

WORKSHOP ON RESPONSE TO HOMELESSNESS

Housing and Human Services

Housing and Homelessness Committee

December 15, 2025



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INTRODUCTION

- Homelessness remains one of the most pressing social challenges
- Driven by shifts in economic conditions, housing availability, and public health impacts
- Understanding these trends is key to developing effective solutions



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WORKSHOP PURPOSE

- Provide an overview of homelessness trends and root causes
- Highlight current programs and strategies
- Discuss successes, gaps, and opportunities
- Preview upcoming initiatives
- Build a shared vision for next steps



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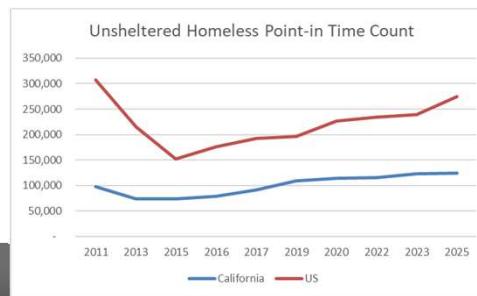
NATIONAL AND CALIFORNIA TRENDS

- Homelessness has increased nationwide over the past decade
- Driven by housing affordability challenges and unemployment
- Affects communities of all sizes
- California has the largest homeless population in the U.S.



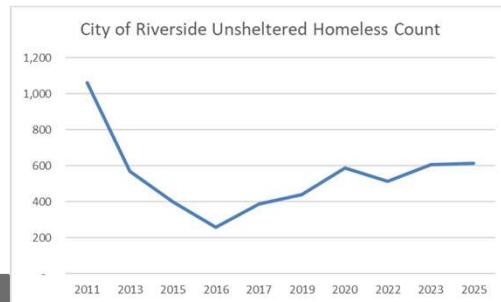
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RIVERSIDE TRENDS

- Significant increase in homelessness starting in 2016 to 2020
- 2025 data show stabilization for the first time in several years
- Indicates potential impact of targeted programs and services



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HOMELESS POINT-IN-TIME COUNT

- Conducted every two years
- Counts unsheltered individuals on one night in January

CITY	POPULATION	UNSHELTERED HOMELESS	% OF UNSHELTERED HOMELESS	PER CAPITAL HOMELESS POPULATION (per 100,000 residents)
Riverside (2025)	318,858	614	0.19%	193
Anaheim (2024)	340,512	601	0.19%	176.5
Santa Ana (2024)	310,539	871	0.28%	358.3
Stockton (2024)	325,976	2,451	0.75%	751.6

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PRIMARY CAUSES OF HOMELESSNESS

1. Lack of affordable housing
2. Rising rent prices
3. Employment-related causes
4. Mental health and substance abuse
5. Domestic Violence



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INFLOWS INTO HOMELESSNESS

Influenced by external systems

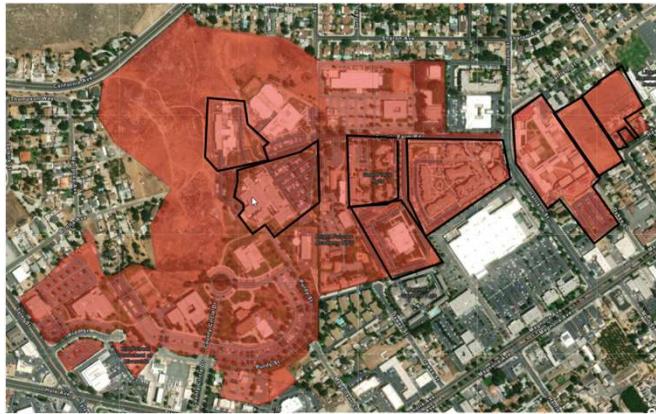
1. Robert Presley Detention Center (RPDC)
2. Mental health and substance-use facilities on County Farm Road
3. Franklin Behavioral Health Facility
4. Countywide outreach expansion



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COUNTY FARM ROAD



- 320 mental health and/or substance abuse beds, including 180 that are locked down facilities
- 27 chairs at urgent care and sobering center
- 24 Permanent Supportive Housing units



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WHAT WE ARE DOING

- Power to regulate – City of Grant Pass, Oregon V. Johnson
- Public Safety and Engagement Team (PSET)

Category	FY 2023/2024 Budgeted	FY 2023/2024 Expenditures	FY 2024/2025 Budgeted	FY 2024/2025 Expenditures
Personnel	\$ 5,937,122.00	\$2,955,447.62	\$5,087,383.00	\$2,962,697.86
Non-Personnel	\$ 4,095,336.00	\$2,045,878.97	\$3,284,414.00	\$2,069,582.25
Capital Purchases	\$ 1,354,874.00	\$1,156,271.37	\$ 0.00	\$ 0.00
Charges from Others	\$ 0.00	\$ 17,400.00	\$ 0.00	\$ 0.00
Total	\$11,387,332.00	\$6,174,998.96	\$9,110,067.00	\$5,032,280.11



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PSET PERFORMANCE OUTCOMES

Performance Period
 July 1, 2024 – June
 30, 2025
 July 1, 2023 – June
 30, 2024

 6,833 5,747 No. of Contacts	 391 498 Accepted Services	 2,386 2,174 Code Notices
 166 206 Citations	 678 476 Arrests	 38 11 Vehicle Tows



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CONTRACTED ENCAMPMENT CLEANUP

- Riverside County Flood Control
 - February 27, 2024, executed contract
 - Contract value: \$225,000
 - Clean-up occurs after 72-hour tagging period
 - Contract term ends on June 30, 2027
- State of California Department of Transportation
 - August 27, 2025, executed contract
 - Contract value: \$400,000
 - Clean-up occurs after 48-hour tagging period
 - Contract term ends on June 30, 2027



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RIVERSIDE ACCESS CENTER

- Located at 2880 Hulen Place
- Serves as central hub connecting individuals and families experiencing homelessness with essential resources and supportive services



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SATURATION DAY STATS | AUGUST 2025 WARDS 5 & 6



105
Total
Outreach



35
Encounters
(not willing to
engage)



70
Engagements
(willing to engage)



30
Accepted
services



Pending
Shelter
Placements



1
Motel Stays



1
TRIP Home

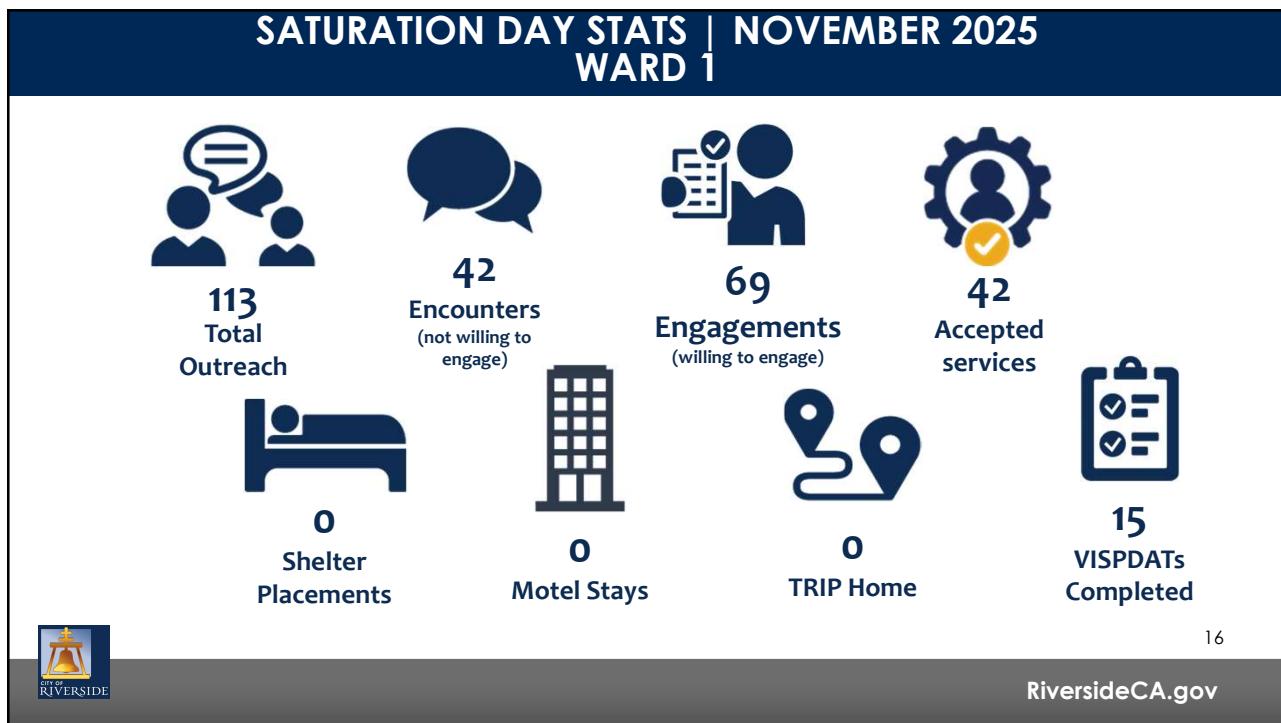


Pending
VISPDATs
Completed



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SHELTERS

Shelter	Population Served	No. of Beds	City Funded Beds
Bridge Housing (non-congregate shelter)	Unsheltered transitional-aged youth and adults	23	23
Family Promise	Unsheltered families	25 and 6 cribs	0
Illumination Foundation (recuperative care shelter)	Unsheltered, medically vulnerable homeless adults	50	0
Path of Life Emergency Shelter	Unhoused adults and transitional-aged youth	90	TAY: 8 Adults: 60
Path of Life Family Shelter	Unsheltered families with children	46	0
Operation Safe House Emergency Shelter	Homeless and runaway youth ages 12 -17	12	0
Operation Safe House Main Stay Shelter	Homeless youth ages 18-24	12	0

RENTAL ASSISTANCE PROGRAMS (RAP)

- Landlord Incentive Program: \$600 upon lease signing
- RAP: Program participants are pulled from the Coordinated Entry System (CES)
- Senior RAPs
 - Mobile Home Park Homeowners RA
 - Senior RA: Program participants are pulled from the CES
 - Supplemental RAP



OTHER HOUSING ASSISTANCE PROGRAMS

- Homeless Prevention
- Permanent Supportive Housing Program

PSH Development	No. of Units	Status Update
Mulberry Village	10	Fully leased. Case Management provided by the City of Riverside.
Oasis Senior Apartments (No Place Like Home and State of California – Veterans Housing and Homelessness Prevention)	46	Fully leased. Case management provided by Riverside University Health Systems – Behavioral Health and VA Loma Linda. PSH units covenanted by RUHS-BH and CalVet.
St. Michael's (No Place Like Home funded)	49	Fully leased. Case Management provided by RUHS-BH.
Mulberry Village	10	Fully leased. Case Management provided by the City.
Sunrise at Bogart	23	Under construction
Vista de La Sierra (No Place Like Home funded)	39	Fully leased. Case Management provided by RUSH-BH. PSH units covenanted by RUHS-BH.

AFFORDABLE HOUSING

- 503 affordable housing units in the pipeline for development, including 169 permanent supportive housing units
- Updates are provided at each Housing and Homelessness Committee meeting



COORDINATED ENTRY SYSTEM (CES)

As of November 20, 2025, 312 individuals are in the CES Community Queue waiting for a housing referral.

Age Group	No. of Individuals
62+	42
55-61	53
50-54	30
25-49	159
18-24	28



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COLLABORATION EFFORTS

- Memorandum of Understanding with Riverside County for a Coordinated Response to Homelessness
- Mayor's Initiative to Ending Youth Homelessness
- Forum on Homelessness Faith Summit
- Non-profit Collaborative



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RIVERSIDE POLICE DEPARTMENT (RPD) & CITY HOMELESSNESS RESPONSE

- RPD leads key quality-of-life efforts
- Focus on community concerns, safety, and livability
- Activities include patrols (increased in high-impact areas), engagements (business owners and residents), enforcement of unlawful behavioral (trespassing, illegal camping, disorder), encampment support (coordination with PSET) and rapid crisis response to crisis-related calls
- Ensures safety around infrastructure, parks, libraries, transit corridors, and commercial areas



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RECENT RPD APPROACHES

- On July 7, 2025, started expansion of overtime deployment for the Magnolia Corridor and Downtown Entertainment District hotspots
 - 6 officers + 1 sergeant deployed nightly
 - Proactive focus on livability, disorder, safety, and community engagement
- Redeployment Wildlands PSET to Urban
 - One PSET team currently dedicated to wildland areas
 - Another team dedicated to Caltrans sites
 - Teams can be redeployed based on need



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RECENT RPD APPROACHES

- Narcotics operations targeting drug-impacted areas
 - April 2024 Operation – Magnolia Corridor
 - 44 drug dealers identified
 - 104 arrests
 - November 2024 Operation – Magnolia Corridor
 - 30 dealers identified
 - 93 arrests, 4 firearms recovered
 - 1.2 lbs of methamphetamine seized
 - Continues citywide drug-related enforcement



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MOTELS WITH EXCESSIVE POLICE CALLS

- City issued Extraordinary Police Response Bills (EPRBs) issued to recover costs of excessive police responses
- City Attorney filed:
 1. Judgement lien complaints to recoup costs, if needed
 2. Drug/nuisance abatement complaints to address ongoing criminal activity
- Five highest-impact motels currently under litigation



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MOTELS WITH EXCESSIVE POLICE CALLS

Motel	2023 Calendar Year (CY) EPRBs	2024 CY EPRBs
Days Inn	\$24,814.70	\$48,513.67
Econo Lodge	\$22,949.39	\$ 9,394.03
Motel 6	\$25,702.73	\$25,466.32
Palm Inn	\$12,198.34	\$79,594.42
Riverside Inn	\$14,098.21	\$50,541.31
Total	\$99,763.37	\$213,509.75



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DEPLOYING OUTREACH ALONG MAGNOLIA CORRIDOR

- Data shows highest encampment concentrations in Ward 5 – 7
 - Indiana/Van Buren
 - Indiana/La Sierra
 - Magnolia/La Sierra
 - Jackson/Magnolia
- Deploy Multidisciplinary Outreach teams
- Focus on trust-building, assessment, service connections, housing referrals, crisis intervention



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MENTAL HEALTH INITIATIVES OVERVIEW

- Comprehensive approach to behavioral health and substance use
- Focus areas:
 - Crisis intervention
 - Treatment access
 - Housing and wellness programs
- Focus areas:
- Goal: reduce incarceration and hospitalization, support long-term recovery



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MOBILE CRISIS RESPONSE TEAM

- Field-based teams: clinicians, behavioral specialists, peer support
- Collaborate with law enforcement & emergency departments
- Divert individuals in crisis to appropriate care
- Reduce hospitalizations & reduce time officers spend on behavioral crises
- Serve individuals of all ages



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PROPOSITION 36 – KEY ISSUES

- Treatment instead of incarceration for non-violent drug offenses
- Current challenges
 1. Low treatment completion rates
 2. Insufficient funding over time
 3. Lack of wraparound supportive services
 4. Limited consequences for non-compliance
 5. High-risk populations with complex needs
- DHCS funding expected, allocation methodology TBD



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Overview of Senate Bill 43 (SB43) & Implementation Plan for Jan 1, 2026

Senate Bill (SB) 43:
Legal Changes to Involuntary Hold Criteria for
Grave Disability & Conservatorship

Adapted from SB43 Presentation by Los Angeles County Department of Public Health

Presentation Outline

Overview

- 1) Overview of Lanterman-Petris-Short (LPS) Act
- 2) Overview of Senate Bill 43 (SB43)
- 3) Involuntary SUD Treatment Considerations
- 4) Summary of SB43 Implementation in Riverside County (including identifying key persons to help and support implementation rollout)

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Overview of the LPS Act



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Overview of Lanterman-Petris-Short (LPS) Act

- Understanding Senate Bill (SB) 43 first requires an understanding of the Lanterman-Petris-Short (LPS) Act:
 - The LPS Act was first enacted in 1967; prior to the LPS Act, there were concerns about excessive long-term psychiatric institutions with consumer's due process and widespread cases of abuse and patients' rights.
 - The LPS Act established due process to prevent the widespread inappropriate and excessive use of involuntary psychiatric hospitalizations.
- The LPS Act includes:
 - **Welfare and Institute Code (WIC 5150 et al.)** California law that stipulates involuntary detainment for psychiatric care; gives Counties authority to train, authorize and monitor appropriate professionals who can place people on a 5150 involuntary hold; gives specifications about LPS Designated Facilities, including safeguards and staffing requirements, which are approved by Department of HealthCare Services (DHCS), to provide locked inpatient psychiatric care for persons placed on a 5150 involuntary hold.

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Prior to Sept 2024: Historically, this has been Riverside County's Involuntary Holds Flowchart (Civil Commitment)

- **WIC 5150 involuntary hold**
 - Up to 72-hrs for evaluation and treatment
 - Based on probable cause that someone is a danger to self, danger to others, or gravely disabled* (*the definition of grave disability [GD] is what has changed under SB 43*)
- **WIC 5250 involuntary hold**
 - Up to 14-days; 5250's are a continuation of the initial 5150
 - Continues to be danger to self or others, or gravely disabled
 - Unwilling or unable to accept voluntary treatment
 - **After such, hold options: WIC 5300 (DTO only) up to 180 days or WIC 5260 (2nd 14-day cert for suicidal persons)**
- **Temporary Conservatorship**
 - Up to 30-days
 - Person remains both gravely disabled and unwilling or incapable of accepting treatment voluntarily
- **"Permanent" LPS Conservatorship**
 - Up to 1-yr (renewable)
 - Beyond a reasonable doubt that person remains both gravely disabled and unwilling or incapable of accepting treatment voluntarily

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Overview of Lanterman-Petris-Short (LPS) Act (cont.)

The Lanterman-Petris-Short (LPS) Act encompasses Welfare and Institutions Code 5000-5550 regarding the Detention of Mentally Disordered Persons for Evaluation and Treatment. The LPS Act specifically addresses involuntary detention as follows:

WIC 5150/5151/5152: 72-hour hold

WIC 5250: 14-day holds

WIC 5260: second 14-day hold for dangerousness to self

WIC 5270.15: 30-day hold for gravely disabled persons (as alternate to conservatorship)

WIC 5300: 180-day hold for imminent dangerousness to others

WIC 5352.1: temporary conservatorship

WIC 5350: permanent conservatorship

While most of these holds were instituted as a requirement of the LPS Act, it was left to each individual county to determine whether to authorize WIC 5270.15. In prior years, counties that have elected to authorize and utilize WIC 5270.15 areas follow: Los Angeles, Orange County, San Diego, Santa Barbara, Sacramento, Placer, San Joaquin, Contra Costa, Merced, Yolo, Shasta, and Tulare County.

**Riverside County Board of Supervisors approved Riverside County enacting
WIC 5270.15 (30 day hold) as an involuntary detention treatment option on
September 17, 2024.**

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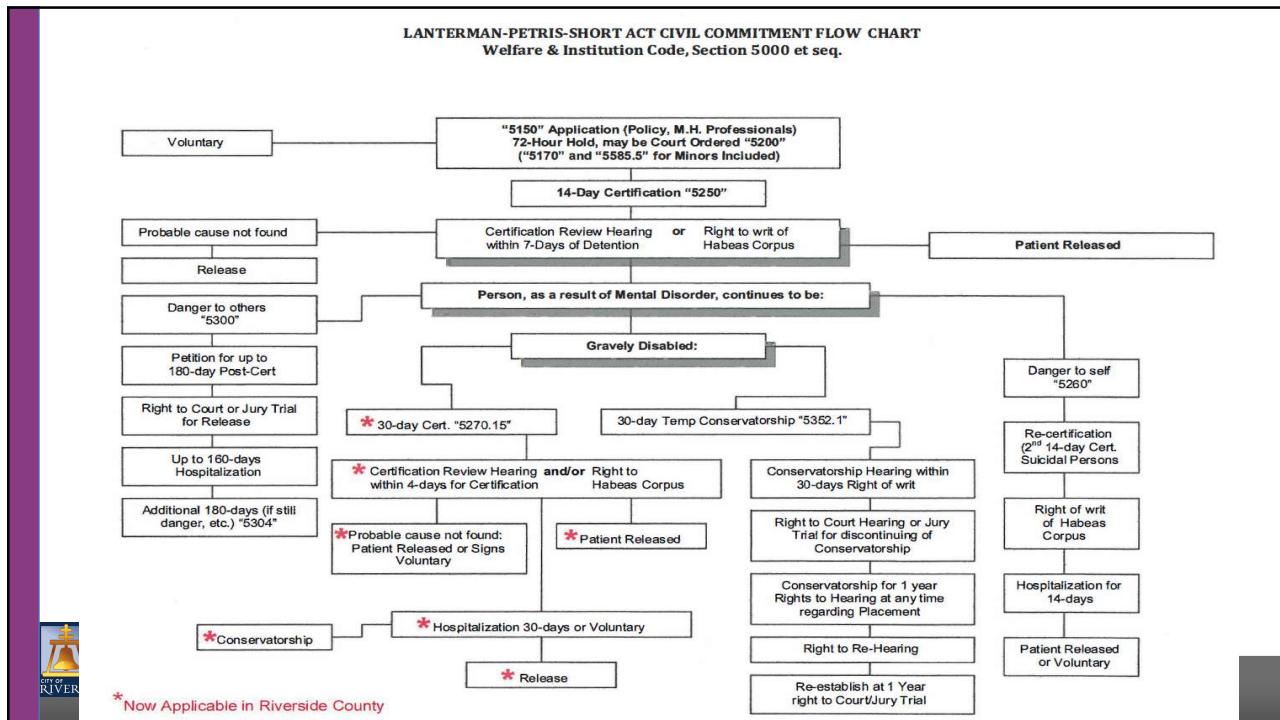
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Updated Riverside County Civil Commitment Flowchart to reflect 5270.15



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Patient Autonomy Under Civil Commitment

• Powers of 5150s & 5250s

- law establishes involuntary detainment and commitment into inpatient psychiatric facilities for 72 hours (5150s) or up to an additional 14 days (5250s)
- **Medication decisions:** Persons who are not on conservatorships retain the ability to make medication decisions EXCEPT in emergency situations or if their medication capacity is overruled through a Riese hearing (WIC 5332-5334)

• Powers of LPS Conservator (per Court Order)

- Placement decisions (may, but does **not** always imply a locked facility)
- Medication decisions
- Other rights that can be removed
 - Right to manage money
 - Right to make medical treatment decisions
 - Right to vote
 - Right to enter into contracts
 - Right to a driver's license
 - Right to own a firearm



Types of LPS Facilities

- The following facilities are the only types allowable for LPS designation:

- General Acute Care Hospital
- Skilled Nursing Facilities
- Jail Inpatient Units
- Mental Health Urgent Cares*, which are also known as Crisis Stabilization Units (CSUs)
- Outpatient psychiatric urgent care setting; persons can stay up to 23 hours and 59 min
- Psychiatric Health Facility (PHF)*, which is an inpatient psychiatric facility; up to 16 locked beds
- (Newly added due to SB43) Mental Health Rehabilitation Centers (MHRCs)

* Existing SUD residential (ASAM 3.1, 3.3, or 3.5) and outpatient settings that could theoretically apply to become a Psychiatric Health Facility or Mental Health Urgent Care Center. Such SUD facilities would likely need to undergo significant physical modifications and staffing changes to be eligible to be designated an LPS facility, in addition to:

- LPS licensing/certification from DHCS; LPS designation process, which includes becoming Joint Commission accredited and a County contractor

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Overview of SB43



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Overview of Senate Bill SB43

- Signed into law by Governor Newsom in Oct 2023.
- Most significant reform to the LPS Act since it was enacted in 1967.
- SB43 expands California's LPS 5150 criteria for involuntary detention for **grave disability** and conservatorship by creating a new set of eligibility criteria that are based solely on a person's mental health disorder or "severe" substance use disorder (SUD), if that disorder will result in someone being unable to provide for their basic needs of food, clothing, shelter, **personal safety or necessary medical care**.

Grave disability definition (prior to SB43): A condition in which a person, as a result of a **mental health disorder**, is unable to provide for his or her basic personal needs for **food, clothing, or shelter**.

***NEW* grave disability definition under SB 43:** A condition in which a person, as result of a mental health disorder, severe substance use disorder* or a co-occurring mental health disorder and severe substance use disorder, is at risk for serious harm or currently experiencing serious harm as a result of being unable to provide for their basic needs of food, clothing, shelter, personal safety* or necessary medical care*.

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SB 43 – Grave Disability

Terms	Definition
Severe Substance Use Disorder	A diagnosed substance-related disorder that meets the diagnostic criteria of "severe" as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
Personal Safety	The ability of one to survive safely in the community without involuntary detention or treatment.
Necessary Medical Care	Care that a health care practitioner or law enforcement officer, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury or death.



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Examples of Personal Safety

The following are examples of behaviors that could allow a person to be detained and evaluated due to personal safety concerns due to mental disorder and/or severe substance use disorder. These examples must be significant and severe enough to potentially cause serious bodily injury or death:

- Placing oneself in harm's way in traffic that risk their own life or those of others.
- An individual incapable of defending themselves against ongoing victimization due to a lack of awareness of their vulnerability.
- Severe impaired judgement resulting in risky situations that threaten the person's own life or those of others.
- Unhygienic/uninhabitable living conditions or behaviors which are so severe and significant to contribute to an unsafe physical environment.
- Repeated severe substance use that is medically life-threatening, for example, multiple near-fatal overdoses requiring medical intervention.



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Examples of Necessary Medical Care



The following are examples of behaviors that could allow a person to be detained and evaluated due to necessary medical care concerns due to mental disorder and/or severe substance use disorder. These examples must be significant and severe enough to potentially cause serious bodily injury or death:

- Signs of significant malnourishment (loss of weight or dehydration) which puts the individual's life or long-term functioning at risk.
- Perceived cognitive and/or emotional impairment resulting in a lack of decision-making capacity to pursue medical treatment for life-threatening conditions in the moment including but not limited to:
 - Inability to utilize medical care when needed and available.
 - Wound care and infection issues that are likely to lead to loss of limb or life if not treated.
 - Untreated, life-threatening medical conditions (HIV, Diabetes, Cancer, liver/kidney disease).



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Involuntary SUD Treatment Considerations



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Overview of Senate Bill (SB) 43

- SB43 allows adults to be placed on involuntary detention for grave disability (GD) due to “severe” substance use disorder (SUD).
 - “Severe” SUD is defined as a diagnosed substance-related disorder that meets the diagnosis criteria of “severe” according to the most current version of Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
 - According to DSM-5, a “severe” diagnosis is defined as when 6 or more of the 11 criteria are present.

DSM-5 TR Criteria for SUDs



Mild: 2-3 symptoms

Moderate: 4-5 symptoms

Severe: 6+ symptoms

1. Taking the substance in larger amounts or for longer than you're meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home, or school because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance



Implications of Senate Bill (SB) 43

- **Implications of SB 43:**

- SB43 requires that substance use disorder meets DSM-5 criteria for “severe” SUD diagnosis despite; this presents a challenge for non-clinicians such as law enforcement who are not trained nor able to make DSM-5 diagnoses.
- More 5150s overall, including for people with “severe” SUD and expanded definition of GD (personal safety and necessary medical care); however, lacked facilities who specialize in SUD treatment.
- Likely to result in more people on longer-term involuntary holds (5250s, conservatorships)
- Persons placed on hold for GD due to necessary medical care issues- cannot force medical treatment without a **Meredith hearing**; judge decides if facility can provide involuntary routine medical treatment.

- **Potential Benefits**

- **More people receiving services they need** ➔ if 5150s translate to meaningful SUD treatment and/or treatment for those who present with GD regarding personal safety and/or necessary medical care.

- **Potential Drawbacks**

- **Potential for Patient rights violations** ➔ inappropriate 5150s where SUD severe criteria not met.
- **Further deterring people from disclosing substance use** ➔ Widening treatment gaps
- **Constraints in LPS capacity** ➔ Longer wait times for placements and further shortening admissions
- **LPS settings not familiar with SUD** ➔ lack of specialty in SUD treatment; mixing SUD and MH consumers.



Senate Bill (SB) 43 & Minors

- **SB43 not applicable to minors:**

- SB 43 did not change the definition of “grave disability” as it applies to children and youth under the age of 18.
- A separate statute (WIC 5585.25) governs the definition of “grave disability” for children and youth.



Summary of SB43 Implementation in Riverside County



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Summary of SB43 Implementation in Riverside County

- Given SB 43's broad implications on both the specialty mental health and SUD system (capacity, workforce, training, etc.), Riverside County and most counties have a multi-year planning and rollout process.
- SB43 was effective Jan 1, 2024; however, the law allowed Counties to delay implementation until Jan 1, 2026.** The County Behavioral Health Directors Association (CBHDA) recommended that counties delay implementation to allow time to coordinate rollout.
- CBHDA is also working with counties across the State to ensure a consistent standard to the application of this expanded grave disability definition as defined under SB43 as well setting up guidelines for involuntary holds due to SUD.

- **January 1, 2026 ➔** Implementation date of SB43 in Riverside County



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Summary of SB43 Implementation in Riverside County

- **Key focuses of SB43 planning**

- Client Flow, System Mapping and System Guidelines → develop workflows, procedures, and infrastructure to assist with implementation of SB43
- LPS Designation and Training → Need to train on new definition of grave disability and severe SUD diagnosis.
- Treatment and Care Planning → establish facilities who specialize in SUD treatment (potential new locked facilities; no existing locked SUD facilities currently)
- Court Processes/Adherence to Court Orders → Determine how will impact conservatorship process with expanded GD criteria and SUD diagnosis; **Meredith hearing**
- Community Education and Collaboration → Robust stakeholder process



Staffing and Budgetary → Likely staffing/fiscal increases

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Managed Care Plan Coordination → develop coordination process

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Implementation Rollout Plan for Riverside County

- **Community Based Training**

- SB43 Webpage: <https://www.ruhealth.org/behavioral-health/sb-43>
- SB43 Intro Video: https://youtu.be/wVasgNaWazg?si=yVE_K489LRHWgbF
- SB43 Fact Sheet: <https://www.ruhealth.org/sites/default/files/sb43/FactSheet.pdf>
- SB43 Audio Podcast: <https://www.ruhealth.org/behavioral-health/sb-43> (near bottom of webpage)
- Board of Supervisors, Behavioral Health Commission, NAMI, townhalls, city meetings, etc.

- **Provider & Staff Training (includes new criteria, workflows & policies and procedures, updated facility forms)**

- Provide training to staff as appropriate including ETS, ITF, PHF, and LPS designated facilities, SAPT providers, Hearing Officers, Public Guardian's Office, Longterm Care, Detention staff & law enforcement, BH Staff, 5150 Committee, Hospital Association of Southern California (HASC), Crisis Providers & Contractors, Elderly Abuse Forensic Center (EAFC), 5150 Authorized staff, Patients Rights, etc.



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Implementation Rollout Plan for Riverside County

- **Facility Types Riverside County will use for SB43 Holds: (existing facilities)**
 - Crisis Stabilization Unit (CSU) such as ETS or Indio CSU
 - Inpatient Treatment Facility (e.g. ITF, LPS designated facilities such as Pacific Grove, Corona Regional, Coachella Valley Behavioral Health in Indio)
 - Psychiatric Health Facility (PHF in Indio)

Note: Senate Bill 1238 (SB 1238) also known as the [Lanterman-Petris-Short Act: designated facilities bill](#), is a California bill focused on improving access to mental health and substance use disorder treatment. Specifically, it aims to address gaps in care for individuals with severe substance use disorders and those held under the Lanterman-Petris-Short (LPS) Act for involuntary treatment. SB1238 established regulations for Mental Health Rehabilitation Centers (MHRCs) to become LPS designated facilities to assist with SB43 involuntary holds. Other facilities include Chemical Dependency Recovery Hospitals, Psychiatric Residential Treatment Facilities. Although SB43 allows for these additional facilities to be licensed as LPS designated facilities, other regulations such as billing have not been updated yet, hence, Riverside County will only utilize the facility types listed in bullets above at this time.

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Questions & Discussion

- Questions about SB 43?
- Discussion: What do you think about SB43?
 - Benefits?
 - Concerns?
- How do you see SB43 impacting the work that you and your organization do?
 - Trainings needed to additional collaborative partners?
 - Workflow changes?
 - Staffing Challenges?



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THE PLACE TRANSITIONAL HOUSING PROGRAM

- Council approved renovations and long-term lease
- Budget increased from \$2.33 million to \$5.05 million
- 33-unit transitional housing facility
- Currently under rehabilitation
- Anticipated completion: April 2026



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EMERGENCY TREATMENT SERVICES EXPANSION

- RUHS-BH awarded \$184 million Proposition 1 funding
- New behavioral wellness center in Moreno Valley
- Includes a 100-bed inpatient psychiatric facility
- Serves adults, adolescents, and children (12 and under)
- Must be completed by 2029



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WELLNESS VILLAGE (MEAD VALLEY)



The **Wellness Village** will provide health and wellness services tailored to the community, including:

- primary healthcare (i.e., dental, x-rays, mammograms, pharmacy)
- children and youth services
- mental health and substance use disorder services, including urgent care

Completed in 2026

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2025 CONTINUUM OF CARE NOFO

- Released November 13, 2025
- Major shift in national homelessness funding
- 450 CoCs now competing with stricter limits
- New guideline: maximum 30% of Annual Renewal Demand may fund Permanent Supportive Housing programs



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IMPACT ON RIVERSIDE COC

- Currently supports: 640 households, 887 individuals
- Funding caps impact PSH, RRH, and TH-RRH models
- Need to develop more project-based Permanent Supportive Housing units
- Ensures long-term availability of supportive housing with case management



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RECOMMENDATION

That the Housing and Homelessness Committee receive and file an update on the City's response to homelessness and provide direction for any improvements or changes to the current response plan.



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