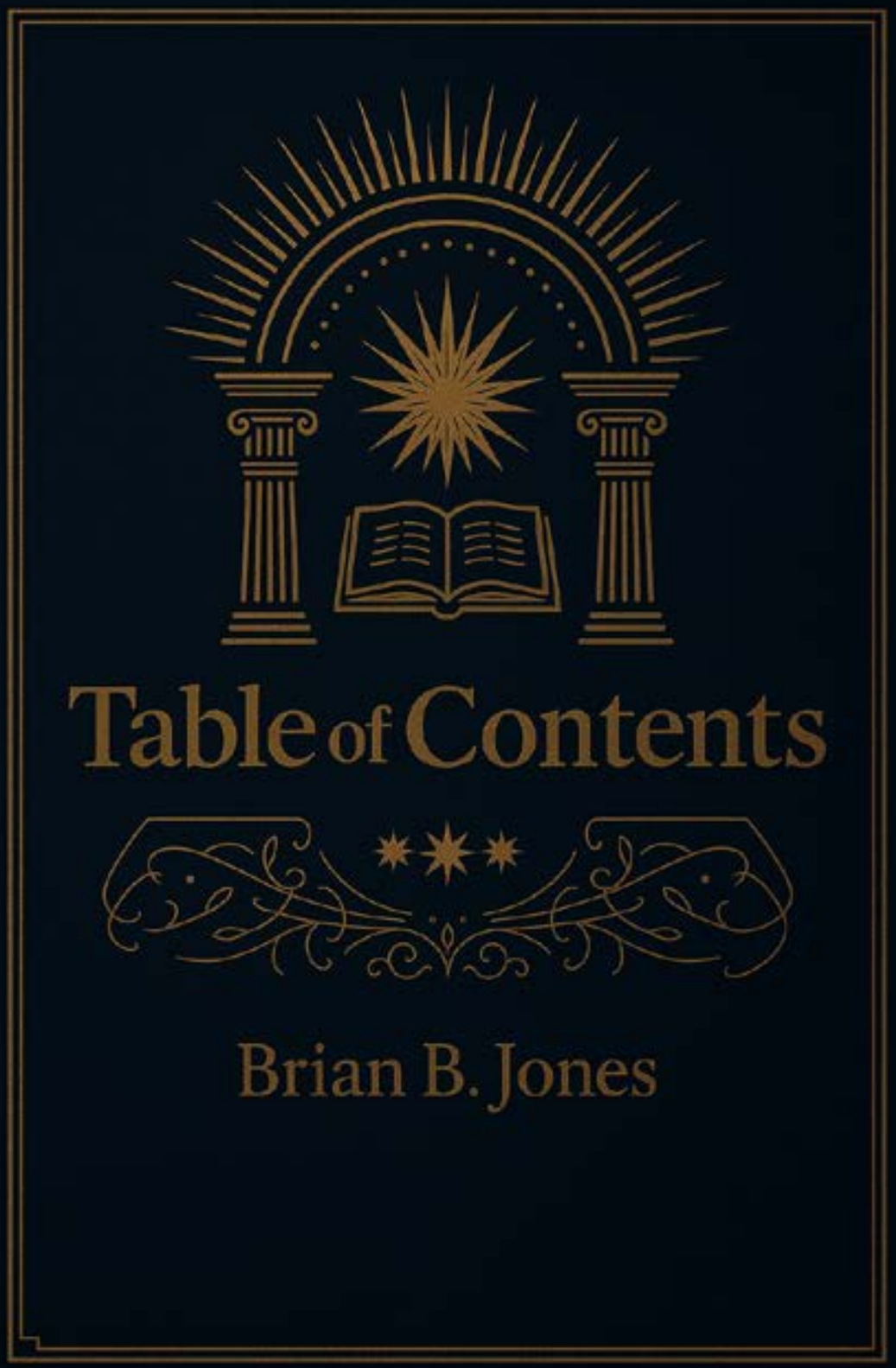
THE WELLSPRING

A Manual of Best Practices for Strategic Execution & Rapid Delivery of Behavioral Health Facility Development

The definitive guide for real estate professionals, healthcare leaders, and project teams committed to delivering high-performance behavioral health facilities—on time, on budget, and built for impact. This manual delivers proven strategies, real-world insights, and tactical best practices to streamline planning, accelerate delivery, and ensure operational excellence in every phase of development.

Brian B. Jones



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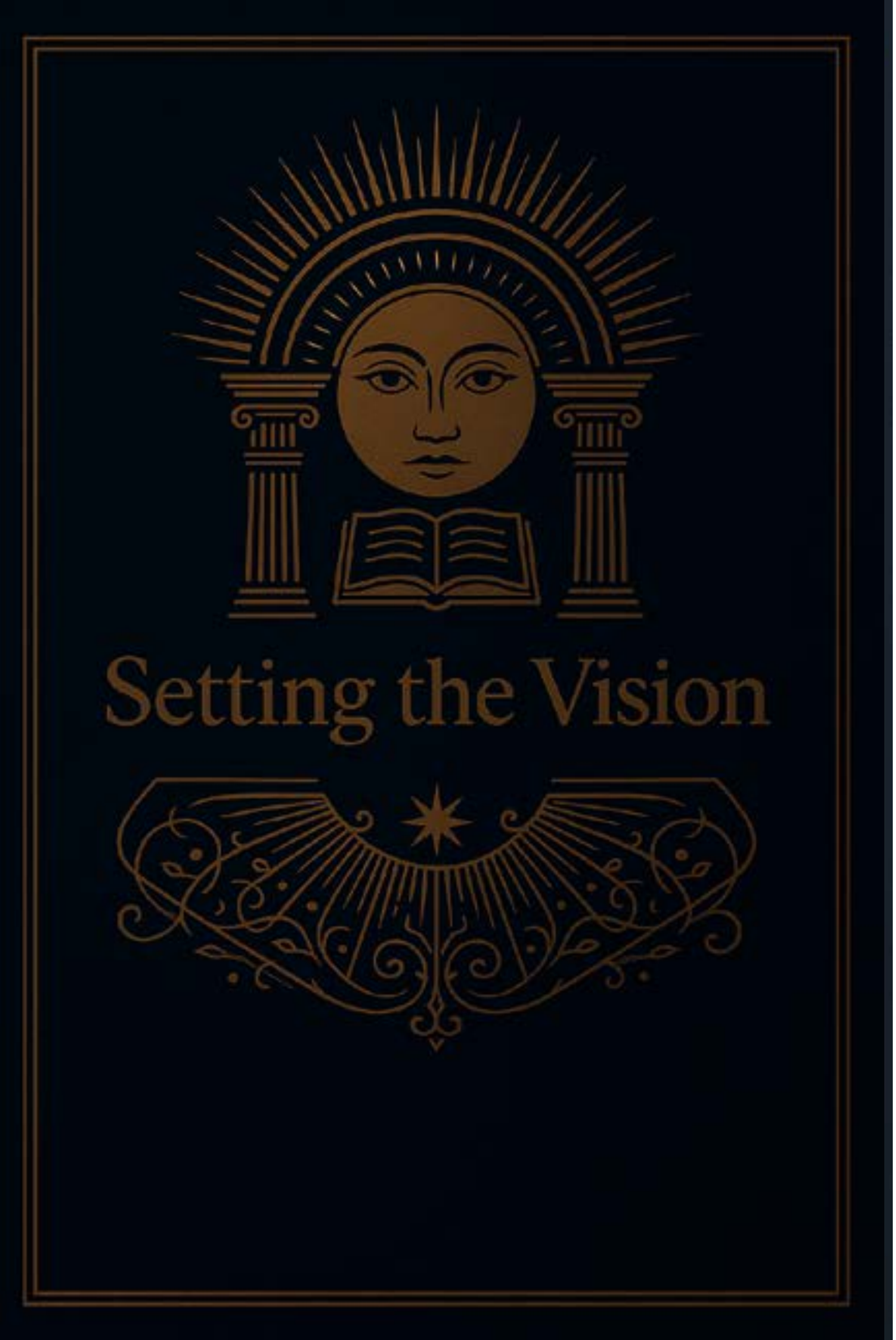

Part 1: Setting The Vision

The Wellspring was written to empower professionals to create behavioral health facilities that are clinically sound, financially viable, and deeply responsive to the communities they serve. It's a guide for those who are ready to build not just faster—but smarter, more intentionally, and in ways that truly serve patients, providers, and the public good.

With faith and gratitude,

Brian B. Jones
Founder & CEO, BHSME.org

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Introduction

The Wellspring: A Manual of Best Practices for Strategic Execution & Rapid Delivery of behavioral Health Facility Development

Welcome to The Wellspring, a definitive guide for shaping the future of behavioral health infrastructure through intelligent real estate strategy, design excellence, and project execution. This manual is more than a set of guidelines—it is a field-tested framework for achieving the vision of world-class behavioral health care environments delivered rapidly, affordably, and with clinical precision.

At a time when mental health needs are escalating across California and the nation, our systems face a decisive question: can we build faster, smarter, and more compassionately? This book responds with a resounding yes—if we follow best practices. Backed by research from the American Institute of Architects (AIA), the Design-Build Institute of America (DBIA), and leading institutions in healthcare planning, The Wellspring lays out over 100 actionable strategies proven to increase project success rates, reduce change orders by up to 50%, and deliver better patient and staff outcomes.

Whether you are a healthcare executive, developer, architect, policy leader, or Owner's Advisor, this manual provides an integrated blueprint to guide your work—from early feasibility to facility activation. Drawing on decades of field experience and emerging research in trauma-informed design, biophilia, construction delivery, and stakeholder engagement, The Wellspring is your companion for creating behavioral health facilities that heal communities, strengthen systems, and elevate human dignity.

Why This Book? Why Now?

Across California—and across the country—the need for behavioral health and substance use treatment has reached a point of urgent reckoning. Nearly **1 in 5 adults in the U.S. experience mental illness each year**, and **more than half of them do not receive care** (National Alliance on Mental Illness, 2023). While demand continues to rise, the infrastructure remains critically outdated. Many communities are still served by facilities designed decades ago—institutions with cramped corridors, clinical sterility, and outdated systems ill-suited to modern therapeutic models.

In California alone, the **2022 Behavioral Health Continuum Infrastructure Program (BHCIP)** identified a statewide need for **over 10,000 new residential and crisis treatment beds**, while existing projects face hurdles in permitting, zoning, and funding. The result is a system overburdened by waitlists, emergency room overflows, and workforce burnout—all while preventable tragedies unfold in neighborhoods, schools, and streets. The failure is not one of clinical intent—it is one of execution.

This book was born from that tension—and from the immense opportunity it presents. The current landscape demands more than piecemeal improvements; it calls for a full transformation of how behavioral health facilities are imagined, financed, permitted, designed, and built. New infrastructure must be healing-centered, flexible, affordable, licensable, and rapidly deployable. It must serve both acute needs and long-term recovery, across diverse populations and regions.

Fortunately, the evidence is on our side. According to the **Design-Build Institute of America (DBIA)**, integrated project delivery methods—when supported by early stakeholder engagement and expert advisory leadership—can reduce total

project cost by **up to 20%**, improve delivery speed by **36%**, and cut change orders by **as much as 50%**. Meanwhile, research by the **Center for Health Design (CHD)** and **AIA Academy of Architecture for Health** confirms that trauma-informed, biophilic, and neurologically attuned design leads to a **30–50% increase in patient satisfaction**, a **22% boost in staff retention**, and significantly fewer behavioral incidents post-occupancy.

The Wellspring exists to bridge the gap between aspiration and implementation. It equips project leaders with proven strategies, intelligent frameworks, and technical tools to translate mission-driven goals into code-compliant, healing-ready, high-performing facilities. With input from public and private sectors, clinicians and architects, funders and community leaders, this book reflects a multi-perspective roadmap for those who believe in building something better—and building it now.

The Lasting Impact of Design Leadership

Exceptional behavioral health design does not happen by accident—it is the result of expert leadership, rigorous coordination, and deep knowledge of both clinical care and construction logistics. At the center of this leadership is the Owner's Advisor, a subject matter expert who acts as the client's advocate and the integrator across disciplines. When brought in early, the Owner's Advisor ensures alignment between design intent, budget, licensure, construction feasibility, and long-term operational goals.

According to the **Design-Build Institute of America (DBIA, 2023)**, projects that engage a qualified Owner's Advisor during pre-design are:

- 43% more likely to finish on time and within budget

- 50% less likely to experience late-stage design changes or RFIs
- 35% more likely to pass state licensing reviews on the first attempt

Similarly, the **American Institute of Architects (AIA, 2022)** has shown that early involvement of seasoned project leadership (including Owner's Advisors and design team leads) improves stakeholder satisfaction by **28%**, while reducing permitting delays by **over 30%**.

Owner's Advisors bring more than project management—they bring foresight, regulatory fluency, and operational wisdom that protects the mission from missteps. They identify risks before they become delays, and they translate the Owner's vision into technical clarity that drives every consultant, architect, and engineer toward shared outcomes.

In behavioral health projects, where trauma-informed care, life safety, and community trust converge, the role of the Owner's Advisor is not just helpful—it is indispensable. Their guidance ensures that healing is not only imagined in the abstract, but built into the bones of the project.

A Blueprint for Action

The Wellspring is more than a reference manual. It is a strategic roadmap that synthesizes:

- Best practices in site selection, due diligence, and entitlement strategy
- Efficient design-build delivery models tailored for behavioral health

- Regulatory navigation and compliance solutions
- Trauma-informed design principles and healing environments
- Project management techniques that reduce cost, time, and risk
- Community engagement strategies for sustainable support
- Public-private funding models that unlock capital and scalability

Each chapter weaves together field experience, proven methodology, and a shared commitment to excellence. The aim is to de-risk the development process while enhancing the quality and speed of facility delivery.

The Heart of the Matter: Healing Environments

A behavioral health facility is more than just walls and windows—it is a sanctuary. A place where individuals in crisis can stabilize, rebuild, and recover. The spaces we design and build directly influence the path to healing.

Frank Lloyd Wright once said, "The space within becomes the reality of the building." Nowhere is that more true than in behavioral health. These facilities must foster safety, dignity, privacy, and hope. They must support clinical workflows while honoring the emotional journeys of patients and staff alike. That delicate balance is both an art and a science—and it demands our full attention.

Who This Book Is For

This guide is crafted for a wide array of stakeholders united by a common goal: to create effective, timely, and compassionate behavioral health care environments. Whether you're:

- A real estate developer seeking clarity on entitlements, site design, or risk mitigation
- A healthcare provider planning a new behavioral health wing or outpatient clinic
- A policy leader shaping legislation and funding pathways for mental health infrastructure
- An investor or philanthropist looking to drive impact with purpose
- Or a project manager, architect, or owner's advisor navigating the delivery process from start to finish

— this book is designed to serve as both a compass and a toolkit.

Why This Matters

Behavioral health is no longer a peripheral concern—it is central to our collective well-being, workforce readiness, and community safety. Yet without a robust infrastructure to support care delivery, even the most innovative treatment models will fall short.

The Wellspring is a response to this crisis—and a proactive framework for solving it. It advocates for speed without sacrificing quality, for efficiency without losing empathy, and for systems thinking that embraces both human and institutional needs.

A Call to Action

The time for transformation is now. The urgency is real, and the stakes are high. But so is our capacity to rise to the challenge—with courage, creativity, and collaboration.

As you explore this book, may you find not just tools, but inspiration. May you be empowered to act boldly, to lead with integrity, and to build environments that reflect the dignity of those they serve.

If you are a funder, stakeholder, public official, or philanthropist—know that your partnership is vital. The success of this movement depends on strategic investment, policy alignment, and community-wide support. Whether through direct donations, 501(c)(3) gifts, land contributions, or capital endowments—your participation helps shape the future of mental health infrastructure. Every dollar, every collaboration, and every shared vision accelerates progress.

Closing Thought

This book is named The Wellspring for a reason. A wellspring is a source—an origin point of vitality and renewal. In that spirit, let this work be a source of inspiration and direction for all those called to build something lasting and good.

Together, we can develop more than buildings—we can build hope, dignity, and healing for generations to come.

A Note from the Author

Brian B. Jones, Behavioral Health Real Estate Subject Matter Expert
Founder & CEO, BHSME.org

I didn't set out to write a book—I set out to help real people solve real problems. In behavioral health real estate development, even the best intentions can get lost in delays, cost escalations, red tape, or misalignment. But I've also seen the extraordinary successes that happen when projects are guided by purpose, clarity, and best practices of skilled collaboration.

This book exists to support the people behind the projects—to offer insight, tools, and encouragement to those shaping the next generation of behavioral health care. I dedicate it to you. That's my inspiration, to help as many people and have as positive impact as possible, thus for the benefit of all stakeholders, I dedicate this book.

The Wellspring was written to empower professionals to create behavioral health facilities that are clinically sound, financially viable, and deeply responsive to the communities they serve. It's a guide for those who are ready to build not just faster—but smarter, more intentionally, and in ways that truly serve patients, providers, and the public good.

Over the past 20 years, as a real estate developer, behavioral health subject matter specialist, & the founder of BHSME.org, I've worked across California—from city centers to rural counties—supporting teams that are doing hard, meaningful work. I've listened to families waiting for care, walked sites with providers on limited budgets, and collaborated with public agencies, clinicians, and builders all working toward a shared goal. This book gathers what I've learned from those experiences, the wisdom of industry leaders, and the guidance

of professional communities like the AIA, DBIA, CA.DHCS, and CA.HCD—organizations whose standards and advocacy continue to shape this work for the better.

The Wellspring is for anyone working to expand access to behavioral health care: nonprofits, developers, service providers, housing agencies, policymakers. Whether you're building your first clinic or leading a statewide network, this guide offers practical tools and encouragement to help you move forward with clarity and confidence.

I believe success happens when the right people come together, early and often—when they listen deeply, plan carefully, and design spaces that reflect dignity, safety, and care. Done well, this work changes lives—not just for patients, but for families, frontline staff, and entire communities.

I don't have all the answers. But I've seen what works. And I hope this book helps you build faster, better, and more compassionately. Because we don't just need more buildings—we need places that heal.

With faith and gratitude,

Brian B. Jones
Founder & CEO, BHSME.org

www.bhsme.org

Chapter 1

Foundations of Behavioral Health Real Estate Development

"The greatest wealth is health."
- Virgil

What you will learn in this chapter:

- **Understanding the urgent demand for behavioral health facilities**
- **Unique complexities of behavioral health care environments**
- **Navigating licensing, care models, and regulatory priorities**
- **Overview of timelines, funding cycles, and delivery constraints**
- **Establishing the project's mission, values, and measurable goals**
- **Real Estate Development Success Factors**

Understanding the Urgent Demand for Behavioral Health Facilities

Across the United States—and especially in California—mental health and substance use crises have reached historic highs. The lack of adequate infrastructure to meet these needs has left vulnerable populations underserved and communities strained. In this landscape, the integration of behavioral health and real estate development has become more than a niche concern; it is a public necessity.

A behavioral health facility is not merely a space for treatment—it is a living, breathing part of the healing process. Its design, location, accessibility, and functionality can make the difference between a successful recovery and a missed opportunity for care. When thoughtfully executed, these facilities become sanctuaries for healing, engines for community health, and assets for long-term public well-being.

California, long at the forefront of innovation, diversity, and population growth, is uniquely positioned to redefine how these facilities are imagined and delivered. As demand for behavioral health services rises, so too must our ability to deliver environments that foster dignity, empower recovery, and meet urgent needs with timely, strategic precision.

"Design is not just what it looks like and feels like. Design is how it works." — Steve Jobs

Unique Complexities of Behavioral Health Care Environments

Designing and developing behavioral health facilities requires a nuanced understanding of several intersecting forces—clinical demands, community dynamics, financing structures, and regulatory frameworks. Unlike general healthcare or residential projects, behavioral health environments must balance psychological sensitivity, physical safety, and clinical effectiveness.

These complexities include:

- **Needs Assessments:** Grounded in local data and guided by provider input, these assessments help define the services most urgently needed—whether residential treatment, detox services, or crisis stabilization.
- **Design for Trauma-Informed Care:** Spaces must promote safety, calm, and autonomy. Evidence-based design includes natural light, biophilic elements, low-stimulation zones, and clear sightlines.
- **Workforce Realities:** With clinician shortages and high burnout rates, facility planning must consider staff support spaces, operational efficiency, and telehealth infrastructure.
- **Community Resistance:** Navigating NIMBY sentiments requires early outreach, public education, and collaboration with trusted voices to position the facility as a community asset.

Meeting these complexities requires interdisciplinary collaboration, flexible thinking, and a relentless commitment to both the clinical and human dimensions of behavioral healthcare.

Navigating Licensing, Care Models, and Regulatory Priorities

Behavioral health projects operate within a dense web of rules, standards, and shifting policy priorities. Success depends on anticipating these constraints early and embedding them into the design and planning process.

Key regulatory concerns include:

- **Licensing Requirements:** Each facility type—whether outpatient, residential, or detox—requires licensure from state agencies, often with strict physical plant criteria.
- **Care Model Integration:** The physical layout must support therapeutic modalities such as integrated behavioral health, trauma-informed care, or dual diagnosis treatment.

- **Building Code Compliance:** Adherence to ADA, Title 24, HIPAA, ligature resistance standards, and infection control guidelines must be embedded into design and construction documents.
- **Agency Engagement:** Early coordination with the Department of Health Care Services (DHCS), Office of Statewide Health Planning and Development (OSHPD), and local planning boards is essential for expedited approval.

Failure to address these priorities can result in costly redesigns, approval delays, or worse—non-licensable facilities. Success lies in creating an integrated regulatory roadmap that aligns the project's vision with its real-world operating environment.

Overview of Timelines, Funding Cycles, and Delivery Constraints

Behavioral health developments face a paradox: the need is urgent, but the path is complex. Projects must be accelerated without compromising care standards, safety, or long-term viability.

Key challenges include:

- **Funding Complexity**: Projects often blend Medicaid reimbursements, MHSA grants, local housing funds, and private capital—each with its own timeline and reporting structure.
- **Schedule Synchronization**: Aligning entitlement processes with grant cycles, procurement timelines, and design milestones is critical for momentum.
- **Permitting and Approvals**: Fast-tracking requires proactive work with permitting authorities, environmental agencies, and community stakeholders to prevent bottlenecks.
- **Construction Strategy**: Modular construction, phased occupancy, and CM-at-Risk (CMAR) contracts can reduce delivery times while maintaining cost control and flexibility.

Successful teams understand that agility is as essential as planning—responding swiftly to shifting regulatory windows, construction delays, and market conditions without losing sight of clinical outcomes.

"Plans are nothing; planning is everything."
— Dwight D. Eisenhower

Establishing the Project's Mission, Values, and Measurable Goals

Strategic behavioral health real estate begins with a clear mission and unifying vision. These guide not only design and construction, but operations, programming, and long-term sustainability.

A strong foundation includes:

- **Community-Driven Visioning**: Projects must be rooted in local context, public health trends, and service gaps—designed to serve real people with real needs.
- **Measurable Success Criteria**: Defining clinical outcomes, utilization targets, and quality metrics from day one enables teams to align design and funding with impact.
- **Stakeholder Alignment**: Cross-sector partnerships—providers, policymakers, funders, architects, and

neighbors—ensure the project reflects both clinical intent and community aspiration.

- **Cultural Competency**: Facilities must resonate with the populations they serve, through design choices, programming, and staff diversity.

When built on shared values and measurable outcomes, behavioral health facilities transcend function and become engines of long-term transformation.

Key Considerations in Behavioral Health Real Estate Development

The following best practices represent the core pillars of successful project delivery in this uniquely demanding field:

1. **Needs Assessment and Market Demand**
2. **Strategic Site Selection**
3. **Healing-Centered Design**
4. **Compliance-Driven Planning**
5. **Financial Sustainability**
6. **Community Engagement**
7. **Operational Readiness**

Each consideration represents a strategic lever to ensure project feasibility, community relevance, and long-term success.

Real Estate Development Project Success Factors:

What Makes a Behavioral Health Real Estate Development Project Successful?

Several factors play a role in the attainment of project goals for the development team, and are imperative to address at the onset of the project. The most successful Behavioral Health projects integrate the following strategies into their process, to create the best outcome.

A. Comprehensive Planning and Vision

Success begins with a long-term vision, informed by market research, community input, and a deep understanding of behavioral health trends. Early-stage planning must account for:

- **Population needs and service gaps**
- **Facility programming and treatment modalities**
- **Future scalability and adaptability**

B. Strong Leadership and Interdisciplinary Collaboration

Effective projects require a team-driven approach, bringing together:

- **Real estate developers, with expertise in healthcare facilities, to guide the team and anticipate any potential project challenges**
- **Behavioral health professionals, to guide design and functionality**
- **Policy experts, to navigate regulatory and funding landscapes**

C. Financial Sustainability and Budget Discipline

Projects must be financially viable, both in development and operation, and therefore should heavily consider utilizing:

- **Diverse funding streams to mitigate risk**
- **Operational efficiency models that align costs with revenue structures**
- **Proactive risk management to avoid budget overruns**

D. Community Integration and Public Support

A behavioral health facility is more than just a building, it is a community asset. The potential success of the BH development will be determined by:

- **Early and consistent engagement with stakeholders**
- **Exterior and interior design that invites public participation, and contributes back to the community, through wellness and shared resource programming**
- **Implementation of policies that ensure long-term commitment to community well-being**

The Role of Facility Design in Effective Patient Outcomes

Historically, behavioral health facilities were designed for containment rather than care. Cold, sterile environments contributed to stigma and poor patient experiences. Today, a paradigm shift is underway, emphasizing:

- **Therapeutic environments that promote healing**
- **Privacy and dignity through thoughtful space planning**
- **Holistic wellness, integrating mental health with nutrition, fitness, and community engagement**

Studies show that better-designed facilities lead to improved treatment adherence, reduced staff turnover, and better health outcomes overall.

"We shape our buildings, and afterwards our buildings shape us." — Winston Churchill

Conclusion: Laying the Groundwork for Lasting Impact

Behavioral health real estate development stands at the intersection of urgency and opportunity. With a growing mental health crisis, the demand for specialized healing environments is no longer aspirational—it is foundational to community well-being and public health infrastructure. But these projects are not typical real estate ventures. They require a rare fusion of vision, expertise, compassion, and discipline to succeed.

This chapter has laid out the core pillars of success—strategic planning, regulatory fluency, healing-centered design, financial discipline, and community alignment. These elements form the DNA of a well-executed behavioral health facility. But more than any checklist or codebook, what differentiates transformative projects is the *intentionality* behind every decision and the *values* embedded in every square foot of space.

Best Practices for a Strong Foundation

1. **Start with a Mission-Driven Vision:** Anchor the project in clear values and measurable outcomes that reflect the needs of real people—not just funding priorities.
2. **Engage Early and Collaborate Often:** Interdisciplinary input from behavioral health professionals, funders,

developers, regulators, and community members leads to better outcome.

3. **Plan for Flexibility:** Design environments that are scalable, adaptable, and resilient to changes in care models, technology, and community demographics.
4. **Design for Dignity:** Prioritize light, privacy, biophilic elements, and calmness to create spaces that not only treat illness but actively support healing and recovery.

Risk Mitigation Strategies for Sustainable Development

- **Regulatory Complexity**: Proactively engage with licensing bodies (e.g., DHCS, OSHPD) during pre-development to align requirements with facility planning.
- **Community Resistance**: Implement strategic, transparent engagement campaigns to build trust, dispel stigma, and reposition the project as a public benefit.
- **Funding Gaps and Delays**: Build layered capital stacks, maintain robust financial contingencies, and schedule flexibility to accommodate grant cycles and reimbursement delays.
- **Operational Mismatch**: Collaborate closely with future operators and clinicians to ensure design supports actual clinical workflows and staffing realities.
- **Timeline Disruptions**: Adopt delivery models like CM-at-Risk or Progressive Design-Build to accelerate timelines while preserving control and accountability.

Thought Leadership: A Call to Build Boldly and Responsibly

At its core, behavioral health real estate is about more than square footage or licensing checklists—it's about hope. It's about creating spaces where individuals at their most vulnerable can rediscover their strength. It's about investing in environments that not only house care, but elevate it. And it's about building in ways that reflect the dignity, diversity, and humanity of those we serve.

The role of the Owner's Advisor and development team is to be more than builders—we must be stewards of recovery, catalysts for equity, and architects of transformation.

As we look forward, we must reframe these projects not as liabilities to manage but as *investments in long-term public health and social infrastructure*. By building on a foundation of best practices, strategic foresight, and deeply human-centered design, we can deliver facilities that don't just open their doors—they open the path to healing, resilience, and lasting impact.

Let us build not only for today's needs—but for tomorrow's recovery.

"There is no power for change greater than a community discovering what it cares about."
— Margaret J. Wheatley

Chapter 2

Strategic Planning & Feasibility Analysis

"Without strategy, execution is aimless.
Without execution, strategy is useless."
— Morris Chang

What you will learn in this chapter:

- **Market Studies and Needs Assessments**
- **Site Selection Criteria Specific to Behavioral Health**
- **Zoning, Access to Services, and Neighborhood Integration**
- **Preliminary Budgeting and Pro Forma Modeling**
- **Risk Identification and Mitigation Strategies**
- **Due Diligence Process**
- **Real Estate Development Process**

Strategic planning is the bedrock of successful behavioral health real estate development. While construction milestones and design innovation often steal the spotlight, it is the thoughtful, data-informed groundwork laid in the early phases that determines whether a project thrives, stalls, or fails. In this chapter, we explore the foundational elements of planning and feasibility that ensure projects are aligned with real-world needs, financially viable, and ready to navigate a complex regulatory and community landscape.

Readers will come away equipped to:

- Define demand and assess need through rigorous market research.
- Align site selection with operational, clinical, and community integration goals.
- Construct realistic financial models and pro formas.
- Navigate zoning, entitlement, and regulatory constraints.
- Proactively identify and mitigate risks.
- Understand the critical importance of Due Diligence
- Know The Real Estate Development Process

Market Studies and Needs Assessments

"Without data, you're just another person with an opinion." — W. Edwards Deming

The first pillar of any successful behavioral health real estate project is need validation. Objective, data-driven market studies and needs assessments are the tools that translate vague intentions into strategic, community-aligned vision.

Purpose and Structure of Market Studies

Market studies quantify and qualify local demand by analyzing:

- **Prevalence of behavioral health conditions**
- **Service utilization rates** from hospitals, correctional systems, and outpatient providers
- **Demographic profiles**, including age, race, income, and insurance status

- **Provider capacity and waitlists**
- **State and local policy context**, including funding initiatives and delivery system reforms
- These studies form the foundation of investment decisions, regulatory applications, and architectural programming.

Community-Focused Needs Assessments

Needs assessments are qualitative complements to market studies. They incorporate:

- Focus groups and interviews with community leaders and service users
- Data from MHSA plans, CHNAs, and local health agencies
- Barriers to access: language, transportation, stigma, cultural competency
- Identification of high-need populations (e.g., justice-involved, transitional-age youth, veterans)

Together, these assessments ensure that facilities are not only economically feasible but clinically and socially relevant.

Key Data Sources

- SAMHSA Behavioral Health Barometers
- County Health Rankings
- State Medicaid data (CalAIM, Medi-Cal)
- OSHPD hospital discharge data
- U.S. Census / American Community Survey
- Local MHSA Innovation Plans

Site Selection Criteria Specific to Behavioral Health

"Real estate is not just about buildings. It's about access, context, and community." — Anonymous

Site selection is more than a real estate transaction—it's a clinical and operational decision with long-term implications. A site that aligns with behavioral health-specific needs can enhance access, improve outcomes, and reduce stigma.

Critical Selection Criteria

- Proximity to transit and social services
- Distance from triggering environments or high-crime areas
- Zoning compatibility and community acceptance
- Patient privacy and therapeutic outdoor spaces
- **Infrastructure readiness**: utilities, digital connectivity, fire access

A robust site evaluation matrix should include weighted scores for each criterion, with input from clinicians, neighbors, and public agencies.

Common Red Flags

- Environmental contamination (brownfields)
- Unfavorable zoning with little political will to support variances
- High neighborhood resistance (NIMBYism)
- Poor infrastructure (septic, limited broadband, aging utilities)

Zoning, Access to Services, and Neighborhood Integration

"Planning is bringing the future into the present so that you can do something about it now." — Alan Lakein

Zoning and entitlement challenges are among the top reasons projects stall. A clear understanding of land use policy, layered with political realities and neighborhood dynamics, is essential.

Zoning and Entitlements

- Early zoning analysis can determine site viability and preempt deal-breakers.
- Conditional Use Permits (CUPs) are often required for mental health facilities.
- Entitlement processes vary widely—some require multiple public hearings or environmental reviews.

Work with zoning attorneys and planners early. Public engagement should begin before official applications are submitted.

Neighborhood Integration Strategies

- Align facility design with local architecture and landscape.
- Offer shared spaces for community wellness programs.
- Establish community advisory boards to monitor operations post-occupancy.
- Celebrate groundbreakings and ribbon cuttings to build public goodwill.

Preliminary Budgeting and Pro Forma Modeling

"A budget is telling your money where to go instead of wondering where it went." — Dave Ramsey

A financial model is both a map and a mirror. It charts the project's financial pathway while reflecting assumptions that require scrutiny and discipline.

Development Budget Components

1. **Land acquisition and holding costs**
2. **Soft costs**: legal, architectural, permitting, environmental reviews
3. **Hard costs**: construction, FF&E, site work, contingencies
4. **Financing and interest reserve**
5. **Operational reserve** for early stabilization

Pro Forma Modeling

A behavioral health pro forma should:

- Project revenue by service line (Medicaid, private pay, grants)
- Integrate operating expenses tied to staffing ratios and acuity levels
- Analyze debt service coverage ratios (DSCR), IRR, and net present value (NPV)
- Include sensitivity analyses for reimbursement rate fluctuations or census shortfalls

Pro formas should be developed collaboratively by finance consultants and providers, with input from local funding agencies.

Risk Identification and Mitigation Strategies

"In preparing for battle I have always found that plans are useless, but planning is indispensable." — Dwight D. Eisenhower

The number one reason behavioral health facilities fail to launch is unmanaged risk. Strategic planning must include a rigorous, realistic analysis of what can go wrong.

Key Risk Areas

- Entitlement or zoning denial
- Cost escalation beyond contingencies
- Licensing or accreditation failure
- Insufficient operating funds post-construction
- Community resistance leading to political backlash

Risk Management Framework

- **Contingency planning** (budget, schedule, scope)
- **Insurance and bonding**: builder's risk, E&O, liability
- **Legal agreements**: MOUs, joint venture (JV) documents
- **Alternative sites** or phasing options
- **Scenario planning**: best-, base-, and worst-case forecasts

Risk is unavoidable. But it is also manageable with the right governance structures, team alignment, and adaptive planning.

Importance of Due Diligence

The Critical Role of Due Diligence in Behavioral Health Real Estate Development

In behavioral health real estate, the due diligence process is not simply a checklist—it is a high-stakes, multi-disciplinary investigation that determines the viability, cost, safety, timeline, and compliance of a project. Whether ground-up construction or rehabilitation of an existing facility, due diligence is the foundation upon which successful, compliant, and sustainable development is built.

Projects without thorough due diligence routinely suffer from cost overruns, failed permitting, environmental liabilities, missed timelines, or unbuildable conditions. In behavioral health—where specialized regulations, safety considerations, and funding cycles add further complexity—failure to perform deep due diligence can be fatal to a project's success.

This section outlines the full spectrum of best practices for technical, legal, financial, and regulatory due diligence.

I. Site and Legal Due Diligence

1. Title Report and Legal Review

- Order a **preliminary title report** through a licensed title company.
- Examine for:
- Encumbrances (easements, liens, deed restrictions, CC&Rs).
- Reversion clauses or use limitations.
- Shared access agreements, utilities, or reciprocal easements.
- Confirm the **right to develop** and use the property for behavioral healthcare (residential, outpatient, crisis, etc.).
- Engage real estate counsel to assess zoning entitlements and contract rights.

2. Zoning and Entitlement Analysis

- Verify current zoning and allowable land uses.
- Request a **Zoning Verification Letter** from the local municipality.
- Determine:
- If Conditional Use Permits (CUPs) or Variances are required.
- Density, height, FAR, and parking requirements.
- Local General Plan consistency.
- Identify restrictions that could prevent behavioral health occupancy or limit building envelope.

3. ALTA Survey

- Commission an **ALTA/NSPS Land Title Survey**:
- Locate all boundaries, easements, encroachments, utility access, setbacks.
- Overlay with title report for consistency.
- Include flood zones, topography, adjacent parcel context, and access points.

II. Environmental and Physical Due Diligence

4. Phase I and II Environmental Site Assessments (ESA)

- Conduct a **Phase I ESA** (ASTM E1527-21):
- Assess historical land use, hazardous material storage, prior industrial activity.
- Interview previous owners/occupants.
- If required, proceed with **Phase II ESA**:
- Test soil, groundwater, and vapor for contaminants.
- Determine remediation feasibility and costs.

5. Hazardous Materials and Abatement Assessment (Rehabilitation Projects)

- Perform hazardous building materials survey:
- Asbestos, lead-based paint, mold, PCBs, and silica.
- Estimate abatement scope and cost.
- Include permitting and air quality clearances in schedule.

6. Geotechnical and Soils Investigation

- Retain a licensed geotechnical engineer to:
- Drill borings and analyze soil composition.
- Evaluate bearing capacity, liquefaction, subsidence, and slope stability.
- Assess groundwater level and drainage suitability.
- Provide design parameters for:
- Foundation system (shallow vs. deep).
- Grading plans.
- Pavement sections and retaining walls.

III. Infrastructure and Utility Due Diligence

7. Civil Engineering Feasibility and Site Analysis

- Retain a civil engineer for:
- Preliminary grading and drainage design.
- Stormwater management plan (SWPPP/NPDES).
- Hydrology and utility capacity studies.
- Off-site improvement obligations (sidewalks, fire access, ADA).
- Identify need for:
- Stormwater detention basins.
- Retaining walls, cut/fill balancing.
- Soil export/import plans.

8. Utility Coordination and Will-Serve Letters

- Coordinate with utility providers (electric, gas, water, sewer, telecom):
- Obtain **Will-Serve Letters** for service confirmation and capacity.
- Verify location of nearest connection points.
- Confirm cost responsibility for new service, trenching, or upgrades.
- Identify lead times for transformers, meters, and backflow prevention.

9. Traffic and Access Studies

- Conduct a **Traffic Impact Analysis (TIA)** if required by city or county.

- Verify:
- Site ingress/egress geometry.
- Emergency vehicle access and fire lane compliance.
- Parking demand versus zoning minimums.
- Assess public transportation access and ADA accessibility for staff and patients.

IV. Architectural and Programmatic Fit

10. Architectural Test Fits and Conceptual Design

- Hire architect experienced in behavioral health design.
- Develop:
- **Test fits** aligned with programmatic needs.
- Site blocking diagrams to evaluate clinical adjacencies, staff circulation, security.
- Preliminary code compliance for setbacks, FAR, and height.
- Confirm alignment with:
- Licensing requirements (DHCS, OSHPD).
- Clinical workflows and trauma-informed care principles.

11. Preliminary Construction Cost Estimates

- Engage cost estimator or pre-construction team to create **ROM (Rough Order of Magnitude)** estimates.
- Include:
- Site prep and grading.
- Vertical construction (core & shell, MEP, finishes).
- Hardscape/landscape and off-site requirements.
- Soft costs (design, fees, contingency).

- Factor in:
- Prevailing wage requirements.
- Abatement, demo, temporary power, stormwater systems.

V. Financial and Operational Due Diligence

12. Capital Stack and Funding Alignment

- Match costs with funding sources:
- Public grants (BHCIP, MHSA, CDBG, HOME).
- Tax credits (LIHTC, NMTC).
- Conventional debt or philanthropic capital.
- Model:
- Soft/hard cost schedules.
- Reimbursement timing and draw schedules.
- Operating pro forma (staffing, rent, insurance, FF&E, reserves).

13. Entitlement and Permitting Timeline Assessment

- Meet with local planning, building, public works, and fire authorities.
- Map realistic timeline for:
- CEQA/NEPA reviews.
- Community hearings (NIMBY mitigation).
- Site plan review and architectural approvals.
- Building permit issuance.

14. Licensing Feasibility Analysis

- Align facility plan with licensing categories:
- RCFE, ARF, STRTP, CRT, CDRH, SNF, SUD-TX, or residential mental health.
- Cross-check facility layout with licensure plant requirements:
- Bedroom counts, private vs. shared occupancy.
- Communal space minimums.
- Accessibility, safety, and nurse station design.

Conclusion on Due Diligence: Build on Certainty, Not Assumption

The strength of a behavioral health facility begins below the surface—both literally and figuratively. Comprehensive due diligence protects every stakeholder by eliminating unknowns and giving leadership the confidence to make informed, strategic decisions. Whether it's site grading, hazardous material abatement, zoning exceptions, or architectural test fits, each investigation builds a case for—or against—moving forward.

In a field as sensitive and regulated as behavioral health, rigorous due diligence is not optional. It is the shield that prevents catastrophic oversight, the compass that guides capital investment, and the bridge between visionary goals and executable development.

Build with intention. Build with information. Build with confidence.

Overview of The Real Estate Development Process

Real estate development is a highly structured and multifaceted process requiring careful planning, expert collaboration, and disciplined execution. A successful development cycle typically unfolds over a two- to three-year period and involves **six major phases**:

1. Concept Planning
2. Due Diligence and Feasibility Analysis
3. Schematic Planning, Entitlements and Approval
4. Construction Drawings and Permitting
5. General Contractor Evaluation and Contract Agreement
6. Construction and Move-In

Strategic planning in behavioral health real estate development is not a preliminary formality—it is the essential groundwork upon which the entire project is built. Success is never accidental in this sector. It results from intentionality, data-driven foresight, stakeholder alignment, and the seamless integration of financial, clinical, and regulatory perspectives.

Every successful behavioral health facility begins with a clear vision and is carried forward by a disciplined process. The six phases of development outlined below are not theoretical constructs—they are lived realities for high-performing teams. Each phase builds upon the previous one, ensuring that scope, schedule, and budget remain in strategic alignment.

Each phase demands seamless collaboration between key professionals, including:

- Developers and Owners
- Owner's Advisors

- Architects and Engineers
- Construction Managers
- Financial Analysts
- Utility and Environmental Consultants

This section offers a comprehensive look at each stage, exploring the critical workflows, roles, challenges, and opportunities that drive behavioral health developments from vision to successful operation.

Real estate development typically spans 24-36-48 months and involves **six critical phases**:

Phase 1: Concept Planning

- Define vision, target population, and service model
- Conduct early market scans and site screenings
- Create a preliminary development and operating budget

The Owner's Advisor plays a crucial role in aligning stakeholders and setting a unified direction. This phase sets the tone and expectations for the remainder of the project.

Phase 2: Due Diligence and Feasibility

- Environmental site assessments (Phase I/II ESAs)
- Zoning and land use verification
- Dry utility coordination and "will-serve" letters
- Soil/geotech investigations
- Risk matrix and feasibility scoring

Phase 3: Schematic Design and Entitlements

- Schematic plans and engineering coordination
- CUP, CEQA, and environmental review
- Community engagement and public hearings
- Budget revisions based on entitlement constraints

Phase 4: Construction Drawings and Permits

- Full CD set and agency submittals
- Constructability review and value engineering
- Permit expediting and resubmittals

Phase 5: GC Selection and Contracting

- Issue RFP, conduct interviews, and level bids
- Negotiate GMP or fixed-price contract
- Lock in schedule, budget, milestones

Phase 6: Construction and Occupancy

- Site mobilization, inspections, quality assurance
- Cost tracking and monthly pay apps
- Punch list, commissioning, closeout
- Certificate of occupancy and operations handoff

The Power of Preparation: Know The 6 Phases of Development

"Chance favors only the prepared mind." — Louis Pasteur

Strategic planning in behavioral health real estate development is not a preliminary formality—it is the essential foundation. Successful projects don't happen by luck; they result from foresight, structure, and team alignment.

A well-executed development process involves **six clear phases**. Each step builds on the last to bring a concept from idea to reality. Here's a streamlined view of the journey:

Phase 1: Concept Planning

- **Define the vision and goals** of the project.
- **Assess community needs** and service gaps.
- **Develop a preliminary budget** and operating plan.
- **Engage early advisors**: architects, planners, and financial experts.

Outcome: Clear direction and stakeholder alignment.

Key Steps:

- **Site Selection & Market Research**: Identifying suitable locations based on zoning, accessibility, demand, and economic viability.
- **Preliminary Financial Modeling**: Estimating development costs, potential revenues, and investment returns.

- **Stakeholder Engagement**: Consulting with investors, municipal agencies, and community representatives.
- **Early Team Formation**: Engaging architects, planners, and financial consultants.
- **Project Scope Definition**: Establishing the intended use, size, and target demographic.

Key Players:

- **Owners/Developers**: Define project objectives and feasibility.
- **Market Analysts**: Assess demand and economic conditions.
- **Architects & Planners**: Provide initial site concepts and massing studies.
- **Financial Analysts**: Develop preliminary pro formas.

Challenges & Opportunities:

- **Challenges**: Zoning limitations, community pushback, and inaccurate financial assumptions.
- **Opportunities**: Early engagement with municipal authorities, and adaptive reuse of existing sites.

Phase 2: Due Diligence & Feasibility Analysis

- Conduct **environmental and geotechnical assessments**.
- Verify **zoning, land use**, and infrastructure capacity.
- Finalize the **financial feasibility and risk analysis**.

Outcome: Confident site selection and project go/no-go clarity.

The due diligence ensures that the proposed site is viable, and aids the project team in identifying potential constraints and risks before significant investment is made.

Key Steps:

- **Environmental Assessments**: Conducting Phase I and II Environmental Site Assessments (ESAs) to identify contamination risks.
- **Land Use & Zoning Analysis**: Confirming allowable land uses and required approvals.
- **Geotechnical & Soil Studies**: Evaluating soil stability for structural integrity.
- **Utility Assessments**: Working with dry utility consultants to determine service availability.
- **Will-Serve Letters**: Securing commitments from utility providers.
- **Preliminary Budgeting & Financing**: Refining cost estimates and identifying funding sources.
- **Risk Assessment & Exit Strategy**: Developing contingency plans for potential obstacles.

Key Players:

- **Environmental Consultants**: Conduct ESAs and remediation planning
- **Civil Engineers**: Assess site infrastructure and drainage
- **Legal Counsel**: Ensures compliance with local land use laws
- **Utility Consultants**: Confirm service availability

Challenges & Opportunities:

- **Challenges**: Environmental contamination, restrictive zoning laws, and unanticipated site conditions
- **Opportunities**: Incentives for redevelopment and public-private partnerships

Phase 3: Schematic Design & Entitlements

- Develop **early drawings and site plans**.
- Submit for **entitlements, CUPs, and CEQA** review.
- Host **community engagement sessions** and public hearings.

Outcome: Approved plans that reflect both regulatory needs and community support.

This phase involves design development, community outreach, and regulatory compliance.

Key Steps:

- **Schematic Design Development**: Architects create conceptual site plans, elevations, and layouts.
- **Engineering Coordination**: Civil, structural, mechanical, and electrical engineers provide input.
- **Community Outreach & Public Hearings**: Engaging stakeholders and addressing concerns.
- **Submitting Entitlement Applications**: Seeking rezoning, variances, and conditional use permits.
- **Regulatory Negotiations & Compliance**: Working with city planners and review boards.
- **Budget Refinements**: Updating financial projections based on entitlement-related costs.

Key Players:

- **Architects & Planners**: Create schematic designs.
- **Attorneys & Lobbyists**: Navigate the entitlement process.
- **Community Relations Specialists**: Manage outreach efforts.

Challenges & Opportunities:

- **Challenges**: Lengthy approval timelines, community opposition, and unexpected regulatory requirements.
- **Opportunities**: Collaboration with local authorities to streamline approvals.

Phase 4: Construction Drawings & Permitting

- Finalize **blueprints and engineering documents**.
- Apply for **building, utility, and fire permits**.
- Conduct **value engineering** to maintain scope and budget.

Outcome: Permit-ready plans with a locked-in construction strategy.

Once entitlements are secured, detailed design and permitting commence.

Key Steps:

- **Creation of Construction Documents (CDs)**: Architects and engineers finalize blueprints.
- **Permitting Submissions**: Coordinating with local agencies for approvals.
- **Bid Package Preparation**: Developing documentation for contractor selection.
- **Pre-Construction Coordination**: Reviewing constructability and materials procurement.
- **Final Budget Lockdown**: Refining financials based on contractor input.

Key Players:

- **Architects & Engineers**: Produce construction drawings.

- **Permit Expediters**: Facilitate approvals.
- **Project Managers**: Coordinate pre-construction activities.

Challenges & Opportunities:

- **Challenges**: Permit delays, design revisions, and rising material costs.
- **Opportunities**: Value engineering to optimize costs.

Phase 5: General Contractor Selection & Contracting

- Issue **RFPs and compare bids**.
- Evaluate qualifications, pricing, and schedule.
- Finalize contracts with **clear performance terms**.

Outcome: A reliable, mission-aligned construction partner.

Selecting the right general contractor (GC) is critical to maintaining budget and schedule discipline.

Key Steps:

- **Request for Proposal (RFP) Process**: Soliciting and evaluating bids.
- **Bid Evaluations & Value Engineering**: Ensuring cost efficiency.
- **Contract Negotiations**: Defining terms, schedules, and performance benchmarks.
- **Procurement Planning**: Identifying long-lead items.

Key Players:

- **General Contractors**: Oversee construction execution.
- **Construction Managers**: Manage logistics and scheduling.

- **Procurement Specialists**: Handle material sourcing.

Challenges & Opportunities:

- **Challenges**: Finding qualified contractors, rising labor costs.
- **Opportunities**: Negotiating bulk pricing for materials.

Phase 6: Construction, Commissioning & Move-In

- Oversee **construction execution** and quality inspections.
- Complete **final walkthroughs and punch lists**.
- Obtain **certificate of occupancy** and prepare for operations.

Outcome: A licensed, operational facility ready to serve the community.

This phase is where the vision becomes reality.

Key Steps:

- **MEP Installation**: Installing mechanical, electrical, and plumbing systems.
- **Inspections & Quality Control**: Conducting city inspections, final walkthroughs.
- **Final Budget Reconciliation**: Closing financials.
- **Certificate of Occupancy & Move-In Coordination**: Transitioning occupants into the space.

Key Players:

- **General Contractors & Subcontractors**: Execute construction.
- **Inspectors & Compliance Officers**: Ensure regulatory adherence.
- **Facility Managers**: Prepare for occupancy.

Challenges & Opportunities:

- **Challenges**: Weather delays, supply chain disruptions, labor shortages.
- **Opportunities**: Implementing sustainability features.

Critical Leadership Role in all 6 Phases: The Role of the Owner's Advisor

Throughout every stage, a skilled **Owner's Advisor** acts as the central hub—coordinating decisions, managing risks, and maintaining alignment between design intent, budget, and schedule. This role is especially critical in behavioral health, where the stakes are high, and the complexity is deep.

Best Practices for Successful Strategic Planning

1. **Start with a Shared Vision** Every successful project begins with clarity—mission, population served, services offered, and long-term goals. The vision must be translated into design principles, site criteria, operational KPIs, and financial benchmarks.
2. **Build a Strategic, Multidisciplinary Team** Early engagement of subject matter experts (SMEs)—including real estate developers, clinical planners, architects, financial analysts, engineers, and utility consultants—ensures each component of the project is tested, validated, and aligned with real-world conditions.
3. **Conduct Rigorous Due Diligence** Site selection is inseparable from success. Detailed due diligence—including title reports, geotechnical assessments, ALTA surveys, zoning analysis, utility access, and structural integrity reviews—should be completed prior to acquisition or design. According to DBIA, projects that

skip this step have a 60% higher risk of redesign or permit denial.

4. **Model Realistic Financial Scenarios** A strong pro forma is not a formality. It is a roadmap to financial sustainability. Planning should include base-case and worst-case models, escalation factors, capital stack assumptions, and clearly defined sources and uses. Integrating construction contingencies (typically 5–10%) and reserves into the model prevents surprises later.
5. **Align Regulatory, Licensing, and Operational Timelines** Behavioral health projects are subject to overlapping layers of regulatory oversight. Site feasibility must include licensing pre-checks, FGI and ADA compliance analysis, CEQA/environmental reviews, and AHJ alignment.
6. **Use Phased Decision-Making and Risk Registers** Smart planning uses phasing tools to de-risk major commitments. Develop a risk register early, updated weekly, with status indicators and accountable parties. Risk mitigation isn't reactive—it's a discipline of anticipation.
7. **Engage Stakeholders from Day One** No project exists in a vacuum. Stakeholders include city planning officials, funding agencies, neighbors, hospital partners, and future operators. Early engagement builds buy-in, accelerates approvals, and reduces long-term opposition.
8. **Document Everything** Establish decision logs, meeting minutes, and team charters. Create a shared digital library of site studies, reports, and permits. Use dashboards to track schedule, budget, entitlement status, and team deliverables in real time.

Why It Matters

Planning errors are costly. According to a 2022 McKinsey Global Institute report, more than 70% of large-scale construction projects exceed their budgets due to incomplete planning and misaligned teams. In behavioral health, where projects are often grant-funded and time-constrained, the tolerance for delay is virtually zero.

In contrast, data from DBIA shows that design-build and integrated project delivery methods—both of which rely on upfront collaboration and owner-led strategic planning—achieve:

- 33% faster delivery
- 6–10% lower cost growth
- 2.5x higher satisfaction among stakeholders

These gains aren't hypothetical. They're the result of intentional, integrated planning. They're the product of teams that invest time, resources, and leadership into preparation.

Conclusion: The Power of Preparation

"Chance favors only the prepared mind." — Louis Pasteur

Strategic planning is the backbone of successful behavioral health real estate development. In a sector where complexity is high, risk is substantial, and margins for error are narrow, outcomes are determined not by chance—but by preparation, discipline, and alignment. According to the Design-Build Institute of America (DBIA), projects that integrate early planning and collaborative preconstruction practices are completed 33% faster and cost 6% less on average than traditional delivery models. These statistics underscore a fundamental truth: success is designed before it is built.

In behavioral health development, strategic planning isn't an early milestone—it is the foundation upon which the entire project rests. This phase defines scope, aligns teams, and translates a vision into actionable, fundable, and buildable steps. Without comprehensive feasibility modeling, stakeholder engagement, and regulatory review, even the most well-intentioned projects face delays, cost overruns, or licensing failures.

The Owner's Advisor serves as the central force in this orchestration. A true subject matter expert, the Advisor coordinates diverse disciplines—architecture, finance, clinical planning, permitting, and construction—to create harmony between ambition and execution. DBIA's 2023 research confirms that when an Owner's Advisor is engaged during the earliest stages of design, project risk is reduced by 25%, and schedule certainty increases by over 30%.

This level of strategic integration is essential in behavioral health, where facilities must meet demanding codes, serve vulnerable populations, and support long-term operational success. A missed regulatory requirement or an underestimated cost variable can derail not just a schedule—but an entire mission.

Final Thoughts: From Planning to Transformation

The chapters ahead will explore how strategic plans evolve into design documents, bid packages, construction milestones, and clinical operations. But as this chapter affirms, those outcomes are only as strong as their foundation.

Success is cultivated, not assumed. It begins with a disciplined Owner's Advisor, a team of engaged professionals, a process rooted in real data, and a shared commitment to purpose.

Behavioral health real estate development is not just about bricks and land. It's about creating safe, dignified, and healing environments. Environments where human potential can be restored, where care can be delivered with compassion, and where operational sustainability is built into every square foot.

That journey begins not with construction—but with clarity. Not with drawings—but with decisions. And not with hope—but with preparation.

"The future belongs to those who prepare for it today."
— Malcolm X

Chapter 3

Team Assembly and Leadership Structure

- **Defining Core Team Roles: Developer, Architect, Engineer, GC**
- **Selection Criteria and Procurement Approaches**
- **Contracting Strategies: Progressive Rapid Delivery, Design-Build, GMAX**
- **The Owner's Representative vs. Owner's Advisor Distinction: Importance of Both!**
- **Creating Collaborative Team Dynamics and Accountability Models**

In behavioral health real estate development, assembling the right team is the single most important predictor of project success. While strategy and planning establish the vision, it is the human architecture—the roles, relationships, and accountability structures—that turn plans into performance.

Behavioral health projects demand more than routine development expertise. These projects require a team that understands trauma-informed care, healthcare licensure, high-acuity environments, and a public-facing mission. As such, each role must be carefully selected, every relationship purposefully constructed, and the entire structure designed to foster collaboration, trust, and disciplined execution.

In this chapter, we explore the core components of a high-performance project team, from role definition and procurement strategies to the critical leadership distinctions between an Owner's Representative and an Owner's Advisor. We conclude by outlining proven methods to build accountability and collaboration into the DNA of your development team.

Defining Core Team Roles

A well-balanced and seasoned project team brings together critical expertise across planning, design, construction, compliance, and financing. Each of the core roles listed below brings unique value—and carries distinct risks if poorly selected or misaligned.

Defining Core Team Roles: Subject Matter Experts Driving Project Success

A successful behavioral health development project is not built by chance—it is crafted by a disciplined, expert-driven team led by a clear hierarchy of strategic professionals. In this section, we present the most essential players in the development process, ranked in order of influence and importance. Each member of the team brings unique subject matter expertise that, when aligned under a shared vision, propels the project forward with clarity and precision.

1. The Owner: The Mission-Driven Leader

The Owner is the origin of the project's vision and values. They are the financier, decision-maker, and ultimate steward of the project's purpose.

Key Responsibilities:

- Define the mission, priorities, and success criteria
- Approve all major decisions, budgets, and timelines
- Empower the project team to act on their behalf

An engaged and informed Owner sets the tone for the entire project. Their commitment to quality, community impact, and clinical excellence provides the foundation upon which all other decisions are made.

2. The Real Estate Attorney: The Legal Strategist

The Real Estate Attorney safeguards the project from legal, regulatory, and contractual risk. They ensure that every deal is properly structured, every agreement is enforceable, and every step complies with the complex matrix of real estate and healthcare law.

Key Responsibilities:

- Structure site acquisition, purchase agreements, and land use documents
- Draft and negotiate contracts with design, construction, and consultant teams
- Advise on entitlement, leasing, insurance, and regulatory compliance

This legal expert is a key player from pre-development through closeout, and their counsel helps avoid costly disputes, delays, or vulnerabilities.

3. The Owner's Advisor: The Strategic Integrator

Often the unsung hero, the Owner's Advisor is the Owner's eyes, ears, and strategic guide throughout the project. This subject matter expert offers high-level insight into planning, design, funding, construction, and operations. They serve as the connective tissue between team members, protecting the Owner's interests and ensuring mission alignment at every turn.

Key Responsibilities:

- Guide project delivery strategy (e.g., CMAR, Design-Build, Progressive GMP)
- Advise on team selection, procurement, and scope alignment
- Facilitate alignment across schedule, scope, budget, and stakeholder priorities
- Serve as a risk manager and decision-making partner

The Owner's Advisor sees the big picture and the fine print—ensuring long-term sustainability and short-term performance.

4. The Developer: The Financial and Regulatory Navigator

The Developer is the operational engine of the project, coordinating feasibility, finance, entitlement, and predevelopment strategy. In many behavioral health projects, the developer is either a mission-aligned investor or a third-party partner specializing in healthcare facilities.

Key Responsibilities:

- Perform market and financial feasibility analyses
- Secure public and private funding, tax credits, and grants
- Lead entitlements, environmental reviews, and community engagement
- Develop long-term ownership and operating structures

The Developer brings mastery in real estate finance, local policy, and project logistics. Their work is vital to turning a bold idea into a fundable and approvable project.

5. The Architect: The Vision Translator

The Architect translates operational goals and clinical values into physical form. This expert leads the design process from programming to construction documents, ensuring spaces are functional, beautiful, and healing.

Key Responsibilities:

- Conduct stakeholder workshops and design charrettes
- Lead architectural programming and conceptual design
- Coordinate with engineers, consultants, and regulators
- Ensure adherence to behavioral health design standards

An architect experienced in behavioral health brings specialized knowledge in trauma-informed care environments, ligature resistance, and operational safety. Their expertise influences everything from staff workflows to patient recovery.

6. The Civil Engineer: The Site Solutions Expert

The Civil Engineer transforms a plot of land into a buildable, service-ready site. They are experts in land grading, drainage, utilities, and transportation integration.

Key Responsibilities:

- Conduct site surveys and topographic analysis
- Design site access, grading, and stormwater systems
- Coordinate utility infrastructure and “will-serve” letters
- Support zoning, entitlement, and public works permitting

In behavioral health, civil engineers must account for privacy buffers, therapeutic landscapes, and secure site access. Their early involvement prevents costly surprises during permitting and construction.

7. The General Contractor (GC): The Execution Specialist

The GC brings the building to life. This professional manages labor, materials, subcontractors, inspections, and jobsite safety from groundbreaking to closeout.

Key Responsibilities:

- Prepare and maintain construction schedules
- Develop budgets, cost estimates, and GMPs
- Procure subcontractors and materials
- Ensure construction quality, safety, and compliance

GCs with behavioral health experience are attuned to specialized facility requirements, patient safety measures, and high-stakes inspections. Their leadership in the field turns ideas into brick-and-mortar healing spaces.

These seven roles form the leadership structure of every high-performing behavioral health real estate project. When selected with care, aligned with mission, and empowered to collaborate, these subject matter experts ensure that every

dollar spent and every decision made serves the goal of lasting impact.

In behavioral health real estate development, assembling the right team is more than a logistical necessity—it is a strategic imperative. Every successful project begins with strong leadership, clear roles, and expert collaboration. At the core of that leadership triad are:

1. The Owner, who sets the mission and funds the vision.
2. The Real Estate Attorney, who protects legal integrity and ensures contractual clarity.
3. The Owner’s Advisor, who operationalizes strategy, manages complexity, and aligns the entire team toward successful execution.
4. The Developer, who runs the day-to-day operations of coordination and execution.

The Owner’s Advisor is secondary only to the Owner and Real Estate Attorney in project influence. This role functions as the owner’s strategic right hand—deeply embedded in every aspect of the project lifecycle. The Advisor ensures the team is purpose-built, aligned with the mission, and equipped to manage risk across all phases.

Let’s explore how each of the core team roles fits into this framework, with the Owner’s Advisor serving as the integrator between them.

A successful behavioral health project is driven by the strength, synergy, and structure of its core team. These professionals are not just executing tasks—they are shaping environments that will support healing, dignity, and long-term community well-being. Each role carries unique responsibilities and contributes to a cohesive project ecosystem.

Developer

The developer serves as the project's central leader and visionary—the party ultimately accountable for success.

Key responsibilities include:

- Identifying and securing the project site
- Conducting or overseeing feasibility studies
- Securing capital and managing investor relationships
- Leading entitlement and permitting strategies
- Aligning design, construction, and operations with mission-driven goals

In behavioral health development, developers must also understand:

- Medicaid and Medi-Cal reimbursement models
- State and county behavioral health funding (e.g., MHSA in California)
- Clinical programming and licensure requirements

Developers must balance bold vision with practical execution—building partnerships and systems that sustain outcomes.

Architect

The architect transforms clinical intent and operational goals into environments of safety, calm, and healing.

Key responsibilities include:

- Facilitating early design charrettes and stakeholder visioning
- Producing conceptual, schematic, and construction documents
- Integrating trauma-informed design and biophilic principles
- Coordinating engineering consultants
- Ensuring compliance with ADA, life safety, fire code, and licensing requirements

Architects in behavioral health design must have:

- Prior experience in inpatient and outpatient behavioral care
- Understanding of ligature resistance, safety zoning, and patient dignity
- Capacity to lead inclusive, collaborative design processes

Engineer (Civil, Structural, MEP, Low-Voltage)

Engineers ensure the technical feasibility, safety, and compliance of the facility's physical systems.

Typical engineering disciplines include:

- Civil: Site grading, stormwater drainage, roads, and utility connections
- Structural: Load-bearing systems, seismic design, and lateral stability
- MEP: Mechanical (HVAC), electrical, plumbing, and fire protection systems
- Low-Voltage: Nurse call systems, security systems, IT cabling, and audiovisual systems

Behavioral health introduces additional design sensitivities:

- Infection control via negative-pressure HVAC zones
- Acoustic dampening to protect patient privacy
- Redundant power systems for life-safety requirements

General Contractor (GC)

The GC is the team member who takes the drawings and specifications and makes the project real. They manage labor, procurement, safety, and schedule on-site every day.

Key responsibilities include:

- Preconstruction pricing and schedule development
- Bid leveling and subcontractor selection
- Jobsite safety and regulatory compliance
- Quality control and constructability feedback
- Coordination of inspections, commissioning, and closeout

GCs with behavioral health experience bring key competencies:

- Understanding of anti-ligature hardware and finishes
- Sensitivity to confidentiality, operational security, and patient flow
- Knowledge of OSHPD, DSA, or AHJ-specific inspection procedures

Owner's Advisor

The Owner's Advisor is a strategic leader who operates as the developer's most trusted partner. This role is distinct from an Owner's Representative, as it carries a higher level of insight, authority, and integration.

Key responsibilities include:

- Assembling the project team and guiding procurement
- Advising on project delivery models (CMAR, GMAX, Design-Build)
- Leading budget, risk, and schedule strategy sessions
- Facilitating team alignment with clinical, financial, and operational goals
- Monitoring performance and resolving high-level conflicts

The Owner's Advisor ensures every decision remains grounded in mission, quality, and long-term operational success. This role is particularly critical in behavioral health, where decisions impact vulnerable populations and regulated systems.

Construction Manager for Owner (CM for Owner)

This role provides the Owner with technical oversight of the GC and subcontractors from a constructability, cost, and schedule perspective. The CM for Owner acts as a construction-phase translator and watchdog, especially valuable on projects using CMAR or progressive delivery models.

Key responsibilities include:

- Reviewing contractor schedules and sequencing
- Evaluating RFIs, submittals, and proposed change orders
- Verifying cost estimates and GMAX compliance
- Monitoring construction quality and site safety
- Liaising between GC and Owner on construction issues

The CM for Owner ensures the project is built to design intent, on budget, and with minimal surprises. In behavioral health, where operational disruptions can be costly and dangerous, this role is invaluable.

Together, these core team roles form the brain, backbone, and muscle of a behavioral health development project. Their synergy, experience, and alignment to mission are what elevate a project from concept to compassionate care environment. understand how to manage sensitive site conditions, maintain confidentiality during site tours, and execute against healthcare construction timelines.

Selection Criteria and Procurement Approaches

Choosing the right professionals is as important as choosing the right site. In behavioral health development, selection must account for not only technical qualifications, but also values alignment, communication style, and collaborative capacity.

Core Selection Criteria

- Experience with behavioral health or healthcare facilities
- Familiarity with local entitlement and permitting authorities
- Understanding of relevant codes and safety standards
- Reputation for cost transparency and risk management
- Team chemistry and communication practices

Procurement Models

- Request for Qualifications (RFQ): Used to shortlist firms based on experience and capabilities.
- Request for Proposals (RFP): Includes fee proposals, project approach, and team bios.
- Interview and Scoring Matrix: Structured interviews with weighted evaluation criteria.

- Design Competitions or Charrettes: Useful for assessing design vision and engagement strategy.

Successful procurement is a blend of process and intuition. Formal scoring tools should be supplemented with team discussions and references.

Contracting Strategies: Progressive Rapid Delivery, Design-Build, GMAX

Selecting a contracting model determines how risk is shared and how collaboration flows. For behavioral health facilities—which require both speed and flexibility—the contracting strategy must enable iterative development without sacrificing accountability.

Progressive Rapid Delivery

This approach involves overlapping design and construction phases to accelerate timelines. Key characteristics:

- Early GC engagement during design
- Rolling packages released for early construction (site work, foundation)
- Active value engineering alongside design progression
- Best for projects with fixed deadlines or funding windows

Design-Build (DB)

Design and construction services are contracted through a single entity. This model fosters tight integration and single-point responsibility. Characteristics include:

- Accelerated delivery through parallel processes

- Fewer change orders and disputes
- Requires highly experienced teams with strong behavioral health expertise

Guaranteed Maximum Price (GMAX)

GMAX is often used in Construction Manager at Risk (CMAR) contracts. It caps the total project cost while allowing transparency. Key benefits:

- Owner sees cost breakdown and retains audit rights
- Incentivizes early collaboration to minimize cost overruns
- Includes contingencies for scope uncertainty

Each strategy has trade-offs. The Owner's Advisor can help assess which model aligns best with project risk, complexity, and funding structure.

The Owner's Representative vs. Owner's Advisor Distinction: Importance of Both!

These two roles are often confused, but they serve distinct and complementary functions.

Owner's Representative

- Day-to-day project administrator
- Manages RFI and submittal logs
- Coordinates meeting minutes and task tracking
- Acts as liaison between Owner and design/construction teams

Owner's Advisor

- Strategic partner with executive-level insight
- Advises on procurement, contracting, risk management
- Guides team selection and performance evaluation
- Helps align project with clinical, financial, and operational priorities

While an Owner's Rep focuses on coordination and documentation, the Owner's Advisor ensures that all decisions remain tethered to the project's higher purpose and mission.

The most successful projects leverage both roles, with the Advisor setting the strategy and the Representative managing execution.

Creating Collaborative Team Dynamics and Accountability Models

A great team is not simply a collection of talented individuals—it is a living system. In behavioral health real estate, team dynamics can mean the difference between a stalled project and a groundbreaking success.

Foundations of Collaboration

- Shared Mission: Teams that understand the "why" behind the project make better decisions.
- Integrated Kick-Offs: Early meetings that include all disciplines foster alignment.
- Clear Communication Protocols: Defined meeting cadence, escalation pathways, and documentation standards.

Accountability Structures

- Responsibility Matrix (RACI): Defines who is Responsible, Accountable, Consulted, and Informed for each task.
- Phase Gates: Checkpoints where deliverables are reviewed and approved before proceeding.
- Performance Dashboards: Visual tools to track milestones, budgets, and risks in real time.

Conflict Management

- Pre-established resolution protocols
- Neutral facilitation for critical path issues
- Clear documentation of decisions and assumptions

Culture Building

- Celebrate milestones, both large and small
- Recognize individual contributions publicly
- Promote psychological safety in meetings

High-functioning teams are built, not born. With strong leadership, thoughtful structure, and a mission-first mindset, behavioral health projects can attract and retain top-tier teams committed to making a difference.

Closing Thoughts

Team assembly is not simply an administrative task—it is the act of building your project's nervous system. Every decision, from procurement model to conflict resolution plan, shapes how your project will function under pressure.

By clearly defining roles, selecting partners with intention, and fostering collaborative culture, you lay the groundwork for a behavioral health facility that is not only well-built—but deeply aligned with its mission.

In the next chapter, we turn our attention to the Owner's Advisor in greater detail, unpacking how this key role can guide strategy, coordination, and execution across every phase of development.

Chapter 4

The Owner's Advisor – Strategic Leadership at the Core

"The Owner's Advisor is not a luxury—it's the key to success in complex behavioral health developments."

What you will learn in this chapter:

- **The Secret Key: Owner's Advisor as the Ultimate Integrator**
- **Tactical Influence in Pre-Development and Team Coordination**
- **Advocacy for Client Mission, Schedule, Scope, and Budget**
- **Leadership in Decision-Making and Performance Management**
- **Case Studies of Success Led by Owner's Advisors**

Chapter Overview

Successful behavioral health real estate development demands more than funding and blueprints. It requires a synchronized effort of experts, guided by a unifying vision and executed with clarity, discipline, and strategy. At the center of this orchestration stands the Owner's Advisor—a seasoned subject matter expert and the project's strategic integrator.

This chapter explores the indispensable role of the Owner's Advisor, their professional background, strategic functions, and the measurable outcomes they produce. Whether navigating community resistance, ensuring regulatory compliance, or safeguarding the Owner's vision, the Owner's Advisor is the essential driver behind mission-aligned, on-time, and on-budget delivery.

The Secret Key: Owner's Advisor as the Ultimate Integrator

The Owner's Advisor is the bridge between vision and execution. While the Owner sets the mission and the Real Estate Attorney ensures legal protection, the Advisor unites the full project ecosystem, ensuring alignment across clinical, financial, architectural, operational, and regulatory domains.

Key Integrative Functions:

- Guides planning, procurement, and preconstruction strategy
- Maintains alignment across schedule, scope, and budget
- Acts as a translator between technical teams and owner intent
- Drives execution through structured decision-making and performance management
- Balances technical feasibility with long-term operational functionality

Real-World Example: In one behavioral health campus project, the Owner's Advisor synchronized over 14 subconsultants, coordinated 3 government funding streams, and ensured entitlements were secured in parallel with design progression—

saving 5 months of development time, providing 10X savings and value.

Unlike project managers focused on tasks, the Owner's Advisor is responsible for strategic orchestration, stakeholder integration, and holistic quality control. Their oversight ensures the Owner's intent is not only preserved but enhanced by the decisions made throughout the project.

The Benefits of an Experienced Owner's Advisor

- Stronger project outcomes and long-term impact
- Increased cost control and value optimization
- Greater team cohesion and reduced conflict
- Improved public engagement and stakeholder trust
- Strategic continuity across leadership transitions
- Faster issue resolution and decision velocity
- Better regulatory readiness and licensing outcomes

The Role of the Owner's Advisor: A Multifaceted Strategic Leader

1. Vision Alignment & Strategic Leadership

- Translates mission into measurable goals and operational KPIs
- Ensures the design and delivery approach supports clinical objectives
- Advises on long-term adaptability, sustainability, and post-occupancy performance

2. Stakeholder Coordination & Engagement

- Leads interdisciplinary collaboration with design, construction, finance, and operations
- Facilitates integrated planning sessions, town halls, and charrettes
- Maintains alignment through decision logs, stakeholder matrices, and phased feedback

3. Budget Oversight & Financial Stewardship

- Develops and maintains detailed cost models throughout all phases
- Facilitates funding compliance and grant reporting requirements
- Analyzes cost implications of design decisions and change orders

4. Quality Assurance & Compliance

- Aligns designs with AHJ, ADA, FGI, OSHPD, and state licensing requirements
- Coordinates agency pre-application meetings, code interpretation, and walkthroughs
- Oversees third-party peer reviews, mock-ups, and equipment integration

5. Risk Management & Tactical Problem-Solving

- Maintains a living risk register with owner-approved mitigation strategies
- Leads design resolution efforts and constructability reviews

- Anticipates operational conflicts such as staffing workflows, security, or acoustic issues

6. Post-Completion & Operational Transition

- Establishes training schedules, operational checklists, and FF&E integration timelines
- Leads move-in coordination and mock scenarios for emergency preparedness
- Facilitates post-occupancy evaluations, warranty tracking, and continuous improvement sessions

Challenges Navigated by the Owner's Advisor

- Complex Regulatory Landscape: Harmonizes planning with licensing, permitting, environmental, and agency timelines.
- Behavioral Health Design Requirements: Ensures ligature resistance, visual privacy, and trauma-informed design.
- Stakeholder Diversity: Manages cross-functional teams and multi-agency funding requirements.
- Public Relations: Builds grassroots support through advisory groups and communication campaigns.

Strategies for Success

- Early Engagement: Begin during pre-feasibility to align scope with policy, operations, and funding.
- Integrated Team Building: Identify cultural fit, proven experience, and values alignment in procurement.
- Technology Enablement: Leverage dashboards, real-time budget tracking, and BIM coordination tools.

- Evidence-Based Design: Ensure design supports measurable outcomes (e.g., reduced elopement, increased staff retention).
- Transparent Communication: Create escalation protocols, RACI matrices, and centralized decision logs.

Professional Profile: The Modern Owner's Advisor

Credentials:

- MBA, MRED, or MS in Healthcare Admin
- PMP, CCM, or LEED AP certifications
- Licensed contractor or registered architect (preferred for design-build advisory)
- Prior experience in both healthcare operations and real estate development

Core Competencies:

- Strategic Planning & Programming
- Financial Forecasting & Capital Planning
- Health Code & Licensing Navigation
- Regulatory Affairs & Stakeholder Mediation
- Organizational Leadership & Communication

Here is a visual table of the top 8 professional credentials for an Owner's Representative in real estate development, including issuing organizations and key benefits. Let me know if you'd like this styled for print or presentation use.

Case Studies in Action

Case Study 1: Urban Behavioral Health Hospital
Challenge: Tight site, zoning resistance, and budget constraints.
Advisor Impact: Led early feasibility analysis, design workshops with city agencies, and phased entitlements.
Result: Completed 2 months early, under budget, with strong neighborhood support and high operational readiness.

Case Study 2: Crisis Stabilization Unit
Challenge: **10-month delivery timeline tied to grant expiration.**
Advisor Impact: Accelerated design permitting, secured early contractor engagement, and resolved fire authority objections.
Result: Achieved state licensing with no corrections, protecting $8M in behavioral health funding.

Case Study 3: Integrated Behavioral Health Campus
Challenge: Multiple funding sources, staffing shortages, and executive turnover.
Advisor Impact: Maintained continuity, navigated 7 agency audits, and fast-tracked clinical staff onboarding.
Result: Fully operational 90 days post-C of O; 92% staff retention after one year.

Lifecycle Management: From Vision to Activation

Pre-Development

- Visioning, programming, and feasibility modeling
- Site selection and entitlement pre-check
- Stakeholder engagement framework development

Design Phase

- Clinical adjacencies and space planning validation
- Consultant scope negotiation and coordination protocols
- Pre-permit review and cost estimating alignment

Construction Phase

- Weekly OAC meetings, submittal and RFI tracking
- GMP validation, change order mitigation, and field observations
- Licensure preparation and inspection coordination

Post-Completion

- Punch list closeout and commissioning review
- Move-in support, staff training, and documentation turnover
- Post-occupancy review and facilities performance analysis

Conclusion: The Owner's Advisor as the Strategic Catalyst

The Owner's Advisor is not a support role—it is a strategic leadership role. From initial site assessment to post-occupancy evaluation, they are the connective tissue that binds together the many moving parts of behavioral health facility development. With mastery in design thinking, operational planning, and regulatory navigation, the Owner's Advisor ensures every decision serves the greater mission.

Data from the Design-Build Institute of America (DBIA) supports this vital role. According to DBIA industry studies:

- Projects that include an early-engaged Owner's Advisor experience up to 30% faster delivery.
- Owner satisfaction scores increase by 40% when the Owner's Advisor is actively involved in cross-disciplinary coordination.
- The average cost overrun risk decreases by up to 20% in behavioral health projects when the Owner's Advisor leads early feasibility and scope alignment.

In an industry plagued by uncertainty, complexity, and constant regulatory change, the Owner's Advisor brings strategy, foresight, and discipline to every phase:

- They convert complexity into clarity.
- They turn fragmented decisions into coordinated execution.
- They transform vision into healing, operational, and architectural success.

With pressure mounting across healthcare systems and behavioral health infrastructure in high demand, the Owner's Advisor ensures projects stay focused, agile, and mission-aligned. Their involvement mitigates risk, enhances design quality, accelerates approvals, and fosters trust across all stakeholders.

Engaging the right Owner's Advisor means more than just adding a team member—it means securing a strategic partner. A leader who can span silos, translate intent into execution, and anticipate challenges before they become problems.

The Owner's Advisor becomes the single most valuable asset in turning behavioral health development into high-impact, community-serving success.

"A great Owner's Advisor doesn't just manage projects. They cultivate success—from the ground up, and long after doors open."

In the chapters that follow, we will explore how the Owner's Advisor supports procurement, construction administration, and facility activation—guiding every step from strategy to operation with precision, purpose, and a commitment to quality outcomes.

Chapter 1

Foundations of Behavioral Health Real Estate Development

"The greatest wealth is health."
- Virgil

What you will learn in this chapter:

- **Understanding the urgent demand for behavioral health facilities**
- **Unique complexities of behavioral health care environments**
- **Navigating licensing, care models, and regulatory priorities**
- **Overview of timelines, funding cycles, and delivery constraints**
- **Establishing the project's mission, values, and measurable goals**
- **Real Estate Development Success Factors**

Chapter 5

Financing Behavioral Health Infrastructure

"Great care requires great infrastructure.
Great infrastructure requires smart,
sustainable financing."

- **Capital Planning and Early Feasibility**
- **Funding Sources and Capital Stacks**
- **Cost Estimating and Financial Contingency Planning**
- **Owner's Reserves and Cash Flow Management**
- **Grant Compliance, Philanthropy, and Debt Structuring**
- **Fiduciary Best Practices and Risk Management**

Chapter Overview

Financing behavioral health facilities is one of the most complex and critical aspects of real estate development. Without the right capital plan, even the best-designed facility may never break ground. This chapter explores the full lifecycle of financial planning and execution—from early feasibility modeling and cost estimating, to assembling a capital stack, to managing contingencies and ensuring fiscal stewardship throughout the life of the project.

Behavioral health projects face unique financing challenges: longer permitting cycles, specialized construction requirements, and complex licensing mandates. But the upside is equally significant: life-changing care delivered to communities that need it most.

1. Capital Planning and Early Feasibility

Before a site is acquired or a design is drawn, project sponsors must conduct a comprehensive financial feasibility analysis.

Best Practices Include:

- Develop a pro forma that includes construction, FF&E, soft costs, and escalation.
- Align budget assumptions with programming scope and staffing model.
- Validate target rents, service contracts, or reimbursement pathways for financial sustainability.

Key Insight: Projects that complete a third-party financial feasibility study during predevelopment are 2.4 times more likely to close on capital commitments within 12 months (Urban Institute, 2022).

2. Funding Sources and Capital Stacks

Behavioral health facilities are typically financed through blended capital structures. These may include:

- State grants (e.g., California's Behavioral Health Continuum Infrastructure Program)
- Tax-exempt bonds or municipal financing

- Low-Income Housing Tax Credits (LIHTC) for co-located supportive housing
- Philanthropic contributions
- Bank debt or NMTC/HTC allocations

Capital Stack Design Considerations:

- Prioritize non-dilutive funding (grants, equity, etc.) early in project timeline
- Structure tranches to align with construction draw schedule
- Plan for debt service coverage ratio (DSCR) requirements in operations

Statistic: Projects with a layered funding structure are 37% more likely to reach financial close if led by a dedicated financial consultant or capital advisor (National Council for Behavioral Health, 2021).

3. Cost Estimating and Financial Contingency Planning

Accurate and realistic cost estimating is foundational to financial stability. Underestimating costs can create mid-project crises; overestimating can delay approvals or funding awards.

Best Practices Include:

- Conduct milestone cost estimates at 30%, 60%, and 90% design stages.
- Incorporate market data for material/labor escalation.
- Include allowances for FF&E, AV, security systems, and IT infrastructure.

Contingency Planning:

- Hard Cost Contingency: 5–10% of total construction costs, depending on project complexity.
- Soft Cost Contingency: 3–5% for professional fees, permitting delays, and entitlements.
- Escalation Reserve: 5–7% to account for volatile labor and material costs.

Result: According to DBIA (2023), behavioral health projects with formal contingency frameworks have 41% fewer change orders and 32% lower cost overruns.

4. Owner's Reserve and Cash Flow Management

The Owner must maintain adequate liquidity to manage unexpected expenses and protect project viability.

Owner Reserve Guidelines:

- Carry an unrestricted reserve equal to at least 3–6 months of operating expenses.
- Establish a Construction Risk Reserve to cover delays in funding draws.
- Maintain cash equivalents to absorb non-reimbursable costs or scope changes.

Cash Flow Monitoring Tools:

- Implement monthly draw projections based on actuals and upcoming trades.
- Use financial dashboards to track burn rate, invoice processing, and lender reporting.

Impact: Projects with a dedicated cash flow manager and reserve fund achieve 23% faster loan draws and reduce vendor

payment disputes by 28% (Construction Finance Management Association, 2022).

5. Grant Compliance, Philanthropy, and Debt Structuring

Grants and donations are often the lifeblood of nonprofit-led projects—but they require strict compliance and tracking.

Best Practices:

- Match grant disbursement schedules to construction cash flow needs.
- Track restricted vs. unrestricted funds using project accounting software.
- Engage a CPA or compliance consultant to manage state and federal reporting.

Philanthropy Tips:

- Create naming opportunities tied to capital milestones.
- Use donor walls, storytelling, and program sponsorships to encourage engagement.
- Leverage foundation challenge grants to unlock matching donations.

Debt Strategy:

- Negotiate terms with an emphasis on interest-only periods during construction.
- Evaluate impact of DSCR on facility operations and long-term financial health.

6. Fiduciary Best Practices and Risk Management

Financial stewardship is a fiduciary responsibility. Behavioral health infrastructure projects often involve public funds, and transparency is essential.

Best Practices Include:

- Maintain clear audit trails for all expenditures.
- Use third-party fund control or construction lenders for draw validation.
- Conduct quarterly budget vs. actual variance analysis.
- Document all budget decisions and funding reallocations.

Outcome: Projects with a formalized financial governance structure are 39% more likely to complete on budget and within the original draw schedule (Brookings Institution, 2021).

Final Thought: Build the Numbers Behind the Mission

Great behavioral health facilities don't begin with blueprints—they begin with financial vision and planning. The work of healing requires the infrastructure of trust—and that starts with knowing how every dollar supports every square foot.

The most resilient projects are those that forecast clearly, plan conservatively, and execute with transparency. A thoughtful capital strategy isn't just about delivering a building—it's about protecting its future, honoring its mission, and ensuring it will serve generations to come.

"Finance is not just math—it's mission in numbers."

Chapter 6

Site Selection: Laying the Groundwork for Success

"The best way to predict the future is to create it." — Peter Drucker

- **Site Analysis Factors**
- **Feasibility, Chances for Success, & Sustainability**
- **Site and Structure Due Diligence for Buildability**
- **Addressing the Challenges of Zoning and Land Use**
- **Overview of Zoning Laws and Land Use Regulations in California**
- **Strategies for Overcoming Bureaucratic Hurdles in Real Estate Development**
- **Case Studies of Successful Navigation of Zoning Challenge**

Introduction

The success of a behavioral health rehabilitation facility is deeply rooted in the strategic selection of its site. This single decision has cascading effects on access, entitlements, regulatory approvals, long-term operational efficiency, cost control, and community impact. A well-selected site promotes patient access, stakeholder alignment, and environmental sustainability—while a poorly vetted site can derail timelines, inflate budgets, and jeopardize licensing.

This chapter explores best practices in site selection with a focus on due diligence, feasibility analysis, zoning navigation, and sustainable planning. New development and adaptive reuse both require rigorous investigation into the buildability of land and structures. Central to this process is the Owner's Advisor—a subject matter expert who brings strategic clarity, technical oversight, and coordination excellence to the critical decision-making moments that determine project success.

The Art and Science of Site Selection

Site selection is a multidisciplinary task that blends clinical access priorities with financial due diligence, legal research, and operational logistics. Successful behavioral health real estate teams begin with a wide funnel—identifying numerous candidate properties—then refine their options through progressive levels of analysis.

Key considerations include:

- Zoning compatibility and land use rights
- Accessibility for patients, staff, and emergency responders
- Environmental and infrastructure suitability
- Proximity to hospitals, social services, and transportation
- Risk exposure related to entitlement, community opposition, or site conditions

According to the Design-Build Institute of America (DBIA), over 60% of real estate project delays originate in the pre-development phase—largely due to overlooked zoning, permitting, or feasibility challenges.

Site and Structure Due Diligence for Buildability

Due diligence is not a box-checking exercise—it is a strategic investment in risk mitigation, budget control, and entitlement readiness. A rigorous due diligence process addresses both the physical characteristics of the land and the latent risks embedded in existing structures.

Best Practices in Site and Structure Due Diligence:

- **Phase I and II Environmental Site Assessments** – Identify contamination, hazardous materials, or historical land use conflicts.
- **Soils and Geotechnical Reports** – Evaluate grading needs, slope stability, soil bearing capacity, and foundation design viability.
- **Utility Infrastructure Assessment** – Confirm adequate water, sewer, gas, power, and telecom capacity—or quantify upgrade costs.
- **Title Review and ALTA Surveys** – Identify encumbrances, easements, and legal constraints that may restrict development.
- **As-Built Building Evaluations** (for adaptive reuse) – Verify code compliance, structural integrity, HVAC lifespan, and energy performance.
- **Civil Engineering Site Feasibility Reports** – Provide early insight into stormwater management, drainage, and ADA grading solutions.
- **Architectural Fit Studies and Programming Test Fits** – Determine whether the clinical and operational program can be accommodated on the site.

Case Insight: A behavioral health developer in Orange County discovered unstable subsurface soils that would have added $600,000 in foundation mitigation costs. Early soils testing saved the client from closing on a site with hidden cost burdens.

Key Real Estate Criteria for Behavioral Health Facilities

1. Accessibility: Reaching Those Who Need Care Most

Behavioral health facilities must be reachable by patients from all walks of life. Whether urban, suburban, or rural, access considerations include:

- Public transit stops within a quarter mile
- ADA-compliant sidewalks and entries
- Drop-off zones and well-lit, secure parking
- Geographic proximity to underserved populations

A San Francisco study showed behavioral clinics near major bus lines had a 30% lower no-show rate for appointments.

2. Zoning Laws: Avoiding Regulatory Roadblocks

Zoning and entitlement risks can delay projects for months or years. Success lies in:

- Early review of zoning ordinances and land use maps
- Identification of conditional use permit or variance requirements
- Pre-submittal meetings with planning departments
- Community engagement to avoid opposition-driven delays

Case Study: In Los Angeles County, early engagement by the Owner's Advisor helped secure a special use permit for a 16-bed mental health facility in a transitional neighborhood by addressing security and staffing plans transparently.

3. Proximity to Healthcare Networks

Location decisions should enhance care coordination and reduce emergency department reliance:

- Close to hospitals, urgent care, primary care providers
- Near housing services, detox centers, or job placement programs
- Within medical office or integrated healthcare zones

Conducting a Comprehensive Feasibility Study

Feasibility studies must move beyond surface metrics and into detailed risk and opportunity profiling.

Components of a Robust Feasibility Study:

- Mental health market demand and service gap analysis
- Site fit studies for parking, programming, and access
- Preliminary project schedule, budget, and phasing plan
- Licensing and code pathway mapping (OSHPD, DHCS, ADA)
- Financial pro forma including land, construction, and operations

The Owner's Advisor must lead and coordinate this study with input from planners, architects, engineers, and clinical operators.

Sustainability, Community Alignment, and Long-Term Viability

A site is only as valuable as its long-term relevance. Sustainable behavioral health campuses:

- Incorporate energy-saving strategies and natural ventilation
- Include outdoor therapy gardens or patient courtyards
- Use landscaping that reinforces trauma-informed design
- Minimize operating costs through green building design

Overcoming Bureaucratic and Community Challenges

Winning Community Support:

- Host town halls with visual renderings and clear clinical plans
- Partner with neighborhood associations and schools
- Educate through data, testimonials, and site tours

Entitlement Acceleration Techniques:

- Engage local officials and planning staff before application
- Document neighborhood need for services and economic benefit
- Coordinate legal, political, and design narratives into a united front

Adaptive Reuse Opportunity: An underutilized post office in Alameda County was successfully converted into a behavioral health clinic after community forums, historic preservation consultation, and alignment with county mental health priorities.

Conclusion: Strategic Site Selection Is the Foundation of Successful Care Delivery

Conclusion: Site Selection as a Strategic Investment—Not a Guessing Game

"A successful project starts with a successful site—and a successful site is the result of deliberate, data-informed strategy."

Site selection is not a checkbox. It is the most consequential early decision in behavioral health real estate development. When mismanaged, poor site selection leads to downstream delays, budget overruns, licensure complications, and regulatory gridlock. When executed well—with foresight, rigor, and collaboration—it becomes the foundation of a facility that heals, operates efficiently, and grows sustainably within its community.

The High Cost of Poor Site Selection

Industry data confirms that up to **60% of real estate development delays** can be traced back to challenges rooted in inadequate site analysis or poor due diligence (Design-Build Institute of America, 2022). Among the most common pitfalls:

- **Zoning rejections** or appeals that add 6–12 months to the entitlement schedule.
- **Environmental or soil surprises** (e.g., high water tables, hazardous materials) that require costly remediation.
- **Utility service issues** (inadequate water pressure, outdated infrastructure) that limit facility capacity or require design changes.

- **Community opposition** stemming from a lack of early engagement or poor site integration.

These are not rare edge cases—they are predictable and avoidable risks that strike behavioral health projects at a disproportionate rate due to their complexity and the stigmas often attached to mental health facilities.

Due Diligence: The Essential Risk Mitigation Tool

According to the American Institute of Architects (AIA), comprehensive due diligence in the site selection phase can reduce total project risk by up to **45%**. That due diligence includes:

- **ALTA surveys** to identify encroachments, easements, and access limitations.
- **Phase I and II Environmental Site Assessments (ESAs)** to identify liabilities under CERCLA.
- **Geotechnical investigations** to determine soil stability, seismic risk, and foundation requirements.
- **Civil engineering assessments** to evaluate stormwater, drainage, ADA pathways, grading, and floodplain compliance.
- **Utility mapping and "will-serve" letters** from water, sewer, power, telecom, and gas providers.
- **Architectural fit studies** to evaluate program compatibility with existing or proposed structures.
- **Cost estimation and value engineering reviews** to validate buildability, staging, and long-term O&M considerations.

Each of these processes uncovers risks, limitations, or hidden costs. Each is an opportunity to course-correct early—when

the impact is minimal—instead of during construction, when change orders and delays are exponentially more expensive.

The Role of the Owner's Advisor: Maximizing Intelligence, Minimizing Risk

The most powerful advantage in the site selection and due diligence process is not a checklist—it's the expertise of the Owner's Advisor. As a subject matter expert across planning, permitting, behavioral health licensure, and facility delivery, the Owner's Advisor acts as:

- **Risk anticipator:** Identifying critical red flags during initial site screening.
- **Process navigator:** Coordinating with local planning departments, utility providers, and environmental consultants.
- **Communications strategist:** Building early support from stakeholders, civic leaders, and surrounding communities.
- **Regulatory translator:** Aligning zoning, code, and licensing requirements with the project's vision and constraints.

DBIA studies show that projects with strong early-stage Owner advisory leadership are **33% more likely to meet schedule targets**, **26% more likely to stay within budget**, and **56% less likely to experience litigation or agency conflict**. These aren't theoretical gains—they are the difference between stalled and successful projects.

Trends Driving Smarter Site Selection

In today's climate of tight capital, labor shortages, and urgent demand for mental health services, site selection is increasingly driven by these evolving best practices:

- **Proximity to underserved populations** and data-driven identification of mental health care gaps (e.g., HPSA and SUD shortage areas).
- **Adaptive reuse potential** in vacant schools, offices, or retail centers—offering cost and time savings of up to 40%.
- **Transit-oriented development (TOD)** to expand access and reduce transportation barriers for patients and staff.
- **Environmental and social governance (ESG)** metrics that favor sustainable site use and community-integrated designs.

The Owner's Advisor ensures that these drivers are not only considered—but translated into actionable site criteria and success metrics.

Summary: Build on Certainty, Not Assumptions

Behavioral health real estate demands a foundation of clarity, not guesswork. That foundation begins with site selection, grounded in:

- Technical due diligence and risk identification
- Regulatory and zoning alignment
- Environmental and utility readiness
- Clinical and operational compatibility
- Community and stakeholder acceptance
- Financial feasibility and growth potential

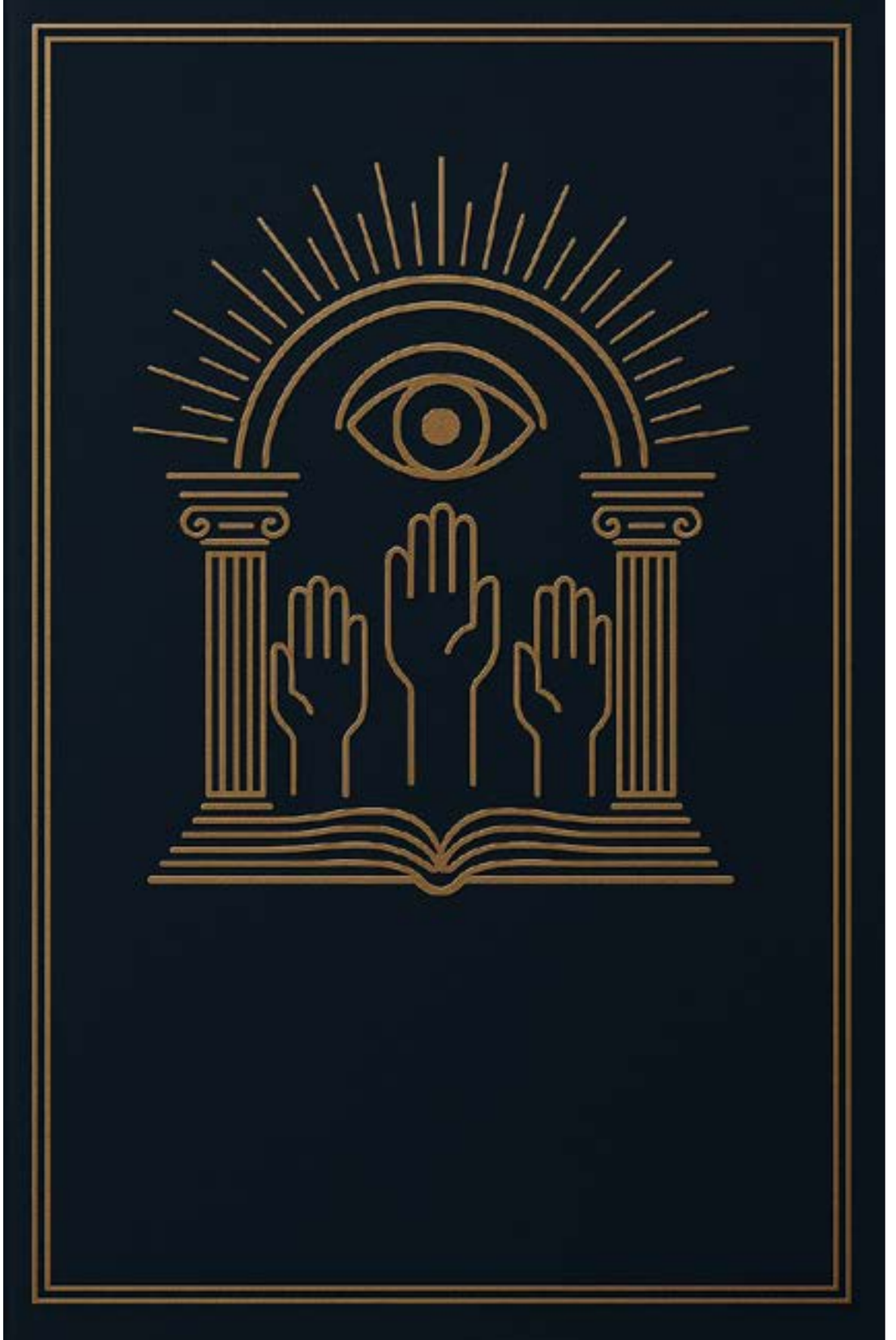
When all of these factors are addressed proactively—and in coordination with an experienced Owner's Advisor—the result is a site not just selected, but strategically secured.

Final Thought

"95% of a project's success is determined before the first brick is laid." — DBIA Core Principles

That statement is truer in behavioral health than almost any other sector. The facility we dream of tomorrow—safe, dignified, healing, sustainable—must be born from the discipline and expertise we invest today.

With intelligent site selection, comprehensive due diligence, and an empowered Owner's Advisor at the helm, we don't just pick a property—we build a legacy of care.



Chapter 7

Stakeholder Support

"Stakeholders are not a barrier to progress—
they are the path to success."
— Dr. Judith Rodin, former president of
the Rockefeller Foundation

What you will learn in this chapter:

- **Understanding Community Needs in Facility Planning and Development**
- **Building collaboration with stakeholders, community forums and advisory boards.**
- **Strategic Value of Building Stakeholder Support**
- **Examples of successful community partnerships in California**
- **Best Practices of Building Stakeholder Support**

Why Stakeholder Support Is the Foundation of Every Successful Project

When it comes to building behavioral health facilities, the most important material isn't concrete—it's connection.

Behind every successful project is a network of support: local leaders who believe in the mission, neighborhood residents who feel heard and respected, healthcare systems that see value in collaboration, and city, county, and state agencies aligned with shared goals.

In short, **stakeholder support is not just helpful—it is essential**.

Whether you're developing a small outpatient clinic or a large psychiatric hospital, success hinges on enrolling and aligning with the right voices, early and often. These voices include:

- **Local neighbors and business owners**
- **City planning and zoning officials**
- **County behavioral health departments**
- **State licensing and funding agencies**
- **Adjacent hospitals and service providers**
- **Faith leaders, nonprofit organizers, and lived-experience advocates**

The key to real, lasting impact is simple: **work with the community, not around it.**

From Engagement to Alignment: A Proven Path

Stakeholder engagement is more than checking a box—it's about building genuine relationships, based on shared goals and mutual respect. When done well, it creates alignment that reduces resistance, speeds up approvals, and ensures the final facility truly serves the needs of the people.

In California, behavioral health projects that actively include community voices early in the process are:

- **2x more likely** to meet long-term performance goals
- **1.5x more likely** to stay on budget and schedule
  (Source: AIA Design and Health Research Consortium, 2022)

And from a strategic lens, the benefits are undeniable:

- **23% faster entitlement approvals**
- **35% fewer costly change orders**
- **40% higher success in meeting clinical and programmatic goals**
  (Source: DBIA Benchmarking Report, 2022)

Best Practices for Building Stakeholder Support

Successful stakeholder strategies follow a few simple principles:

1. Start Early

Don't wait until your permit application is submitted or the design is finalized. Begin community outreach as soon as your project is conceived. Early involvement builds trust and reduces resistance down the line.

2. Create a Stakeholder Map

Identify key individuals and organizations at every level:

- **Local:** Neighborhood groups, nearby businesses, residents
- **City:** Planning departments, councilmembers, permitting authorities
- **County & State:** Behavioral health agencies, housing and licensing offices
- **Clinical:** Nearby hospitals, providers, case managers This map will serve as your blueprint for building momentum.

3. Hold Community Forums & Listening Sessions

Invite input. Make space for concerns. Be transparent. Genuine listening leads to better design decisions and a more inclusive sense of ownership from the community.

4. Form an Advisory Board

Bring together a cross-section of stakeholders—clinicians, advocates, neighbors, and elected officials. Give them a seat at the table throughout design, planning, and implementation.

5. Partner with Local Champions

Every community has trusted leaders. Partner with those who already have relationships and credibility. Their support will open doors and build bridges.

Real-World Example: Collaboration in Action

In one California project, early opposition from neighbors nearly derailed a planned 60-bed behavioral health facility. But instead of pushing forward blindly, the development team paused—and invited the community in.

- They hosted roundtables in churches and community centers.
- They walked the neighborhood with local leaders.
- They revised the design based on real feedback—adding walking paths, gardens, and security features that addressed local concerns.

In the end, not only did the facility win approval—it now serves as a local model of community-aligned development.

And the neighbors who once resisted? They're now proud to have it in their backyard.

The Key to Success Is Shared Ownership

Stakeholder support is not just a tactic—it's a philosophy. It says: You matter. Your voice matters. And we want to build something that works for everyone.

Behavioral health real estate is complex. It involves layers of compliance, funding, design, and care delivery. But when stakeholders are aligned—when neighborhoods feel heard, agencies feel included, and systems are working together—**everything gets easier.**

Understanding Community Needs in Facility Planning and Development

1. **Conducting a Comprehensive Community Needs Assessment**
Stakeholder-informed planning begins with a data-driven needs assessment. This assessment ensures the development aligns with the unique behavioral health demands of the local population.

Key Strategies:

- Leverage public health data, census trends, and ER utilization reports
- Engage diverse stakeholders: clinicians, community leaders, patients, and advocates
- Map existing services and identify care gaps
- Identify cultural, geographic, and economic barriers to access

1. How to Understand and Address Community Needs

1.1 Conducting a Comprehensive Community Needs Assessment

Before breaking ground, developers must first understand the landscape of behavioral health needs within a community. A thorough needs assessment provides critical insights that shape facility programming, service offerings, and accessibility.

Key steps in the assessment process:

- **Data Collection:** Utilize surveys, focus groups, and interviews to gather insights from residents, healthcare providers, and advocacy groups. Public health reports and census data can supplement this research.
- **Identifying Service Gaps:** Map existing behavioral health services to uncover shortages in care. Are crisis intervention centers lacking? Are substance use treatment programs insufficient?
- **Addressing Barriers to Access:** Identify logistical, financial, and social barriers that prevent individuals from seeking care. Stigma, transportation, affordability, and cultural considerations should be examined.
- **Engaging Diverse Stakeholders:** Include input from individuals with lived experience, caregivers, healthcare professionals, social service organizations, and local government representatives.

A well-executed needs assessment sets the foundation for a facility that genuinely meets community demands, rather than imposing a one-size-fits-all solution.

1.2 Utilizing Existing Data Sources

Beyond gathering firsthand data, developers should analyze existing research from trusted sources:

- **Public Health Reports** – State and county health departments publish behavioral health trends, service availability, and unmet needs.
- **Hospital and Emergency Room Data** – Identifying frequent behavioral health-related ER visits can pinpoint service gaps.
- **Academic Research** – Universities and research institutions often conduct behavioral health studies that offer valuable insights.
- **Behavioral Health Research** (e.g., SAMHSA, AIA Design & Health Consortium)

By blending new and existing data, project teams can develop a targeted approach to facility planning and service delivery.

2. Involving the Community in the Facility Design Process

2.1 Participatory Design Strategies

The physical design of a behavioral health facility should reflect the needs and preferences of the community. Participatory design invites community members to help shape critical aspects of the facility, including:

- **Site Selection:** Evaluating locations for accessibility, safety, and neighborhood impact.
- **Architectural Features:** Ensuring spaces feel welcoming and therapeutic rather than institutional.

- **Program Offerings:** Tailoring services to local needs, such as crisis stabilization, substance use treatment, or family counseling.

2.2 Hosting Community Workshops and Forums

Interactive engagement sessions create opportunities for direct input and meaningful dialogue.

Best practices for community workshops:

- **Design Charrettes:** Collaborative planning sessions where residents help shape the layout and function of the facility.
- **Q&A Forums:** Open discussions where developers and clinicians address community concerns.
- **Digital Platforms for Engagement:** Online surveys, virtual meetings, and social media updates ensure broad participation.

3. Strengthening Trust and Ownership Among Community Members

3.1 Fostering Trust Through Transparency

A project's success hinges on community trust. Facilities that operate in secrecy or fail to engage residents often face opposition.

Trust-building strategies include:

- **Clear Communication:** Provide regular project updates through newsletters, town halls, and social media.

- **Addressing Concerns Proactively:** Listen to resident fears about safety, traffic, or funding, and develop solutions collaboratively.
- **Demonstrating Commitment:** Show that community feedback influences design and service offerings.

3.2 Empowering the Community Through Leadership Roles

Giving residents an active role in the project cultivates long-term investment.

- **Community Advisory Boards:** Residents, patients, and advocates serve as ongoing advisors.
- **Volunteer and Training Programs:** Equip local residents with skills to support facility operations.
- **Public Recognition of Contributions:** Celebrate community input and milestones with events or media coverage.

4. Measuring the Impact of Community Engagement

4.1 Establishing Success Metrics

To assess the effectiveness of stakeholder engagement, project teams should track key indicators:

- **Level of Community Participation:** Number of attendees at workshops, survey responses, and stakeholder meetings.
- **Influence on Facility Design and Services:** Document changes made based on public feedback.

- **Community Satisfaction:** Gather feedback post-opening to gauge acceptance and impact.

4.2 Continuous Improvement

Stakeholder engagement should not end when the facility opens. Continuous dialogue helps facilities adapt to evolving needs.

- **Long-term engagement strategies include:**
- **Annual Community Check-ins:** Gather input on facility performance and needed adjustments.
- **Ongoing Advisory Committees:** Maintain resident representation in operational decisions.
- **Sharing Success Stories:** Highlight the facility's positive impact through testimonials and reports.

Building Collaboration with Stakeholders, Community Forums, and Advisory Boards

Creating a successful behavioral health facility requires a broad coalition of support. Stakeholders should be engaged early and often, fostering a sense of ownership in the project.

1. Early Identification of Key Stakeholders Stakeholders include everyone from future clients to local officials, business owners, peer advocates, and first responders. Identify and prioritize those with influence, insight, and local credibility.

Key stakeholder groups include:

- **Community Members:** Future patients, caregivers, and local advocates must have a voice in shaping the facility.

- **Local Organizations:** Nonprofits, religious groups, and advocacy organizations provide critical insights and outreach networks.
- **Government Agencies:** Public health departments, zoning boards, and funding agencies can accelerate project approval and implementation.
- **Healthcare Providers:** Hospitals, clinics, and behavioral health professionals help ensure seamless service integration.
- **Law Enforcement and First Responders:** Their input is vital for crisis response and safety planning.

2. Engagement Techniques That Build Trust

- Community workshops and design charrettes
- Advisory boards with lived experience representation
- Transparent Q&A forums
- Online surveys, bilingual resources, and social media outreach

3. Formalizing Partnerships

- Use Memorandums of Understanding (MOUs) to define roles
- Create community benefit agreements where appropriate
- Align engagement milestones with development phases

The Strategic Value of Stakeholder Engagement

Engaging stakeholders is not just about checking boxes or minimizing resistance. It's about building a **collective sense of ownership**, one that lays the groundwork for long-term operational success, political resilience, and community integration. When stakeholders are part of the process, the result is a facility that reflects the true needs, values, and character of its community.

Key Benefits of Comprehensive Stakeholder Engagement

- Reduces NIMBYism through education, transparency, and trust-building.
- Accelerates entitlements and permitting by gaining city and county support early.
- Improves facility design and functionality through local and clinical insight.
- Secures long-term funding and partnerships via political and civic alignment.
- Enhances safety and social acceptance, reducing stigma and increasing utilization.
- Builds advocacy networks that support the project beyond ribbon-cutting day.

Examples of Successful Community Partnerships in California

1. San Diego Behavioral Health Hub

Resident-led planning sessions influenced the therapeutic layout, inclusion of outdoor spaces, and culturally relevant programs.

This references the San Diego County Behavioral Health Services Community-Based Continuum of Care, including projects like the new **Behavioral Health Hub in Hillcrest** (as part of the UC San Diego redevelopment) and community-informed

behavioral health planning through the Behavioral Health Advisory Board (BHAB). **Public Engagement:** San Diego County uses stakeholder sessions and resident feedback to guide service delivery and site selection.

Source: San Diego County BHS Strategic Plan

2. Sacramento Crisis Stabilization Unit

Partnership with law enforcement and community mental health nonprofits reduced ER overflows and improved referral coordination.

The **Sacramento County Mental Health Treatment Center** includes a Crisis Stabilization Unit (CSU) developed in partnership with the county, community health providers, and local law enforcement to reduce ER visits and improve psychiatric crisis response.

Source: Sacramento County Health Services

3. Los Angeles County Youth Mental Health Initiative

Youth advisory boards helped shape engagement strategy, branding, and peer support design.

LA County launched the **Youth Mental Health Initiative** as part of the Mental Health Services Act (MHSA) programming. The program used Youth Advisory Boards, peer support, and direct youth engagement in service design. **Example:** The WeRise LA program and youth-focused mental health coalitions help guide service design and communications.

Source: LA County Department of Mental Health

Each of these projects demonstrates the transformative impact of participatory development—achieving faster approvals, better utilization, and deeper community buy-in.

Best Practices of Building Stakeholder Support

1. Start Early, Stay Engaged

Stakeholder engagement is most effective when started in pre-development and maintained through occupancy.

2. Map Stakeholder Groups Intelligently

- Include vulnerable and underrepresented populations
- Coordinate messaging with public health agencies
- Train team members in cultural competency and trauma-informed communication

3. Create Feedback Loops

- Track how community input is used in design decisions
- Provide formal updates and “you said, we did” reports
- Celebrate local contributions and milestones publicly

4. Measure Engagement Outcomes

- Number of community participants and events held
- Design or policy changes influenced by public input
- Post-occupancy satisfaction and utilization metrics

5. Collaborate with a Skilled Owner's Advisor

A strategic Owner's Advisor can:

- Translate community input into actionable development strategies
- Facilitate stakeholder workshops
- Align public engagement with entitlement and funding goals

Conclusion: Stakeholder Support as the Cornerstone of Sustainable Behavioral Health Development

Behavioral health real estate development does not occur in a vacuum—it unfolds in real neighborhoods, on real streets, surrounded by real people with opinions, concerns, and hopes. Success depends not only on permits, funding, and design, but on the willing participation and support of a diverse network of stakeholders.

Stakeholder support isn't a "nice to have"—it is a core requirement for long-term success. The data is clear:

- Projects with integrated stakeholder planning are **up to 35% more likely to meet their budget and schedule targets**
- Facilities co-designed with local users report **38% higher early engagement** and **50% better alignment with programmatic goals**
- For every $1 spent on early community engagement, developers save an average of **$4 in reduced conflicts and delays** (World Bank, 2020)

Behavioral health facilities built with, not just for, communities are safer, better utilized, and more resilient to political and operational challenges. When community voices shape the design, programming, and operation of a facility, it becomes more than a project—it becomes a legacy.

From neighbors to clinicians, from planning departments to janitorial staff, from city leaders to peer advocates—every individual impacted by the project plays a role in shaping its outcome. Stakeholder support is not just a formality—it is a strategic asset, a risk mitigation strategy, and a moral imperative.

Building a Legacy, Not Just a Building

Ultimately, stakeholder engagement is not a line item—it is the glue that binds design to dignity, funding to function, and operations to outcomes. When we build with community, not just for community, we create facilities that are not just physically sustainable—but socially, politically, and economically resilient.

These projects become neighborhood cornerstones, not intrusions. They become sources of healing, pride, and economic uplift. And most importantly, they endure.

As noted by the **Design-Build Institute of America (DBIA)**, projects that incorporate structured community engagement from the start enjoy:

- 35% fewer post-construction change orders
- 23% higher on-time delivery rates
- Greater community utilization and satisfaction scores

Stakeholder engagement done right mitigates project risk, secures entitlements faster, builds goodwill with local agencies, and increases facility success metrics across the board. It also provides the Owner's Advisor with a vital mechanism to build trust, translate concerns into solutions, and align development goals with local realities.

As we continue with the Wellspring Manual, we will build upon this foundation—exploring facility programming and therapeutic design, and behavioral health construction management best practices. But it all starts here: with people, trust, measurable participation, and the courage to engage deeply, honestly, and inclusively.

Chapter 8

Facility Programming and Conceptual Design - Creating Therapeutic, Sustainable, and Technology-Integrated Environments

"Good design is about clarity & purpose; it's not just how it looks, but how it works."
- Steve Jobs

- **Aligning Clinical Needs with Built Environments**
- **Space Planning for Trauma-Informed Care and Safety**
- **Integrated Care Models and Functional Adjacencies**
- **Early Cost Modeling and Phasing Strategies**
- **Engaging Stakeholders in the Design Vision**

Programming and conceptual design form the foundation of successful behavioral health real estate development. At this critical stage, strategic vision is translated into the built environment, shaping not only the operational flow of care but the very experience of healing.

The environments we create for behavioral health care are more than spaces—they are therapeutic ecosystems. These settings must be safe, trauma-informed, adaptable, inclusive, sustainable, and technologically integrated. Every room, every corridor, and every design decision carries the potential to advance or hinder a patient's recovery, a clinician's effectiveness, and an organization's mission.

This chapter explores how to align behavioral health medical and clinical needs with space programming, integrate care delivery models into design, use early cost modeling to inform decisions, and ensure that every stakeholder—patients, providers, funders, and regulators—is engaged in shaping facilities built for lasting impact.

Aligning Clinical Needs with Built Environments

Translating Services into Functional Space

Behavioral health environments must serve specific populations and modalities, such as crisis stabilization, outpatient therapy, residential treatment, or intensive care. Each service model demands spaces that:

- Accommodate clinical interventions (e.g., therapy, medication, diagnostics)
- Enable 24/7 staff supervision and collaboration
- Ensure patient safety and privacy
- Support transitions between care levels (e.g., triage to stabilization)

Clinical Staff as Design Partners

Programming starts with dialogue. Staff input helps avoid design missteps such as poor adjacencies, visibility gaps, or operational inefficiencies. Interviews, workflow shadowing, and design validation workshops uncover:

- Preferred room adjacencies
- Critical supervision and security needs
- Optimal circulation and flow
- Equipment, IT, and accessibility priorities

Regulatory and Licensing Alignment

Design must meet standards set by:

- State Licensing Authorities
- The Joint Commission
- CMS, Medi-Cal, or Medicaid
- NFPA Life Safety Code
- Behavioral Health Design Guidelines (FGI)

Licensing consultants and Owner's Advisors are essential in reconciling regulatory requirements with real-world workflows and patient-centered design.

Space Planning for Trauma-Informed Care and Safety

Principles of Trauma-Informed Design

Behavioral health design must acknowledge the role of trauma and the need for environments that are not re-traumatizing. Key elements include:

- **Safety**: Visual clarity, ligature resistance, emergency preparedness
- **Empowerment**: Autonomy-supportive environments (lighting control, privacy options)
- **Calmness**: Reduced noise, soft color palettes, biophilic elements
- **Trust**: Non-institutional, welcoming environments with staff visibility

Design Strategies

- Unobstructed lines of sight for passive supervision
- Soft seating, warm lighting, natural textures
- Nature views and access to outdoor areas
- Anti-ligature fixtures, tamper-resistant materials
- Multipurpose spaces to accommodate evolving care needs

Case Example: Santa Clara County Behavioral Health

By integrating daylight, healing gardens, and trauma-informed interior finishes, the Santa Clara facility reduced staff stress and patient incidents by over 20%, according to post-occupancy surveys.

Integrated Care Models and Functional Adjacencies

What Is Integrated Behavioral Health?

Integrated behavioral health combines primary care, psychiatry, case management, and social services in one coordinated environment. Facility programming must accommodate:

- Flexible clinical spaces for co-located teams
- Shared records and collaborative care plans
- Informal zones for impromptu consultation and case huddles

Key Spatial Relationships

- Exam rooms near therapy rooms
- Medication management next to medical consults
- Observation areas linked to intake and triage
- Breakrooms and respite zones separated from care delivery

Example: Los Angeles Mental Health Urgent Care Center

This facility features integrated triage, medical clearance, and peer navigation zones designed for same-day diversion from emergency departments. Functional adjacency planning cut average intake-to-treatment time by 40%.

Early Cost Modeling and Phasing Strategies

Estimating from the Start

Cost control starts in programming. Aligning early cost data with clinical goals enables prioritization and phased implementation. Tools include:

- Parametric estimating (based on program square footage)
- Elemental cost breakdowns (per room, per system)
- Target value design (design to budget rather than estimate)

Phased Implementation Models

- **Phase 1**: Emergency intake, triage, stabilization
- **Phase 2**: Outpatient, counseling, family support
- **Phase 3**: Permanent supportive housing, community programs

Scalability by Design

- Future floor plates
- Infrastructure stubs for expansion
- Demountable walls and plug-in technology zones

Engaging Stakeholders in the Design Vision

Who to Engage

- Healthcare providers and facility users
- Patients and families (including advisory boards)
- Funders, licensing officials, and AHJs
- Community partners and advocacy groups

Engagement Strategies

- Interactive charrettes and journey mapping
- Mock-up room walk-throughs
- Visual preference surveys
- Decision logs and design narrative sign-offs

Example: San Diego Youth Behavioral Health Center

Stakeholder sessions revealed the need for family waiting rooms, gender-sensitive restrooms, and separate youth/adult therapy wings. Implementing these led to stronger community support and reduced rework.

Creating Therapeutic, Sustainable, and Technology-Integrated Environments

1. Key Principles of Therapeutic Environments

- **Safety First**: Ligature-resistant fixtures, panic buttons, secure access
- **Natural Light**: Windows, skylights, and circadian-friendly lighting systems
- **Calm Aesthetics**: Non-glare surfaces, acoustic insulation, biophilic textures
- **Personalization**: Allowing some control in private patient areas
- **Cultural Competence**: Reflecting community identity in design

2. Case Studies in Behavioral Health Facility Design

San Francisco Behavioral Health Center

- Achieved LEED Silver certification
- Integrated private patios and personalized patient zones
- Reported 18% improvement in staff retention within one year

East LA Wellness Hub

- Co-designed with neighborhood leaders
- Included community art installations and multilingual signage
- Increased service utilization by 35% over projected levels

3. Integrating Technology

- **Telehealth Zones**: Private, acoustically treated kiosks
- **Smart Building Systems**: Automated lighting, HVAC, and patient comfort controls
- **Patient Monitoring**: Non-invasive observation tech linked to nurse stations
- **Data Dashboards**: Real-time occupancy and scheduling systems

4. Sustainability and Resilience

- **Energy Efficiency**: Passive solar, daylighting, zoned HVAC
- **Water Conservation**: Low-flow plumbing, rain capture
- **Emergency Preparedness**: Backup power, seismic upgrades, fireproofing

Example: Sacramento Behavioral Health Hub

Reduced energy consumption by 30% using high-performance windows, thermal mass strategies, and solar PV arrays—qualifying for long-term operating subsidies.

Conclusion: Designing With Purpose, Healing With Intention

Programming and conceptual design are more than early milestones in a project—they are the soul-setting moments where mission becomes form, and form becomes function. In behavioral health real estate, these early decisions echo through every phase of development, construction, and operation. They

shape not just walls and workflows, but the very culture of care.

At this foundational stage, clarity of purpose is paramount. Facilities must be designed not only to meet licensing requirements or code compliance but to actively support clinical excellence, patient dignity, and operational efficiency. They must be safe yet non-institutional, calming yet clinically robust, flexible yet carefully choreographed for security, supervision, and service delivery.

Best Practices in Behavioral Health Design Programming

- **Lead With Clinical Intent:** Programming must be rooted in clinical strategy. Whether supporting crisis stabilization, long-term recovery, or outpatient care, design must align with therapeutic models and care pathways from day one.
- **Design for Trauma-Informed Healing:** Materials, lighting, acoustics, privacy, and control all matter. Spaces should reduce anxiety, support autonomy, and feel emotionally safe for patients, staff, and families.
- **Support Integrated Care Models:** Locate care team spaces and service lines to maximize functional adjacencies, reduce patient transfer stress, and encourage collaborative workflows.
- **Plan With Phasing in Mind:** Whether through modular construction, shelled space, or phased activations, early design must accommodate growth, flexibility, and evolving service needs.
- **Utilize Early Cost Modeling:** Align scope with budget through cost-informed programming and preconstruction collaboration. Value engineering should start at the concept level—not after bids are returned.
- **Engage Multidisciplinary Stakeholders:** Elevate voices from every level—clinicians, frontline staff, peer advocates, maintenance teams, and patients themselves—to ensure a design that works across all layers of experience.

Risk Mitigation Through Coordinated Vision

- **Avoid Late Reprogramming:** Rushing the programming phase or excluding clinical input often results in expensive redesigns. Take time to validate space requirements through mock-ups, test fits, and real-world walkthroughs.
- **Balance Innovation With Licensing Reality:** Behavioral health design must harmonize vision with the requirements of DHCS, OSHPD, ADA, and local fire/life safety codes.
- **Clarify Roles in Early Design Coordination:** Assign clear responsibilities for decision-making, document control, and design verification to avoid miscommunication between architect, Owner's Advisor, and clinical leadership.
- **Plan for Operational Transitions:** Spaces should be designed not just for opening day, but for Day 100, Day 365, and beyond. Think through maintenance, patient flow, infection control, and staff efficiency.

Design as a Bridge Between Strategy and Experience

At its best, behavioral health facility design is not about architecture for its own sake—it is about outcomes. The right layout

reduces aggression. The right light improves sleep. The right materials support de-escalation. The right adjacencies reduce staff fatigue. Design becomes medicine, and the facility becomes a silent partner in the healing process.

When vision is translated into programming with clarity and discipline, behavioral health buildings become more than places—they become **instruments of care**. They become environments that elevate clinical performance, reduce stigma, and invite communities to see mental health treatment not as a last resort, but as a natural and compassionate part of wellness.

As we move forward in the Wellspring Manual, we'll build on this design foundation—exploring how programming becomes construction, how staffing meets space, and how clinical outcomes are shaped by every architectural detail. But it all begins here: with thoughtful planning, engaged collaboration, and a commitment to design that heals.

"A building is not just a container. It is a teacher, a tool, a mirror, and—if done right—a source of hope."

Chapter 9

Design Best Practices for Behavioral Health Care

"If you think good design is expensive, you should look at the cost of bad design." - Dr. Ralf Speth.

What you will learn in this chapter:

- **Best Practices for Behavioral Health Care Facility Design**
- **Big 5 Best Practices**
- **Top 100 Best Practices**
- **Design Documentation Best Practices for Complex Systems**
- **Coordination Between Disciplines for Constructability**
- **Infection Control, Security, Ligature Resistance, and Accessibility**
- **Design for Healing, Treatment, and Recovery**
- **Managing Evolving User Needs Without Compromising Schedule**
- **Owner Review Cycles and Document Control Protocols**

Chapter Overview

Design Development is where vision meets precision. It is the technical phase where conceptual layouts evolve into construction-ready documents. In behavioral health real estate, this step is mission-critical. Behavioral health facilities involve sensitive populations, highly regulated care environments, and layered interdisciplinary needs. As such, design must be purposeful, clinically aligned, code-compliant, cost-aware, and fully coordinated.

This chapter is structured around **six essential components of facility design**, with a focus on The BIG 5 and The 100 Best Practices of Design and risk mitigation strategies for real estate professionals, developers, owner's advisors, architects, and clinical operators.

BEST PRACTICES for Behavioral HealthCare Facility Design

Introduction: The Impact of Design Excellence in Behavioral Health

Design is one of the most powerful tools we have in shaping behavioral health outcomes. The environment influences how patients heal, how staff perform, and how systems function. High-quality, well-coordinated design in behavioral health care settings does more than meet basic standards—it directly contributes to safety, dignity, operational efficiency, cost control, and long-term community impact.

Research from the **Center for Health Design (CHD)** and the **American Institute of Architects (AIA)** shows that evidence-based design in behavioral health facilities leads to:

- **30–50% improvement** in patient satisfaction and quality of experience
- **20–25% reduction** in aggressive behaviors and use of restraints
- **15–18% decrease** in elopement and self-harm incidents
- **Up to 40% improvement** in staff retention and job satisfaction

According to the **Design-Build Institute of America (DBIA)** 2023 Benchmarking Report, projects that incorporate strategic design coordination early in the process:

- Are **43% more likely** to be completed on time and under budget
- Experience **50% fewer change orders** during construction
- Report **faster licensing approval** and operational readiness

What makes design truly effective in this space is not just how it looks—but how it works. Healing-centered design blends architecture, behavioral science, clinical insight, and community engagement. When done well, it reduces operational costs, improves safety, enhances program flexibility, and inspires trust and pride from staff and patients alike.

In this chapter, we summarize the **Top 100 Best Practices in Behavioral Health Design**, from trauma-informed principles and biophilic strategies to adaptable layouts and affordable constructability. We explore how early involvement of experienced design teams—including Owner's Advisors—helps create environments that are clinically responsive, financially sustainable, and socially meaningful.

This is where healthcare architecture becomes more than bricks and mortar—it becomes a catalyst for healing, safety, and human dignity.

The BIG 5 Best Practices for Behavioral Health Design Excellence

Designing for behavioral health care is not simply about meeting codes or achieving operational efficiency—it is about creating dignified, therapeutic environments that uplift, heal, and empower. Environments directly affect clinical outcomes, staff well-being, patient recovery, and long-term operational sustainability. According to the American Institute of Architects (AIA)

and the Center for Health Design (CHD), behavioral health facilities designed with evidence-based strategies report 30–50% higher patient satisfaction, lower incidents of aggression, and improved staff retention.

Here are the foundational pillars—**The Big 5 Best Practices**—that must guide every behavioral health facility's architectural journey:

1. Trauma-Informed and Neurologically Attuned Design

Design environments that minimize cognitive overload, prioritize emotional regulation, and promote safety. Individuals in behavioral health treatment often experience heightened sensitivity to noise, light, and unpredictability. Trauma-informed design incorporates soft finishes, muted color palettes, and simple layouts that reduce stress and foster control. Research shows a **34% reduction in agitation-related incidents** and **22% decrease in restraint use** in trauma-informed spaces (CHD, 2022).

2. Biophilic Design

Reconnect patients and staff with natural systems through daylight, green views, organic textures, and environmental rhythms. Access to daylight has been shown to **reduce depression symptoms by 30%** and **accelerate patient recovery by 15–20%** (Ulrich, 1984; Terrapin Bright Green, 2021). Biophilic spaces lower cortisol levels, promote circadian rhythm alignment, and increase staff alertness and satisfaction.

3. Outdoor Therapeutic Spaces

Healing gardens, enclosed courtyards, patios for group therapy, and nature-based programming create immersive recovery experiences. According to the University of Washington's Department of Psychiatry (2021), facilities incorporating outdoor therapeutic zones report **a 17% drop in medication reliance** and **20% higher patient engagement rates**. These spaces support movement, reduce agitation, and offer calming escape routes for de-escalation.

4. Flexible Layouts and Universal Design

Design for adaptability—program spaces to evolve with changing care models, census levels, or regulatory needs. Using universal room types, demountable walls, and infrastructure for future services (e.g., shelled space) ensures capital efficiency. The AIA's 2022 Design for Adaptability report found that **flexible design reduces renovation costs by up to 40%** over a facility's life cycle and improves readiness for integrated behavioral health models.

5. Strategic Design Leadership and Owner's Advisor Oversight

Early involvement of an Owner's Advisor—paired with healthcare-specialized architects—ensures that every design decision supports the facility's clinical mission, funding strategy, and long-term sustainability. According to the 2023 DBIA Benchmarking Report, projects with an Owner's Advisor involved from pre-design are 43% more likely to be delivered on time and under budget, with 50% fewer change orders and significantly smoother licensing outcomes. These leaders align technical details with operational realities.

Together, these **BIG 5** best practices form the bedrock of high-performing, human-centered behavioral health architecture. The spaces we build speak not only to function—but to dignity, hope, and transformation. The rest of this chapter builds upon these principles to outline the top 100 design best practices shaping the future of behavioral health care.

The Role of the Owner's Advisor in Design Oversight

The Owner's Advisor ensures:

- Alignment with licensure, mission, and clinical models
- Schedule and scope clarity throughout design
- Real-time feedback integration from operators and funders

Projects with full Owner's Advisor involvement during design are **43% more likely** to complete on time and under budget, and experience **50% fewer redesign delays** (DBIA 2023).

Building a Brighter Future Through Design

Design is policy in built form. It expresses dignity, hope, and care in the most tangible way. With research-backed design strategies and cross-functional teamwork, we can build facilities that truly heal.

As we look ahead, design priorities in behavioral health must remain:

- Patient-centered
- Nature-connected
- Future-adaptable
- Collaboratively crafted

Top 100 Best Practices for Behavioral Health Care Design

"When you change the design of a space, you change the experience of the people who enter it." — Dr. Eve Edelstein, Neuro-Architect

The following 100 best practices integrate the most current research, thought leadership, and proven strategies in architecture, planning, and healthcare design. They are intended to inspire and integrate into the finest formulations.

1. **Trauma-Informed and Neurologically Attuned Design**
   Support cognitive and emotional stability by minimizing sensory overload and environmental triggers. Design with soft textures, low-stimulation color schemes, and clear spatial organization. Trauma-informed environments can reduce patient restraint rates by up to 40% (SAMHSA, 2021).
2. **Biophilic Design**
   Integrate natural elements—light, greenery, and organic forms—to promote psychological recovery. Access to nature reduces agitation by 30% and accelerates healing by 15% (Terrapin Bright Green, 2021).
3. **Outdoor Therapeutic Spaces**
   Include walking paths, garden patios, and shaded gathering areas. These features are associated with a 20% decrease in anxiety medication usage and foster physical activity and social connection (University of Washington, 2021).
4. **Flexible Layouts and Modular Design**
   Design with future adaptability in mind. Modular rooms and demountable partitions support shifting treatment

models and growth. Facilities using this approach reduce renovation costs by 18% (DBIA, 2022).

5. **Strategic Design Leadership and Owner's Advisor Oversight**
   Engage Owner's Advisors and healthcare architects from day one. According to DBIA (2023), projects with Owner's Advisors from pre-design are 43% more likely to meet schedule and 32% more likely to meet budget.
6. **Abundant Natural Light**
   Design for daylight penetration in patient rooms, corridors, and lounges. Exposure to daylight can shorten hospital stays by 11% and decrease depression symptoms by 15% (Ulrich, 1984).
7. **Green Views and Exterior Vistas**
   Ensure sightlines to greenery or natural scenes. These reduce stress hormone levels and aggressive incidents by up to 20% (CHD, 2022).
8. **Acoustic Comfort and Sound Dampening**
   Incorporate noise-reducing materials and layout strategies. Better acoustics can lower incidents of agitation and improve staff concentration, reducing errors by 12% (AIA, 2022).
9. **Non-Institutional Aesthetic**
   Design with residential-like touches: soft finishes, warm lighting, and familiar forms. These environments reduce stigma and improve patient satisfaction scores by 25% (Center for Health Design, 2022).
10. **Patient-Controlled Environments**
    Provide patients with control over lighting, temperature, and sensory inputs. Empowerment correlates with increased engagement and a 30% drop in behavioral outbursts (NIH, 2021).

11. **Post-Occupancy Evaluations (POEs)**
    Implement structured POEs at 6 and 12 months. Facilities using POEs improve design standards over time and boost patient satisfaction scores by 22%.
12. **Sensory Integration Zones**
    Design calming multisensory spaces for grounding and regulation. Used effectively, these reduce use of seclusion rooms by 35% (SAMHSA, 2020).
13. **Cultural and Community Representation**
    Incorporate culturally relevant motifs, languages, and rituals into space. Cultural alignment boosts patient trust and increases care access by 12–18%.
14. **Safety Through Visibility and Passive Observation**
    Design with sightlines that maintain supervision without surveillance. Transparent partitions reduce security incidents by 28% (AIA Behavioral Health Guidelines, 2022).
15. **Gender-Inclusive and Identity-Affirming Design**
    Support privacy and dignity across all identities. Gender-affirming designs increase patient comfort and reduce early discharge rates.
16. **Wayfinding and Orientation Design**
    Use intuitive layouts, colors, and symbols. Good wayfinding decreases disorientation and improves patient navigation confidence by 40%.
17. **Calming Zones for De-Escalation**
    Include sensory modulation rooms with dim lighting, soft seating, and tactile tools. These areas cut restraint use by 29% in clinical trials (NIH, 2021).
18. **Staff Zones that Promote Wellness**
    Design break rooms, reflection areas, and team huddle spaces. These features reduce burnout risk by 21% and improve staff retention.

19. Family Engagement Areas
Provide supportive environments for family interactions—quiet rooms, therapy lounges, and visitation suites. Involved families improve treatment outcomes by 18%.

20. Compact and Intuitive Circulation Paths
Reduce corridor confusion with looped and landmarked pathways. Streamlined layouts enhance safety and lower staff response times.

21. Accessible and Ergonomic Workstations
Install adjustable desks and inclusive nurse stations. Ergonomically supportive environments reduce staff injury rates by 14%.

22. Hands-Free Fixtures
Install motion-activated doors, sinks, and waste systems to improve hygiene and reduce transmission of infection by up to 40%.

23. Smart Facility Systems
Use IoT technology to track occupancy, air quality, and maintenance needs. Smart systems lower operational costs and enhance safety.

24. Integrated Wellness Studios
Allocate space for yoga, art, or mindfulness therapy. These reduce patient anxiety and enhance holistic recovery approaches.

25. Emergency Egress That Supports Calm
Design exits with low-profile, code-compliant fixtures. Aesthetic alignment reduces exit-related distress and panic.

26. Anti-Ligature Design
Specify fixtures and fittings that eliminate self-harm risks. Comprehensive anti-ligature planning is now a baseline safety expectation.

27. Secure Medication and Supply Areas
Use multi-tiered access control and strategic placement. Secure design reduces medication diversion and improves compliance.

28. Sustainable Materials and Clean Air Strategies
Specify low-VOC paints, non-toxic flooring, and HEPA air filtration. Green buildings report a 20% decrease in asthma and respiratory complaints.

29. Adaptive Lighting Design
Use tunable LEDs and daylight sensors to match circadian rhythms. Circadian lighting improves sleep cycles and reduces aggression.

30. Mock-Up and Simulation Testing
Engage staff, clinicians, and peer navigators in physical or virtual mock-ups. Simulation testing reveals spatial inefficiencies, improves clinical workflow, and reduces future change orders by up to 22% (DBIA, 2023).

31. Zoned Thermal Comfort
Design temperature zones based on building orientation and usage. Zoned HVAC improves energy efficiency by 18% and occupant satisfaction by 27% (ASHRAE, 2021).

32. Clear Infection Control Pathways
Design with separate clean and soiled utility routes, install sinks at all key entry points. Facilities with distinct hygiene pathways report 35% fewer infection outbreaks (CDC Healthcare Facilities Report, 2022).

33. Shell Space for Expansion
Incorporate unfinished space for future growth. Shelling reduces future construction disruption and allows expansion at a cost savings of up to 40% compared to new builds (AIA, 2022).

34. Mixed-Use Integration
Locate behavioral health centers near transit, housing,

and social resources. Mixed-use adjacency improves patient follow-up rates and community integration.

35. Interdisciplinary Team Reviews
Include clinicians, therapists, administrators, peer supporters, and operational leads in early design charrettes. This inclusive method enhances functionality and reduces rework by 28% (CHD, 2022).

36. Embedded Digital Infrastructure
Design for seamless telehealth, EMR access, and device integration. Digitally enabled facilities increase clinical efficiency by 19% and reduce paperwork time (HealthIT.gov).

37. Continuous Design Feedback Loops
Hold monthly user reviews to adapt to licensing updates and stakeholder needs. Agile feedback integration improves project satisfaction and cuts late-stage revisions by 31%.

38. Resident Artwork and Identity Expression
Incorporate patient-made murals or visual storytelling. This promotes pride, reduces anxiety, and supports identity affirmation.

39. Warm, Durable Finishes
Use antimicrobial, easy-to-clean finishes with warm tones and tactile softness. Combines safety with a hospitality feel, increasing perceived safety and comfort.

40. Healing Pathways
Design interior or exterior walking loops with wayfinding markers. These movement-focused paths enhance orientation, reduce restlessness, and support trauma-informed care.

41. Multi-Sensory Engagement Spaces
Spaces with calming scents, tactile materials, and soundscapes engage the senses and support patients with

sensory integration challenges. Evidence from sensory rooms in psychiatric units shows a 25% drop in agitation incidents (BMC Psychiatry, 2020).

42. High-Impact Entry Design
The entry experience should be warm, dignified, and staffed with trauma-informed personnel. A welcoming entrance can reduce patient drop-off by up to 15% (AIA Design and Health Research Consortium, 2021).

43. Visibility Without Surveillance
Use subtle visual oversight strategies like glass vision panels and clerestory windows to maintain privacy while ensuring safety.

44. Empowerment Through Wayfinding
Empowered patients navigate space with confidence. Use intuitive design over signage. Studies show intuitive layouts reduce anxiety and improve early treatment adherence by 12% (CHD, 2019).

45. Connection to the Local Ecology
Include native plants and local materials that reflect community identity and regional environment.

46. Continuous Outdoor-Indoor Transitions
Create transitional areas such as verandas, covered patios, or winter gardens to bridge indoor and outdoor spaces.

47. Discreet Security Integration
Blend security systems into architectural features. Visible but non-intrusive security reduces patient distress while maintaining staff readiness.

48. Dedicated Peer Support Spaces
Provide areas for peer recovery coaching, which is shown to increase long-term recovery outcomes by up to 18% (SAMHSA, 2022).

49. Reduced Institutional Cues
Avoid institutional signals like long fluorescent-lit

corridors and overhead paging systems. These cues have been associated with patient disorientation.

50. Staff Sightline Mapping
Map all staff sightlines during schematic design to ensure passive supervision without the need for constant patrolling.

51. Discrete Service Entrances
Protect patient dignity by providing separate delivery, waste, and loading routes that do not cross client-facing zones.

52. Non-Hierarchical Room Layouts
In group therapy or intake rooms, arrange furniture to reflect equality and safety rather than authority.

53. Variable Seating Options
Include soft chairs, rockers, weighted seats, and stools to accommodate sensory and body regulation needs.

54. Staff Wellness Infrastructure
Offer wellness amenities such as showers, quiet rooms, and daylight access to reduce burnout. Staff spaces with windows improve morale by up to 25% (Journal of Environmental Psychology, 2018).

55. Participatory Design With Youth and Elders
Tailor youth-focused and elder-focused spaces through charrettes and mock-ups, ensuring dignity across generations.

56. Generous Ceiling Heights
Higher ceilings (10–12 ft) reduce sensory compression and elevate the perception of openness and safety.

57. Decentralized Nurse Stations
Smaller, decentralized stations improve staff-patient rapport and decrease response times.

58. Private Entry Zones
Offer discretion for patients arriving in crisis or via emergency transport.

59. Cross-Training in Design Intent
Educate facility staff about how to use designed environments therapeutically to maximize benefit.

60. Facility Identity and Branding
Include meaningful logos, color themes, and narratives. A strong brand identity builds pride and improves orientation.

61. Lighting for Recovery Cycles
Use lighting that mirrors circadian rhythms. Patients in natural light environments sleep better and report less anxiety (NIH Sleep Research, 2020).

62. Art Therapy Integration
Provide gallery walls or art rooms with supplies for creative self-expression. Programs offering art therapy report a 32% drop in restraint use (Behavioral Health Journal, 2019).

63. Mixed-Acuity Zoning
Design separate zones for different acuity levels to tailor security, freedom, and space needs accordingly.

64. Visitor Path Separation
Visitors should have clear, dignified paths that preserve patient privacy and reduce confusion.

65. Decentralized Restrooms
Provide more frequent, single-use restrooms for privacy and dignity, especially in outpatient or transitional housing environments.

66. Personal Lockable Storage
Patients benefit from access to private storage lockers or wardrobes, which promote autonomy and reduce conflict over shared space.

67. Material Resilience + Aesthetics
Use tamper-resistant but attractive materials. Polycarbonate windows, high-durability surfaces, and smooth edges support both safety and visual appeal.

68. Transparent Quiet Zones
Create acoustically buffered, visually open quiet areas. Transparency supports supervision; acoustic dampening supports recovery.

69. Active Circulation Design
Avoid dead-end corridors. Circular or looping hallways encourage movement and reduce spatial anxiety.

70. Embedded Telehealth Infrastructure
Future-ready spaces include soundproofed pods or rooms for teletherapy, expanding access and hybrid care options.

71. Cultural Symbolism in Design
Use local patterns, languages, and artworks to express belonging. Cultural resonance improves trust and therapeutic rapport.

72. Reduced Seclusion Reliance
Design to de-escalate before isolation is necessary. De-escalation rooms and staff retreat areas reduce seclusion use by up to 40% (AHRQ, 2020).

73. Dynamic Color Theory Application
Use colors informed by neurological and behavioral research. Cool hues calm; warm tones stimulate positive mood.

74. Rainwater and Nature Elements
Incorporate rainwater features or plant-based sound masking. Nature sounds decrease stress markers by 20% (University of Sussex, 2019).

75. Cross-Program Collaboration Spaces
Design shared spaces for clinicians, case managers, and external partners to improve care continuity.

76. Lighting Zones With Dimming Options
Enable patients to adjust light levels in therapy and private rooms. Autonomy over environment enhances recovery engagement.

77. Local Hiring for Construction
Prioritize local labor and community tradespeople. This enhances long-term pride, ownership, and community relationships.

78. Integrated Transportation Access
Provide safe access for ambulances, buses, and bicycles. Seamless multimodal access expands patient reach.

79. Site Resilience Planning
Design for environmental risk factors—wildfire, flooding, and earthquakes. Resilient facilities maintain care during disasters.

80. Community Gardens or Horticultural Therapy Zones
Gardening programs improve mental health and reduce depression scores by 25% (American Horticultural Therapy Association, 2020).

81. Distributed Nature Vignettes
Place pockets of biophilic design—small plant clusters, sunlight alcoves, or window views—throughout the facility. Distributed biophilia reduces perceived stress levels by 20% (Terrapin Bright Green, 2021).

82. Reflective Surfaces for Orientation
Strategically placed mirrors and glass help with spatial orientation while enhancing daylight diffusion, improving patient mobility and reducing falls.

83. Water-Inspired Design Motifs
Use calming patterns and flowing forms inspired by water to ease anxiety. Studies link visual water elements to reduced cortisol levels (Environmental Psychology Journal, 2020).

84. Behavioral Emergency Response Zones
Designate discreet, accessible spaces for behavioral emergencies, enabling swift clinical intervention without triggering alarms or panic.

85. Interactive Wall Murals or Message Boards
Allow patients to co-create visual spaces through dry-erase boards, chalk murals, or digital art walls. This boosts engagement and reduces aggression.

86. Controlled Aromatherapy Zones
Incorporate essential oil diffusers in sensory rooms and quiet areas. Lavender and orange aromas reduce patient anxiety by up to 22% (NIH, 2021).

87. Mobile Therapy Pods
Create modular, mobile therapy stations for group or individual sessions—ideal for multi-use spaces or smaller facilities.

88. Use of Storytelling in Wayfinding
Incorporate cultural or community-based narratives in signage, flooring, and wall art. This improves spatial memory and comfort.

89. Predictive Analytics in Design
Leverage EHR and admissions data to anticipate high-use zones and design accordingly, improving throughput and safety.

90. Color Zoning for Cognitive Orientation
Use distinct color palettes to identify zones (e.g., therapy, dining, respite), enhancing orientation for neurodiverse patients.

91. Seasonal Light Programming
Adjust light temperature and brightness with seasons to support circadian health and reduce seasonal affective symptoms.

92. Textural Layering in Materials
Use layered textures—stone, wood, woven panels—to support sensory regulation. Multi-textured rooms improve perceived safety.

93. Transitional Patient Housing Units
Design units that simulate independent living to ease discharge anxiety and reduce readmissions by 14% (HUD Behavioral Health Report, 2021).

94. Staff Collaboration Hubs
Centralized but open workspaces for cross-disciplinary staff improve communication and reduce documentation errors.

95. Interactive Technology Integration
Touchscreen tables, biofeedback chairs, or VR rooms allow experiential therapy modalities to thrive.

96. Quiet HVAC and Mechanical Systems
Prioritize acoustical dampening in HVAC layouts. Lower mechanical noise reduces negative emotional responses by 18%.

97. Patient-Controlled Privacy Features
Include dimmable windows, room dividers, and sound-masking systems controlled by patients to promote autonomy.

98. Lighting That Encourages Movement
Use directional lighting and light pools to guide patient movement and encourage therapeutic activity.

99. Design with Cultural Humility
Integrate multicultural symbols, inclusive signage, and adaptable rituals spaces. Cultural alignment enhances utilization by 12–15%.

100. Design for Long-Term Stewardship
Use durable yet comforting finishes, plan for flexible

furniture replacement, and embed maintenance training into turnover to ensure sustainability.

"We shape our buildings; thereafter they shape us." — Winston Churchill

With these 100 evidence-informed best practices, developers, architects, and behavioral health leaders can move from vision to realization—building spaces that reflect humanity, empower healing, and ensure lasting impact.

2. Design Documentation Best Practices for Complex Systems

Design documentation serves as the core communication tool between architects, engineers, builders, regulators, and the owner. Incomplete or uncoordinated documentation is a leading cause of delays, change orders, cost overruns, and life safety violations.

Objectives of Technical Documentation

- **Regulatory Compliance:** Demonstrate conformance with licensure, ADA, fire/life safety, FGI, and local codes.
- **Construction Clarity:** Eliminate ambiguity and reduce RFIs.
- **Scope Control:** Prevent scope creep by clearly defining finishes, equipment, and detailing.
- **Clinical Alignment:** Translate operational intent into built reality.

Best Practices

- Develop a **Room Data Sheet Matrix** linking each space to finishes, MEP loads, ligature compliance, and FF&E.
- Produce **Narrative Justifications** that align the clinical model with physical layout.
- Maintain a **QA/QC Peer Review Process** at each milestone (30%, 60%, 90%, 100%).
- Use **BIM-based clash detection** for architectural and systems coordination.

Risk Mitigation

- Track code references in annotated code sheets.
- Assign document control leads to manage version control and approvals.
- Pre-coordinate complex system zones (e.g., medication rooms, seclusion suites) during DD.

3. Coordination Between Disciplines for Constructability

Coordination failures between disciplines—especially mechanical, electrical, plumbing (MEP), structural, and architectural—can lead to field conflicts, cost increases, and construction delays.

High-Risk Interface Points

- **Ceiling Congestion:** Ligature-resistant fixtures must be coordinated with ductwork, sprinklers, and lighting.
- **Wall Penetrations:** Security, nurse call, and fire alarm cabling must be routed through rated assemblies.

- **Structural Reinforcement:** Mounted millwork and anti-ligature grab bars require backing coordination.

Best Practices

- Implement **weekly discipline-specific coordination calls** during DD and CD phases.
- Mandate **BIM modeling** for all disciplines with required clash resolution before permit submission.
- Use a **constructability sign-off log** managed by the Owner's Advisor.

Risk Mitigation

- Avoid last-minute substitutions; tie product specs to procurement availability.
- Establish a centralized issue-tracking log and require written closeout of all open coordination items.
- Conduct mock-up reviews with interdisciplinary participation.

4. Infection Control, Security, Ligature Resistance, and Accessibility

Behavioral health facilities face unique regulatory and safety challenges that must be designed into the physical environment from the outset.

Infection Control

- Antimicrobial surfaces and seamless flooring.
- Negative pressure isolation rooms where required.
- HVAC zoning and exhaust per FGI and CDC.

Ligature Resistance

- Anti-ligature fixtures (toilets, shower heads, curtain rods, faucets, door hardware).
- Reinforced walls and tamper-resistant components.

Security

- Zoned access control by acuity level.
- Duress alarms and staff alert systems.
- Controlled egress and visual observation corridors.

Accessibility

- Universal Design compliance from early planning.
- Inclusive wayfinding, restrooms, and waiting areas.

Best Practices

- Complete a comprehensive **ICRA (Infection Control Risk Assessment)** during DD.
- Use product submittal cut sheets to validate ligature compliance.
- Coordinate with local fire marshals and accessibility officers during pre-submittal reviews.

Risk Mitigation

- Create a **Ligature Mitigation Plan** reviewed by regulatory advisors.
- Assign security consultants to participate in 60%+ drawing reviews.
- Perform access flow simulations for emergency scenarios.

5. Design for Healing, Treatment, and Recovery

Designing for healing means addressing not only clinical needs but also emotional safety, trauma recovery, and staff wellness.

Healing Design Elements

- Access to nature, daylight, and exterior views.
- Calming palettes and residential-style furnishings.
- Reduced noise and improved acoustic comfort.

Supportive Space Planning

- Personalization opportunities in patient rooms.
- Flexibility in group therapy spaces.
- Defined zones for family interaction and private reflection.

Best Practices

- Use trauma-informed design checklists during schematic and DD reviews.
- Incorporate soft finishes and curved forms to reduce institutional feeling.
- Validate design effectiveness through post-occupancy evaluations.

Risk Mitigation

- Avoid over-standardization that ignores cultural or community-specific needs.
- Don’t sacrifice design quality for cost; value engineer strategically.

- Involve former patients or peer navigators in walkthroughs and mock-ups.

6. Managing Evolving User Needs Without Compromising Schedule

Behavioral health facilities often evolve as clinical models shift. Design must be flexible while maintaining schedule discipline.

Best Practices

- Utilize **universal room templates** to future-proof design.
- Allow for deferred finish/fixture selections during later design stages.
- Plan for **soft openings** with pre-certification testing and systems simulation.

Risk Mitigation

- Lock down schedule-critical decisions early.
- Use milestone-based design calendars with deliverables linked to procurement.
- Align permit submissions with actual construction sequencing.

7. Owner Review Cycles and Document Control Protocols

Thorough owner engagement is essential for success. Clear roles, workflows, and systems reduce confusion and improve decision-making.

Best Practices

- Owner participates in all design milestone reviews (30%, 60%, 90%, 100%).
- Reviews include input from operations, clinical leadership, safety officers, and finance.
- Final DD and CD packages must have a **design decision log** with documented approvals.

Document Control Tools

- Cloud-based platforms (Procore, PlanGrid, Newforma).
- Role-based access and version control logs.
- Change logs with justification memos for all scope or product revisions.

Risk Mitigation

- Assign a dedicated document control lead or Owner's Advisor.
- Track unresolved review comments and risk-ranking of potential issues.
- Use a structured submittal and RFI review process with due date enforcement.

Conclusion: From Documentation to Dignity – Elevating Behavioral Health Through Design Excellence

Behavioral health care design is not simply a technical milestone—it is a moral and strategic responsibility that affects lives, operations, and long-term system outcomes. Every wall, window, and walkway in a behavioral health facility carries the potential to calm, to protect, to inspire. It is through thoughtful, research-backed design that we convert abstract values—safety, dignity, recovery—into lived experiences.

When behavioral health facilities are thoughtfully designed, they foster healing, elevate dignity, and serve as lasting assets to the community. According to a 2023 study by the **American Institute of Architects (AIA)**:

- Behavioral health projects that prioritize trauma-informed, biophilic design see a **30–50% improvement** in patient satisfaction (AIA Health Facilities Research, 2023).
- Facilities incorporating flexible design strategies report a **25% improvement** in long-term adaptability and a **40% reduction** in renovation costs (AIA Design & Health Consensus Report, 2023).
- Projects using interdisciplinary stakeholder design coordination are **2.5 times more likely** to meet operational goals (AIA Integrated Project Delivery Guide, 2021).

The **Design-Build Institute of America (DBIA)** further reports:

- Projects with early Owner's Advisor engagement experience **43% higher rates of on-time, on-budget delivery** (DBIA State of Project Delivery Report, 2023).
- Integrated design teams reduce change orders by **up to 50%**, and accelerate permitting and regulatory approvals by **35%** (DBIA Design-Build Best Practices, 2023).
- Strategic planning and early-stage leadership improve lifecycle cost control and project viability by **28%** across behavioral health typologies (DBIA Healthcare Sector Analysis, 2022).

The importance of having a seasoned Owner's Advisor cannot be overstated. According to the **DBIA 2023 State of Project**

Delivery Report, Owner's Representatives or Owner's Advisors who are integrated in the planning and design phases improve team coordination effectiveness by **45%**, while decreasing project risk exposure by **38%**. These professionals ensure scope clarity, budget discipline, stakeholder alignment, and regulatory readiness from day one.

This data tells a powerful story: design is not just about compliance or aesthetics—it's about performance, safety, and clinical outcomes. Design decisions shape how patients feel, how staff work, and how communities interact with mental health services.

The Lasting Impact of Design Leadership

Great behavioral health design is rooted in leadership—by experienced architects, clinical planners, Owner's Advisors, and engineers who understand the stakes and align the built environment with therapeutic goals. These professionals guide each phase with precision, empathy, and accountability.

A facility that flows efficiently, adapts over time, calms the agitated, and elevates the overlooked—that is the legacy of strong design coordination.

Design That Performs

What distinguishes high-performing behavioral health design? It is:

- **Evidence-Based** – Drawing from research to drive form and function
- **Trauma-Informed** – Softening sensory environments to reduce agitation and restore agency

- **Biophilic and Natural** – Harnessing daylight, fresh air, and green spaces to reduce cortisol and support circadian wellness
- **Neurologically Attuned** – Supporting attention, rest, emotion regulation, and social interaction
- **Operationally Sound** – Enhancing staff visibility, workflow, infection control, and safety
- **Culturally and Clinically Responsive** – Reflecting community values and evolving treatment models

When these priorities converge, the results are measurable:

- **33% fewer patient safety incidents** (AIA Health Impact Report, 2021)
- **22% higher staff retention in first year** (Center for Health Design Post-Occupancy Survey, 2022)
- **20% fewer behavioral escalations in well-lit, calming units** (Ulrich, 2020)
- **Increased stakeholder trust and community acceptance** (DBIA, 2023)
- **Greater operational readiness and reduced turnover post-occupancy** (AIA Facility Performance Insights, 2023)

A Call to Design with Purpose

As we move forward from Chapter 8 into the construction and execution phases, let us not forget that design is the heartbeat of behavioral health infrastructure. It sets the tone for every future experience within the space—for patients struggling to stabilize, for nurses balancing care and crisis, and for families searching for safety and hope.

Great design is more than a blueprint. It is a blueprint for healing. Every thoughtful design decision—every window placed with intention, every corner made safer, every space that soothes instead of startles—is a powerful step toward systemic transformation in mental health care.

In behavioral health real estate, excellence in design is not a luxury—it is a necessity. Let us continue to design not just buildings, but better futures.

"We shape our buildings; thereafter they shape us." — Winston Churchill

Chapter 10

Entitlements, Permitting, and Approvals

"Leadership is not about being in charge. It is about taking care of those in your charge." — Simon Sinek

What you will learn in this chapter:

- **Navigating Jurisdictional Requirements and Politics**
- **State Health Department and AHJ Coordination**
- **Timeline Tracking and Fast-Track Permitting Strategies**
- **Environmental Assessments and Community Relations**
- **Proactive Engagement to Prevent Costly Delays**

Chapter Overview

Entitlements, permitting, and approvals form the backbone of successful behavioral health facility development. This phase is where bold visions meet political realities, legal frameworks, and complex community dynamics. It is a space of both opportunity and risk—where strategic leadership, disciplined coordination, and communication mastery are paramount.

Great projects don't just navigate permitting—they master it. They do so with proactive engagement, integrated teamwork, and best-in-class project management. This chapter details how successful teams align with jurisdictions, anticipate regulatory requirements, minimize political resistance, and foster community trust. As Louis Pasteur said, "Chance favors only the prepared mind." In entitlements, preparation is everything.

Navigating Jurisdictional Requirements and Politics

Know the Terrain Before You Build on It

Before drawing plans or launching public announcements, a successful development team must understand the local political, zoning, and regulatory landscape.

Best Practice: Jurisdictional Mapping Create a comprehensive matrix of:

- Zoning classifications and allowable uses
- Overlay districts and conditional use triggers
- Recent land-use disputes and council decisions
- Neighborhood associations and influential civic groups

"Leadership is not about being in charge. It is about taking care of those in your charge." — Simon Sinek

Effective entitlement leaders build trust early by understanding stakeholder values and concerns. Anticipate where friction will arise. Partner with local advocates. Share the project's long-term social value.

Political Intelligence as Project Insurance

Political risks are often invisible until they become existential. Great real estate teams neutralize these risks by:

- Engaging city councilmembers and supervisors before applications are submitted
- Building relationships with city planners, mayors, and community boards
- Tracking political cycles and upcoming elections that may affect land use priorities

Project Leadership Tip: Assign a Policy Liaison to work closely with legal counsel, Owner's Advisors, and public affairs teams to monitor political shifts.

State Health Department and AHJ Coordination

The Power of Early Engagement

Success with regulatory agencies begins before the first plan check. Permit-ready projects align architecture, licensing, code compliance, and health operations from day one.

Quote: "Failing to plan is planning to fail." — Benjamin Franklin

Best Practices for Agency Coordination

- **Kick-Off Roundtable**: Host an all-agency meeting to introduce the project, identify critical review timelines, and clarify roles

- **Working Groups**: Establish biweekly design and compliance team syncs, including legal, architects, engineers, and regulators
- **Compliance Narrative**: Draft a project-wide summary document mapping all requirements to design features

Integrating Project Management Tools

- Use Smartsheet or Asana to assign, track, and follow up on agency-related tasks
- Maintain a live AHJ checklist, including submission dates, next steps, and responsible parties
- The Owner's Advisor should lead these systems with support from design and legal counsel

Timeline Tracking and Fast-Track Permitting Strategies

"You can't build a reputation on what you are going to do." — Henry Ford

Time is Money—and Credibility

Delays in permitting cost more than capital—they damage momentum, trust, and team morale. Great projects maintain momentum through:

- **Realistic scheduling**: Build buffers and anticipate seasonal agency staffing shortages
- **Back-scheduling**: Work backwards from desired construction start to map all regulatory deadlines
- **Permit flow charts**: Visualize dependencies between discretionary and ministerial permits

Fast-Track Execution Strategies

- Select sites already zoned for healthcare or institutional use
- Submit for multiple permits in parallel (e.g., CUP and OSHPD)
- Use pre-approved design templates where possible
- Build relationships with trusted third-party reviewers

Team Practice: Weekly permitting huddles led by the Owner's Advisor should address red flags, bottlenecks, and upcoming agency interactions.

Environmental Assessments and Community Relations

Environmental Review as a Design Tool

Rather than viewing environmental regulations as hurdles, use them to:

- Optimize site design
- Justify traffic calming and stormwater strategies
- Engage technical consultants in site resilience planning

Best practice involves integrating CEQA/NEPA consultants in conceptual design. Early Phase I and II ESAs prevent discovery-phase surprises.

Community Engagement: Leadership in Action

"People don't care how much you know until they know how much you care." — Theodore Roosevelt

Real Estate Engagement Framework:

1. Identify stakeholders early: residents, businesses, schools, nonprofits
2. Create a Community Relations Plan with measurable outreach goals
3. Host listening sessions and open forums to gather feedback
4. Use visual tools (3D renderings, flythroughs, diagrams) to explain the project's benefits
5. Appoint a Community Liaison within the project team

Case Example: A project in San Mateo formed a "Neighborhood Advisory Council" that reviewed design decisions and created a community art wall. Public opposition dropped by 60% after their inclusion.

Proactive Engagement to Prevent Costly Delays

Where Projects Go Off Track

- Unclear internal roles and responsibilities
- Poorly managed communications with regulators
- Conflicts between architectural design and licensing regulations
- Inconsistent public narratives from team members

Strategic Coordination Systems

- Develop an integrated action register for all permit-related tasks
- Track agency comments, decisions, and follow-ups in real-time

- Implement a communications protocol to ensure consistent messaging across architects, legal counsel, and community representatives

Owner's Advisor as Integration Leader

- Chairs weekly entitlement coordination calls
- Leads milestone check-ins against the master entitlement schedule
- Facilitates early resolution of design or regulatory conflicts
- Escalates unresolved risks to the Owner with recommended solutions

Quote: *"The strength of the team is each individual member. The strength of each member is the team." — Phil Jackson*

Conclusion: Entitlement as Strategic Advantage

The entitlement and permitting phase is not a hoop to jump through—it's an opportunity to build legitimacy, strengthen partnerships, and sharpen your project's focus. With excellent leadership, tight coordination, and stakeholder intelligence, it becomes a launchpad—not a landmine.

Real estate development is never a solo act. It's a symphony of disciplines, personalities, and pressures. The Owner's Advisor is the conductor, and success depends on their ability to keep everyone in harmony.

Closing Insight: "Risk comes from **not** knowing what you're doing." — Warren Buffett

In behavioral health development, what you don't know in entitlements can delay you for years. But what you do know—and prepare for—can accelerate delivery, reduce costs, and deliver facilities that heal, inspire, and last.

In the next chapter, we move from regulatory navigation to procurement and preconstruction, where contracts are written, teams are assembled, and the stage is set for breaking ground.

Part III: Acceleration, Talent, Excellence

Chapter 11: Best Practices of Successful Behavioral Health Real Estate Development

- **Key Support, Teamwork, Vision, Mission, Values**
- **Development Team Coordination and Management.**
- **Case studies of successful behavioral health facility designs in California.**
- **100 Best Practices for Successful Behavioral Health Real Estate Development**
- **The Importance of Expert Teamwork**

Chapter 12: Rapid Delivery Best Practices

- **20 Strategies for Rapid Delivery Methodologies**
- **Progressive Design Build**
- **Adaptive Reuse**

Chapter 13: Top 25 Experts on the Development Team: The Power of Expertise

- **So many Subject Matter Experts**
- **Owner's Advisor: Key to Project Success**
- **25 Top Key Professionals**
- **Power of Teamwork**

Chapter 14: Professional Excellence in Behavioral Health Real Estate Development

- **Defining Standards of Quality**
- **The Power of Teamwork**
- **Stakeholder Support**
- **Owner's Advisors: Trusted Guides**

Chapter 11

Best Practices of Successful Behavioral Health Real Estate Development

What you will learn in this chapter:

- **Key Support, Teamwork, Vision, Mission, Values**
- **Development Team Coordination and Management.**
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- **The Importance of Expert Teamwork**

Key Team Members, Teamwork, Mission, Vision, and Values

Developing a behavioral health rehabilitation facility requires more than just bricks and mortar—it demands a carefully orchestrated team, a shared commitment to the mission, and an unwavering dedication to patient-centered care. This chapter outlines best practices for assembling the right team, fostering a culture of collaboration, and aligning every decision with a clear mission, vision, and set of core values.

By implementing these principles, organizations can **streamline project execution, mitigate risks, and ensure the facility meets both clinical and operational needs—all while remaining on budget, on scope, and on schedule.**

Building the Right Team

A successful behavioral health development project hinges on the expertise, experience, and coordination of key professionals. Each member of the team must bring specialized knowledge to ensure the project meets regulatory, operational, and financial requirements. Strategic collaboration and clear role definition are essential to maintain momentum, mitigate risk, and achieve excellence in delivery.

1. Owner's Advisor: The Essential Guide

The Owner's Advisor is the linchpin of a behavioral health development project. As a subject matter expert, they act as the owner's trusted representative, ensuring the project is executed in alignment with the owner's objectives, budget, mission, and operational strategy.

Best Practices for Selecting an Owner's Advisor:

- **Choose an Expert with Behavioral Health Experience** – The Owner's Advisor must have deep knowledge of behavioral health regulations, trauma-informed facility design, and care delivery workflows.
- **Prioritize Strategic Thinking and Problem-Solving** – The Advisor must be capable of navigating complex entitlement, design, and construction issues with foresight and innovation.
- **Ensure Leadership and Communication Abilities** – As a hub of project communication, the Advisor must collaborate seamlessly with architects, engineers, legal teams, developers, funders, and contractors.

2. Real Estate Attorney: Navigating Regulatory Complexity

Behavioral health facility development requires meticulous compliance with zoning, licensure, healthcare statutes, and contractual law.

Best Practices for Legal Representation:

- **Engage Attorneys with Healthcare Real Estate Expertise** – The legal team must understand mental health care licensing, healthcare land use, development entitlements, and public funding regulations.
- **Anticipate Legal Risks Early** – From acquisition to closeout, proactive legal guidance prevents delays and protects long-term operational integrity.
- **Facilitate Smooth Transactions** – Legal counsel should support site control, lease or purchase negotiation, title clearance, and risk-shielding development agreements.

3. Developer for Hire: Orchestrating Full-Cycle Project Delivery

In complex, high-stakes behavioral health projects, a "Developer for Hire" can serve as the professional driver of execution across all development phases. This third-party real estate development firm operates on behalf of the Owner to deliver turnkey results—from early visioning to post-occupancy closeout.

Best Practices for Selecting a Developer for Hire:

- **Demonstrate Behavioral Health Project Experience** – The developer must have a proven track record delivering licensed, code-compliant, trauma-informed facilities within the behavioral health sector.

- **Offer Full-Scope Project Management Services** – The role includes pre-development planning, permitting, entitlements, financing support, project accounting, scheduling, risk management, and owner representation during construction.
- **Collaborate Closely with the Owner's Advisor** – Together, the developer and Owner's Advisor must align vision, strategy, and technical execution to avoid gaps in scope or oversight.
- **Provide Transparent Reporting and Accountability** – Developers should offer detailed milestone reporting, cost forecasting, and contingency management to ensure fiscal control and transparency.
- **Integrate Operational Readiness** – A seasoned developer will anticipate handover requirements, ensuring facilities are license-ready, staff-ready, and activation-ready on day one.

4. Architect: Designing for Healing, Safety, and Performance

The architect shapes the patient, staff, and visitor experience through functional, calming, and secure spaces that support treatment and recovery.

Best Practices for Hiring an Architect:

- **Select Firms with Behavioral Health Experience** – Architects must understand safety requirements (anti-ligature, egress, staff sightlines), patient dignity, and flexible use planning.
- **Emphasize Collaboration with Clinical Teams** – Programming and layout decisions should be guided by feedback from therapists, physicians, nurses, administrators, and peer advocates.

- **Integrate Flexible, Future-Proof Design** – Facilities must accommodate evolving care models and future licensing changes with adaptable infrastructure.

5. Civil Engineers: Laying a Safe and Sustainable Foundation

Civil engineers design the infrastructure and site systems that ensure the long-term safety, durability, and sustainability of the facility.

Best Practices for Civil Engineering Selection:

- **Seek Firms with Healthcare Infrastructure Expertise** – Engineers should be adept in ADA compliance, emergency access, seismic zones, utility routing, and site drainage.
- **Emphasize Environmental Responsibility** – Civil designs should incorporate green infrastructure, stormwater reuse, and low-impact site development strategies.
- **Coordinate Closely with the Design and Developer Teams** – Grading, structural load paths, easements, and utility tie-ins must support both constructability and ongoing operations.

6. General Contractors: Executing the Vision with Precision

Selecting the right general contractor is critical to keeping the project on schedule, on budget, and built to the exacting standards of behavioral health environments.

Best Practices for Selecting a Contractor:

- **Prioritize Experience in Behavioral Health Construction** – GC teams must be well-versed in the installation of tamper-resistant materials, secure room hardware, dual-agency inspections, and infection control compliance.
- **Require Transparent Cost Control and Change Order Protocols** – Contractors should proactively engage in value engineering during preconstruction, and provide detailed progress billing and cost management updates.
- **Commit to Safety and Compliance** – Construction teams should have rigorous OSHA safety records and demonstrate capacity to coordinate with the HCAI Inspector of Record, fire marshals, and other third-party inspectors.

Each of these professionals plays a critical role in the integrated success of a behavioral health facility. When selected carefully, aligned in values, and empowered with clear roles and communication structures, these experts form the backbone of development that transforms vision into vital, healing infrastructure.

The Power of Teamwork in Behavioral Health Development

A **high-performing development team** operates as a **cohesive unit**, ensuring that every aspect of the project aligns with the **facility's mission and patient care goals**.

Best Practices for Team Collaboration:

1. **Establish Clear Roles and Responsibilities** – Define each team member's role to avoid confusion and ensure accountability.

2. **Foster Open Communication** – Regular project meetings should promote **proactive problem-solving and cross-disciplinary collaboration**.
3. **Implement Conflict Resolution Strategies** – Address disagreements constructively, keeping the **project's mission and patient needs as the guiding priority**.

Defining the Mission, Vision, and Values

1. Establishing a Clear Vision

A behavioral health facility must operate with a **long-term vision** that reflects **patient-centered care, community well-being, and financial sustainability**.

Best Practices for Vision Development:

- **Align the Vision with Behavioral Health Best Practices** – The facility's design and operations should support **evidence-based treatment models**.
- **Engage Stakeholders in the Visioning Process** – Gather input from **clinicians, patients, and community members** to shape a comprehensive vision.
- **Translate the Vision into Measurable Goals** – Define **clear benchmarks for patient outcomes, operational efficiency, and financial performance**.

2. Driving the Mission Forward

The facility's mission must serve as a **compass** guiding every decision, from site selection to patient services.

Best Practices for Mission Integration:

- **Ensure the Mission is Communicated to All Team Members** – Every stakeholder should understand how their role contributes to the broader goal.
- **Embed the Mission in Design and Operations** – Facility layout, patient services, and staffing models should directly reflect **the organization's core mission**.
- **Commit to Community Engagement** – Behavioral health facilities should build strong **community partnerships** to enhance outreach and accessibility.

3. Upholding Core Human Values

Behavioral health facilities must reflect values of **dignity, respect, inclusivity, and patient empowerment**.

Best Practices for Embedding Core Values:

- **Design for Healing and Comfort** – Environments should be **non-institutional, warm, and supportive**.
- **Prioritize Cultural Competency** – Facilities should accommodate **diverse populations and linguistic needs**.
- **Invest in Staff Training** – Teams must be equipped to deliver **trauma-informed, compassionate care**.

Case Studies in Behavioral Health Development Excellence

Case Study 1: Los Angeles County Mental Health Urgent Care Center

- **Challenge:** The county lacked an **efficient crisis intervention facility**, resulting in long wait times at emergency departments.
- **Solution:** A specialized urgent care center was developed with **calming interiors, crisis intervention rooms, and secure outdoor areas**.
- **Outcome:** A **47% reduction in ER psychiatric holds** within the first year of operation.

Case Study 2: San Francisco Behavioral Health Healing Center

- **Challenge:** Existing facilities were outdated, leading to **poor patient experiences and limited service capacity**.
- **Solution:** A new facility integrated **biophilic design elements, trauma-informed care principles, and flexible therapy spaces**.
- **Outcome: Increased patient engagement and improved staff retention** due to the enhanced healing environment.

Case Study Conclusions

The development of **a world-class behavioral health facility** requires a **strategic team, interdisciplinary collaboration, and a steadfast commitment to mission-driven outcomes**. By applying **best practices in team selection, teamwork, and value-driven decision-making**, organizations can build **safe, effective, and healing-centered environments** that transform lives.

Through **expert leadership, innovative design, and a shared dedication to behavioral health excellence**, these facilities can set new benchmarks in **mental health treatment and community impact**.

Top 100 Best Practices, Procedures, and Risk Mitigation Strategies

Developing, Planning, Designing, Permitting, Constructing, and Managing Behavioral Health Real Estate in California

I. Pre-Development & Strategic Planning

1–10: Site Selection & Feasibility Analysis

1. **Conduct a Market Needs Assessment** – Analyze demographic data, service gaps, and local healthcare demand.
2. **Evaluate Accessibility & Proximity to Services** – Choose sites near transportation hubs and emergency medical facilities.
3. **Confirm Zoning & Land Use Regulations** – Engage with local planning departments to identify zoning constraints.
4. **Secure Community & Stakeholder Support** – Host early meetings with residents, officials, and advocacy groups.
5. **Analyze Infrastructure Readiness** – Assess utilities, road access, and environmental constraints.
6. **Mitigate Land Use & Permitting Risks** – Address potential land use conflicts with proactive planning.
7. **Ensure Financial Feasibility** – Develop a robust pro forma analyzing costs and projected revenue.
8. **Plan for Scalability & Future Expansion** – Select sites with growth potential.
9. **Assess Environmental & Geotechnical Conditions** – Conduct soil tests and environmental impact reports.
10. **Appoint an Owner's Advisor for Early Risk Mitigation** – Engage an expert to guide strategy, approvals, and development.

11–20: Regulatory Approvals & Permitting

11. **Understand Local, State, & Federal Compliance** – Map out all regulatory requirements before purchasing a site.
12. **Engage Local Officials Proactively** – Build relationships with city planners and regulators to facilitate approvals.
13. **Develop a Clear Permitting Timeline** – Align permitting milestones with construction schedules.
14. **Secure a Conditional Use Permit (CUP) Early** – Address any zoning exceptions needed before design.
15. **Obtain OSHPD/HCAI Approvals (if applicable)** – Ensure compliance with healthcare facility standards.
16. **Prepare for Environmental Review (CEQA/NEPA)** – Identify potential delays and mitigate environmental risks.
17. **Streamline Building Permits & Inspections** – Engage permitting consultants to accelerate approvals.
18. **Align with Fire & Safety Code Requirements** – Work closely with fire marshals to avoid last-minute design changes.
19. **Plan for Accessibility Compliance (ADA & CBC)** – Ensure designs meet California accessibility codes.
20. **Leverage Expedited Permitting Programs** – Explore state incentives for fast-tracked behavioral health projects.

II. Behavioral Health Facility Design & Planning

21–30: Patient-Centered & Trauma-Informed Design

21. **Create a Welcoming & Non-Institutional Environment** – Design for comfort, dignity, and healing.
22. **Optimize Natural Light & Open Spaces** – Reduce stress through strategic window placement and outdoor access.
23. **Use Calming Colors & Materials** – Select soft, warm tones to enhance patient well-being.
24. **Incorporate Soundproofing & Noise Control** – Minimize auditory triggers for patients in crisis.
25. **Provide Private & Semi-Private Patient Rooms** – Balance patient privacy with staff accessibility.
26. **Design for Behavioral Health Safety** – Use anti-ligature fixtures and impact-resistant materials.
27. **Incorporate Outdoor Healing Spaces** – Include gardens, walking paths, and therapeutic green spaces.
28. **Ensure Flexible Treatment & Activity Spaces** – Create adaptable environments for various therapy types.
29. **Separate High-Acuity & Low-Acuity Areas** – Improve safety and patient experience with distinct spaces.
30. **Include Family & Visitor Areas** – Provide comfortable spaces for loved ones to support patients.

31–40: Staff Efficiency & Security Design

31. **Optimize Staff Workflow Through Smart Layouts** – Reduce unnecessary travel distance within the facility.
32. **Implement Secure Yet Non-Restrictive Access Controls** – Use electronic keycards and monitored entry points.

33. **Create Clear Sightlines for Staff Supervision** – Ensure visibility while maintaining patient privacy.
34. **Incorporate Safe Rooms & De-Escalation Spaces** – Provide areas for crisis intervention without restraints.
35. **Use Durable, Low-Maintenance Materials** – Reduce long-term maintenance costs.
36. **Design Emergency Exits & Evacuation Routes Clearly** – Ensure compliance with fire safety codes.
37. **Balance Security with a Therapeutic Atmosphere** – Avoid prison-like aesthetics while ensuring safety.
38. **Integrate Technology for Enhanced Monitoring** – Use discreet video surveillance in common areas.
39. **Standardize Patient Room Layouts** – Improve operational efficiency and reduce confusion.
40. **Include Staff Wellness & Break Areas** – Prioritize caregiver well-being to prevent burnout.

III. Construction & Development Best Practices

41–50: Construction Planning & Execution

41. **Select a General Contractor with Behavioral Health Experience** – Avoid costly mistakes from inexperienced builders.
42. **Use Modular & Prefabricated Construction When Possible** – Speed up project delivery.
43. **Implement Strict Cost Control Measures** – Regularly monitor budgets to avoid overruns.
44. **Conduct Pre-Construction Regulatory Reviews** – Ensure compliance before breaking ground.

45. **Phase Construction for Minimal Operational Disruption** – If building in an active healthcare setting, plan carefully.
46. **Pre-Test & Certify Mechanical & Safety Systems** – Avoid delays in licensing due to faulty equipment.
47. **Monitor Supply Chain Risks & Material Availability** – Secure key materials early.
48. **Conduct Regular Quality Assurance Inspections** – Maintain construction integrity.
49. **Plan for Commissioning & Post-Construction Adjustments** – Ensure the facility operates as designed.
50. **Maintain a Contingency Budget for Unexpected Issues** – Account for surprises.

IV. Operations & Facility Management

51–60: Staffing & Workforce Planning

51. **Develop a Recruitment Pipeline for Specialized Staff** – Partner with universities and training programs.
52. **Train Staff in Trauma-Informed Care & Crisis Response** – Ensure best practices in patient interactions.
53. **Create a Retention Strategy to Reduce Turnover** – Offer competitive benefits and wellness programs.
54. **Ensure Adequate Staff-to-Patient Ratios** – Maintain compliance and safety standards.
55. **Invest in Continuous Staff Training** – Update best practices regularly.
56. **Provide Leadership Development for Facility Managers** – Strengthen operational oversight.
57. **Develop an Incident Reporting & Response System** – Track and mitigate safety concerns.
58. **Ensure Multilingual & Culturally Competent Services** – Address diverse patient needs.
59. **Foster a Collaborative Work Environment** – Encourage interdisciplinary teamwork.
60. **Establish an Employee Assistance Program (EAP)** – Support staff mental health.

V. Long-Term Sustainability & Community Engagement

61–80: Community Partnerships & Advocacy

61. **Engage Local Law Enforcement & First Responders** – Build collaboration for crisis response.
62. **Establish Partnerships with Social Services** – Connect patients to housing and employment programs.
63. **Host Regular Community Advisory Meetings** – Maintain transparency and trust.
64. **Educate the Public on Behavioral Health Services** – Reduce stigma through outreach.
65. **Establish a Behavioral Health Workforce Pipeline** – Partner with universities, training programs, and apprenticeship initiatives to attract and retain skilled professionals.
66. **Provide Competitive Salaries & Benefits** – Offer industry-standard compensation, mental health benefits, and incentives to reduce staff turnover.
67. **Develop a Staff Retention & Burnout Prevention Strategy** – Implement wellness programs, peer support groups, and flexible work arrangements.

68. **Require Ongoing Professional Development** – Offer continuing education, certification reimbursements, and leadership training to enhance staff skills.
69. **Create a Strong Organizational Culture** – Foster inclusivity, diversity, and a mission-driven work environment to enhance employee satisfaction.
70. **Implement Trauma-Informed Care Training for Staff** – Ensure all employees understand and apply trauma-informed principles when interacting with patients.
71. **Build a Leadership Succession Plan** – Identify future leaders within the organization and provide mentorship opportunities to sustain long-term success.
72. **Develop a Long-Term Financial Sustainability Plan** – Forecast revenue streams and operational expenses.
73. **Maximize Medicaid & Medicare Reimbursements** – Ensure billing systems comply with state and federal guidelines.
74. **Apply for State & Federal Behavioral Health Grants** – Explore SAMHSA, HUD, and HHS funding opportunities.
75. **Negotiate Value-Based Contracts with Insurers** – Align payments with patient outcomes for sustainability.
76. **Incorporate Green Building Incentives** – Reduce costs by utilizing energy efficiency funding programs.
77. **Create a Revenue Diversification Strategy** – Offer outpatient services or lease excess space to community providers.
78. **Leverage New Market Tax Credits (NMTC) for Development** – Secure funding for projects in low-income communities.
79. **Conduct Regular Cost-Benefit Analyses** – Identify cost-saving measures without compromising care quality.

80. **Monitor and Adapt to Changing Reimbursement Policies** – Stay informed about shifts in healthcare funding.

VI. Operational Excellence & Patient-Centered Care

81–90: Patient Care & Quality Improvement

81. **Develop an Integrated Care Model** – Combine behavioral health, primary care, and substance use treatment.
82. **Use Data-Driven Quality Metrics** – Track patient outcomes and adjust care models accordingly.
83. **Implement a Standardized Patient Intake Process** – Ensure efficiency and thorough initial assessments.
84. **Foster a Culture of Continuous Improvement** – Regularly review processes for better patient outcomes.
85. **Ensure Timely Access to Care** – Reduce wait times through efficient scheduling and telehealth integration.
86. **Develop a Crisis Intervention & De-Escalation Training Program** – Prepare staff for emergency situations.
87. **Create a Peer Support & Mentorship Program** – Utilize individuals with lived experience to support patients.
88. **Implement a Family Engagement & Education Plan** – Provide resources and training for families supporting patients.
89. **Develop a Strong Discharge & Aftercare Program** – Ensure continuity of care post-treatment.

90. Conduct Regular Patient Satisfaction Surveys – Gather feedback to improve services.

VII. Innovation & Future-Proofing Behavioral Health Facilities

91–100: Technology, Innovation & Future Planning

91. Adopt Electronic Health Records (EHR) with Behavioral Health Capabilities – Improve efficiency and compliance.

92. Implement Telehealth & Virtual Care Options – Expand access to behavioral health services.

93. Invest in Smart Building Technology – Use automation for security, lighting, and HVAC efficiency.

94. Utilize AI & Predictive Analytics for Patient Care – Identify risks and trends for proactive interventions.

95. Develop a Cybersecurity & Data Protection Strategy – Protect sensitive patient information.

96. Plan for Changing Demographics & Emerging Needs – Design adaptable spaces for evolving treatment models.

97. Integrate Wearable & Remote Monitoring Technology – Enhance patient monitoring beyond facility walls.

98. Prepare for Future Policy & Regulatory Changes – Stay ahead of new healthcare laws and standards.

99. Create a Resiliency Plan for Public Health Crises – Ensure operational continuity during pandemics or emergencies.

100. Commit to Sustainability & Environmental Responsibility – Reduce carbon footprint while maintaining patient safety.

The Importance of Expert Teamwork in Real Estate Development: A Comprehensive Overview

Real estate development is a highly complex process that demands meticulous **planning, execution, and coordination** among multiple stakeholders. Success in this field does not happen in isolation—it is the result of a well-coordinated effort among **developers, architects, engineers, financiers, legal experts, and construction teams**. Each participant plays a crucial role, and their ability to work together effectively is what determines whether a project is completed **on time, on scope, and on budget**.

This chapter explores the **100 best practices in real estate development that rely on teamwork**, emphasizing how alignment in **mission, vision, values**, and critical project elements such as **scope, schedule, budget, and quality assurance** can lead to successful outcomes.

1. Teamwork as the Catalyst for Excellence

Excellence in real estate development is **never** a solo endeavor. It requires the **seamless collaboration of diverse professionals**, each contributing their expertise while working toward a shared goal. When team members are **aligned, accountable, and engaged**, they foster a culture of **problem-solving and innovation**, allowing projects to navigate challenges more effectively.

Key strategies for fostering teamwork:

- **Define clear roles and responsibilities** to eliminate confusion and overlap.
- **Encourage open communication** to prevent misunderstandings and bottlenecks.

- **Cultivate mutual respect and accountability** to enhance efficiency and morale.

2. Aligning Mission, Vision, and Values

Every successful project begins with a **clear mission, vision, and set of values**. These principles serve as the foundation for decision-making, ensuring that all team members are working toward **a common goal** rather than pursuing conflicting priorities.

Best practices for alignment:

- **Clearly define the project's purpose** and ensure all stakeholders understand it.
- **Integrate the mission and values into daily operations and decision-making.**
- **Reinforce alignment through regular meetings** where progress is assessed in relation to core values.

When everyone is aligned, decisions become **faster, more cohesive, and strategically sound**.

3. Comprehensive Scope Definition

A project's **scope** serves as the blueprint for its objectives, deliverables, and boundaries. Without clear scope definition, teams risk **scope creep**, leading to cost overruns and timeline delays.

Key teamwork-driven best practices:

- **Involve key stakeholders in the early planning stages** to establish realistic scope expectations.
- **Develop a detailed project scope statement** outlining objectives, deliverables, and constraints.

- **Monitor and enforce scope control** by conducting **regular reviews and stakeholder consultations**.

A well-defined scope keeps teams **focused, accountable, and efficient**.

4. Effective Schedule Management

In real estate development, **time is money**. Project timelines must be **realistic yet ambitious**, and teamwork is essential in maintaining progress.

Best practices for schedule management:

- **Develop a collaborative project timeline** that considers dependencies between tasks.
- **Identify potential bottlenecks early** and assign contingency plans.
- **Hold regular progress check-ins** to make real-time adjustments and avoid delays.

When teams proactively manage schedules, they increase the likelihood of **on-time project delivery**.

5. Budgeting and Financial Oversight

A well-managed budget ensures **financial viability and long-term success**. Since real estate projects involve significant capital investments, **financial oversight requires teamwork across multiple disciplines**.

Best practices for budget control:

- **Involve financial experts, project managers, and construction teams** in budget planning.

- **Track expenditures in real time** and conduct regular financial reviews.
- **Encourage cost-saving innovations** without compromising quality.

By working together, teams can **prevent cost overruns** and ensure **optimal resource allocation**.

6. Quality Assurance and Control

Quality is the foundation of any successful real estate development project. A commitment to quality **requires a team-wide effort**, as poor workmanship or overlooked details can lead to **costly rework and safety concerns**.

Best practices for maintaining quality:

- **Establish clear quality benchmarks** from the outset.
- **Conduct routine inspections and peer reviews** at each phase of construction.
- **Encourage a culture of accountability**, where every team member takes ownership of quality.

When teams prioritize quality, they enhance **the project's long-term value and reputation**.

7. Stakeholder Engagement

A successful real estate project requires **buy-in from investors, government entities, community members, and regulatory bodies**. Without stakeholder engagement, projects can face **delays, opposition, or funding issues**.

Best practices for effective stakeholder engagement:

- **Foster transparent communication** through public forums and progress reports.
- **Address concerns proactively** by gathering feedback and making informed adjustments.
- **Build strong relationships with regulatory authorities** to streamline approvals and compliance.

A **collaborative approach to stakeholder management** creates goodwill and accelerates project approvals.

8. Risk Management and Problem-Solving

Risk is **inevitable** in real estate development. From **market fluctuations to construction delays and legal challenges**, unforeseen issues can **derail projects** unless teams proactively plan for them.

Best practices for teamwork-driven risk management:

- **Develop a comprehensive risk assessment strategy** that identifies potential threats.
- **Encourage cross-functional collaboration** to create mitigation plans.
- **Regularly reassess risks and adjust strategies** as the project evolves.

With a well-prepared team, risks become **manageable hurdles rather than project-ending obstacles**.

9. Continuous Learning and Adaptation

The real estate industry is constantly evolving. Successful teams **embrace change, leverage new technologies, and learn from past experiences**.

Best practices for fostering a learning culture:

- **Encourage knowledge-sharing and cross-disciplinary collaboration.**
- **Analyze completed projects for lessons learned and process improvements.**
- **Stay ahead of industry trends** by investing in continuous professional development.

Adaptable teams **thrive in an ever-changing development landscape**.

10. Celebrating Success and Acknowledging Contributions

When teams achieve milestones, **recognizing their efforts** boosts morale and reinforces a culture of excellence.

Best practices for celebrating team success:

- **Hold formal and informal recognition events.**
- **Show appreciation for individual contributions** at every stage.
- **Encourage a positive work environment** that fosters collaboration.

A team that feels valued is more likely to **stay engaged, committed, and motivated** for future projects.

Conclusion: Intelligent Leadership and Integrated Expertise Drive Lasting Success

True success in behavioral health real estate development is never the result of chance—it is the result of deliberate decisions, a shared mission, and a team that understands the high stakes and human needs behind every square foot of space. The most successful facilities are built not only with technical precision but with moral clarity, clinical foresight, and strategic coordination.

These projects succeed when the development team operates as a cohesive, multidisciplinary unit—where every partner, from the Owner's Advisor to the environmental graphic designer, knows their role and honors the mission.

Summary of Best Practices:

1. Align Mission, Vision, and Values

- **Embed patient dignity into every phase** of planning, design, and execution.
- **Establish a shared vision across all team members**—from finance and design to construction and operations.
- **Reinforce values** through project rituals, stakeholder engagement, and milestone celebrations.

2. Assemble the Right Subject Matter Experts

- Choose professionals who bring behavioral health experience—not just technical capability.
- Prioritize real-world experience in regulatory approvals, trauma-informed design, infection control, and integrated care delivery.
- Empower experts to lead—not just serve—within their domain.

3. Define Roles, Accountability, and Communication Protocols

- Clearly map decision-making responsibilities.
- Hold structured weekly coordination meetings with issue tracking and resolution paths.
- Use centralized, cloud-based platforms for real-time document control and versioning.

4. Promote Operational and Clinical Alignment

- Engage frontline clinical and operations staff early and often.
- Validate space programs with simulations, mock-ups, and scenario walkthroughs.
- Invite peer recovery experts and lived-experience voices into the design process.

5. Foster Cross-Functional Collaboration

- Use interdisciplinary design charrettes and planning workshops.
- Train the team in behavioral health safety protocols, cultural humility, and trauma-informed approaches.
- Build strong partnerships with regulators, licensing agencies, and local stakeholders.

6. Track Performance, Manage Risks, and Celebrate Wins

- Monitor KPIs tied to schedule, budget, compliance, and readiness.
- Maintain risk registers with mitigation strategies and assigned owners.
- Acknowledge team contributions to foster morale and continuous improvement.

Elevating Behavioral Health Through High-Performance Teaming

The behavioral health field is uniquely challenging. It demands a rare combination of empathy and precision, creativity and compliance, vision and execution. Buildings must meet exacting safety standards while simultaneously promoting warmth and healing. Development teams must integrate clinical protocols and construction logistics with equal fluency.

This duality is why expert teaming is so vital. Every phase of development—from site acquisition to facility activation—relies on intelligent collaboration between trusted professionals. And it is here that the Owner's Advisor plays a critical role: not as a passive observer, but as a dynamic leader of alignment, coordination, and accountability.

Successful projects are characterized by integrated thinking:

- Where **architects design with the operator's workflow in mind.**
- Where **contractors build to meet clinical, not just structural, goals.**
- Where **owners don't simply delegate but steward the vision.**
- Where **every voice is heard and valued—including staff, patients, and community members.**

Strategic Vision Requires Tactical Excellence

Even the most inspiring mission will falter without effective tactical execution. That means:

- Aligning funding cycles with permitting deadlines.
- Scheduling clinical activation milestones alongside punchlist closeouts.
- Balancing innovation with licensability and cost control.

Expert teams understand these realities—and they build the muscle memory of excellence through structured systems, early decisions, and the discipline of documentation.

Final Thoughts: Leadership, Learning, and Legacy

- Behavioral health real estate is more than a business—it is a calling. To do it well requires:
- Leadership that listens.
- Processes that adapt.
- Partnerships that endure.
- And values that stay visible, even in the chaos of construction.

Every project leaves a legacy. Some leave scars—built in haste, poorly aligned, and quickly obsolete. But others become anchors of community healing, joy, and trust. These are the projects guided by mission-driven teams and advisors who understand what's truly at stake.

As behavioral health needs continue to rise and funding accelerates through state, federal, and philanthropic sources, now is the time to get it right. The blueprint is clear: assemble expert teams, align every task to mission, coordinate with precision, and deliver not just a building—but a sanctuary for recovery.

"True healing begins the moment the environment supports it—and that begins long before the doors open."

In the chapters ahead, we explore how these values are translated into operations, commissioning, activation, and community impact. But the foundation is here—in teamwork, expertise, and unwavering purpose.

Chapter 12

Rapid Delivery Best Practices

What you will learn in this chapter:

- **20 Strategies for Rapid Delivery Methodologies**
- **Progressive Design Build**
- **Adaptive Reuse**

Top 20 Strategies for Successful Rapid Delivery of Behavioral Health Facility Development

The demand for **behavioral health rehabilitation facilities** is growing at an unprecedented rate, necessitating a **faster, smarter, and more efficient** approach to development. Delivering these facilities **on budget, on scope, and on schedule** requires a **strategic fusion of innovative methodologies, cutting-edge construction techniques, and seamless stakeholder collaboration.**

This chapter outlines **20 proven methodologies** for accelerating project delivery while maintaining **high standards of quality, safety, and functionality.** These strategies are designed to help **owners, developers, and healthcare leaders** streamline processes, reduce costs, and **bring essential behavioral health services to communities faster.**

1. Comprehensive Campus Master Planning

What It Is: Develop a **detailed master plan** that outlines the layout, functionality, and integration of all facilities within the behavioral health campus.

Why It Matters: A well-structured master plan:

- Improves **operational efficiency** by minimizing unnecessary travel between buildings.
- Enhances **patient and staff experience** through intuitive wayfinding.
- Facilitates **phased construction** to allow for **rapid activation of critical services.**

2. Adaptive Reuse of Existing Structures

What It Is: Identify underutilized buildings—such as schools, warehouses, or offices—that can be repurposed into behavioral health facilities.

Why It Matters:

- Cuts costs by leveraging existing structures instead of new construction.
- Speeds up timelines by reducing permitting and foundational work.
- Sustainability bonus: Reuse minimizes waste and environmental impact.

Case Study: A decommissioned **school in Ohio** was successfully transformed into a behavioral health campus in **under 12 months** by repurposing existing classrooms into therapy rooms and common areas.

3. Modular and Prefabricated Construction

What It Is: Utilize factory-built, prefabricated components that can be rapidly assembled on-site.

Why It Matters:

- Cuts construction time by 30-50%.
- Minimizes labor costs and reliance on unpredictable weather conditions.
- Ensures consistent quality with factory-controlled precision.

Industry Insight: Some behavioral health facilities are now being built in half the time using modular construction while meeting all state and federal regulations.

4. Flexible and Multi-Use Design

What It Is: Design versatile spaces that can be easily adapted for evolving patient needs and future care models.

Why It Matters:

- Spaces can be reconfigured (e.g., therapy rooms can become offices).
- Facilities remain future-proof, avoiding costly renovations later.
- Enhances efficiency by accommodating multiple services in fewer rooms.

5. Fast-Track Project Delivery

What It Is: Overlap design, permitting, and construction phases instead of completing them sequentially.

Why It Matters:

- Speeds up delivery by several months compared to traditional methods.
- Reduces bureaucratic bottlenecks by securing approvals in advance.

6. Integrated Project Delivery (IPD)

What It Is: A collaborative contract model that brings owners, designers, and builders together early in the process.

Why It Matters:

- Aligns all stakeholders to avoid costly change orders. Improves team communication, reducing errors and rework.
- Encourages cost-sharing incentives for efficiency.
- Data Insight: Projects using IPD report a 15-20% reduction in construction time and cost compared to traditional delivery models.

7. Sustainable and Resilient Design

What It Is: Implement energy-efficient systems, eco-friendly materials, and sustainable construction methods.

Why It Matters:

- Reduces long-term operational costs by 20-30%. Creates a healthier environment for patients and staff.
- Enhances public perception and increases funding opportunities.

8. Proactive Community Engagement

What It Is: Engage local leaders, residents, and healthcare advocates early in the planning process.

Why It Matters:

- Reduces opposition and potential delays from public concerns.
- Gains political and financial support, fast-tracking approvals.
- Encourages community buy-in for long-term success.

9. Zoning and Regulatory Readiness

What It Is: Work with local agencies to secure zoning approvals and navigate regulations early.

Why It Matters:

- Eliminates last-minute compliance roadblocks.
- Prevents costly redesigns due to non-compliance.
- Shortens approval timelines.

Pro Tip: Consider preemptive zoning modifications to allow for future expansions without delays.

10. Phased Development Strategy

What It Is: Prioritize high-need services first while planning for incremental expansion.

Why It Matters:

- Ensures patients receive critical care sooner.

- Allows for funding flexibility by securing financing in stages.
- Reduces risk by adapting to demand changes.

11. Efficient Site Utilization

What It Is: Maximize the use of available land by integrating multi-story and compact layouts.

Why It Matters:

- Reduces land acquisition costs.
- Improves facility workflow and patient access.

12. Accessibility-Driven Design

What It Is: Ensure that ADA compliance and universal design principles are incorporated from the outset.

Why It Matters:

- Enhances patient dignity and independence.
- Supports aging populations and diverse needs.

13. Rapid Prototyping and User Testing

What It Is: Utilize VR modeling and physical prototypes to test design functionality.

Why It Matters:

- Reduces post-construction modifications.
- Ensures the facility is truly user-friendly.

14. Advanced Technology Integration

What It Is: Implement EHR systems, telehealth rooms, and automated scheduling.

Why It Matters:

- Enhances staff efficiency and patient experience.
- Reduces administrative burdens on care teams.

15. Local Labor and Material Sourcing

What It Is: Prioritize regional workforce and supply chains to minimize delays.

Why It Matters:

- Supports local economies.
- Cuts down on shipping time and costs.

16. Emergency Preparedness

What It Is: Design facilities to withstand natural disasters, power outages, and security threats.

Why It Matters:

- Ensures patient safety during crises.

17. Continuous Quality Improvement (CQI)

What It Is: Implement real-time data tracking to monitor construction progress and identify inefficiencies.

Why It Matters:

- Keeps the project on track and within budget.

18. Scalable Design for Future Expansion

What It Is: Plan for easy additions and flexible spaces.

Why It Matters:

- Reduces renovation costs down the line.

19. Stakeholder Communication Excellence

What It Is: Establish clear and transparent project communication channels.

Why It Matters:

- Minimizes misalignment and disputes

20. Post-Construction Performance Evaluation

What It Is: Conduct detailed post-occupancy assessments.

Why It Matters:

- Minimizes misalignment and disputes

Progressive Design Build:

Best Practices for Progressive Design-Build in Behavioral Health Facility Development

The contemporary landscape of real estate development and construction, particularly for specialized facilities like behavioral health centers, demands innovative approaches to ensure rapid delivery while maintaining quality and compliance. The progressive design-build (PDB) approach meets these needs by fostering collaboration among stakeholders, enhancing flexibility, and streamlining the project delivery process. This chapter outlines key operational best practices for effectively planning and completing a PDB project for behavioral health facilities.

1. Early Stakeholder Engagement

Engaging stakeholders early in the process is crucial for the success of any behavioral health facility project. Key practices include:

- **Identifying Key Stakeholders**: Involve mental health professionals, facility administrators, patients, and community representatives to gather diverse perspectives on design and functionality.
- **Conducting Workshops and Meetings**: Facilitate workshops to understand the specific needs and expectations of stakeholders. This alignment helps foster a sense of ownership and ensures the facility meets functional requirements.

2. Integrated Project Team Formation

A well-structured team is essential for a successful PDB approach. This team should include:

- **Designers and Architects**: Experts in behavioral health facility design to ensure adherence to best practices and regulatory requirements.
- **Contractors**: Professionals with experience in design-build projects and familiarity with health facility construction.
- **Consultants**: Specialists in behavioral health, safety, and compliance to provide insights during the design phase.

3. Collaborative Design Process

Collaboration is at the heart of the PDB approach, ensuring efficient project execution. Best practices include:

- **Continuous Communication**: Establish regular meetings and communication channels among team members to discuss progress, challenges, and necessary adjustments.
- **Iterative Design Reviews**: Conduct frequent design reviews to gather feedback from stakeholders and implement necessary adjustments early, reducing costly changes later.

4. Flexible and Adaptive Design

Behavioral health facilities must be designed to accommodate evolving needs. Best practices include:

- **Modular Design**: Utilize modular construction techniques that allow for flexibility in space utilization and future expansions.
- **Adaptable Spaces**: Design multipurpose rooms and reconfigurable spaces to support various therapeutic activities and patient needs.

5. Regulatory Compliance and Standards

Ensuring compliance with relevant regulations is critical in behavioral health facility construction. Key considerations include:

- **Building Codes and Standards**: Adhere to local, state, and federal regulations, including the Americans with Disabilities Act (ADA) and Joint Commission standards.
- **Safety and Security**: Implement design features such as secure entrances, observation areas, and anti-ligature fixtures to enhance safety for both patients and staff.

6. Sustainable Design Practices

Incorporating sustainability into the design and construction of behavioral health facilities benefits both the environment and patient well-being. Considerations include:

- **Energy Efficiency**: Implement HVAC, lighting, and insulation systems that reduce operational costs and enhance patient comfort.
- **Natural Elements**: Integrate biophilic design principles, including natural light, greenery, and outdoor spaces, to promote healing and improve mental health outcomes.

7. Technology Integration

Technology enhances both patient care and operational efficiency. Key considerations include:

- **Telehealth Capabilities**: Design spaces that accommodate telehealth services, enabling remote consultations and expanding access to care.
- **Smart Building Technologies**: Implement energy management systems, security monitoring, and patient tracking technologies to streamline operations and improve safety.

8. Phased Construction Approach

To expedite delivery, a phased construction approach should be considered. This includes:

- **Prioritizing Critical Areas**: Construct essential areas such as emergency departments or inpatient units first, allowing for early occupancy and operation.

- **Staggered Occupancy**: Plan for staggered occupancy of different facility sections, enabling staff to begin operations while other areas are still under construction.

9. Robust Project Management

Effective project management is vital to maintaining the project schedule and budget. Best practices include:

- **Clear Milestones and Timelines**: Establish well-defined project milestones and regularly update stakeholders on progress.
- **Budget Management**: Implement rigorous budget tracking and management practices to identify potential overruns early and adjust plans accordingly.

10. Post-Occupancy Evaluation

After project completion, assessing how well the facility meets its intended goals is essential. This includes:

- **Feedback from Users**: Gather feedback from staff, patients, and stakeholders to identify areas for improvement.
- **Performance Metrics**: Establish and track key performance indicators (KPIs) to evaluate the facility's impact on patient outcomes, staff satisfaction, and operational efficiency.

Progressive Design-Build: In Summary

The progressive design-build approach offers a strategic framework for the rapid delivery of behavioral health facilities, emphasizing collaboration, flexibility, and adherence to best practices. By engaging stakeholders early, fostering an integrated project team, and prioritizing safety and sustainability, developers can create effective, welcoming environments that support the mental health needs of the community. As the demand for behavioral health services grows, adopting these best practices will be key to successfully delivering high-quality facilities that enhance patient care and promote well-being.

Adaptive Reuse:

Rapid Delivery through Adaptive Reuse: Best Practices for Developing Behavioral Health Facilities

In the evolving landscape of healthcare, the demand for behavioral health facilities continues to grow. Meeting this demand requires innovative approaches that prioritize speed, cost efficiency, and risk mitigation. One of the most effective strategies is adaptive reuse—the acquisition and rehabilitation of existing buildings. This approach leverages pre-existing infrastructure to accelerate project delivery, reduce costs, and contribute to sustainable development while addressing urgent community needs.

Advantages of Adaptive Reuse

Accelerated Project Timelines

Adaptive reuse offers a significant advantage in terms of speed to market. Since existing structures already have foundational elements in place, redevelopment is considerably faster than new construction. Key factors include:

- **Pre-existing Infrastructure:** Retaining elements such as plumbing, electrical systems, and HVAC reduces construction timelines.

- **Expedited Permitting Process:** Buildings already zoned for healthcare or similar uses may bypass lengthy approval processes.

Cost Efficiency

Rehabilitating an existing building often proves more economical than ground-up construction. Cost-saving aspects include:

- **Reduced Material and Labor Costs:** The need for foundational work and site preparation is minimized.
- **Financial Incentives:** Many municipalities offer tax credits, grants, and low-interest loans to encourage adaptive reuse.

Sustainability and Environmental Benefits

Repurposing existing buildings aligns with sustainable development by minimizing construction waste and reducing carbon footprints:

- **Conservation of Resources:** Less demolition and new material usage lead to lower environmental impact.
- **Community Revitalization:** Transforming underutilized buildings into healthcare facilities enhances local economies and improves neighborhood vitality.

Customization and Flexibility

Adaptive reuse projects allow for tailored designs that cater to behavioral health services:

- **Therapeutic Environments:** Spaces can be adapted for group therapy, private consultations, and recreational activities.

- **Cultural Sensitivity:** Facilities can be customized to reflect the needs of diverse populations, creating a welcoming atmosphere.

Best Practices for Adaptive Reuse in Behavioral Health

Comprehensive Site Assessment

A successful adaptive reuse project begins with a thorough evaluation of the existing structure:

- **Structural Integrity Analysis:** Ensure that the building's foundation, roof, and walls are sound.
- **Zoning and Compliance Checks:** Verify that local regulations permit the intended use and seek necessary variances early.

Stakeholder Engagement

Collaboration with key stakeholders is essential for project success:

- **Community Involvement:** Engaging residents and advocacy groups fosters support and ensures services meet local needs.
- **Expert Consultation:** Partnering with architects and contractors experienced in adaptive reuse streamlines the renovation process.

Behavioral Health-Specific Design Considerations

Renovated facilities must prioritize patient safety, security, and therapeutic value:

- **Safety Features:** Implement secure entry points, observation areas, and anti-ligature fixtures.
- **Healing Environments:** Utilize natural light, calming colors, and access to green spaces to promote well-being.

Effective Project Management

Strategic planning and execution ensure timely and cost-effective delivery:

- **Phased Implementation:** Allow for partial occupancy while other sections undergo renovation.
- **Budget Control Measures:** Develop detailed cost projections and maintain financial oversight throughout the project.

Risk Mitigation Strategies

Adaptive reuse involves inherent challenges, which can be managed through proactive planning:

- **Comprehensive Risk Assessment:** Identify potential structural, environmental, and legal risks early.
- **Adequate Insurance Coverage:** Secure liability, property, and professional insurance to protect against unforeseen issues.

Case Studies in Adaptive Reuse

Successful examples of behavioral health facility conversions demonstrate the viability of this approach:

- **Historic Renovations:** Former schools and government buildings have been repurposed into mental health centers, preserving community heritage.

- **Warehouse Conversions:** Industrial spaces offer spacious layouts ideal for treatment centers, leveraging their open floor plans for flexible programming.

Adaptive reuse is a powerful strategy for the rapid development of behavioral health facilities. By leveraging existing infrastructure, organizations can achieve faster delivery, reduced costs, and sustainable outcomes. Implementing best practices—including thorough site assessments, community engagement, strategic design, effective project management, and risk mitigation—ensures the success of these projects.

As the need for behavioral health services continues to rise, adaptive reuse provides a scalable and efficient solution, transforming underutilized spaces into vital community assets while fostering resilience and well-being.

In Summary:

The Future of Rapid Behavioral Health Facility Development

The rapid delivery of behavioral health facilities is not a theoretical ideal—it is a real, achievable objective grounded in the lived experience of today's best development teams. Yet, it is never easy. It requires navigating regulatory complexity, limited funding, tight labor markets, and an urgent public health crisis—all at once.

Success comes only with an experienced, highly integrated team—a coalition of subject matter experts, builders, designers, and owner's advisors—who can move with speed, accuracy, and unrelenting focus. These professionals don't just execute a set of plans—they translate urgency into action. They balance

code compliance with creative problem-solving, and they lead with a shared sense of purpose: getting critical care environments open, functional, and serving those who need them most.

Progressive design-build and adaptive reuse are not just delivery models—they are manifestations of a mindset. A mindset that says faster does not mean reckless and cheaper does not mean lesser. It means rethinking how we collaborate, how we plan, and how we execute.

Looking ahead, the future of behavioral health facility development will be defined by our ability to embrace agile methodologies, tap into modular and digital construction innovations, and build deep-rooted partnerships with communities. Projects that once took years must now be delivered in months—and with the right systems and people in place, they can be.

The truth is simple: Rapid delivery is difficult. But it is possible. With the right team, the right tools, and a relentless commitment to outcomes, we can rise to meet this moment—and transform underbuilt, underserved communities into hubs of healing, care, and resilience.

Chapter 13

25 Experts on the Development Team: The Power of Expertise

What you will learn in this chapter:

- **So many Subject Matter Experts**
- **Owner's Advisor: Key to Project Success**
- **25 Top Key Professionals**
- **Power of Teamwork**

Why So Many Subject Matter Experts?

Developing a behavioral health facility is one of the most complex real estate endeavors, requiring precise coordination, strict regulatory compliance, and a deep understanding of patient-centered care. Unlike traditional commercial or residential projects, behavioral health facilities must seamlessly integrate healthcare regulations, safety considerations, therapeutic design principles, and operational efficiency.

This level of complexity demands a **highly specialized team**—each professional playing a critical role in **reducing risk, maintaining compliance, and ensuring long-term operational success.** Every subject matter expert (SME) contributes essential knowledge and skills that prevent costly mistakes, delays, or suboptimal facility performance.

At the center of this collaboration is the **Owner's Advisor**—the single most important expert responsible for aligning the team, ensuring smooth communication, and keeping the project within scope, budget, and schedule. The Owner's Advisor is not just a project manager but a **strategic leader** who integrates the expertise of all 25 professionals into a cohesive, well-executed development plan.

The Owner's Advisor: The Key to Project Success

Who is the Owner's Advisor?

The **Owner's Advisor** is the owner's **trusted subject matter expert** and project steward, guiding every aspect of development from concept to completion. Unlike a general contractor or a real estate broker, the Owner's Advisor **bridges the gap** between the owner's vision and the technical execution by ensuring that all SMEs are working toward the same goals.

Why is the Owner's Advisor Critical?

- **Expert Oversight:** Ensures that each SME contributes their expertise effectively, avoiding misalignment or redundant efforts.
- **Risk Management:** Anticipates and resolves issues before they escalate, reducing costly delays and change orders.
- **Regulatory Compliance:** Monitors adherence to complex behavioral health regulations, preventing legal and licensing challenges.
- **Cost & Schedule Control:** Keeps budgets tight and schedules realistic, ensuring financial and operational viability.

- **Stakeholder Coordination:** Serves as the key liaison between the owner, regulatory agencies, designers, engineers, and contractors.

Without an Owner's Advisor, projects risk falling into **cost overruns, schedule delays, compliance violations, and functional inefficiencies.** This role is the linchpin that holds all other SMEs accountable and ensures a seamless development process.

25 Professionals on the Development Team:

1. Project Owner and/or Developer

Role & Responsibilities:

- Sets the project's **vision, mission, and financial goals.**
- Secures **funding** and oversees **strategic direction.**
- Makes **final decisions** on design, construction, and operations.

Why They Matter:

The **owner's vision** determines the project's **viability**—without clear goals and funding, the project can collapse before it starts.

2. Owner's Advisor

Role & Responsibilities:

- Acts as the **owner's right hand, ensuring execution of the vision.**
- **Aligns** the team, prevents miscommunication, and resolves conflicts.
- **Monitors budgets, schedules, and compliance** to prevent costly mistakes.

Why They Matter:

Without an **Owner's Advisor,** projects face **chaos, cost overruns, and misalignment** between teams. This role ensures **cohesion and accountability.**

3. Legal Counsel

Role & Responsibilities:

- Manages **contracts, liability risks, and regulatory compliance.**
- Advises on **real estate transactions and healthcare regulations.**

Why They Matter:

Legal mistakes can lead to **lawsuits, permit denials, and financial losses.**

4. Commercial Architect

Role & Responsibilities:

- Designs the facility for safety, functionality, and compliance.
- Integrates behavioral health design principles to support patient healing.

Why They Matter:

Poor design can lead to **regulatory failures, patient safety risks, and operational inefficiencies.**

5. Civil Engineer

Role & Responsibilities:

- Handles **grading, drainage, and infrastructure** planning.

- Ensures the site **meets environmental and zoning regulations.**

Why They Matter:

Improper site planning can **cause flooding, soil instability, and infrastructure issues.**

6. Structural Engineer

Role & Responsibilities:

- Ensures **building stability and compliance with seismic and safety codes.**
- Collaborates with architects to optimize **load-bearing structures.**

Why They Matter:

A weak structure can **endanger patients and staff** during natural disasters.

7. Mechanical, Electrical & Plumbing (MEP) Engineers

Role & Responsibilities:

- Design **HVAC, electrical, plumbing, and medical gas** systems.
- Ensure **energy efficiency and compliance** with safety codes.

Why They Matter:

Malfunctioning **MEP systems** can lead to **poor air quality, power failures, and health risks.**

8. Lighting Specialist

Role & Responsibilities:

- Designs **lighting for safety, mood regulation, and therapeutic benefit.**
- Reduces **harsh lighting triggers** that may agitate patients.

Why They Matter:

Lighting **affects mental health**—improper design can **increase anxiety and stress.**

9. Interior Designer

Role & Responsibilities:

- Selects **furniture, materials, and colors** to promote calmness.
- Ensures spaces are **functional and durable.**

Why They Matter:

A poorly designed interior can lead to **staff stress, patient agitation, and safety risks.**

10. Landscape Architect

Role & Responsibilities:

- Designs **healing gardens and outdoor therapy spaces.**
- Integrates **nature-based mental health interventions.**

Why They Matter:

Outdoor spaces **enhance recovery** and provide **safe, therapeutic environments.**

11. Utility Consultant

Role & Responsibilities:

- Ensures facility has **reliable access to water, electricity, gas, and telecom.**
- Prevents **utility service disruptions.**

Why They Matter:

Utility failures can **jeopardize patient care and operational continuity.**

12. Healthcare Consultant

Role & Responsibilities:

- Advises on **best practices for behavioral health service delivery.**
- Ensures facility **meets patient care and operational standards.**

Why They Matter:

A facility without proper **healthcare planning** will fail **to serve its community effectively.**

13. Trauma-Informed Care Specialist

Role & Responsibilities:

- Guides **trauma-sensitive facility design.**
- Ensures layout supports **patient healing and emotional safety.**

Why They Matter:

Neglecting **trauma-informed design** can **re-traumatize** patients.

14. Regulatory Compliance Manager

Role & Responsibilities:

- Ensures compliance with **state, federal, and local healthcare regulations.**
- Avoids **violations that could delay or shut down operations.**

Why They Matter:

Non-compliance leads to **fines, legal issues, and licensing problems.**

15. Expeditor

Role & Responsibilities:

- Navigates **bureaucracy to speed up permits and approvals.**
- Prevents **delays in zoning, licensing, and inspections.**

Why They Matter:

Without an expeditor, **projects can face months of unnecessary delays.**

16. Financial Manager

Role & Responsibilities:

- Manages **budgets, funding, and financial forecasting.**
- Prevents **cash flow issues that could halt construction.**

Why They Matter:

Financial mismanagement can **doom even the most well-planned project.**

17. Asset Manager

Role & Responsibilities:

- Maximizes **long-term property value and operational efficiency.**
- Analyzes **market conditions and future growth.**

Why They Matter:

Without proper asset management, facilities **lose financial sustainability.**

18. Operations Specialist

Role & Responsibilities:

- Designs **efficient workflows** for patient care and facility operations.
- Ensures **long-term efficiency and smooth daily function.**

Why They Matter:

Poor operations lead to **staff burnout and patient dissatisfaction.**

19. Marketing Specialist

Role & Responsibilities:

- Promotes the facility to the **community and healthcare partners.**
- Develops branding and outreach strategies.

Why They Matter:

Without marketing, the facility **may struggle to attract patients and funding.**

20. Sales Representative

Role & Responsibilities:

- Builds **relationships with referral sources.**
- Drives **facility occupancy and revenue.**

Why They Matter:

A great facility **without occupancy** is **financially unsustainable.**

21. Real Estate Broker

Role & Responsibilities:

- Identifies and secures **the best property for development.**
- Negotiates **purchase and leasing terms.**

Why They Matter:

A poor location can lead to **low patient volume and accessibility issues.**

22. Urban Planner

Role & Responsibilities:

- Assesses **zoning and land use compatibility.**
- Aligns the project with **community development goals.**

Why They Matter:

Misalignment with **zoning laws** can **shut down** the project.

23. Technology Specialist

Role & Responsibilities:

- Integrates **telehealth, security, and electronic health records.**
- Ensures **data security and operational tech support.**

Why They Matter:

Outdated technology **hinders patient care and facility efficiency.**

24. Research Analyst

Role & Responsibilities:

- Conducts **market research and operational analysis.**
- Identifies **gaps in service delivery.**

Why They Matter:

Without research, facilities **risk misalignment with actual community needs.**

25. Community Relations Coordinator

Role & Responsibilities:

- Engages with **local stakeholders to build support.**
- Manages **public relations and community outreach.**

Why They Matter:

Community opposition can **block or delay approvals.**

The Power of Teamwork in Real Estate Development: Uniting 25 Experts for Success

Real estate development is a highly complex, multidisciplinary process that demands seamless coordination across a wide range of subject matter experts. Each project involves an

intricate interplay of planning, design, permitting, financing, construction, and operational readiness. Without strong collaboration and alignment, even the most well-funded projects can face delays, cost overruns, and inefficiencies.

The key to delivering behavioral health rehabilitation facilities on budget, on scope, and on schedule lies in teamwork—bringing together 25 top professionals, each with specialized expertise, to create a cohesive and high-performing team.

1. Teamwork as the Foundation of Excellence

Real estate development is not a solo endeavor. It requires a highly coordinated effort among experts from diverse fields—including architecture, engineering, finance, law, construction, and healthcare.

The Owner's Advisor plays a pivotal role in ensuring that each subject matter expert stays aligned with the project's mission, vision, and objectives. Without this orchestrated collaboration, projects can become disjointed, leading to inefficiencies, scope creep, and costly mistakes.

Key Best Practices for Teamwork Excellence:

- Foster a culture of accountability and mutual respect among all team members.
- Encourage cross-disciplinary communication to avoid knowledge silos.
- Establish clear roles and responsibilities to streamline decision-making.

2. Aligning Mission, Vision, and Values

A successful development project begins with a unified team vision. When all 25 professionals share a common mission and core values, the project benefits from cohesion, efficiency, and purpose-driven execution.

The Owner's Advisor plays a crucial role in reinforcing this alignment by:

- Ensuring that every decision supports the long-term strategic goals.
- Facilitating regular meetings to reaffirm shared objectives.
- Keeping the team focused on quality, cost-effectiveness, and timely delivery.

When alignment is strong, teams avoid miscommunication, redundant work, and conflicting priorities.

3. Comprehensive Scope Definition Through Collaboration

Defining the project's scope is one of the most critical steps in real estate development. A well-defined scope sets clear objectives, deliverables, and boundaries.

Why teamwork matters in scope definition:

- The Commercial Architect ensures functional and aesthetically sound designs.
- The Structural and MEP Engineers assess technical feasibility.
- The Regulatory Compliance Manager ensures that the project meets state and federal requirements.

- The Financial Manager ensures the scope aligns with budget constraints.

By collaborating early, these experts prevent costly redesigns, delays, and misunderstandings later in the project.

4. Schedule Management: Interdisciplinary Coordination

Real estate projects involve multiple dependencies. Without proper scheduling, one delay can create a domino effect that derails the entire timeline.

How teamwork enhances scheduling:

- The Expeditor accelerates permits and regulatory approvals to prevent bureaucratic slowdowns.
- The Construction Manager sequences tasks efficiently to avoid bottlenecks.
- The Operations Specialist ensures the facility will be ready for use upon completion.

By maintaining a collaborative scheduling process, the team can proactively anticipate and mitigate delays.

5. Budgeting and Financial Oversight as a Team Effort

A project's financial health depends on the collective responsibility of the entire team. Effective collaboration allows for cost-effective decision-making and prevention of budget overruns.

Collaborative Budgeting Practices:

- The Financial Manager sets a realistic budget and monitors expenditures.
- The Real Estate Broker negotiates favorable property acquisition terms.
- The Contractor provides accurate cost estimates for labor and materials.
- The Owner's Advisor ensures that all financial decisions align with the project's goals.

When all team members share financial responsibility, cost overruns are minimized.

6. Quality Assurance Through a Teamwide Commitment

High-quality design and construction are non-negotiable in behavioral health facilities. Every professional involved must uphold the highest standards for safety, durability, and compliance.

How teamwork ensures quality:

- The Interior Designer and Lighting Specialist create therapeutic environments that support patient recovery.
- The Structural Engineer ensures earthquake and load-bearing safety.
- The Healthcare Consultant verifies that the facility meets clinical best practices.
- The Owner's Advisor holds all parties accountable for maintaining quality standards.

A culture of excellence across all disciplines leads to a safe, effective, and durable facility.

7. Engaging Stakeholders as a Unified Team

Behavioral health rehabilitation projects require buy-in from local communities, regulatory agencies, and investors. A coordinated stakeholder engagement strategy ensures a smooth approval process and long-term success.

Key contributors to stakeholder engagement:

- The Community Relations Coordinator fosters local support and manages public relations.
- The Legal Counsel navigates zoning, licensing, and compliance matters.
- The Marketing Specialist promotes the project's benefits to investors and healthcare providers.

A unified team approach prevents opposition and facilitates seamless integration within the community.

8. Risk Management: A Collective Responsibility

Real estate development is inherently risky. From financial volatility to regulatory challenges, risks must be identified and mitigated early.

How teamwork strengthens risk management:

- The Regulatory Compliance Manager ensures that the project meets all legal requirements.
- The Urban Planner prevents zoning and land-use conflicts.
- The Technology Specialist secures data and telehealth infrastructure from cybersecurity risks.
- The Owner's Advisor ensures all risks are monitored and addressed proactively.

By working together, the team creates a resilient project that can adapt to unforeseen challenges.

9. Continuous Learning and Adaptation as a Team Mindset

The real estate landscape is constantly evolving, requiring teams to stay ahead of trends, technologies, and regulations.

Best practices for continuous improvement:

- Regular knowledge-sharing meetings among team members.
- Encouraging feedback loops to refine processes.
- Integrating lessons learned from past projects to improve future developments.

Teams that prioritize continuous learning remain adaptive, innovative, and competitive.

10. Celebrating Success and Acknowledging Contributions

A successful real estate project is the sum of countless individual efforts. Recognizing and celebrating achievements boosts morale and strengthens team cohesion.

Ways to celebrate success:

- Acknowledge individual contributions in team meetings and company updates.
- Organize milestone celebrations to mark project progress.
- Encourage peer recognition programs to foster a culture of appreciation.

When team members feel valued, they remain motivated and committed to future successes.

Conclusion: The Power of Precision-Selected Experts and Integrated Execution

In behavioral health real estate development, the difference between a project that merely opens and one that transforms lives lies in the strength, cohesion, and expertise of its people. The top 25 professionals identified in this chapter are not simply role-fillers—they are mission-critical assets. When carefully selected, strategically coordinated, and empowered to work in harmony, these experts form a development ecosystem capable of delivering facilities that are compliant, compassionate, high-performing, and sustainable.

Successful project delivery in the behavioral health sector requires more than technical competence. It demands professionals who are deeply experienced in the complexities of mental health environments—regulatory nuance, trauma-informed design, clinical flow, operational handoff, community relations, financing mechanics, and post-occupancy outcomes. These are not just generalists—they are seasoned subject matter experts (SMEs) who bring real-world insight, specialized judgment, and a relentless commitment to healing-centered infrastructure.

Best Practices for Team Formation and Success

1. **Strategic Selection Based on Behavioral Health Expertise**
   Each professional must be vetted not only for their resume, but for their behavioral health-specific portfolio. Prioritize those who have successfully navigated DHCS licensing, OSHPD (now HCAI) approval, anti-ligature protocols, and trauma-informed space design.
2. **Hire with Chemistry and Cultural Alignment in Mind**
   Technical skills alone are not enough. Team cohesion, shared values, and aligned communication styles are essential for efficient decision-making under pressure.
3. **Integrate the Owner's Advisor as the Central Coordinator**
   The Owner's Advisor is not simply a project manager—they are the strategic glue, tasked with aligning the full team with the owner's objectives, managing complexity across functions, and preempting risk through proactive oversight.
4. **Create Clear Roles, Accountability, and Decision Frameworks**
   Avoid ambiguity. Define who leads on what, how decisions are made, and what success looks like at every phase—from predevelopment feasibility to construction closeout.
5. **Embed Clinical and Operational Insight Early**
   Ensure that clinicians, peer advocates, and operational leaders have a seat at the table during programming, design, and construction. Real-world workflows must guide physical infrastructure—not the other way around.
6. **Foster High-Trust, High-Performance Culture**
   Projects run at the speed of trust. Establish communication norms, resolve conflicts early, and invest in relationships among design, construction, clinical, and owner teams.
7. **Align the Team to Mission and Impact, Not Just Milestones**
   Beyond deadlines and budgets, the team must connect to the "why"—the urgent mental health crisis, the underserved populations, and the transformative power

of well-designed spaces. A mission-driven team delivers deeper impact, not just efficient output.

From Specialists to Synergy: The New Standard of Behavioral Health Real Estate Delivery

The best projects are never the result of individual brilliance—they are the product of collective intelligence, cross-functional excellence, and purposeful leadership. Whether it's the financial analyst modeling sustainable operations, the architect sketching a ligature-safe exam room, the HCAI coordinator navigating code compliance, or the peer advocate voicing community priorities—each role is essential. And when those roles are executed in synergy, the result is nothing short of extraordinary.

In behavioral health development, every professional decision has downstream impacts—on care delivery, patient dignity, facility sustainability, and regulatory success. That's why team selection is not just an HR function—it's a strategic act of mission alignment. Successful teams anticipate, collaborate, and execute with the shared understanding that this work changes lives.

Final Thought: Projects End, but Impact Endures

The ribbon-cutting is not the end. It's the beginning of a facility's decades-long legacy. And that legacy begins with the people who planned it, designed it, and built it—every consultant, every advisor, every SME who brought their best to a shared vision.

When 25 expert professionals operate as one team—with clarity, discipline, and heart—they do more than build buildings. They build hope. They build dignity. They build access to healing.

Let this be the standard going forward: **Assemble not the largest team, but the right team. Equip them with trust. Align them with a mission. And deliver not just real estate—but real care.**

"The strength of the team is each individual member. The strength of each member is the team." — Phil Jackson

Chapter 14

Professional Excellence in Behavioral Health Real Estate Development

What you will learn in this chapter:

- **Defining Standards of Quality**
- **The Power of Teamwork**
- **Stakeholder Support**
- **Owner's Advisors: Trusted Guides**

Developing behavioral health facilities is a profound responsibility that requires unwavering dedication to quality, collaboration, and specialized expertise. These facilities are more than structures; they are sanctuaries of healing designed to support mental health and well-being. Achieving professional excellence in this field involves setting rigorous standards, fostering interdisciplinary teamwork, securing stakeholder support, and recognizing the indispensable role of experienced Owner's Advisors. These elements collectively ensure that behavioral health facilities operate at the pinnacle of efficiency and compassion.

1. Defining Standards Of Quality

The cornerstone of professional excellence is a steadfast commitment to quality, meticulously defined and upheld throughout every phase of development.

Specialized Subject Matter Expertise

Behavioral health facility development necessitates a convergence of diverse expertise. Successful projects integrate insights from real estate developers, mental health professionals, healthcare architects, clinical operations specialists, and community planners. This multidisciplinary approach ensures that facilities are not only structurally sound but also conducive to therapeutic outcomes.

Case Study: High Desert Mental Health Urgent Care Center

In Lancaster, California, the High Desert Mental Health Urgent Care Center (MHUCC) exemplifies the impact of specialized expertise. As the first facility in the area to offer 24/7 urgent mental health and crisis stabilization services, MHUCC addresses a critical need, reducing local emergency room crowding and unnecessary hospitalizations. This project underscores the importance of integrating clinical insights into facility design to meet community-specific needs.
dbia.org

Evidence-Based Design and Best Practices

Decades of research affirm that thoughtfully designed healthcare environments significantly influence patient outcomes. Incorporating elements such as open spaces, nature-inspired aesthetics, and adaptable patient rooms has been linked to reduced aggression, lower stress levels, and expedited recovery times. Embracing evidence-based design principles ensures that facilities are both functional and therapeutic.

Case Study: Architectural Best Practices at VCBR

The Virginia Center for Behavioral Rehabilitation (VCBR) implemented architectural best practices to enhance resident and staff safety and improve treatment outcomes. This approach highlights how evidence-based design can transform behavioral health facilities into environments that promote well-being and rehabilitation.
hdrinc.com

Commitment to Lifelong Learning

The dynamic nature of behavioral health care demands a commitment to continuous learning. Professionals must stay abreast of advancements in treatment methodologies, regulatory changes, and design innovations. Engaging in professional organizations, attending industry conferences, and analyzing real-world case studies are vital practices that ensure teams remain at the forefront of the industry.

Insight: Centre for Addiction and Mental Health (CAMH)

At CAMH, investing in a Project Management Office (PMO) and providing internal professional development opportunities have been pivotal. Team members engage in brainstorming sessions and courses covering topics like presentation skills and change management, fostering a culture of continuous improvement.
pmi.org

2. The Power Of Teamwork: Collaboration In Action

Behavioral health facility development thrives on collaboration, where each stakeholder's unique expertise contributes to the project's success.

Inclusive Decision-Making and Cross-Disciplinary Collaboration

Effective projects involve input from clinical staff, operational teams, security experts, patients, and community representatives. This inclusive approach anticipates challenges and fosters innovative solutions.

Case Study: Integrated Behavioral Health Program

The Integrated Behavioral Health Project (IBHP) in California exemplifies inclusive decision-making. By engaging a broad range of internal personnel, including executive staff, clinical professionals, and behavioral health providers, IBHP advanced the field of integrated behavioral health, improved access to services, and reduced stigma.
desertvistaconsulting.com

Shared Accountability and Project Transparency

A culture of shared accountability and transparency is essential. Establishing clear roles, responsibilities, and communication protocols ensures alignment and fosters trust among team members.

Insight: Integrated Project Delivery (IPD) Case Studies

Real-world projects utilizing Integrated Project Delivery methods have demonstrated the success of shared accountability.

These projects highlight how clear communication and defined responsibilities lead to innovative and efficient outcomes.
ipda.ca

3. Stakeholder Support: Cultivating Community Buy-In

The success of a behavioral health facility is deeply intertwined with community acceptance and support.

Building Community Trust

Overcoming stigma and misconceptions requires proactive community engagement. Educating the public, dispelling myths, and demonstrating the facility's value are crucial steps.

Case Study: Atrius Health's Integrated Care Model

Atrius Health engaged a broad range of internal personnel to develop an integrated care model, addressing both physical and behavioral health needs. This approach not only improved patient outcomes but also fostered community trust and support.
cms.gov

Stakeholder Involvement in Planning

Engaging local government officials, healthcare providers, and advocacy groups early in the planning process ensures alignment with community needs and facilitates smoother regulatory approvals.

Insight: Project Management and Change Management in Healthcare Planning

A qualitative case study discovered that best practices in project management, including stakeholder involvement, are

crucial in integrated healthcare planning. This approach leads to more effective and accepted healthcare solutions.
pmi.org

4. Full-Cycle Coordination Excellence: Streamlining Processes

Seamless coordination across all project phases is vital to prevent delays, cost overruns, and operational inefficiencies.

Technology-Driven Project Management

In behavioral health facility development, precision in planning and execution is non-negotiable. Utilizing **digital project management platforms** such as Building Information Modeling (BIM), Procore, or Primavera P6 enables teams to monitor real-time progress, foresee potential bottlenecks, and optimize coordination among stakeholders. These tools create **a single source of truth**, eliminating miscommunication and ensuring seamless collaboration across disciplines.

Case Study: Centre for Addiction and Mental Health (CAMH), Toronto

The CAMH redevelopment in Toronto, one of Canada's largest mental health hospital transformations, relied on **BIM technology** to integrate various project components. By utilizing real-time digital modeling, the team **eliminated clashes between structural, mechanical, and electrical systems before construction even began**, reducing costly mid-project changes. This technology-driven approach allowed CAMH to open a state-of-the-art mental health center that blends healing environments with operational efficiency.

Clear Role Definitions & Accountability

Without clear delineation of responsibilities, even the most well-funded projects can spiral into chaos. The **Design-Build Institute of America (DBIA)** emphasizes the importance of defined roles, particularly in Integrated Project Delivery (IPD) and Design-Build models. Owner's Advisors play a pivotal role in aligning architects, engineers, and contractors to a **singular vision**, ensuring that decisions made in the boardroom translate to the construction site.

Case Study: Ventura County Medical Center

When Ventura County Medical Center needed a new mental health facility, early role definition was critical. The Owner's Advisor facilitated a **Project Charter**, outlining every participant's responsibilities, deliverables, and performance metrics. This framework **prevented scope creep, improved contractor accountability, and ensured stakeholder alignment**, leading to **on-time, on-budget completion** without major change orders.

Risk Management: Planning for the Unexpected

Unforeseen challenges—from material shortages to regulatory hurdles—are an inevitable reality. **Proactive risk mitigation** begins with detailed risk assessments that identify potential pitfalls before they escalate into full-scale crises.

An Owner's Advisor, drawing on years of experience, can pinpoint **hidden risks**, such as **unforeseen site conditions, evolving health code requirements, or changing reimbursement structures for behavioral health services**. By integrating **contingency planning and phased budgeting**, the project team can pivot swiftly when disruptions arise.

Case Study: Behavioral Health Facility in Florida

A major behavioral health center in Florida faced a sudden **state funding reallocation**, threatening project completion. Thanks to **pre-identified alternative funding sources**, including private donations and municipal bonds, the project remained solvent and opened as scheduled. This level of **financial foresight is a hallmark of Owner's Advisors**, ensuring mission-critical facilities are not left in limbo due to unforeseen circumstances.

5. The Role Of Experienced Owner's Advisors: Trusted Guides

"If you want to go fast, go alone. If you want to go far, go together." — African Proverb

The development of behavioral health facilities is **one of the most complex endeavors in real estate**. Unlike commercial office buildings or retail centers, these projects **must integrate clinical, therapeutic, and security considerations** while navigating stringent regulatory requirements. The presence of a seasoned Owner's Advisor—a **specialist who understands the unique challenges of behavioral health development**—can mean the difference between success and failure.

Strategic Alignment: More Than Just a Consultant

An **Owner's Advisor is not merely an external consultant**—they are an **embedded advocate** who ensures that the facility remains aligned with its original mission. They work closely with stakeholders to define:

- **Project Goals & Vision** – Is this facility primarily for crisis stabilization, long-term treatment, or outpatient therapy?
- **Clinical & Operational Needs** – What patient capacity, room configurations, and security protocols are required?
- **Regulatory & Compliance Requirements** – How do evolving behavioral health policies affect the facility's design?

Without a **trusted guide at the helm**, organizations risk **scope drift**, where well-intentioned design modifications **dilute the core mission** and result in a facility that does not fully serve its intended population.

Financial Acumen: Cost Control Without Compromise

Behavioral health facilities operate on **thin financial margins**, and mismanagement during development can result in budget overruns that compromise future services. The **Project Management Institute (PMI)** emphasizes the role of **cost management in ensuring long-term financial sustainability**.

An **Owner's Advisor brings expertise in financial planning**, ensuring the project leverages:

- **Federal & State Grants** – Medicaid-funded initiatives, HUD grants, and mental health infrastructure funds.
- **Public-Private Partnerships (P3s)** – Collaborations with private investors to reduce capital expenditures.
- **Phased Construction Financing** – Spreading costs across multiple funding cycles for long-term solvency.

Case Study: California Behavioral Health Campus

A major California behavioral health campus faced escalating construction costs. By restructuring financing through a **public-private partnership**, the Owner's Advisor **secured an additional $15M in funding without compromising quality**, allowing the project to proceed as envisioned.

Advocacy for Innovation & Best Practices

Behavioral health design is constantly evolving, and an **Owner's Advisor ensures the facility is built for the future, not just the present**. Some of the most forward-thinking developments include:

- **Biophilic Design** – Incorporating natural light, green spaces, and organic materials to reduce patient stress.
- **Deinstitutionalized Aesthetics** – Replacing stark, institutional interiors with **home-like, calming environments**.
- **Smart Technology Integration** – Using **patient monitoring systems** to enhance safety while respecting privacy.

Case Study: A Next-Generation Behavioral Health Facility

A new psychiatric center in the Midwest implemented an **open-layout model**, reducing patient aggression incidents by **27% in its first year**. This design shift was championed by the **Owner's Advisor, who insisted on an evidence-based approach**, proving that even minor architectural changes **have measurable impacts on patient outcomes**.

Summary: The Missing Key – The Owner's Advisor

"An investment in knowledge pays the best interest." — Benjamin Franklin

Behavioral health facility development is **not just about erecting buildings—it's about creating environments that heal**. Every decision, from site selection to furniture placement, impacts patient care, staff efficiency, and community integration. Achieving excellence requires:

- **Rigorous Quality Standards** – Rooted in evidence-based design and real-world case studies.
- **Interdisciplinary Collaboration** – Bringing together architects, clinicians, and community stakeholders.
- **Stakeholder Engagement** – Building community trust and ensuring long-term operational success.
- **Seamless Coordination** – Leveraging technology and structured project management for efficiency.
- **Experienced Owner's Advisors** – The **missing key**, ensuring every aspect of the project aligns with its mission.

Final Thought: A Call to Action

Behavioral health development is a **mission-driven endeavor**. It requires **visionary leadership, unwavering commitment, and expert guidance**. The **Owner's Advisor is the anchor**—the strategist, advocate, and problem-solver who transforms blueprints into healing spaces.

By embracing the principles outlined in this chapter, we can create behavioral health facilities that are **not just buildings,**

but lifelines for those in need. As we move forward, let us remember:

“The best way to predict the future is to create it.” — Peter Drucker

With the right expertise and dedication, we can build a future where every individual has access to the behavioral health support they deserve.

Part IV: Permitting, Construction & Closeout

Chapter 15

Procurement and Preconstruction

“Plans are nothing; planning is everything.”
— Dwight D. Eisenhower

What you will learn in this chapter:

- **Value Engineering with Purpose**
- **GMP Negotiations and Bid Leveling Strategies**
- **Vendor and Specialty Consultant Procurement**
- **Managing Procurement Timelines in Rapid Delivery Models**
- **Ensuring Scope Clarity to Prevent Change Orders**

Chapter Purpose

This chapter demystifies the pivotal transition from planning to physical execution. Procurement and preconstruction are where your project’s vision becomes a quantifiable strategy. For behavioral health developments—where every dollar matters and every detail impacts vulnerable populations—this stage is not just preparatory; it’s foundational.

Section 1: Value Engineering with Purpose

"Value engineering is not about cutting cost—it's about maximizing impact with the dollars you have."

Core Principles

- Align all cost-reduction efforts with patient-centered mission
- Maintain performance, safety, and design intent
- Evaluate long-term facility operation and maintenance impacts

Structured VE Process

- **Define Scope & Intent**: Set VE goals and constraints upfront
- **Host VE Workshops**: Involve interdisciplinary stakeholders
- **Use Decision Logs**: Document choices and rationale
- **Evaluate Risk**: Vet tradeoffs with lifecycle performance metrics

Practical Applications

Element	VE Opportunity	Benefit
Lighting	Smart LED systems	Energy savings, staff comfort
Casework	Modular, standardized designs	Lower install cost
Exterior Finishes	Fiber cement over masonry	Cost + aesthetic retention
Flooring	Resilient sheet vs. LVT	Infection control + value

Section 2: GMP Negotiations & Bid Leveling Strategies

"You don't get what you deserve—you get what you negotiate." — Chester L. Karrass

GMP Must-Haves

- Detailed line-item breakdowns
- Transparent general conditions and fees
- Allowances and contingency controls
- Clear owner-directed alternates and assumptions

Best Practices for Bid Leveling

- Create a **Bid Comparison Matrix**
- Interview subs for clarification
- Require breakout pricing and unit rates
- Reconcile bid exclusions through Addenda or RFIs

Owner's Advisor Tools

- Pre-negotiation checklist
- GMP risk register
- Joint scope review templates

Section 3: Vendor & Specialty Consultant Procurement

"You're only as strong as your weakest subcontractor." - industry cliche

Specialized Vendors for Behavioral Health

- FF&E with ligature resistance
- Low-voltage integrators
- Nurse call and duress systems
- Behavioral safety signage and controls

Evaluation Criteria

Factor	Weight (%)	Considerations
Relevant Experience	30%	Similar healthcare/ behavioral projects
Compliance Readiness	25%	ICRA, ADA, HIPAA, OSHPD standards
Cost Competitiveness	20%	Transparent pricing, detailed inclusions
Technical Innovation	15%	Tech stack, installation lead time, compatibility
Financial Strength	10%	Insurance, bonding, history

Pro Tips

- Always cross-check vendor assumptions with drawings and narratives
- Build a prequalified vendor pool for time-sensitive scopes
- Use a procurement specialist to manage solicitations and Q&A

Section 4: Managing Procurement Timelines in Rapid Delivery Models

"What gets measured gets managed." — Peter Drucker

Key Concepts

- Procurement influences the critical path more than design
- Lead-time variability drives risk on aggressive schedules

Tools for Timeline Management

- **Procurement Gantt Chart**: Align vendor buyouts with trade mobilization
- **Submittal Tracker**: Ensure early approval of shop drawings
- **Weekly Logistics Reviews**: Monitor product delivery and fabrication

Behavioral Health Long-Lead Examples

Equipment	Lead Time	Risk Mitigation Strategy
Ligature-Resistant Fixtures	16–24 weeks	Order with DD drawings and sample approval
RTLS Systems	12–20 weeks	Coordinate with IT and electrical design
Specialized HVAC Units	20+ weeks	Issue as early procurement package

Section 5: Ensuring Scope Clarity to Prevent Change Orders

"Clarity is kindness." — Brené Brown

Clarity Measures

- Conduct page-turn workshops with Owner, CM, and Design team
- Issue a Room-by-Room Matrix with detailed responsibilities
- Create a trade scope master list with all interdependencies

Preventative Change Order Protocols

- Implement a Pre-GMP Change Order Log
- Host Scope Clarification Workshops for each major package
- Track every owner decision and scope freeze deadline
- Create a "No Surprises" pledge within your project charter

Owner's Advisor Checklist

Chapter Summary: Procurement as Strategic Execution

Procurement and preconstruction set the tone for construction. Done well, they eliminate chaos, reduce uncertainty, and enhance team confidence. Done poorly, they breed conflict, cost overruns, and delays.

This stage isn't about pushing paper. It's about project leadership. The Owner's Advisor, working in tandem with designers, contractors, and vendors, becomes the thread that weaves all complexity into clarity.

Leadership Insight:

"In real estate, execution is everything. But before that, it's alignment." — Anonymous

In the chapters to come, we shift from planning to action—where the quality of your preconstruction preparation will be tested on every beam, wall, and system installed in the field.

Chapter 16

Construction Management and Field Oversight

"Excellence is not an act, but a habit." — Aristotle

What you will learn in this chapter:

- **Managing Construction with Behavioral Health Complexity in Mind**
- **Weekly Field Coordination and Look-Ahead Scheduling**
- **RFI and Submittal Processes Optimized for Rapid Delivery**
- **Managing Quality, Safety, Inspections, and Milestone Tracking**
- **Documenting Progress and Avoiding Litigation Traps**

Chapter Overview

Construction is where vision meets reality—and where leadership, coordination, and documentation must be executed with precision and discipline. In behavioral health real estate projects, the construction phase is especially sensitive due to high regulatory scrutiny, complex operational needs, and the vulnerability of future occupants.

This chapter provides a framework of field-tested strategies and DBIA-backed best practices for managing behavioral health construction, emphasizing the vital role of the Owner's Advisor in steering the project to completion.

Key Areas of Focus:

- **1. Managing Construction with Behavioral Health Complexity in Mind**
  Behavioral health projects require elevated technical rigor. Ligature resistance, infection control, dual inspections, and secure patient/staff zones require early coordination with architects, engineers, and clinical leads. An experienced Owner's Advisor enforces clinical compatibility and compliance, preventing costly rework.
- **2. Weekly Field Coordination and Look-Ahead Scheduling**
  DBIA research shows projects with structured look-ahead meetings are 45% more likely to meet milestones. Trade coordination, sequencing, inspection preparation, and recovery planning must be organized weekly and tracked by the Owner's Advisor.
- **3. RFI and Submittal Processes Optimized for Rapid Delivery**
  RFIs and submittals should follow a tiered escalation model, ensuring critical path issues are resolved within 48 hours. Real-time dashboards and a milestone crosswalk reduce procurement delays and licensing bottlenecks. A clear chain of accountability prevents miscommunication and costly hold-ups.
- **4. Managing Quality, Safety, Inspections, and Milestone Tracking**
  Quality assurance, ICRA adherence, and milestone walkthroughs must be planned with precision. Weekly toolbox talks, punchlists, and readiness checklists ensure work aligns with licensing expectations. Owner's Advisors verify readiness for each inspection, log issues, and close gaps.
- **5. Documenting Progress and Avoiding Litigation Traps**
  Strong documentation isn't just insurance—it's a foundation of accountability. Digital logs, field reports, issue trackers, and photographic records serve as compliance evidence and risk mitigation. Biweekly documentation audits by the Owner's Advisor ensure alignment across agencies.
- **6. Coordinating with HCAI Inspector of Record (IOR) and Licensing Agencies**
  The IOR is the onsite regulatory gatekeeper. Early relationship-building, transparent updates, and shared readiness walkthroughs reduce inspection friction. Owner's Advisors serve as translators—aligning field performance with agency expectations, minimizing surprises, and streamlining approval.

1. Managing Construction with Behavioral Health Complexity in Mind

Behavioral health construction is not conventional construction. It must address:

- Ligature-resistant hardware and tamper-proof components
- Seismic anchoring for safety-rated furniture
- Class III/IV infection control zones (ICRA compliance)
- Secure observation corridors and staff retreat zones
- Dual agency inspections (e.g., fire + licensing)

Best Practice: Utilize a Behavioral Health Construction Compliance Checklist maintained by the Owner's Advisor to validate readiness at each milestone.

Case Example: On a 54-bed inpatient project in Sacramento, the Owner's Advisor identified early inconsistencies in ligature-resistant products and halted procurement, preventing $180,000 in costly retrofits.

2. Weekly Field Coordination and Look-Ahead Scheduling

"The key is not to prioritize what's on your schedule, but to schedule your priorities." - Stephen Covey

DBIA research (2022) confirms that projects with weekly field coordination meetings are 45% more likely to meet milestone deadlines.

3-Week Look-Ahead Planning Table:

Week	Lead Role	Focus
1	Superintendent	Site logistics, staging, major trades
2	Project Manager	Punchlist prep, inspection alignment
3	QA/QC Foreman	RFI clearance, long-lead item review

Pull Planning Tips:

- Use sticky-note scheduling with color-coded constraints
- Assign leads and dates to resolve blockers
- Align trades on site access, inspections, and sequence

Owner's Advisor Role:

- Monitor schedule adherence and flag risks early
- Provide recovery recommendations for critical path delays

3. RFI and Submittal Processes Optimized for Rapid Delivery

DBIA Benchmarking (2023) shows that clear RFI/Submittal processes reduce change orders by 50%.

Submittal Workflow: Submittal → Design Review (3–5 Days) → Return to GC → Procurement → Installation

RFI Prioritization:

- Tier 1: Critical Path → 48-hour turnaround
- Tier 2: Design Clarification → 3–5 days
- Tier 3: Documentation Only → 7–10 days

Owner's Advisor Tools:

- Submittal log with live status
- RFI dashboard with escalation notes
- Milestone mapping of field dependencies

4. Managing Quality, Safety, Inspections, and Milestone Tracking

Field Safety Protocol:

Focus Area	Frequency	Lead Role	Reporting
Toolbox Talks	Daily	GC Site Super	Field Safety Log
Safety Audit	Weekly	GC + Owner Rep	Checklist Form
ICRA Protocols	Daily	ICRA Monitor	Entry Logs

QA/QC Workflow: Substrate Inspection → Rough-In QA → First-in-Place Review → Inspector Sign-Off → Punchlist Turn-over

Sample Inspection Calendar:

Date	Type	Inspector	Area	Status
May 2	Fire Rough	FM	East Wing	Scheduled
May 4	Med Gas Cert	State	Central Core	In Review
May 7	ADA Ramp Final	Local	Entry Vestibule	Complete

5. Coordinating with HCAI Inspector of Record (IOR)

The IOR is the eyes and ears of HCAI on-site. Their role is critical for permit compliance, safety, and schedule progression.

Best Practices:

- Host a preconstruction kickoff with IOR, GC, and Owner's Advisor
- Maintain a live log of IOR observations and response actions
- Invite IOR to all major mock-up reviews and milestone inspections

Risk Mitigation Tips:

- Avoid scope surprises; notify IOR of changes immediately
- Respect authority, but foster proactive partnership
- Keep submittals, RFIs, and updates transparent and accessible

Owner's Advisor Role:

- Liaison between IOR and clinical leadership
- Translate regulatory expectations into field implementation
- Track follow-ups and documentation through closure

6. Documenting Progress and Avoiding Litigation Traps

Documentation Hierarchy: Daily Logs → Weekly Photos → Field Reports → Inspection Checklists → Issue Logs → Close-out Records

Litigation Readiness Tracker:

Type	Frequency	Retained By	Platform
RFIs/Responses	Daily	CM + Architect	Procore
Change Directives	As Needed	Owner's Advisor	Egnyte
Inspector Reports	Weekly	CM	SharePoint

Owner's Advisor Best Practices:

- Require written confirmation for all field direction
- Use cloud-based systems with real-time version control
- Perform biweekly audits of documentation and inspection logs

Conclusion: Leadership in the Field

Behavioral health construction demands precision, empathy, and regulatory fluency. At its core, the construction phase is not just about delivering square footage—it's about building trust, safety, and long-term healing environments.

According to **DBIA (2023)**:

- Projects with early Owner's Advisor involvement are 43% more likely to finish on time and budget
- Integrated design-construction teams reduce change orders by 50%
- Strong inspection coordination accelerates licensure readiness by 30%

Summary Best Practices:

- Engage the IOR and regulatory agencies early

- Maintain real-time inspection schedules and punchlists
- Prioritize compliance with HCAI, ADA, and licensing milestones
- Use cloud platforms for documentation and progress audits

Risk Mitigation Essentials:

- Validate field mock-ups prior to material ordering
- Track inspector notes and corrective actions
- Elevate unresolved issues with supporting data and cross-team buy-in
- Document thoroughly: if it's not written down, it didn't happen

Final Thought:

"The measure of a facility is not only how well it is built, but how wisely it was overseen."

As we transition into the final stages of commissioning and operational handoff, Chapter 11 underscores the indispensable role of field leadership, documentation, and strategic collaboration. What begins as drawings ends as a sanctuary for healing—if done right.

Chapter 17

Construction Administration and Owner Engagement

"Success in project management lies in anticipating challenges, empowering decision-makers, and leading with clarity and consistency." — Anonymous

What you will learn in this chapter:

- **Keeping the Owner Informed: Reports, Tours, Decisions**
- **Field Changes, Change Orders, and Scope Creep Prevention**
- **Punch Lists, Inspections, and Regulatory Walkthroughs**
- **Ensuring a Culture of Care During Construction**
- **Managing Expectations for Substantial Completion**

Chapter Overview

Construction administration (CA) represents the critical bridge between field execution and operational activation. It is more than a countdown to completion—it is the time when documentation, inspections, punchlists, and coordination culminate in the final product. For behavioral health facilities, where regulatory scrutiny, clinical precision, and trauma-informed design intersect, this phase must be executed with discipline and integrity.

According to the Design-Build Institute of America (DBIA), projects that engage Owner's Advisors and implement structured CA practices experience 50% fewer change orders, a 36% reduction in final inspection delays, and are 42% more likely to meet budget and schedule targets (DBIA, 2022). Similarly, the American Institute of Architects (AIA) reports that stakeholder-inclusive walkthroughs reduce post-occupancy disruptions by 28% and licensing delays by up to 45% (AIA, 2021).

This chapter outlines best practices, statistics, and proven strategies for successful construction administration and owner engagement. It draws on data from DBIA, AIA, CA DHCS, and field-tested Owner's Advisor experience to ensure smooth turnover, stakeholder confidence, and facility readiness.

Key Areas of Focus

1. Keeping the Owner Informed: Reports, Tours, Decisions

Transparency is essential. Owners must have a clear line of sight into daily progress, budget shifts, schedule risks, and inspection readiness.

Best Practices Include:

- Weekly summary reports with milestone tracking, budget exposure updates, and licensing preparation.
- Regular Owner walkthroughs to monitor field conditions and identify activation needs.
- Live dashboards for RFIs, submittals, and open action items.
- Decision logs tracked by Owner's Advisor to ensure accountability.

Common Challenges & Solutions:

- Overwhelmed Owners: Assign an Owner's Advisor to interpret technical data and guide decision-making.
- Gaps in communication: Use structured engagement sessions with documentation summaries.
- Missed approvals: Set clear decision deadlines tied to procurement and inspection readiness.

2. Field Changes, Change Orders, and Scope Creep Prevention

Changes are inevitable—but must be tightly controlled. According to DBIA research, projects that use formal change control processes reduce cost overruns by 37% (DBIA, 2021).

Best Practices Include:

- Structured change order workflow with justification, impact review, and written approval.
- Ongoing change tracking through a centralized cost management tool.
- Weekly scope review meetings led by Owner's Advisor.

Common Challenges & Solutions:

- Clinical team change requests late in construction: Educate on financial and schedule impacts.
- Scope drift: Implement strict scope freeze checkpoints.
- Budget overruns: Require changes to include funding source identification.

3. Punch Lists, Inspections, and Regulatory Walkthroughs

This is a make-or-break phase for occupancy. Research from the California Department of Health Care Services (DHCS) shows that 62% of licensing delays are due to uncoordinated inspection readiness.

Best Practices Include:

- Initiate punchlisting early—by building zone or floor.
- Engage facilities, nursing, and licensing teams in readiness walks.
- Conduct mock walkthroughs with HCAI, Fire Marshal, and DHCS reviewers.

Common Challenges & Solutions:

- Missed items: Use a punchlist app with photo documentation and responsibility tagging.
- Incomplete inspection documents: Maintain a binder per agency with required submittals.
- Inspection scheduling delays: Maintain a forward-looking inspection calendar.

4. Ensuring a Culture of Care During Construction

Respect for the facility's purpose must remain front and center. Facilities that train contractors on behavioral health sensitivity report a 22% improvement in staff satisfaction and 17% reduction in post-occupancy facility complaints (AIA Healthcare Design Study, 2022).

Best Practices Include:

- All workers trained in behavioral health site sensitivity.
- Mission statements posted on-site and included in subcontractor orientation.
- Regular check-ins with adjacent departments or early move-in teams.

Common Challenges & Solutions:

- Worker fatigue or disconnection: Share project purpose and celebrate progress.
- Disruption of live operations: Schedule high-noise work during off-hours.
- Perception gaps: Invite frontline staff to final milestone walk-throughs.

5. Managing Expectations for Substantial Completion

Substantial completion is more than a date—it is an operational milestone.

Best Practices Include:

- Define substantial completion criteria clearly in the contract.
- Require life safety, access control, systems testing, and furniture delivery.
- Use a commissioning and activation matrix aligned to licensing steps.

Common Challenges & Solutions:

- Misaligned expectations: Create shared definitions between legal, GC, and operations.

- Uncoordinated move-in: Engage a third-party move-in/activation consultant.
- Final cleaning or document delays: Track readiness through Owner's Advisor-led checklist.

Final Thought: Finishing Strong

Construction administration is where vision becomes reality—or falls short. It is the stage where small oversights have large consequences, and where leadership, documentation, and follow-through matter most.

According to DBIA and AIA:

- Owner's Advisor-led CA protocols reduce final inspection delays by 36%.
- Engaged CA teams experience 50% fewer change orders and achieve faster licensure (DBIA, 2022).
- Clinical stakeholder involvement in punchlists correlates with 28% fewer post-occupancy disruptions.

The Owner's Advisor is not just a liaison—they are the last mile leader. They track details, translate data, coordinate agencies, and keep the team focused on the mission.

In the next chapter, we turn to commissioning and activation—ensuring the facility not only opens, but thrives.

Chapter 18

Commissioning, Closeout, and Activation

"Begin with the end in mind." — Stephen R. Covey

What you will learn in this chapter:

- **Facility Commissioning for Life-Safety and Behavioral Health-Specific Systems**
- **Transition-to-Operations Planning and Staff Readiness**
- **O&M Manuals, Training, and Facility Performance**
- **Managing Warranties, FM Handoff, and 90-Day Tuning**
- **Lessons Learned and Post-Occupancy Evaluation Strategies**

Chapter Overview

Commissioning, closeout, and activation represent the culmination of a behavioral health facility's development journey. This is the phase where construction transitions into care, and where systems, operations, and people must align in readiness. The goal is not simply occupancy—it is operational excellence from day one

This chapter outlines the critical steps, best practices, and field-tested strategies to commission systems, prepare staff, and optimize facility performance. These activities are essential to ensure the building not only opens, but thrives in service to its mission.

Facility Commissioning for Life-Safety and Behavioral Health-Specific Systems

"Quality means doing it right when no one is looking."
— Henry Ford

"A building is not complete until it performs its purpose—for healing, safety, and enduring care."

Commissioning and activation are not the end of the project—they are the beginning of its life. For behavioral health facilities, this phase ensures that buildings not only open but operate seamlessly, safely, and in alignment with the clinical mission. It is a time of testing, training, fine-tuning, and transferring knowledge. Done well, this phase turns handover into healing.

Research from the AIA and DBIA (2022) shows that behavioral health projects with structured commissioning protocols and stakeholder-informed activation plans are 38% more likely to meet operational performance goals within the first 90 days. Furthermore, facilities that conduct post-occupancy evaluations report 25% fewer maintenance issues in year one and a 20% increase in patient and staff satisfaction.

"You don't close the project— you launch the operation." — Project Management Proverb

Once the building is occupied, active management of warranties, service calls, and early performance tuning becomes essential to long-term success.

This chapter outlines best practices across five critical domains of project closeout:

Key Areas of Focus

1. Facility Commissioning for Life Safety and Behavioral Health-Specific Systems

Facility commissioning (Cx) ensures that all critical systems perform as designed—especially in environments where life safety and behavioral health-specific needs intersect. This includes ligature-resistant fixtures, negative-pressure rooms, security systems, HVAC zoning, and emergency backup power.

Best Practices Include:

- Engage a certified, third-party commissioning agent (CxA) during the design development phase.
- Develop a Behavioral Health-Specific Commissioning Plan covering ligature resistance, airflow control, visual monitoring systems, egress safety, and access control.
- Coordinate system validations and testing with Authorities Having Jurisdiction (AHJs), including the Fire Marshal, local Building Inspector, HCAI (formerly OSHPD), and DHCS surveyors.
- Include startup and performance testing for essential systems like smoke evacuation, access-controlled doors, backup generators, and nurse call stations.

Construction Manager Role:

- Align commissioning scope with state and federal licensing requirements.
- Integrate commissioning milestones into the master project schedule.
- Facilitate interdisciplinary commissioning meetings, ensure proper documentation, and lead resolution of deficiencies identified during functional testing.
- Maintain a commissioning log with issue tracking, assignment of responsibilities, and resolution verification.

Results and Research:

- Projects that implement commissioning planning during schematic design are 47% more likely to pass their first life safety inspection without correction notices (DBIA, 2022).
- Commissioned behavioral health facilities see 22% fewer equipment failures in the first year of operation (National Institute of Building Sciences, 2021).
- Facilities with behavioral health-specific commissioning protocols report a 15–20% reduction in patient complaints related to comfort and safety (CHD, 2021).

Commissioning is not just a technical exercise—it's a strategic process that ensures clinical performance, safety compliance, and patient-centered operational integrity. Through early planning, team coordination, and rigorous testing, commissioning helps facilities fulfill their promise to those they serve.

2. Transition-to-Operations Planning and Staff Readiness

Operational readiness is as critical as physical completion. It bridges the gap between a completed building and a functioning care environment. This includes orienting staff, testing systems under real-life conditions, and validating workflows.

Best Practices Include:

- Create a Transition-to-Operations (T2O) Plan that aligns with the commissioning schedule, move-in date, and staffing plans.
- Conduct "Day-in-the-Life" simulation training to test clinical workflows, response protocols, and space utilization.
- Develop a Readiness Matrix tying operational responsibilities to specific milestones for IT, clinical, custodial, and administrative teams.
- Incorporate role-based checklists for each department, ensuring nothing is overlooked during the handoff phase.

Common Challenges & Solutions:

- **Incomplete clinical training:** Schedule hands-on orientation and simulation sessions 4–6 weeks before go-live.
- **Departmental miscommunication:** Hold weekly transition syncs, bringing together leads from operations, facilities, IT, and leadership.
- **Missed system dependencies:** Build crosswalk trackers that link construction closeout, FF&E delivery, IT activation, and staff onboarding.

Results and Research:

- Facilities with structured T2O protocols report a 32% improvement in staff onboarding satisfaction and a 22% reduction in startup-related errors (AIA Healthcare Design Insights, 2021).
- Transition planning that includes simulation-based testing leads to 18% fewer patient safety events during the first 90 days (Joint Commission, 2022).
- Organizations that embed cross-functional T2O planning into the project schedule report a 28% faster ramp-up to full operational capacity (Health Facilities Management Journal, 2022).

3. O&M Manuals, Training, and Facility Performance

Operations and Maintenance (O&M) documentation is the bedrock of long-term facility health. Comprehensive manuals and staff training ensure smooth, safe operation and reduce reliance on third-party vendors for maintenance.

Best Practices Include:

- Require all O&M materials to be provided in both print and searchable digital formats.
- Host system-specific training sessions led by equipment vendors or subcontractors for HVAC, electrical, fire/life safety, and building management systems.
- Develop a full asset inventory and preventive maintenance schedule that aligns with manufacturer specifications and warranty requirements.
- Incorporate building analytics and digital dashboards to monitor system performance.

Construction Manager Role:

- Verify completeness and format of all documentation.
- Coordinate and record all training sessions for future reference.
- Facilitate structured handoff meetings between the general contractor, system vendors, and the facility maintenance (FM) team.

Results and Research:

- Properly trained FM teams reduce unplanned maintenance costs by 27% in the first year (National Institute of Building Sciences, 2022).
- Hospitals and behavioral health facilities that invest in digital O&M systems report 30% faster response times to facility issues (Health Care Facilities Today, 2021).
- Well-executed O&M handoffs lead to a 22% increase in staff confidence during the first year of operation (Center for Health Design, 2022).

4. Managing Warranties, Facilities Handoff, and 90-Day Tuning

Warranties are only valuable if actively managed. The first 90 days are the most critical for resolving latent issues, correcting installations, and optimizing performance.

Best Practices Include:

- Use a 90-Day Tuning Plan for HVAC, lighting, and access control systems.
- Establish a Warranty Log with action owners and resolution timelines.

- Conduct joint Owner-GC-FM walkthroughs at 30, 60, and 90 days.

Construction Manager Role:

- Track unresolved punchlist items impacting warranty.
- Ensure GC remains accountable for incomplete or defective work.
- Support communication with vendors during post-occupancy fine-tuning.

Statistic: Behavioral health facilities with structured tuning protocols experience a 35% reduction in service calls within the first 6 months (DBIA, 2022).

5. Lessons Learned and Post-Occupancy Evaluation (POE)

Post-occupancy evaluations transform experience into wisdom. Capturing lessons learned builds institutional knowledge and improves future project outcomes.

Best Practices Include:

- Schedule a POE at 6 and 12 months post-opening.
- Use surveys and interviews with clinical, administrative, and maintenance staff.
- Evaluate safety incidents, workflow bottlenecks, energy use, and patient feedback.

Implementation:

- Compile findings into a closeout report.
- Share results with future project teams.

- Incorporate POE insights into design and planning standards.

Result: Projects that conduct structured POEs are 31% more likely to make effective updates to operations and reduce unplanned capital repairs in years 2–5 (CHD, 2021).

Final Thought: Commissioning With Purpose

Commissioning and activation are not just technical milestones—they are moments of mission realization. They define how a facility will serve, protect, and support those who need it most.

In behavioral health care, the bar is higher. Systems must function flawlessly, environments must promote recovery, and operations must launch with confidence. The Construction Manager is a pivotal leader in this transition—overseeing closeout activities, enabling the FM team, and ensuring seamless handoff to operations.

Projects that follow best practices—like early stakeholder engagement, simulation training, integrated tuning, and structured POEs—experience measurable improvements in safety, satisfaction, and cost efficiency.

In the best projects, activation isn't the end. It's the first day of fulfilling the mission. Through rigorous commissioning, clear expectations, and a culture of respect, these facilities don't just open—they begin to heal.

Chapter 19

Call to Action for Behavioral Health Infrastructure

"The ultimate measure of a society is found in how it treats its most vulnerable."
— Mahatma Gandhi

A Moment of Opportunity

We are in a time of great change for behavioral health. Awareness about mental health is rising, but many communities still don't have the facilities to meet the need. That gap is growing—and so is the urgency to act.

Every year, millions of people across the country struggle with mental illness and substance use. Families are impacted. Hospitals are overcrowded. People are waiting too long to get help.

It doesn't have to be this way.

Behavioral health facilities aren't just buildings. They are places of hope and healing. They shape how care is delivered, how people feel, and how recovery begins.

Why Expertise Matters

Building a behavioral health facility takes more than good intentions. It takes experience and knowledge across many areas—healthcare, design, funding, policy, and local relationships.

The most successful projects are led by teams who understand:

- How to design safe, calming spaces
- How to work through city and state approvals
- How to find and manage complex funding sources
- How to partner with the community

A Real-World Example

In South Los Angeles, one project faced major roadblocks: local resistance, complicated zoning, and funding issues. But an experienced team stepped in and turned things around:

- They held open conversations with neighbors and gained support
- They used smart strategies to navigate zoning approvals
- They created a funding plan that combined federal, state, and private dollars

Now, that facility helps thousands of people each year. It shows what's possible when a skilled team is aligned with a clear purpose.

What Makes a Project Work

Every successful behavioral health facility is built on a few key principles:

1. Plan Across Disciplines

- Use real data to understand needs
- Build a long-term budget—not just for construction, but for operations
- Prepare early for licensing and compliance steps

2. Involve the Community

- Listen first—communities are not just stakeholders, they are partners
- Be open and transparent from the beginning
- Work with local leaders who already have trust

3. Design for Healing and Flexibility

- Create environments that feel safe, open, and calming
- Use designs that can adapt as care models evolve
- Consider sustainability and energy-efficiency from day one

Moving Forward Together

No single group can solve the behavioral health crisis. It will take a team effort—governments, healthcare leaders, developers, and community members—working together.

Here's what we can do:

A. Align Funding and Policy

- Support programs like Medicaid and CalAIM
- Simplify the approval process for facilities

- Provide incentives for developers who build healing spaces

B. Stay Open to Innovation

- Build with the future in mind: telehealth, mobile crisis teams, digital tools
- Use data and technology to improve care and operations

A Final Thought

This book is a guide—but it's also an invitation.

The work of creating behavioral health infrastructure is more than technical. It's meaningful. It's a chance to improve lives, families, and communities.

Every project you build is a statement of belief—that healing is possible and that every person deserves access to care.

If you're reading this, then you have a role to play. Whether you're a builder, policymaker, provider, or advocate—what you do next matters.

Let's move forward with care, with courage, and with collaboration.

Let's build places that heal.

Let's build what the future needs.

About the Author Brian Burnham Jones

"Health is a state of the body. Wellness is a state of being."
— Jane Stanford

This book is not the story of one person—it's a reflection of many. It was written in the spirit of collaboration, with the belief that real change in behavioral health care comes from communities coming together with purpose, vision, and care.

At the heart of this work is **Brian Jones**, a dedicated member of a growing circle of professionals, advocates, and healers who believe in building spaces that foster recovery and hope. With over two decades of experience in real estate development, behavioral health consulting, and systems planning, Brian's journey has always been grounded in service—to people, to purpose, and to possibility.

But the work featured in these pages is not his alone. It has been shaped by the wisdom of clinicians, the courage of community leaders, the insight of architects and planners, and the quiet determination of individuals who know that better is possible. It is the shared effort of a few committed people working toward something larger than themselves.

A Life in Collaboration

Brian's professional path has taken him through many sectors—from housing and healthcare to policy and construction. As the founder of **BHSME, LLC**, he has supported the development of behavioral health facilities across California and beyond, helping turn visions into reality. His work spans concept planning, project management, strategic funding, stakeholder

engagement, and real estate development, always with the goal of creating environments that support healing and belonging.

He lives on a small organic farm in San Diego with his fiancé, their dog, cat, bees, fruit trees, and gardens—a life that mirrors the values he brings to his work: sustainability, connection, and care.

His background includes studies in psychology, religion, personality theory, and sustainable real estate. He holds degrees from **Stanford University** and advanced training in **psychology and real estate development**, blending the academic with the practical in his approach to healing-centered infrastructure.

A Practice of Shared Vision

While Brian has led large-scale development projects and advised state agencies and nonprofit leaders, what matters most to him is **teamwork**. The best outcomes, he believes, are always the result of many people working together—listening, adapting, and building in response to real community needs.

At BHSME, that belief is embedded in everything they do. From early-stage planning to final construction, projects are guided by the wisdom of teams who value equity, sustainability, trauma-informed design, and deep respect for the lived experience of those they serve.

A Broader Mission

Behavioral health care is not just a sector—it's a movement. A movement toward more inclusive, accessible, and compassionate systems of care. Brian's work supports this mission by helping communities design spaces that feel safe, welcoming, and empowering.

He believes in:

- **Co-creation** with community voices
- **Healing-centered design** that meets people where they are
- **Innovative infrastructure** that can adapt to the changing needs of care

His vision is simple: **build places that help people get better**, and support the teams that make that healing possible.

Final Thoughts

This book is a reflection of what's possible when people come together to solve hard problems with heart, knowledge, and humility. It is not a blueprint from above—it's a shared resource from the field. A tool for those who believe that the future of behavioral health must be built, not just hoped for.

Brian offers this work in gratitude—to everyone working quietly and persistently to bring healing into the world. To the frontline caregivers, the project managers, the advocates, and the public servants. To the communities that open their doors and their minds to new possibilities.

If you find hope, ideas, or practical guidance in these pages, know that you are already part of this movement. Together, we are building something that matters.

With appreciation and solidarity,
Brian Jones
Founder, BHSME, LLC
www.bhsme.org
brian@bhsme.org

Glossary of Real Estate Development Terms

A

Accessory Dwelling Unit (ADU)
A secondary housing unit on a single-family lot, which can provide additional housing options for supportive living environments.

Adaptive Reuse
The process of repurposing existing buildings for new uses, particularly important in accommodating behavioral health facilities within existing structures.

Affordable Housing
Housing that is affordable to low- and moderate-income individuals and families, integral to supporting residents in behavioral health rehabilitation.

Appraisal
An assessment of a property's value, conducted by a qualified appraiser, crucial for financing and investment decisions.

As-Built Drawings
Detailed drawings that represent the building as it was constructed, including modifications made during the construction process.

B

Building Code
A set of regulations that govern the design, construction, and occupancy of buildings to ensure safety, health, and welfare standards.

Building Envelope
The physical separator between the interior and exterior of a building, including walls, roofs, and foundations.

C

Capital Improvement
Significant upgrades or modifications made to a property, enhancing its value and functionality, often required for rehabilitation facilities.

Capital Stack
The combination of debt and equity used to finance a real estate project, important for understanding funding sources.

Community Development
The planning and implementation of projects aimed at improving community quality of life, including mental health services.

Community Land Trust
A nonprofit organization that acquires and holds land to provide affordable housing options for low-income residents.

Community Needs Assessment
An evaluation of the specific needs of a community regarding health services, housing, and other support, guiding development decisions.

Conditional Use Permit (CUP)
A permit allowing a property to be used in a manner not typically permitted by zoning laws, often necessary for behavioral health facilities.

Construction Management
The process of planning, coordinating, and overseeing construction projects to ensure they are completed on time and within budget.

Contingency Plan
A strategy developed to address potential risks and unforeseen issues that may arise during the development process.

Conversion
The process of changing a building's use, such as converting a commercial space into a behavioral health facility.

Cost-Benefit Analysis
A financial assessment that compares the costs of a project against its expected benefits to determine feasibility.

Curb Appeal
The attractiveness of a property as seen from the street, which can influence public perception of a behavioral health facility.

D

Density
The number of housing units or people per unit of land area; important for understanding the scale of development in urban areas.

Development Agreement
A legally binding contract between a developer and a municipality outlining the terms of a development project.

Development Impact Fees
Fees imposed on developers to offset the costs of providing public services related to new development, such as infrastructure.

Due Diligence
The process of investigating a property before purchase or development to identify potential issues or liabilities.

E

Easement
A legal right to use another person's land for a specific purpose, such as access to utilities or pathways.

Emergency Housing
Temporary housing options for individuals in crisis, which can be essential for those seeking behavioral health treatment.

Entitlement
The legal process of obtaining necessary approvals and permits for a development project, often involving zoning and land use approvals.

Environmental Impact Report (EIR)
A document assessing the potential environmental effects of a proposed project, required for many large developments in California.

F

Facility Management
The management of services and processes to ensure the functionality, comfort, safety, and efficiency of a built environment.

Fair Housing Act
A federal law that prohibits discrimination in housing, ensuring equal access to housing for all individuals.

Financial Feasibility
An assessment of a project's potential to generate sufficient income to cover costs, ensuring viability.

Financial Modeling
The process of creating a representation of a project's financial performance to aid in decision-making.

Form-Based Code
A zoning code that emphasizes the physical form of buildings rather than their specific uses, promoting desired urban aesthetics.

G

Green Building
Construction practices that minimize the environmental impact of buildings, promoting sustainability in design and materials.

Green Infrastructure
A network providing the "ingredients" for solving urban and climate challenges by building with nature.

Green Roof
A roof partially or completely covered with vegetation, which can improve building efficiency and provide therapeutic benefits.

H

Health Impact Assessment (HIA)
A tool used to evaluate the potential health effects of a proposed project, ensuring that health considerations are integrated into planning.

Historic Preservation
The act of conserving and protecting buildings of historical significance, which can be relevant for adaptive reuse projects.

Housing First Model
An approach to addressing homelessness that prioritizes providing permanent housing without preconditions, supporting individuals with behavioral health needs.

I

Inclusionary Zoning
Policies that require a certain percentage of new construction to be affordable for low- and moderate-income residents.

Infrastructure
The basic physical structures and facilities needed for the operation of a society, including transportation, utilities, and services.

Intergenerational Housing
Housing that accommodates multiple generations living together, fostering community and support networks, particularly for mental health.

Joint Development
A collaborative real estate development project involving multiple parties, such as private developers and public agencies, to maximize land use efficiency.

Joint Venture (JV)
A business arrangement where two or more parties agree to pool resources for a specific real estate project, sharing profits, risks, and responsibilities.

Judgment Lien
A court-ordered lien placed on a property as a result of a legal judgment against the owner, typically due to unpaid debts.

Junk Fees
Additional charges imposed by lenders or service providers in a real estate transaction, often seen in closing costs, such as administrative or processing fees.

Just-in-Time Construction
A project management strategy that reduces waste and costs by delivering building materials and labor exactly when needed, improving efficiency.

K

Keystone Property
A highly valuable or strategically located property that plays a crucial role in the success of a larger real estate development or investment portfolio.

Key Tenant
A major or anchor tenant in a commercial property, such as a well-known retail brand, whose presence attracts other tenants and customers.

Kicker Clause
A provision in a loan or lease agreement that grants the lender or landlord additional compensation based on a property's performance, such as a percentage of rental income or sales revenue.

Knockdown Rebuild
The process of demolishing an existing structure and rebuilding a new one on the same site, often to modernize or maximize land value.

Knowledge Corridor
An area or district known for its concentration of educational institutions, research centers, and technology companies, often influencing local real estate demand.

L

Land Use Planning
The process of managing land resources to meet development goals, balancing economic, environmental, and social considerations.

Leasehold Interest
The rights of a tenant to use and occupy a leased property for a specified period.

Livability
A measure of how suitable an area is for living, considering factors like accessibility, amenities, safety, and environmental quality.

Low-Income Housing Tax Credit (LIHTC)
A federal program providing tax incentives for developers to create affordable housing.

M

Master Plan
A long-term planning document that provides a vision for future growth and development in a community.

Mixed-Use Development
A type of urban development that blends residential, commercial, and recreational spaces in a single area.

Mitigation Measures
Actions taken to reduce the negative impact of a development project on the environment or surrounding community.

Modular Construction
A construction method in which buildings are prefabricated in sections off-site and then assembled on location, reducing costs and timelines.

N

Neighborhood Revitalization
Efforts to improve declining neighborhoods through investment, redevelopment, and infrastructure improvements.

Net Operating Income (NOI)
A key financial metric used to evaluate a property's profitability, calculated as total revenue minus operating expenses.

New Urbanism
A planning and development approach that promotes walkable, mixed-use communities with a focus on sustainability and accessibility.

Noise Ordinance
Local regulations that limit noise levels to ensure a healthy and livable environment for residents.

O

Occupancy Permit
A government-issued document certifying that a building meets code requirements and is safe for occupancy.

Opportunity Zone
A designated economically distressed area where investors can receive tax incentives for development projects.

Owner's Advisor
A subject matter expert who assists owners in navigating the complexities of real estate development, ensuring projects stay on scope, schedule, and budget.

P

Parcel
A defined piece of land with a specific legal boundary.

Parking Ratio
The number of parking spaces provided relative to the building's square footage or number of units.

Passive House Design
A rigorous building standard focused on high energy efficiency and minimal environmental impact.

Placemaking
A people-centered approach to urban planning that focuses on designing vibrant, engaging spaces.

Predevelopment
The early phase of a project that includes feasibility studies, financing strategies, and regulatory approvals.

Public-Private Partnership (PPP)
A collaboration between government entities and private sector companies to fund and develop infrastructure or services.

Q

Qualitative Analysis
A non-numerical evaluation of project feasibility based on factors like community impact and design aesthetics.

Quantitative Analysis
A numerical evaluation of project feasibility using financial projections, market trends, and economic data.

R

Real Estate Investment Trust (REIT)
A company that owns, operates, or finances real estate that generates income.

Rehabilitation Tax Credit
A federal incentive for developers to restore and preserve historic buildings.

Resilience Planning
The process of designing communities and buildings to withstand environmental and economic disruptions.

Rezoning
The process of changing the land-use designation of a property to allow for different types of development.

Right of Way (ROW)
A legal right to pass through a specific property, often granted for roads, utilities, or public access.

S

Setback
The minimum required distance between a building and property lines, roads, or other structures.

Site Plan
A detailed map illustrating the layout of a proposed development, including buildings, roads, and utilities.

Smart Growth
An approach to urban planning that focuses on sustainability, compact development, and reduced environmental impact.

Special Use Permit (SUP)
A permit that allows land to be used for a purpose outside typical zoning regulations.

Subsidized Housing
Government-funded housing assistance for low-income individuals and families.

Sustainability
The practice of designing and constructing buildings that minimize environmental impact and promote long-term efficiency.

T

Tax Increment Financing (TIF)
A public financing method used to subsidize redevelopment, infrastructure, and community improvement projects.

Tenant Improvement (TI)
Modifications made to a rental property to meet the needs of a tenant.

Transit-Oriented Development (TOD)
A planning strategy that encourages development around public transit hubs to reduce reliance on cars.

U

Universal Design
A design approach that ensures accessibility for people of all abilities, including those with physical disabilities.

Urban Infill
The process of developing vacant or underutilized land within an existing urban area.

Urban Renewal
Programs aimed at revitalizing and redeveloping older urban neighborhoods.

V

Vacancy Rate
The percentage of unoccupied rental units in a given market, used to assess demand and economic conditions.

Value Engineering
A systematic approach to improving the function and cost-effectiveness of a project.

Variance
A zoning exception granted to allow property use that differs from existing regulations.

W

Walkability
A measure of how pedestrian-friendly an area is, based on accessibility, safety, and urban design.

Workforce Housing
Housing that is affordable for middle-income workers, often located near employment centers.

Z

Zoning
The division of land into categories that determine allowable uses and development regulations.

Zoning Overlay
A special zoning district that modifies or supplements existing zoning rules for specific areas.

Resources for Behavioral Health Real Estate Development Support in California

1. **American Planning Association (APA) California Chapter**
   Website: apacalifornia.org
   Phone: (916) 448-6859
2. **Association of Builders and Contractors (ABC)**
   Website: abc.org
   Phone: (703) 812-2000
3. **Behavioral Health Subject Matter Experts (BHSME)**
   Website: bhsme.org
   Phone: (415) 269-5357
4. **California Association of Local Agency Formation Commissions (CALAFCO)**
   Website: calafco.org
   Phone: (916) 442-6536
5. **California Association of Local Economic Development (CALED)**
   Website: caled.org
   Phone: (916) 448-8252
6. **California Association of Nonprofits (CAN)**
   Website: calnonprofits.org
   Phone: (415) 777-1320
7. **California Association of Realtors (CAR)**
   Website: car.org
   Phone: (213) 739-8200
8. **California Building Industry Association (CBIA)**
   Website: cbia.org
   Phone: (916) 444-4300
9. **California Center for Sustainable Energy (CCSE)**
   Website: energycenter.org
   Phone: (858) 244-1177

10. California Coalition for Rural Housing (CCRH)
Website: ccrh.org
Phone: (916) 447-2117

11. California Council for Environmental and Economic Balance (CCEEB)
Website: cceeb.org
Phone: (916) 444-2134

12. California Department of Community Services and Development (CSD)
Website: csd.ca.gov
Phone: (916) 576-7100

13. California Department of Housing and Community Development (HCD)
Website: hcd.ca.gov
Phone: (916) 445-4740

14. California Department of Public Health (CDPH)
Website: cdph.ca.gov
Phone: (916) 558-1784

15. California Department of Real Estate (DRE)
Website: dre.ca.gov
Phone: (877) 373-4542

16. California Department of Transportation (Caltrans)
Website: dot.ca.gov
Phone: (916) 654-2852

17. California Environmental Protection Agency (CalEPA)
Website: calepa.ca.gov
Phone: (916) 324-7870

18. California Governor's Office of Business and Economic Development (GO-Biz)
Website: business.ca.gov
Phone: (916) 322-0694

19. California Homebuilding Foundation (CHF)
Website: chfoundation.org
Phone: (916) 448-8000

20. California Housing Finance Agency (CalHFA)
Website: calhfa.ca.gov
Phone: (916) 322-3991

21. California Housing Law Project
Website: housinglaw.org
Phone: (415) 703-8644

22. California Housing Partnership Corporation
Website: chpc.net
Phone: (415) 433-6804

23. California Land Title Association (CLTA)
Website: clta.org
Phone: (916) 444-2000

24. California League of Cities
Website: cacities.org
Phone: (916) 658-8200

25. California Natural Resources Agency
Website: resources.ca.gov
Phone: (916) 653-5656

26. California Office of Statewide Health Planning and Development (OSHPD)
Website: oshpd.ca.gov
Phone: (916) 326-3800

27. California Redevelopment Association (CRA)
Website: calredevelop.org
Phone: (916) 448-8760

28. California Regional Water Quality Control Board
Website: waterboards.ca.gov
Phone: (916) 341-5254

29. California Society of Municipal Finance Officers (CSMFO)
Website: csmfo.org
Phone: (916) 231-2146

30. California State Association of Counties (CSAC)
Website: csac.counties.org
Phone: (916) 327-7500

31. California State License Board (CSLB)
Website: cslb.ca.gov
Phone: (800) 321-2752

32. California Statewide Communities Development Authority (CSCDA)
Website: cscda.org
Phone: (916) 651-9790

33. Design-Build Institute of America (DBIA)
Website: dbia.org
Phone: (202) 682-0110

34. Economic Development Administration (EDA)
Website: eda.gov
Phone: (202) 482-4681

35. Housing California
Website: housingca.org
Phone: (916) 287-2947

36. Housing California
Website: housingca.org
Phone: (916) 447-0503
A statewide advocacy organization dedicated to preventing and ending homelessness, and increasing the supply of safe and affordable homes for Californians.

37. Mental Health Services Oversight and Accountability Commission (MHSOAC)
Website: mhsOAC.ca.gov
Phone: (916) 445-8696

Oversees the implementation of the Mental Health Services Act (MHSA), ensuring that funds are used effectively for mental health services and infrastructure.

38. National Alliance on Mental Illness (NAMI) California
Website: namica.org
Phone: (916) 567-0163
Provides advocacy, education, support, and public awareness for individuals affected by mental illness, including resources related to housing and facilities.

39. National Housing Law Project (NHLP)
Website: nhlp.org
Phone: (415) 546-7000
Advocates for housing justice for low-income and underserved populations, offering legal expertise and resources on housing policies and development. NHLP

40. San Diego Housing Federation
Website: housingsandiego.org
Phone: (619) 239-6693
Supports the creation and preservation of affordable housing in the San Diego region, offering resources and advocacy for developers and service providers.

41. U.S. Department of Housing and Urban Development (HUD) California Offices
Website: hud.gov/states/california/offices
Phone: Varies by regional office
Provides funding, programs, and resources for housing development, including supportive housing for individuals with behavioral health needs.