



**CLEAR
PATHWAYS**
An Initiative of Peg's Foundation

Constructing Crisis Care: Lessons from the Development of a Crisis Receiving Center

Clear Pathways Lunch & Learn

August 27, 2024



Housekeeping



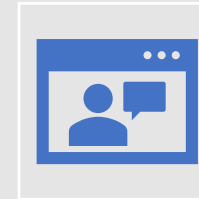
We'd love to know whose here!
Please introduce yourself using the chat function



Ask questions at any time using the Q&A function



Share your comments or "aha" moments via the chat box



A recording and sides will be available



Clear Pathways Mission + Vision



- Our mission is to assist local, state, and national partners to accelerate implementation of best practice crisis response to reduce reliance on jails and hospitals, ensuring adults in behavioral health crises have a clear path to getting person-centered help.
- Our vision is for people experiencing behavioral health crises to have a path to help, across Ohio and the nation.



**CONSTRUCTING CRISIS CARE:
LESSONS FROM THE DEVELOPMENT OF**

LORAIN COUNTY CRISIS RECEIVING CENTER

Center for
Assessment,
Recovery &
Engagement
MHARS

AUGUST 27, 2024

LEARNING OBJECTIVES



- ▶ Gain insight into **PLANNING AND INITIATING** crisis facility capital development projects and learn how to **APPLY LESSONS LEARNED** to your own initiatives
- ▶ **UNDERSTAND THE SEQUENTIAL STEPS** involved, from needs assessment, location selection, to construction and selecting construction and architecture experts
- ▶ Explore the **SIGNIFICANCE OF COMMUNITY INVOLVEMENT** and effective strategies for engaging the community

INTRODUCTIONS



MICHAEL K. DOUD

Executive
Director



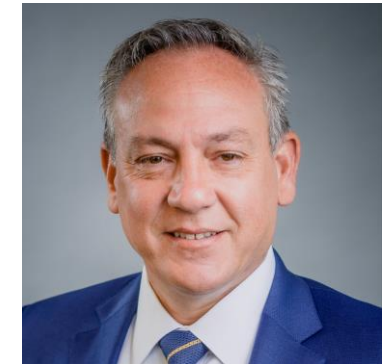
MARK JOHNSON LISW-S

Chief of Behavioral
Health Services.



TODD COOPER PE, CCM, LEED AP

Senior Vice President &
Regional Manager, Mid-Atlantic,



SAL RINI AIA, ACHA

Principal Architect
in Charge



AGENDA



1

NEED

2

PROCESS

3

COMMUNITY

4

SOLUTION

1

NEED

PROFILE: LORAIN COUNTY

▶ **POPULATION: 314,000**

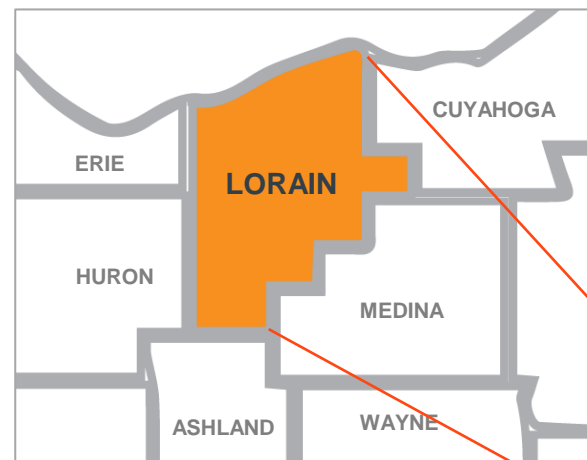
.5% annual growth rate

▶ **HOSPITAL SYSTEMS w/ EMERGENCY DEPT.:**

Mercy Health - **Lorain**

Cleveland Clinic - **Avon**

University Hospital - **Elyria**



▶ **RACE:**

White **75%**

Hispanic **11%**

Black **7%**

2+ **5%**

Other **2%**

▶ **FEDERAL ENTITLEMENT PROGRAMS:**

Medicaid **17%**

Medicare **15%**

Uninsured **6%**

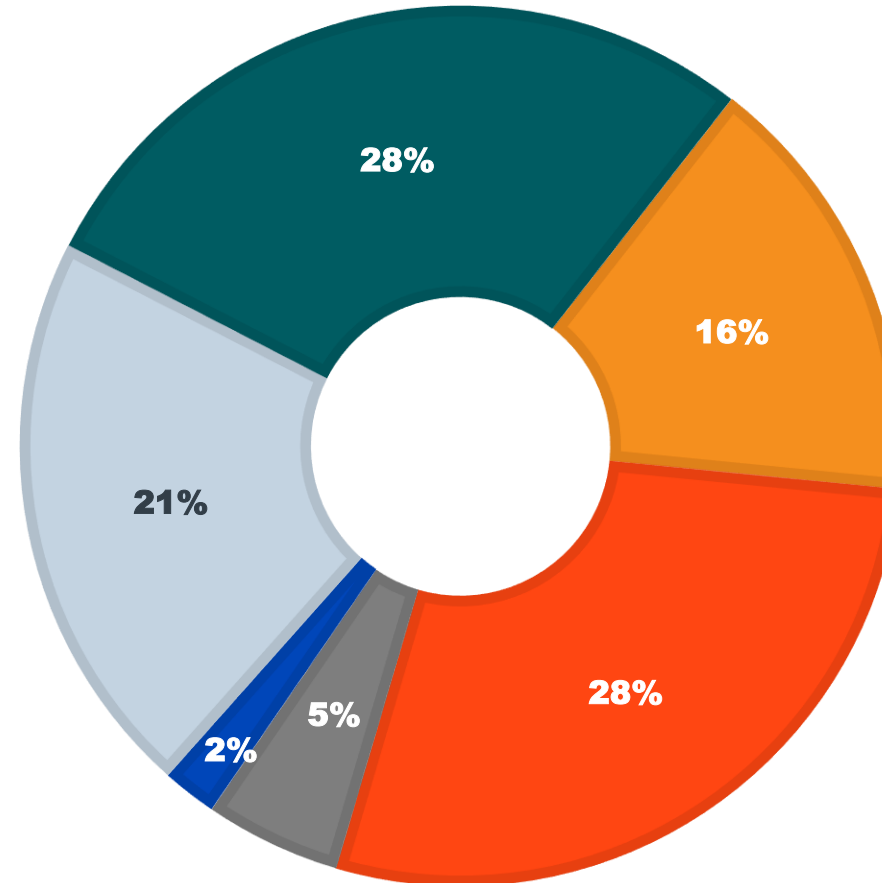
▶ **POVERTY: 13.5%**



2024 SNAPSHOT SYSTEM OF CARE

CRISIS

- ▶ Mobile Crisis Team (*adult*)
- ▶ Mobile Response Stabilization Services (*children*)
- ▶ Hotline / 988 Call Center
- ▶ Warm Line
- ▶ Navigator Line
- ▶ Sexual Assault Services
- ▶ BH Urgent Care (*children + adults*)



CURRENT LEVEL OF INVESTMENT BY CATEGORY

- CRISIS
- HOUSING
- PREVENTION
- RECOVERY SUPPORT
- OTHER
- TREATMENT

THE NEED

- ▶ **SEQUENTIAL INTERCEPT MAPPING (SIM) began with:**
 - Ohio Criminal Justice Coordination Center of Excellence
 - Stepping Up Initiative (NEOMED)
- ▶ **700+ INDIVIDUALS ANNUALLY** referred out of county for WMS
- ▶ **12% EMS TRANSPORTS** to EDs SUD/MH population
- ▶ **20% DAILY JAIL POPULATION** in need of mental health service and/or detox (released 3-4d)
- ▶ **RI INTERNATIONAL** released a report identifying that Lorain County is focused on inpatient model and the community is poised to have **A STRONG CRISIS NOW MODEL**
- ▶ Crisis Resource Need Calculator [CRISIS RESOURCE NEED CALCULATOR \(crisisnow.com\)](https://www.crisisnow.com)

. . . Formation of the Crisis CoC Advisory Committee

CRISIS CoC ADVISORY COMMITTEE

COMMITTEE ALLOWED US TO:

- ▶ **Socialize the Project**
- ▶ **Start Gaining Insight and Input from Stakeholders**
- ▶ **Understand the Needs, Successes, Gaps**
- ▶ **Develop a **COMMUNITY OF CHAMPIONS** for our Project**
- ▶ **Valued Culture of Collaboration & Inclusivity.**
- ▶ **LESSONS LEARNED: Missing Faith-based Community**

COMMITTEE INCLUDED:

- MHARS Board staff
- Provider Agency Representation
- Peer Recovery Supporters
- Recovery Housing
- 3 Hospital Providers
- Criminal Justice
 - ✓ *Prosecutor's Office*
 - ✓ *Sheriff's Office and Jail*
 - ✓ *Local Municipalities*
 - ✓ *Mental Health and AOT Court Judge*
- EMS
- Lorain County Public Health
- Local Charitable Foundations
- County Commissioner
- NAMI

SUBCOMMITTEES

- Governance
- Continuum of Care
- Finance
- Outcomes and Metrics

READING - RESEARCH - CONSULTATION

Department of Mental Health & Addiction Services

LEARN & FIND HELP | SUPPORTING PROVIDERS | KNOW OUR PROGRAMS & SERVICES | COMMUNITY PARTNERS | WHAT WE DO ABOUT US

MHA / Learn and Find Help

Learn and Find Help

OhioMHAS is ready to connect you to the services and resources that you need to support prevention, treatment, and recovery.

Welcome

- Get Help Now
- Understanding Behavioral Health
- Prevention Services
- Treatment Services
- Recovery Supports
- Crisis Systems
- Client Rights
- Find a Provider
- Finding a Job

988 SUICIDE & CRISIS LIFELINE Ohio

988 Suicide and Crisis Lifeline

We can all help prevent suicide. The Lifeline provides confidential support for people in distress, and resources for you or your loved ones. It's OK to ask for help.

[Learn More](#)

Connect With a Peer Supporter

Learn how to connect with others with lived experience

Get Help Now

Find treatment providers and supports.

Regional Psychiatry

All you need to know about regional psychiatry locations



National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit

GROUP for the ADVANCEMENT of PSYCHIATRY

ROADMAP TO THE IDEAL CRISIS SYSTEM

Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response

March 2020

A Crisis Services Compendium

Mike D'Amico, Governor
Lori Criss, Director

CRISIS SERVICES WHITEPAPER REPORT

JULY 2021

Lead Crisis, Director, Ohio Department of Mental Health and Addiction Services

Crisis System Optimization

W. International Consulting

CRISIS RESPONSE

February 1-2, 2018

Site visit was generously sponsored by Peg's Foundation and Nord Family Foundation

SITE VISITS

▶ VARIOUS IN-STATE SITES

- Lucas
- Summit
- Franklin
- Cuyahoga

▶ MULTIPLE OUT OF STATE VISITS

- Diversion First - *Fairfax, VA*
- Crisis Intervention Center - *Arlington County, VA*
- RI International Recovery Response Center
 - *Newark, DE*
 - *Durham, NC*
 - *Henderson, NC*
- Connections Health Solutions Crisis Response Center - *Tucson, AZ*



CRISIS NOW MODEL

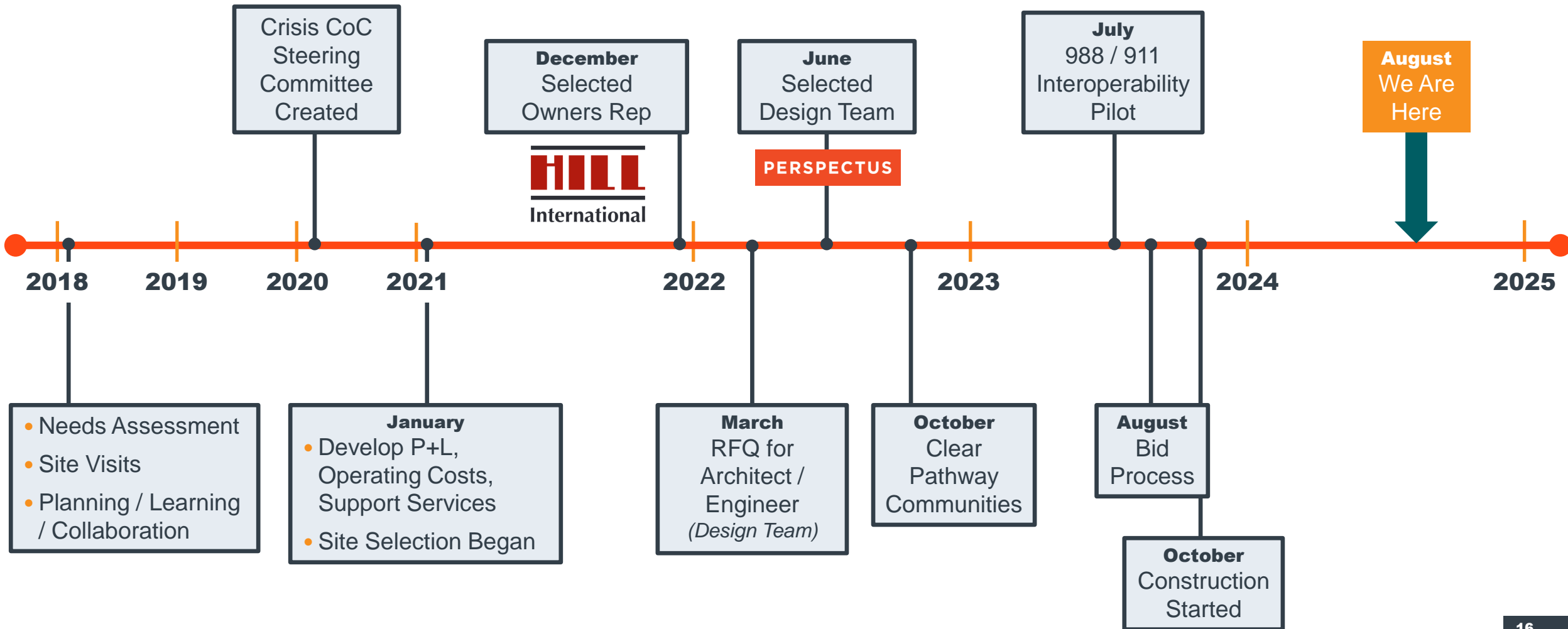
Community-Based Crisis Care Continuum Based on SAMHSA's National Guide for Behavioral Health Crisis Care

CORE ELEMENTS

- ▶ **SOMEONE TO CALL:** 988 Regional Hub Crisis Call Center
- ▶ **SOMEONE TO RESPOND:** Crisis Mobile Response Team(s)
- ▶ **SOMEWHERE TO GO:** **Crisis Receiving Center**
- ▶ **WRAP AROUND SUPPORTS:** Peer Support + OP Services



TIMELINE



PARTNERSHIPS

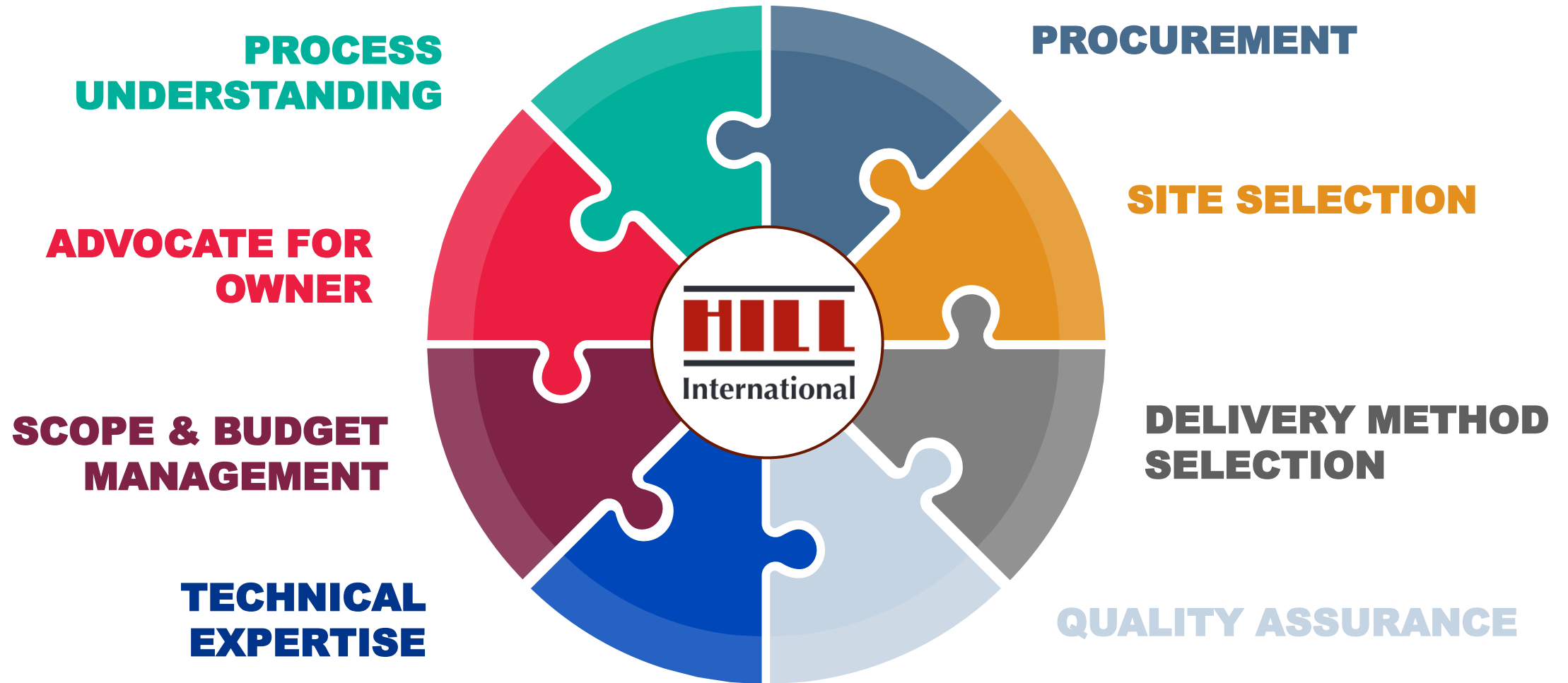
PUBLIC + PRIVATE:

- ▶ **MHARS Board**
- ▶ **Mike Bass Ford**
- ▶ **County Commissioners**
- ▶ **Nord Family Foundation**
- ▶ **Community Foundation Lorain County**
- ▶ **LifeShare Legacy Fund**
- ▶ **Congressional Earmark – Senator Sherrod Brown**
- ▶ **State Budget Earmark – Senator Nathan Manning**
- ▶ **OhioMHAS Capital**
- ▶ **ARPA Funds**
- ▶ **Optum / United Healthcare**

2

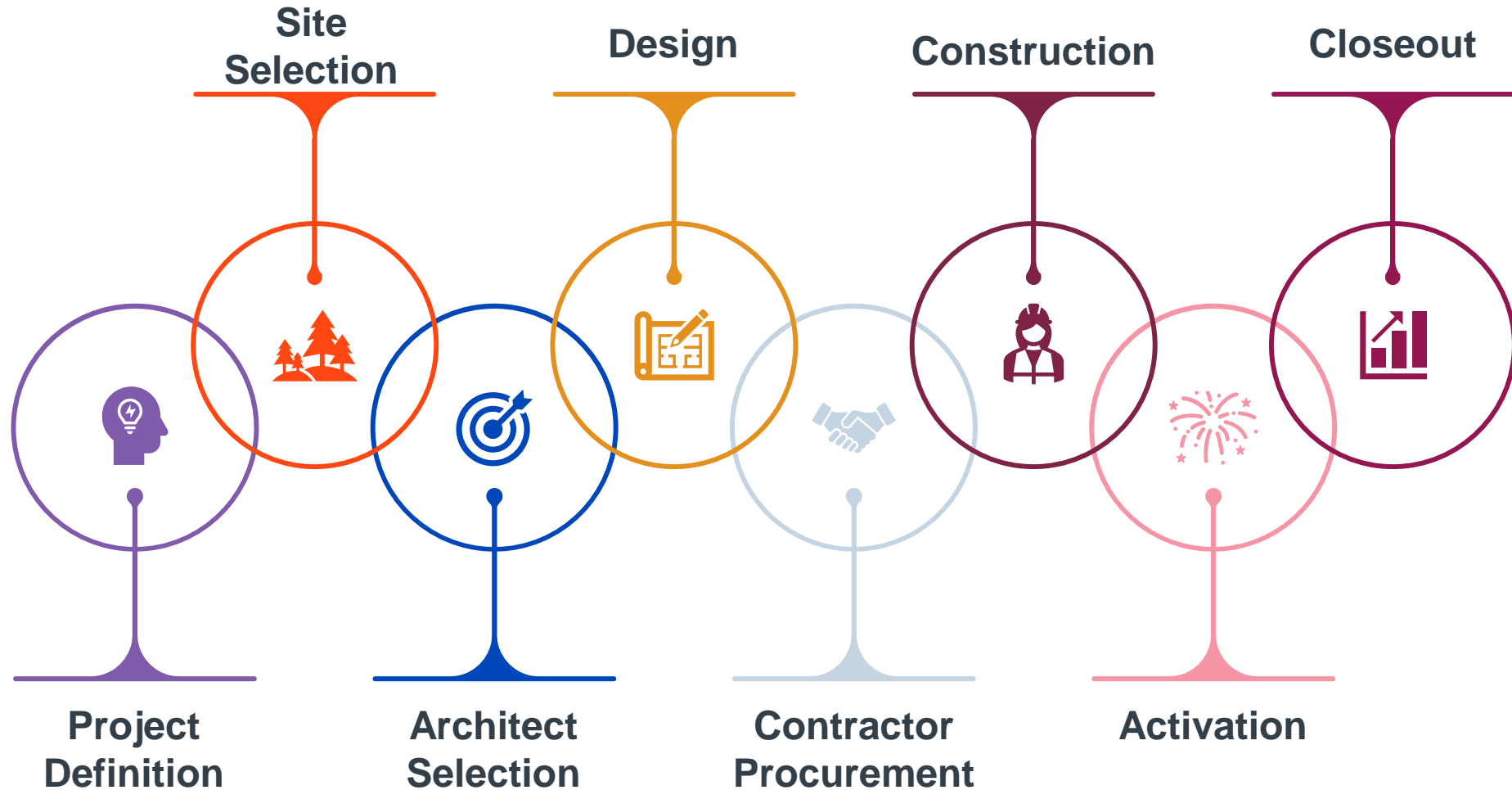
PROCESS

OWNERS REPRESENTATIVE



OWNERS REPRESENTATIVE

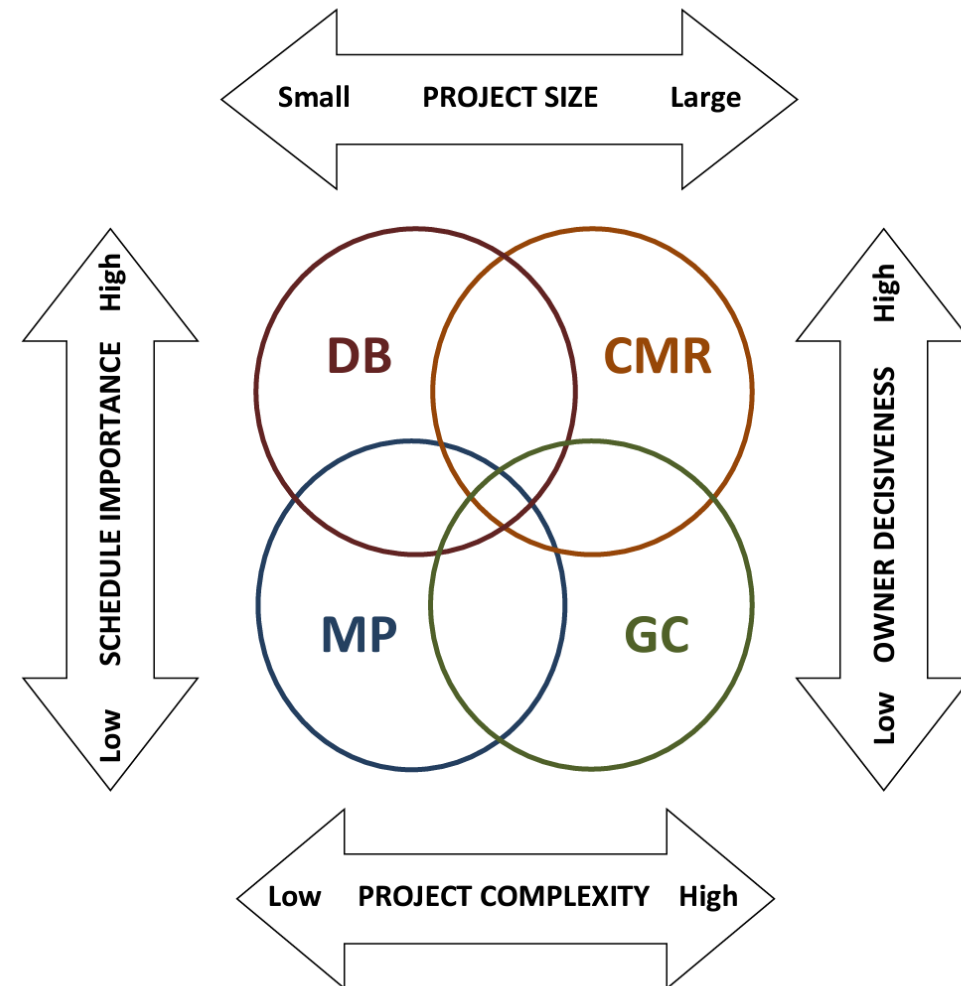
PROJECT DELIVERY PROCESS



OWNERS REPRESENTATIVE

DELIVERY METHOD SELECTION

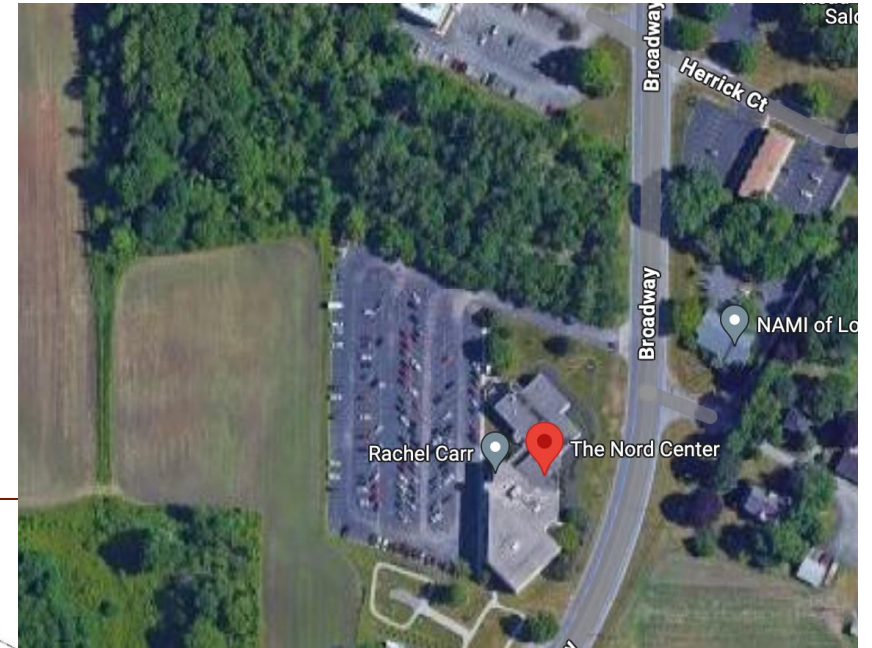
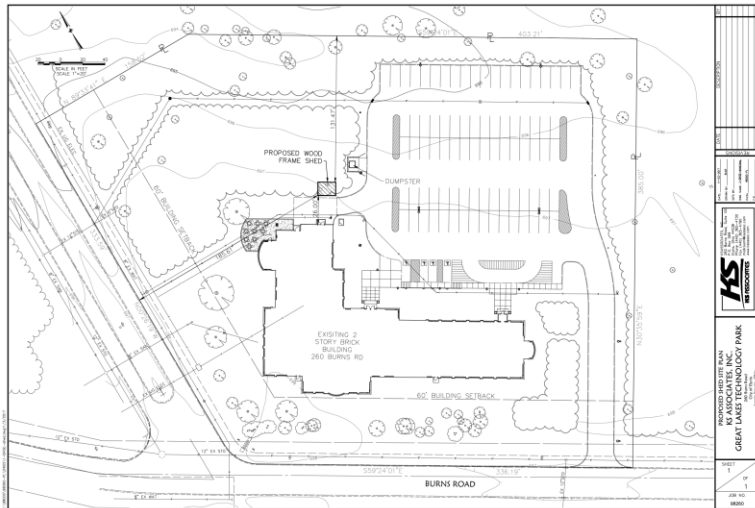
- ▶ Construction Manager at Risk (CMR) vs. Design Build (DB) vs. General Contracting (GC) vs. Multiple Prime (MP)
- ▶ Align Goals and Risks with Delivery Method
- ▶ Evaluate Procurement Requirements
- ▶ What is local contracting community comfortable with?



OWNERS REPRESENTATIVE

SITE SELECTION

- ▶ New Build vs. Renovation
- ▶ Be realistic regarding all costs that need to be considered
- ▶ Phase 1 / Phase 2 Environmental
- ▶ Geotechnical Investigation
- ▶ Consider requirements from all funding sources



OWNERS REPRESENTATIVE

A/E SELECTION

- ▶ Qualification Based Selection
- ▶ Layout Goals and Challenges in RFQ
- ▶ Behavioral Health Expertise
- ▶ Provide Adequate Time for Responses
- ▶ Well Rounded Selection Committee (5-7 people)
- ▶ Define Project
 - Develop a Consensus

**REQUEST FOR QUALIFICATIONS (RFQ)
FOR ARCHITECTURAL & ENGINEERING SERVICES
FOR THE LORAIN COUNTY CRISIS RECEIVING CENTER**

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OWNERS REPRESENTATIVE

A/E INTERVIEW

- ▶ Tell Firms What you Want to Discuss
 - Layout specific topics
 - Allow opportunities for creativity
 - Provide problems to solve
- ▶ Leave Ample Time for Q&A
- ▶ Need to Determine if Firm Fits within the Project's Culture
- ▶ Don't Burn Out Selection Panel with Schedule
- ▶ Leave Time for Discussion After Each Interview



Lorain County Crisis Receiving Center
A/E Shortlist Questions
April 28, 2022

1. There are several important design elements and concepts for the facility. If you could briefly describe your thoughts on how each of these elements and concepts might be incorporated:
 - a. Warm handoff between law-enforcement/EMS personnel and the clinical staff from the Crisis Receiving Center.
 - b. Space that allows for privacy/separation for clients with special needs, trauma associated symptoms, child and adolescent, and personal request.
 - c. Support for the concept of forward motion and transitioning through the care delivery model to support a 23-hour observation.
 - d. Use of waiting room support not only those waiting but also serving to mitigate the number of people who leave without being seen.
 - e. Support for access for walk-ins, law enforcement/EMS and staff entry.
 - f. Development of a floorplan that supports an emergency call center and dispatching model.
 - g. Space to support staff and resiliency.
 - h. Sound mitigation strategies throughout the facility.
2. The services that this facility will provide represent a critical need to the community. What strategies will this team employ both in design and construction to permit the facility to open as soon as possible? Please include discussion of your anticipated design schedule and your vision for the construction schedule.
3. How will your design balance the program considerations with the optimization of the long-term operation and maintenance requirements for the facility?
4. How can your team execute the project through design and construction to minimize the cost and schedule risk to the Owner resulting from the uncertainties in today's market from price escalation, labor availability and material availability?
5. What is the team's strategy for incorporating technology into the facility?
6. How does your design approach assure that that the design documents that are delivered will be biddable and buildable and minimize change orders to Owner during construction?

DESIGN PROCESS



VISION



PLANNING



DESIGN

WORKSHOPS



DESIGN DRIVERS



SAFETY



QUALITY + EFFICIENCY



HUMAN EXPERIENCE



HEALTHY + SUSTAINABLE



**INTEGRATION OF
TECHNOLOGY**



ADAPTABILITY + RESILIENCY

DESIGN DRIVERS



How might we create a Mental Health Crisis Receiving Center that provides security with dignity by use of design and materials to ensure safe environment without compromise of care.

- Safe Ingress / Egress
- Safe Spaces
- Reduce Significant Incidents
- Ligature Resistant
- Staff Safety / Security
- Patient Safety
- Risk
- Quieting Room
- Seclusion & Restraint?
- Locked – is this an option?
- Patient from Patient Risk for Harm
- Staff from Patient Risk for Harm
- Patient from Self Harm

- Line of Sight – No Blind Spots (ambush) SI Risk
- Communication Devices
- Patient Environment In-Rooms Features
- No Suicides
- No Weapons, No Drugs, Physical Issues
- Glass – Ligature Risk, Etc.
- Sallyport
- Patient Visitors Safety and Experience
- Security for Visitor Entry
- Balance between safety & Aesthetics
- Staff Alert System (wall mounted and mobile)

GUIDING PRINCIPLES

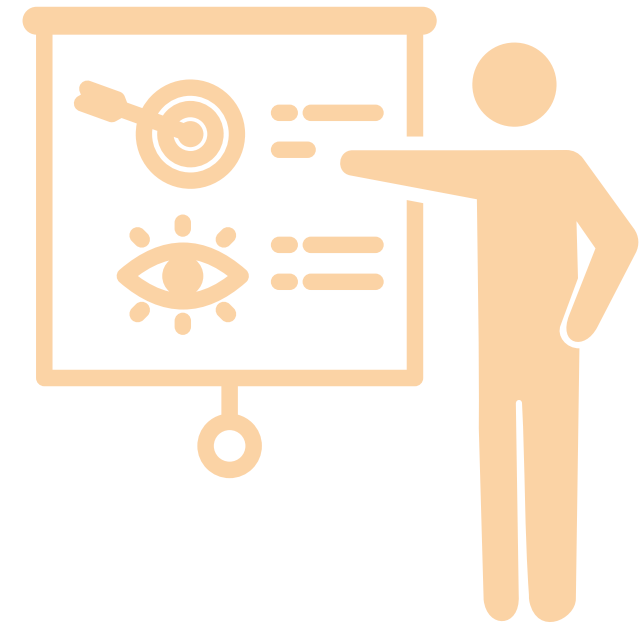
- 1. NO WRONG DOOR APPROACH**
- 2. SAFE, SECURE + RESTORATIVE ENVIRONMENT**
- 3. ENVIRONMENT SUPPORTS A WARM HAND-OFF**
- 4. DESIGN FOR DIGNITY**
- 5. IMPROVED THE STAFF EXPERIENCE**
- 6. PROTOTYPE FOR FUTURE CRISIS CENTERS**



VISION STATEMENT

Develop a leading-edge *Mental Health and Substance Use Crisis Receiving Center* for the community of Lorain County, Ohio...

...that promotes high quality **PERSON-CENTERED CARE**, through a **NO WRONG DOOR** approach, providing 24-hour access to treatment for those experiencing mental health or substance use crises, within a **SAFE, COMPASSIONATE AND RECOVERY-ORIENTED** environment.



PLANNING



▶ LICENSURE & CERTIFICATION

- OMHAS

▶ ACCREDITING

- RIVEON MH & RECOVERY (*formerly The Nord Center and LACADA*)
 - CARF
 - The Joint Commission (TJC)

Certification

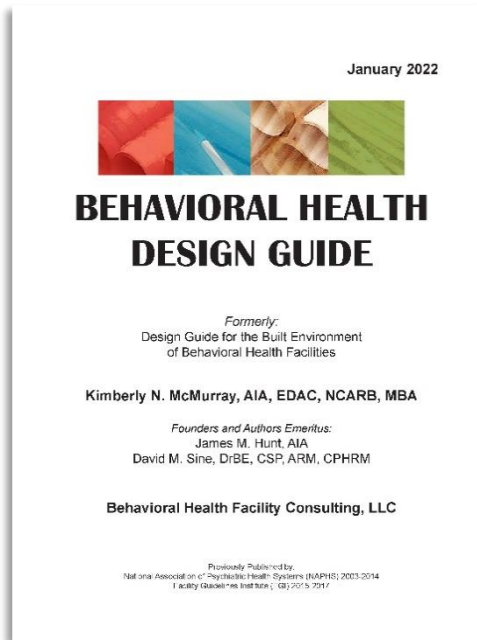


"Community mental health agencies require **certification** by the Ohio Department of Mental Health and Addiction Services (OMHAS) when they provide behavioral health services that are funded by a community mental health board or when they are subject to Department licensure of a residential facility according to Section 5119.22 of the Ohio Revised Code."

The Counseling Center is certified every three years.

For more information about ODMH certification: [Certification of Community Mental Health Agencies](#)

LIGATURE RISK ENVIRONMENT



**Behavioral Health
Design Guide**
January 2022 Edition

www.bhfcllc.com



**FGI – Guidelines for the Design and
Construction of Hospitals, Outpatient
and Residential Facilities**
2022 Edition - 3 Volumes
Standard of Care

www.fgiguideines.org



**New York State Office of Mental
Health (NYS-OMH)**
12th Edition – July 2022

www.omh.ny.gov/omhweb/patient_safety_standard/guide.pdf

LIGATURE RISK

JOINT COMMISSION DEFINES “LIGATURE RESISTANT” AS:

“without points to loop or tie a cord, rope, bed sheet or fabric/material creating a point of attachment that may result in self harm or loss of life”.

2022 INPATIENT FGI A2.5-1.5

“The majority of persons who attempt suicide suffer from a treatable mental disorder or substance abuse disorder or both. The inpatient population in behavioral and mental health treatment facilities is considered at high risk for suicide; therefore, the environment should avoid physical hazards while maintaining a therapeutic environment.

However, although a safe environment is critical; no environment can be entirely safe and free of risk.

The built environment, no matter how well designed and constructed, cannot be relied upon as an absolute preventive measure.

2022 OUTPATIENT FGI 2.11-1.2 / 1.2-4.6

The Safety Risk Assessment shall identify areas where behavioral and mental health patients at risk of injury and self-harm will be served.

PROGRAMMING

Lorain County Crisis and Receiving Center Space Program

Summary

First Floor	DGSF
Entry and Assessment	4,118
Observation Unit	5,915
Mobile Call Center and Administration	1,688
Building Grossing Factor	0.25
Total First Floor DGSF	14,649

Second Floor	DGSF
Substance Use Disorder (SUD) Unit	12,168
Building Grossing Factor	0.25
Total Second Floor DGSF	15,210
Total Building Gross SF	29,859

Observation Unit

Based on 2022 FGI Guidelines for Design and Construction of Outpatient Facilities

Observation Unit	Existing BH Unit			FGI 2022 Requirements	ODH & Ohio MHAS Requirements	Notes / Comments
	Qty	SF	NSF			
1 Initiation Space / Buffer Zone	1	80	80			Buffer area from Assessment to Observation
2 Client Care Station - Cubicle	14	80	1,120	min. 80 sf_2.11-3.2.8		Observation 23-18R stay with recliner
3 Client Care Station - Single Room	2	120	240	min. 100 sf_2.11-3.2.8		Observation 23-18R stay with recliner. This room may be utilized for patient needing to rest in a private room
4 Hand Washing Station	4	6	24	2.1-3.6.7		1 for every 4 Client Care Stations

Entry and Assessment

Based on 2022 FGI Guidelines for Design and Construction of Hospitals

Entry and Assessment	Existing BH Unit			FGI 2022 Requirements	ODH & Ohio MHAS Requirements	Notes / Comments
	Qty	SF	NSF			
1 Entry Vestibule	1	120	120			under visual control of reception. how many seats - 10 seats
2 Waiting Area	1	250	250			start to have visual observation of entry - Peer Consulting
3 Reception	1	120	120	2.11-6.2.2		
4 Interview Spaces - Present the problem	1	100	100	2.11-6.3.2		Client presents problem to Peer - may share with assessment

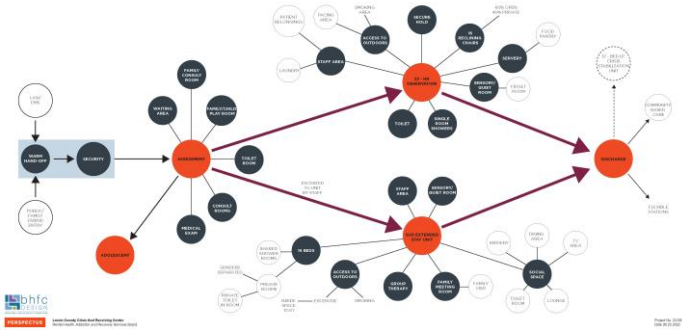
Substance Use Disorder (SUD) Unit

Based on 2022 FGI Guidelines for Design and Construction of Residential, Health, Care and Support Facilities

SUD Unit	Existing BH Unit			FGI 2022 Requirements	ODH & Ohio MHAS Requirements	Notes / Comments
	Qty	SF	NSF			
1 Elopement Buffer	1	120	120			320 interior/exterior interlocking doors & swing clearance, buzzer to staff station/camera
2 Visitor Waiting & belongings	1	80	80			Need to confirm if Visitors are permitted on the Unit
3 Family and Visitor Area	1	200	200			Need to confirm if Visitors are permitted on the Unit
4						
5 Client intake / Admitting	1	100	100			Check-in for SUD Clients, in addition to Assessment
6 Exam	1	100	100			Multipurpose use, i.e. telemed, blood draw, interview, consults, etc.
7 Consult Room	1	100	100			
8 Phone Alcove	1	80	80			
9 Seclusion Room	0	200	-			
10 Single Resident Rooms	14	150	2,100	4.3-2.2.2	OHMAHS 5122-30-1-C - min. 80 sf + toilet m	Wardrobe closet and space for client storage.
11 Double Resident Rooms	2	200	400		OHMAHS 5122-30-1-C - min. 80 sf per bed + toilet m	Large single rooms that can flex to double when needed. Wardrobe closet and space for client storage.
12 Resident Toilet / Shower	16	80	1,280	4.3-2.2.7	OHMAHS 5122-30-14 (O) - min. 1 per 6 residents	Plumbing shutoff at corridor via secure access panel. patient storage hygiene and linen
13 Central Bathing or spa room - Resident	0	80	-	4.3-2.2.8.9		provide a minimum of 1
14 Staff Work Area	1	200	200	4.3-2.2.8.2		4 to 6 workstations
15 Quiet Room (where provided)	1	80	80	4.3-2.2.3.3		
16 Medication Distribution and Storage	1	80	80	4.3-2.2.8.8	OHMAHS 5122-30-28 (F)	
17 Public Toilet	1	60	60	4.3-2.3.8		required as support for Dining, Rec., and Activity
18 Clean Workroom	1	120	120	4.3-2.2.8.11		
19 Soiled Workroom	1	100	100	4.3-2.2.8.12		
20 Equipment and Supply Storage	1	200	200	4.3-2.2.8.13		
21 Personal Laundry Facility	1	150	150	4.3-2.2.8.14	5122-30-14 (Q)	
22 Dining Facility				4.3-2.3.3	5122-30-14 (M) - dining to accommodate 50% of resid. At one time	
23 Dining Servery / Nourishment	1	150	150			Staff only service areas / secured when not in use
24 Recreation, Lounge and Activity Area	1	960	960		OHMAHS - 5122-30-14 (K) - 60 sf per household	Living area with TV is required - Class 1 or Class 2?
25 Multipurpose Room / Group Therapy	1	240	240			
26 Staff Lounge/Respite	1	200	200			Lockers, sink, refg., microwave, seating for 4 to 6 with combination of soft seating and table seating (starbuck feel)
27 Staff Toilet Room	1	60	60			
28 Admin Office	1	120	120			
29 EVS	1	25	25			
30 Electrical Closet	1	100	100			
31 IT Closet	1	100	100			
32 Outdoor Activity Area	1	-	-			
Net DSF Sub-total			7,605			
Departmental grossing factor		0.6	4,563			
Departmental Gross SF (DGSF)			12,168			

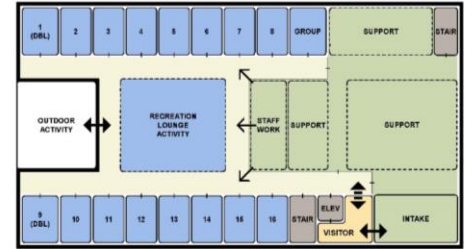
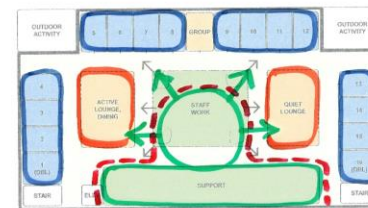
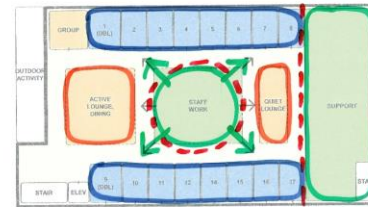
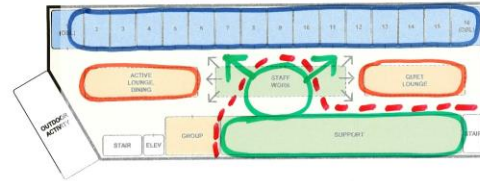
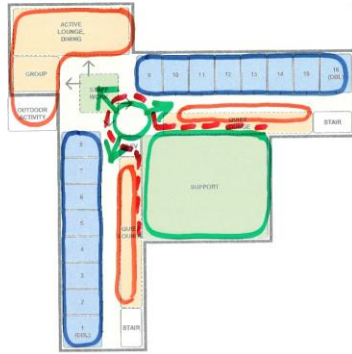
Notes / Comments
a Confirm if Visitors are permitted on the unit?
b Is this a Secured Unit?

PLANNING

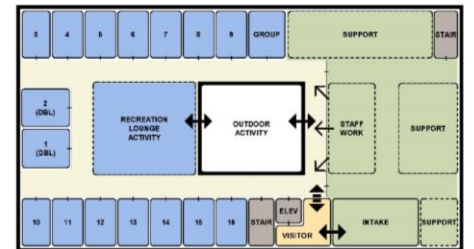


dhfc
 DASH COUNTY HEALTH CARE CENTER
 PROJECT: DASH COUNTY HEALTH CARE CENTER RECONSTRUCTION

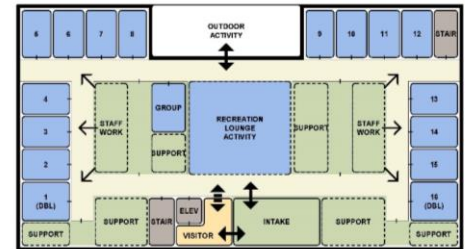
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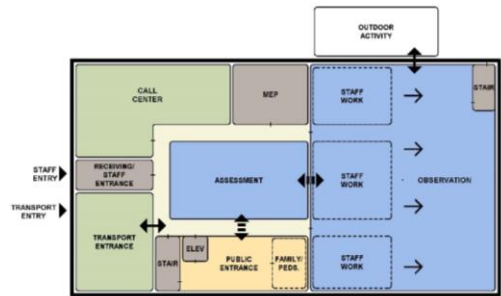
Second Floor - Option 1A



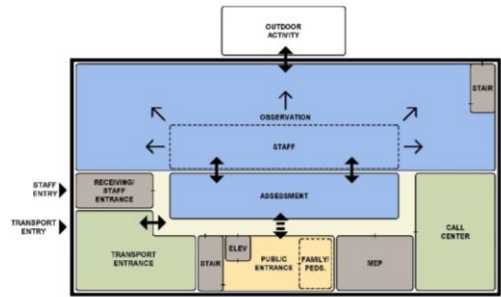
Second Floor - Option 1B



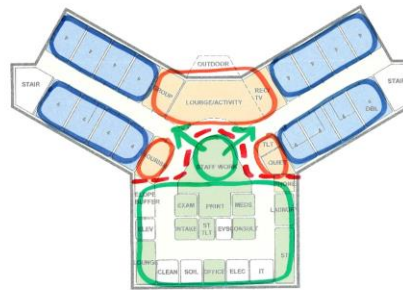
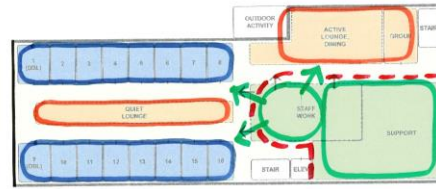
Second Floor - Option 2



First Floor - Option 1



First Floor - Option 2



3

COMMUNITY

COMMUNITY ENGAGEMENT

▶ **RIVEON (Nord/LCADA)**



▶ **PEER RECOVERY SUPPORTERS**

▶ **GATHERING HOPE HOUSE**

▶ **NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)**

▶ **LGBTQ+ LORAIN COUNTY**

▶ **LAW ENFORCEMENT**

▶ **EMS**

▶ **LOCAL LEADERSHIP**

▶ **HOSPITALS**



CONTINUUM OF CARE / NEXT STEPS

▶ **COMMUNITY RESOURCES**

- Hospitals – ED/Inpatient
- Housing
- Transportation
- Peer Recovery and Recovery Oriented System of Care

▶ **OUTPATIENT SERVICES**

▶ **SUSTAINABLE FUNDING**

▶ **OUTCOMES/METRICS/EVALUATION**



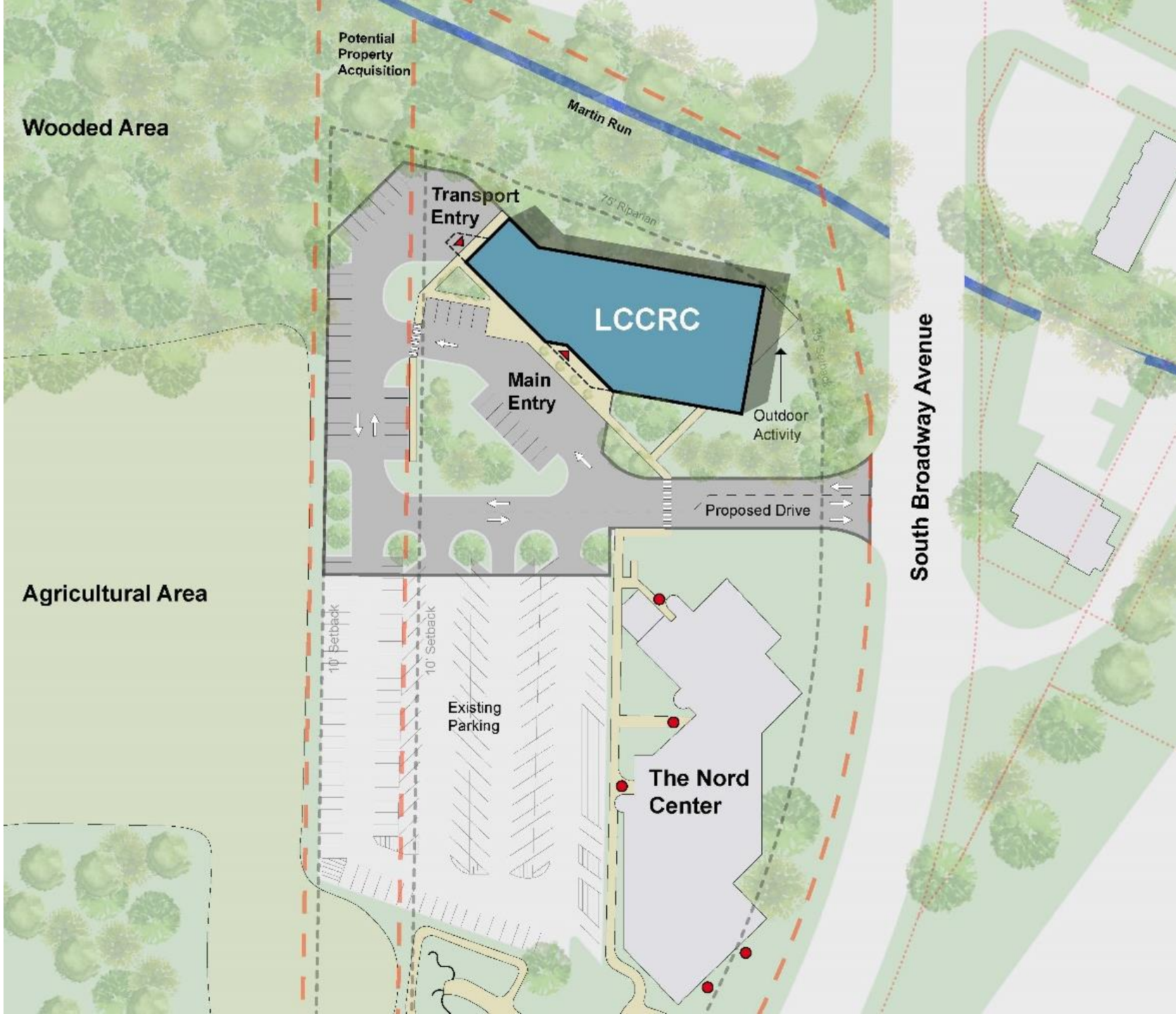
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SOLUTION

PROJECT OVERVIEW



- ▶ **2 STORY / 30,000 s.f. NEW BUILDING**
- ▶ **LORAIN COUNTY FACILITY**
 - ▶ **Outpatient Crisis Unit**
 - ▶ **Inpatient SUD Program**
- ▶ **CALL CENTER FOR MOBILE CRISIS UNIT**
- ▶ **RELIEF FOR HOSPITAL AND LAW ENFORCEMENT**
- ▶ **NO WRONG DOOR APPROACH**



FIRST FLOOR: CRISIS UNIT



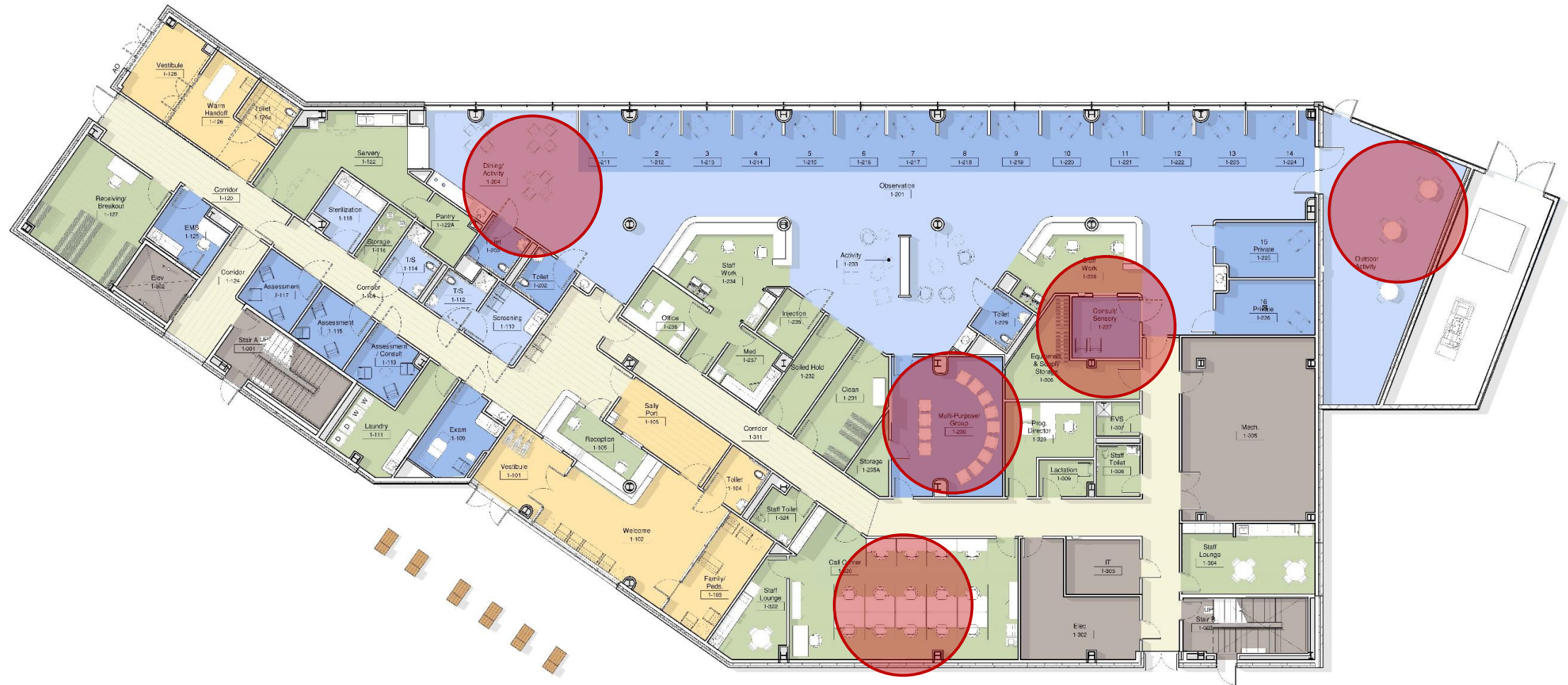
FIRST FLOOR: CRISIS UNIT



FIRST FLOOR: CRISIS UNIT



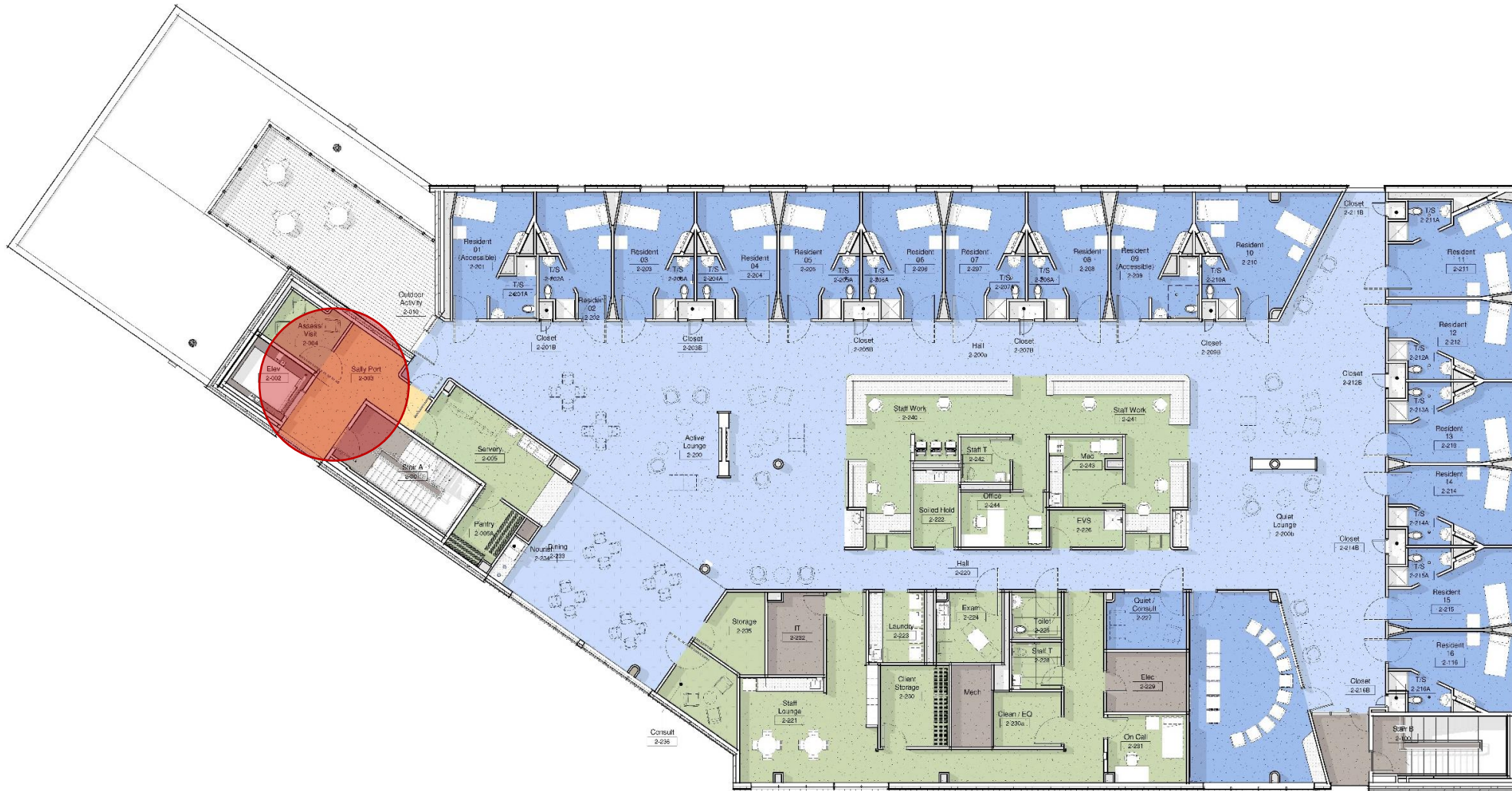
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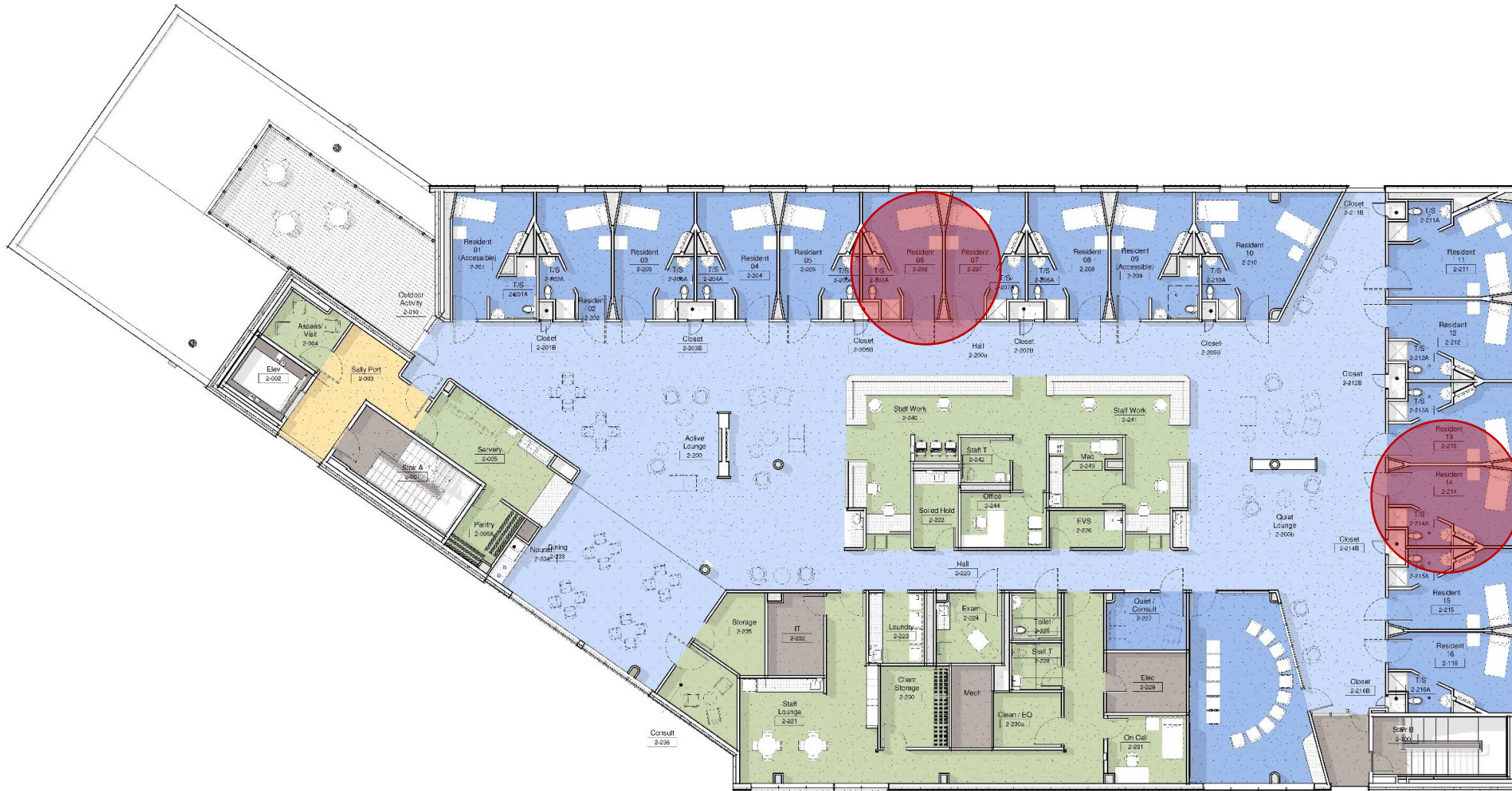




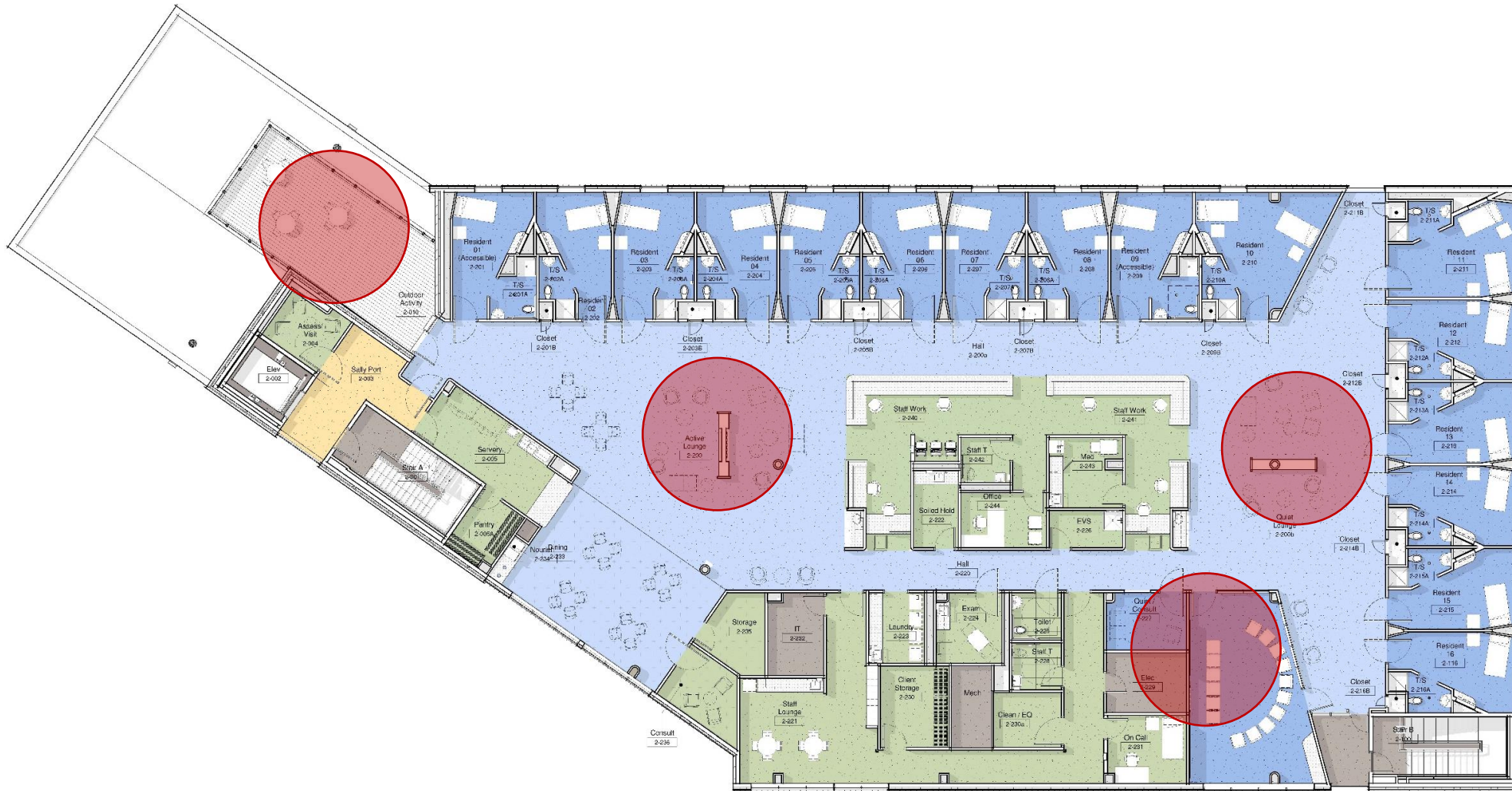
SECOND FLOOR: RECOVERY UNIT



SECOND FLOOR: RECOVERY UNIT



SECOND FLOOR: RECOVERY UNIT







EXTERIOR



Center for
Assessment,
Recovery &
Engagement
MHARS

- ▶ **CALMING AND NON-INTIMIDATING PUBLIC ENTRY**
 - Natural Elements
 - Landscaping
 - Shows Respect and Honors Anonymity
- ▶ **CLEAR AND SEPARATE MOBILE TRANSPORT ENTRY**
- ▶ **DEDICATED SPACE TO ALLOW FOR FAMILY SUPPORT**



Center for
Assessment,
Discovery &
Engagement
MHARS

Approach



Center for
Assessment,
Recovery &
Engagement
MHARS



Drop - Off



An architectural rendering of a modern, two-story building with a mix of light and dark grey facades and large glass windows. The building features a prominent overhang on the right side. In the foreground, there is a green lawn with a large tree on the left and a curved concrete walkway on the right. Silhouettes of people are shown walking on the path. The sky is blue with scattered white clouds.

***“I WAS AMAZED AT
THE RENDERINGS...***

***IT STOOD OUT INSTANTLY THAT
THIS WAS AN INVESTMENT IN CHANGING
THE SYSTEM AND IS FOCUSED ON
CREATING A WELCOMING SPACE”***



THANK YOU

Questions?



Thank You!
Contact Us



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