**• 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-effec-tive 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 develop-ment of behavioral health facilities. By leveraging existing in-frastructure, 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 mitiga-tion—ensures the success of these projects.

As the need for behavioral health services continues to rise, adaptive reuse provides a scalable and efficient solution, trans-forming 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 theo-retical 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, lim-ited 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

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code compliance with creative problem-solving, and they lead   
with a shared sense of purpose: getting critical care environ-  
ments open, functional, and serving those who need them most.

Progressive design-build and adaptive reuse are not just deliv-  
ery 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 devel-  
opment will be defined by our ability to embrace agile method-  
ologies, 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 possi-  
ble. With the right team, the right tools, and a relentless com-  
mitment to outcomes, we can rise to meet this moment—and   
transform underbuilt, underserved communities into hubs of   
healing, care, and resilience.

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**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 pa-  
tient-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 opera-**  
**tional success.** Every subject matter expert (SME) contributes   
essential knowledge and skills that prevent costly mistakes,   
delays, or suboptimal facility performance.

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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 inte-grates 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 develop-ment 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 en-suring 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**—with-out 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.

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Why They Matter:

Without an **Owner’s Advisor,** projects face **chaos, cost over-runs, and misalignment** between teams. This role ensures **cohesion and accountability.**

**3. Legal Counsel**

• Ensures the site **meets environmental and zoning**  **regulations.**

Why They Matter:

Improper site planning can **cause flooding, soil instability, and infrastructure issues.**

Role & Responsibilities: **6. Structural Engineer**

• 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.

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 natu-ral 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.**

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**8. Lighting Specialist**  **11. Utility Consultant**

Role & Responsibilities: 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 agi-tation, 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, therapeu-tic environments.**

• 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** pa-tients.

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**14. Regulatory Compliance Manager**  **17. Asset Manager**

Role & Responsibilities: 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.**

• 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: Why They Matter:

Without an expeditor, **projects can face months of unneces-sary delays.**

Poor operations lead to **staff burnout and patient dissatisfac-tion.**

**16. Financial Manager**  **19. Marketing Specialist**

Role & Responsibilities: 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.**

• 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 pa-tients and funding.**

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**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 unsustain-able.**

• Integrates **telehealth, security, and electronic health**  **records.**

• Ensures **data security and operational tech support.**

Why They Matter:

Outdated technology **hinders patient care and facility effi-ciency.**

**24. Research Analyst**

**21. Real Estate Broker**  Role & Responsibilities:

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 accessi-bility issues.**

**22. Urban Planner**

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.**

• Assesses **zoning and land use compatibility.**  Why They Matter:

• Aligns the project with **community development goals.**

Why They Matter:   
Misalignment with **zoning laws** can **shut down** the project.

**23. Technology Specialist**

Role & Responsibilities:

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, multidisci-plinary process that demands seamless coordination across a wide range of subject matter experts. Each project involves an

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intricate interplay of planning, design, permitting, financing, construction, and operational readiness. Without strong collab-oration 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—bring-ing together 25 top professionals, each with specialized exper-tise, 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 Col-laboration**

Defining the project’s scope is one of the most critical steps in real estate development. A well-defined scope sets clear objec-tives, 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.

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• 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 Coor-dination**

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 respon-sibility of the entire team. Effective collaboration allows for cost-effective decision-making and prevention of budget over-runs.

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 Com-mitment**

High-quality design and construction are non-negotiable in behavioral health facilities. Every professional involved must uphold the highest standards for safety, durability, and compli-ance.

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.

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**7. Engaging Stakeholders as a Unified Team**

Behavioral health rehabilitation projects require buy-in from local communities, regulatory agencies, and investors. A co-ordinated 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 Con-tributions**

A successful real estate project is the sum of countless individ-ual 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.

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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 be-tween 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 capa-ble of delivering facilities that are compliant, compassionate, high-performing, and sustainable.

Successful project delivery in the behavioral health sector re-quires more than technical competence. It demands profession-als 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

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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 finan-cial analyst modeling sustainable operations, the architect sketching a ligature-safe exam room, the HCAI coordinator navigating code compliance, or the peer advocate voicing com-munity priorities—each role is essential. And when those roles are executed in synergy, the result is nothing short of extraordi-nary.

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 mis-sion 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 facili-ty’s decades-long legacy. And that legacy begins with the peo-ple 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 build-ings. They build hope. They build dignity. They build access to healing.

Let this be the standard going forward: **Assemble not the larg-est 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*

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**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 responsi-  
bility that requires unwavering dedication to quality, collabo-  
ration, and specialized expertise. These facilities are more than   
structures; they are sanctuaries of healing designed to support   
mental health and well-being. Achieving professional excel-  
lence 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 com-  
passion.

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**1. Defining Standards Of Quality**

The cornerstone of professional excellence is a steadfast com-mitment to quality, meticulously defined and upheld throughout every phase of development.

**Specialized Subject Matter Expertise**

Behavioral health facility development necessitates a conver-gence of diverse expertise. Successful projects integrate in-sights from real estate developers, mental health professionals, healthcare architects, clinical operations specialists, and com-munity 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 ad-dresses a critical need, reducing local emergency room crowd-ing 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 health-care 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) im-plemented 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 com-mitment to continuous learning. Professionals must stay abreast of advancements in treatment methodologies, regulatory chang-es, and design innovations. Engaging in professional organiza-tions, 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 [improve](http://pmi.org)ment.

[pmi.org](http://pmi.org)

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**2. The Power Of Teamwork: Collaboration In Action**

Behavioral health facility development thrives on collabora-tion, 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 represen-tatives. 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 meth-ods 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 pa-tient 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 align-ment with community needs and facilitates smoother regulato-ry 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

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crucial in integrated healthcare planning. This approach leads [to more](http://pmi.org) effective and accepted healthcare solutions.

[pmi.org](http://pmi.org)

**4. Full-Cycle Coordination Excellence: Streamlining Processes**

Seamless coordination across all project phases is vital to pre-vent delays, cost overruns, and operational inefficiencies.

**Technology-Driven Project Management**

In behavioral health facility development, precision in plan-ning and execution is non-negotiable. Utilizing **digital project management platforms** such as Building Information Model-ing (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 tech-nology** to integrate various project components. By utilizing real-time digital modeling, the team **eliminated clashes be-tween structural, mechanical, and electrical systems before construction even began**, reducing costly mid-project chang-es. This technology-driven approach allowed CAMH to open a state-of-the-art mental health center that blends healing envi-ronments 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 partici-pant’s responsibilities, deliverables, and performance metrics. This framework **prevented scope creep, improved contractor accountability, and ensured stakeholder alignment**, lead-ing 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 reimburse-ment structures for behavioral health services**. By integrat-ing **contingency planning and phased budgeting**, the project team can pivot swiftly when disruptions arise.

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***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**, in-cluding private donations and municipal bonds, the project remained solvent and opened as scheduled. This level of **finan-cial 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 Man-agement Institute (PMI)** emphasizes the role of **cost manage-ment 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.

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**Case Study: California Behavioral Health Campus**

A major California behavioral health campus faced escalat-ing 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 **Own-er’s Advisor ensures the facility is built for the future, not just the present**. Some of the most forward-thinking develop-ments 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 erect-ing buildings—it’s about creating environments that heal**. Every decision, from site selection to furniture placement, im-pacts 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,**

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**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.**

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**Part IV: Permitting, Con-**  
**struction & Closeout**

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**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 be-  
havioral health developments—where every dollar matters and   
every detail impacts vulnerable populations—this stage is not   
just preparatory; it’s foundational.

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**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 Lower install cost

designs

Exterior Finishes Fiber cement over Cost + aesthetic masonry 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

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**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

**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*

**Evaluation Criteria**  **Key Concepts**

**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

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| Financial Strength | 10% Insurance, bonding, history |

• 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

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**Behavioral Health Long-Lead Examples**  **Owner’s Advisor Checklist**

**Equipment**   **Lead Time**  **Risk Mitigation Strategy**

Ligature-Resistant 16–24 weeks Order with DD drawings

Fixtures and sample approval

RTLS Systems 12–20 weeks Coordinate with IT and

electrical design

Specialized HVAC 20+ weeks Issue as early procurement

Units 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

**Chapter Summary: Procurement as Strategic Execution**

Procurement and preconstruction set the tone for construction. Done well, they eliminate chaos, reduce uncertainty, and en-hance team confidence. Done poorly, they breed conflict, cost overruns, and delays.

This stage isn’t about pushing paper. It’s about project leader-ship. 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.

• 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

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**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 leader-  
ship, coordination, and documentation must be executed with   
precision and discipline. In behavioral health real estate proj-  
ects, the construction phase is especially sensitive due to high   
regulatory scrutiny, complex operational needs, and the vulner-  
ability of future occupants.

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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 construc-tion. 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)

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