THREADS 2026

From THREADS to Fabric:
Moving Systems from Concept to Practice



Designing Behavioral Health Facilities
Lessons from Vision to Operation

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A Behavioral Health Facility Is More Than a Building

Challenge Examples

- Mental Health Rehabilitation Centers and Licensing (Design)
- Structural integrity is over promised and under delivered (Operations)
- Staff and clients aren’t happy with the color scheme (Environmental / Cultural)

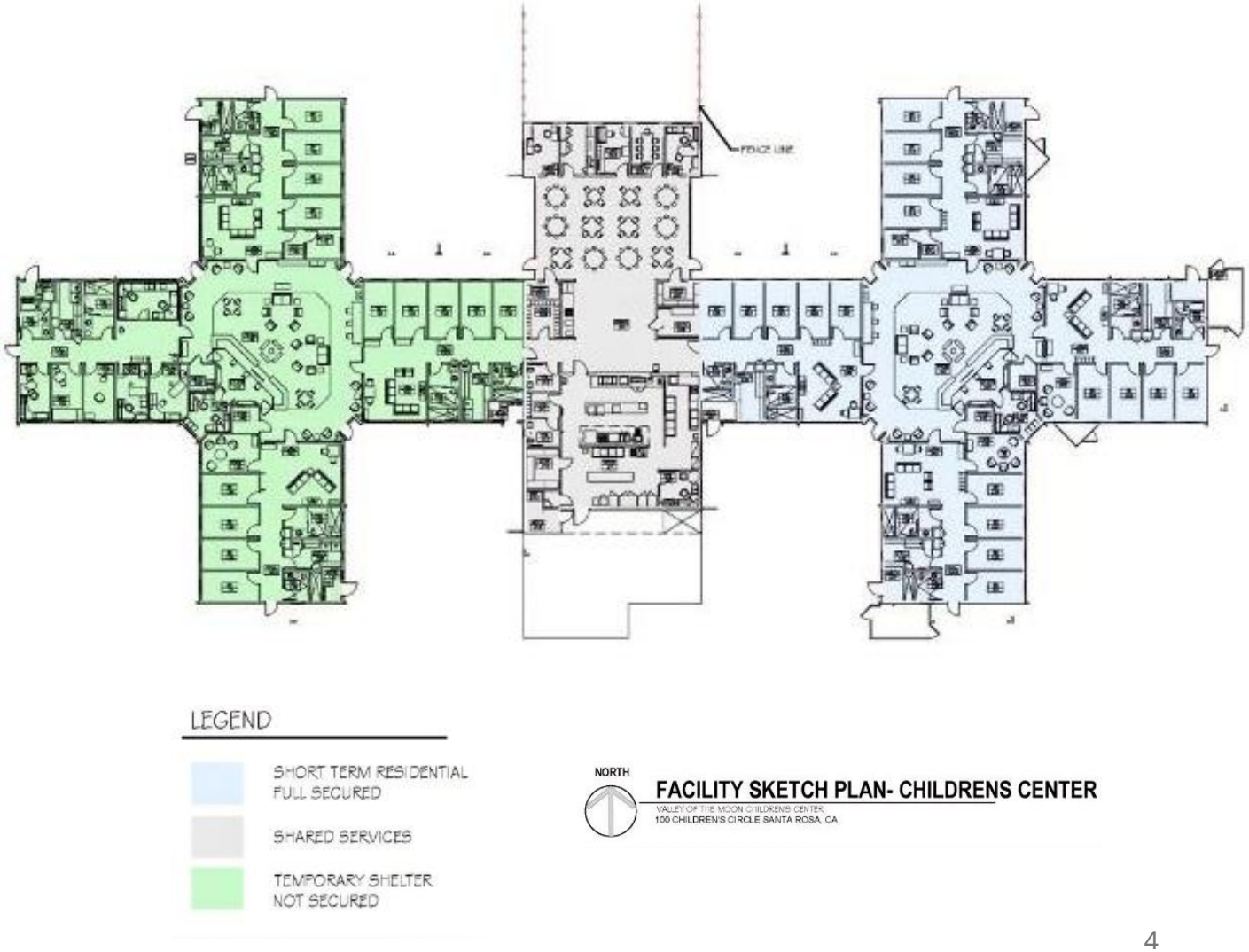
MENTIMETER 1:

What is the biggest challenge you’ve experience with behavioral health care facilities?

The Building Changed—But the Building Didn't

Original Purpose: Short-term Shelter

- Designed for very short-term stays
- Youth could co-mingle across the residential space
- Layout supported a more centralized, flexible shelter model
- Built around the assumption that youth would move through the program quickly



The Model Changed

The Fundamental Design Challenge

A building designed to bring youth together for short-term shelter now has to keep populations apart while supporting therapeutic, home-like environments for longer-term care.

Today: STRTP + Separate Residential Program

- Building now supports longer-term residential stays for clinical treatment.
- Youth require greater structure, privacy, stability, and therapeutic support
- Two residential programs operate within the broader Children's Center
- Youth in separate residential program wings must not co-mingle with each other.
- Requires intentional separation of youth, staff movement, activities, circulation, and shared spaces

When the Building Fought Us: Designing Around the Existing Footprint

	The Building Wanted:	The Program Needed:
Safety & Separation	Open circulation, shared spaces, co-mingling	Controlled movement, separation between populations, clear staff sightlines and safe supervision
Licensing & Egress	Existing infrastructure and physical constraints	Accessibility, regulatory compliance, appropriate egress, without new construction
The Tradeoffs Were Real	Safety	Privacy
	Separation	Shared Resources
	Existing Footprint	Ideal Program Design
	Home-like Feel	Institutional Feel
	Budget/Timeline	Desired Improvements

What Happens When the Building Is Aging Faster Than the Program?

Aging Infrastructure and Behavioral Health Service Delivery

Gretchen Melendy & James MacBeth (Presenters)

Question 1: What Happens When Something Breaks?

- What happens when a mechanical, plumbing, electrical, fire/life-safety, or security system fails while clients are still in the program?
- How quickly can the program relocate, reduce capacity, or operate around the failure?
- Who makes the operational decision—and who pays for the workaround?

"The repair invoice is only one piece of the cost."

Question 2: How Do We Prioritize Capital Improvements?

- Facilities priorities and program priorities do not always arrive on the same timeline.
- What gets funded first: compliance, safety, reliability, client experience, program expansion, or deferred maintenance?
- The “push/pull” between immediate program needs and long-term infrastructure needs.
- How do we make the case for an investment before the failure becomes an emergency?

Question 3: When Infrastructure Fails, What Is the Program Impact?

- A failed shower can affect client capacity and daily operations.
- A refrigeration failure can disrupt food, medication, or other program supplies.
- Mold or water intrusion can make occupied space unusable.
- A chemical incident after hours can create a safety and emergency-response issue.

The true cost is often larger than the repair invoice: disruption, relocation, overtime, lost capacity, and client impact.

Question 4: What Do We Wish We Had Considered Earlier?

- **Before purchasing:** What does the building assessment tell us about remaining useful life?
- **Before leasing:** Who is responsible for major systems, repairs, replacement, and capital improvements?
- **Before designing:** Can the facility actually support the program's operational needs?
- Consider durability, maintainability, HVAC capacity, plumbing, roofing, security, technology, storage, accessibility, and future flexibility.

The Facility Is Part of the Operating Budget

- Purchase or lease cost is only the beginning.
- Life-cycle costs: maintenance, utilities, repairs, replacement, and eventual renewal.
- Major systems: HVAC, plumbing, electrical, roofing, fire/life safety, security, and technology.
- Materials should be selected for the environment they will actually live in—not simply for initial cost.

A low upfront cost can become a high operating cost.

From Reactive Repairs to Strategic Facility Planning

- Identify critical building systems and their condition before failure.
- Connect facility condition to program risk and service capacity.
- Build capital plans around remaining useful life—not just visible problems.
- Include Facilities/Operations early in purchasing, leasing, design, and program planning.
- Measure the cost of doing nothing alongside the cost of investing.

Discussion: What Should We Do Differently?

01	What facility decisions have created the greatest operational challenges?
02	What information should programs receive before choosing or expanding a facility?
03	What infrastructure risks should be considered non-negotiable?
04	How do we build facility life-cycle costs into program planning?
05	What does a successful partnership between Programs, Facilities, Finance, and Capital Planning look like?

Lessons Learned

What should we do differently when we design new facilities?

Safety Risk Plan

CONSUMER RISK AREAS

- HIGH RISK - WITH OUT STAFF SUPERVISION
- MEDIUM RISK - WITH STAFF SUPERVISION
- LOWEST RISK - STAFF ONLY



1 CLIENT SAFETY DIAGRAM - FLOOR 1
A3.10 | G4.0 1/8" = 1'-0"

CLIENT AREA - WHERE CHILD / ADOLESCENT WILL BE ALONE
HIGH RISK ZONE = HIGHEST LEVEL OF SAFETY FEATURES

- LIGATURE RESISTANT DOOR HARDWARE & LOCKSETS *
- ANTI-BARRICADE DOOR WITH DOUBLE ACTING HINGES
- TAMPER RESISTANT, DECORA STYLE RECEPTACLES WITH POLYCARBONATE COVERPLATE AND TAMPER RESISTANT SCREWS.
- BEHAVIORAL HEALTH GRADE PLUMBING FIXTURES
- BREAKAWAY SHOWER CURTAINS
- LIGATURE RESISTANT ACCESSORIES IN TOILET ROOMS
- GYPSUM BOARD CEILINGS WITH SECURITY TYPE HVAC DEVICES
- TAMPER RESISTANT LIGHT FIXTURES AND BEHAVIORAL HEALTH SCONCES
- INSTITUTIONAL GRADE FIRE SPRINKLER HEADS
- SAFETY GLAZING AT INTERIOR WINDOWS AND DOOR LITES
- IMPACT RESISTANT WINDOW SYSTEM AT EXTERIOR WINDOWS
- DURABLE ROLLER SHADE WINDOW TREATMENTS (ALTERNATE TO DO INTEGRAL BLINDS)
- LEVEL 3 IMPACT RESISTANT GYPSUM BOARD ON ALL WALLS (UP TO 4'-0" A.F.F.)
- BEHAVIORAL HEALTH RATED FURNITURE
- PICK PROOF CAULK
- STANDARD RUBBER BASE IN 8' CUT LENGTHS

CLIENT AREA - WHERE CHILD / ADOLESCENT IS WITH STAFF SUPERVISION / MORE DURABLE FINISHES
MEDIUM RISK ZONE = HIGH LEVEL OF DURABILITY, SOME SAFETY FEATURES

- LIGATURE RESISTANT HARDWARE & LOCKSETS *
- TAMPER RESISTANT, DECORA STYLE RECEPTACLES WITH POLYCARBONATE COVERPLATE AND TAMPER RESISTANT SCREWS.
- STANDARD ACCESSORIES & EQUIPMENT
- STANDARD CEILINGS, LIGHT FIXTURES W/O GLASS, AND HVAC DEVICES
- INSTITUTIONAL GRADE FIRE SPRINKLER HEADS
- SAFETY GLAZING AT INTERIOR WINDOWS AND DOOR LITES
- LEVEL 3 IMPACT RESISTANT GYPSUM BOARD ON ALL WALLS (UP TO 4'-0" A.F.F.)
- SECURITY CAMERAS INSTALLED IN CEILING FOR ADDITIONAL VISUAL CONTROL BY STAFF
- ALARMED DOORS AT EXITS FROM CLIENTS AREAS
- DURABLE ROLLER SHADE WINDOW TREATMENTS
- BEHAVIORAL HEALTH RATED FURNITURE

STAFF AREA / OUTPATIENT CONSUMER
LOW RISK ZONE

- ACCESS CONTROLLED AREA - STAFF CARD READER REQUIRED FOR ACCESS
- STANDARD DOOR HARDWARE & LOCKSETS
- STANDARD RECEPTACLES AND COVERPLATES
- STANDARD PLUMBING FIXTURES
- STANDARD ACCESSORIES & EQUIPMENT
- STANDARD CEILINGS, LIGHT FIXTURES, AND HVAC DEVICES
- FULLY CONCEALED FIRE SPRINKLER HEADS
- STANDARD GYPSUM BOARD

***REFER TO A8.01-A8.10 FOR DOOR HARDWARE FUNCTION AND ACCESS CONTROL ITEMS**

A Behavioral Health Facility Is More Than a Building

Not just square footage, beds, construction, licensing, cost…

The building becomes part of the treatment environment and community, and it affects:



Clients & Families



Staff & Workflow



Safety & Security



Maintenance & Operations



Reimbursement

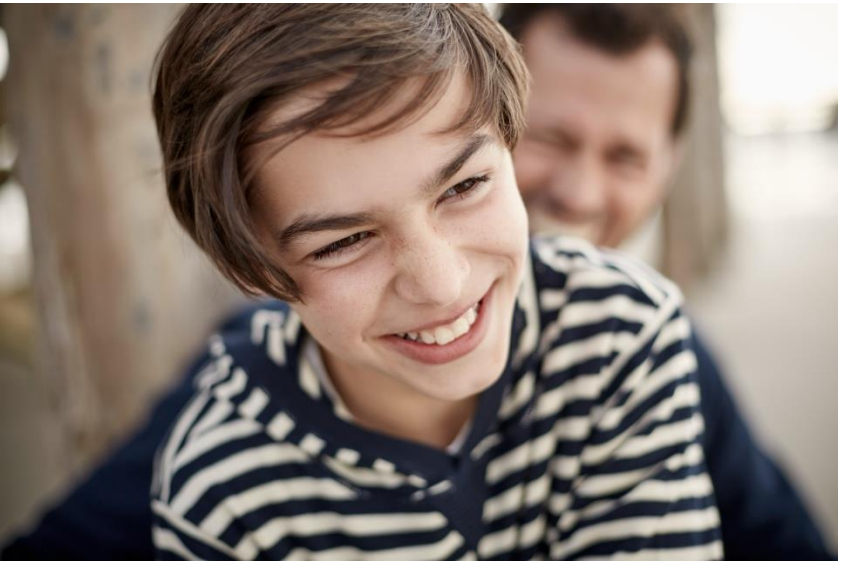


Community Perception & Engagement

And Ultimately, Whether the Program Works as Designed

What Should We Do Differently When We Design New Facilities?

Behavioral Health Continuum Infrastructure Program (Round 5): Youth Substance Use and Mental Health Facility







Building a Full Continuum

Youth Behavioral Health Continuum Ages 12-25

Ages 12–25

SUD Outpatient / IOP / OBOT

8 beds

SUD Residential, ASAM 3.1 / 3.2 / 3.5

6 beds

Children's Crisis Residential Program



Increasing intensity of care

Shared Building Separate Programs



What Can Be Shared

- Staff Lounge
- Bathrooms
- Outdoor Space
- Storage
- Building Infrastructure



What Must Remain Distinct

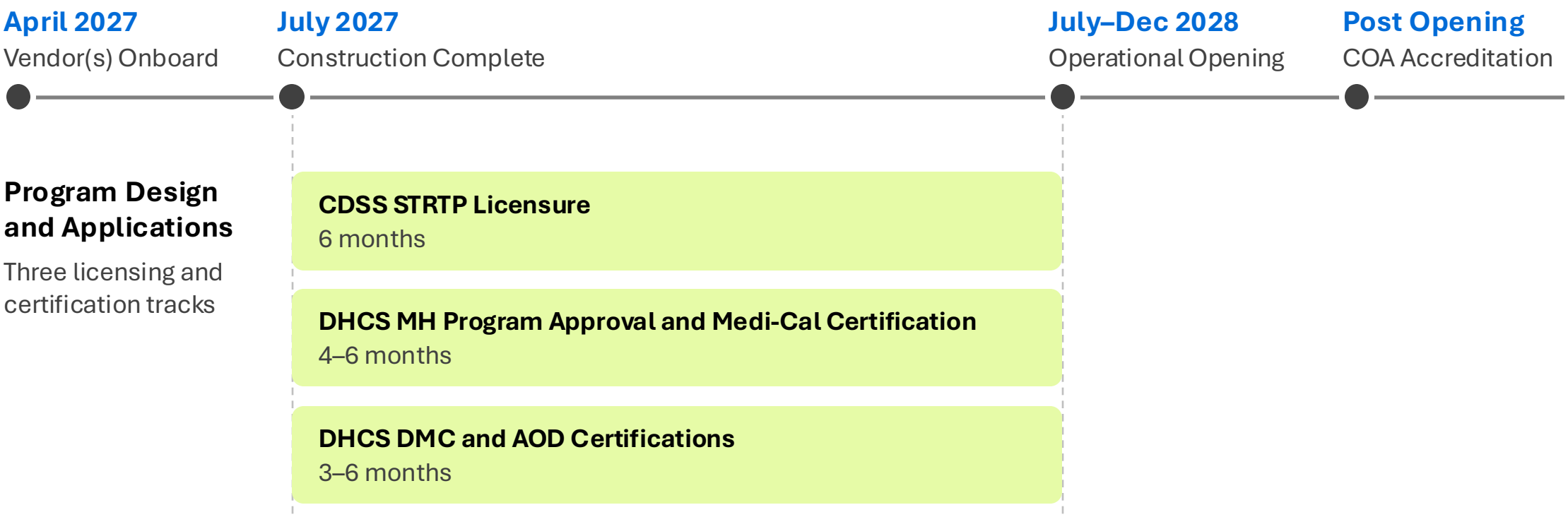
- Clinical Space (*)
- Program Operations
- Licensing Boundaries
- Documentation and Workflows
- Program-specific requirements



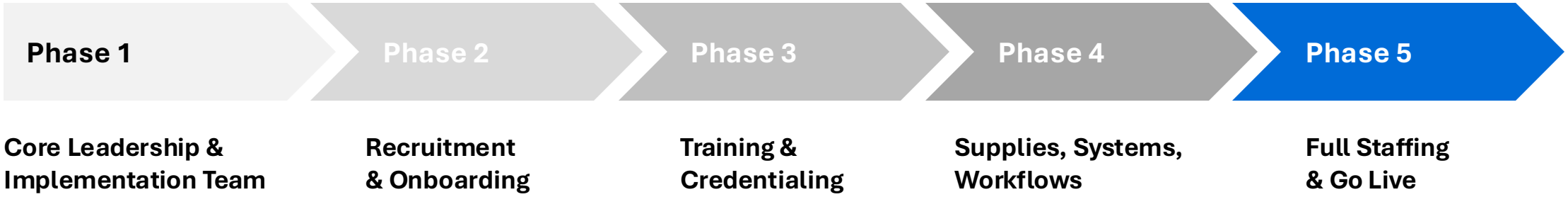
The Design Challenge

Create operational efficiencies without compromising regulatory separation.

One Building with Multiple Regulatory Tracks



The Hidden Project: Getting Ready to Open



Startup Costs

Staffing	Compliance	Quality assurance	Training	HR	Supplies	Technology

Two Vendors + One Facility

Who Owns What?

SUD Vendor	Residential + Outpatient + OBOT
MH Vendor	Children's Crisis Residential
County	Oversight • Contracts • Funding • Systems • Coordination
Consultant	Program / Implementation Support
Facilities	Maintenance • Building Operations • Vendor Coordination

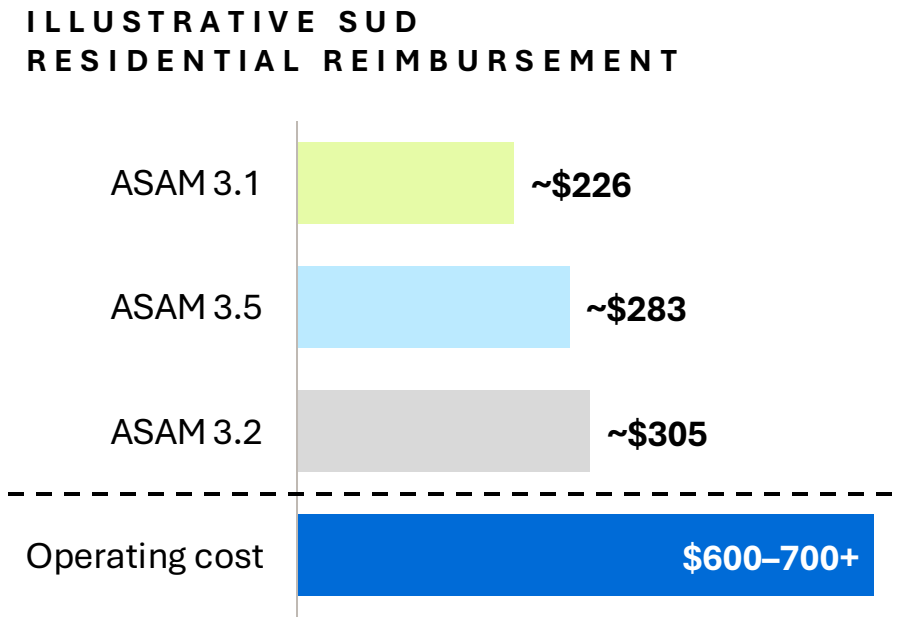
The Funding Is Also a Puzzle

Different Services → Different Funding

	Outpatient / OBOT	SUD Residential
State General Fund	SGF	SGF
Federal Participation	FFP	FFP
County Share	Relatively Low	Higher Sustainability Challenge
Additional Strategy	BHSA + OSF	Regional Partnerships / Bed Sales

Sustainability Gap

Reimbursement ≠ Cost of Care



The Gap Has to be Addressed Somewhere

- Regional partnerships
- Other-county referrals / bed purchases
- County investment
- Other funding sources

The Question We're Left With

Can we build a facility that is:

- Clinically effective
- Regulatorily compliant
- Operationally functional
- Financially sustainable

...all at the same time?

That's the real infrastructure challenge.

MENTIMETER 2:

What is most often missing when behavioral health facilities are designed?

County of Sonoma

YOUTH CRISIS CENTER

LOCATION
Santa Rosa, CA

SIZE
10,350 SF

CONSTRUCTION COST
$11,250,000

PROJECT DELIVERY METHOD
Progressive Design Build

COMPLETION DATE
June 2027

KEY PERSONNEL
Sammy Luther
Darci Hernandez
Paula Sullivan
Y Pham
Tay Otham







SUD Living // Dining View 1



SUD Living // Dining View 2

Overview // Siteplan

Private

- SUD Patio 1,200 sf
- Crisis Patio 1,200 sf

Shared | Scheduled

- Outdoor Group Therapy
- Outdoor Dining



PLANTING






SEATING






GAMES









MUSIC






ACTIVE PLAY






FENCING

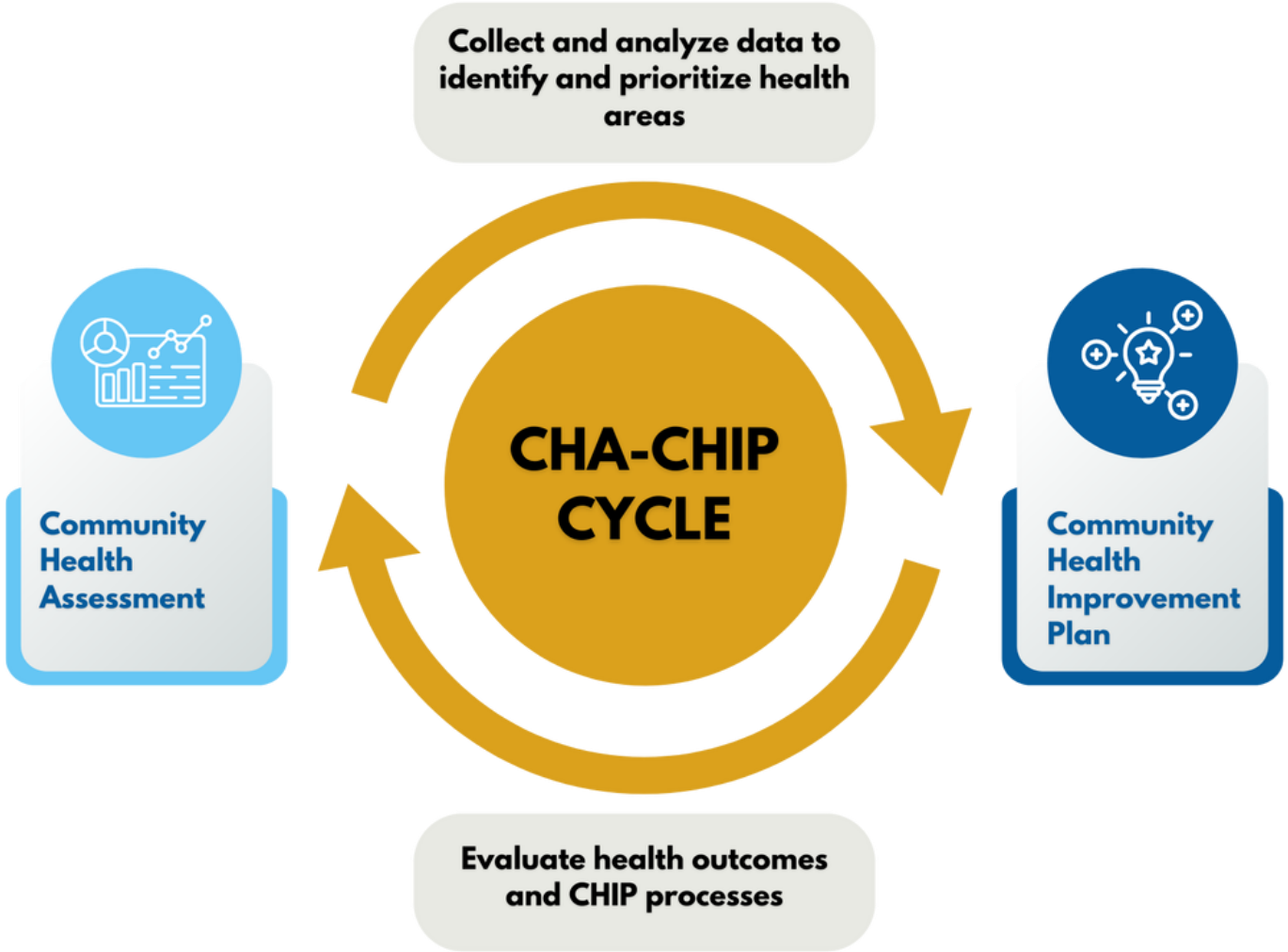



Use of Public Space & Resources

1. **Political Will & Support**
   - Political will to focus $$ on the problem that your program represents
   - County Administrator's Office, Board of Supervisors, Advocacy Groups, Support of other County Departments
   - Zoning
2. **Problem Data**
   - Do you have community health measures that substantiate the need?
   - Survey data (public interest and opinions)
   - Community Health Assessment
3. **Program Costs & Revenue**
   - Program and Facility Operating Costs (30 years)
   - Projected Revenue
4. **Timing**
   - Do all four of these stars align? Is this the right time?

Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP)

- Priority Problems in your Community
  - Data to substantiate the scope and scale of the problem
  - Strategies and Interventions



Projecting Program Costs and Revenue

- Operating Costs
- Administrative/Indirect
- Projected Revenue
  - Funding Sources
  - Braided Funding
  - Time Limited Funding
- Inflation, COLAs



Stakeholder Assessment / Mapping



- Who are my key stakeholders?
- What's my relationship with them?
- What relationships exist between my stakeholders?
- What issues do they care about?
- What are their perspectives, expectations and preferences?
- Who should I engage with first?
- Who should I engage with most often?

What Would You Do – Table Work!

SCENARIO

$4M

left to invest

(BHCIP Project) you have 40 million to develop a 16-bed youth behavioral health facility and for the first 3 years of operations. Your project plan comes in 10% under budget. Leadership asks for your team to recommend where the remaining 4 million dollars can be best invested:

Where should the remaining $4M go?

01 Therapeutic Design

02 Flexible Space for Future Programming and Growth

03 Safety / Security

04 Political Dimensions / Stakeholder Considerations for Spending Plan

05 Staffing / Workflow

06 Durability / Maintenance

07 Other

Closing + Q&A

THANK YOU





- Closing remarks
- Resources
- Contact information