County of Fresno

Department of Behavioral Health
Susan L. Holt
Director of Behavioral Health
Public Guardian

July 29, 2025

The Honorable Judge Houry A. Sanderson, Presiding Judge
Fresno County Superior Court
1100 Van Ness Avenue
Fresno, CA 93724-0002

Subject: Grand Jury Report No. 3 Fresno County Department of Behavioral Health: Will the Department be able to meet current and future challenges?

Judge Sanderson:

Please find below the response from the Department of Behavioral Health (DBH or Department) to the FY 2024-25 Grand Jury Report No. 3 findings and recommendations. DBH thanks the Grand Jury for its investigation and recommendations.

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 Department partially disagrees with the finding. DBH agrees that the funding is sensitive and complex, however, stating the Department does not have a contingency plan is not completely accurate. DBH has developed a menu of potential changes and a mechanism to make those decisions, including bringing forth recommendations for cuts to the budget, when appropriate, to the Board of Supervisors, as the Board is ultimately responsible for setting County policy and approving the budget. In addition, DBH has maximized the Mental Health Services Act (MHSA) Prudent Reserve as allowable by regulations to prepare for changes to MHSA funding, and this is outlined in the MHSA Plan, which is updated annually and approved by the Board of Supervisors.

The DBH Finance Division Manager has a standing item on the Department's leadership team meeting agenda for monthly fiscal updates to all Division Managers, Deputy Directors, and the Director; this item provides a continuous opportunity to review key funding and budgetary matters and for all leadership team members to assist in planning. The Director and Deputy Directors meet monthly with the DBH Finance Division for routine fiscal reporting and planning, as well adjustments, as needed and within budgetary authority. Additionally, each division has a quarterly fiscal check-in meeting with the DBH Finance Division, Deputy Directors, and the Director for fiscal monitoring and planning purposes. Most of the funding sources which support Department services and operations are dynamic, not static.

The current regulatory environment in the California public behavioral health environment is rapidly evolving. Preparedness for funding changes is an ongoing process, as the Department continuously updates projections of revenue increases or declines and adjusts expenditures based on actual changes in revenue where authorized in the approved departmental budget. Decisions on adjustments are made in alignment with the Department's vision, mission, and goals and the overall County mission, always with focus on preservation of core services to the public. The Director of DBH provides frequent updates to the County Administrative Officer regarding any threats to DBH funding and would return to the Board of Supervisors with formal recommendations in the event of significant external cuts to funding. While contingency planning is regular and ongoing, DBH acknowledges that there is not a written departmental policy or document outlining the process by which we review and plan for overall funding changes and we are in the process of creating such a policy.

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 Department disagrees with this finding. There are numerous opportunities for DBH employees to communicate with upper management and have a guaranteed response. The Director of DBH conducts a live YouTube broadcast every month to all DBH employees, which includes a standard question-and-answer segment at the end. Employees may ask questions in real time by emailing the DBH Executive Assistant who relays them to the Director live, or by asking anonymously through YouTube's live chat feature. During the YouTube broadcast, the Director answers all questions in real time if answers are known and for any questions that cannot be answered live, the Director commits to address them by email or subsequent presentation. This broadcast date/time is typically the third Thursday of every month and the meeting invitation is sent by Outlook to all employees for their calendar. If rescheduling is required, all employees are notified by email. Employees who cannot view the broadcast live can watch the recording; the DBH Executive Assistant sends the link to the recording by email following the broadcast and employees may send in questions via email for follow up.

The Department also hosts one or more annual All Staff Meetings, during which a question-and-answer section is included. The December 2024 All Staff Meeting was fully dedicated to questions and answers with invited guest, County Administrative Officer, Paul Nerland; during that meeting both Mr. Nerland and the DBH Director, Susan Holt, addressed questions directly asked by DBH employees. For calendar year 2025, two in-person All Staff Meetings are planned. Additionally, the DBH Director holds a monthly All Supervisors meeting where every supervisor in the Department is expected to attend. During these All Supervisors meetings, supervisors are encouraged to ask questions and make suggestions.

Division Managers schedule quarterly meetings with their division to provide information, address questions, hear concerns and suggestions, and focus on teambuilding. As schedules permit, Deputy Directors are invited to participate in divisional meetings. Division Managers routinely provide feedback from their employees to Deputy Directors and the Director. DBH teams have regular meetings with their supervisors and Division Managers visit their teams on a regular basis, giving staff the opportunity to ask questions, seek clarification, and

provide suggestions. Supervisors are encouraged to meet regularly with their managers who, in turn, are expected to communicate employee and supervisor feedback with a member of the DBH Executive Leadership Team. Supervisors are also recommended to regularly schedule one-on-one meetings with their individual team members.

At all levels, team members are welcome to share information. Deputy Directors and DBH Human Resources representatives meet often with bargaining units and document all concerns and suggestions for follow up. DBH leaders circle back in subsequent meetings to share the outcome of follow up with bargaining unit representatives and employees who participate in the labor-management meetings. Team members are reminded during the bargaining unit meetings of the availability of the chain-of-command and inclusion of DBH Human Resources and encouraged to escalate any questions, suggestions, or concerns.

Employees are encouraged to ask questions of the DBH Director, Deputy Directors and Division Managers via email, Teams chats, or by setting up appointments for a meeting. Deputy Directors routinely visit programs, work areas, and staff meetings specifically to hear from employees in their areas of responsibility. The Director has utilized the DBH Quality Management team (formerly known as Quality Improvement Team) to facilitate focus groups to further illicit input, perspectives, and suggestions from DBH employees.

Employees working in the field have County-issued cellular phones to communicate with their supervisor or a designated supervisor or manager who may be covering in the event of the supervisor's absence. All Division Managers are accessible by cell phone during business hours. The expectation for multidirectional sharing of information, suggestions, and questions has been communicated numerous times and in different formats in DBH. The Director, Deputy Directors, and Division Managers regularly communicate with DBH employees, responding to questions and suggestions in various formats, which have been supported and encouraged by these leaders including, but not limited to, the live Director's Update broadcast, standing meetings, direct email, by-appointment, one-on-one meetings, labor-management bargaining unit meetings, and employee focus groups. While the Director acknowledges that communication in any organization can always improve, the Director believes that there are numerous formal and informal mechanisms for vertical communication.

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

Response:

The Department disagrees with this finding. Stating that the transition has created more issues than anticipated is not accurate, as DBH anticipated the transition would include numerous challenging issues. DBH was aware of the ambitious timeline to implement the new software, but the transition date was, by design, aligned with California's historical behavioral health payment reform. This decision was strategically executed in order to minimize the number of changes that staff would have to make to accommodate payment reform. Implementation challenges are inherent in any transition of a healthcare system's electronic health record; thus, DBH was proactive to prepare for and develop processes to swiftly address transition challenges as they surfaced.

There are numerous employees identified as Subject Matter Experts (SME) and Expert Users throughout the Department in specialized areas and these employees received enhanced SmartCare training to serve as the first point of contact within their teams. Another layer of expertise was established in the form of Super Users, which includes representatives from DBH Compliance, Information Technology, a few Division Managers and a select few Expert Users. Throughout implementation, this group would discuss questions and determine answers, address real-time issues, and post validated information and instruction in a Teams chat with all the Expert Users. An example of a specialized Expert Users group in DBH is a group of SMEs called the Clinical Expert Users. This group was formed before SmartCare go-live and met weekly before and after go-live. Each team had their Clinical Supervisor and one other team member who were identified to serve as the SME Expert Users for their team. Although DBH is now well beyond the initial transition support needs, the Clinical Expert Users group continues to meet monthly to this day for ongoing EHR support. Other groups of classification or function-based Expert Users also met regularly throughout DBH's preparation for and implementation of SmartCare. The Teams chat for all Expert Users is still currently maintained and accessible for any support or immediate answers which may be needed. Each DBH team maintains an identified Expert User representative who is expected to troubleshoot, train, share information with their team and to the other expert users. Both contracted and county staff participate in this process. Clinicians in the Planning and Quality Management (PQM) Division are also SMEs and provide additional support to staff when needed. PQM conducts a hands-on training for new staff who are onboarding into the EHR as new users of the system. This training, called SmartCare Onboarding for Full EHR Users, is an in-person monthly training for new hires. New hires in DBH are automatically enrolled in this training.

Prior to the SmartCare go-live date, DBH Staff Development created a SmartCare training plan with links to all online trainings related to the EHR. This training plan was celebrated as an example for the rest of the counties in many cross-county meetings hosted by the Joint Powers Authority as well as the California Mental Health Services Authority (CalMHSA), which serves as the overall System Administrator of the semi-statewide SmartCare EHR.

SmartCare is a semi-statewide EHR for participating county behavioral health plans and, as such, DBH participates in regular Technical Assistance calls with CalMHSA SmartCare System Administration to raise issues and to facilitate development of supports and solutions in the EHR.

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

Response:

The Department partially disagrees with this finding. New hires are required to take trainings relevant to their professional category (whether clinical or administrative) and supervisors ensure that their staff are signed up for all appropriate trainings through DBH Staff Development, Relias Learning Management System (LMS), or Neogov (County's electronic LMS). When training needs are identified, the DBH Training Committee and/or the DBH Staff Development team (with support from management) propose solutions to address the needs. Solutions have included bringing in external trainers, utilizing internal team members to provide training, and developing a training series specific to a professional classification.

For clinicians and other clinical staff, Clinical Supervisors also provide trainings in their staff meetings and in one-to-one supervision related to targeted case management, psychosocial rehabilitation, crisis intervention, documentation and other relative topics. The Clinical Supervisor Onboarding Training Guideline supports Clinical Supervisors to onboard new clinical staff and includes safety and de-escalation training. This guideline was developed through a DBH Training Committee workgroup in July 2022 and was last updated on April 16, 2024. Although this document was shared with Clinical Supervisors, it is possible that not all Clinical Supervisors have a current copy. To mitigate that risk moving forward, Staff Development will assign this training guideline to all new Clinical Supervisors through the Relias LMS and assign a Relias LMS module for all existing Clinical Supervisors on an annual basis.

DBH has invested in numerous clinical training modalities and supports evidence-based practice consultation groups for specific modalities (e.g., treatment of eating disorders). Additionally, all pre-licensure clinicians receive up to three hours of clinical mentoring from experienced licensed clinicians, in addition to the training and supervision provided by their Clinical Supervisor. Clinical mentoring provides a direct process for clinical guidance, support, and coaching by a licensed clinician, which can include a wide range of clinical topics including, but not limited to, evidence-based practices, diagnostics, specific treatment interventions, and clinical management of persons who present with complex behaviors. DBH is also in the process of formalizing a written training plan for all team members, which will include safety, clinical trainings, and clear protocols for field-based service delivery for all clinical staff.

Related to safety, in early 2023, the Department conducted an assessment to reinstitute Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention (NCI) trainings for all DBH staff, which was previously paused due to COVID-19 and the lack of certified trainers. NCI is a certified training in nonviolent crisis intervention that teaches staff how to prevent, recognize, and respond to challenging behaviors; prioritize safety; and use physical interventions as a last resort. The training includes risk assessment, verbal and non-verbal de-escalation skills, disengagement tactics and techniques to physically intervene if other options have been exhausted. The certification training supports staff to identify stages of increasing behaviors, use evidence-based approaches with individuals presenting with crisis behaviors, and prepares staff to minimize physical interventions by using safe and advanced disengagement techniques.

While the Department prepared to relaunch the NCI training, it identified and implemented other safety trainings through the Relias LMS. For example, on March 20, 2023, the Department assigned two safety trainings to all staff: 1) Strategies for Preventing and De-escalating Hostile Situations, and 2) Facing Confrontation in Customer Service. In June 2023, the Department met with a CPI representative to explore a direct delivery training model. While the Department continued efforts to create a plan for in-person NCI training, DBH Staff Development identified other trainings in the Relias learning management system. On June 30, 2023, the Department emailed all staff of the availability of safety focused trainings: 1) First Aid, 2) Safety in the Field, and 3) The Basics of Workplace Safety, and included instructions on the process for enrollment.

On July 25, 2024, DBH Staff Development submitted a proposal to resume in-person NCI training, whereby the Department funds three County Human Resources (HR) Staff Development members to become CPI NCI trainers via a train-the-trainer process. The goal of DBH was to invest in an approach for training in NCI that could support all of DBH as well as other county departments who could benefit from this valuable training. County HR committed to provide 25 NCI training sessions to train over 500 staff over a span of 18 months. In February 2025, NCI training was reinstituted and offered twice per month for DBH staff. The Department's goal is to ensure all clinical staff are trained first and after that, the NCI training will be expanded to non-clinical positions. As of June 2025, a total of 180 staff have received NCI training.

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 Department partially disagrees with this finding. With respect to persons previously known to the Department or referred through the justice system, information is available to clinical staff, including field staff. As a common clinical assessment practice, information related to a person's criminal history or violent behavior, when disclosed or otherwise made available, would be documented and available in the clinical record. Thus, for persons having received a past service from the Department, a new team member who is to meet with a person for the first time has access to those records. For individuals who are specifically referred to the Department by the criminal justice system, those referrals typically come with details of criminal history. The Department agrees that for persons who are accessing our system of care for the first time, information related to potential for violence and criminal history is not available ahead of time. Risk assessment is a standard clinical procedure in every initial assessment for those accessing the system of care for the first time and in every reassessment for persons returning to services after a hiatus.

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 Department 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 Department 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 Department partially disagrees with this finding. In July 2023, a new county behavioral health payment method was implemented by California, commonly known as “payment reform.” This historic reform completely changed the process by which counties are paid for specialty mental health services from a cost-based reimbursement methodology, subject to retrospective cost settlement often up to ten years in arrears, to a fee-for-service methodology with an intergovernmental transfer process. DBH notified Assistant CAO, Greg Reinke and Deputy Auditor, Enedina Garcia of the upcoming change in FY 2022-23. However, DBH agrees that there was some confusion between the departments in FY 2023-24, as the entire process was new to both DBH and the Auditor-Controller/Treasurer-Tax Collector’s (ACTTC) offices. DBH, the County Administrative Office, and the ACTTC held recurring meetings in FY 2023-24 to address this. As of the publication of the Civil Grand Jury Report, the offices of DBH and ACTTC had long since resolved the initial confusion on timing of reimbursements. Nonetheless, DBH acknowledges the complexities of payment reform and the initial confusion that resulted across departments.

The Civil Grand Jury report erroneously stated that at one point, DBH owed the County general fund over $200 million. DBH records confirm that while there were limited and isolated months of high dollars due to the general fund, the Department’s portion never exceeded $200 million, and most months were significantly lower than that figure.

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:

DBH will not implement this recommendation because as it is written in the Civil Grand Jury Report, it is not reasonable; however, DBH offers alternative solutions that the Director believes satisfy the intent of R1.

DBH is developing a written policy that outlines the behavioral health financial review process, including review of potential funding threats and contingency planning, and specifies the process by which recommendations for formal cuts to the budget would be prepared for consideration by the Board of Supervisors in the event of external cuts in funding. This policy will be written by January 31, 2026. It is important to note that, pursuant to the passage of Proposition 1 in March 2024, effective July 1, 2026, all DBH funding sources will be incorporated into an Integrated Plan that must be approved by the Board of Supervisors, submitted to the California Department of Health Care Services by June 30, 2026, and updated annually. Additionally, any significant changes to funding require an update to the Integrated Plan. In effect, this Integrated Plan reflects ongoing contingency planning, in writing, for all funding sources.

As stated in response to F1, funding and operations are dynamic, not static, so the Director of DBH does not support creating a plan which defines predetermined specific cuts in services, as the most prudent business practice is to have ongoing analysis and planning to support the Board of Supervisors in decision-making for the budget in alignment with the Board’s priorities. The combination of the new statutorily required Integrated Plan and an internal

departmental written policy related to financial review and planning process is believed to satisfy the Department's understanding of the intent of the R1.

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:

This recommendation will not be implemented because it is not warranted. As described in response to F2, DBH has numerous existing formal and informal mechanisms for vertical communication by all levels of staff.

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:

This recommendation will not be implemented because it is not warranted nor reasonable. The Department believes it is not advisable to have one singular SME to provide training and assistance to all DBH employees. As outlined in response to F3, there are already numerous employees identified as SMEs throughout the Department based on their specialized areas. Having one person who would serve as a singular SME across all areas, including having a meaningful understanding of the functions and implications of the EHR for diverse areas such as Finance, Clinical, Medical, Plan Administration, and Information Technology is not feasible and may introduce unintended risk to the Department. The existing system of SME by functional areas of the Department is a more effective mechanism.

To ensure all areas have clarity on the existing Expert User and training system, DBH will include a presentation and discussion at a DBH All Supervisors meeting by December 31, 2025 regarding how to access training on SmartCare; provide clarity on the role of Expert Users; remind all staff to reach out to their expert users when having any EHR issues; and to ensure all Department supervisors are clear on how to share updates from their Expert Users with the DBH leads for SmartCare. The Department believes that this level-setting presentation, including time for questions and discussion, will ensure that all Department teams retain awareness of how to access training and Expert User support. Following this presentation and discussion, the DBH Health Information Technology and Privacy Management Division will send department-wide communication reminding all SmartCare Users to contact their Expert User and/or their direct supervisor when experiencing any challenges related to the EHR. The Department believes this alternative recommendation is the most prudent business decision to address concerns identified in F3.

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 recommendation has not yet been implemented but will be by March 31, 2026. Although the Department already has a training program for new hires based on their administrative or professional category, the Department agrees that this is an opportunity for improvement and expansion and had already planned to enhance and improve our process, which aligns well with this recommendation. The DBH Staff Development unit will ensure updated training guidelines exist for all classifications and will assign those guidelines to all new supervisors through the Relias LMS. DBH Staff Development will assign a Relias LMS module for all existing supervisors on an annual basis. DBH will finalize formal written training plans for all employee classifications by March 31, 2026, and these plans will be updated no less than annually thereafter. In addition to trainings specific to classifications (e.g., clinicians, accountants, staff analysts), DBH Staff Development will ensure that for any classifications providing field-based services, training plans will include clear protocols and safety training for field-based service delivery.

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 first component of this recommendation ("a formal training for all field clinicians") has not yet been implemented but will be by March 31, 2026. The Department is implementing a formal training plan for all employees, including field clinicians, as noted above in R4. A formal NCI training for all staff, prioritizing clinical staff first, has already been implemented and this training includes a hands-on physical intervention component. The second part of this recommendation ("with annual refresher training based on current needs") requires further analysis as to operational needs and a sustainable refresher training cadence and format. As the Department updates and finalizes formal training plans for all classifications, by March 31, 2026, the Department will ensure that the plans include the frequency with which employees will take a refresher course.

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 Department will not implement this recommendation because it is not reasonable. The Department offers an alternative solution to address concerns identified in F5. There are over 60 different flags in SmartCare, and one of them is Safety Risk. This flag can already be added to a person's health record and configured as a pop-up or an icon near the person's name when the person is selected by the EHR user. Training is provided in EHR onboarding on how to add and remove flags to charts.

By March 31, 2026, the Department will update EHR guidance in the form of a policy on how and when to add a safety risk flag on a chart, including how often flags should be reviewed and when they should be removed. A factor to be considered in said guidance is "flag

fatigue," a phenomenon by which staff become desensitized to flags and come to ignore them due to the sheer amount of them and high frequency with which flags are present in health records. If most persons have a flag on their health record, then flags would tend to be ignored; thus, most EHR professionals advise a cautious use of flags to minimize flag fatigue, so that utility of flags to serve as an alert is not diminished.

Another factor for DBH to consider in developing policy guidance, which will need to be monitored, is the potential for disproportionate use of flags in certain populations due to implicit bias. Having a specific flag related to criminal history will not be implemented as it is not clinically useful and risks introducing stigma and bias in care delivery. A better process is to support clinical staff to conduct a thorough and comprehensive individualized clinical assessment at the first intake. For subsequent treating professionals beyond the initial assessing professional, best practice is to review the existing health record and build on clinical information in the record throughout the course of a person's care with the Department in ongoing reassessment. Clinical assessments (including reassessments) should document relevant history including danger to self; danger to others; and relevant involvement with the other systems and services such as child welfare, the justice system, physical health care, and other systems. DBH employees will continue to receive safety trainings as any member of the public could potentially pose a threat to safety and DBH remains committed to training our employees to be mindful of workplace safety.

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 recommendation has not yet been implemented but will be implemented in the future. Although the Department already has a written protocol for County vehicles to have adequate first aid supplies (e.g., checklist for County vehicles, a How-to-Guide, and a procedure for vehicle check-out), the Department has learned that not all staff are following these guidelines. Thus, DBH is revisiting and updating the process, standardizing protocols, implementing training for staff on the updated process, and will bolster monitoring procedures to ensure that first aid kits are kept fully supplied with non-expired, required items. The revised written and standardized protocols, with training, will be implemented no later than 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:

The recommendation requires further analysis because a new requirement imposed on represented employees requires DBH to consult County Labor Relations and Meet and Confer with employees' bargaining units. Narcan is a brand name of Naloxone, a medication that can rapidly reverse the effects of an opioid overdose. Clinical staff members' incidental exposure to Fentanyl and other Opioids in the course of their duties is exceptionally low, and DBH team members will be far more likely to administer Naloxone to community members than to themselves in the course of their duties.

The Department supports having Naloxone available to staff who are trained to administer it and, in fact, has had Naloxone in some DBH clinics for several years. Naloxone is available in a separate compartment that is placed adjacent to first aid kits in DBH clinical buildings. The DBH Safety Committee members in those areas are responsible to check the fire extinguishers, first aid kits and Naloxone monthly to determine any necessary replacement/replenishment. DBH Safety Committee member information is posted in the building breakrooms. The Department supports expanding the practice of having Naloxone available to other sites as well as to team members providing field-based services. The Department intends to prepare a plan for field staff to be provided with Naloxone and to notice Labor Relations before December 31, 2025.

Naloxone training is already mandatory for all DBH employees in medical classifications (i.e., Licensed Vocational Nurse, Psychiatric Technician, and Mental Health Nurse) and voluntary training is available for non-medical staff who express interest and willingness to voluntarily administer Naloxone. The training in how to administer Naloxone is encouraged for all DBH employees.

Preliminary analysis has resulted in draft plans to create “field kits” for staff to take when providing services in the field. As Naloxone is a medication which should be maintained between 59 - 86 degrees Fahrenheit, and weather conditions of Fresno County can go below 59 and exceed 86 for most months out of the year, storing Narcan in vehicle’s first aid kits is not viable. Therefore, the Department is in the process of creating field kits for staff who go into the field and these kits will include Naloxone. By December 31, 2025, DBH will offer these field kits to employees voluntarily. To carry a field kit, employees must complete a DBH-approved training on how to administer Naloxone. DBH will explore whether carrying Naloxone will be a requirement for all DBH employee classifications. As noted above, for some employee classifications, this would be subject to a Meet and Confer process with employees’ bargaining units.

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 recommendation has not yet been implemented but will be by January 31, 2026. To ensure accuracy of information available to the public, DBH will establish a protocol to do a full review and audit of its website, including all pages within and each link and button at least annually. DBH is currently in the process of streamlining information on its website so that information is easier to track and more accessible and actionable for the public. Team members are actively reviewing all links and buttons. Materials that are no longer current are being archived. The Director will also review the Department’s current communications strategies to consider additional recommendations for improvement. Streamlining the existing information on the DBH website and the first full audit of each link and button will be completed no later than 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 because it is not reasonable. The Director of DBH and the ACTTC have established a working relationship that affords each of our respective teams the opportunity for escalation and access to both Department Heads for swift dispute resolution if and when needed. As such, with clear lines of communication already established and for the sake of efficient use of resources, it is believed that a standing quarterly meeting is sufficient for routine executive level meetings. Meetings can be scheduled more often if determined necessary by either department. Additionally, the Director of DBH and the ACTTC will seek to include the County Budget Director, representing the County Administrative Office, in the quarterly meetings to ensure that all three parties are on the same page moving forward.

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:

The recommendation has not yet been implemented but will be by December 31, 2025. Although timing of reimbursement is dependent upon processes controlled by the State, and the County nor DBH can dictate State policy, DBH will develop a written procedure of how its claiming to the State is completed and timelines for transfers to the general fund. This written procedure will be completed no later than December 31, 2025.

On behalf of DBH, thank you for the opportunity to review and respond to the findings and recommendations of the FY 2024-25 Civil Grand Jury Report No. 3.

Sincerely,


Susan Holt (Jul 29, 2025 15:02:58 PDT)

Susan L. Holt
Director of Behavioral Health and Public Guardian

cc: Paul Nerland, County Administrative Officer
Oscar J. Garcia, CPA, Auditor-Controller/Treasurer-Tax Collector