

Justice Project Behavioral Health: Concepts and Visioning Behavioral Care Center Models



WHATCOM COUNTY
**HEALTH AND
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SERVICES**

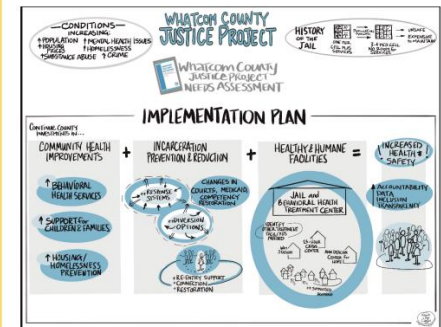


Purpose



- Align on the vision and long-term goals for the justice project
- Review insights guiding our next steps
- Discuss considerations for the new jail behavioral health elements and behavioral care center
- Preparing for decisions needed to move forward

WHATCOM COUNTY JUSTICE PROJECT NEEDS ASSESSMENT IMPLEMENTATION PLAN



June 2023

Starting at Booking Concept

Re-entry staff at booking to support early exit

Goals: avoid housing unit placement when possible

- Reduce time in jail
- Early connection to services

Assist with connecting to:

- Providers
- Family/friends
- Legal supports



Environment Matters: Therapeutic Design



Conceptual Ideas to Review:

- Natural light, murals, textures, biophilic designs
- Recreational space access
- Direct supervision
- In-unit rooms for:
 - Group treatment
 - Skill based interventions
 - Support groups
 - Medical services
 - Family/community/attorney visitation
 - Supervised visitation with children



Photo Credit: <https://myfox28columbus.com/news/local/franklin-county-is-modernizing-not-only-its-jail-but-how-it-operates>



Photo Credit:
<https://www.fgmarchitects.com/portfolio/franklin-911-emergency-management-headquarters/>



Photo Credit:
<https://www.gilbaneco.com/projects/franklin-county-corrections-center/>



Photo Credit:
<https://www.bizjournals.com/columbus/c/2024-building-columbus-awards/27444/building-columbus-awards-franklin-county-james-a-karnes-corrections-center.html>

Inside the Jail: Behavioral Health Unit Possibilities



Designed for individuals with safety risks (to self/others)

Features

- Smaller staff-to-inmate ratios
- Reduced stimuli, more privacy
- Explore programming models such as Intensive Outpatient Programming (IOP)



Photo Credit: <https://www.ksl.com/article/50442238/too-nice-for-inmates-or-redefined-why-new-prison-is-much-different-than-at-point-of-the-mountain>

Acute Medical Considerations

- Line of sight supervision for those with acute symptoms
- Detox beds

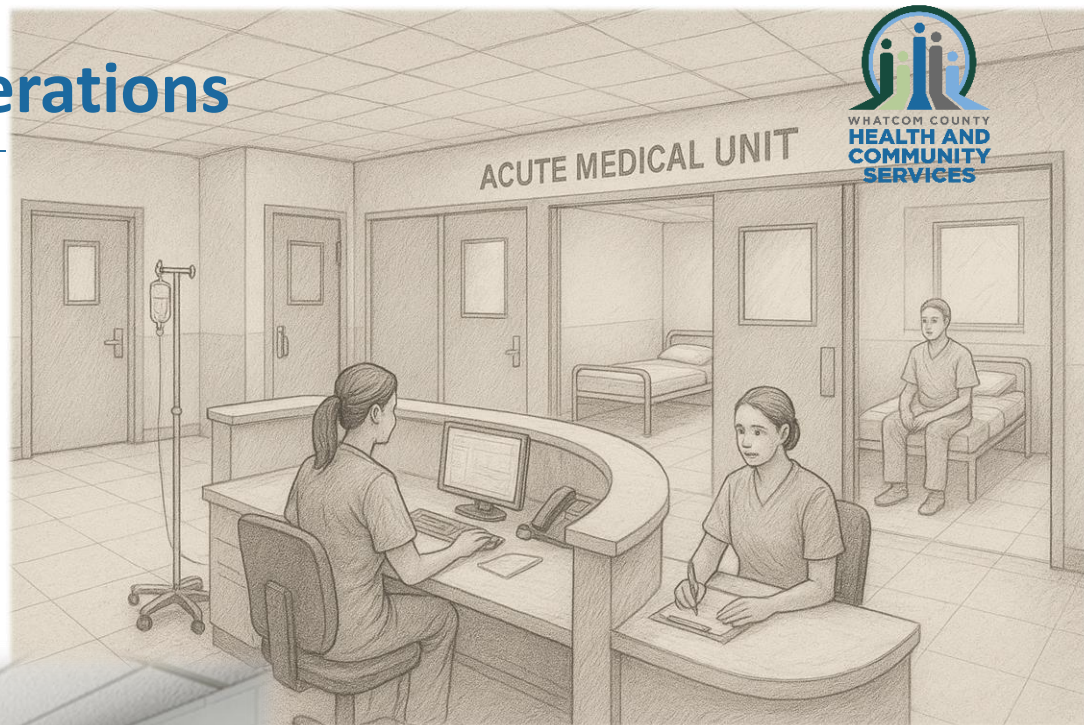


Photo Credits: <https://correctionalnews.com/2017/08/09/new-hampshire-womens-prison-will-focus-health-care/>

The Exit Plan: Rapid Resource Center



- Located at the point of release
- Not in-custody
- Features:
 - Phone chargers, snacks, clothes
 - Transportation support
 - Staff to bridge to housing/treatment
 - Non-correctional setting



Photo Credit: <https://www.cmta.com/results/briefs/northeast-community-resource-center>

Behavioral Care Center (BCC)



- A new facility
- In vs out-of-custody
- On-site vs off-site
- Goal:
 - Reduce unnecessary incarceration
 - Support pre-filing deferral, post-charging diversion
 - More eligible cases= more diversion opportunities
 - Improve public safety through treatment
 - Maximize available funding streams
 - Address MH and SUD needs early
 - Reduce Recidivism
 - Reduce legal case loads
 - Structured process
 - Free up court/jail for higher-risk cases

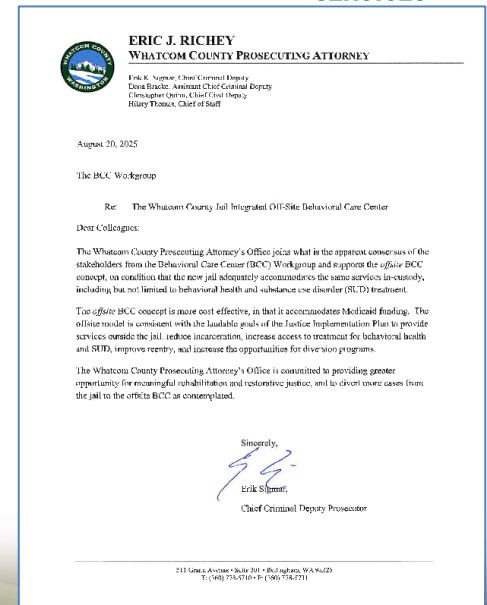


Photo Credit: <https://www.futurebelfast.com/property/acute-mental-health-inpatient-unit/>

In-Custody BCC Model Pros and Cons

Pros

- Legal pathway for those with charges who are not eligible for release
- Increase in safety
- Typically higher levels of completion
- Contained environment

Cons

- Less flexible
- Not Medicaid reimbursable
- Technically still in-custody- not available for people released
- Smaller targeted population
- Long-term outcomes not as supportive

Out-of-Custody BCC Model Pros and Cons

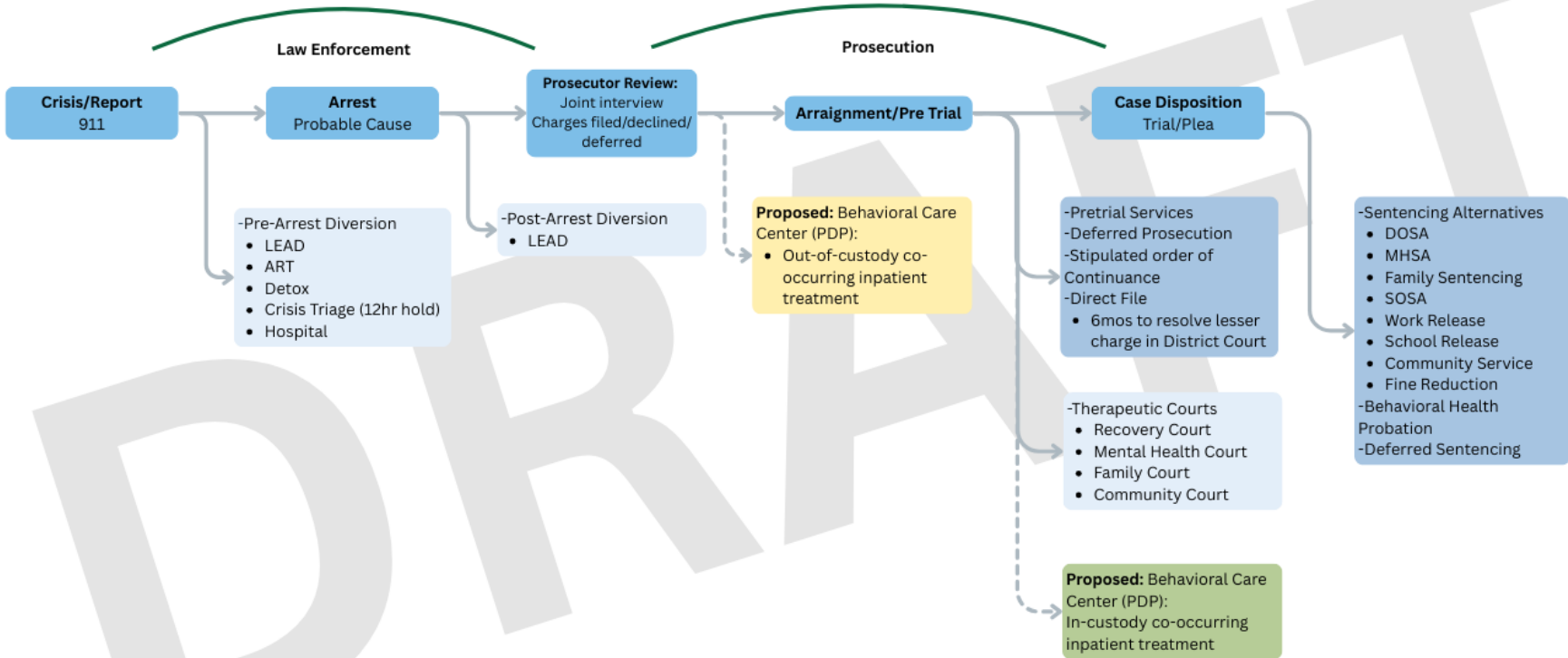
Pros

- Medicaid eligible
- Feels more voluntary and recovery focused
- The potential for different types of treatment facilities
- Legal pathway for those released to access treatment
- Longer treatment options available

Cons

- May require greater coordination with legal systems
- Requires a more robust community effort and follow-through
- The providers have to have a shared vision to ensure it works as intended
- Completion rates are not as high

Intercept 0 Community Resources	Intercept 1 Law Enforcement	Intercept 2 Initial Detention/Hearings	Intercept 3 Jails/Courts	Intercept 4 Re-Entry	Intercept 5 Post-Incarceration Supports
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Proposed: In-custody treatment/Interventions/Re-entry in new jail facility (to be included in court proceedings)

Prevention & Community Supports (see full list on [SIM](#))



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On-Site with Jail



Pros

- Immediate access for individuals exiting custody; smooth transition from jail to treatment
- Supports a focus on diversion at multiple intercept point for those currently incarcerated.
 - Arrest, pre-charging, charging, pre-conviction, sentencing
- Reduces risk of “elopement” (individuals leaving before entering treatment)
- Easier coordination with law enforcement and judicial partners.

Cons

- May limit accessibility for community members not currently in custody but eligible for diversion.
- Could create stigma or deterrence for individuals seeking voluntary treatment.
- Less integration with broader behavioral health services.
- Transportation challenges for non-custody clients and families

Off-Site on Behavioral Health Campus

Pros

- Co-located with crisis treatment and behavioral health providers; promotes holistic care.
- Supports a focus of diversion earlier- before justice system involvement
- Easier access for community members seeking treatment voluntarily.
- Potential to prevent deeper system involvement by catching individuals before arrest.
- Can be used at multiple intercepts.

Cons

- More complex to coordinate transfers from jail, especially for immediate post-release diversion.
- Higher risk of “elopement” when moving people from custody to an off-site location if transportation needs are not addressed.
- Requires strong collaboration between courts, prosecutors, and treatment providers.
- Resistance may be a factor for law enforcement where probable cause is established and booking restrictions are lifted.

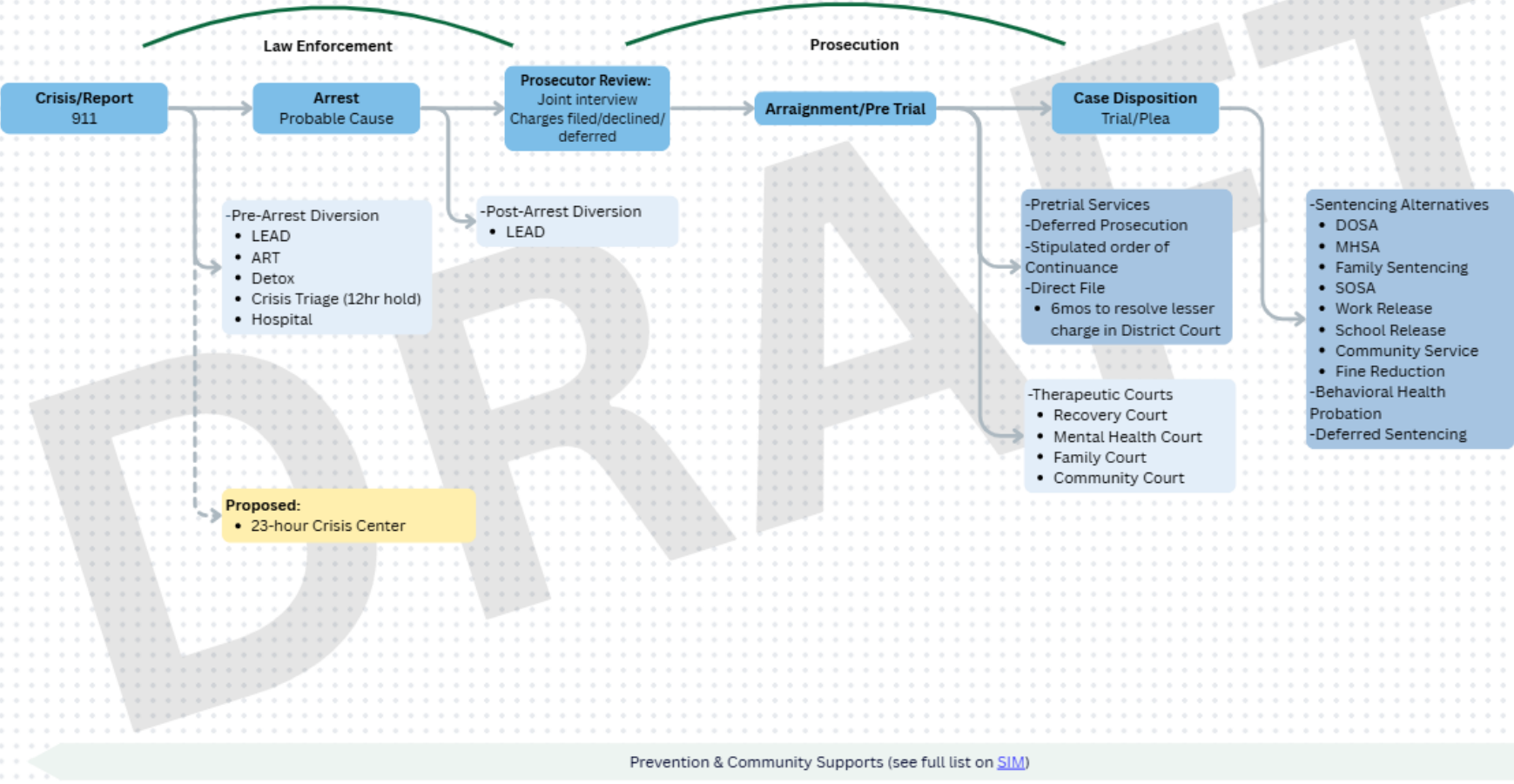
Co-location Option: 23 Hour Key Elements

- Short-term, voluntary crisis care- up to 23 hours and 59 minutes
- 24/7 access- open day and night
- No wrong door- law enforcement, EMS, hospitals, walk-ins all accepted
- Rapid stabilization- behavioral health + basic medical screening, medication support, peer counseling
- Safe alternative- to ER or jail- designed to connect people to longer-term care



Photo Credit: <https://brbridge.org/services/crisis-observation/>

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Funding Status



- 14+ capital secured (state, local, opioid settlement dollars)
- Operations funding remains unresolved
 - Relevant data points:
 - Medicaid is roughly about 40% of the budget
 - Non-Medicaid associated costs (\$4 to \$12 million annually)
- Risk: facility cannot open without sustainable operating dollars
- While the building dollars are secured, the challenge is how to keep it open long-term without cutting other critical services
- State law (HB 1813) will change how crisis stabilization is funded in 2026, but today, local operating dollars are still unfunded and it is unclear how the HB will impact Whatcom

23 Hour Next Steps

- Continue explore funding partnerships (state, hospitals, insurers, local governments)
- Finalize stakeholder feedback; data will guide final model
- Sizing considerations/scaling of facility for funding constraints



Photo Credit: <https://www.seattletimes.com/seattle-news/mental-health/kirkland-is-opening-the-countys-first-walk-in-crisis-care-center/>

Adjacent Facility Need Considerations

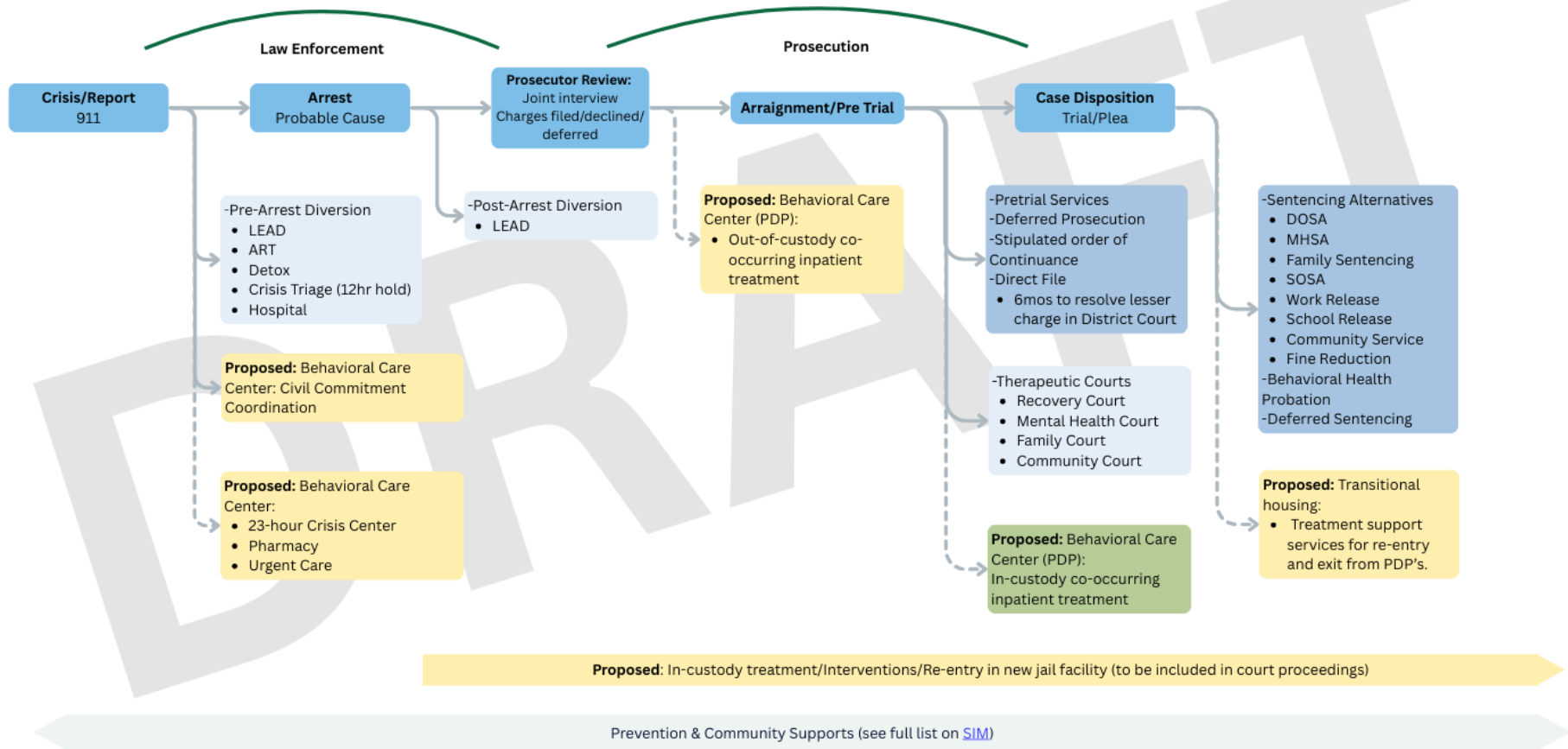
	Facility Component	Purpose
BCC- Core	Crisis Relief	Immediate stabilization and assessment for individuals in crisis.
	Co-Occurring Inpatient Treatment	Residential care for mental health and substance use disorders.
Phase 2- Complimentary Services	Competency Restoration	Services to help restore the individual's mental competency so they can understand the legal proceedings and participate in their own defense.
	Psychiatric Urgent Care	Provide behavioral health urgent care to increase access to treatment and reduce use of the hospital when appropriate.
	Reception and Access Hub	Centralized intake and navigation for individuals, family members, and referring agencies. Office space for existing crisis services.
	Pharmacy	To provide medication to the adjacent facilities.
Phase 3- Future Considerations	Co-Occurring Inpatient Treatment- Youth	Residential care for mental health and substance use disorders- youth.
	Transitional/Respite Housing with treatment Supportive Services (20 units)	Bridge housing with on-site support for reintegration. Out-Patient treatment brought to the housing unit.



Photo Credit: Roger's Behavioral Health rendering; <https://biztimes.com/rogers-behavioral-health-plans-residential-care-center-on-brown-deer-hospital-campus/>

- Need for a prioritization
- Assess for efficiency and effectiveness patterns with co-located services
- Focus on filling gaps in treatment continuum of care and intercept models

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Conclusion:



1. We need your feedback on in-custody vs out-of-custody BCC. What are your thoughts?
2. Should the BCC be on site with the Jail or off site at the Division street campus?
3. Which elements of these projects resonate most strongly with you?
4. After hearing the pros and cons, what aspects feel most promising?
5. Which parts raise the most questions or concerns for you?
6. Are there needs, services, or perspectives you feel are missing from these plans?
7. Is there anything we haven't addressed that should be shared with the design-build team for consideration?