

**County of Fresno
Board of Supervisors**



**Response to the 2024-25
Fresno County Civil Grand Jury
Final Report No. 3**

Fresno County Board of Supervisors Response

Grand Jury Final Report No. 3

“Fresno County Department of Behavioral Health: Will the Department be able to meet current and future challenges?”

Below is the response from the Fresno County Board of Supervisors (Board) to the findings and recommendations outlined in the 2024-25 Civil Grand Jury Final Report No. 3. The County appreciates the Grand Jury for its investigation and recommendations related to the County's behavioral health system of care.

FINDINGS

- F1. Funding is sensitive as it comes from Federal and State sources (Medi-Cal and grants), yet there is no contingency plan defining how spending will be cut at DBH in the event of funding cuts.**

Response:

The Board partially disagrees with this finding. The Department of Behavioral Health (DBH) has established a framework in response to the evolving fiscal climate, including a variety of potential adjustments and a methodology for developing budget recommendations to the County Administrative Officer and this Board, who maintains authority over County policy and budget approval.

To mitigate funding volatility, DBH has maximized use of the Mental Health Services Act (MHSA) Prudent Reserve in compliance with regulatory guidelines. DBH also conducts ongoing fiscal monitoring through structured processes, such as monthly fiscal updates at leadership team meetings, routine planning sessions between Finance staff and executive leadership, and quarterly fiscal reviews with each division. These activities ensure regular oversight and responsiveness to changing funding conditions.

While DBH does not currently have a written contingency policy, it is actively developing such a document to further formalize its strategic fiscal planning approach.

- F2. There is no formal system of vertical communication for DBH employees to ask questions or make suggestions and have a guaranteed response from upper management.**

Response:

The Board disagrees with this finding. DBH provides multiple formal and informal channels for employees to communicate with leadership and receive responses, including:

- Monthly live YouTube broadcasts for all staff;
- All-Staff meetings at least once a year;
- Monthly All-Supervisors meetings; and

- Quarterly division meetings where staff can raise questions and provide input.

Additionally, Deputy Directors and Division Managers routinely visit work sites, attend staff meetings, and remain accessible to employees. Open, two-way communication is also facilitated through email, Microsoft Teams, one-on-one meetings, and employee focus groups.

F3. The transition to SmartCare Electronic Health Record (EHR) software system has created more issues for DBH than anticipated.

Response:

The Board disagrees with this finding. DBH anticipated challenges with the SmartCare EHR transition and strategically aligned the rollout with California's behavioral health payment reform to minimize disruption.

DBH established a comprehensive support structure, including Subject Matter Experts, Expert Users, and Super Users, who received specialized training and provide ongoing assistance. Key groups, such as the Clinical Expert Users, continue to meet regularly to address issues and support staff.

A dedicated communication channel facilitates real-time problem-solving, and new employees receive mandatory onboarding training. DBH's training plan has been recognized as a model by State authorities.

Additionally, DBH participates in regular technical assistance calls with the California Mental Health Services Authority to address system-wide issues and improvements.

F4. DBH Field Clinicians lack sufficient training to enhance their safety and effectiveness.

Response:

The Board partially disagrees with this finding. New hires complete required trainings based on their roles, with supervisors ensuring enrollment through DBH Staff Development and learning management systems. Identified training needs are addressed by the DBH Training Committee and Staff Development through external trainers, internal experts, or targeted training series.

Clinical staff receive additional training and supervision from Clinical Supervisors, supported by an onboarding guideline that includes safety and de-escalation protocols. DBH invests in evidence-based practice consultations and clinical mentoring for pre-licensure clinicians. A formalized, comprehensive training plan covering safety, clinical skills, and field protocols is currently in development.

To address safety training needs, DBH assessed and resumed Crisis Prevention Institute's (CPI) Nonviolent Crisis Intervention (NCI) training in early 2025 after COVID-related pauses. The Department also assigned other safety courses its learning management system and collaborated with County Human Resources to train internal NCI trainers, enabling broad in-person training delivery. As of June 2025, 180 staff have

completed NCI training, prioritizing clinical personnel with plans to expand to non-clinical staff.

- F5. DBH's Field Clinicians have no current information regarding known violent tendencies or criminal history of their patients prior to meeting with them.**

Response:

The Board partially disagrees with this finding. For individuals previously served by DBH or referred through the justice system, relevant information – including criminal history and violent behavior – is documented in clinical records and accessible to clinical and field staff. Referrals from the criminal justice system typically include such details.

For first-time service users, information on potential violence or criminal history may not be available in advance. To address this, risk assessments are standard practice during all initial evaluations and reassessments following service interruptions.

- F6. There are insufficient or outdated supplies provided to DBH clinicians working in environments outside of the office including complete first aid kits and Narcan.**

Response:

The Board agrees with this finding.

- F7. DBH is not maintaining the most current information on its website as reports located on the website are aged and require updating.**

Response:

The Board agrees with this finding.

- F8. The Auditor - Controller / Treasurer-Tax Collector's office and DBH Finance/Accounting division have a different perception as to the timing of reimbursements into the County's general fund.**

Response:

The Board agrees with this finding. While some confusion occurred in FY 2023-24 due to the complexity and novelty of California's 2023 payment reform, DBH, Auditor-Controller/Treasurer-Tax Collector (ACTTC), and County Administrative Office (CAO) staff held recurring meetings to resolve the issues, and clarity on the timing of reimbursements has since been achieved.

RECOMMENDATIONS

- R1. The Director of Behavioral Health should create a written contingency plan to define cuts in service in the event there are cuts in funding by January 31, 2026. (F1)**

Response:

The Board will not seek to implement this recommendation as written and agrees with DBH's alternative actions to align with its intent. A written policy outlining financial review and contingency planning – including a process for recommending budget reductions – will be completed by January 31, 2026.

Additionally, the Integrated Plan required through Proposition 1 will serve as a formal, ongoing contingency plan. The Plan will be in effect July 1, 2026, reviewed and approved by this Board, and updated on an annual basis.

- R2. The Director of Behavioral Health or his/her designee should create a vertical communication system enabling field level staff to communicate concerns and suggestions to the Deputy Director / Director level of management by December 31, 2025. (F2)**

Response:

The Board will not seek to implement this recommendation, as it is not justified. As outlined in the response to Finding F2, DBH already employs a range of communication channels to address questions and concerns from staff at all levels.

- R3. An employee proficient in SmartCare should be identified by the Director of Behavioral Health as the subject matter expert (SME) to provide as needed training or assistance to all DBH Employees by December 31, 2025. (F3)**

Response:

The Board will not seek to implement this recommendation, as it is not practical for DBH's operations. Instead, DBH will continue utilizing multiple Subject Matter Experts (SMEs) across functional areas, such as Clinical, Finance, IT, and Medical Services.

To strengthen awareness of the existing support structure, DBH will provide a presentation at an All Supervisors meeting by December 31, 2025, covering SmartCare training resources, the role of Expert Users, and guidance on escalating EHR issues. This will be followed by department-wide communication reinforcing the appropriate steps for seeking EHR assistance. The Board believes this approach more effectively addresses the concerns outlined in the recommendation.

- R4. The Director of Behavioral Health or his/her designee should develop a formal training program for all new hires based on their administrative or professional category by March 31, 2026. (F4)**

Response:

The Board agrees with the intent of this recommendation. While DBH already provides role-based training for new hires, there is opportunity for refinement. DBH Staff Development will finalize and implement formal written training plans for all classifications by March 31, 2026.

- R5. The Director of Behavioral Health or his/her designee should develop a formal training for all field clinicians, with annual refresher training based on current**

needs, including a hands-on self defense course and make it available to all field staff who encounter clients by March 31, 2026. (F4)

Response:

The Board supports the implementation this recommendation in part. As referenced in the response to Recommendation R4, a written training plan will be available by March 31, 2026 for all employees, including field clinicians. Additionally, DBH has already implemented CPI NCI training for all staff, with clinical staff prioritized.

The recommendation for annual refresher training is under review. DBH will determine an appropriate and sustainable frequency for refresher trainings based on subject matter and staff needs.

- R6. The Director of Behavioral Health or his/her designee should create a flag in the Smart Care System which identifies known violent tendencies and criminal history of the clients by March 31, 2026. (F5)**

Response:

The Board will not seek to implement this recommendation, as it is not reasonable. SmartCare currently includes a "Safety Risk" flag, with training provided on its use. DBH will issue updated policy on flag use by March 31, 2026, balancing alert effectiveness with risks like "flag fatigue" and bias.

A criminal history flag will not be created, as it risks stigma and is not clinically appropriate. Instead, relevant safety concerns will be documented through individualized assessments. Additionally, DBH will continue to prioritize safety training, including de-escalation techniques and self-defense.

- R7. The Director of Behavioral Health or his/her designee should implement a resupply system that ensures all first aid kits in DBH vehicles are fully stocked and updated by January 31, 2026. (F6)**

Response:

The Board supports implementation of this recommendation. DBH is updating and standardizing its existing protocols, providing staff training, and enhancing monitoring to ensure first aid kits are fully stocked and supplies are within their recommended shelf life. These improvements will be completed by January 31, 2026.

- R8. The Director of Behavioral Health should require that field staff be provided with Narcan, based on the potential Fentanyl and Opioid exposure in the field by January 31, 2026. (F6)**

Response:

This recommendation requires further review due to labor consultation requirements. Naloxone (Narcan) is currently available in some DBH clinics and regularly monitored. DBH plans to expand Naloxone access to field staff with a rollout by December 31, 2025, pending Labor Relations notification.

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Due to storage requirements, Naloxone cannot be kept in vehicles but will be included in voluntary field kits for trained staff. The Department will consider making Naloxone mandatory, subject to bargaining unit approval.

- R9. The Director of Behavioral Health or his/her designee should conduct a yearly audit of each link and button on the DBH website to ensure reports and information contained on the website are up to date by January 31, 2026. (F7)**

Response:

The Board supports implementing this recommendation. DBH will establish an annual protocol to review and audit its website, including all pages, links, and buttons, to ensure accuracy, accessibility and usability. The DBH Director will also evaluate communication strategies for further improvements. The full audit will be completed by January 31, 2026.

- R10. The Director of Behavioral Health or his/her designee should schedule monthly meetings with the County Auditor/Controller's Office to timely resolve any accounting issues by December 31, 2025. (F8)**

Response:

The recommendation will not be implemented as it is not warranted. The offices of DBH and Auditor-Controller/Treasurer-Tax Collector have a strong working relationship with clear escalation paths for timely dispute resolution. Quarterly executive meetings are sufficient for routine communication, with additional meetings scheduled as needed. The County Budget Director will also be included in these quarterly meetings to ensure coordination among all parties.

- R11. The Director of Behavioral Health should develop a clear written procedure regarding the timing of reimbursement from DBH to the County general fund by December 31, 2025. (F8)**

Response:

This recommendation is planned for implementation by December 31, 2025. While reimbursement timing is governed by State policies beyond the County's control, DBH will create a written procedure detailing its State claiming process and timelines for transfers to the General Fund by that date.

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