



**City of Moreno Valley
Homeless AD HOC Subcommittee
Minutes of April 15, 2026**

1. Call to Order

Mayor Ulises Cabrera called the meeting to order at 4:00 p.m. The following attendees were present at the meeting:

Subcommittee Members:

Ulises Cabrera, Mayor
Cheylynda Barnard, Council Member

Staff Members:

Anna Chacon, Deputy Finance Director (Administration)
Felicia London, Chief Financial Officer/ City Treasurer
Natalia Medina, Financial Resource Division Manager
Salvador Figueroa, Senior Management Analyst, Financial Resource Division
Christina Zepeda, Executive Assistant, Financial and Management Services Department

Homeless Task Force Partners:

Jesse Park, Fire Chief

2. Public Comments

JulieAnn Pedroza

JulieAnn Pedroza, founder of Building of Life Foundation, provided updates regarding the organization's outreach efforts and its shower shuttle. Ms. Pedroza stated that medical support is especially important for individuals experiencing homelessness, highlighting that many unhoused individuals are injured in vehicle-related incidents, including hit-and-runs. She shared an example of an individual who came to the shower shuttle with an untreated injury and had not cleaned or changed the bandage for approximately one month. She emphasized that conditions on the street are different from what may be seen in an office setting and that service gaps are more visible during direct outreach.

Ms. Pedroza reported that Building of Life Foundation has a store located off Hemlock that was scheduled to open to the public for a trial run on Sunday. She explained that the store is also intended to serve agencies and will provide clothing, canned goods, non-perishable food, emergency supplies, and basic medical items.

3. Approval of Minutes

ACTION: Council Member Cheylynda Barnard motioned to approve the meeting minutes of November 19, 2025, and Mayor Ulises Cabrera seconded to approve the minutes.

4. Action Items

A. NONE



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5. Advisory Items

A. Nurse Navigation Program Presentation (Verbal Updates)

Fire Chief Jesse Park provided a presentation regarding the Nurse Navigation Program and emergency response data related to individuals identified as homeless or unhoused within Moreno Valley city limits. He explained that firefighters respond to all emergency 911 calls and, when a person appears to be homeless or unhoused, fire personnel collect data through iPads as part of patient care reporting. Chief Park noted that the data is limited by what is reported and entered by fire captains and paramedics in the field. He explained that if an individual provides an address, the call may not be captured as homelessness-related data. The data included individuals who self-identified as homeless, were believed to be homeless, or whose patient care narrative included homelessness-related information.

Chief Park clarified that the data was specific to Moreno Valley city limits and covered the 2024–2025 calendar period. He emphasized that the figures reflected calls for service rather than the number of unique individuals. He reported that 423 calls met the criteria for individuals believed to be homeless or unhoused; however, the same individual may have generated multiple calls. Therefore, the total should not be interpreted as representing 423 separate individuals experiencing homelessness. Chief Park reviewed monthly call trends and noted that call volume fluctuated throughout the year, with spikes often occurring during colder months.

Chief Park explained that Battalion 9 represents Moreno Valley city limits and pointed out that the heat map identified a notable concentration of calls around Sunnymead Boulevard and Perris Boulevard, with minor additional call locations distributed throughout the city. He further stated that 60% of incidents occurred within the 92553 ZIP code and that 54% took place along streets or highways. He noted that calls also originated from private residences, businesses, gyms, fire stations, and other locations where individuals experiencing homelessness may be present or seek assistance.

Chief Park reported that the most common call types were initially categorized as “sick person” calls and included medical concerns such as abdominal pain, leg pain, chest pain, back pain, and other general health-related issues. He highlighted that overdose-related calls do occur and that Narcan is administered in the field when necessary; however, overdose incidents were not identified as the primary reason for emergency response. The data reflected abdominal pain and weakness as more frequent reasons for service calls. He also noted that some incidents are initially categorized as “sick person” calls after members of the public report that an individual appears unconscious, but upon contact, the individual may simply be sleeping and decline assistance.

Mayor Cabrera commented that the data was powerful, and that the most common incident types appeared to be heavily healthcare and medical related, specifically referencing abdominal pain, leg pain, chest pain, and back pain. Chief Park agreed and stated that the data reflected many of the same health concerns seen in the general population, including dizziness, head pain, anxiety, and body aches. He clarified that the data did not point to one single medical category but instead showed a broad range of health-related needs.



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JulieAnn Pedroza asked whether conditions such as abdominal pain could be connected to dehydration or lack of proper food. Chief Park responded that paramedics do not diagnose patients in the field and that final diagnoses are made by doctors. He explained that paramedics are trained to stabilize patients and keep them alive until they can receive medical evaluation. However, based on his experience as a paramedic, he acknowledged that nutrition, dehydration, and poor hygiene likely contribute to many of the conditions seen in the field. He also stated that injuries and hygiene-related medical issues, such as the example previously shared by Ms. Pedroza, are conditions that emergency responders encounter regularly.

Chief Park reviewed treatments and medications provided in the field. He stated that, although overdose was not the top provider impression, normal saline IVs and Narcan were among the most common interventions provided, indicating that responders are still frequently working to reverse opioid-related symptoms. Chief Park noted that some treatments resulted in patient improvement, while others showed no change, demonstrating that field interventions do not always fully resolve the medical issue.

Chief Park discussed response patterns by unit and location, including Squad 6, Engine 65, and Engine 2, and referenced areas such as Eucalyptus Avenue, JFK Park, Heacock Street, rights-of-way, freeway off-ramps, and drainage areas as common locations where individuals experiencing homelessness may be found. He also reviewed time-on-scene data, noting that many calls were resolved within approximately eight to nine minutes, while longer calls may involve behavioral health or psychological situations requiring additional de-escalation and coordination. He stated that some individuals are advised to seek medical care but may refuse transport or further assistance.

Chief Park also reviewed call outcomes and patient demographics. Outcomes included patients being treated and transported, treated by ambulance personnel, refusing care, requiring public assistance, having the call canceled at the scene, or being found deceased at the scene. Chief Park provided data regarding patient demographics and incident trends. Mayor Cabrera asked a clarifying question regarding the patient age group chart and how the data was displayed. Chief Park explained that the Power BI system allows for different views when accessed directly through the County server.

Chief Park then reviewed fire-related incidents that may be connected to homelessness, including grass fires, trash or rubbish fires, and smoke-related calls. He stated that, based on the data reviewed, five fires were believed to be intentional, three were undetermined, and one was unintentional. He explained that some calls initially dispatched as fires ultimately became EMS calls upon arrival. Chief Park noted that fires connected to trash, rubbish, smoke, or grass do occur in Moreno Valley, especially during colder weather, but are not as frequent as in other areas, such as river bottom locations where fire activity may occur multiple times per day.

Chief Park provided an overview of the Nurse Navigation Program. He explained that Global Medical Response is the parent company of American Medical Response, which holds the ambulance service contract for Riverside County and serves as the ambulance provider for Moreno Valley. He stated that 911 calls are assigned response codes based on the type and urgency of the emergency. Certain non-urgent codes may be routed to a nurse line rather than



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receiving a traditional fire engine or paramedic response. Chief Park clarified that Nurse Navigation, and the RivCo One Pilot Program are not specifically designed only for individuals experiencing homelessness, but both programs can assist individuals who are unhoused, near homelessness, or medically vulnerable.

Chief Park explained that Nurse Navigation applies to 55 non-urgent response codes. When a caller's situation meets one of those criteria, the 911 dispatcher may transfer the call to a licensed nurse. The nurse can provide self-care instructions, arrange virtual care with a doctor, coordinate ride-share transportation to a pharmacy or urgent care, or dispatch a non-emergency basic life support ambulance when appropriate. Chief Park stated that the purpose of the program is to preserve fire engines and paramedics for higher-acuity emergencies while allowing EMTs and other appropriate medical resources to respond to lower-acuity calls.

Chief Park reported that the Nurse Navigation Program resulted in 316 hours of increased availability and allowed more than 1,000 incidents to be handled in a way that freed up emergency response resources. He stated that the program may also support homelessness prevention by reducing unnecessary emergency room visits and related costs for individuals who are financially unstable or at risk of losing housing. Chief Park noted that avoiding preventable medical expenses may help some residents remain housed.

Chief Park also discussed the RivCo One pilot program. He explained that the emergency room is not always the most appropriate location for every individual who calls 911, especially repeat callers. Through the program, call data is reviewed after the fact to identify individuals who repeatedly call 911. Chief Park stated that some individuals may call 911 as many as 60 times in 30 days, indicating that they need support beyond emergency medical response. Mayor Cabrera asked how repeat callers are tracked, including whether tracking is based on phone number, name, or other factors. Chief Park explained that repeat calls are typically identified through cell phone location pings and recurring addresses, such as hotel rooms or temporary housing locations.

Chief Park clarified that repeat caller issues are often not limited to individuals who are fully unsheltered. He stated that many cases involve individuals who may be near homelessness, temporarily sheltered, on a voucher, or staying in a hotel. Under the RivCo One Pilot Program, information may be shared with licensed clinicians, social workers, and community healthcare workers through County Health. Chief Park explained that approximately one-third of contacted participants agree to receive follow-up support. The goal is to move individuals out of the repeated 911 cycle and connect them with a system of care that better addresses their underlying needs.

Chief Park also provided preliminary Nurse Navigation data for Moreno Valley, noting that the program began in 2025 and therefore had limited data available. He stated that approximately 200 Moreno Valley calls were routed through Nurse Navigation. Of those, 153 individuals were still transported. Chief Park also reported that 28 callers received self-care guidance, six used Teladoc, and 12 were transported by Uber to urgent care. He stated that these outcomes show how the program may help connect residents to appropriate levels of care while preserving emergency response capacity.



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Chief Park concluded that Nurse Navigation and the RivCo One Pilot Program can align with efforts to keep individuals housed, help recently sheltered individuals remain stabilized, and connect medically vulnerable residents to more appropriate services. He stated that the programs may be especially useful for individuals who are homeless, near homelessness, or transitioning into some form of shelter or housing. Mayor Cabrera thanked Chief Park for the presentation and stated that the information was very helpful. He indicated that the information would be brought back to the committee and asked if there were any additional questions. Hearing none, Mayor Cabrera thanked Chief Park again and moved to another public comment opportunity.

6. Public Comments

None

7. Financial Resources Division Comments

Natalia Medina, Financial Resources Division Manager, provided a brief update regarding future Homeless Ad Hoc Subcommittee meetings. She announced that the next meeting is scheduled for May 20, 2026, and reminded the subcommittee that all future meetings will take place on the third Wednesday of each month at 4:00 p.m.

Felicia London, Chief Financial Officer/City Treasurer, provided a staffing and transition update for the subcommittee. She explained that, as part of City Manager Brian Mohan's succession planning efforts, Brian Mohan, City Manager and Launa Jimenez, Assistant City Manager, will no longer be attending these meetings moving forward. Instead, Felicia London and Financial Resources staff will assume responsibility for coordinating and administering future Homeless Ad Hoc Subcommittee meetings.

Felicia London also noted that, through the adopted budget approved by the City Council, two additional positions were dedicated to supporting the City's homelessness initiatives. Those positions have now been filled by Salvador Figueroa and Dannette Fortin. She further shared that Salvador Figueroa will be responsible for running future meetings moving forward.

Mayor Cabrera thanked Felicia London and Natalia Medina for the updates, welcomed Salvador Figueroa aboard, and noted that he had a chance to briefly speak with him before the meeting. Mayor Cabrera then restated those future meetings will continue to be held on the third Wednesday of each month at 4:00 p.m. before moving on to subcommittee member comments.

8. Subcommittee Member Comments

Mayor Cabrera provided closing comments and thanked Chief Jesse Park for his presentation, stating that the information was powerful and helped demonstrate the work being done by the City, staff, Council, and community partners to address gaps and inefficiencies in the system. He noted that efforts such as the RUHS expansion, future Kaiser expansion, and Loma Linda Medical Clinic coming to Moreno Valley may help improve access to care and continue moving outcomes in the right direction. Mayor Cabrera also thanked his City Council colleagues for their investments



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and expressed pride in the collaborative work being done to improve services and support for the community.

JulieAnn Pedroza then provided public comments regarding medically vulnerable individuals experiencing homelessness. She shared concerns about people being released from hospitals while still needing oxygen or other medical support and then being returned to shelters or the street after only a few days. She stated that she is seeing individuals with serious medical conditions, including cancer, who should not be living on the streets, and expressed uncertainty about where the service gap exists or how it can be addressed.

Council Member Cheylynda Barnard responded by explaining that there may be additional factors to consider before assuming that hospitals are discharging patients without a plan. Drawing on her social work experience, she noted that some individuals may leave against medical advice, decline placement in a care facility, or choose not to follow recommended discharge plans. She emphasized that while service providers may not always agree with a person's decision, individuals still have the right to make their own choices unless there is a legal process in place, such as conservatorship. She also noted that hospitals are generally aware of their legal responsibilities and that discharge concerns can be elevated through appropriate channels, such as an ombudsman, when patterns arise.

JulieAnn Pedroza responded by sharing a specific example involving an individual who she stated waited many hours in the emergency room despite serious medical issues, including a closed esophagus and severe malnourishment. She explained that the individual could not be placed into housing until medically cleared, and that although he interacted with multiple social workers and Adult Protective Services, the assistance provided during that period was limited. Pedroza stated that her organization ultimately helped pay for his first month of housing, and that he is now housed, working, and doing well. She also emphasized that many of these situations occur on Fridays, weekends, holidays, or after hours when resources are more limited.

Council Member Barnard responded that Adult Protective Services does have social workers and supervisors on call during weekends and after hours, although not at full staffing levels. She explained that these calls are triaged based on urgency, similar to how emergency rooms prioritize patients. She encouraged Pedroza and others to continue making calls when serious situations arise, noting that urgent cases can still be assigned for response after hours, while less urgent cases may be held for follow-up during normal business hours. Barnard also shared that repeat emergency callers and medically complex cases often require careful assessment and coordination across systems.

Chief Jesse Park added clarification regarding the Nurse Navigation program. He explained that Nurse Navigation only works when dispatch can speak directly with the patient and confirm that the patient is cooperative and able to participate in the call. If someone else calls 911 on behalf of an unhoused individual, the call generally cannot be routed through Nurse Navigation because staff cannot assume the patient's condition, consent, or ability to use alternatives such as ride-share. Chief Park clarified that this is why Nurse Navigation may not always apply to unsheltered individuals, while the RivCo One Pilot Program is better suited for reviewing repeat calls after the



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fact and sending health professionals to follow up with individuals who may need more coordinated support.

9. Adjournment

Meeting adjourned at 4:40 P.M., by Mayor Ulises Cabrera.



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Prior Meeting Attendance

Board Member	2/19/25	3/19/25	4/16/25	5/21/25	6/18/25	7/16/25	8/20/26
Mayor Ulises Cabrera	X	X	X	X	NM	NM	NM
Council Member Cheylynda Bernard	X	X	X	X	NM	NM	NM
Council Member Erlan Gonzalez (Alternate)							

Board Member	9/17/25	10/15/25	11/19/25	12/17/25	1/21/26	2/18/26	3/18/26
Mayor Ulises Cabrera	X	NM	X	NM	NM	NM	NM
Council Member Cheylynda Bernard	X	NM	X	NM	NM	NM	NM
Council Member Erlan Gonzalez (Alternate)							

Board Member	4/15/26						
Mayor Ulises Cabrera	X						
Council Member Cheylynda Bernard	X						
Council Member Erlan Gonzalez (Alternate)							