



**Madera County's Behavioral Health Services
Madera County Grand Jury
Final Report 2324-02
June 19, 2024**

Summary

Every generation has its challenges, and how individuals deal with those challenges varies from person to person. In the past, the topic of mental health was widely misunderstood and even considered taboo. In recent years, mental health is more openly talked about in schools, workplaces, social circles, and the media. This seems even more prevalent since the Covid-19 pandemic that the world endured. Many people are realizing that mental health struggles are common, and help is available.

The 2023-2024 Madera County Grand Jury (MCGJ) investigated the Madera County Department of Behavioral Health Services (MBHS) to determine how MBHS is supporting the community in their mental health and well-being. The MCGJ found that MBHS has many beneficial programs to address mental health, substance use disorders, and crisis situations, as well as very dedicated staff that make a difference in the lives of many. The MCGJ also found that MBHS has long-term issues in both employee and client retention that has negatively impacted current and future services. While a variety of funding continues to come in for the expansion of services for the changing and growing needs of the community, without properly addressing the current issues, the success and support of MBHS clients is limited.

Background

Americans are seeing a decrease in the restrictions implemented due to the Covid-19 pandemic. However, the impact on mental health has remained. Youth and adults alike experienced sudden and extreme isolation, instability, and loss, and there has been a significant increase in depression, anxiety, suicide rates, and substance use. According to the National Alliance on Mental Illness (NAMI), one in five adults and one in six youth (ages 6-17) experience a mental health disorder each year. Now more than ever, services and support for mental health and substance abuse disorders are essential to the community. This led the Madera County Grand Jury (MCGJ) to investigate how the Madera County Department of Behavioral Health Services (MBHS) addresses these drastic needs.

Behavioral Health is a relatively new term that is often used interchangeably with mental health; however, there are fundamental differences between the two that impact the diagnosis and treatment of the concerns. While mental health has to do with thoughts and feelings, behavioral health has more to do with a person's actions. Diagnoses such as depression, anxiety, bipolar, and schizophrenia all fall under the mental health umbrella, and substance abuse, gambling addictions, and eating disorders fall under the behavioral health definition. Many individuals struggle with both mental and behavioral health issues. According to reports published in the Journal of American Medical Association, roughly 50 percent of individuals with severe mental health disorders are also affected by substance abuse. These disorders, called co-occurring disorders, are treatable conditions best addressed simultaneously.

The MBHS offers mental health and alcohol and drug services for all ages across Madera County, with offices in Madera, Chowchilla, and Oakhurst. Services are primarily for individuals with Medi-Cal, low-income, or the uninsured. Their mission statement is to *promote the prevention of and recovery from mental illness and substance abuse for the individual, families, and communities we serve by providing accessible, caring, and culturally competent services*. These services include assessments, counseling/therapy, psychiatric evaluation and treatment, case management, prevention and educational courses, and crisis services. In 2023, the MBHS had an operating budget of \$41,223,600. These funds come from multiple sources, including health care programs, state funds, assembly bills, and various block grants.

Methodology

The MCGJ interviewed various MBHS employees including direct service providers, program managers, and others in leadership positions. The MCGJ also reviewed a diverse range of publications and informational websites, both local and national-wide, including but not limited to:

- Madera Community Health Assessment conducted by Live Well Madera
<https://www.maderacounty.com/home/showpublisheddocument/35069/638251861044570000>
- MHSA Program and Expenditure Plan (Fiscal Years 2023-2026) and annual updates
<https://www.maderacounty.com/home/showpublisheddocument/30501/638315077432830000>
- External Quality Review (EQR) report published in 2023 by Behavioral Health Concepts
<https://www.caleqro.com/data/MH/Reports%20and%20Summaries/Fiscal%20Year%202023-2024%20Reports/MHP%20Reports/Madera%20MHP%20Final%20Report%20FY%202023-24%20LIH%2001242024.pdf>
- Medi-Cal Specialty Mental Health Services Triennial Review of the Madera County Mental Health Plan by the California Department of Health Care Services (DHCS)
<https://www.dhcs.ca.gov/Documents/Madera-System-Review-Findings-Report-FY-2021-22.pdf>
- Madera County Behavioral Health Advisory Board meeting minutes
<https://www.maderacounty.com/government/behavioral-health-services/about-bhs/behavioral-health-advisory-board>
- Substance Abuse and Mental Health Services Administration (SAMHSA) website <https://www.samhsa.gov/>
- National Alliance on Mental Illnesses (NAMI) website <https://www.nami.org/>
- California Department of Health Care Services (DHCS) website
<https://www.dhcs.ca.gov/>
- “*The Importance of Physical Environment*” by Tina Champagne
<https://www.mass.gov/doc/section-two-the-importance-of-physical-environment/download>

- “Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients” by Ekyndayo A Sodeke-Gregson, Sue Holttum, and Jo Billings <https://pubmed.ncbi.nlm.nih.gov/24386550/>

Additionally, MCGJ toured the MBHS office located at 209 E. 7th St. in Madera. During this site visit, MCGJ had the opportunity to meet many employees, including clinicians, drug and alcohol counselors, case managers, and outreach and data specialists.

Discussion

Mental health services

The MBHS offers mental health assessments, individualized therapy, and psychiatric services which include medication evaluations and monitoring. Any individual in Madera County can self-refer by phone or walk in during regular business hours to access services. MBHS has two offices in Madera, one located at 209 E. 7th St. which offers services for adults, and one at 117 N. R St. called Madera Children’s Youth and Family Recovery which provides services for children. There are also offices located in Chowchilla at 215 S. 4th St. and in Oakhurst at 49774 Road 426. There is one centralized access phone number that can be called to start services at all locations. During regular business hours, the phone number is answered by an MBHS employee who can provide initial screening and set an appointment. After hours the call is redirected to a trained contracted provider in Alameda County that will forward the information to be handled by MBHS the next business day. According to mental health regulations, an assessment must take place within 10 business days of the first contact for non-emergency behavioral health concerns and 15 days for psychiatry. The MBHS is able to meet this timeline 97 percent of the time and has an average of six days for the first available non-urgent appointment. After the assessment, if the individual meets medical necessity for treatment and is interested in services, they will be connected with a clinician to support them in reaching their treatment goals. Services are available in-center, in the home, or out in the community. Transportation is available if needed.

Services for children, from infants to age 21, are provided at a separate office to ensure the confidentiality and safety of minors. Madera Children’s Youth and Family Recovery provides outpatient services to children in the community, as well as services for children in the child welfare and juvenile justice systems. Psychiatry services are also available to children; however, they are only offered via telehealth, unlike psychiatric services for adults, which are available in person.

The MBHS employees explained that mental health services are based on client determination, meaning each individual helps determine the goals and frequency of services. Despite this being an admirable goal, the reality is the frequency of services is limited due to the lack of clinicians. Availability also becomes even more limited when factoring in travel

time to and from therapeutic home or community visits. Employees interviewed by MCGJ reported that MBHS is severely understaffed with a vacancy rate of approximately 20 percent and long-term difficulty in recruiting and maintaining these positions. In June of 2023, it was reported to the Madera County Behavioral Health Advisory Board that MBHS had 195 funded positions and only 135 positions filled. This means that MBHS experienced a vacancy rate of over 30 percent at that time. With this personnel shortage, it is difficult to accommodate weekly services for all clients with the current staffing. According to interviewees, MBHS has had several vacant positions, including management and support staff, for over two years. This means that clients may not be able to be seen as often as they desire or feel they need, and the potential wait time after the initial assessment to start treatment could be prolonged. This could be one reason why MBHS was found to have the highest single service-only rate in the state, which was highlighted in the External Quality Review (EQR) report completed in September 2023 by Behavioral Health Concepts, Inc. The EQR found that 25.32 percent of MBHS clients are attending one appointment and not returning. This is more than double the statewide rate which is 11.21 percent. It was also reported that the median length of stay was considerably less than the statewide average. This indicates that MBHS is lacking in the ability to engage and retain its clients for whatever reason.

These vacancy rates not only affect the clients, but also MBHS employees. The recommended caseload for clinicians is 30 patients; however, according to one interviewee, that number has increased to 70 on occasion. The personnel shortage has resulted in employees taking on responsibilities that are outside of their job descriptions or areas of expertise. This could potentially result in early burnout and low job satisfaction. Many interviewees expressed feelings of low morale due to these issues.

Another impact of high caseloads is limited time for clinicians to complete their necessary documentation for charts and insurance billing. The Department of Health Care Services (DHCS) does a triennial review of MBHS charts to ensure that they are in compliance with state and federal medical records regulations and adhere to the terms of the contract between DHCS and MBHS. The last review completed in 2022 had six different findings of violations that required corrective actions. Several of those findings were related to the timeliness of the required documentation. Failure to complete documentation in a timely manner can lead to delays in care and denial of insurance claims, which negatively impacts the clients and MBHS funds.

The MCGJ reviewed meeting minutes from the Madera County Behavioral Health Advisory Board and found that *workforce issues* have been cited as a challenge for MBHS since 2021. MBHS states this is caused by lower salaries, high cost of living, commuting costs, and opportunities for telework. While there have been some efforts to address workforce issues, such as a 2.5 percent increase for *hard to fill positions* and a \$1,000 hiring bonus, those incentives are not enough to remedy this ongoing problem. The MBHS has stated that *a recruitment and retention plan is going to be developed*. However, there has been no acceptable plan presented in the last three years

The Madera County Board of Supervisors contracted a salary study with Koff & Associates in 2023/2024. The last study was completed in 2018. Employees interviewed stated that MBHS pays less than surrounding counties. Due to this MBHS has had difficulty recruiting all positions. One interviewee shared that they opened a licensed clinician position which was left unfilled for close to a year. Due to being unable to recruit a licensed clinician, MBHS had to modify the position to include pre-licensed individuals. That creates a new personnel issue because all pre-licensed clinicians are required to be overseen by a licensed clinician who must take time out of their own schedule and clients to provide supervision hours on a weekly basis. There is only so much capacity for pre-licensed individuals, especially if MBHS is unable to hire more licensed clinicians. The MBHS has stated to MCGJ and the Madera County Behavioral Health Advisory Board meetings they wanted to *grow their own professionals* in response to the workforce crisis by recruiting interns from local colleges in hopes that they would eventually stay and be hired after their internship. With the shortage of licensed clinicians able to provide the interns with the necessary supervision, having interns is not even a possibility for MBHS.

The MCGJ learned that the onboarding process for new employees, from initial contact with HR to the first day of work, has taken up to three months. During this time, prospective employees can find employment elsewhere, reducing the already low pool of applicants.

Mental Health Services Act

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA), which provides each county an allocation of about 50 percent of their behavioral health budget. This additional funding helps the counties expand their services in hopes of reducing homelessness, crime, incarcerations, and unemployment caused by severe mental health illnesses.

MHSA has 5 main components:

1. Community Services and Support (CSS)
2. Prevention and Early Intervention (PEI)
3. Innovation (INN)
4. Capital Facilities and Technological Needs (CFTN)
5. Workforce Education and Training (WET)

The Community Services and Support (CSS) component is the largest component of MHSA (76 percent), and funds direct services for adults with serious mental health illnesses and children with severe emotional disturbances. One category of this component is the Full Service Partnership (FSP) program, which is an intensive service collaboration between clinicians, case managers, and clients. When an individual has a severe mental illness, they often need support with transportation, housing, education, and linkage to community services. The MBHS even has co-located staff that assist clients in applying for insurance and other county benefits. In the FSP program, MBHS clinicians and case managers work together to provide some type of

support up to five times per week. This multi-disciplinary team meets daily to collaborate on client care and do *whatever it takes* to help the individual on their path to recovery.

Approximately half of MBHS adult clients are in the FSP program.

Since stable housing is critical to achieving overall wellness, MHSA has also funded a housing program that offers supportive housing for individuals with severe mental illness and their families who are homeless. The MBHS collaborates with several government agencies, community development organizations, and non-profit groups to house and treat those in need. The MBHS currently oversees 81 beds at eight different locations within the county. An MBHS case manager keeps an updated dashboard with vacancies per location so a client in need can easily be referred and connected to appropriate housing. In 2023, MBHS received nearly \$3,000,000 for the Behavioral Health Bridge Housing Program to expand its services aimed at assisting individuals experiencing homelessness. With the passing of Proposition 1 in March of 2024, further funding for these services can be expected in addition to what has already been received.

The MCGJ determined that while MBHS personnel are doing an excellent job with most of the components of MHSA, they are severely lacking in their commitment to Workforce Education Training (WET). The primary goal of the WET funding is to provide programs that enhance the skills of MBHS employees and community members, and develop recruitment and retention strategies for qualified professionals. This goal is also supported in the Madera County Strategic Plan 2023 which set a goal to increase the number of and attendance at training sessions related to mental health. Interviewees stated that last year, four different trainings were canceled, which was just another fallout of the personnel shortage. Although computer based training through Relias is still available to employees, it does not replace the value of in-person continuing education. For many clinical licenses, continuing education is a requirement in order to maintain their licensure. When MBHS-sponsored trainings are canceled, those employees could potentially be left to find and pay for the training sessions on their own. The MBHS Workforce Training Policy does state that *BHS is not responsible for the costs of continuing education courses to obtain licensure or for the maintenance of State licenses... (and) continuing education courses, which may be a requirement of employment... may not qualify for fee reimbursement.* Another MBHS policy states that failure to obtain required training for licensure, *including the satisfaction of any applicable continuing education requirements, as required for the provider type* is cause for termination. When a license is required for a specific position, and what is required in order to maintain that license is not provided, this is a missed opportunity for incentivizing individuals to work there. Per the interviewees, there are also no opportunities for pre-licensed or licensed clinicians to obtain certifications in treatment modalities while employed at MBHS. Interviewees stated that it would be difficult to do their job at MBHS had they not worked at other agencies first and participated in the training opportunities offered there since MBHS does not offer much. This directly contradicts MBHS's goal to *grow their own professionals* and could be another reason why their employees are seeking employment elsewhere.

The MCGJ also determined that MBHS needs to improve efforts regarding the Prevention and Early Intervention (PEI) component of the MHSA. One goal of the PEI funds is to increase outreach efforts and reduce the stigma related to mental illness. The effectiveness of these efforts is measured by collecting data regarding the penetration rate, which is the number of persons receiving the services out of the Medi-Cal eligible population. MBHS interviewees reported to MCGJ that the penetration rate for the Hispanic/Latino population is low. Data from the EQR report confirms this. The report states that “The proportion of Hispanic/Latino eligibles in the MHP (mental health plan) is much higher than statewide; however, despite outreach efforts, the PR (penetration rate) for this group is lower than statewide (2.84 vs. 3.51 percent).” Madera’s overall penetration rate has also consistently been lower than similar-sized counties, indicating that this may not be an issue related to general cultural stigma and distrust of mental health services but with ineffective outreach efforts.

Substance use disorder (SUD) services

Based on the Madera County Community Health Assessment conducted by Live Well Madera, the rates of incidence of substance abuse-related driving deaths in Madera were higher than in both California and the United States. Despite the high rates of substance use, it is significant to note that Madera County does not have a residential drug and alcohol rehabilitation facility so all inpatient needs would have to be addressed out of county. The MBHS provides outpatient SUD services that follow the Matrix Model for treatment. This model is a highly structured treatment program that lasts five months and can involve a combination of individual psychotherapy and social support groups.

Support groups take place at the MBHS centers in Madera, Oakhurst, and Chowchilla. During the site visit of the Madera location, the MCGJ observed that the center appeared very clinical, outdated, and lacked the warmth of a therapeutic environment. This was especially true for the rooms where SUD groups take place. Individual therapy takes place in a clinician’s office, and each staff member is able to decorate their own area, depending on their preferences and personal funds. MBHS employees confirmed that they are not provided with funds or materials to decorate their space. While some individual offices felt very nurturing and inviting, others were plain and intimidating. The hallways lacked color and had limited posters and paintings that appeared randomly selected. The rooms where group sessions take place consist of a large conference table and regular chairs. A study called “The Importance of Physical Environment” explains how a welcoming and visually attractive environment in therapeutic settings is central to client and staff experience in services. It states “The physical environment can influence feelings of safety, security and comfort, as well as support engagement, which are all essential aspects of the treatment and recovery process.” During the scheduled site visit tour, MCGJ observed that the center was very clean however during an unscheduled visit MCGJ noted that the reception area was notably different. The lack of cozy and soothing areas could also be a contributing factor to the low engagement rates that were discussed earlier.

Crisis, Assessment, Response, and Evaluation Services (C.A.R.E.S. Team)

The C.A.R.E.S team is a new Crisis Care Mobile Unit (CCMU) that was designed to provide timely services to those individuals who are at high risk of suicide or homicide or have the need for assistance due to grave disability such as those who are unable to sustain shelter or adequately feed or clothe themselves. The team consists of one clinician and one case manager (usually a peer support specialist or person with lived experience.) The team can spend up to two hours with the individual to attempt to de-escalate the situation, provide a preliminary diagnosis if needed, and connect them to appropriate supportive services. If an individual has a plan, the means, and the intent to hurt themselves or others then the CCMU will initiate a WIC 5150, a 72-hour psychiatric hospitalization.

While the goal of crisis intervention services is to stabilize the individual so hospitalization is not necessary, there are times when a 5150 hold is needed. In this event, individuals are medically cleared and transported, most likely by ambulance, to an available facility for a 72-hour hold and treatment. Since there is currently no hospital in Madera County, all holds are sent out of the county. The MBHS had a Memorandum of Understanding (MOU) with Madera Community Hospital which helped facilitate communication and follow-up of admitted patients. This MOU has not been established at all the various out-of-county hospitals that a patient may be admitted to. Since follow-up within 72 hours of the initial crisis response is required, this lack of MOU can create a barrier for the team to assist in the continued resolution of the crisis and linkage to ongoing support after release. This could potentially impact the possibility of relapse and readmission creating an ongoing cycle. The EQR report collected data on MBHS's 7-day and 30-day post-psychiatric inpatient follow-up rate performance and found a decrease of 59 percent and 41 percent respectively.

In 2023, MBHS was conditionally selected to receive a \$25,000,000 grant from the California Behavioral Health Continuum Infrastructure Program to create a Crisis Stabilization Unit and Sobering Center. This would effectively reduce the burden on hospitals and jails, but only if MBHS is able to find qualified staff to work there.

Since California mandates emergency psychiatric services be available 24/7 and MBHS only employs staff during regular business hours, MBHS entered into a contract with Westcare to provide after-hours crisis care. Some interviewees noted that there is a lack of oversight to this contract, creating complications in the coordination and communication between the two teams. According to the EQR 2023 report, MBHS does not report timeliness data for contractor-operated services, so it would be unknown if MBHS clients who receive crisis services after-hours are receiving timely care and follow-up.

While a dedicated mental health crisis team has many benefits, success depends on the increased community knowledge and trust of such an available resource. During the investigation, MCGJ found that no information regarding the C.A.R.E.S team and their services was listed outside of the MBHS website. Information on the website simply states *In crisis? Call the Access line, now*. Although MBHS presents program updates at Board of Supervisor and Town Hall meetings, these meetings are lightly attended by the community. After a year and a

seeking employment elsewhere.

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half of the crisis team being in the community, it is unclear why there has been no media coverage of this very beneficial resource. Social media is a free resource that could reach many that is also not being utilized. The MHSA stakeholders also agreed that there is a general lack of awareness of the mental health services available in the community, as noted in the MHSA plan.

One MBHS interviewee shared their experience responding to a mental health crisis call where the individual was near death due to fentanyl exposure and required multiple doses of Narcan. Most people would agree that this could be a traumatic experience for any individual, even one who is trained in responding to crisis situations. Mental health professionals are one of the most at risk for what is known as secondary trauma or compassion fatigue. Employees who continuously hear about or witness emotional distress can sometimes develop symptoms that mimic those seen in their clients. A study done by Sodeke-Gregson, Holtum & Billings reported that 70 percent of psychotherapists were vulnerable to experiencing chronic levels of secondary stress. This can have drastic consequences on the professional's own health and mental well-being and on organizations such as increased sick leave, high rates of turnover, and poor productivity. Therefore, organizations that employ mental health professionals not only have an ethical responsibility but a financial responsibility to support their employees regarding secondhand trauma. Some mental health agencies help support this by requiring reflective practice, which is a group of peers led by a trained professional who helps reflect and re-frame difficult experiences. Other organizations have an internal professional on-call that employees can speak to at any time. The MBHS employees noted that there are no internal services or support (outside of the EAP benefits which can be limited) for employees to reflect on their own mental well-being. Although pre-licensed individuals are required to have direct supervision with a licensed professional, other employees do not have a dedicated time to speak with someone about their experiences. This can be compared to being told to put on your oxygen first before helping others on a plane. An individual cannot properly assist others unless they take care of themselves. When an individual's own emotional well-being is not taken care of, they cannot be expected to carry the heavy load of another person's mental health.

Despite the limited support available to MBHS employees, those that the MCGJ interacted with during the investigation showed a tremendous amount of passion and dedication to their work and their clients. Their positive attitudes and willingness to do whatever it takes for their clients were evident. The work they do improves the lives of many.

Findings

F1: The MCGJ finds that MBHS' long-term staffing shortage has had a detrimental effect on the engagement and retention rate of those utilizing the services, as well as employee morale.

F2: The MCGJ finds that MBHS has insufficient professional development training for their employees, not just for the benefit of the staff, but also supporting their own goal of being able to *grow their own professionals* in response to the workforce crisis.

F3: The MCGJ finds that the outreach efforts are inadequate to the Hispanic/Latino population.

F4: The MCGJ finds that the sterile nature of the facilities where services are conducted do not support the therapeutic environment essential for connection.

F5: The MCGJ finds that the new C.A.R.E.S mobile crisis team is a very valuable resource for the county, however it lacks sufficient public exposure to develop awareness and trust in the community.

F6: The MCGJ finds that MBHS is not providing support to their employees regarding their own well-being and mental health.

F7: The MCGJ wants to commend the staff of MBHS for their dedication and commitment to improving the wellness of the community.

Recommendations

R1: The MCGJ recommends that MBHS submit a recruitment and retention plan that includes salary increases and incentives to the Board of Supervisors within 120 days of the MCGJ report posting, addressing the long-standing staffing shortage.

R2: The MCGJ recommends that MBHS update its Workforce Training Policy to expand the number of professional development training sessions and certifications available to employees, with costs incurred by MBHS within 120 days of the MCGJ report posting.

R3: The MCGJ recommends that MBHS add Spanish-language media outlets to their outreach efforts to the Hispanic/Latino community within 120 days of the MCGJ report posting.

R4: The MCGJ recommends that MBHS consult with a professional within 120 days of the MCGJ report posting to improve the interior of the treatment areas and create a more therapeutic environment.

R5: The MCGJ recommends that MBHS coordinate press releases, local news coverage, and social media campaigns to highlight the C.A.R.E.S. team and their services within 120 days of the MCGJ report posting.

R6: The MCGJ recommends that MBHS implement an internal program to support the well-being and mental health of its employees within 120 days of the MCGJ report posting.

Required Responses:

Pursuant to Penal Code sections 933 and 933.05, the MCGJ requests responses as follows;
From the following elected county officials within 90 days:

Madera County Board of Supervisors
200 W. 4th St. #4
Madera, CA 93637

Invited Responses:

Pursuant to Penal Code sections 933 and 933.05, the MCGJ requests responses as follows;
From the following governing bodies within 60 days:

Director of Madera County Department of Behavioral Health
209 E. 7th St.,
Madera, CA 93638

Note: This report was prepared using current information available on the websites listed.

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury. The California State Legislature has stated that it intends the provisions of Penal Code Section 929 prohibiting disclosure of witness identities to encourage full candor in testimony in Grand Jury investigations by protecting the privacy and confidentiality of those who participate in any Civil Grand Jury investigation.
