**Best Practice:** Utilize a Behavioral Health Construction Com-pliance Checklist maintained by the Owner’s Advisor to vali-date readiness at each milestone.

**Case Example:** On a 54-bed inpatient project in Sacramento, the Owner’s Advisor identified early inconsistencies in lig-ature-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

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**4. Managing Quality, Safety, Inspections, and Milestone Tracking**

**Field Safety Protocol:**

**Best Practices:**  
 • Host a preconstruction kickoff with IOR, GC, and Owner’s Advisor

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| **Focus Area** | **Frequency Lead Role** | **Reporting** | • Maintain a live log of IOR observations and response |
| actions |

Toolbox Talks Daily GC Site Super Field Safety Log

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| Safety Audit | Weekly | GC + Checklist Form |
| Owner Rep |

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:**

• 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

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| **Date** | **Type Inspector Area** | | | **Status** | **Owner’s Advisor Role:**  • Liaison between IOR and clinical leadership • Translate regulatory expectations into field   implementation • Track follow-ups and documentation through closure |
| 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 progres-sion.

**6. Documenting Progress and Avoiding Litigation Traps**

**Documentation Hierarchy:** Daily Logs → Weekly Photos → Field Reports → Inspection Checklists → Issue Logs → Close-out Records

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**Litigation Readiness Tracker:**   
**Type Frequency Retained By Platform** RFIs/Responses Daily CM + Architect Procore Change Directives As Needed Owner’s Advisor Egnyte

• Maintain real-time inspection schedules and punchlists• Prioritize compliance with HCAI, ADA, and licensing milestones  
• Use cloud platforms for documentation and progress audits

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| Inspector Reports Weekly | CM | SharePoint | **Risk Mitigation Essentials:** |

**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

• 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

**Conclusion: Leadership in the Field**  **Final Thought:**

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

*“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 collabo-ration. What begins as drawings ends as a sanctuary for heal-ing—if done right.

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**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 docu-  
mentation, 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.

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According to the Design-Build Institute of America (DBIA), projects that engage Owner’s Advisors and implement struc-tured 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 stakehold-er-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.

**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. Ac-cording to DBIA research, projects that use formal change control processes reduce cost overruns by 37% (DBIA, 2021).

**Key Areas of Focus**  **Best Practices Include:**

**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.

• 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.

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**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% reduc-tion 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.

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• 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 reali-ty—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 agen-cies, 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 culmi-nation 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

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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.

Once the building is occupied, active management of war-ranties, service calls, and early performance tuning becomes essential to long-term success.

This chapter outlines best practices across five critical domains of project closeout:

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| **Facility Commissioning for Life-Safety and Behavioral Health-Specific Systems** | **Key Areas of Focus** |

*“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 facili-ties, 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*

**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.

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**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 plan-ning, 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 function-ing 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.

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**Results and Research:**  **Construction Manager Role:**

• 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 bed-rock 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.

• 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.

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• 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 Evalua-tion (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 un-planned capital repairs in years 2–5 (CHD, 2021).

**Final Thought: Commissioning With Purpose**

Commissioning and activation are not just technical mile-stones—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 func-tion flawlessly, environments must promote recovery, and oper-ations must launch with confidence. The Construction Manager is a pivotal leader in this transition—overseeing closeout activ-ities, enabling the FM team, and ensuring seamless handoff to operations.

Projects that follow best practices—like early stakeholder en-gagement, simulation training, integrated tuning, and structured POEs—experience measurable improvements in safety, satis-faction, 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.

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**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. Aware-  
ness about mental health is rising, but many communities still   
don’t have the facilities to meet the need. That gap is grow-  
ing—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. Hospi-  
tals 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 plac-  
es of hope and healing. They shape how care is delivered, how   
people feel, and how recovery begins.

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**Why Expertise Matters**  **1. Plan Across Disciplines**

Building a behavioral health facility takes more than good intentions. It takes experience and knowledge across many areas—healthcare, design, funding, policy, and local relation-ships.

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: lo-cal 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:

• 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, develop-ers, 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

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• 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 collabo-ration.

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 develop-ment, behavioral health consulting, and systems planning, Bri-an’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 com-munity leaders, the insight of architects and planners, and the quiet determination of individuals who know that better is pos-sible. 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 sec-tors—from housing and healthcare to policy and construction. As the founder of **BHSME, LLC**, he has supported the devel-opment of behavioral health facilities across California and be-yond, helping turn visions into reality. His work spans concept planning, project management, strategic funding, stakeholder

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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, per-sonality theory, and sustainable real estate. He holds degrees from **Stanford University** and advanced training in **psycholo-gy 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 ad-vised 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, adapt-ing, 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, sustainabil-ity, 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 compas-sionate 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 hu-mility. 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

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**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 envi-  
ronments.

**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 indi-  
viduals and families, integral to supporting residents in behav-  
ioral 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 con-  
structed, 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.

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**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 reha-bilitation facilities.

**Capital Stack**   
 The combination of debt and equity used to finance a real es-tate project, important for understanding funding sources.

**Community Development**   
 The planning and implementation of projects aimed at improv-ing community quality of life, including mental health services.

**Community Land Trust**   
 A nonprofit organization that acquires and holds land to pro-vide 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 develop-ment decisions.

**Conditional Use Permit (CUP)**   
 A permit allowing a property to be used in a manner not typi-cally permitted by zoning laws, often necessary for behavioral health facilities.

**Construction Management**   
 The process of planning, coordinating, and overseeing con-

struction 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 munici-pality 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 infrastruc-ture.

294 295

**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 pur-pose, 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 per-mits 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 func-tionality, comfort, safety, and efficiency of a built environment.

**Fair Housing Act**   
 A federal law that prohibits discrimination in housing, ensur-ing 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 aesthet-ics.

**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 bene-fits.

**H**

**Health Impact Assessment (HIA)**   
 A tool used to evaluate the potential health effects of a pro-posed project, ensuring that health considerations are integrated into planning.

296 297

**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 pro-viding 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 to-gether, fostering community and support networks, particularly for mental health.

**Joint Development**   
 A collaborative real estate development project involving mul-tiple 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 lend-er 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 rebuild-ing a new one on the same site, often to modernize or maxi-mize land value.

298 299

**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 consider-ations.

**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, commer-cial, 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 invest-ment, redevelopment, and infrastructure improvements.

**Net Operating Income (NOI)**   
 A key financial metric used to evaluate a property’s profitabili-ty, calculated as total revenue minus operating expenses.

**New Urbanism**   
 A planning and development approach that promotes walk-able, 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.

300 301

**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 build-ing’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 his-toric buildings.

**Resilience Planning**   
 The process of designing communities and buildings to with-stand 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 prop-erty lines, roads, or other structures.

302 303

**Site Plan**   
 A detailed map illustrating the layout of a proposed develop-ment, 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 typi-cal zoning regulations.

**Subsidized Housing**   
 Government-funded housing assistance for low-income indi-viduals and families.

**Sustainability**   
 The practice of designing and constructing buildings that mini-mize 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 pub-lic 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-ef-fectiveness 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.

304 305

**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

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**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

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**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.

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.

**37. Mental Health Services Oversight and Accountability**   
**Commission (MHSOAC)**   
 Website: mhsOAC.ca.gov   
 Phone: (916) 445-8696

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