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Key considerations for building a crisis response center

As counties look to partner with behavioral health crisis care providers, it can be difficult to determine who has the clinical, operational, and regulatory knowledge and expertise to succeed in meeting the unique needs of a community. Based on research reviewing and responding to several crisis response center solicitations and conversations with subject matter experts, we share pre-release considerations and questions to discuss before releasing a crisis response center solicitation. Then, we list the recommended questions and information that county leaders should include in the solicitation.

INTRODUCTION

Across the country, local county governments are leading the charge on behavioral health crisis response, working to build out a continuum that meets the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis Care, which recommend individuals in crisis have "someone to call, someone to respond, and a safe place to go." With the launch of 988, the Suicide and Crisis Lifeline, and an increase in mobile crisis response teams, more and more counties are shifting their focus to fund crisis response centers (CRCs) to alleviate the pressure that is currently being placed on first responders, public hospitals, and detention centers who are currently acting – out of necessity – as the critical third pillar in SAMHSA's plan.

With 75 percent of the U.S. population reliant on county-based behavioral health services through more than 750 county-supported or operated behavioral health authorities, it is essential that counties looking to partner on the operations of a CRC create concise and effective requests for proposals (RFPs). These centers require significant resources and expertise to provide help to those in crisis, so a well-thought-out and organized RFP will increase the number of high-quality responses from potential partners.

DEFINING A CRISIS RESPONSE CENTER

It is important to note that crisis response facilities vary widely in scope, capability, and populations served, and facility licensure and nomenclature differ from one state to another, even within some states. Some facilities are designed for individuals with low acuity who primarily need peer support and a safe place to spend the night, whereas others can treat individuals with the highest acuity presenting with suicidal behaviors, acute agitation, and substance intoxication/withdrawal.

FIGURE 1. ILLUSTRATIVE CRISIS CONTINUUM

- **High acuity behavioral health crisis services**
- **Immediate crisis intervention:** emergency medication, detox/MAT, psychiatric assessment and treatment planning
- **Inclusive of involuntary,** regardless of acuity

- **Residential,** ongoing stabilization or crisis respite
- **Post-acute crisis care** for ongoing stabilization

Within the continuum, it is critical to include crisis facilities that can serve the most highly acute individuals – including those who are agitated, violent, danger to self/others, intoxicated, experiencing withdrawal, and those requiring involuntary treatment. To accommodate all individuals, including the highest acuity, the facility must have multiple distinct programs, each with differing capabilities and target populations. This allows individuals to move through

different programs as their treatment progresses, and the programs can work collaboratively to stabilize the crisis within a single, seamless episode of care.

This guide is designed to assist counties in creating an RFP for a 'no wrong door' crisis response center that will serve all individuals, including those who present as high acuity. Core programs at a crisis response center are:

- High acuity receiving function: Ability to accept individuals from the community, including a dedicated first responder entrance that facilitates quick and easy drop-off.
- 23-hour crisis observation: Rapid assessment and initiation of psychiatric and/or substance use disorder (SUD) treatment for high acuity individuals, delivered by an interdisciplinary team with 24/7 psychiatric services.
- Crisis stabilization unit: Continued treatment for high acuity individuals in an inpatient-like setting.
- Urgent care: Walk-in clinic services for low acuity individuals who do not need 23-hour crisis observation.

HOW TO USE THIS GUIDE

The information and questions included in this guide are based on interviews with local county officials and research done on CRC RFPS that have been released by counties across the country over the past three years. It is designed to help inform the creation of the RFP and offer key considerations and recommended questions to ensure quality responses from experienced providers. While this guide is designed to be informative, it is not exhaustive given the unique needs that exist in each community.

This guide is divided into two sections: the first section is focused on the foundational questions for county leaders to discuss and answer prior to releasing a CRC RFP; and the second provides recommended questions to include once the foundational questions have been answered.

SECTION I: PRE-SOLICITATION DISCUSSION GUIDE

Writing a comprehensive crisis response center solicitation is a complex endeavor and requires a detailed review of the current crisis continuum in a community to identify where gaps and barriers may exist. The questions in this section should be discussed and answered by county stakeholders who will be championing the crisis response center and contributing to the creation of the RFP. Clinical, financial, licensing/regulatory, and implementation considerations are the most critical – as they most directly dictate the future success or failure of a crisis response center.

CLINICAL SCOPE OF SERVICES

Providing a clear clinical scope of services is a critical component of a 'no wrong door' crisis response center RFP.

Questions asked in the clinical section should help county evaluators gain a clear understanding of the respondent's clinical philosophy, core services, and expertise to ensure alignment with community needs.

Questions posed in the clinical scope of services section of the RFP should:

1. ensure model alignment with SAMHSA's National Guidelines for Behavioral Health Crisis Care
2. clarify the level of acuity the respondent is equipped to treat (see Figure 1)
3. explain how quality of care is measured and reported
4. detail compliance with pertinent regulations (both existing and pending)
5. demonstrate approach to partnering with existing providers for care coordination

To articulate a clear clinical scope, consider:

- What are the largest gaps or pain points in your current crisis continuum?
- Do you have data that highlights the strengths and opportunities that exist in the current continuum?
- How will the articulated scope of services in the RFP address these gaps?
- How acute is your community's population that would access these services (see Figure 1)?
- Will the center accept individuals under both voluntary and involuntary status as a diversion from the criminal justice system? From conversations with many communities throughout the country, often those under involuntary status are the highest acuity, who unfortunately tend to also have the fewest care resources.
    - If yes, how will the center need to be equipped to treat individuals of all acuity levels and legal status? (e.g. office space for law enforcement to do paperwork after drop-offs, intake rooms, seclusion rooms, etc.)
    - If no, where will involuntary patients receive treatment? Do appropriate high acuity services exist in your community, outside of emergency departments and jail?
- Will the center accept both the youth and adult populations?
- Are there specific state or county staffing requirements?
- What is the discrete list of services to be provided? Must providers bid on all services, or is some combination of services allowed?

FINANCIAL SUSTAINABILITY

A crisis response center is a large-scale capital project requiring a realistic understanding of total capital and ongoing costs, with a developed plan to cover the uninsured population.

According to the Brookings Institution, 70 U.S. cities with populations over 300,000 have not made significant investments in the capital and ongoing costs of crisis care – which, considering increased county interest in crisis care nationwide, illustrates a "significant gap between necessary funds and our national vision for a crisis continuum that is being spurred by 988 and other policy efforts."

As described in the National Council for Mental Wellbeing's Roadmap to the Ideal Crisis System, services provided within a behavioral health crisis system, of which a crisis response center is the central component, are essential safety-net services – like law enforcement, fire,

and emergency medical – that require sustainable reimbursement to continuously serve their community. A comprehensive crisis response center is a *significant* safety net investment that can range in capital and operational cost.

Lower acuity, hospital step-down-type facilities, like crisis respite, living room model, or peer respite facilities, tend to cost less but are not designed to safely treat the highest acuity populations – and do not provide substantial downstream cost savings to the system via diversion from emergency departments, extended inpatient stays, and the criminal justice system.

Consider these illustrative examples of different scale facilities that can serve different size populations:

LARGE-SCALE CRISIS RESPONSE CENTER (URBAN METRO AREA, POPULATION ~1 MILLION)*

Facility Specifications	Details
Approximate square footage	~28,000 square feet
Service lines and capacity	▪ Walk-in/Urgent Care services ▪ 32-chair capacity 23-hour Observation Unit (including dedicated law enforcement drop-off) ▪ 2 16-bed Crisis Stabilization Units (32-bed capacity) ▪ Outpatient care coordination services ▪ *May be limited capacity for other service programming*
Estimated interior renovation cost	Renovation cost: **~$10,000,000** ($350/square foot)
Estimated ground-up construction cost	Construction cost: **~$18,000,000** ($590/square foot)

SMALLER-SCALE CRISIS RESPONSE CENTER (RURAL AREA, POPULATION ~150 THOUSAND)*

Facility Specifications	Details
Approximate square footage	~20,000 square feet
Service lines and capacity	▪ Walk-in/Urgent Care services ▪ *What can conceivably fit within square footage?*
Estimated interior renovation cost	Renovation cost: **~$7,000,000** ($350/square foot)
Estimated ground-up construction cost	Construction cost: **~$12,000,000** ($590/square foot)

**Various factors influence capital facility costs. Existing facility remodel is around ~$350/square foot; a ground-up new construction can range from ~$600-700/square foot, based on site work required. There are architecture and engineering costs to account for as well. Finally, when designing effective crisis response centers, there are tradeoffs between upfront capital cost and long-term operational efficiency/sustainability.*

When investing in a crisis response center to serve your community for years to come, it is important to weigh tradeoffs between up front capital cost and long-term operational efficiency and financial sustainability. While larger facilities are more expensive to build, economies of scale are realized at a greater scale and more treatment capacity is provided. The single most important consideration, however, is matching facility design with the unique scope and scale of needs in your community.

To effectively prepare for financial sustainability consider:

Capital considerations:

- How much funding has been allocated and is planned for this project?
- Is the allocated funding plan in alignment with the project timeline?
- Are you leveraging SAMHSA block grants, ARPA funding, and other state/local funds to the fullest extent possible to cover anticipated capital costs?
- Does your community have any past or future tax initiatives in support of building out behavioral health crisis services?
- Are there other groups to partner with that have a vested interest in, and financial means to, support the development of crisis response services?

Operational considerations:

- Do specific crisis reimbursement codes (Medicaid, commercial if legislatively mandated) exist that can sustain 24/7/365 crisis services?
    - If yes, outline the codes in the RFP.
    - If no, are there ongoing legislative analyses or projects to establish these codes?
- How much funding has been allocated for start-up operational costs (usually first year of operations), where non-county revenue is usually not maximized?
- Are you leveraging SAMHSA block grants, ARPA funding, and other state/local funds to the fullest extent possible to cover anticipated ongoing operational costs?
- Are there existing designated Certified Community Behavioral Health Clinics (CCBHCs) in your community that open access to enhanced federal match funding for crisis services?
- Do you have a preferred budget document to give providers to illustrate their ability to provide sustainable services?
- Have you done a workforce assessment to identify potential gaps and challenges in recruiting and retaining sufficient staff to ensure sustainable ongoing operations?

LICENSING/REGULATORY STRATEGY

If there are existing crisis services licenses, outline them for prospective providers. An established licensing pathway and minimal regulatory barriers ensure providers can operate without interruption.

If your community has distinct licenses for crisis service lines (e.g. 23-hour crisis observation, crisis stabilization unit, urgent care, etc.), or forthcoming plans for such, delineate them for RFP respondents to ensure responses reflect the appropriate clinical scope and sustainable reimbursement. In addition, identify regulatory barriers that would hinder respondents from meeting the minimum expectations of a Crisis Receiving and Stabilization Service as articulated in SAHMSA's guidelines.

When creating the licensing/regulatory strategy section, consider:

- Do defined license types exist for the articulated crisis services?
    - If yes, outline them in the RFP.

        - Do the defined license types allow you to treat both voluntary and involuntary individuals?
    - If no, are there multiple licensing options, or is there movement – with clear timelines – to establish a defined licensing path for each requested crisis service (e.g. 23-hour crisis observation, level I crisis stabilization, walk-in/urgent care, mobile crisis response, etc.).
- What is a realistic timeline to achieve licensure in your state?
- Are there other regulatory barriers to a care model that accepts 100% of individuals, 24/7/365, regardless of clinical acuity or circumstance that providers should be aware of and address in their response?
    - If yes, outline them in the RFP.
    - If no/unknown, is there work underway to identify where regulatory barriers may exist?

FACILITY DESIGN, CONSTRUCTION, AND IMPLEMENTATION OF SERVICES

Leverage crisis providers' subject matter expertise in planning the design, construction, and services implementation of your crisis response center.

'No wrong door' crisis response centers are operationally complex and unique in the design elements they require to effectively and safely treat patients (i.e. ligature-safe design, line of sight design for safety and staffing, facility flow, receiving unit for high acuity individuals, separation of youth and adults, etc.). Fire stations and police departments, as critical community safety net resources, are not built without significant subject matter expert contributions. A community crisis response center is no different. Experienced crisis providers bring significant subject matter expertise that uniquely equip them to design and construct these facilities, hire and train staff, and successfully launch services.

While some communities have requirements related to who can provide architectural design and construction services, counties should consider leveraging the expertise of providers who do this work every day. Their increased involvement in the design, construction, and implementation process (i.e. developing SOPs, community engagement, workforce development/hiring) could expedite the project, bringing crisis response services to the community faster.

When determining facility design, construction, and implementation details, consider:

- Have you selected a facility to house this program?
    - If yes, provide key details about the selected facility. Is the facility the right size to meet the unique needs of the community?
    - If no, outline any existing options for a facility site or require respondents to identify a facility location.
- Is there a need for "ramp up" of services from the end of construction to full-capacity operation?
- Is there a desire for co-located county services (either existing or new)?
- What will be expected from the selected provider for facility implementation? (For example, you may suggest activities such as community engagement, establishing MOUs with law enforcement, workforce development planning (if necessary), etc.)
- What will be the county's responsibility during implementation?

- What level of involvement will the awarded entity have in the facility design and construction? A greater level of involvement will ensure adherence to clinical best practice standards and may expedite project timeline given crisis response center design and construction expertise.
- Will certain aspects in the project timeline require county board or regulator approval?
    - If yes, outline all approvals for responding entities.
    - If unknown, discuss opportunities for streamlining aspects of the project timeline that will not require approvals.

SECTION II: RECOMMENDED INFORMATION AND QUESTIONS TO INCLUDE

COMMUNITY BACKGROUND

Provide critical background information on your community's needs in the RFP to equip providers to respond most productively. Information on existing providers and services, utilization, care gaps, and ongoing projects empowers respondents to deliver more community-focused proposals.

Background documents to include:

- Five-year trend data on community crisis system utilization
- Five-year trend data on inpatient and emergency department utilization data.
- Population utilization data by insurance type.
- Community health needs assessment that contains demographic information and relevant population health trends highlighting unmet community need.
- Performance metrics that will be tracked, if known.
- Lists of ongoing crisis-related projects, if any.

COMPANY HISTORY AND MISSION

Understand how the respondent's organizational history and mission align with the needed services. Questions should focus on the specific qualities you would like to see in a long-term partner, such as operating sustainably in other communities, overarching patient care values, experience, and company mission.

Types of questions to include:

- Describe your organizational structure and size of your company.
- Provide an overview of your company history and years of experience providing crisis services.
- Explain how your organization's core mission and values align to the scope of services.
- Provide references from third-party partners.
- Provide biographies of key leadership and personnel.

COMMUNITY ENGAGEMENT

Clearly state how you want the provider to engage with existing community providers. Successful crisis response programs operate as a key component of an interdisciplinary continuum of services (e.g. First responders, hospitals, community providers, peer recovery groups, advocacy organizations, etc.), so effective coordination is imperative.

Types of questions to include:

- Outline your organization's plan to develop community partnerships with existing providers and organizations.
- Describe how you will work with law enforcement for individuals in crisis.
- Describe your process for community engagement with existing providers to build connections throughout the care continuum.
- Explain your process for soliciting feedback from both patients and community stakeholders.

CLINICAL SCOPE OF SERVICES

Provide a clear, concise clinical scope of services.

Types of questions to include:

- Describe in detail how your organization will fulfill the RFP's scope of services.
- Outline the intake process for various individuals that will come to the center.
- Demonstrate your organization and staff's experience providing the services requested.
- Describe the roles of all clinical personnel.
- Detail your organization's staffing protocols to safely operate.
- Indicate if there are any areas where your clinical model differs from the scope of services, and if so, explain why.

FINANCIAL SUSTAINABILITY

Require responses to include budgets that project year-over-year sustainable crisis response center operations.

Types of questions to include:

- Provide documentation of your financial capacity to complete this project.
- Detail in your budget narrative how your ability to successfully operate a sustainable crisis program.
- Provide a budget for your organization's activities from contract award through the first full year of operation, including expected revenues from all sources.
- Provide an ongoing operational budget at full capacity, including expected revenues from all sources.
- Detail your experience billing various payers for services provided (Medicaid, commercial, etc.) and handling associated administrative requirements.

LICENSING/REGULATORY STRATEGY

Ensure a licensing pathway and regulatory strategy exist, so crisis services can operate without interruption.

Types of questions to include:

- Outline your defined licenses for the services provided according to the scope of services.
- Outline your plan to achieve and maintain licensure for the facility.
- Include an anticipated timeline for licensure.
- Outline your plan to address identified regulatory hurdles that would inhibit a ‘no-wrong-door' crisis response model.

IMPLEMENTATION OF SERVICES

Leverage crisis provider subject matter expertise in implementing your facility.

Types of questions to include:

- Outline your tasks between the beginning and launch of services.
- Demonstrate your organization’s experience executing capital projects of a similar scale.
- Detail the partners you intend to use for the project and their role in the design and construction of the crisis response center (e.g. architect, general contractor, construction, etc.).
- Describe your organization’s approach to the daily management of the center’s operations.

CONCLUSION

About Connections Health Solutions

For over 15 years, Connections Health Solutions has been helping communities architect and operate behavioral health crisis care systems that provide help to people when they need it most. As the leading innovator in immediate-access behavioral health crisis care, Connections strives to make behavioral health work better, delivering improved quality of care and cost savings across all behavioral health populations. Connections' crisis response centers and mobile crisis units serve as the hub of the crisis system, offering services to all individuals in need in the safest and least restrictive setting. The Connections Model, recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Council for Mental Wellbeing as best practice, combines both medical and recovery-oriented treatment designed to get people connected to resources and back to their lives faster.
For more information and crisis resources visit connectionshs.com.