North Central Washington Regional Crisis Response Center RFP

Part I – General Information

Introduction

Chelan County, serving as the fiscal entity on behalf of the North Central Washington Region consisting of Chelan, Douglas, Grant, and Okanogan Counties, is requesting proposals from qualified organizations to support development and operation of a regional 24/7 Crisis Response Center (CRC) serving adults experiencing behavioral health crises.

The North Central Washington Regional Crisis Response Center is intended to function as a regional crisis stabilization resource designed to improve access to timely behavioral health care, reduce reliance on emergency departments and incarceration, and strengthen coordination across the regional behavioral health system.

Chelan County is seeking proposals for the following project phases:

1. **Pre-Service Delivery Planning** – Includes program development, operational planning, governance development, community engagement, licensing and credentialing preparation, facility planning, development of clinical workflows and protocols, and coordination with regional partners.
2. **Interim Crisis Stabilization Services Feasibility Assessment** – Assessment of potential interim or phased crisis stabilization services that may be implemented prior to completion of a permanent Crisis Response Center facility.
3. **Program Operations and Service Delivery** – Ongoing operation and service delivery within the permanent Crisis Response Center facility following implementation.

Additional information regarding requested services is contained in Part II – Requested Services.

The anticipated term of the contract resulting from this Request for Proposals is expected to begin approximately November 1, 2026, and continue through April 30, 2028, for the Pre-Service Delivery Planning phase, contingent upon funding availability, contractor performance, and project needs. Future operational phases may be negotiated separately.

Chelan County reserves the right to issue one or multiple contracts under this RFP if determined to be in the best interest of the County and regional partners.

Contract Requirements

The selected proposer shall operate independently and not as an employee or agent of Chelan County.

The selected proposer must comply with all applicable federal, state, and local laws, regulations, and requirements governing the provision of behavioral health services, including but not limited to:

- Washington State Department of Health (DOH) requirements
- Washington State Health Care Authority (HCA) requirements
- Medicaid billing and documentation requirements
- Applicable Washington Administrative Code (WAC) provisions governing crisis services
- Americans with Disabilities Act (ADA) requirements
- Civil rights and nondiscrimination laws

The selected proposer must possess all licenses, certifications, registrations, accreditations, and business authorizations required under Washington State law to perform the proposed services.

The selected proposer shall maintain insurance coverage consistent with Chelan County contract requirements, including but not limited to:

- Commercial General Liability Insurance
- Professional Liability Insurance
- Workers Compensation Coverage
- Automobile Liability Insurance, if transportation services are provided

Additional insurance requirements will be identified during contract negotiations.

Proposal Preparation and Submission

To be considered responsive, proposals must comply with the requirements contained in this RFP.

Proposals must:

- Be submitted electronically in PDF format to**: ron.cridlebaugh@co.chelan.wa.us**
- Be signed by an individual authorized to bind the proposing organization
- Follow the organization and sequence identified in Part IV – Proposal Content
- Include all required documentation and attachments

Chelan County may issue written addenda to clarify or modify the RFP. Addenda shall become part of the RFP and it is the responsibility of proposers to ensure receipt of all addenda prior to submission. Addenda will be posted at www.co.chelan.wa.us/board-of-commissioners

Proposals may be withdrawn prior to the submission deadline but may not be modified after the deadline except as requested by Chelan County.

Chelan County reserves the right to:

- Reject any or all proposals
- Waive informalities or irregularities
- Request clarification or additional information from proposers
- Conduct interviews or presentations
- Negotiate final scope, budget, and contract terms
- Issue multiple awards if determined to be in the best interest of the County and regional partners
- Cancel or reissue the RFP

All proposals submitted in response to this RFP shall become the property of Chelan County.

Proposal page limits and submission requirements are identified in Part IV – Proposal Content.

Proposal Evaluation and Award

Proposals will be evaluated based on responsiveness to the requirements of this RFP, demonstrated experience and qualifications, organizational capacity, project approach, and ability to successfully support development and operation of a regional Crisis Response Center.

Evaluation will be conducted by a review committee that may include representatives from:

- Chelan County

- Regional partner counties
- Behavioral health system partners
- Hospitals and emergency response systems
- Community stakeholders

Chelan County reserves the right to:
- Request interviews, presentations, or supplemental information
- Verify proposer qualifications and references
- Negotiate scope, timelines, staffing, and budget elements
- Select the proposal(s) determined to be most advantageous to the County and regional partners

Selection of a proposer does not guarantee contract award. Final contract approval shall be subject to Chelan County approval processes and funding availability.

Clarification and Protest of Selection Documents

Proposers who identify discrepancies, ambiguities, omissions, or concerns within the solicitation documents shall notify Chelan County in writing as soon as practicable.

Questions, requests for clarification, or protests regarding the solicitation documents must be submitted in writing to the individual identified in Part III – Calendar of Events no later than the deadline specified in the procurement schedule.

Chelan County may issue written addenda to clarify or revise the solicitation documents. Addenda shall become part of the RFP and will be posted at www.co.chelan.wa.us/board-of-commissioners.

Protests regarding the solicitation process or solicitation documents must:
- Identify the specific provision or issue being protested
- Describe the basis for the protest
- Include supporting information or documentation
- Describe the requested remedy

Chelan County will review timely submitted protests and issue a written response consistent with applicable Washington State procurement requirements, including RCW 39.04.105, as applicable.

Protest Process

Any proposer who submits a responsive proposal and is not selected for award may submit a written protest regarding the intended contract award.

Protests must:
- Be submitted in writing
- Be received within the timeframe identified in Part III – Calendar of Events
- Clearly identify the grounds for protest
- Include supporting facts and documentation

Chelan County will review protests and may:
- Request additional information
- Affirm the proposed award
- Modify the proposed award
- Reject all proposals

- Reissue the solicitation if determined to be in the best interest of the County

The decision of Chelan County shall be final unless otherwise required by applicable law.

Disputes arising after contract award shall be addressed in accordance with the terms of the executed contract and applicable Washington State law.

Part II – Requested Services

Description
Chelan County, in partnership with regional stakeholders across North Central Washington (Chelan, Douglas, Grant, and Okanogan Counties), seeks proposals for the development and operation of a 24/7 Crisis Response Center serving adults experiencing a behavioral health crisis. The goal is to provide immediate, person-centered behavioral health care, delivered by a multidisciplinary care team, and to support individuals in establishing a plan for long-term stability.

Core services include:

- Crisis de-escalation
- Crisis stabilization services
- Psychiatric and clinical assessment
- Medication management
- Therapeutic intervention
- Case management
- Peer support

Alignment with Washington State SERI Framework and Service Codes
The Crisis Response Center's service array aligns with Washington State's Service Encounter Reporting Instructions (SERI) framework and Health Care Authority (HCA) crisis service definitions.

Crisis De-escalation - Immediate interventions to reduce acute behavioral health distress. SERI-aligned services may include Crisis Intervention

Crisis Stabilization Services - Facility-based 23-hour observation and 24+ hour stabilization beds serving as the region's inpatient-level behavioral health stabilization option. SERI-aligned services may include Crisis Stabilization

Psychiatric and Clinical Assessment - Comprehensive behavioral health assessment to determine acuity and level of care. SERI-aligned services may include Crisis Intervention/Assessment and psychiatric diagnostic evaluations.

Medication Management - Psychiatric medication evaluation, initiation, and monitoring. SERI-aligned services may include psychiatric evaluation and management under the Medicaid behavioral health benefit.

Brief Therapeutic Intervention - Short-term evidence-based interventions focused on stabilization and safety planning. SERI-aligned services may include Crisis Intervention

Case Management - Care coordination and discharge planning to support continuity of care. SERI-aligned services may include crisis-related case management and care coordination.

Peer Support - Services delivered by individuals with lived experience. SERI-aligned services may include Peer Support Services

Final billing codes and reimbursement structures will be determined in coordination with Washington State Health Care Authority requirements and Medicaid guidelines in effect at the time of implementation.

Access, Equity, and Regional Service Area
The Crisis Response Center shall provide services to adults experiencing behavioral health crises regardless of insurance status, ability to pay, or citizenship status.

The Center is intended to function as a regional crisis stabilization resource for Chelan, Douglas, Grant, and Okanogan Counties, and is not intended to operate for statewide access. Proposers should describe policies and operational practices that support this regional focus, including coordination with local crisis response systems and referral pathways.

Proposals must address how uncompensated or under-reimbursed care will be managed, including identification of funding sources or financial strategies to mitigate anticipated gaps.

Medical Screening and Medical Clearance
The Crisis Response Center must conduct an initial medical screening at intake to assess whether an individual is appropriate for placement within the facility and to identify any immediate medical needs. Screening processes must be sufficient to determine medical stability and behavioral health acuity, consistent with Washington State crisis response standards. Placement into an Inpatient Psychiatric Facility may require medical clearance consistent with Washington State requirements and best practices. Proposers should describe their screening process as well as how medical clearance (if required) will be obtained, documented, and coordinated, with the objective of avoiding transport to the hospital emergency department (ED).

Coordination with Local Hospitals
The Crisis Response Center must maintain formal coordination protocols with local hospitals and emergency medical providers to ensure timely transfer of individuals whose medical needs exceed the scope of services that can be safely provided at the facility.
Proposers should describe:

- Criteria for identifying individuals who require transfer to a higher level of medical care
- Procedures for safe and efficient transfer to local emergency departments or hospitals
- Communication and information-sharing processes with receiving medical facilities
- Coordination with EMS and law enforcement when necessary

The Crisis Response Center is not intended to provide acute medical or inpatient medical services beyond its licensed scope. Individuals with acute medical needs that cannot be safely managed within a behavioral health crisis stabilization setting must be transferred to an appropriate medical facility.

Care Coordination, Discharge Planning, and Community Integration
In addition to meeting immediate crisis stabilization needs, the Crisis Response Center's care team will coordinate connection to ongoing treatment, recovery supports, and community-based services across the four-county region. Discharge planning and care coordination shall begin at intake and be individualized based on clinical need, safety, and available community resources.

The Crisis Response Center must maintain active coordination with outpatient behavioral health providers, substance use disorder treatment programs, primary care providers, social service agencies, and housing-related resources, recognizing the limited availability of housing and supportive housing

options within the region. While the Center is not intended to function as a housing provider, proposers should describe strategies for coordinating with existing housing systems, shelter resources, and homeless response programs to support safe and appropriate discharge planning when housing instability is a contributing factor to crisis presentation.

The facility should accept referrals through multiple pathways, including walk-in access, community-based referrals, law enforcement and EMS transport, and mobile crisis teams, and should coordinate intake and discharge processes to support diversion from emergency departments and jails whenever clinically appropriate.

Modeling and Alignment

Proposers are encouraged to design services consistent with Washington State's evolving crisis response system models and nationally recognized best practices, including SAMHSA's Roadmap to the Ideal Crisis System. These frameworks emphasize timely access to care, appropriate clinical acuity matching, and delivery of services in the least restrictive setting.

Washington State and SAMHSA-aligned crisis response models prioritize coordinated, facility-based crisis services that support diversion from emergency departments, inpatient psychiatric hospitalization, and the criminal legal system whenever clinically appropriate.

Key elements reflected in these models include:

- 24/7 walk-in urgent care access for individuals experiencing behavioral health crises
- Short-term stabilization capacity, including up to 23-hour observation
- Extended stabilization and respite services for individuals requiring more than brief observation
- A "no-wrong-door" access philosophy, ensuring individuals can access care regardless of referral source
- Rapid law enforcement drop-off and transfer of custody, with intake processes designed to minimize officer wait times (typically 15–30 minutes, absent safety or clinical exceptions)
- Trauma-informed, recovery-oriented care that emphasizes safety, dignity, choice, and cultural responsiveness

These elements are intended to guide proposers in developing service designs that are evidence-based, clinically appropriate, and aligned with both regional needs and statewide and national priorities, while allowing flexibility to adapt to the geographic, demographic, and resource constraints of North Central Washington. Recognizing the geographic size and travel distances across the four-county region, Chelan County and regional partners may explore future opportunities for limited satellite crisis stabilization capacity, such as 23-hour observation services, to support local access and law enforcement diversion. Proposers may discuss how their service model could support future regional expansion or coordination with satellite services, if developed.

State Regulations and Financial Sustainability

The selected provider must ensure that services comply with all applicable Washington State Laws and Washington State Department of Health (DOH) and Health Care Authority (HCA) regulations governing crisis services, including but not limited to licensure, facility certification, and reporting requirements. Providers must also demonstrate the ability to bill Medicaid, Medicare, and private insurers for behavioral health services, ensuring long-term financial sustainability of the Crisis Response Center.

Levels of Care
Stabilization services are expected to be available through the following levels of care for adults only, consistent with Washington State SERI-aligned crisis service definitions and applicable Health Care Authority (HCA) requirements.

- ***23-Hour Observation / Respite*** - Short-term stabilization services provided in a supervised, facility-based setting to support rapid assessment, observation, and crisis resolution. Services are intended for individuals who can be safely stabilized within a brief observation period and diverted from emergency departments, inpatient hospitalization, or incarceration. Services may include engagement in recliner-based or similar observation spaces, clinical and psychiatric assessment, medication management, brief therapeutic intervention, peer support, and care coordination. SERI-aligned service categories or example codes may include Crisis Intervention *(HCPCS S9485)*
- ***24+ Hour Crisis Stabilization Beds -*** These beds will serve as the region's inpatient-level behavioral health stabilization option, supporting assessment, diagnosis, treatment planning, therapeutic engagement, skills development, medication prescribing and monitoring, and connection to community-based resources. SERI-aligned service categories / example codes may include: Crisis Stabilization – Residential (*HCPCS S9484*)

If an individual presents with acute medical needs outside the scope of behavioral health crisis stabilization, the Crisis Response Center must coordinate timely transfer to an appropriate medical facility in accordance with established medical screening, clearance, and transfer protocols.

Final service definitions, billing codes, and reimbursement structures will be implemented in accordance with Washington State Health Care Authority guidance and Medicaid requirements in effect at the time-of-service delivery.

Project Phases
Chelan County anticipates the Crisis Response Center will be established in a permanent facility. The County is requesting proposals to support:

1. ***Pre-Service Delivery Planning -*** This phase includes activities necessary to prepare for successful launch and long-term operation of the Crisis Response Center. This RFP is initially funded for the Pre-Service Delivery Planning phase only, which is anticipated to span approximately 18 months. Proposers should demonstrate capacity to support:

    - Program development and operational planning consistent with Washington State SERI guidance and SAMHSA's Roadmap to the Ideal Crisis System
    - Community and stakeholder engagement across Chelan, Douglas, Grant, and Okanogan Counties
    - Assessment of workforce availability and accessibility across the four-county region, including consideration of recruitment feasibility, workforce travel distances, and strategies to support staffing in a rural and geographically dispersed service area
    - Development of clinical workflows, intake and discharge processes, medical screening and clearance protocols, and coordination procedures with local hospitals and emergency medical services
    - Licensing, certification, and credentialing in compliance with Washington State Department of Health (DOH) and Health Care Authority (HCA) requirements

- Identification and preliminary evaluation of potential facility locations, including existing buildings and potential sites for new construction, to inform future design, cost, and implementation decisions; site acquisition is not within the scope of this phase
- Architectural and design consultation to support a safe, trauma-informed, and clinically appropriate crisis stabilization environment
- Development of Memoranda of Understanding (MOUs) or other formal agreements with regional partners, including hospitals, behavioral health providers, EMS, law enforcement, and community-based organizations

2. ***Interim Crisis Stabilization Services (Feasibility Assessment)*** - Chelan County recognizes that the development of a permanent Crisis Response Center facility may require a phased implementation approach and that the feasibility of providing interim crisis stabilization services without a permanent facility is uncertain. Proposers are requested to assess and describe what interim crisis stabilization services, if any, could be feasibly implemented prior to completion of the permanent facility, given regional resource constraints, licensing requirements, workforce availability, and funding considerations. If interim services are proposed, responses should address:

    - The type and scope of services that could reasonably be provided in the absence of a permanent facility
    - How proposed interim services would align with SAMHSA's National Guidelines for Behavioral Health Crisis Care and Washington State SERI-aligned crisis service standards
    - Limitations or constraints associated with interim service delivery, including clinical, operational, regulatory, or financial considerations
    - Coordination with system partners, including mobile crisis teams, EMS, law enforcement, hospitals, and community-based providers
    - How interim activities, if implemented, would support learning, workflow development, or system readiness for the permanent Crisis Response Center
    - Proposers may also indicate that interim stabilization services are not feasible or advisable without a permanent facility, provided such conclusions are supported with clear rationale.

Chelan County reserves the right to determine whether interim services will be pursued, the scope of any such services, and the associated funding structure.

3. ***Program Operations and Service Delivery*** - This phase includes the ongoing operation of the Crisis Response Center once the permanent facility is completed, licensed, and operational. Services must:

    - Provide 24/7 crisis response and stabilization services for adults, including 23-hour observation and 24+ hour crisis stabilization beds
    - Function as the region's inpatient-level behavioral health stabilization resource, consistent with SERI-aligned levels of care
    - Include accessible walk-in intake processes supporting timely entry to crisis stabilization services
    - Efficient law enforcement drop-off procedures designed to minimize officer wait times and facilitate rapid transfer of responsibility
    - Align with SAMHSA's Roadmap to the Ideal Crisis System, Washington State crisis response standards, and applicable Medicaid requirements
    - Incorporate trauma-informed, recovery-oriented, and least restrictive care practices

- Maintain coordination with community-based providers, housing-related systems, and social service partners to support continuity of care and safe discharge planning
- Include established protocols for medical screening, medical clearance, and coordination with local hospitals for individuals whose medical needs exceed the scope of crisis stabilization services

Funding
Funding for each project phase will be negotiated with the selected vendor and paid out as deliverables and benchmarks are met. Funding may include a combination of Medicaid and Medicare reimbursement, insurance payments, and public or other funding sources necessary to address anticipated operational shortfalls.

Additional Information
Questions regarding this RFP may be directed to Chelan County Commissioner Kevin Overbay at kevin.overbay@co.chelan.wa.us. Responses to questions and clarifications, when available, will be posted publicly as addenda to www.co.chelan.wa.us/board-of-commissioners.

Part III – Calendar of Events

The following dates are subject to change at the discretion of Chelan County Procurement Services. Updates will be provided via addenda.

Event	Date
RFP Issued	August 3, 2026
Q & A Session	August 12, 2026
Responses to Questions Published	August 17, 2026
Proposal Due Date	September 18, 2026
Review and Evaluation Period	September 21 – October 2, 2026
Notification of Intent to Award	October 5, 2026
Contract Negotiations	October 5 – October 30, 2026
Anticipated Contract Start Date	November 1, 2026

Part IV – Proposal Content

Proposals should be clear, concise and organized to facilitate review. At a minimum, each proposal must include the following:

1. ***Organizational Experience and Capability*** - Describe your organization's experience and demonstrated ability to provide evidence-based adult behavioral health crisis stabilization services, including examples of cross-system coordination (e.g., hospitals, EMS, law enforcement, mobile crisis teams), treatment of co-occurring mental health and substance use conditions, and service delivery in rural or geographically dispersed regions.
2. ***Clinical Model and Approach to Care*** - Describe your approach to delivering therapeutic, trauma-informed, and evidence-based practices in a recovery-oriented and least restrictive manner within the proposed levels of care. Responses should reflect alignment with SAMHSA's Roadmap to the Ideal Crisis System and Washington State crisis response standards. Proposers may describe how their clinical model could support future regional expansion or coordination with potential satellite crisis stabilization services.
3. ***Access, Equity, and Accessibility*** - Describe how you will provide accessible and equitable crisis response services for adults across a four-county, rural region, including individuals with disabilities, mobility limitations, communication needs, cultural or religious differences, and diverse gender identities.
4. ***Interim Crisis Stabilization Services – Feasibility Assessment*** - Chelan County recognizes that the feasibility of providing interim crisis stabilization services prior to completion of a permanent facility is uncertain. Describe what interim services, if any, could be feasibly implemented without a permanent facility, including limitations, constraints, and assumptions. Proposers may also indicate that interim services are not feasible, with supporting rationale.
5. ***Workforce Capacity and Staffing Model*** - Describe your strategy for recruiting, training, and retaining a qualified, multidisciplinary workforce to support planning and permanent Crisis Response Center operations. Include anticipated staffing roles and approaches to employee wellness and continuity of service.
6. ***Community and System Coordination*** - Describe your approach to developing and maintaining regional partnerships across Chelan, Douglas, Grant, and Okanogan Counties, including coordination with behavioral health providers, hospitals, EMS, law enforcement, mobile crisis teams, housing-related systems, and other community-based organizations.
7. ***Discharge Planning and Continuity of Care in a Resource-Limited Region*** - Describe your organization's experience providing discharge planning and continuity of care in rural or resource-limited settings where access to follow-up behavioral health treatment, substance use services, housing, and social supports is constrained.
8. ***Repeat Contact and High-Utilizer Response*** - Describe how your organization would identify, monitor, and respond to individuals with repeat or frequent contact with the Crisis Response Center, including strategies to reduce unnecessary repeat utilization while maintaining access to appropriate crisis care.

9. ***Consumer Voice and Lived Experience*** - Describe how individuals with lived experience will be meaningfully incorporated into program design, operations, and service delivery, and how consumer preferences, rights, and responsibilities will be upheld.
10. ***Governance Structure*** - Describe the proposed governance structure to oversee the Pre-Service Delivery Planning phase and, if applicable, future implementation and operational phases of the Crisis Response Center. Responses should address how governance will support effective decision-making in a multi-county regional model, including representation, accountability, stakeholder engagement, and oversight mechanisms. Proposers are encouraged to provide examples of governance structures used in comparable regional or multi-jurisdictional initiatives and describe lessons learned.
11. ***Performance Measurement and Key Metrics*** - Describe proposed performance metrics and key performance indicators (KPIs) that should be tracked for a regional Crisis Response Center. Responses should include metrics that reflect:
    - Individual-level outcomes (e.g., stabilization, continuity of care, reduced repeat crisis episodes)
    - System-level impact (e.g., diversion from emergency departments, inpatient psychiatric hospitalization, or jails)
    - Operational effectiveness (e.g., timeliness of intake, law enforcement drop-off efficiency, length of stay)

    Proposers should describe how data will be collected, reported, and used to inform continuous quality improvement and regional accountability.
12. ***Capital Project Experience*** - Describe your organization's experience or demonstrated capacity to participate in capital project planning and development, including identification and evaluation of potential facility locations, facility design, build-out coordination, or collaboration with public-sector partners.
13. ***Licensure, Credentialing, and Regulatory Compliance*** - Describe your plan and anticipated timeline for obtaining and maintaining all required Washington State licensure, certification, and credentialing necessary to operate the Crisis Response Center and bill Medicaid and other payers.
14. ***Budget, Service Rates, and Financial Sustainability*** - Provide an anticipated year-long project budget for pre-service delivery planning, permanent Crisis Response Center operations, and interim services (if applicable). Budgets must include anticipated Medicaid and non-Medicaid payer mix, proposed service rates, identification of anticipated ongoing operational shortfall after Medicaid and insurance billing, and a balanced budget identifying projected revenues, expenses, and funding sources. Describe experience billing Washington State Medicaid and managing uncompensated or under-reimbursed care.

Proposal Length

Proposals shall be no more than fifty (50) pages in total, inclusive of all narrative responses, attachments, exhibits, and supporting materials. Proposers are encouraged to be clear and concise in their responses. Chelan County reserves the right to deem proposals that exceed this page limit as non-responsive.

North Central Washington Crisis Response Center Scoring Rubric – Maximum of 150 points

Scores of 1 indicate poor or unclear responses; 2 indicate adequate responses; and 3 indicate exceptional responses. Reviewers should consider both the quality and feasibility of responses when assigning scores.

Evaluation Criteria	**Poor/Unclear** *This is low competency work. Response is unclear, incomplete or inadequate.*	**Adequate** *This is medium competency work. Sufficient responses, some areas may require clarification. A few minor components may be unclear or missing.*	**Exceptional** *This is high competency exemplary work. Response is logical and succinct, leaving the reader with no further questions.*
Question #1: Organizational Experience and Capability	• Limited or no demonstrated experience providing adult crisis stabilization services. • Minimal evidence of operating in rural or geographically dispersed regions. • Cross-system coordination experience is vague, theoretical, or unsupported by examples. • Response lacks clarity on organizational capacity to support a regional Crisis Response Center.	• Demonstrates relevant experience providing behavioral health crisis services, including adult populations. • Provides some examples of coordination with hospitals, EMS, law enforcement, or mobile crisis teams. • Shows basic understanding of rural service delivery challenges, though strategies may lack depth or specificity.	• Demonstrates extensive, directly relevant experience operating adult crisis stabilization services comparable in scope and complexity. • Provides clear, concrete examples of effective cross-system coordination and regional service delivery. • Clearly articulates organizational capacity, infrastructure, and readiness to support a multi-county Crisis Response Center.
	1	**2**	**3**
Question #2: Clinical Model and Approach to Care	• Clinical model is poorly defined or not aligned with SAMHSA or Washington State crisis response standards. • Limited description of trauma-informed, recovery-oriented, or least restrictive practices. • Response lacks clarity on how services will be delivered across proposed levels of care.	• Clinical model reflects general alignment with SAMHSA and Washington State standards. • Describes trauma-informed and recovery-oriented practices, though implementation details may be limited. • Provides a reasonable overview of service delivery across levels of care.	• Presents a clear, well-articulated clinical model explicitly aligned with SAMHSA's Roadmap to the Ideal Crisis System and Washington State crisis standards. • Demonstrates strong integration of trauma-informed, recovery-oriented, and least restrictive care practices. • Clearly explains how services will function cohesively across all levels of care.
	1	**2**	**3**

Question #3: Access, Equity, and Accessibility	• Limited attention to access barriers in a four-county rural region. • Accessibility considerations are generic or incomplete. • Does not adequately address equity or cultural responsiveness.	• Addresses access and equity considerations relevant to a rural, multi-county region. • Identifies key accessibility needs (e.g., disabilities, language, cultural differences) with reasonable strategies. • Demonstrates awareness of rural transportation and geographic challenges.	• Provides a thoughtful, comprehensive approach to access and equity tailored to a large, rural, four-county region. • Clearly addresses physical, cultural, linguistic, and geographic barriers. • Demonstrates proactive strategies to ensure timely access regardless of referral source or location.
	1	**2**	**3**
Question #4: Interim Crisis Stabilization Services – Feasibility Assessment	• Does not meaningfully assess feasibility of interim services or ignores the question. • Proposed interim services are unrealistic, unsupported, or noncompliant with standards. • Fails to acknowledge constraints related to workforce, licensing, or funding.	• Provides a reasonable assessment of whether interim services could be feasible. • Identifies key limitations and assumptions. • Demonstrates basic alignment with SAMHSA and Washington State standards.	• Provides a clear, well-reasoned feasibility analysis grounded in regional realities. • Thoughtfully identifies constraints, risks, and tradeoffs. • Clearly articulates how interim activities could support system readiness—or convincingly explains why interim services are not advisable.
	1	**2**	**3**
Question #5: Workforce Capacity and Staffing Model	• Staffing plan is vague or unrealistic given regional workforce constraints. • Limited discussion of recruitment, retention, or staff wellness. • Does not demonstrate understanding of rural workforce challenges.	• Presents a reasonable staffing model with identified roles. • Addresses recruitment and retention challenges at a basic level. • Includes some consideration of workforce sustainability.	• Demonstrates a realistic, well-developed staffing strategy tailored to rural workforce limitations. • Includes clear plans for recruitment, training, retention, and staff wellness. • Shows strong understanding of multidisciplinary staffing needs across planning and operations.
	1	**2**	**3**

Question #6: Community and System Coordination	• Limited or no evidence of experience coordinating with system partners. • Partnerships are described vaguely or aspirationally. • Does not address regional coordination across multiple counties.	• Describes a reasonable approach to building and maintaining partnerships. • Identifies key system partners and coordination mechanisms. • Demonstrates basic understanding of regional collaboration needs.	• Demonstrates strong experience coordinating across complex systems and jurisdictions. • Clearly outlines mechanisms for collaboration, communication, and accountability. • Reflects deep understanding of regional system dynamics and interdependencies.
	1	**2**	**3**
Question #7: Discharge Planning and Continuity of Care in a Resource-Limited Region	• Discharge planning approach is vague or unrealistic given limited regional resources. • Does not acknowledge housing or service gaps. • Limited understanding of rural follow-up challenges.	• Describes reasonable discharge planning strategies acknowledging limited resources. • Addresses coordination with outpatient providers and community supports. • Demonstrates awareness of housing constraints.	• Demonstrates strong experience planning discharges in resource-limited rural settings. • Clearly articulates strategies to mitigate service and housing gaps. • Shows creativity and realism in supporting continuity of care.
	1	**2**	**3**
Question #8: Repeat Contact and High-Utilizer Response	• Does not meaningfully address repeat utilization. • Lacks strategies for monitoring or responding to high utilizers.	• Identifies approaches for tracking repeat contacts. • Describes reasonable strategies to balance access and appropriate utilization.	• Demonstrates a data-informed, person-centered approach to high utilizers. • Balances system efficiency with ongoing access to crisis care. • Integrates coordination with community partners to reduce unnecessary repeat use.
	1	**2**	**3**
Question #9: Consumer Voice and Lived Experience	• Minimal or token inclusion of lived experience. • Consumer involvement is vague or undefined.	• Describes meaningful roles for individuals with lived experience. • Addresses consumer rights and preferences.	• Integrates lived experience throughout program design, governance, and service delivery. • Demonstrates strong commitment to consumer voice, choice, and dignity.
	1	**2**	**3**

Question #10: Governance Structure	• Governance approach is vague or undefined. • Fails to address multi-county representation or accountability. • No clear oversight structure for planning phase.	• Describes a basic governance structure with identified roles. • Addresses multi-county collaboration at a general level. • Provides reasonable oversight framework.	• Presents a clear, structured, and scalable governance model tailored to a regional multi-county environment. • Demonstrates strong accountability, representation, and decision-making processes. • Provides relevant examples and lessons learned from comparable initiatives
	1	**2**	**3**
Question #11: Performance Measurement and Key Metrics	• Metrics are vague, generic, or unrelated to crisis stabilization outcomes. • Does not address diversion, repeat utilization, or system-level impact. • No clear data collection or reporting plan.	• Identifies reasonable outcome and operational metrics. • Addresses diversion and repeat utilization at a basic level. • Describes a general data collection and reporting approach.	• Provides a comprehensive, data-informed performance framework. • Includes clear individual, system-level, and operational KPIs aligned with regional goals. • Demonstrates strong plan for reporting, accountability, and continuous quality improvement.
	1	**2**	**3**
Question #12: Capital Project Experience	• Limited or no experience with facility planning or public-sector capital projects. • Does not address site identification or evaluation.	• Demonstrates some experience supporting facility planning or development. • Addresses site identification at a basic level.	• Demonstrates strong experience collaborating on capital planning efforts. • Clearly describes role in identifying and evaluating potential facility locations. • Shows readiness to support public-sector decision-making.
	1	**2**	**3**
Question #13: Licensure, Credentialing, and Regulatory Compliance	• Limited understanding of Washington State regulatory requirements. • Timeline is unrealistic or missing.	• Demonstrates general understanding of licensure and credentialing requirements. • Provides a reasonable timeline.	• Demonstrates strong familiarity with Washington State requirements. • Provides a clear, realistic, and well-sequenced compliance plan.
	1	**2**	**3**

Question #14: Budget, Service Rates, and Financial Sustainability **(Score weighted X2)**	• Budget is incomplete, unclear, or internally inconsistent. • Does not address Medicaid/non-Medicaid mix or funding shortfall. • Lacks understanding of financial sustainability.	• Provides a complete budget with reasonable assumptions. • Identifies Medicaid/non-Medicaid mix and anticipated shortfall. • Demonstrates basic financial management capacity.	• Presents a clear, well-justified, and balanced budget. • Transparently identifies service rates, payer mix, and ongoing funding gaps. • Demonstrates strong experience managing public behavioral health funding and uncompensated care.
	1	**2**	**3**