



**JJDPC AGENDA**  
**BUSINESS MEETING**

**April 13, 2023**  
11:30 AM

Location:

Rustin Conference Center (Entrance 1)  
2085 Rustin Ave., Riverside CA 92507  
Room # 1056

1. Call to Order Chair, Chris Collopy
2. Pledge of Allegiance Chair
3. Roll Call Secretary
4. Public Comment
5. Motion to Approve Agenda Chair
6. Closed Session: Any reportable action from the closed session will be included in meeting minutes, to be posted within ten (10) days of the April 13<sup>th</sup>, 2023 JJDPC Business Meeting. Chair
7. Open Session Chair
8. Motion to Approve – February 09, 2023, Monthly meeting minutes, and January 12, 2023, Quarterly meeting minutes Chair
9. County Counsel Report County Counsel
10. Probation Report Chief Deputy Probation Officer
  - a. Discuss Pending or Approved Legislation that will impact services
  - b. DJJ Closure Impact
11. DPSS Report Deputy Director, DPSS
12. New Business
  - a. Distribute and Review BSCC Findings
  - b. Key Initiatives for 2023
    - i. DJJ Closure Impact
    - ii. Continuing Legislative Updates
  - c. Group Home/STRTP/Lockup/Inspections
    - i. Remaining Commissioner Reports - Due ASAP
    - ii. Review and Approve Inspection Reports
    - iii. Schedule remaining group home inspection:
      - Father Heart Ranch - Desert Hot Springs
  - d. Recruiting Commissioners
    - i. Outreach
      - Commissioner to Speak at local City Council Meetings: Schedule
      - JJDPC Flyer and Brochure for speaking events

- e. Application for Nomination to Membership
  - i. Brian Ortiz – Application Update
- f. JJDPC Website Revamp:
  - i. Commissioner Malsed working on new content

**13. Correspondence Discussion Items**

- a. Awards: Captain Matthew Sims (Service Above Self Award) Deputy Anthony Colace
- b. JJCC: Latoya Thomas – Request to review RFP
- c. RUHS Behavioral Health – Crisis Support System of Care Report (Mobile Crisis Management Teams) Fiscal Year 2021/2022

**14. Activities of the Commission**

- a. Anti-Bullying: Chair Chris Collopy and Vice Chair Micheal Malsed
- b. Anti-Trafficking: Vice Chair: Michael Malsed
- c. By-Laws/Policies/Procedures: Chair: Laurel Cook
- d. Ad-hoc Legislative Committee: Chair: Tierra Bowen
- e. JJCC Activity: Chair: Chris Collopy
- f. DPSS Liaison: Chair:

**15. Old Business**

**16. Commission Member Reports**

**17. Adjournment**

**18. Workshop to Prepare for Awards Ceremony**

- a. Awards Presentation May 18, 2023
  - i. JJDPC Award Categories
  - ii. Renaming Awards: CPO Santana
  - iii. Suggestive Nominees / Candidates
    - Service Above Self Award
    - Starfish Award – Suggest renaming for CPO Santana
    - Special Recognition Award

**Attachment(s):**

- February 09, 2023 - Monthly Meeting Minutes
- January 12, 2023 - Quarterly Meeting Minutes
- JJDPC Flyer and Brochure for speaking events
- DPSS Data Report
- RUHS Behavioral Health – Crisis Support System of Care Report (Mobile Crisis Management Teams) Fiscal Year 201 / 2022

**NEXT MEETING: May 11, 2023**

Rustin Conference Center (Entrance 1)  
 2085 Rustin Ave., Riverside, CA 92507  
 Room # TBD

*In Accordance with State Law (The Brown Act):*

- *The meetings of the Juvenile Justice & Delinquency Prevention Commission are open to the public. The public may address the commission within the subject matter jurisdiction of the Commission.*
- *Disable persons may request disability related accommodations to address the JJDPC. Reasonable accommodations can be made to assist disabled persons if requested 24-hours prior to the meeting by contacting Riverside County Probation Department at (951) 358-7022 or at [cymaqaill@rivco.org](mailto:cymaqaill@rivco.org).*
- *The public may review open session materials at: <https://rivcoprobation.org/jjdpc>*
- *Items may be called out of order.*
- *Agenda will be posted 72-hours prior to meeting.*
- *Cancellations will be posted 72-hours prior to meeting.*



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**JJDPC Monthly Meeting Minutes**

**February 09, 2023**

Location: Rustin Conference Center  
2085 Rustin Ave.  
Riverside, CA 92507

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**IN ATTENDANCE:** Christopher Collopy, Micheal Malsed, Paul Parker, Cynthia Magill, Pam Torres, Tierra Bowen, Charles Trembly, Jennifer Kopfler, Ashley Parker, Daniel Castañeda, Cathy Piech, Kelly Moran, Brian Ortiz, Ramon Leija

**Unexcused / Excused Absence:** Laurel Cook (excused)

**Guests:** Ramon Leija

**Applicants:** Brian Ortiz

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**1. Call to Order**

- a. With a quorum present, the meeting was called to order at 1:35pm.

**2. Pledge of Allegiance**

- a. The Pledge of Allegiance was led by Commissioner Parker.

**3. Roll Call, Welcome, Introductions and Special Recognition**

- a. Roll call - Executive Assistant, Cynthia Magill
- b. All the participants were welcomed by Chair, Christopher Collopy and given the opportunity to introduce themselves (by name and title).
- c. Chair Collopy noted that today's meeting will be adjourned in the memory of Riverside County Sheriff Deputy Darnell Calhoun, who was killed in the line of duty. Furthermore, he asked the group to send thoughts and prayers to former commissioner Kelly Curtis, as he battles an aggressive cancer diagnosis.
- d. Applicant - Brian Ortiz, Attending today's meeting as a prospective commissioner. Mr. Ortiz will be interviewed by commissioners after today's meeting.

**4. Public Comment**

- a. Out of state vendor, Ameelio Communication, requested to present for the JJDPC on SB 1008. Chair, Collopy, noted Ameelio Communication, should be referred to Riverside County Procurement to be included in future RFP contract opportunities.

**5. Motion to Approve Agenda:**

- a. Motion made by Charles Trembly, and seconded by Paul Parker.

**6. Motion to Approve Meeting Minutes:** January 12, 2023, Monthly Business meeting minutes.

- a. Motion made by Paul Parker, and seconded by Charles Trembly

**7. Presentation - Office of Youth and Community Restoration (OYCR).** Postponed to a later on the agenda.

**8. County Counsel Report:**

- a. N/A

**9. Probation Report: Daniel Castaneda, Probation Division Director**

- a. Population count for the three (3) Juvenile youth facilities.
  - i. A total of one hundred forty-five (145) are housed between the three (3) facilities. Of those, eighty-one (81) are in detention (Males: 75, Females 6).
- b. **Current Critical Incidents:** (January 2023)
  - i. Indio Juvenile Hall (IJH) - Fights: 4
  - ii. Southwest Juvenile Hall (SWJH) - Fights: 8
  - iii. Alan M. Crogan Youth Treatment and Education Center (AMC-YTEC) Fights: 8



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- c. Upcoming Events: For the three (3) Juvenile youth facilities.
  - i. Super Bowl Sunday - Special menus will be prepared for youth.
  - ii. Black History Month - Dr Norman Towels will present at YTEC on the 21<sup>st</sup>
  - iii. Cal Poly Pomona Tour, March 2<sup>nd</sup> for some youth in the YTEC/Omega unit
  - iv. Members of the JJDC are invited to attend the YTEC/PTS High School Graduation Ceremony on March 22<sup>nd</sup>.
  - v. Employee Recognition (In-Person) Awards Ceremony, March 9<sup>th</sup>. It will be an opportunity to celebrate Probation accomplishments for 2022, celebrate staff, employees of the year, and present a Probation hero award.
- d. Staffing - Facilities are continuing to hire new staff. Southwest and Indio, will have six (6) new employees starting soon, and YTEC will be hiring over that number in the upcoming weeks.
- e. Market Study Comparison - Daniel responded to comments and questions regarding staff pay, alternative schedules, and medical subsidies being offered to current staff, and new recruits in an effort to retain and recruit employees. Additionally noted are the department's steps to speed up background checks for oncoming recruits.
- f. Further discussed:
  - i. Integration of youth from RivCo affected by the Department of Juvenile Justice (DJJ) closure and migrating to Pathways to Success (PTS).
  - ii. Probation is in the process of getting a concrete number of youth returning from DJJ. In addition, Probation is determining strategies, for youth who get reintegrated into the community and/or to a respective unit.
  - iii. June 30, 2023 is the defined closure date for DJJ. Daniel noted, to date, there is no mention of any of Los Angeles County's DJJ youth being housed in Riverside County.

**10. DPSS Report: Jennifer Kopfler, Deputy Director**

- a. Clarification on youth who are juvenile who could go through standard probation process. Jennifer noted that youth who normally would have committed a crime and normally would have a sentence to time are being released.
  - i. New legislation requires counties to develop plans to move the youth into a more of a homelike setting. Youth who would have normally served a sentence, and actually have charges, may no longer be serving them. They could now be in a home-based setting that's less restrictive.
  - ii. Youth that have just been released can't be placed with other youth, due to instance of violence or complex needs, a lot of times it is their behaviors that prevent them from being placed in Cottages. So that's where hotels come in, and at any given time we have hotels fully staffed by DPSS around the county where youth are placed, and every effort is made for placement.
- b. DPSS Updates:
  - i. DPSS is engaged in continuous hiring, 82% of hired social workers are new to social work. DPSS is developing a training region for new hires. With the counties' new wage increases, new Medical Benefit Subsidies, and flexible work schedules, they are beginning to be in a place where caseloads are closer to what they are supposed to be.



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- c. DPSS Report Overview:
    - i. Review of area of focus and information that would be most useful for the commission.
    - ii. Next month's data will consist of a pie chart with fewer categories and the breakdown of youth in and out of home placement. e.g., relatives, FFA's and STRTPs.
  - d. Review/Breakdown of the month of January 2023, DPSS Report (Provided in Packet)
    - i. Three month referral trend.
    - ii. Allegation Type by Client and by Region - Example of: Other in the Break down by Region.
      - A call when a child is a victim of sexual abuse, with no other information that they are directly a victim, but they are still at risk, and in-person response and in-person interview and full investigation ensues.
    - iii. Open placement by placement facility type for: Foster Family Agency, Foster Family Home, Group Home, Guardian Home - Dependent, Relative/NREFM Home, Resource Home, Supervised Independent Living, and Other.
      - It was noted that a Resource Family Home is now the term used for foster homes.
    - iv. Open placement by detailed placement facility type for: Placement Facilities / Resources Homes, e.g., FFA - Certified Home, Foster Family Home, Relative/NREFM Home, Group Home, Short-Term Residential
    - v. Therapeutic Program, Guardian Home, Supervised Independent Living, and others.
    - vi. Children with Exposure to Covid-19
    - vii. CSEC Referrals and Cases
  - e. Further discussed - The month of January DPSS had 1039 youth, 300 hotline calls requiring immediate response investigations by the command post team throughout the county.
    - i. Evaluate out calls – Do not require any personnel response. However, they do require services that could prevent them from coming into care.
    - ii. Expansion of the central intake , includes fifty (50) positions, for prevention services.
    - iii. An increased spike in the number of calls in September and March, with an average of 5800 calls a month, approximately 3600 resulted in investigations; the rest are informational. Also, noted was, March is National Child Abuse Prevention Month.
- 11. Presentation - Office of Youth and Community Restoration (OYCR) - Ramon Leija**
- a. The presentation provided a brief run-down of The Office of Youth and Community Restoration (hand-out provided in packet).
    - i. The OYCR is responsible for developing reports on youth outcomes; identifying policy recommendations for improved outcomes and integrated programs and services to best support delinquent youth; identifying and disseminating best practices to help inform rehabilitative and restorative youth practices, including education, diversion, re-entry, religious and victims' services; and for providing technical assistance as requested to develop and expand local youth diversion opportunities to meet the varied needs of the justice involved youth population.
  - b. After the presentation, an opportunity for Q&A session, and discussion with Mr. Leija ensued.



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**12. New Business:**

- a. Key Initiatives for 2023
  - i. DJJ Closure / Impact on PTS - The Juvenile Justice Coordinating Council (JJCC) subcommittee is working on a build out of PTS, and the JJDCP Commission will be included in future JJCC subcommittee meetings, and will be kept up-to-date of progress made, which will be imperative for the JJDCP in terms of oversight.
  - ii. Continuing Legislative Updates - The Legislature is back in session. It is vital to keep tabs on legislation changes that are impacting the Juvenile Justice and Child Protective Services.
  - iii. Scheduling All Inspections – Commissioner's consensus is to schedule future inspections for September - October 2023.
- b. Awards Presentation May 18, 2023
  - i. Commissioner Torres recommended renaming one award for PCO, Ryan Santana, who passed away in 2021 to Covid-19. Commissioner Torres provided a brief example of CPO Ryan Santana's outstanding character, as an officer who cared for the youth. She believes he is a deserving candidate for renaming an existing award or creating a new award in his honor. rename or create
  - ii. Chair Collopy requested that the commission vote to rename or create a new award in honor of PCO Santana. Motion made by Commissioner Malsed, and seconded by Commissioner Trembley. The Commission unanimously voted in favor of the motion, and chair Collopy declared the motion adopted.
  - iii. Service Above Self Award - Reserved for candidates who have gone above and beyond their normal job duties. Chair Collopy requested a motion to add a definition and criteria for the Service Above Self Award. Motion made by Commissioner Malsed, and seconded by Commissioner Bowen. The Commission unanimously voted in favor of the motion, and Chair Collopy declared the motion adopted.
  - iv. A list of award categories will be distributed to the commission before the next meeting.
- c. Group Home/STRTP/Lock up Inspections Scheduling (Schedule Final Inspections)
  - i. Chair Collopy, recognized and thanked the commissioners for their hard work and dedication in their efforts in completing inspections.
  - ii. Remaining Inspections (Guiding Light - Moreno Valley, Father Heart Ranch (Desert Hot Springs, Plan It Life (Riverside, Banning, Murrieta and Temecula). Lock-Up inspections (Cathedral City, Desert Hot Springs, Cabazon Substation). Commissioners Trembley and Bowen volunteered to complete all three lock-up facility inspections on February 16, 2023. Other Commissioners will provide availability for remaining inspections to be completed.
  - iii. Brief discussion on inspection report forms (Full vs. Short version), and which reports is used for which facility type.
  - iv. Commissioner's inspection reports are due as soon as possible.
- d. Expense Reimbursement – Commissioners were briefed on the instructions on procedures for the New JJDCP Mileage reimbursement. The electronic version of the Expense Reimbursement form will be emailed to the group after today's meeting.



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- e. Application for Nomination to Membership
  - i. Mathew Jenkins and Krista Huckabaa: Applications closed/not moving forward.
  - ii. Brian Ortiz - Applicant interview will be conducted after adjournment.
- f. JJDC Website – Currently there are no new updates on the status of website revamp. Other than that, IT is currently awaiting new content to add to the JJDC webpage. Commissioner Malsed is currently working on content for submission to IT.
- g. Ashley Parker, Assistant Probation Division Director, Informed the group that, per Community Care Licensing, is not a mandate that the STRTPS train their staff on Narcan. In addition, she noted that at the next monthly Director Provider meeting a review of the mandate will be conducted, along with training options that can be offered to Providers and their own staff.

**13. Correspondence Discussion Items:**

- a. Brief review of letters sent on behalf of the JJDC (Board of Supervisor’s letter and Condolence letters to Riverside County Sheriff).

**14. Activities of the Commissioners:**

- a. Anti-Bullying: Chair: Michael Malsed
  - i. Commissioner Malsed (Human Trafficking) Commissioner Malsed will begin his efforts in the fight against human trafficking by contacting both the Riverside County Districts attorney’s office, and Sheriff Department’s anti-trafficking task-force/units.
  - ii. Chair Collopy – Will assume the activity of the anti-bullying efforts. Commissioner Malsed will continue to offer support in the efforts of anti-bullying.
  - iii. Further conversation ensued on the positive difference the JJDC anti-bullying efforts have made in the community.
- b. By-Laws/Policies/Procedures: Laurel Cook
  - i. Tabled
- c. Ad-hoc Legislative Committee: Chair Tierra Bowen
  - i. Previously discussed
- d. JJCC Activity:
  - i. Previously discussed
- g. DPSS Liaison: Chair
  - i. Tabled

**15. Old Business**

- a. N/A

**16. Commissioner Member Reports**

- a. N/A

**17. Meeting Adjournment**

- a. Adjourned in the memory of Riverside County Sheriff Deputy Darnell Calhoun.
- b. Motion to adjourn, made by Commissioner Parker and seconded by Commissioner Malsed.

**18. Next Meeting: March 09, 2023 @ 1:30 PM**

2085 Rustin Ave., Riverside, CA 92507 (Room #1048)



JJDPC Quarterly Inter-Agency Meeting  
Minutes

January 12, 2023

Location: Rustin Conference Center (Entrance 1)  
2085 Rustin Ave., Riverside, CA 92507

AB 2449 – Specific Circumstances Hybrid Option (Microsoft Teams Meeting)

**IN ATTENDANCE (In-Person/Virtual):** Christopher Collopy, Laurel Cook, Natasha Dunlap, Charity Douglas, Elisa Judy, Jennifer Kopfler, Charles Newman, Mark Petersen, Cynthia Magill, Janine Moore, Joelle Moore, Melinda Moore, Jessica Munoz, Paul Parker, Charles Trembley, Tierra Trembley, Pam Torres, Emily Headlee, Norma Biegel, Tammy Wilson, Teresa Spears

**ABSENT:** Micheal Malsed

**GUEST:** N/A

**Applicants:** None

**1. Call to Order and Pledge of Allegiance**

- a. The meeting was called to order at 9:41 am.

**2. Welcome and Introductions**

- a. All the participants were welcomed by Chair Commissioner Christopher Collopy, and given the opportunity to introduce themselves (by name and title).

**3. Riverside County Superior Court - Judge Mark Petersen**

- a. There are three six-hundred court rooms, located in Riverside, Southwest and Indio.  
b. Recent closure of department J2. Current Defensive courts are located in Riverside, Southwest, and Indio.  
c. Closure date for all Division of Juvenile Justice (DJJ) facilities is slated for June 30, 2023.  
d. Youth from Riverside DJJ will be transitioning to Riverside County between now and June 30, 2023. Some will graduate and be released into the community with probation supervision. Others will need to remain in custody to details for youth to complete their programming will be forthcoming.

**4. District Attorney - Melissa Moore**

- a. Overview/Updates:  
i. Center hub has shifted to the Banning office. It's the most central location that allows for needs to be met by the residents who reside in the Indio, Murrieta, Temecula areas as well as the Riverside and mid-county.  
ii. This year's focus is presentations to youth at schools on gang awareness, bullying, internet safety, and drug awareness, especially when it comes to fentanyl. They have reached out to over 11,000 people about the dangers of fentanyl.  
iii. Partnering Agencies:
  - Safe Family Justice Centers - Provides access to social workers to assist youth with resources, and groups if needed.
  - Girls and Boys Council – To work with youth one-on-one
  - K9 Rachel / K9 Auggie – Provides emotional support for youth in crisis
- b. Anti-Bullying Program:  
i. The District Attorney's office continues to offer presentations and resources to raise awareness to prevent bullying in the school district throughout Riverside County.  
ii. A brief question and answer period ensued on Bullying Prevention for Educators and Staff. It was noted a training program has been developed for educators and staff that addresses bullying prevention

**5. Riverside County Probation - Chief Deputy Probation Officer (CDPO) Elisa Judy**

- a. Highlights/Staffing/ Processes /Projects:  
i. Introduction of Chief Deputy Probation Officer Tari Spear, Field Services.  
ii. Representations from both the Institution and Field now be present to provide updates at the Quarterly JJDPC meetings.
- b. Staffing Updates:  
i. Staffing: The workforce is steadily increasing, six new PCOs were welcomed into the department today.





- ii. Resources have been set in place to ensure new staff are adequately trained to ensure a strong workforce.
  - iii. Medical Benefit Subsidies, being offered to current staff and new recruits in an effort to retain and recruit employees.
  - iv. Chief Ron Miller has submitted his retirement, and no new chief has been named at this point in time.
- c. Processes Updates:
- i. YTEC enhancements through Pathways e.g., partnering with Public Defender, Community-based organizations (CBOs) programming, Behavioral Health involvement to ensure youth thrive upon exit of YTEC.
  - ii. With the closure of DJJ in June of 2023, community safety is a main goal, efforts to ensure community safety. Plans for stable opportunities are taking place to ensure youth have successful transition back into the Community, including collaboration with the DA and Public Defender Offices regarding housing.
- d. Project Updates:
- i. Indio Courthouse is still a work in progress.
  - ii. Exploring a transition location in Indio that would provide more of a campus feel.
  - iii. Within the next sixty days, full body scanners will be installed at the juvenile detention facilities, acting as a deterrent to prevent contraband from entering the facility.
  - iv. Exploring Apple / Fit Bit technology that will allow monitoring of vitals, that would alert staff if vitals drop.
- e. Incident Updates:
- i. Two possible Fentanyl related incidents (April 2022, and December 2022). For both incidents, staff responded immediately, worked with medical personnel, emergency assistance, 911 was called. The use of Narcan was administered for one of the incidents that occurred. Chair, Collopy, requested notifications resume when a critical incident occurs with youth.
  - ii. Additionally, noted all Juvenile Hall staff are all trained in the use of Narcan, all duty officers and seniors have it in their possession, Narcan is strategically placed throughout the institutions, as well as in the medical units.
  - iii. Further conversation ensued on regulations, training, and waiver for Narcan use in Group Homes. It was noted that Deputy District Attorney Mr. August Sage can provide an informative educational presentation to youth, group home facilities, and the community staff about the dangers of fentanyl.
- 6. Public Defender - Joelle Moore, Office of the Public Defender (Attorney)**
- a. Staffing:
- i. Ms. Moore, is the lead attorney for The Spark juvenile unit, and is also currently taking over as supervisor for Southwest and the Riverside Juvenile units.
- b. Updates:
- i. Since March 1st, SPARK (Support, Partnerships, Advocacy and Resources for Kids) has had three hundred six; 306 referrals from clients from the public.
  - ii. The SPARK unit provides coordinated services countywide, and works with the school districts, families, and community partners to build collaborative services between agencies to assist in providing appropriate services and promote positive outcomes for youth. Additionally, The SPARK team has been successful
  - iii. School Districts are reaching out to the SPARK teams regarding AB 740 and 602 petitions. Effective January 1, 2023, requires school districts to notify counsel when 602 juveniles have any type of disciplinary hearing going forward, e.g., suspension, expulsion etc.
  - iv. The SPARK team has formed a partnership with Inland County legal services, to assist with representation of those youth when their office is unable to do so.
  - v. SPARK is embedded in the TAY drop-in centers in partnership with RUHS Behavioral Health, throughout Riverside County.
  - vi. The Public Defender's office just assumed oversight of the Chapman University Restorative Justice Program contract. Previously overseen by Probation.



With the new oversight, the Restorative Justice Program can accept referrals from, Probation, Department of Social Services, RUHS Behavioral Health, Riverside County Schools, as well as from the Public Defender's and District Attorney's Offices.

- vii. Resource event - SPARK provides outreach at Resource Fairs and other community events throughout the county, as well as training to agencies and community-based organizations on how to access our services in Riverside County.

**7. County Counsel – Emily Headlee**

- a. Updates:
  - i. No updates

**8. Department of Public Social Services - Charity Douglas, Director of Public Social Services**

- a. Updates:
  - i. Charity Douglas, introduced herself as the new Director of the Department of Public Social Services.
  - ii. Bridgette Hernandez is now the new Assistant Director for the Children's Services Division. Bridgette remains over DPSS, Veteran Services, Office on Aging Child Support, First Five, and Integrated Services.
  - iii. The county is focused on Integrated Services, and working together with partners who have this universal application process for working with children and families, or seniors, to provide Wraparound services to clients and their families. Integrated Services / Wraparound is designed so that a number of organizations can work together, sharing data to provide a program of, supporting individuals and families.
  - iv. Providing Wraparound Services for youth who have the most significant need. DPSS is working with welcoming centers to provide services for youth with higher needs to get them into placement.
- b. Children's Services Division
  - i. Currently, servicing five thousand 5,000 youth. Three thousand seven hundred; 3,700 youth people are in Foster Homes, and reminders are with their families.
- c. Staffing:
  - i. Continuing to build workforce.
  - ii. Pay increased by 11%, securing pay raises and making other benefit adjustments for Riverside County employees.
  - iii. A new training region has been added for new staff, where, after induction, staff will get hands-on training with a mentor, side by side, to support them in the environment they are working in. The first cohort will be in March, 2023.

**9. Riverside County Office on Education (RCOE) – Dr. Charles Newman**

- a. Updates:
  - i. Enrollment - Two hundred twenty-five students; 225 (Community School, Ninety-seven; 97 (Court School).
    - YTEC - Thirty-five; 35 students (Third grade: 6, Eleventh grade: 19, Twelfth grade: 10).
    - L. D. Smith – Twenty-nine; 29 students (Eighth grade: 1, Ninth grade: 4, Tenth grade: 7, Eleventh grade: 15, Twelfth grade: 2).
    - SWJ – Thirty-three; 33 students (Seventh grade: 1, Ninth grade: 2, Tenth grade: 9, Eleventh grade: 12, Twelfth grade: 9).
- b. Training:
  - i. Fentanyl training – All staff members have been trained
  - ii. Dr. Newman, briefly touched on drug prevention programs, and resources RCOE has throughout the county.
- c. Staffing:
  - i. Increase in Mental Health support, Hiring LCSW, and additional interns for support services to students.
  - ii. Improving instructional program. Instruction coaches are coming in to work with teachers to provide the highest level and highest quality of instruction for our students.



**10. RUHS – Behavioral Health – Janine Moore, Deputy Director of Children's Services**

- a. Updates:
- i. YTEC Aftercare Program – Working collaboratively to develop a new workflow that addresses or assesses transition needs. Ensuring support and services are in place inclusive of housing and substance use and other mental health services.
  - ii. Provider meetings, held quarterly for over thirty; 30 community-based organizations and school districts, and STRTPs to provide and fund specialty mental health services. She noted the Provider meetings could be used as a forum to share the benefits of training staff, and having Narcan available
  - iii. Narcan is in each of the Behavioral Health clinics and programs. The Narcan training used is done through a YouTube video for Behavioral health staff.
  - iv. Behavioral Health, provides Narcan to consumers and family members as they request, as well as to all behavioral health substance-use consumers, and families. Behavioral Health has no restrictions on providing Narcan to behavioral health clients.
- c. TAY Centers:
- i. There are three (3) TAY drop in centers, one in each region of the county. Anyone, who wishes to tour one of the centers is more than welcome, and if there is any data that you would like to see out of those centers, feel free to reach out and connect with Janine.
- d. Mobile Crisis Units/Teams:
- i. Expanding the number of crisis response teams throughout the county. Serving, the community, homes, schools, group homes, and STRTPs etc.
  - ii. Behavioral Health, Community Response Evaluation and Support Team (CREST), and Regional Emergency Assessment at Community Hospitals (REACH) teams have been merged into mobile crisis management.
  - iii. Expansion of the mobile crisis units has given the department the ability to respond to crisis, and divert youth out of emergency departments, Inpatient Treatment Facility (ITF), and into more appropriate levels of care. Janine offered, if it was of interest, to provide mobile crisis information and data, at the next meeting. Commissioner Collopy, requested the Mobile data be provided.

**11. Community Care Licensing – Natasha Dunlap, Licensing Program Manager**

- a. Updates:
- i. A requirement from the Department of Health required that some of the larger STRTP facilities reduce their capacity. So, towards the end of last quarter, the department processed several requests for STRTPs to reduce the capacity of their facilities in order not to become IMD's. Placement, staffing and care provided for the children didn't change.
  - ii. Some larger facilities split their facilities into two or three smaller facilities, and would be under the required capacity of sixteen and under for each.
  - iii. It was noted that the Department of Health Care Services worked closely with each STRTP across the state to do an evaluation to determine if they met the criteria for an IMDs. There were only three (3) in the entire state that were deemed IMDs. In Riverside county there were a few STRTPs that did reduce capacity to avoid that determination. Other STRTPs were able to work with The Department of Health Care Services to figure out how to individualize their cottages so not to have to reduce capacity.

**12. Voices for Children – Jessica Muñoz, Executive Director**

- a. Updates:
- i. Ms. Muñoz, noted she is the Executive Director of the Court Appointed Special Advocate (CASA) program. A CASA is a volunteer who is specially trained to advocate for children and youths in the foster care system. CASA, volunteers are appointed by a judge to advocate for the best interests of a neglected or abused child.
  - ii. Voices for Children (VFC), is the nonprofit in Riverside County that recruits, trains and provides ongoing support and supervision to those volunteers, and is now the seventh largest CASA program in the state. Voices for Children (VFC), is also authorized to provide CASA volunteers for children in San Diego county.



- iii. Children served last year was four hundred eighty-six; 486. The number of children served thus far this year is three-hundred eighty-nine; 389.
- iv. VFC currently has two-hundred fifty nine volunteers who are actively serving the youth in the community. All CASAs go through an extensive background check, makes a minimum commitment of at least 18 months, completes thirty-five (35) hours of training; average service is 10-15 hours per month.
- v. Brief discussion on data and stats for volunteers and the youth they serve, the need to recruit more male volunteers, and volunteers in general from all walks of life are needed to serve the community.
- vi. Judge Petersen, noted that he has had the pleasure of attending VFC's graduation ceremonies, and meeting the wonderful people who have volunteered their time. Furthermore, Judge Petersen announced to the group that Ms. Muñoz was named the 2022 Juvenile Law Attorney of the Year by the Riverside County Bar Association.

**5. Operation Safe House, Inc - Norma Biegel**

a. Updates/Highlights:

- i. Operation SafeHouse operates two (2) emergency shelters located in Riverside and Thousands Palms for youth 11 to 17 years of age. Youth staying at either shelter attend school, and receive counseling (family and individual).
- ii. The Riverside facility served ninety-five youth, from July through December. Number of bed nights for Riverside totaled, eight hundred eighty; 880. The Thousand Palms facility served forty-eight; 48 youth, July through December, with the number of bed nights being, six hundred three; 603.
- i. January is National Human Trafficking Awareness Month. Operation SafeHouse offers programs to youth who are victims of human trafficking.
- ii. What's Up SafeHouse is a downloadable mobile phone Text/APP for youth that offers free, anonymous counseling 24 hours per day, 7 days a week by text-communication, from 7:00 am to 11:00 pm.
- iii. Operation SafeHouse provides Street Outreach throughout Riverside County, and offers several behavioral health programs, e.g., Peer to Peer services, Stress and Your Mood SAYM, Cognitive-Behavioral Therapy (CBT, and the Seeking Safety Program. And will be participating in the Riverside County Point-in-Time count.
- iv. Additionally, Operation SafeHouse partners with Safe Place which provides immediate help and supportive resources for youth in need. The program designates schools, fire stations, libraries, and other youth-friendly organizations as Safe Place locations, which display the Safe Place's recognizable yellow and black diamond-shaped logo.

e. Staffing Update:

- i. P.T. McEwen has been hired as the new Executive Director for Operation SafeHouse. In addition to the new Executive Director, a new bookkeeper has been hired.
- ii. Staffing remains a challenge. However, they were recently, able to offer staff a 3% raise.

f. Funding:

- i. The Correctional Department provided approximately two-thousand dollars' worth of squish mellow. Squish mellow are used as tool to help youth handle anxiety, stress, and other strong emotions.

**13. Oak Grove Center – Tammy Wilson**

a. Updates:

- i. December 31st was the deadline to become an IMD. Discussion of models, and lengthy conversations between DHCS and Oak Grove was mutually agreed upon, that it was not a feasible option for reconstruction and reformatting to avoid the IMD destination.
- ii. Oak Grove is now an IMD, and still maintains their STRTP license. Tammy noted that payment for ancillary services e.g., medical, dental, pharmacy benefits will not be impacted by DHC compliance with federal IMD requirements, and is included in the States Medicaid estimated in the 22/23 budget through June 2023.



b. Population:

- i. Oak Grove continues to serve DPSS, managed care, school districts, adoptions, and a couple of refugee minors. All is going relatively well.
- ii. Continuous Operation of Oak Grove's Sanctuary in Palm Springs, which is an THP house program that focuses on the LGBTQ plus population. Oak Grove would now like to start adding some apartments for non-minor dependents in the higher age category. If anyone would like more information, contact Tammy at Oak Grove.
- iii. The partial hospitalization program is at fifteen. Youths that are blended into the nonprofit school on campus that a few dependent students attend, most of the dependents go to public school.
- iv. Ms. Wilson noted she will continue to peruse information on how to obtain the Narcan waiver, and keep everyone posted.

**14. Meeting adjourned by unanimous vote at 11:36am**

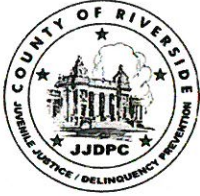
**15. Next Meeting:**

Date: April 13, 2023

Time: 9:30 am

Location: Rustin Conference Center (Entrance 1)

Room # 1056



# JJDPCC Commissioners Wanted

Do you have a desire to give back to your community in a meaningful way? Riverside County's Juvenile Justice and Delinquency Prevention Commission is actively seeking Commissioners.

**Why Join?** To be an advocate for youth  
To help improve the system  
Rewarding and enriching experience

**JJDPCC:** The mission of the Commission is to provide oversight for programs, services and facilities that serve the youth within the juvenile justice system of Riverside County.

**Deadline:** Open until filled

**Requirements:** Serve 4-10 hours a month  
Reside in Riverside County  
Pass a background investigation

Contact: If interested please contact E. Cynthia Magill at [cymagill@rivco.org](mailto:cymagill@rivco.org) or  
Please visit us at: <https://rivcoprobation.org/jjdpcc>

## INVOLVEMENT

- Public and private agencies whose focus is serving the needs of at-risk children.
- Hold monthly-quarterly community based public meetings.
- Hold joint meetings with neighboring county commissions.
- Investigate community concerns regarding children.
- Monitor delinquency prevention programs throughout the County of Riverside.
- Maintain a commission liaison to work with state and local government representatives concerning children's issues relating to legislative matters.
- Identify critical youth related problems that effect the community.
- Develop training for Juvenile Justice and Delinquency Prevention commissioners.
- Inform and educate the community what the commission's concerns, findings and recommendations by using a public forum, the media, and sharing the annual report.
- Advocate, sponsor and support community-based delinquency prevention programs.
- Conduct a JJDP Annual Awards Dinner to honor youth and other members of the community for their outstanding service and achievements.  
Awards:
  - Various Riverside County Youths
  - Probation Department Employee
  - D.P.S.S. Foster Parents
  - Community Volunteers
  - Community Delinquency Prevention



## HOW TO JOIN US

The Riverside County Juvenile Justice and Delinquency Prevention Commission invites you to attend and participate at the regular monthly meetings.

**MEETINGS:** 2nd Tuesday of each month

**TIME:** 1:00 P.M.

**LOCATION:** Varies throughout the county. For meeting locations contact:

E. Cynthia Magill  
JJDPDC Executive Assistant  
951-358-7022  
cymagill@rivco.org

To those citizens who have a sincere interest in the youth of this county and who have the time and energy to participate on the commission. An application for a term of office is available at each monthly meeting.

Juvenile Justice and Delinquency Prevention Commissioners are expected to attend the monthly meetings, remain informed with the juvenile justice system and all related areas, be accessible to the community, serve on subcommittees, participate in annual inspections and carry out goals and action plans of the commission.

Commission membership is rewarding and very fulfilling. A firm commitment, to the organization and to the county makes this commission effective.

# Juvenile Justice and Delinquency Prevention Commission

**Mailing address:**  
P.O. Box 1260  
Riverside, CA 92502  
**PHONE: (951) 358-7022**  
cymagill@rivco.org

Please visit us at:  
<https://rivcoprobation.org/jjdpdc>

## LEGAL AUTHORITY

### Juvenile Justice Commission

The Welfare and Institutions Code, Section 225, mandates that there **SHALL** be a Juvenile Justice Commission in each county, consisting of no less than 7 and no more than 15 citizens. The term of office is for 4 years, with an appointment made by the Presiding Judge of the Superior Court with the concurrence of the Presiding Judge of the Juvenile Court. The members shall be reimbursed for limited expenses that they incurred during the performance of their duties.

### Delinquency Prevention Commission

The Welfare and Institutions Code 223, states a county **MAY** establish a Delinquency Prevention Commission of no fewer than 7 citizens, one or more of whom may be under 18 years of age.

On September 11, 1967, Riverside County created such a commission, designating the existing Juvenile Justice Commission serve in that capacity. Riverside County's Commission operates as the Juvenile Justice and Delinquency Prevention Commission.

The Chief Probation Officer of Riverside County Probation Department designates the necessary support staff to assist the commission and is the primary funding source for commission operations.

## LEGAL RESPONSIBILITIES

### Juvenile Justice Commission

- Inquire into the administration of juvenile court law and hold hearings when appropriate.
- Inspect, any publicly administered institution, jail or lock-up used for the confinement of any minor, annually.
- Inspect group homes that house wards or dependents of the juvenile court.
- Report findings of any inspections and make necessary recommendations to the Board of State and Community Corrections, juvenile court and chief probation officer.
- In the case of group homes, the report will be submitted to the State Department of Social Services.
- May nominate the Riverside County Probation Department Chief Probation Officer whose appointment is then subject to the Presiding Judge of the Juvenile Court, pursuant to Welfare and Institutions Code, Section 270.

### Delinquency Prevention Commission

- Coordinate activities of governmental organizations designed to prevent juvenile delinquency county wide.
- Receive and expend funds on specific projects designed to accomplish commission goals.
- Support and work with Riverside County Probation Department's Chief Probation Officer on planning and coordinating the Delinquency Prevention Program for the County of Riverside.

## GOALS

### Juvenile Justice Commission

Take an active role to establish a countywide standardization of processing juvenile cases and interpreting procedures used by the juvenile justice system, both in delinquency and dependency matters.

Conduct public hearings on matters of public concern involving problems with juveniles in the local area.

Develop and sponsor public education programs emphasizing in crime and delinquency prevention.

### Delinquency Prevention Commission

Monitor the effectiveness of programs developed for children such as runaway, incorrigibility, and truancy who, by law, cannot be held in secure detention.

Assist in the development and implementation of diversion programs for youth throughout the county

Encourage and assist communities in identifying and meeting the needs of at-risk children and their families.





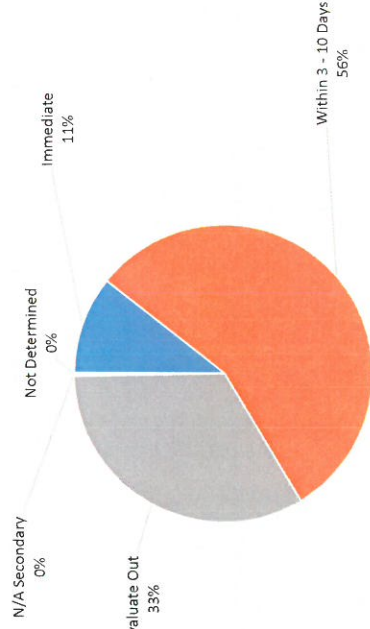
Reporting Month	Mar-23
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3 months referrals trend

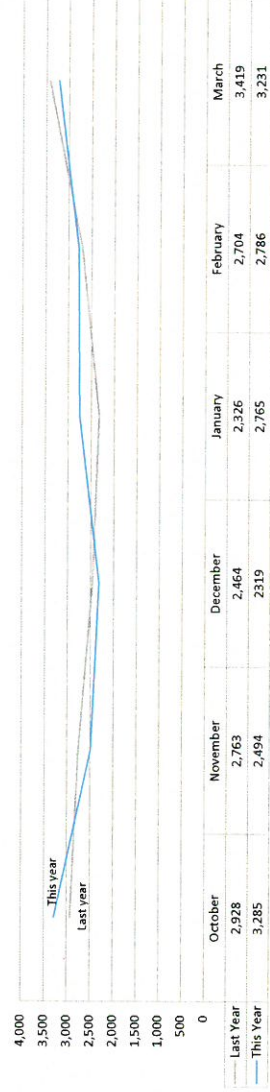
Response Priority Rates	January-23		February-23		March-23		Trends
	Count	%	Count	%	Count	%	
Immediate	264	9.5%	288	10.3%	344	10.6%	
Within 3 - 10 Days	1,538	55.6%	1,473	52.9%	1,799	55.7%	
Evaluate Out	952	34.4%	1,016	36.5%	1,077	33.3%	
N/A Secondary	11	0.4%	9	0.3%	5	0.2%	
Not Determined	0	0.0%	0	0.0%	6	0.2%	
<b>Total</b>	<b>2,765</b>	<b>100%</b>	<b>2,786</b>	<b>100%</b>	<b>3,231</b>	<b>100%</b>	

<https://app.safemeasures.org/ca/referrals/>

Referrals by Response Type for March 23



Note: Due to rounding, total may not add up to 100%



Reporting Month	Mar-23
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Allegation Type by Client and by Region

Region	Physical Abuse	Emotional Abuse	Neglect	Sexual Abuse	Other/At-risk	Clients in Month:
Central Intake Center	33	41	107	12	12	139
Centralized Placement Services	16	1	61	8	17	83
Command Post	134	104	364	56	106	512
Desert	75	57	243	23	65	352
Diamond Valley	82	88	302	22	90	421
Metro	106	113	339	42	84	468
Mid County	101	73	351	33	113	502
Southwest	124	128	413	37	116	585
Specialized Investigations	17	20	164	2	2	177
Valley	83	85	212	26	75	339
West Corridor	122	109	394	47	134	584
<b>Clients in Month:</b>	<b>893</b>	<b>819</b>	<b>2950</b>	<b>308</b>	<b>814</b>	<b>4162</b>

Note: This display shows the number of allegation types for clients in referrals started during the selected month. Clients may have multiple allegation types on any given referral. Each allegation type is only counted once for any specific client.

<b>Reporting Month</b>	<b>Mar-23</b>
------------------------	---------------

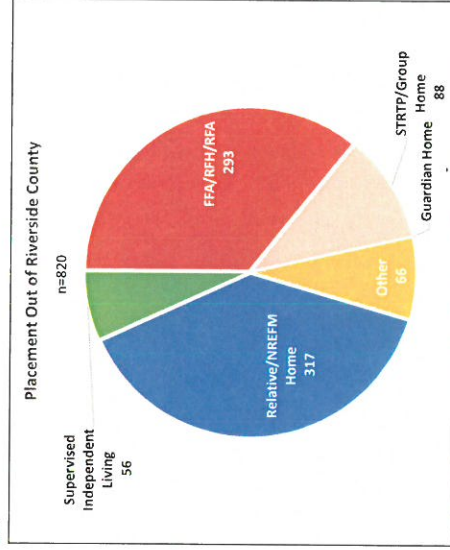
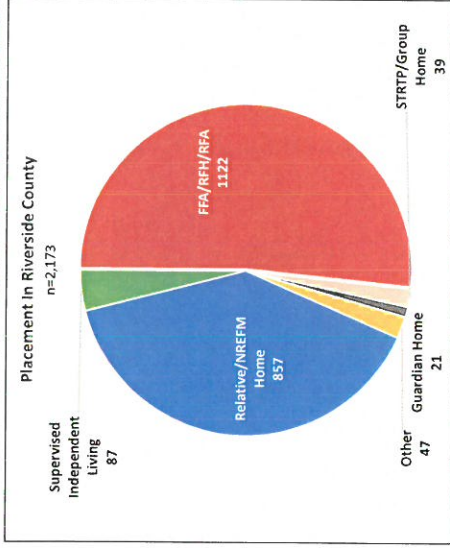
**Reasons for Children Exiting Placement**

<b>Exit Reason</b>	<b>Mar-23</b>
Adoption	16
Reunification	44
Emancipation	12
Guardianship	8
Other	1
Not Recorded	0
<b>Total</b>	<b>81</b>

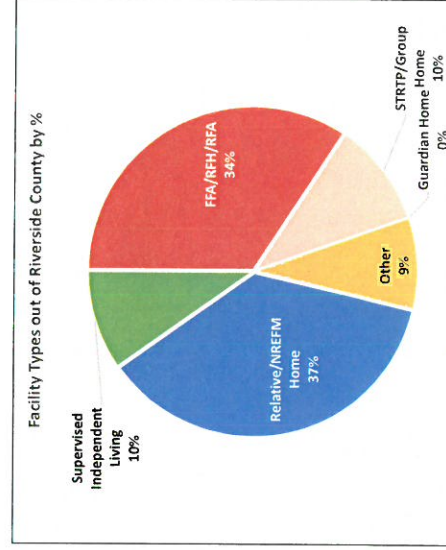
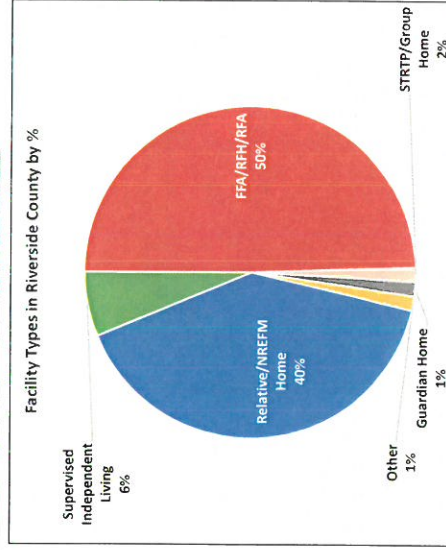
Reporting Month

Mar-23

**Placements of Dependents Categorized by Facility Type :**



**Facility Types by Percentage:**



[https://app.safemeasures.org/ca/placements\\_facility\\_type/crosstab/](https://app.safemeasures.org/ca/placements_facility_type/crosstab/)

Note: Children placed in "Guardian Home - Voluntary" facilities were excluded from the counts. Other include "Court-Specified Homes", "Small Family Homes", "Shelter/Receiving Homes", "Tribally Approved Homes", "Tribe Specified Homes" and "Medical Facilities".

# CSEC Referrals and Cases



● Open cases with at least 1 CSEC Codification   
 ● Open referrals with CSEC Codification

Note: CSEC Referrals also include Referrals with the Special Project Code "Human Trafficking-Labor"

### Three Month Trend CSEC Codification

Month	Jan-23	Feb-23	Mar-23
Open cases with at least 1 CSEC Codification	147	154	154
Open referrals with at least 1 CSEC Codification	7	2	7

Notes:  
 \*This table reflects the same data on the graph above. It is included additionally to have the three month data trend on a table for viewing preference.  
 \*\*CSEC Codifications include: Victims of CSEC During Foster Care, At-risk of CSEC, and CSEC Victims before Foster Care.  
 \*\*\*Data for CSEC comes from DAT Unit's monthly OG-1718 CSEC Monthly report and not SafeMeasures. Additionally that data is extracted from CWS/CMS and is current as of 03/03/23  
 \*\*\*\*Data is produced on the first week where CWS/CMS data tables have been refreshed, which means that this report may not always reflect the most current month.

# Crisis Support System of Care Report Fiscal Year 2021/2022

Riverside University Health System-Behavioral Health (RUHS-BH)  
Research, Technology and Evaluation



## Crisis Support System of Care (CSSOC)

### **Brief Program Overview**

RUHS-BH has established a Crisis Support System of Care (CSSOC). Mobile Crisis Response Teams (MCRTs), Community Behavioral Assessment Teams (CBAT), and Mobile Crisis Management Teams (MCMT) provide mobile crisis intervention services at various locations in the community, while Mental Health Urgent Cares (MHUC) and Crisis Residential Treatment (CRT) facilities provide crisis support and stabilization. Together, these programs provide crisis support, diversion from emergency psychiatric services, and connection to outpatient services.

### **Mobile Crisis Response Teams (MCRT)**

MCRTs are comprised of a Clinical Therapist II or a Behavioral Health Specialist and a Mental Health Peer Support Specialist and provide community based mobile crisis support services in the three county regions with the goal of decreasing law enforcement involvement and unnecessary inpatient hospitalizations. Originally designed to provide crisis services to adults, the program added teams to provide services specifically for youth age 21 and younger. MCRTs assess the individual's needs while also providing crisis support and connection outpatient and substance use services.

### **Community Based Assessment Teams (CBAT)**

CBATs are comprised of a specially trained police officer and a RUHS-BH Clinical Therapist II. Teams respond to requests for law enforcement services involving individuals who are experiencing a mental health crisis and divert these individuals to the appropriate community and behavioral health services.

### **Mobile Crisis Management Teams (MCMT)**

MCMTs consists of four staff members (Clinical Therapist, Behavioral Health Specialist II, Behavioral Health Specialist III, and Peer Support Specialist). Teams respond to requests from various entities in the county (e.g., law enforcement, hospital emergency rooms) and assess and intervene with individuals experiencing a mental health crisis.

### **Mental Health Urgent Cares (MHUC)**

The voluntary MHUCs operate 24 hours a day, 7 days a week, and are located in each of the three county regions providing urgent care/crisis support for up to 23 hours per encounter. MHUCs provide clinical and psychiatric assessment, crisis intervention, and supportive therapy as well as peer-to-peer enriched engagement and support. The MHUCs serve individuals 18 years and older with the Desert and Mid-County MHUCs also serving adolescents 13 years and older.

### **Crisis Residential Treatment facilities (CRT)**

Located in each of the three county regions, CRTs provide enriched recovery based peer-to-peer support and interventions with the goal of stabilizing clients in acute crises in order to eliminate or shorten the need for inpatient hospitalization. Individuals may stay at the facility for up to 14 days.

### Data Collection

MCRTs use a web-based data system to record information for each crisis encounter. This information is used to determine the number of crisis contacts, number of clients served and the disposition of each contact (i.e., diversion to crisis alternatives, hospitalization, complete diversion from crisis services). Data is also collected on demographics (e.g., gender, age, ethnicity) referrals, and recidivism (clients with multiple crisis contacts), and is linked to the RUHS-BH electronic health record to determine utilization of outpatient services. CBATs and MCMTs record information about their encounters in the RUHS-BH electronic health record using a form similar to the one used by MCRTs. Finally, MHUCs and CRT utilization data is derived from the RUHS-BH electronic health record admissions.

### Program Goals

1. Increase mobile crisis response to schools, to avoid the need for law enforcement requests for crisis response to youth age 21 and younger and increase mobile crisis response to law enforcement, hospital emergency rooms, and community organizations.
2. Decrease inpatient psychiatric hospitalization through effective diversion.
3. Reduce hospital emergency room and psychiatric inpatient utilization
4. Increase access to alternative crisis services and lower levels of BH treatment (i.e., outpatient mental health and substance abuse services). Increase use of FSP and outpatient mental health services following crisis encounters.
5. Reduce re-admissions to psychiatric emergency rooms or inpatient psychiatric hospitals.



## Mobile Crisis Response Teams (MCRT)

Mobile Crisis Response Teams (MCRTs) provide community based mobile crisis support services in the three county regions (West, Mid-County, Desert) with the goal of decreasing law enforcement involvement and unnecessary inpatient hospitalizations. Originally designed to provide crisis services to adults, the program added teams to provide services specifically for youth age 21 and younger. Each team is comprised of a Clinical Therapist II or Behavioral Health Specialist and a Mental Health Peer Support Specialist. MCRTs are responsible for assessing the individual's needs and providing crisis support with a focus on connecting individuals to outpatient and substance use services.

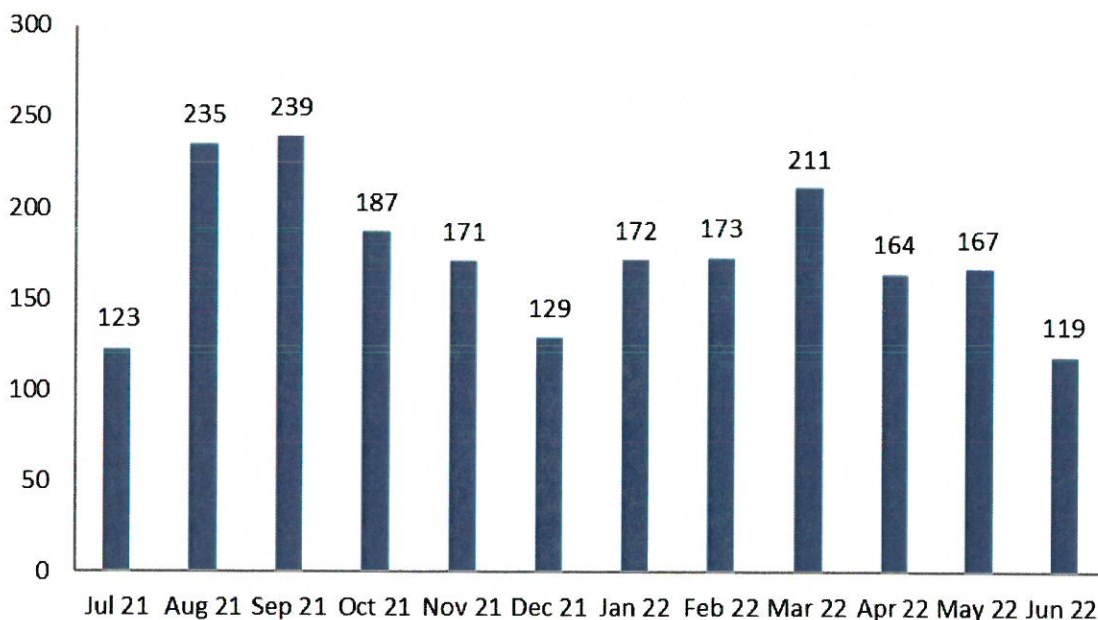
### Requests for Service

MCRTs responded to 2,090 requests during the 2021/2022 fiscal year (July 1, 2021 through June 30, 2022). MCRTs responded to the most requests from the Mid-County region (n = 904). The average number of requests for MCRTs per month was 174.

MCRT Requests 2,090	
West	737
Mid-County	904
Desert	449

Avg. Num. of Requests per Month  
174

Number of MCRTs Requests by Month

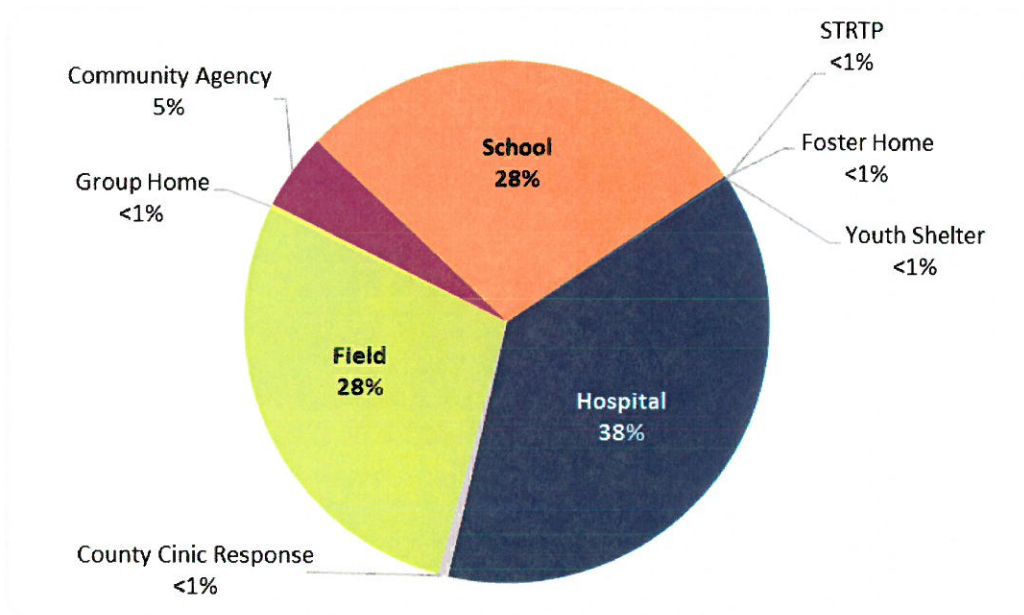


## Mobile Crisis Response Teams (MCRT)

MCRTs began primarily as a mobile crisis response to law enforcement requests for assistance with individuals experiencing a mental health crisis. Over the years, MCRTs have expanded to include mobile crisis requests from hospital emergency departments, community agencies, group homes, and other community locations.

Over a third (38%) of requests for MCRTs were made by hospital emergency departments, followed by requests from Schools (28%) and requests from the Field (28%).

Location of Requests for MCRTs



### Response Times

The average response time for MCRTs requests was 1 hour and 5 minutes. Requests were excluded from analysis if the request was for a re-evaluation for a client already seen, or re-evaluation of a client on a 5150, and the request was related to evaluation prior to discontinuance of 5150.

**Avg. MCRT Response Time**  
**1 Hour 5 minutes**

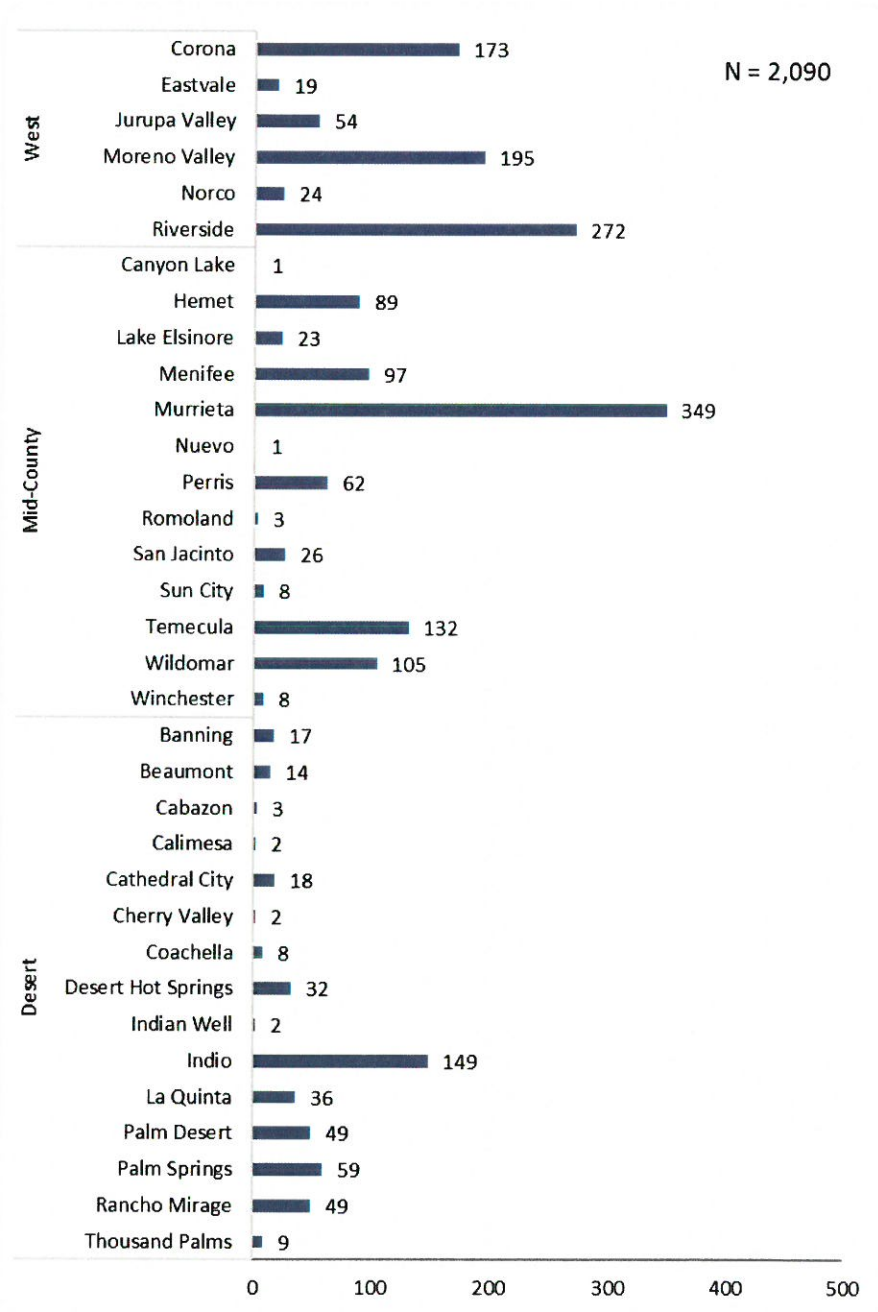
**54% of responses were in an hour or less**  
**89% of responses were within 2 hours**  
**96% of responses were within 3 hours**

## Mobile Crisis Response Teams (MCRT)

### Cities and Regions

MCRTs received requests for service from multiple cities, through-out the county. The figure below provides the number of requests per city in each county region. In the Western region, the city of Riverside had the most requests for MCRTs (n = 272). In Mid-County, MCRTs received the most requests from Murrieta (n = 349). Finally, the Desert region received the most requests for MCRTs from Indio (n = 149).

**MCRTs Requests by City and County Region**

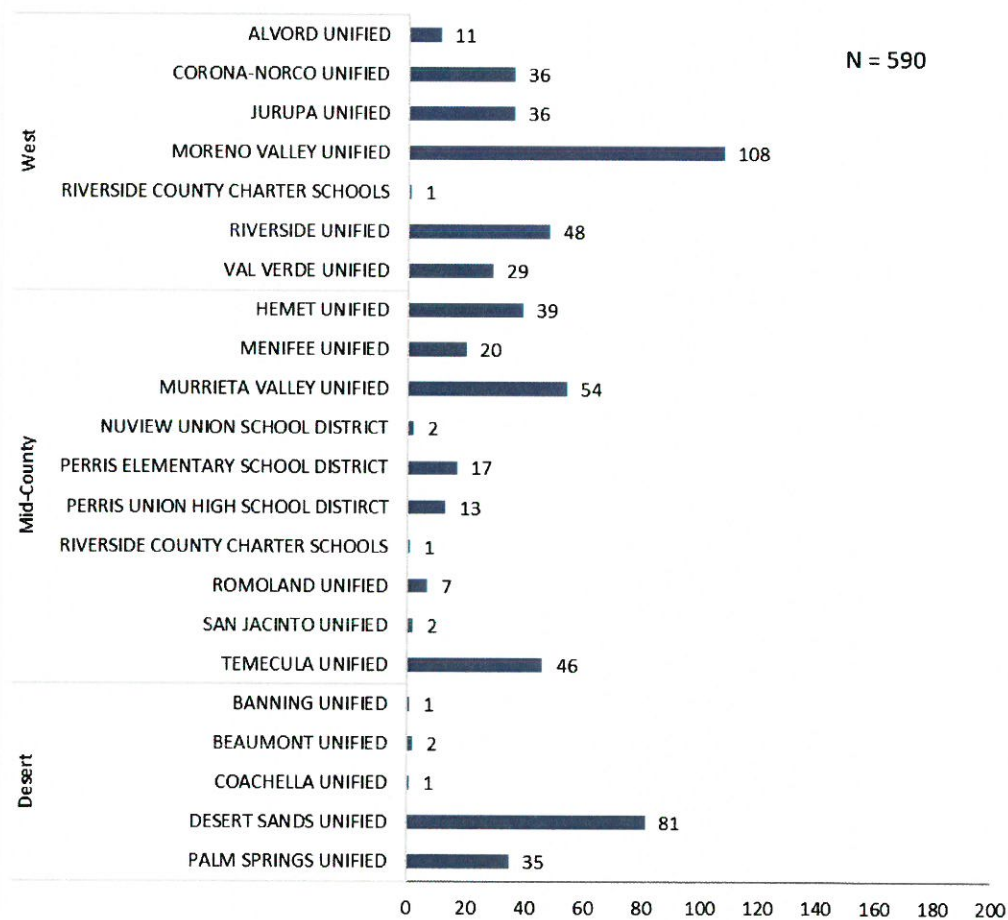


## Mobile Crisis Response Teams (MCRT)

**Goal 1:** Increase mobile crisis response to schools to avoid the need for law enforcement requests for crisis response to youth age 21 and younger and/or increase mobile crisis response to law enforcement, hospital emergency rooms, and community organizations for adults.

MCRTs added teams in December 2018 to provide crisis service to youth age 21 and under at schools and other locations in an effort to decrease the need for law enforcement involvement. Most requests for MCRTs at schools were made by school resource officers as schools preferred to make requests for MCRTs through their school resource officers rather than allowing other school staff to directly request MCRTs. The figure below shows the number of school requests MCRTs received in each school district during the 2021-2022 Fiscal Year. Four request for crisis services were from colleges.

Number of MCRTs requests received in each School District and County Region

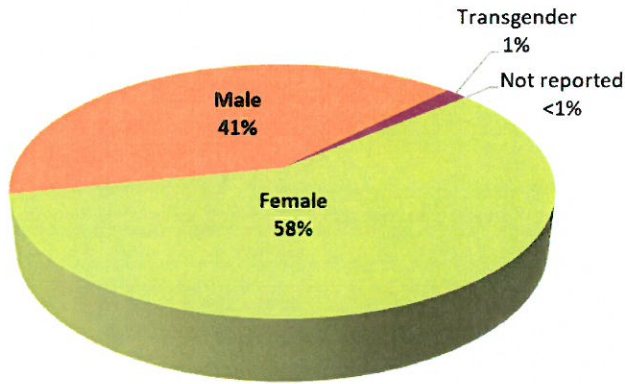


## Mobile Crisis Response Teams (MCRT)

### Demographics

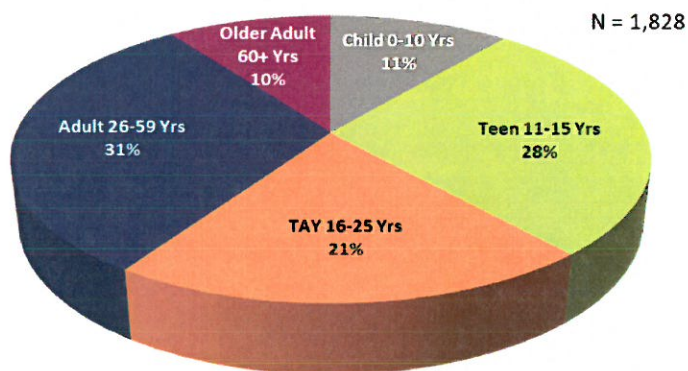
MCRTs served 1,836 individuals during the 2021/2022 fiscal year. Most individuals spoke either English (91%) or Spanish (3%). Language was unknown for 6% of individuals. Five percent of individuals reported experiencing homelessness and 1% were Veterans.

Gender of MCRTs Clients



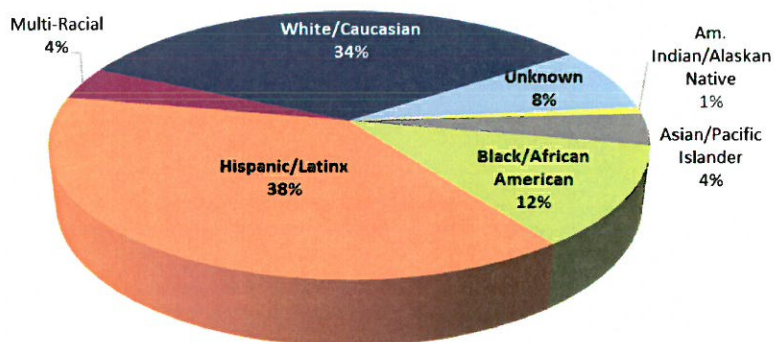
MCRTs served more females (58%) than males (41%), with 1% of individuals identifying as transgender. Gender for 2 individuals was not reported.

Age of MCRT Clients



Almost a third (31%) of clients were Adults between the ages of 26 and 59 years of age. Age was unknown for 8 clients.

Ethnicity of MCRT Clients



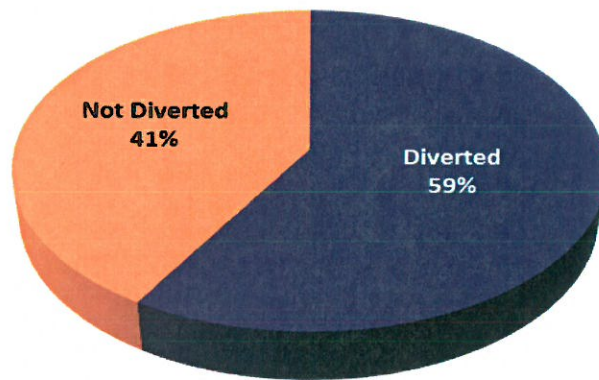
Over a third (38%) of clients served were Hispanic/Latinx.

## Mobile Crisis Response Teams (MCRT)

**Goal 2:** Decrease inpatient psychiatric hospitalization through effective diversion.

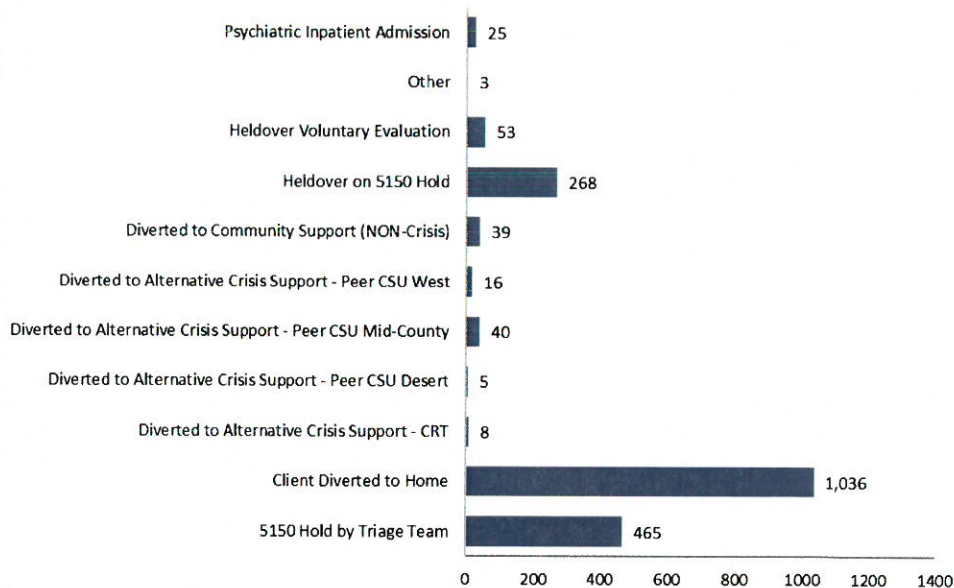
Diversion from an inpatient admission was measured using the disposition of the crisis contact. Contacts were diverted to home or to an alternative crisis support. Contacts in which the client was unable or unwilling to interact with MCRTs (6%, n = 131) or who had a disposition of "Other" (0.1%, n = 3) were excluded from the calculation of diversion rates. MCRTs were able to successfully divert over half (59%) of crisis contacts in the field. Non-crisis community supports included homeless shelters, emergency housing, and other social services.

Diversion rates for MCRTs



The majority (59%) of MCRT clients were diverted to home, to a county MHUC or to a CRT.

MCRT Contact Dispositions



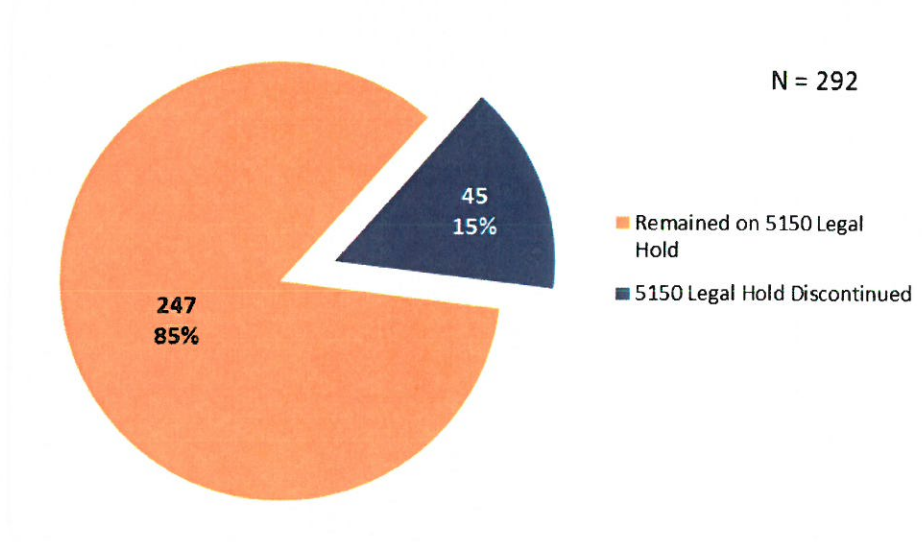
## Mobile Crisis Response Teams (MCRT)

### 5150 Legal Hold Releases

Individuals can be placed on 5150 legal hold (involuntary evaluation hold), by law enforcement or hospitals, prior to the arrival of MCRTs. MCRTs can release an individual from a hold if the hold is not longer necessary.

Two hundred ninety-two individuals were placed on a 5150 hold prior to MCRTs arrival. MCRTs were able to discontinue the legal hold of 15% (n = 45) of individuals who were on a legal hold at the time of the teams arrival.

5150 Legal Holds and Discontinuances



### Goal 3: Reduce hospital emergency room and inpatient psychiatric utilization

Outpatient linkage should result in less need for subsequent inpatient admissions. Inpatient admissions that were **not** the result of the initial crisis contact (result of the 72 hour hold) were used in the calculation.

Six percent (n = 111) of individuals had an inpatient admission within 60 days of contact with MCRTs. Some individuals (n = 16) had more than one admission within 60 days of MCRT contact.

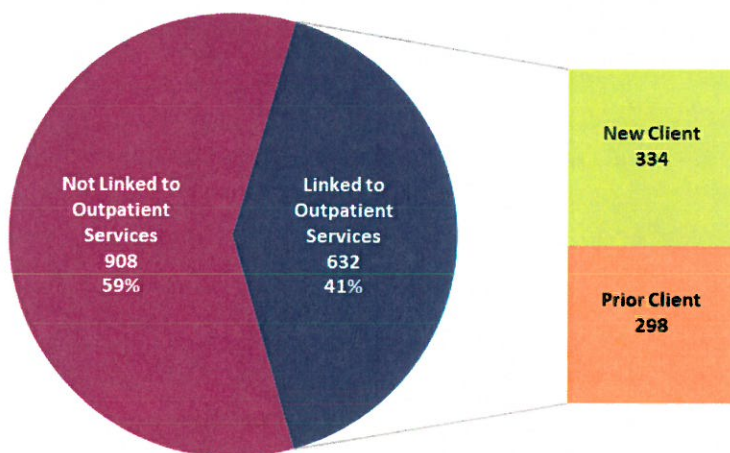
Inpatient Admissions		
	N	%
Had more than one inpatient admission	18	1%
Had at least one inpatient admission	93	5%
<b>Total Inpatient Admissions</b>	<b>111</b>	<b>6%</b>

## Mobile Crisis Response Teams (MCRT)

**Goal 4:** Increase access to alternative crisis services (i.e., outpatient mental health and substance abuse services).

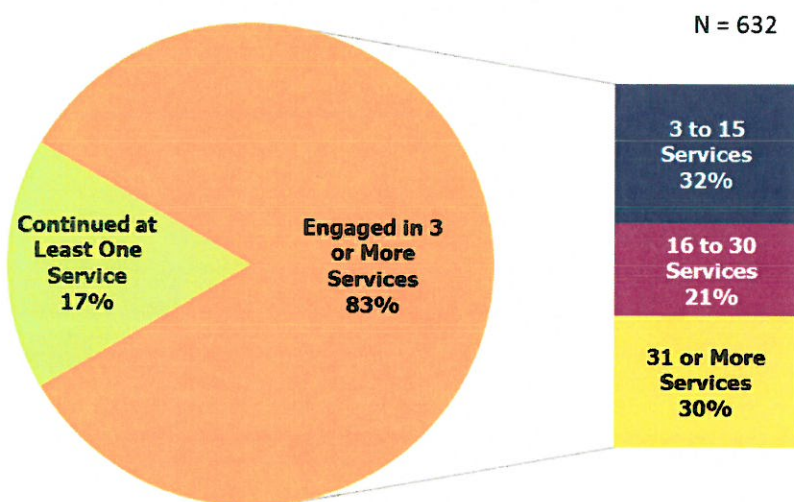
RUHS-BH service data was used to examine service usage after the initial crisis contact. Clients were considered to be linked to outpatient services if they had an outpatient mental health, substance use, or youth short-term residential treatment program service record. Individuals who were recorded as being linked to a private provider and individuals having private insurance were not included in the analysis.

Linked to Outpatient Services



Forty-one percent (N = 632) of individuals served by MCRTs were linked to outpatient services after contact with teams. Some individuals (n = 298) linked to outpatient services already had engaged in outpatient services prior to be seen by MCRTs.

Engagement in Services



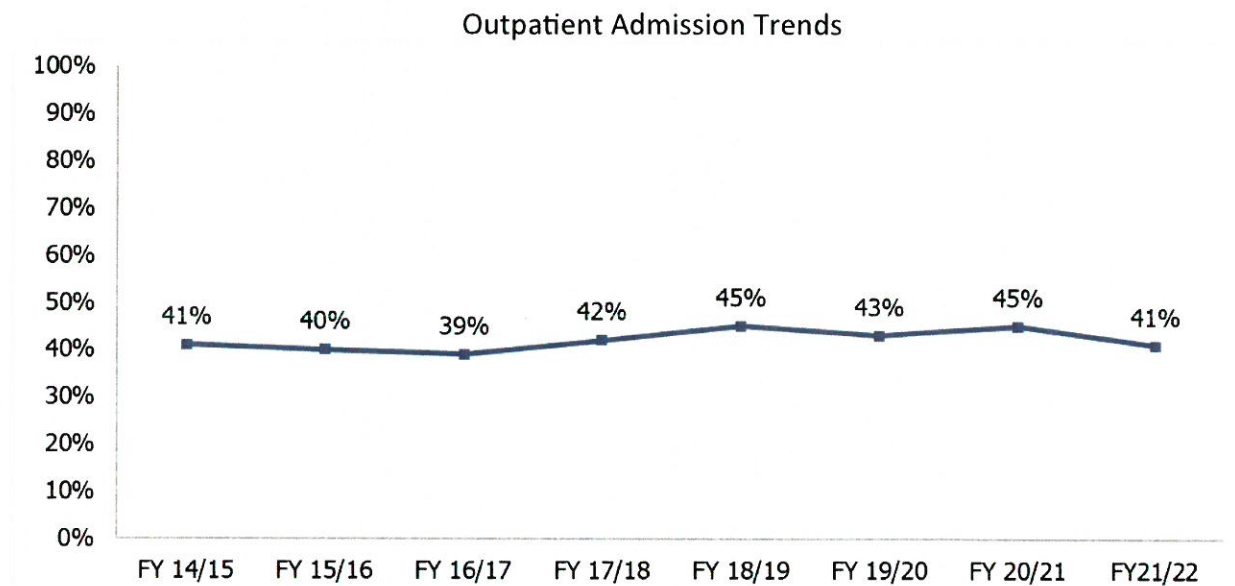
The majority (83%) of those linked to outpatient services engaged in three or more services. Almost a third (32%) of MCRT clients who were linked to services participated in 3 to 15 services. For clients with 3 or more services, the average number of services was 39.



## Mobile Crisis Response Teams (MCRT)

**Goal 4:** Increase access to alternative crisis services (i.e., outpatient mental health and substance abuse services) (cont.).

The figure below provides the percentage of clients linked to outpatient services after contact with MCRTs for each fiscal year since the beginning of the Crisis program. MCRTs began serving clients in mid December 2014; therefore, the data for the 2014/2015 fiscal year is from December 18, 2014 through June 30, 2015. Individuals who were recorded as being linked to a private provider and individuals having private insurance were not included in the analysis.



**Goal 5:** Reduce re-admissions to psychiatric emergency rooms or inpatient psychiatric hospitals.

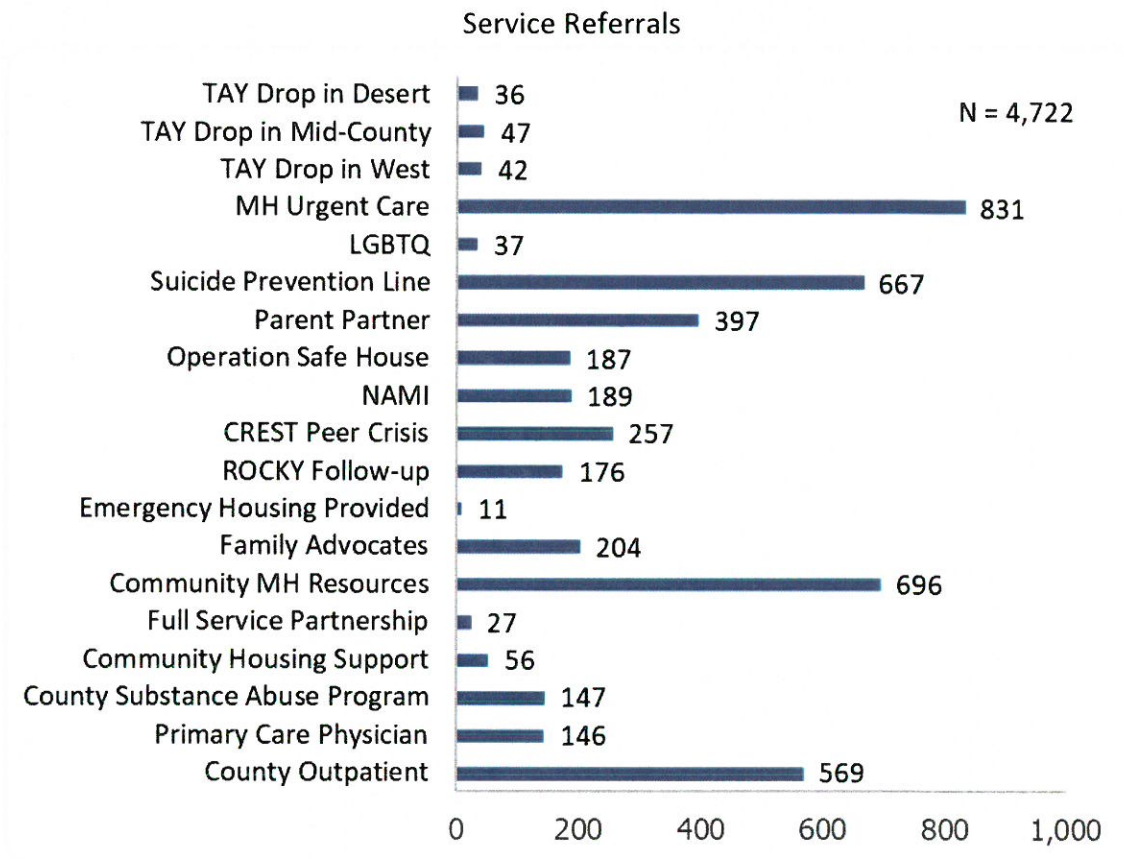
The table below provides the repeat crisis readmission rates at 15 days or less after first crisis contact and at 16 to 30 days after first crisis contact. Both have remained relatively low.

Readmission Rates for MCRTs	
Days to Readmission	%
0 to 15 Days	3.44%
16 to 30 Days	1.43%
0 to 30 Days	4.87%

## Mobile Crisis Response Teams (MCRT)

### Service referrals

As part of crisis intervention, MCRTs provide individuals with referrals for various services each time teams have contact with a client. Individuals can receive multiple referrals for different services. MCRTs provided 4,722 referrals to 1,836 individuals.



## Community Behavioral Assessment Teams (CBAT)

Community Behavioral Assessment Teams (CBAT) respond to law enforcement calls involving mental health issues in the community with the goal of diverting individuals experiencing mental health issues to community and behavioral health services. Teams consist of a specialist trained law enforcement officer, who provides safety and law enforcement expertise and an RUHS-BH Clinical Therapist II, who assesses the client's behavior.

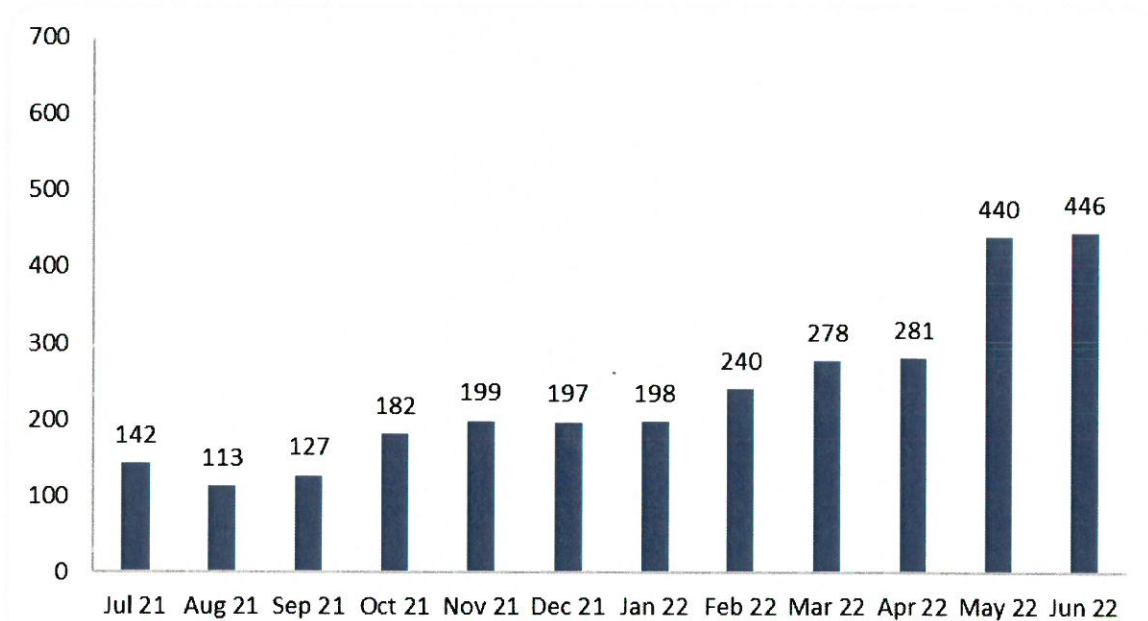
### Requests for Service

During the 2021/2022 fiscal year, 16 CBAT teams responded to 2,843 requests (including calls for Homeless Outreach and Welfare Checks).

CBAT Requests	
	2,843
Crisis	2,078
Homeless Outreach	170
Welfare Check	595

Avg. Number of CBAT Requests  
per Month All Types  
237

Number of requests for CBAT teams per Month



## Community Behavioral Assessment Teams (CBAT)

### Crisis Requests

CBAT received 2,078 requests for Crisis Services during the 2021-2022 fiscal year. The mid-county region received the most requests for crisis service (n=1,448). The average number of calls per month for Crisis Services for CBAT was 173.

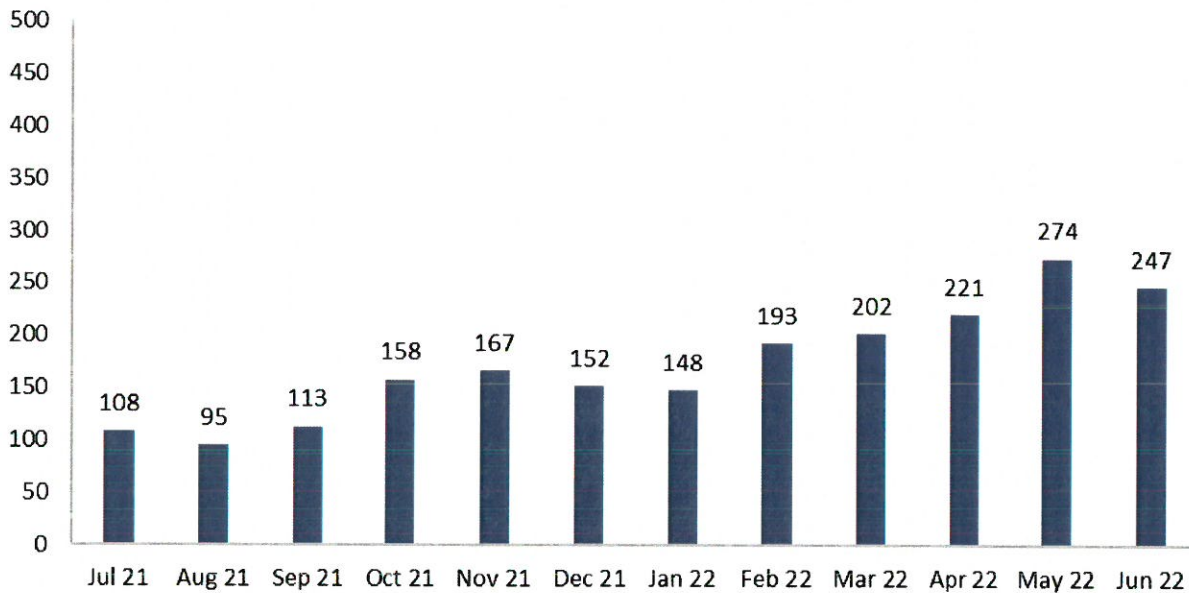
#### CBAT Requests for Crisis Service

2,078

West	559
Mid-County	1,448
Desert	71

Avg. Number of CBAT Crisis Team Requests  
per Month  
173

Number of requests for Crisis Services

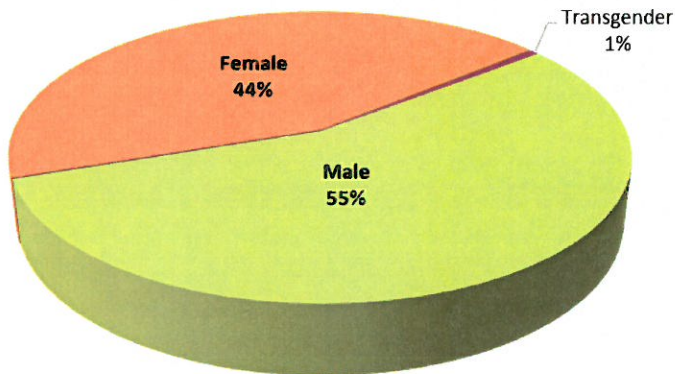


## Community Behavioral Assessment Teams (CBAT)

### Demographics

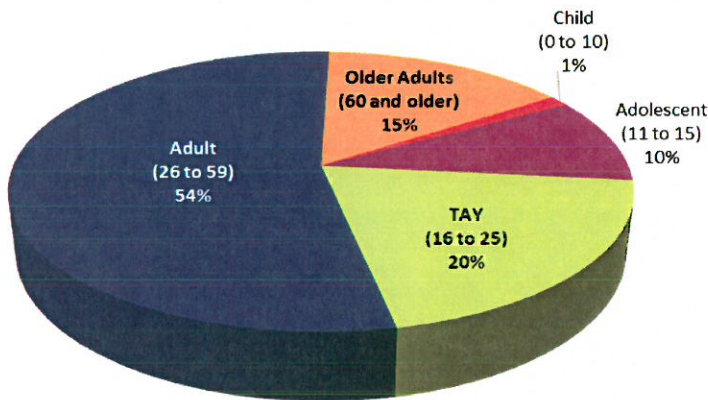
CBATs served 2,393 individuals (1,792 individuals experiencing Crisis) during the 2021/2022 fiscal year. The demographics presented here is for all individuals regardless of type of request.

Gender of CBAT clients



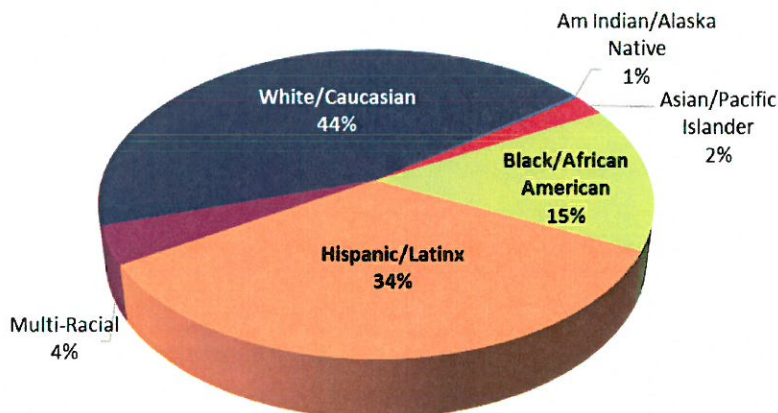
CBAT teams served more females (55%) than males (44%). Thirteen individuals (1%) identified as transgender.

Age of CBAT clients



The majority of CBAT clients (54%) were adults, age 26 to 59 years. One-fifth of clients served by CBAT were TAY age (16 to 25 years).

Ethnicity of CBAT clients

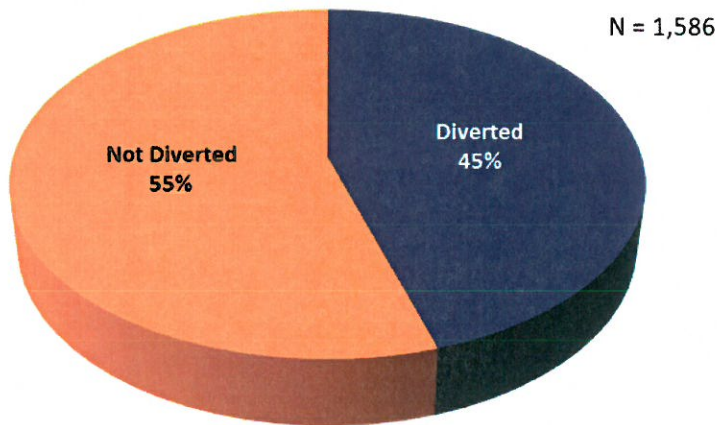


Forty-four percent (44%) of CBAT clients were White/Caucasian and 34% were Hispanic/Latinx. A quarter of CBAT clients (25%) were reported as experiencing homelessness, while 4% of clients were Veterans.

## Community Behavioral Assessment Teams (CBAT)

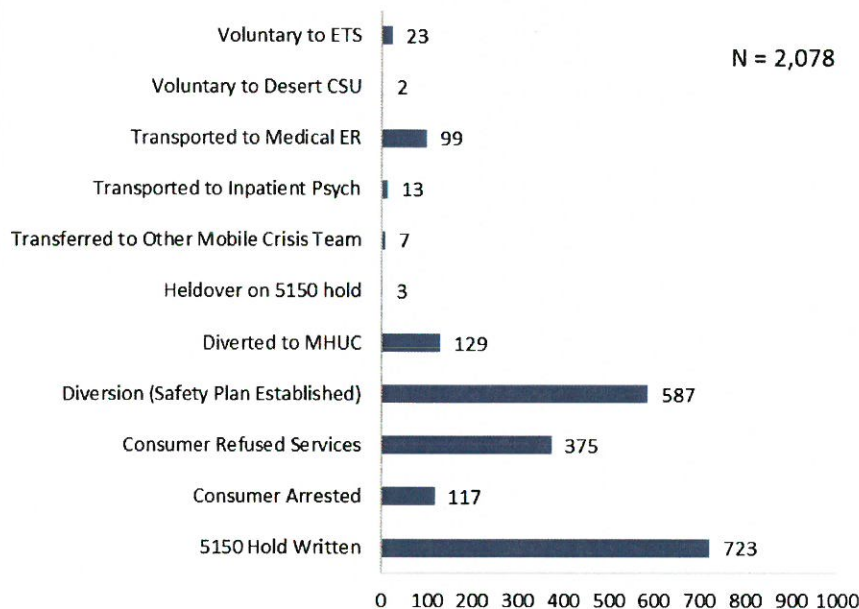
Whenever possible CBATs divert individuals from an unnecessary inpatient admission. The figures below provide the percentage diverted as well as of the disposition of CBAT crisis calls. Homeless outreach and welfare checks were excluded from these analyses. Additional, consumers who refused service (18%, n = 375) or who were arrested (7% n = 117) were excluded from the analyses. Individuals were considered diverted if they were diverted with a safety plan or were diverted to the MHUC.

Percentage of Crisis Requests Diverted



CBAT was able to divert 45% of Crisis calls.

Disposition of Crisis Requests



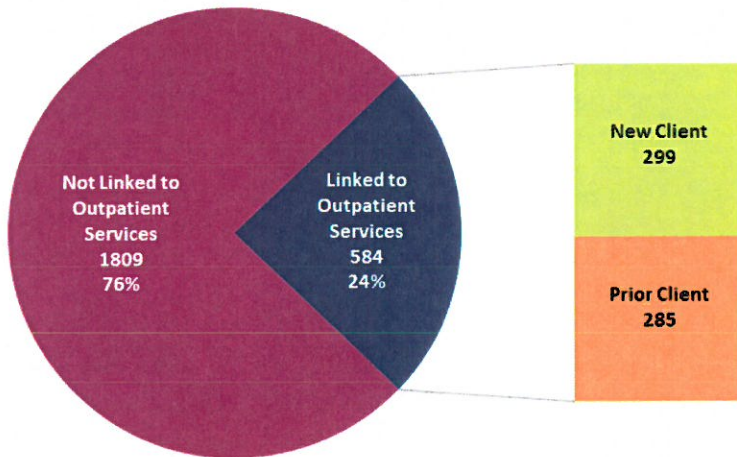
Almost half (45%) of CBAT Crisis requests were diverted to home or to an MHUC.

## Community Behavioral Assessment Teams (CBAT)

### Linkage to Outpatient Services

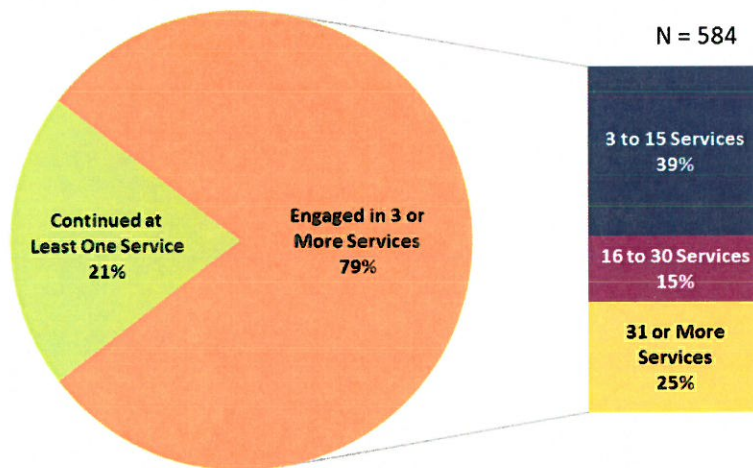
CBAT teams provide referral to outpatient services. RUHS-BH service data was used to examine service usage after contact with CBAT teams. Clients were considered to be linked to outpatient services if they had an outpatient, substance use, or youth short-term residential program service record. Individuals who were recorded as having private insurance were excluded from these analyses.

Outpatient Linkage for CBAT clients



Almost a quarter (24%) of individuals served by CBAT teams were linked to outpatient services after contact with teams. Some individuals (49%, n = 285) served by CBATs were already participating in outpatient services prior to their contact with CBATs.

Engagement in Services



The majority (79%) of CBAT clients linked to outpatient services engaged in three or more services. For clients with 3 or more services, the average number of services was 36.

### Readmission Rates for CBATs

Days to Readmission	%
0 to 15 Days	5.00%
16 to 30 Days	2.40%
0 to 30 Days	7.40%

The table to the left provides the recidivism rates at less than 15 days after first crisis contact and at 16 to 30 days after first contact with CBATs.

## Mobile Crisis Management Teams (MCMT)

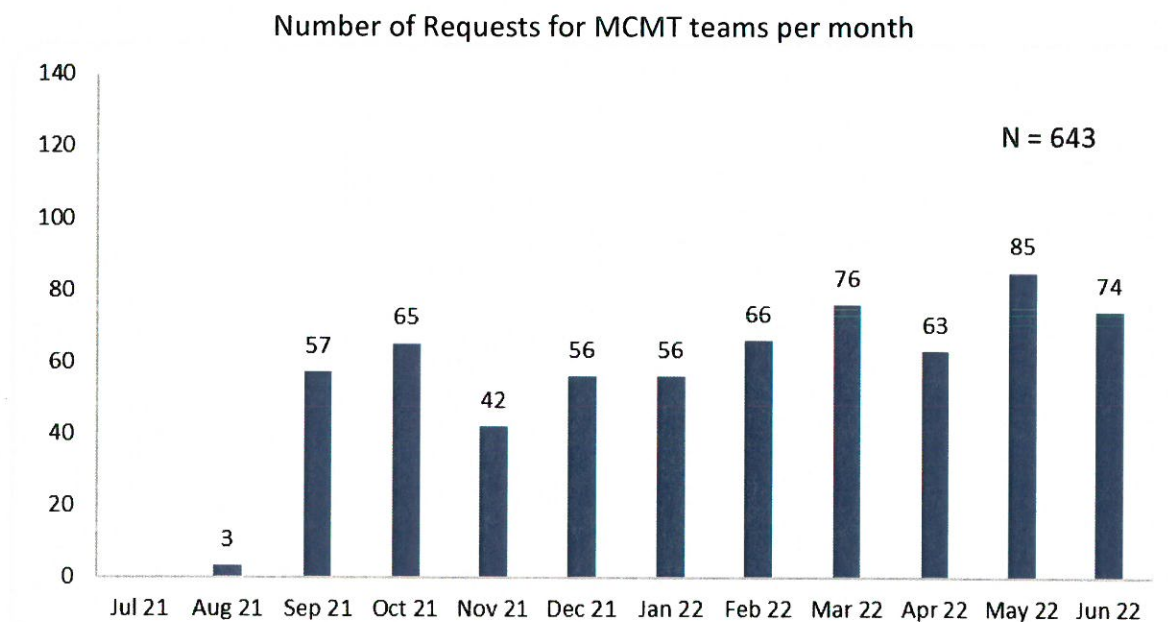
The Mobile Crisis Management Team (MCMT) serves individuals who are at risk of a mental health crisis or who frequently utilize the crisis response system (e.g., emergency rooms or law enforcement) due to behavioral health needs. The MCMT teams consist of four staff members (Clinical Therapist, Behavioral Health Specialist II, Behavioral Health Specialist III, and Peer Support Specialist). Teams respond to requests from various entities in the county with the purpose of assessing and intervening with adults, children and youth experiencing a mental health crisis. MCMTs provide intensive case management after the initial crisis contact and continued engagement for linkage to ongoing outpatient care. In addition, teams conduct intense, short-term, home-based case management and therapy, substance abuse services, linkage to residential services, and outreach to unengaged youth or adults who are at risk, homeless, or need services to prevent a mental health crisis.

### Requests for Service

MCMT began service in August of 2021. During the 2021/2022 fiscal year, 4 MCMT teams responded to 643 requests (including calls for Homeless Outreach and Non-Crisis Outreach).

MCMT Requests	
	643
Crisis	509
Homeless Outreach	57
Welfare Check	77

The figure below provides the number of request fro MCMT calls request per month for all calls (crisis, homeless outreach, Non-crisis outreach) for the 2021-2022 fiscal year. MCMTs received an average of 52 request per month.





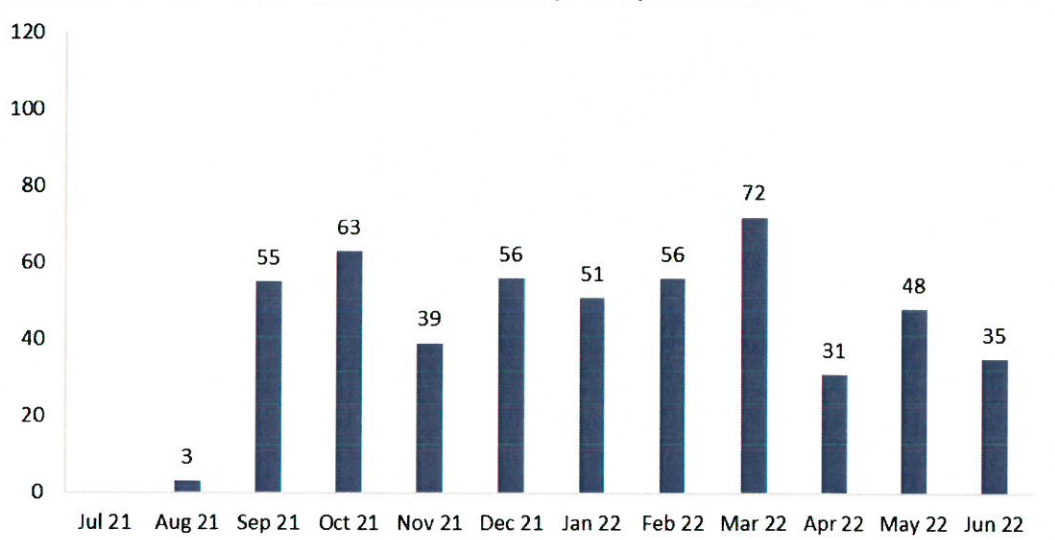
## Mobile Crisis Management Teams (MCMT)

### Crisis Requests

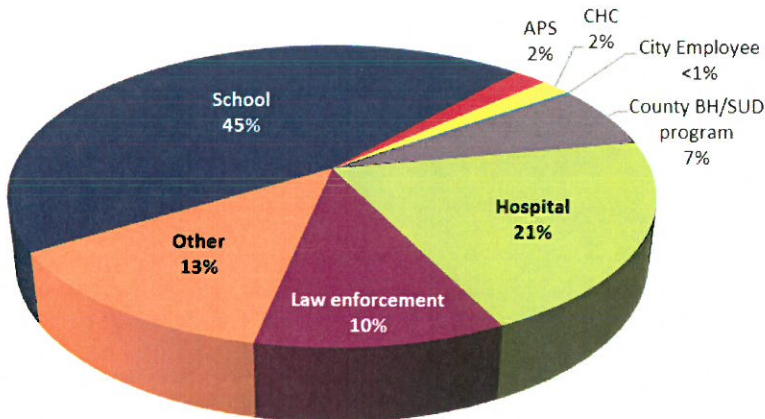
MCMT received 509 requests for Crisis Services during the 2021-2022 fiscal year. The mid-county region received the most requests for crisis service (n= 238). The average number of calls per month for Crisis Services for MCMT was 42.

MCMT Requests for Crisis Service	
	509
West	195
Mid-County	238
Desert	73

Number of Crisis Requests per Month



Agency Requesting Crisis Services



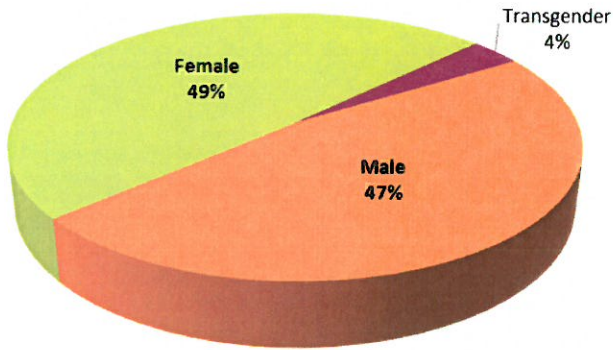
The majority of requests for MCMTs for crisis service came from Schools (45%) and Hospitals (21%).

## Mobile Crisis Management Teams (MCMT)

### Demographics

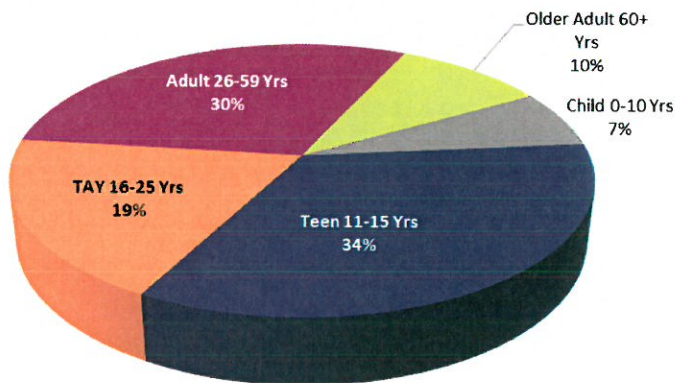
MCMT teams served 589 individuals (476 individuals needing Crisis Services) during the 2021/2022 fiscal year. The demographics presented here is for all clients including those who received Crisis, Homeless Outreach, and MCMT Non-Crisis Outreach service.

Gender of MCMT clients



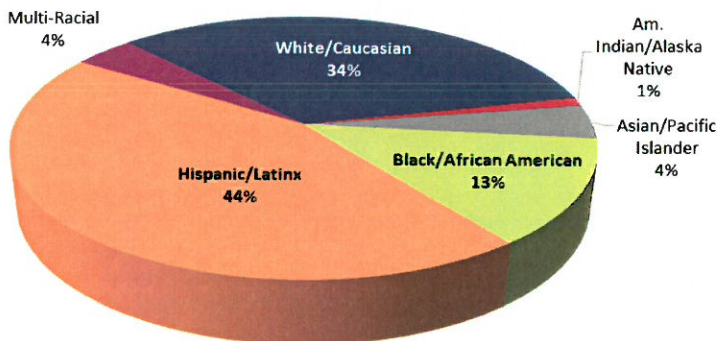
MCMT served more females (49%) than males (47%). Individuals identifying as Transgender accounted for 4% of all MCMT clients.

Age of MCMT clients



Over a third (34%) of MCMT clients were teens age 11 to 15 years. Adults age 26 to 59 years accounted for 30% of clients served by MCMT teams.

Ethnicity of MCMT clients

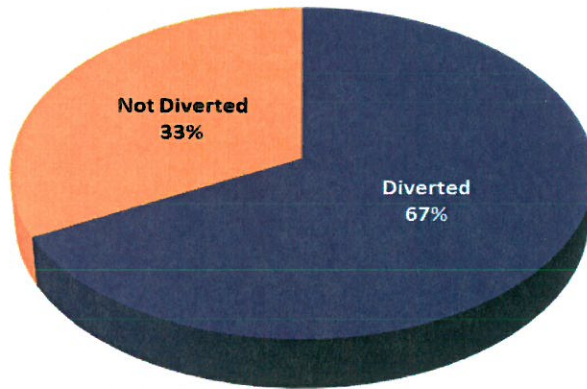


Forty-four percent (44%) of MCMT clients were Hispanic/Latinx, 34% were White/Caucasian, and 13% were Black/African American. A quarter of MCMT clients (25%) were reported as experiencing homelessness, while 2% of clients were Veterans.

## Mobile Crisis Management Teams (MCMT)

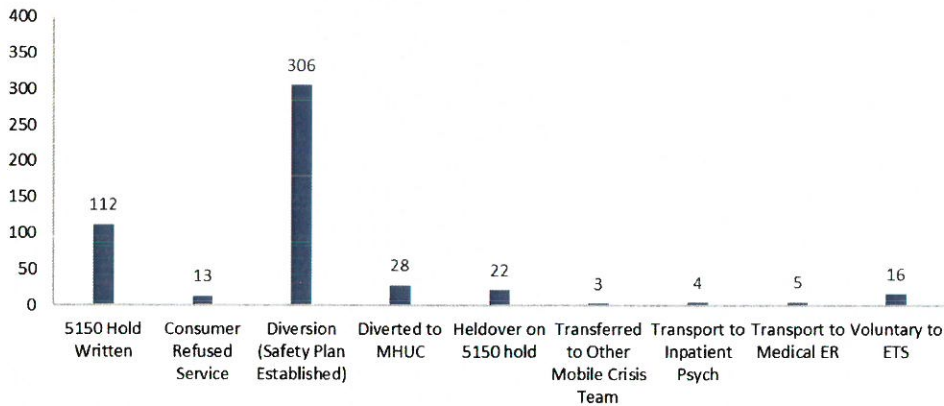
MCMTs divert individuals from an unnecessary inpatient admission wherever possible. The figure below provides the diversion rates for requests for crisis service. Homeless outreach and MCMT non-crisis outreach were excluded from these analyses. In addition, requests in which the consumer refused services (6%, n = 13) were excluded from diversion rate calculations. Individuals are considered diverted if they were diverted with a safety plan or were diverted to the MHUC.

Percentage of Crisis Requests Diverted



MCMTs was able to divert 67% of Crisis requests from an inpatient admission.

Disposition of Crisis Requests



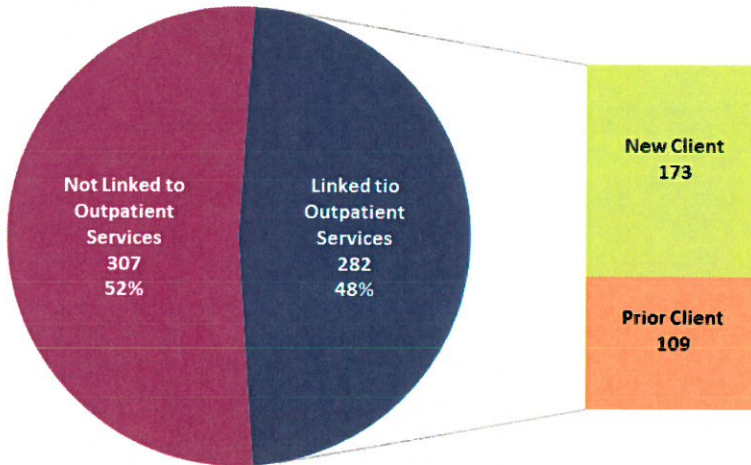
The figure to the left provides the dispositions of MCMT Crisis requests. Individuals either diverted with safety plan or were diverted to one the county's MHUCs.

## Mobile Crisis Management Teams (MCMT)

### Linkage to Outpatient Services

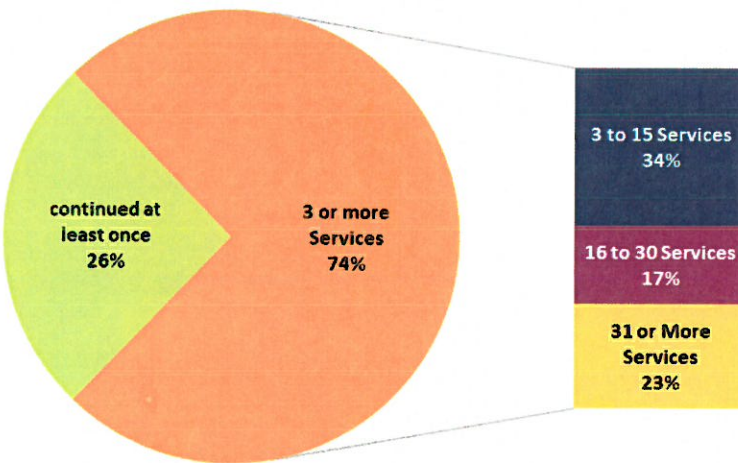
MCMTs provide referrals to outpatient services. RUHS-BH service data was used to examine service usage after contact with MCMTs. Clients were considered to be linked to outpatient services if they had an outpatient, substance use, or youth short-term residential program service record. Individuals who were recorded as having private insurance were excluded from these analyses.

Linkage to Outpatient Service



Almost half (48%) of individuals served by MCMTs were linked to outpatient services after contact with an MCMT team. Some individuals (39%) served by MCMTs were already participating in outpatient services prior to their contact with MCMTs.

Engagement in Services



The majority (74%) of MCMT clients linked to outpatient services engaged in three or more services. For clients with 3 or more services, the average number of services was 31.

### Readmission Rates for MCMT

Days to Readmission	%
0 to 15 Days	3.34%
16 to 30 Days	0.98%
0 to 30 Days	4.32%

The table to the left provides the repeat crisis encounter rates at less than 15 days after first crisis contact and at 16 to 30 days after first contact with MCMT teams.

## Mental Health Urgent Cares (MHUC)

### Admissions

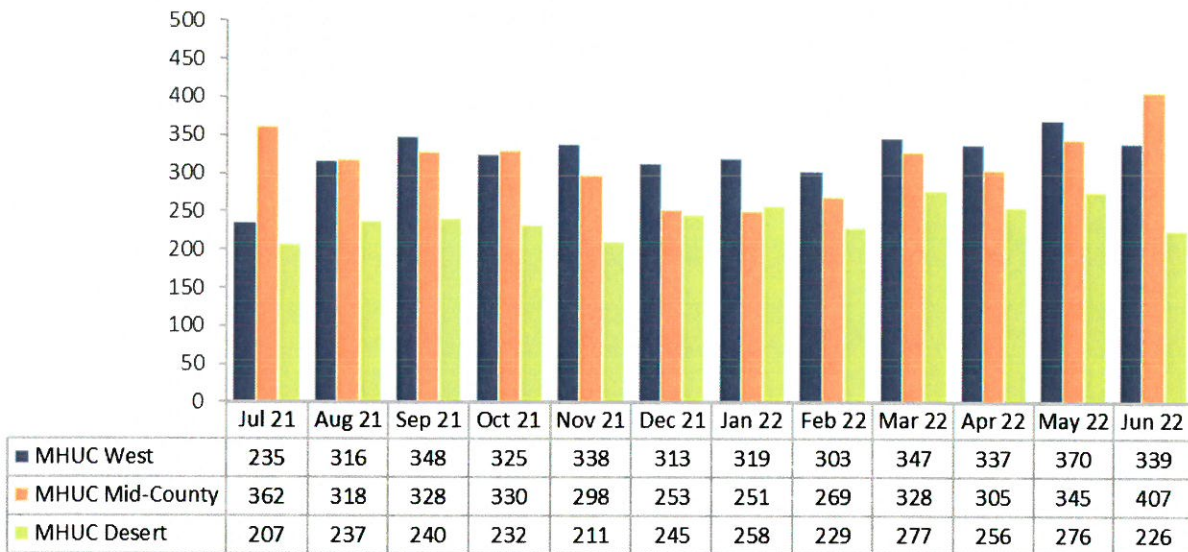
The Crisis Support System of Care includes three regional Mental Health Urgent Care (MHUC) facilities (Riverside, Perris, and Palm Springs). Individuals experiencing a mental health crisis can walk-in to an MHUC and receive individualized support 24 hours a day, 7 days a week. Staffed by a competent, caring team, MHUCs provide a safe, supportive, recovery-oriented environment. The MHUC offers a variety of services such as assessment, peer support, psychiatric and medication support, recovery education, community coordination and follow-up. The MHUCs serve individuals 18 years and older with the Desert and Mid-County MHUCs also serves adolescents 13 years and older.

### Requests for Service

During the 2021/2022 fiscal year MHUCs had a total of 10,578 admissions (July 1, 2021-June 30, 2022) and served 5,909 unduplicated clients. The figure below provides the MHUC admission per month for each MHUC.

MHUC Admissions	
10,578	
MHUC West	3,890
MHUC Mid-County	3,794
MHUC Desert	2,894

MHUC Admissions per Month

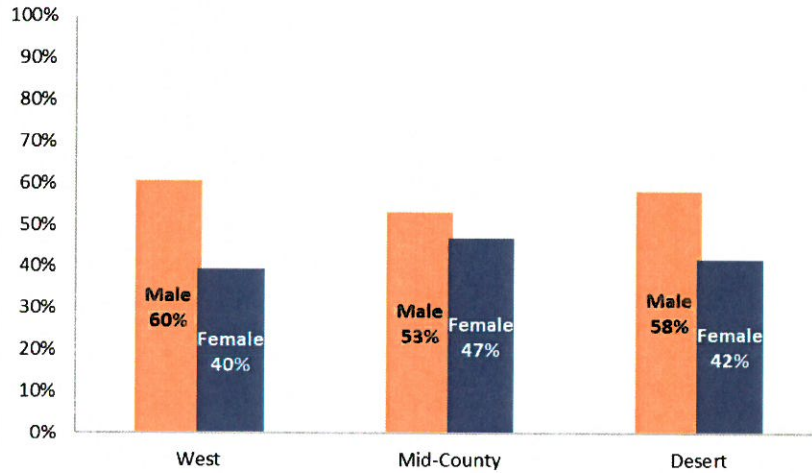


## Mental Health Urgent Cares (MHUC)

### Demographics

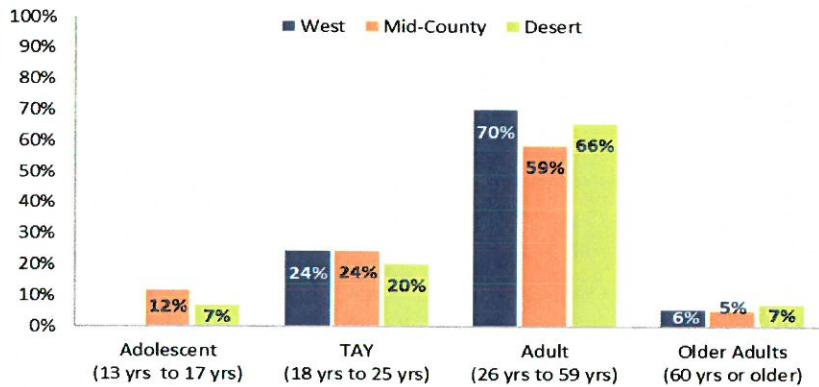
MHUC facilities served 5,909 individuals during the 2021/2022 fiscal year.

Gender of MHUC Clients



All three regions served more male than female clients. Gender was not reported for 6 individuals.

Age of MHUC Clients



Mid-County and Desert MHUCs serve clients 13 years and older, while the West MHUC serves clients 18 years and older. Overall, the average age of MHUC clients was 36 (age was unknown for 3 clients).

Ethnicity	West	Mid-County	Desert
Am. Indian/Alaska Native	1%	-	-
Asian/Pacific Is.	1%	1%	1%
Black/African Am.	14%	9%	10%
Hispanic/Latinx	32%	21%	39%
Multi-racial	2%	1%	1%
Other/Unknown	27%	51%	11%
White/Caucasian	23%	16%	38%

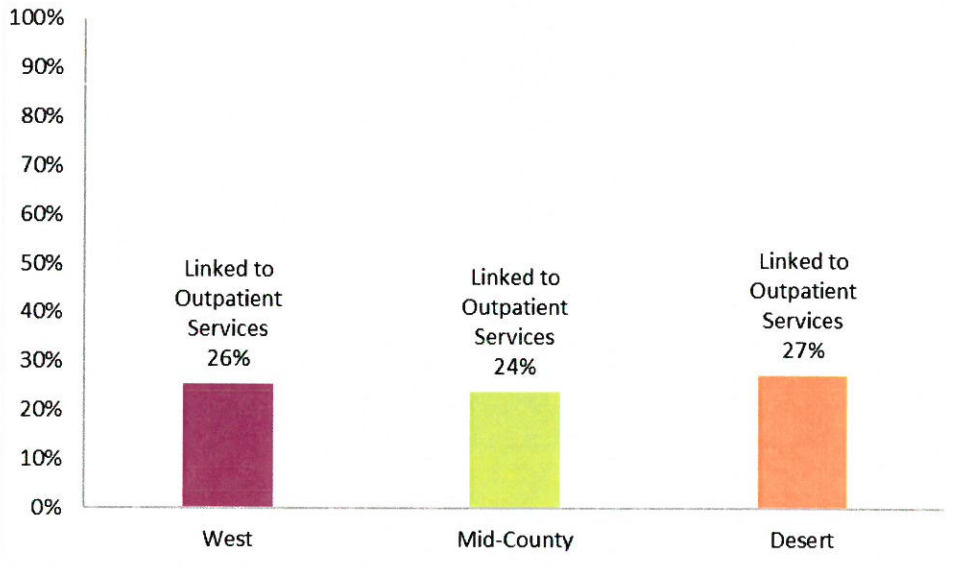
The MHUC Desert had the highest percentage of Hispanic/Latinx clients (39%).

## Mental Health Urgent Cares (MHUC)

### Linkage to Outpatient Services

The MHUCs assist consumers at discharge with linkage to outpatient services. Overall, 25% of those served by MHUCs, were linked to outpatient mental health/substance use services. The figure below provides the percent of individuals linked to outpatient mental health/substance use services after an admission at one of the county’s MHUCs. Some individuals (n = 103 or 7%) were placed in a County short term Crisis Residential program (CRT) following their MHUC admission.

Percentage of MHUC Clients Linked to Outpatient Services



Re-admission rates for each of the three MHUCs are shown in the table below. Percentages are discharges from the MHUC followed by another admission for the same client 15 days or less or 16 to 30 days after an MHUC admission. Recidivism rates for 15 days or less were highest for the Western MHUC (29%).

Readmission Rates for MHUCs			
Days to Readmission	West	Mid-county	Desert
0 to 15 Days	29%	14%	25%
16 to 30 Days	7%	7%	6%
0 to 30 Days	36%	21%	31%

Satisfaction data collected from Riverside and Palm Springs MHUCs show that overall, 96% of clients who received service during the 2021/2022 fiscal year agreed or strongly agreed with the items on the satisfaction questionnaire.

## Crisis Residential Treatment (CRT)

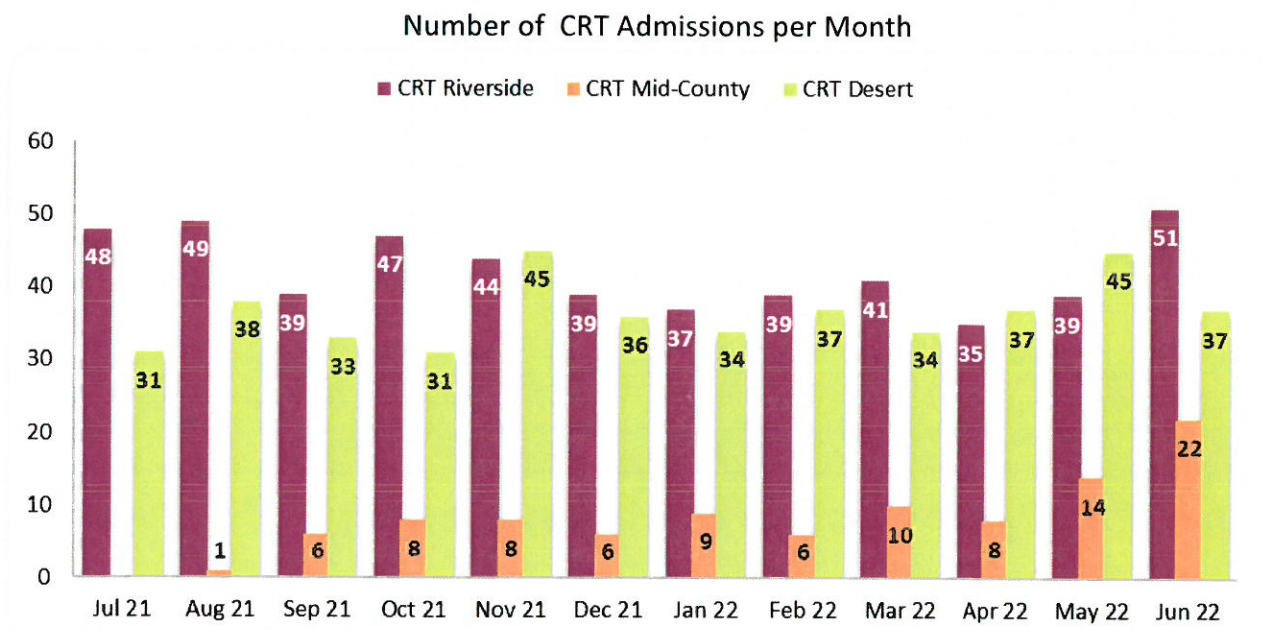
### Crisis Residential Treatment facilities

Located in each of the three county regions, Crisis Residential Treatment Facilities (CRT) provide enriched recovery based peer-to-peer support and interventions with the goal of stabilizing clients in acute crises in order to eliminate or shorten the need for inpatient hospitalization. Designed to provide a home-like service environment, the CRT has a living room set up with smaller activity/conversation areas, private interview rooms, a family/group room, eight (8) bedrooms, laundry and cooking facilities, and a separate garden area. Individuals may stay at the facility for up to 14 days.

### Admissions

The CRT facilities had 1,044 admissions during the 2021/2022 Fiscal Year. The figure below provides the number of CRT admissions per month for each CRT for the 2021/2022 fiscal year. The Mid-County CRT began serving clients in August 2021.

CRT Admissions	
1,044	
West CRT (Lagos)	438
Mid-County CRT (Jackson House)	98
Desert CRT (Indio)	508



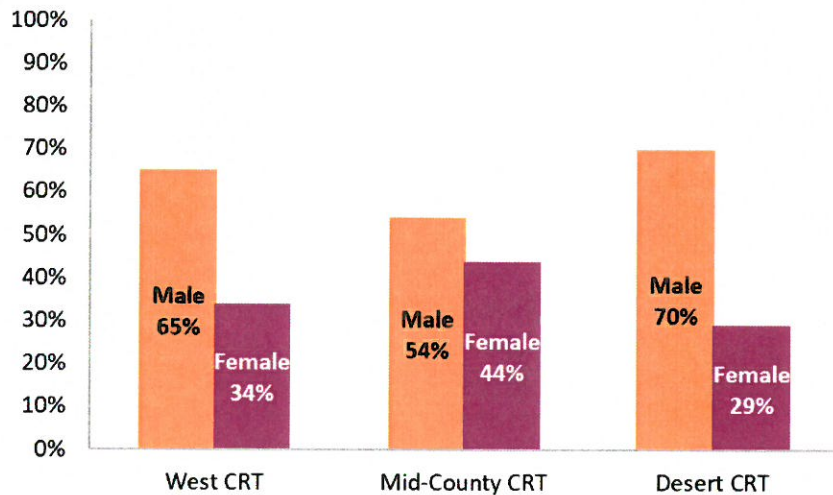


## Crisis Residential Treatment (CRT)

### Demographics

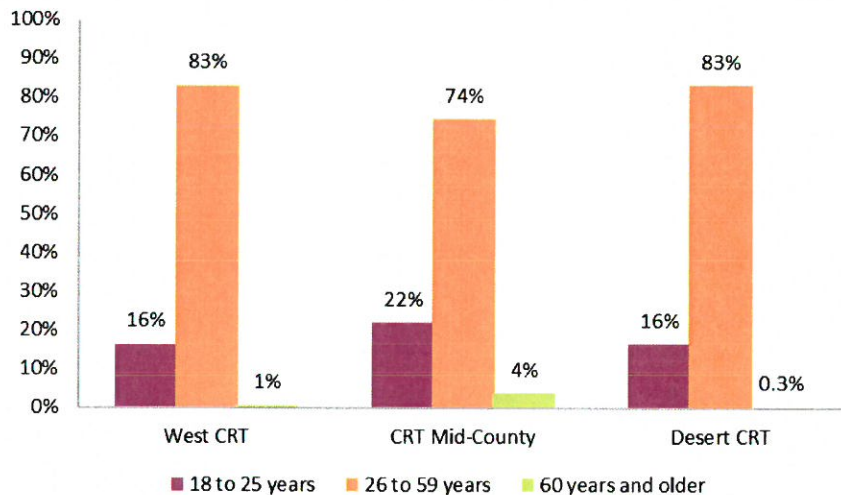
The CRT facilities served 726 individuals during the 2021/2022 fiscal year.

**Gender of CRT Clients**



More males than females were served by the CRT at each of the three county facilities. Gender was not reported for 6 individuals.

**Age of CRT Clients**



The majority of CRT clients were adults (age 26 to 59 years). The average age of CRT clients was 37 years

Ethnicity	West CRT	Mid-County CRT	Desert CRT
Am. Indian/Alaska Native	1%	1%	1%
Asian/Pacific Is.	1%	1%	-
Black/African Am.	16%	16%	19%
Hispanic/Latinx	39%	26%	41%
Multi-racial	1%	3%	1%
Unknown	15%	10%	8%
White/Caucasian	28%	43%	31%

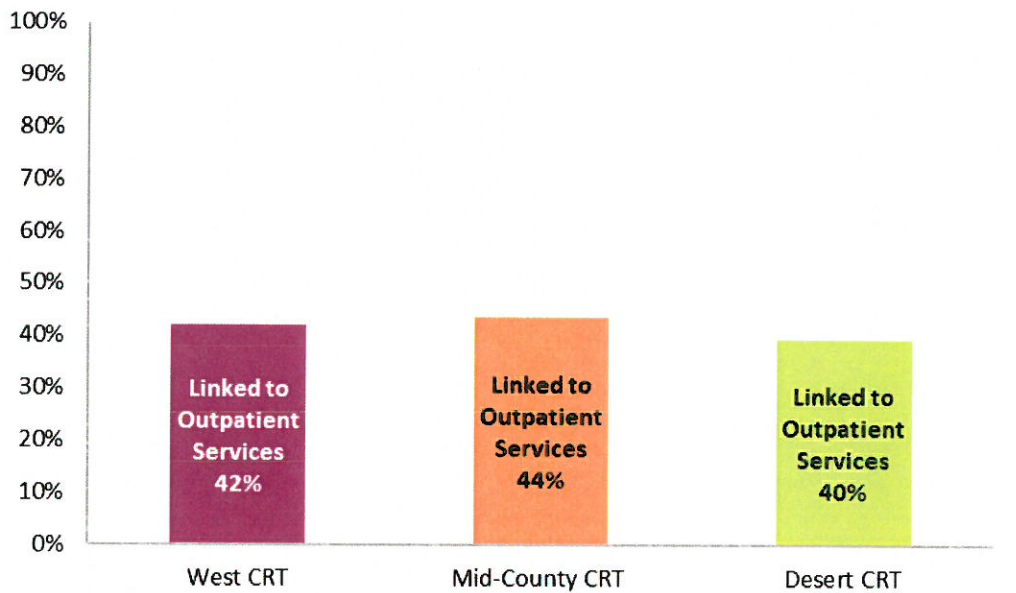
The Desert CRT served the highest percentage of Hispanic/Latinx clients (41%), while the Mid-County CRT served the highest percentage of White/Caucasian clients (43%).

## Crisis Residential Treatment (CRT)

### Linkage to Outpatient Services

The CRTs assists consumers at discharge with linkage to outpatient services. The percentage of clients linked to outpatient services after admission to a CRT was highest at the Mid-County CRT (44%).

Percentage of Clients Linked to Outpatient Services after a CRT admission



Re-admissions rates to the CRTs are shown in the table below. Percentages are discharges from the CRT followed by another admission for the same client within 15 days, 16 to 30 days, and 30 days or less. The West CRT had the highest rate of readmission for 30 days or less (20%).

Readmission Rates for CRTs			
Days to Readmission	West	Mid-County	Desert
0 to 15 Days	15%	6%	8%
16 to 30 Days	5%	6%	4%
0 to 30 Days	20%	12%	13%