to review financial, outcome, performance and other data.</p>
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nothing and they get millions of dollars.” (pg. 24)

“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?" (pg.8)

LULAC proposes a number of recommendations to address its findings.

When issues are identified, or contract expectations are not being met, plans of correction are put into place and monitored. Additionally, all MHSA programs have been reviewed in the Behavioral Health Advisory Board (BHAB) and Community Leadership Committee (CLC) meetings which are governed by the Brown Act.

While this paragraph is presented as hypothetical scenario, it’s similarity to a VCBH funded program, Recovery Innovations (RI), is so close that the reality of RI’s budget warrants clarification.

What LULAC fails to reveal is that of the \$1.3M budget, approximately \$900K is spent on peer salaries for approximately 38 employed mentally ill individuals (24 FTEs of which 6 bilingual). In addition Recovery Innovations peer staff then provides approximately 1200 people with WRAP and WELL classes. These peers are providing direct services to clients, utilizing their lived-experience. Utilizing peers is a requirement of MHSA and hiring through Recovery Innovations is cost effective.

VCBH looks forward to reviewing the report with LULAC, to come to a mutual understanding regarding the current status of VCBH outreach, programming and performance/outcome data related to the Latino population. From that understanding, it is hoped the VCBH and LULAC will work collaboratively in the future to promote wellness and recovery for SMI/SED Latino consumers, youth and family members.