Crisis Residential Facility (CRF) Case Study: An Innovative Alternative to a Psychiatric Health Facility

Tuesday, September 20
3:30-4:30 p.m.

Learning Objectives

- Learn how a CRF can serve some mental health clients better in a more home-like setting and reduce costs by adding lower-cost licensed beds
- Identify the licensing, code-compliance, mental health care and staffing considerations in designing and operating a CRF
- Explore the site and design options considered for the new CRF and how they were evaluated by the client and the designers
- Learn how the selected design option was influenced by inspiration from HCD.10 and consider how it could influence the design of future facilities

Outline

- CRF program: where it fits into mental health system of care
- Discovery phase: voice of the customer
- Design solution: improving process and maximizing value
- CRF future outlook
- Q&A

Presenters

- Donna Wigand, LCSW
  Former Director, Mental Health Services
  Contra Costa County

- Dave Alpert, AIA, LEED AP, MBA
  Principal
  HGA Architects and Engineers
Why this topic is important

• Mental health touches everyone
  – 1 in 5 people
  – Impact on life-span
  – Danger of suicide
• Mental health and physical health
• Increasing need for mental health facilities

Part 1: CRF Program

• County mental health system
• Continuum of care
• CRF attributes
• Social rehabilitation
• Challenges and lessons learned
• Existing facilities
• Our opportunity

Contra Costa County Mental Health Services

• Public agency
• Serving 1 million people
• Range of urban and rural communities
• Diverse population
• Ninth largest County mental health system among 58 in California

Continuum of Care: Mental Health System

• Emergency: Crisis Stabilization Unit or Psychiatric Emergency Services
• Inpatient: Psychiatric Health Facility or Acute Psychiatric Unit
• Residential: Crisis and Transitional
• Outpatient: Supported independent living
**CRF: Healing, Safe and Open**
- Licensed
- Highly secure
- 24-hour care
- Typically 16 beds
- Short stay (up to 90 days)
- Voluntary / Unlocked

**CRF: Social Rehabilitation**
- Not: clinic-bound model based on billing
- Reducing recidivism
- Teaching people basic living skills
- Group interaction and community-based support
- Consumer and family-member involvement

**CRF: Impact of Bed Shortage**
- Residents backed up into inpatient and emergency facilities
- Added cost for higher acuity accommodation
- Less therapeutic environment
- Referrals to adjacent communities

**CRF: Challenges and Lessons Learned**
- Political process
- Community empowerment and support
- “Braiding” funding
- Stakeholder groups
- Advocacy groups
- Operator is key to success
CRF: Current Facilities

- Niereka House
- Adaptive re-use of two single-family homes
- 16 beds

CRF: “This is a House”

- Emphasis on residential atmosphere

CRF: Our Opportunity

- County-purchased property opposite medical center
- Relative freedom from community constraints
- Funding
- “We get to build it from the ground up”

Part 2: Discovery Phase: Voice of the Customer

- Immersion in client’s subject matter
- Attendance at community meetings
- Tour of existing facilities
Discovery Phase:
Immersion in Subject Matter

- Learning about mental illness and treatment
- Reading
- Thinking
- Connecting
- Voice of the provider

Discovery Phase:
Community Meetings

- Family advocacy
- Self-advocacy
- Observing mutual respect
- Voice of the end user and the community

Discovery Phase:
Facility Tours

- Alameda County facilities
- Niereka House
- Observing and comparing
  - What works
  - What doesn’t work
  - Ideas and images

Part 3: Design Solution:
Improving Process / Maximizing Value

- Selecting the site
- Integrating the design with the site
- Initial reverse-plan scheme
- Influence of HCD.10 presentation
- Final “pavilion” scheme
- Design vignettes
Design Solution: Selecting the Site

- 2 options
  - Central campus
  - Edge of campus
- Criteria
  - Residential quality
  - Development cost
  - Opportunity cost
- Decision:
  - Edge of campus

Design Solution: Site Integration

- Minimizing development cost
- Preserving natural landscape = adding therapeutic value
- Opportunities to use outdoor space = adding more to therapeutic value

Design Solution: Initial Reverse-Plan Scheme

- Residents’ rooms downstairs
- Single exterior exposure for each residents’ room
- Common rooms upstairs
- Maximizes daylight and views for common rooms

Design Solution: Influence of HCD.10

- Presentation on Scandinavian mental health facility
- Image of double-resident room with light and windows on two sides
- Individual space and views
- Dignity and privacy
Design Solution:
Final “Pavilion” Scheme

- Residents’ rooms with windows on two sides
- Residential clusters
- Administration and therapy spaces mixed with residential space
- Common space on ground level
- Multiple outdoor areas
- Provides daylight and views throughout

Design Vignettes:
Residents’ Room

- Daylight and views on two sides
- Heads of beds at opposite corners

Design Vignettes:
Living Room

- Center of house
- Stairway links to residents’ rooms
- Circulation along edge
- Group meetings and therapy

Design Vignettes:
Kitchen

- Program-oriented
- Accommodates staff and residents
- Teaching basic skills
- Open to dining area
Design Vignettes: Entry Hall

- Added value – not in program
- Based on observation of Niereka House
- Place for residents to meet families and friends
- Adjacent to interview room and nurse’s office

Design Vignettes: Outdoor Spaces

- Variety of sizes and locations
- Range of social-to-private opportunities

Part 4: CRF Future Outlook

- Federal change
- Underserved populations
- Social justice

CRF Future Outlook: Federal Change

- Affordable Care Act = Health Care Reform
- Parity
- Growing need for mental health facilities
CRF Future Outlook: Underserved Populations

- Transition-age-youths (TAY) = 16-24 yrs old
- Older adults

CRF Future Outlook: Social Justice

- Serving the disenfranchised
- Reducing:
  - Stigma
  - Secrets
  - Cycle of illness
- Promoting:
  - Individual health
  - Community health

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Questions?

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