



Incompetent to Stand Trial Solutions Working Group Work Group 2: Diversion and Community-Based Restoration for Felony ISTs Friday, October 22, 2021 – 1PM to 3PM Discussion Highlights

1. Welcome and Introductions

Karen Linkins welcomed all attendees and announced she will be co-facilitating the meeting with colleagues from Desert Vista Consulting, Jennifer Brya and John Freeman. She thanked everyone for their dedication to this process and this population and for their productivity. She stated that the goal for this meeting is to further clarify suggested strategies and have a discussion about long-term transformative solutions, including a discussion on housing with representatives from several relevant agencies. She reviewed the meeting agenda.

Karen Linkins asked members to introduce themselves, beginning with co-chair Stephanie Welch, and noted that co-chair Katherine Warburton was unavailable for this meeting. All members of the working group were present except Katherine Warburton, Neil Gowensmith, Veronica Kelley, and Dawn Percy. The members in attendance were:

- Co-chair Stephanie Welch, Deputy Secretary of Behavioral Health and Policy Advisor at Health and Human Services
- Francine Byrne, Principal Manager of the Criminal Justice Services Office at the Judicial Council of California, representing the Council along with subject matter experts Judge Stephen Manley and Deanna Adams
- Jessica Cruz, CEO of NAMI CA
- Dr. Sarah Desmarais, Sr. VP of Policy Research Associates, present as a subject matter expert and trained as a Forensic Psychologist
- Elise Deveccio-Cavagnaro, Consulting Psychologist at the MediCal Behavioral Health Division of the Department of Health Care Services
- Anita Fisher, Member of Council on Criminal Justice and Behavioral Health, NAMI Leader
- Brenda Grealish, Executive Officer at the Council on Criminal Justice and Behavioral Health

- Scarlet Hughes, Executive Director of the California State Association of Public Guardians and Conservators, subject matter expert on conservatorship
- John Keene, Chief Probation Officer in San Mateo County, representing state association
- Michelle Cabrera, Executive Director for the County Behavioral Health Directors Association, present as an alternate for Veronica Kelley
- Kristopher Kent, Attorney for the Department of State Hospitals
- Pamila Lew, Senior Attorney with Disability Rights California
- LD Louis, Assistant District Attorney for Alameda County, Head of office mental health unit, representing California District Attorneys' Association
- Farrah McDaid Ting, Senior Legislative Representative for the California State Association of Counties
- Jonathan Raven, Yolo County District Attorney's Office, representing the California D.A. Association
- Marni Sager, Manager in the State Operated Facilities Division of the Department of Developmental Services
- Gilda Valeros, Supervising Attorney for Santa Clara County's Public Defender's Office
- Stephen Manley, Superior Court Judge for Santa Clara County, supervises mental health division

2. Recap of Goals of this Working Group

Karen Linkins asked group members to keep the other two working groups in mind for their potential roles in building solutions. She asked members to raise their hand on Zoom to speak. She asked that the Zoom Q+A feature not be used by workgroup members unless they need assistance with technical issues, but noted the chat is available, particularly for members of the public in attendance to ask questions and give input. There will also be a public comment period at the end.

Karen Linkins reminded the group of the timelines for solutions: short-term to be implemented by April 1, 2022, medium-term by January 10, 2023, and long-term by January 10, 2024 or 2025.

3. Discussion of Medium and Long-Term Strategies, with Framing Presentations

Stephanie Welch expressed excitement about discussing medium and long-term transformative solutions. She said that part of this transformation of the system is figuring out appropriate placements including housing, which there will be presentations on shortly. She reviewed that in the last workgroup meeting there were presentations on state behavioral health infrastructure investments, which included some housing and homeless service investments. She encouraged everyone to get involved in their local planning processes for this funding, as decisions around these funds will be made soon. She said that in her past position as Executive Officer of the Council on Criminal Justice and Behavioral Health (CCJBH), she became familiar with the intersection of the stigmas of justice involvement, mental illness, and homelessness status, which all impact people's ability to access housing supports. She said she believes there are solutions and wants to hear all recommendations for types of placements. She introduced Brenda Grealish.

Brenda Grealish said that in her role as Executive Officer at CCJBH she has realized how central long-term housing with appropriate supports is to this population. Without housing, treatment is insufficient. CCJBH has made progress on this with the Council on State Government's (CSG) Justice Center. They created a report with actionable infrastructure recommendations. She introduced the CSG Justice Center team to present on this report on reducing homelessness for the reentering population. Presentation highlights:

• Hallie Fader-Towe said that the CSG Justice Center is a national nonprofit membership association that provides policy guidance to states and local governments.

Stephanie Welch informed Hallie Fader-Towe that people were having a hard time hearing her, so they switched presenters.

- Charles Francis said that the Justice Center is a criminal justice think tank that comes up with solutions to improve the system and minimize interaction with it. They serve all three govt. branches and both parties.
- Hallie Fader-Towe said that in CA specifically, the group has been working with the state on Stepping Up initiatives to reduce the number of people with mental illnesses in jails.
- The Justice Center works with DSH and CCJBH on supporting counties with diversion. They are concluding a survey that is showing that the majority of counties have some form of diversion and identify housing as the primary challenge.
- Stakeholder interviews have emphasized the importance of looking at the individual and the three layers of BH needs (justice involvement, mental health, housing status), examining what supports are necessary.
- She said their presentation will review their research on what is needed for successful reentry, estimates of how many people in CA's reentering population need different BH and housing supports, and what steps need to be taken to get to the place where those needs are met.

- Needs fall along a continuum for both BH and housing, so there is not a single model that can be used.
- The IST population often has high BH needs, high risk of homeless, may need intensive case management to reduce recidivism.
- Capacity must be built to match people with the appropriate placements and supports to fit their needs rather than using the first available placement. Research backs up the need for this.
- The Justice Center was advised in their research by the Board of State and Community Corrections, DHCS, Housing Coordinating and Financing Council, CCJBH, and more.
- Thomas Coyne discussed the affordable housing crisis and the insufficient amount of rental assistance in CA and its impact on homelessness. Housing is being built too slowly to fix this and low-income housing is improved at far lower rates.
- Different types of housing must be available for people at risk of and experiencing homelessness (low barrier, transitional, recovery, permanent) and people must have some level of choice over their housing. People should not be made to wait on the street for a placement. Permanent housing is the ultimate goal, with other types as steppingstones.
- Permanent supportive housing (PSH) is among most effective models in improving outcomes with a variety of services available.
- Service treatment delivery models such as intensive care management and assertive community treatment (including forensic model) are effective due to low caseloads.
- Services must be tailored to individual needs both for best outcomes and most effective resource allocation, which is why a continuum of housing options is important.
- Not as many people require locked housing as is commonly assumed. With appropriate wraparound services, many people are successful in other housing arrangements. Access to housing improves people's levels of stability and ability to be self-sufficient.
- There is an assumption that PSH only works in large cities, but it can work in many areas with the right regional approach.
- Between 15 and 40% of people in CA jails are experiencing homelessness and up to 30% have mental health needs. Majority of counties reported that most IST defendants were homeless at time of arrest.

- Up to 10% of jail pop. may need housing support and intensive mental health services for successful reentry and another 8-16% may need housing support and less intensive mental health services.
- Interviews revealed challenges such as silos in services, stigma against the population, and resistance to building housing in connecting people with most appropriate and least restrictive placement.
- Challenge of caution around data sharing and HIPPA complications. Information that can be shared could be expanded, like the Ohio model.
- Report recommendations include identifying and quantifying the number of people at risk for homelessness in jail pops. using data-driven screening methods and collaboration on a state level.
- Partnerships are needed between jails and homeless service providers.
- Charles Francis said that strong assessments are essential to effectively match services to people. These should be incorporated into existing jail and diversion workflows.
- While there is stigma against the IST populations, connections with housing providers can be built along the understanding of a shared mission, and it can be communicated that ISTs aren't a separate population but people with high BH needs.
- Cross-system collaboration and resource sharing increases buy in from providers. He gave the example of landlords being motivated by stabilization services being linked to housing supports so they have someone to call if need be.
- While the resources in existence are insufficient, they can be leveraged more effectively than they currently are. MediCal and CalAIM can be better leveraged to connect people to housing.
- Coordinated Entry Systems that prioritize people with high acuity are important to these ends and the state can play a role in informing counties on best practices for co-ordinated entry.
- People from different systems should attend one another's meetings to build partnerships over time.
- Coordinated Entry requires a direct assessment system to be successful.
- Continuum of Care (COC) bodies get funding through HUD when collaborating with criminal justice partners and Charles Francis encouraged these partners to be at the table to shape objectives.

- CoCs control prioritization standards for Coordinated Entry and could include the reentering population in these standards.
- Rental assistance needs to be expanded and CoCs may be able to assist in building this programming.
- Landlords should be provided incentives to accept the reentering population such as financial incentives or the assurance of risk mitigation funds.
- Public Housing Authority have a lot of latitude for prioritization like CoCs.
- Upcoming CalAIM programs offer expanded housing coordination/care management opportunities.
- Community services along the lines of whole person care pilots are needed to reduce use of inpatient services.
- While there is limited funding for housing generally, in this moment there is a rare wealth of it from the federal and state govt. The question is how to prioritize justice involved populations with this funding.
- Building housing takes time so rental assistance is needed to keep current (and new) housing affordable. Implementing rental assistance on local level may be most helpful for this population and flexible subsidy pools are particularly effective for the mix of rental assistance and services needed.
- Most important action item is to make sustained investments to increase housing supply and build partnerships
- Public comment periods coming up for HOME-ARP (HUD funding), opportunity for partnership building
- Project Homekey helps rapidly transform property into affordable and supportive housing and applications are now open (rolling) for funding with bonus funding for early apps
- The Justice Center's full report is much more detailed and can be found online (linked on IST website).
- Many policy areas are required to fully leverage resources and partnerships are needed in all areas

Stephanie Welch thanked the presenters and introduced Chris Edens to introduce a presentation by the Dept. of Developmental Services. Chris Edens was not present, so Jim Morgan from DDS introduced himself as the Housing Finance Project Manager for DDS in the office of community development. He has managed many housing projects

over 5 years with the Dept. He presented on the Buy It Once Model of sustainable housing:

- This model separates ownership of the home from service provision so changes in service providers do not destabilize residents.
- Restricted covenant restricts use of these homes for people with developmental disabilities for 99 years.
- Works with Housing Developer Organizations (HDOs) to purchase and develop this property. They secure tax exemptions, restrictive covenants, deeds.
- Provides regional centers (21 in CA) with long-term financing for acquisition/renovation and funding service providers. Regional centers contract with HDOs and service providers. Regional centers receive approval on how to use these funds and on which properties. Ensure properties are maintained.
- Service providers lease properties from HDOs, provide input during development, operate service programs.
- DDS reviews funding and acquisition proposals, monitors homes, and oversees longterm asset management. DDS maintains emergency funds for repairs in reserves. They oversee design to ensure accessibility needs (e.g., wider doorways, accessible showers, softer walls, etc.) are met. They also ensure that home location is appropriate (he gave example of clients who make loud noise, for whom they find several acres). Asset management team oversees annual reporting from HDOs and regional centers, maintains insurance, conducts quality control, monitors loans, and makes site visits.
- Jim Morgan showed several photos from homes they have developed. He invited people to email with questions.

Chris Edens apologized for her delay and said that she believes this is a great model of how housing can be dedicated for a specific population. She suggested that having separate contracts with HDOs and service providers may be a model that will work for the population this group is focused on. She said that funding could come from BH continuum, social services, and DSH CBR funds.

Karen Linkins thanked all presenters for the foundational information that frames the meeting's focus. She said that the rest of the meeting would consist of comments and questions about the presentations, suggestions from group members on long term solutions, then public comment.

- Marni Sager said that in her experience at DDS working with HDOs, she finds them to be great partners because their goals are aligned and they work well in the community building relationships.
- Michelle Cabrera said that DSH data reveals how needed long-term preventative strategies are. For many cases, housing may have prevented any interaction with the justice system. She noted that county BH is doing significant work on housing using MHSA with programs like No Place Like Home and relationship building with landlords. She said that a lot of what's expected with MediCal managed care plans has existed within county BH already. They have only been able to put to use what is available to them which is not enough to do large scale prevention work. She asked that for this reason, county BH get priority for some of the housing resources. She identified the barrier of cities opposing county BH housing projects with lawsuits and increased zoning restrictions, which requires some involvement from the state to address. She named the need for increased communication around transitions/releases between institutions and community service providers.
- LD Louis said she hears from family members and consumers about the need for expansion of supported living situations. She said a lot of the SMI population needs someone onsite to assist in maintaining stability. She asked what the plan around expansion of this is across the state. Licensed board and cares often shut down because the costs and requirements to maintain them are too restrictive.
- Corrin Buchanan replied that the HHS \$3B infrastructure funding includes funding for the acquisition of rehab facilities for the SSI population, including those experiencing homelessness and those with BH needs. They are hosting a listening session on Nov 2nd (link to register will be in chat). In relation to concerns about NIMBYism, they are utilizing land use exemptions to quickly stand-up facilities.
- Stephanie Welch said that 10+ years ago, DRC assembled a siting toolkit. She said that providers refusing to take placements from the reentry population seems like clear discrimination.
- Pamila Lew replied to Stephanie Welch that her team has brought litigation around this housing discrimination and while there is clear law it is not well enforced. She said that perhaps the state should issue better guidance to counties, potentially through legislation. She said it would also be useful to spread success stories through media to dispel harmful myths.
- Farrah Mcdaid-Ting said that people with diagnosed mental illnesses and SUD are covered by the ADA and fair housing laws. Strong federal laws do not guarantee local compliance. Another barrier is that Article 34 of the CA Constitution requires local votes on low-income rental housing above three units. CSAC has called for the repeal

of this article for over a decade with no success and they have had to find workarounds.

 LD Louis said that in her jurisdiction there is a lack of competition of programs, so programs are able to dictate contracts and thus get away with refuse huge sections of the population. She suggested implementing requirements for contracts and/or licensing to crack down on this. She gave the example of people who have a history of setting fires not being accepted by any providers. Local BH needs help finding a solution to this.

Karen Linkins said they will now move into the conversation around long-term strategies. She skipped slides about last meeting's highlights but said the full deck will be posted on the website. She asked people to formulate feedback to share at the next meeting on the short- and medium-term solutions that have been suggested. Members suggested long-term solutions:

- Michelle Cabrera said that paying for Board and Cares is challenging and there has not been an increase in BH funds for B&Cs in alignment with the bump given to paying for them for individuals with developmental disabilities. Counties are trying to make up for this by supplementing their SSI rates, but it is nowhere near on par. She said that this is a crucial type of supportive housing, and they are especially difficult to maintain in areas with high costs of living so people are often sent out of county. She said sustainable funding for infrastructure is needed as is a way to make sure that individuals can continue to live there with funds to back them up.
- Stephanie Welch said that Michelle Cabrera's suggestion of supplemental and ongoing subsidies to make B&Cs more viable to operate is a long-term solution. Farrah Mcdaid Ting added that this could be in the form of operational subsidies and/or supplemental rates per person. Pamila Lew said she liked the rates idea because the money follows the person rather than being tied to the B&C for quality assurance purposes.
- Michelle Cabrera suggested that more flexibility in state laws is needed to accommodate people for whom Housing First requirements don't work (gave example of people in recovery). She also said that definitions of homelessness can miss at risk people who are transitioning from institutions, so they should be considered.
- Stephanie Welch replied that there are efforts trying to prioritize the "at risk" population for HUD dollars, as they are currently only covered under state dollars. She recommended long term advocacy to HUD to revise this.
- Anita Fisher said that some individuals return to family homes, which is not always ideal. San Diego has relaxed requirements for families to update their home infrastructure appropriately, but most don't have the funds. She asked if any funding being discussed could go to families to provide housing.

- Stephanie Welch said this sounds similar to adult reentry grants for CBOs to provide small-scale, transitional housing.
- Sarah Desmarais said that Policy Research Associated runs a TA center and work with criminal justice partners to locate specialists to submit applications for people who have lost access to SSI or SDI. She said this population would qualify for assistance under the SOAR program. This could be a shorter- or longer-term solution as there are already SOAR specialists throughout the state, however they are not currently in jail settings. The SOAR training is free.
- Judge Manley said that he believes proactivity is needed for CalAIM. His county has two managed care plans and they don't both cover all "in lieu of" services for the IST population. He said county Boards of Supervisors urgently need to be persuaded to choose the right plans.
- Michelle Cabrera said that "in lieu of" services are voluntary by federal law so plans can't be compelled to choose any. She encouraged leveraging services that currently exist in county BH. County BH operates full service partnerships (FSPs) funded by MHSA and she suggested that funding should be increased to allow one to one matches (a housing slot per FSP).
- Stephanie Welch asked how the state would ensure that one to one match when they provide the funding to local jurisdictions to decide what to do with. She suggested that maybe the state could provide incentives to counties for ensuring dedicated slots.

4. Call for Public Comment

Karen Linkins opened the floor to public comment. She said public comment can be made either by raising hands in Zoom, commenting in the chat, or emailing:

- Martin Fox said that when interviewing families of soldiers returning from Vietnam he found that family opinion on what was most important for community reintegration was securing jobs for people. The CA criminal justice records system was a barrier to this. He said that two 9th circuit cases have said that this system does not comply with federal sentencing guidelines. He suggested that true expungement should be offered to people and that will build bonds with families.
- Courtney Tacker from the Homeless Coordinating and Financing Council emphasized that the number of housing investments on the table are high and said that HCFC released a strategic funding guide that gives an overview of these and provides guidance on their use. She suggested people review the state action on preventing and ending homelessness in CA that has specific action steps. These two reports will be linked to in the chat.

 Mark Gale from NAMI was interested in the idea of matching FSP and housing slots. He said that while integrated care for substance use and mental illness is the gold standard it does not really exist and it is needed, particularly for the justice involved population. He said these things should not continue to be discussed separately. He said that in his experience, treatment centers for one issue do not tolerate or do not know how to treat the other. He said regulatory changes are needed to make it easier to build co-occurring disorder residential treatment centers. He mentioned that ERS facilities and enriched residential services facilities (formerly IMD step downs) can be funded with MHSA dollars which would help with the criminalization cycle. They are similar to a board and care at a higher level and they need more beds, which may open up more IMD beds that people are waiting for. He thanked the group for all their work.

5. Meeting Wrap Up and Next Steps

Karen Linkins thanked everyone for their contributions. She reminded attendees that the chat, minutes, and agenda will be posted on the website. She said this was the final meeting of this working group and the next whole work group meeting will be on No-vember 5 from 10am-12pm and the final one will be November 19 from 11am-1pm. She said November's work will be specific and center around what will go in the report.

Appendix 1: Chat Transcript

From Douglas Dunn to Everyone:

I'll need to leave around 2 PM because of another commitment 30 miles way at 3 PM.

From John Freeman DVC to Everyone:

Welcome! Today's slides and agenda are available at: https://www.chhs.ca.gov/home/committees/ist-solutionsworkgroup/#october-22-2021-working-group-2

Materials for all of the working groups and the overall work group are available at: <u>https://www.chhs.ca.gov/home/committees/ist-solu-</u> tions-workgroup/

To share comments or to be added to the IST Workgroup email distribution list, please contact ISTSolutionsWorkgroup@dsh.ca.gov.

Please use Q&A for technical issues only. For discussion items, please use the chat and we will address topics raised by participants as time allows. Public comment will be available at the end of the meeting.

- From Michelle Cabrera, CBHDA (she/her) to Hosts and panelists: Hallie's audio sounds a little shaky to me - are others having trouble hearing?
- From Pamila Lew to Hosts and panelists: Yes, it could be more clear
- From LD Louis to Hosts and panelists: Yes I am having trouble hearing as well
- From Jonathan Raven to Hosts and panelists: Still difficult to hear.
- From Michelle Cabrera, CBHDA (she/her) to Hosts and panelists: yes please!
- From John Freeman DVC to Everyone: Much better!
- From Charles Francis to Hosts and panelists:

sounds ok to me

From Thomas Coyne, CSG Justice Center to Hosts and panelists: <u>https://aspe.hhs.gov/reports/choice-matters-hous-</u> <u>ing-models-may-promote-recovery-individuals-families-</u> facing-opioid-use-disorder-0

From Thomas Coyne, CSG Justice Center to Hosts and panelists: <u>https://www.chhs.ca.gov/wp-content/up-</u> <u>loads/2021/08/IST Solutions Workgroup Data Presenta-</u> <u>tion 08312021-Accessible.pdf</u>

- From Thomas Coyne, CSG Justice Center to Hosts and panelists: <u>https://www.hudexchange.info/resources/docu-</u> ments/coordinated-entry-management-and-data-guide.pdf
- From Thomas Coyne, CSG Justice Center to Hosts and panelists: http://www.newleasehousing.org/
- From Thomas Coyne, CSG Justice Center to Hosts and panelists: <u>https://homekey.hcd.ca.gov/sites/de-</u> fault/files/2021-09/NOFA Homekey 0.pdf

From John Freeman DVC to Everyone: These resources were shared by Mr. Coyne: <u>https://www.zillow.com/research/homelessness-rent-</u> affordability-22247/

https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/

https://aspe.hhs.gov/reports/choice-matters-housing-models-may-promote-recovery-individuals-familiesfacing-opioid-use-disorder-0 https://www.chhs.ca.gov/wp-content/uploads/2021/08/IST Solutions Workgroup Data Presentation 08312021-Accessible.pdf

https://www.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf

http://www.newleasehousing.org/

https://www.hudexchange.info/news/home-arp-implementation-notice-and-fact-sheets-now-available/

https://homekey.hcd.ca.gov/sites/default/files/2021-09/NOFA Homekey 0.pdf

From Christopher Geiger to Hosts and panelists:

Would the Working Group be interested in reviewing a White Paper that addresses the challenges and makes recommendations on the development of in-patient facilities, which can be locked, that could be activated to afford "competency restoration" services? The White Paper is written from the perspective of property developers, realtors, and project management firms that have experience developing facilities for justice involved individuals?

From Michelle Cabrera, CBHDA (she/her) to Hosts and panelists: Agree LD. We feel that Board and Care facilities are key for this population.

From Stephanie Welch to Hosts and panelists:

Can our experts speak at all to strategies on siting? Might be a good issue for DRC to cover as it seems like discrimination. In protecting fair housing rights - how can we do that on the front end or in the development stage? Maybe better education/ partnership with Housing Authority

From Pamila Lew to Hosts and panelists:

Corrin--Could you please share the information for the listening session again?

From Corrin Buchanan to Everyone:

https://www.cdss.ca.gov/inforesources/cdss-programs/community-care-expansion

From Corrin Buchanan to Everyone:

https://www.hcd.ca.gov/community-development/affh/index.shtml

From Corrin Buchanan to Everyone:

The above is an overview of the work of HCD on Affirmatively Furthering Fair Housing in California

From Christopher Geiger to Hosts and panelists:

Please discuss how counties will reach out to developers to meet their facility needs. We're connected with low income housing developers and specialty property developers who are eager to help but there needs to be notification methods, as coupled with a "viable" solicitation mechanism that will allow the developers to collaborate with the funding source in the design and siting of these projects.

From Farrah Ting - CSAC to Hosts and panelists:

Counties will follow a public and transparent RFP process to notify, solicit, review, and select projects.

From Sarah Desmarais to Hosts and panelists:

We have seen good success with the integration of the SSI/SSDI Outreach, Access, and Recovery (SOAR) specialists in diversion programs to increase SSI/SSDI application success rates and increase individual funding for community-based housing https://soarworks.samhsa.gov/

From Christopher Geiger to Hosts and panelists:

Please discuss what entity will own the facilities once they're constructed using infrastructure development monies.

From Michelle Cabrera, CBHDA (she/her) to Hosts and panelists:

@Sarah - our folks have SSI. What we're saying is it's not enough to cover housing costs for Board & Care operators in California real estate markets

From Sarah Desmarais to Hosts and panelists: Thanks, Michelle!

From Jim Morgan, DDS to Hosts and panelists:

The California Housing Finance Agency just implemented a \$25,000 ADU grant program to assist with the costs of ADU,

From Jim Morgan, DDS to Hosts and panelists:

https://www.calhfa.ca.gov/homebuyer/programs/adu.htm

From Brenda Grealish to Hosts and panelists:

I've also been learning about legacy housing for the ID/DD population...not sure if/how this could apply to the SMI population, but I think is worth exploring.

From Christopher Geiger to Hosts and panelists:

I would strongly encourage that DSH - CHHS and the counties utilize Request for Information or Request for Qualifications when a county has identified their facility needs to afford competency restoration and/or diversion services or facilities to meet service gaps vis-a-vis CalAIM or other higher security psychiatric inpatient facilities. The problems when using an RFP as the solicitation method arise because they're typically overly prescriptive and often place all the risk on the property developer, who must first secure the facility before they can bid.

From John Freeman DVC to Everyone:

To share comments or to be added to the IST Workgroup email distribution list, please contact ISTSolutionsWorkgroup@dsh.ca.gov.

From Charles Francis to Hosts and panelists:

Thanks for letting us join you today for such an important conversation! I'll need to jump off now, but if there is any way we can be helpful or questions we can help answer feel free to get in touch with me: cfrancis@csg.org.

From Courtney Tacker to Everyone:

https://www.bcsh.ca.gov/hcfc/strategic_spending guide.html

From Karen Linkins to Hosts and panelists: Thank you, Courtney.

From Christopher Geiger to Hosts and panelists:

Would DSH or CHHS be willing to post the different county plans that identify their facility and program needs in a centralized location, so developers and treatment providers have easy access to the pertinent information?

From Michelle Cabrera, CBHDA (she/her) to Hosts and panelists:

Great points by Mark Gale on licensing & certification challenges and need to problem solve. Will note that we've made great progress on the integration of MH and SUDs but there's a long way to go.

From Michelle Cabrera, CBHDA (she/her) to Hosts and panelists:

Disagree that the money is there. We don't have enough to support these levels at scale.