**• Addressing Concerns Proactively:** Listen to resident fears about safety, traffic, or funding, and develop solutions collaboratively.

**• Demonstrating Commitment:** Show that community feedback influences design and service offerings.

**3.2 Empowering the Community Through Leadership Roles**

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

**• Community Advisory Boards:** Residents, patients, and advocates serve as ongoing advisors.

**• Volunteer and Training Programs:** Equip local residents with skills to support facility operations.

**• Public Recognition of Contributions:** Celebrate community input and milestones with events or media coverage.

**4. Measuring the Impact of Community Engagement**

**4.1 Establishing Success Metrics**

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

**• Level of Community Participation:** Number of attendees at workshops, survey responses, and stakeholder meetings.

**• Influence on Facility Design and Services:** Document changes made based on public feedback.

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

**4.2 Continuous Improvement**

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

**• Long-term engagement strategies include:**

**• Annual Community Check-ins:** Gather input on facility performance and needed adjustments.

**• Ongoing Advisory Committees:** Maintain resident representation in operational decisions.

**• Sharing Success Stories:** Highlight the facility’s positive impact through testimonials and reports.

**Building Collaboration with Stakeholders, Community Forums, and Advisory Boards**

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

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

Key stakeholder groups include:

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

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**• Local Organizations:** Nonprofits, religious groups, and advocacy organizations provide critical insights and outreach networks.

**• Government Agencies:** Public health departments, zoning boards, and funding agencies can accelerate project approval and implementation.

**• Healthcare Providers:** Hospitals, clinics, and behavioral health professionals help ensure seamless service   
integration.

**• Law Enforcement and First Responders:** Their input is vital for crisis response and safety planning.

**2. Engagement Techniques That Build Trust**

• Community workshops and design charrettes

• Advisory boards with lived experience representation

• Transparent Q&A forums

• Online surveys, bilingual resources, and social media outreach

**3. Formalizing Partnerships**

• Use Memorandums of Understanding (MOUs) to define roles

• Create community benefit agreements where appropriate

• Align engagement milestones with development phases

**The Strategic Value of Stakeholder Engagement**

Engaging stakeholders is not just about checking boxes or minimizing resistance. It’s about building a **collective sense of ownership**, one that lays the groundwork for long-term oper-

ational success, political resilience, and community integra-tion. When stakeholders are part of the process, the result is a facility that reflects the true needs, values, and character of its community.

**Key Benefits of Comprehensive Stakeholder Engagement**

• Reduces NIMBYism through education, transparency, and trust-building.

• Accelerates entitlements and permitting by gaining city and county support early.

• Improves facility design and functionality through local and clinical insight.

• Secures long-term funding and partnerships via political and civic alignment.

• Enhances safety and social acceptance, reducing stigma and increasing utilization.

• Builds advocacy networks that support the project beyond ribbon-cutting day.

**Examples of Successful Community Partnerships in California**

**1. San Diego Behavioral Health Hub**

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

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

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

Source: San Diego County BHS Strategic Plan

**2. Sacramento Crisis Stabilization Unit**

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

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

Source: Sacramento County Health Services

**3. Los Angeles County Youth Mental Health Initiative**

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

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

Source: LA County Department of Mental Health

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

**Best Practices of Building Stakeholder Support**

**1. Start Early, Stay Engaged**

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

**2. Map Stakeholder Groups Intelligently**

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

**3. Create Feedback Loops**

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

**4. Measure Engagement Outcomes**

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

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**5. Collaborate with a Skilled Owner’s Advisor**

A strategic Owner’s Advisor can:

• Translate community input into actionable development strategies

• Facilitate stakeholder workshops

• Align public engagement with entitlement and funding goals

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

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

Stakeholder support isn’t a “nice to have”—it is a core require-ment for long-term success. The data is clear:

• Projects with integrated stakeholder planning are **up to 35% more likely to meet their budget and schedule targets**

• Facilities co-designed with local users report **38% higher early engagement** and **50% better alignment with programmatic goals**

• For every $1 spent on early community engagement, developers save an average of **$4 in reduced conflicts and delays** (World Bank, 2020)

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

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

**Building a Legacy, Not Just a Building**

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

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

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

• 35% fewer post-construction change orders

• 23% higher on-time delivery rates

• Greater community utilization and satisfaction scores

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

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

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**Chapter 8**

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

*“Good design is about clarity & purpose; it’s not just how it looks, but how it works.”*  *- Steve Jobs*

**• Aligning Clinical Needs with Built Environments**

**• Space Planning for Trauma-Informed Care and Safety**

**• Integrated Care Models and Functional Adjacencies**

**• Early Cost Modeling and Phasing Strategies**

**• Engaging Stakeholders in the Design Vision**

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

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

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

**Aligning Clinical Needs with Built Environments**

**Translating Services into Functional Space**

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

• Accommodate clinical interventions (e.g., therapy, medication, diagnostics)

• Enable 24/7 staff supervision and collaboration

• Ensure patient safety and privacy

• Support transitions between care levels (e.g., triage to stabilization)

**Clinical Staff as Design Partners**

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

• Preferred room adjacencies

• Critical supervision and security needs

• Optimal circulation and flow

• Equipment, IT, and accessibility priorities

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**Regulatory and Licensing Alignment**  **Design Strategies**

Design must meet standards set by:• State Licensing Authorities• The Joint Commission  
• CMS, Medi-Cal, or Medicaid• NFPA Life Safety Code

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

• Behavioral Health Design Guidelines (FGI)

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

**Space Planning for Trauma-Informed Care and Safety**

**Principles of Trauma-Informed Design**

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

**• Safety**: Visual clarity, ligature resistance, emergency preparedness

**• Empowerment**: Autonomy-supportive environments (lighting control, privacy options)

**• Calmness**: Reduced noise, soft color palettes, biophilic elements

**• Trust**: Non-institutional, welcoming environments with staff visibility

**Case Example: Santa Clara County Behavioral Health**

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

**Integrated Care Models and Functional Adjacencies**

**What Is Integrated Behavioral Health?**

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

• Flexible clinical spaces for co-located teams

• Shared records and collaborative care plans

• Informal zones for impromptu consultation and case huddles

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**Key Spatial Relationships**

• Exam rooms near therapy rooms

• Medication management next to medical consults

• Observation areas linked to intake and triage

• Breakrooms and respite zones separated from care delivery

**Example: Los Angeles Mental Health Urgent Care Center**

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

**Early Cost Modeling and Phasing Strategies**

**• Phase 3**: Permanent supportive housing, community programs

**Scalability by Design**

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

**Engaging Stakeholders in the Design Vision**

**Who to Engage**

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

**Estimating from the Start**  **Engagement Strategies**

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

• Parametric estimating (based on program square footage)

• Elemental cost breakdowns (per room, per system)

• Target value design (design to budget rather than estimate)

**Phased Implementation Models**

**• Phase 1**: Emergency intake, triage, stabilization

**• Phase 2**: Outpatient, counseling, family support

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

**Example: San Diego Youth Behavioral Health Center**

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

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**Creating Therapeutic, Sustainable, and Technology-Integrated Environments**

**1. Key Principles of Therapeutic Environments**

**• Safety First**: Ligature-resistant fixtures, panic buttons, secure access

**• Natural Light**: Windows, skylights, and circadian- friendly lighting systems

**• Calm Aesthetics**: Non-glare surfaces, acoustic insulation, biophilic textures

**• Personalization**: Allowing some control in private patient areas

**• Cultural Competence**: Reflecting community identity in design

**2. Case Studies in Behavioral Health Facility Design**

**San Francisco Behavioral Health Center**

• Achieved LEED Silver certification

• Integrated private patios and personalized patient zones

• Reported 18% improvement in staff retention within one year

**East LA Wellness Hub**

• Co-designed with neighborhood leaders

• Included community art installations and multilingual signage

• Increased service utilization by 35% over projected levels

**3. Integrating Technology**

**• Telehealth Zones**: Private, acoustically treated kiosks

**• Smart Building Systems**: Automated lighting, HVAC, and patient comfort controls

**• Patient Monitoring**: Non-invasive observation tech linked to nurse stations

**• Data Dashboards**: Real-time occupancy and scheduling systems

**4. Sustainability and Resilience**

**• Energy Efficiency**: Passive solar, daylighting, zoned HVAC

**• Water Conservation**: Low-flow plumbing, rain capture

**• Emergency Preparedness**: Backup power, seismic upgrades, fireproofing

**Example: Sacramento Behavioral Health Hub**

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

**Conclusion: Designing With Purpose, Healing With Intention**

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

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

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

**Best Practices in Behavioral Health Design Programming**

**• Lead With Clinical Intent:** Programming must be rooted in clinical strategy. Whether supporting crisis stabilization, long-term recovery, or outpatient care, design must align with therapeutic models and care pathways from day one.

**• Design for Trauma-Informed Healing:** Materials, lighting, acoustics, privacy, and control all matter. Spaces should reduce anxiety, support autonomy, and feel   
emotionally safe for patients, staff, and families.

**• Support Integrated Care Models:** Locate care   
team spaces and service lines to maximize functional adjacencies, reduce patient transfer stress, and encourage collaborative workflows.

**• Plan With Phasing in Mind:** Whether through modular construction, shelled space, or phased activations, early design must accommodate growth, flexibility, and   
evolving service needs.

**• Utilize Early Cost Modeling:** Align scope with budget through cost-informed programming and preconstruction

collaboration. Value engineering should start at the concept level—not after bids are returned.

**• Engage Multidisciplinary Stakeholders:** Elevate   
voices from every level—clinicians, frontline staff, peer advocates, maintenance teams, and patients themselves—to ensure a design that works across all layers of   
experience.

**Risk Mitigation Through Coordinated Vision**

**• Avoid Late Reprogramming:** Rushing the programming phase or excluding clinical input often results in   
expensive redesigns. Take time to validate space   
requirements through mock-ups, test fits, and real-world walkthroughs.

**• Balance Innovation With Licensing Reality:**   
Behavioral health design must harmonize vision with the requirements of DHCS, OSHPD, ADA, and local fire/life safety codes.

**• Clarify Roles in Early Design Coordination:**   
Assign clear responsibilities for decision-making,   
document control, and design verification to avoid   
miscommunication between architect, Owner’s Advisor, and clinical leadership.

**• Plan for Operational Transitions:** Spaces should be designed not just for opening day, but for Day 100, Day 365, and beyond. Think through maintenance, patient flow, infection control, and staff efficiency.

**Design as a Bridge Between Strategy and Experience**

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

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

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

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

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

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**Chapter 9**

**Design Best Practices for Behavioral**   
**Health Care**

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

**What you will learn in this chapter:**

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

**Chapter Overview**

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

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

**BEST PRACTICES for Behavioral HealthCare Facility Design**

**Introduction: The Impact of Design Excellence in Behavioral Health**

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

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

**• 30–50% improvement** in patient satisfaction and quality of experience

**• 20–25% reduction** in aggressive behaviors and use of restraints

**• 15–18% decrease** in elopement and self-harm incidents

**• Up to 40% improvement** in staff retention and job satisfaction

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

• Are **43% more likely** to be completed on time and under budget

• Experience **50% fewer change orders** during construction

• Report **faster licensing approval** and operational readiness

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

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

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

**The BIG 5 Best Practices for Behavioral Health Design Excellence**

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

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

Here are the foundational pillars—**The Big 5 Best Practic-es**—that must guide every behavioral health facility’s architec-tural journey:

**1. Trauma-Informed and Neurologically Attuned Design**

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

**2. Biophilic Design**

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

**3. Outdoor Therapeutic Spaces**

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

**4. Flexible Layouts and Universal Design**

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

**5. Strategic Design Leadership and Owner’s Advi-sor Oversight**

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

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

**The Role of the Owner’s Advisor in Design Oversight**

The Owner’s Advisor ensures:

• Alignment with licensure, mission, and clinical models

• Schedule and scope clarity throughout design

• Real-time feedback integration from operators and funders

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

**Building a Brighter Future Through Design**

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

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

• Patient-centered

• Nature-connected

• Future-adaptable

• Collaboratively crafted

**Top 100 Best Practices for Behavioral Health Care Design**

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

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

**1. Trauma-Informed and Neurologically Attuned Design** Support cognitive and emotional stability by minimizing sensory overload and environmental triggers. Design with soft textures, low-stimulation color schemes, and clear spatial organization. Trauma-informed environments can reduce patient restraint rates by up to 40% (SAMHSA, 2021).

**2. Biophilic Design**   
Integrate natural elements—light, greenery, and organic forms—to promote psychological recovery. Access to nature reduces agitation by 30% and accelerates healing by 15% (Terrapin Bright Green, 2021).

**3. Outdoor Therapeutic Spaces**   
Include walking paths, garden patios, and shaded   
gathering areas. These features are associated with a 20% decrease in anxiety medication usage and foster physical activity and social connection (University of Washington, 2021).

**4. Flexible Layouts and Modular Design**   
Design with future adaptability in mind. Modular rooms and demountable partitions support shifting treatment

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

**5. Strategic Design Leadership and Owner’s Advisor Oversight**   
Engage Owner’s Advisors and healthcare architects from day one. According to DBIA (2023), projects with Owner’s Advisors from pre-design are 43% more likely to meet schedule and 32% more likely to meet budget.

**6. Abundant Natural Light**   
Design for daylight penetration in patient rooms,   
corridors, and lounges. Exposure to daylight can shorten hospital stays by 11% and decrease depression symptoms by 15% (Ulrich, 1984).

**7. Green Views and Exterior Vistas**   
Ensure sightlines to greenery or natural scenes. These reduce stress hormone levels and aggressive incidents by up to 20% (CHD, 2022).

**8. Acoustic Comfort and Sound Dampening**   
Incorporate noise-reducing materials and layout   
strategies. Better acoustics can lower incidents of   
agitation and improve staff concentration, reducing errors by 12% (AIA, 2022).

**9. Non-Institutional Aesthetic**   
Design with residential-like touches: soft finishes, warm lighting, and familiar forms. These environments reduce stigma and improve patient satisfaction scores by 25% (Center for Health Design, 2022).

**10. Patient-Controlled Environments**   
Provide patients with control over lighting, temperature, and sensory inputs. Empowerment correlates with   
increased engagement and a 30% drop in behavioral outbursts (NIH, 2021).

**11. Post-Occupancy Evaluations (POEs)**   
Implement structured POEs at 6 and 12 months. Facilities using POEs improve design standards over time and boost patient satisfaction scores by 22%.

**12. Sensory Integration Zones**   
Design calming multisensory spaces for grounding and regulation. Used effectively, these reduce use of seclusion rooms by 35% (SAMHSA, 2020).

**13. Cultural and Community Representation**   
Incorporate culturally relevant motifs, languages, and rituals into space. Cultural alignment boosts patient trust and increases care access by 12–18%.

**14. Safety Through Visibility and Passive Observation** Design with sightlines that maintain supervision without surveillance. Transparent partitions reduce security incidents by 28% (AIA Behavioral Health Guidelines, 2022).

**15. Gender-Inclusive and Identity-Affirming Design** Support privacy and dignity across all identities. Gender-affirming designs increase patient comfort and reduce early discharge rates.

**16. Wayfinding and Orientation Design**   
Use intuitive layouts, colors, and symbols. Good   
wayfinding decreases disorientation and improves patient navigation confidence by 40%.

**17. Calming Zones for De-Escalation**   
Include sensory modulation rooms with dim lighting, soft seating, and tactile tools. These areas cut restraint use by 29% in clinical trials (NIH, 2021).

**18. Staff Zones that Promote Wellness**   
Design break rooms, reflection areas, and team huddle spaces. These features reduce burnout risk by 21% and improve staff retention.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**38. Resident Artwork and Identity Expression**   
 Incorporate patient-made murals or visual storytelling.

This promotes pride, reduces anxiety, and supports identity affirmation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**60. Facility Identity and Branding**   
 Include meaningful logos, color themes, and narratives.

A strong brand identity builds pride and improves orientation.

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

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

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

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

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

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

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**67. Material Resilience + Aesthetics**   
 Use tamper-resistant but attractive materials.

Polycarbonate windows, high-durability surfaces, and smooth edges support both safety and visual appeal.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*“We shape our buildings; thereafter they shape us.” —*

*Winston Churchill*

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

**2. Design Documentation Best Practices for Complex Systems**

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

**Objectives of Technical Documentation**

**• Regulatory Compliance:** Demonstrate conformance with licensure, ADA, fire/life safety, FGI, and local codes.

**• Construction Clarity:** Eliminate ambiguity and reduce RFIs.

**• Scope Control:** Prevent scope creep by clearly defining finishes, equipment, and detailing.

**• Clinical Alignment:** Translate operational intent into built reality.

**Best Practices**

• Develop a **Room Data Sheet Matrix** linking each space to finishes, MEP loads, ligature compliance, and FF&E.

• Produce **Narrative Justifications** that align the clinical model with physical layout.

• Maintain a **QA/QC Peer Review Process** at each milestone (30%, 60%, 90%, 100%).

• Use **BIM-based clash detection** for architectural and systems coordination.

**Risk Mitigation**

• Track code references in annotated code sheets.

• Assign document control leads to manage version control and approvals.

• Pre-coordinate complex system zones (e.g., medication rooms, seclusion suites) during DD.

**3. Coordination Between Disciplines for Constructability**

Coordination failures between disciplines—especially mechan-ical, electrical, plumbing (MEP), structural, and architectur-al—can lead to field conflicts, cost increases, and construction delays.

**High-Risk Interface Points**

**• Ceiling Congestion:** Ligature-resistant fixtures must be coordinated with ductwork, sprinklers, and lighting.

**• Wall Penetrations:** Security, nurse call, and fire alarm cabling must be routed through rated assemblies.

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

**Best Practices**

**Ligature Resistance**  
 • Anti-ligature fixtures (toilets, shower heads, curtain rods, faucets, door hardware).

• Reinforced walls and tamper-resistant components.

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| • Implement **weekly discipline-specific coordination calls**  during DD and CD phases. | **Security** |

• Mandate **BIM modeling** for all disciplines with required clash resolution before permit submission.

• Use a **constructability sign-off log** managed by the Owner’s Advisor.

**Risk Mitigation**

• Avoid last-minute substitutions; tie product specs to procurement availability.

• Zoned access control by acuity level.

• Duress alarms and staff alert systems.

• Controlled egress and visual observation corridors.

**Accessibility**

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

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| • Establish a centralized issue-tracking log and require written closeout of all open coordination items. | **Best Practices** |

• Conduct mock-up reviews with interdisciplinary participation.

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

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

**Infection Control**

• Antimicrobial surfaces and seamless flooring.

• Negative pressure isolation rooms where required.

• HVAC zoning and exhaust per FGI and CDC.

• Complete a comprehensive **ICRA (Infection Control**  **Risk Assessment)** during DD.

• Use product submittal cut sheets to validate ligature compliance.

• Coordinate with local fire marshals and accessibility officers during pre-submittal reviews.

**Risk Mitigation**

• Create a **Ligature Mitigation Plan** reviewed by regulatory advisors.

• Assign security consultants to participate in 60%+ drawing reviews.

• Perform access flow simulations for emergency scenarios.

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**5. Design for Healing, Treatment, and Recovery**

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

**Healing Design Elements**

• Access to nature, daylight, and exterior views.• Calming palettes and residential-style furnishings.

• Reduced noise and improved acoustic comfort.

**Supportive Space Planning**

• Personalization opportunities in patient rooms.• Flexibility in group therapy spaces.

• Defined zones for family interaction and private reflection.

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

**6. Managing Evolving User Needs Without Compromising Schedule**

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

**Best Practices**

• Utilize **universal room templates** to future-proof design.

• Allow for deferred finish/fixture selections during later design stages.

• Plan for **soft openings** with pre-certification testing and systems simulation.

**Best Practices**  **Risk Mitigation**

• Use trauma-informed design checklists during schematic and DD reviews.

• Incorporate soft finishes and curved forms to reduce institutional feeling.

• Validate design effectiveness through post-occupancy evaluations.

**Risk Mitigation**

• Avoid over-standardization that ignores cultural or community-specific needs.

• Don’t sacrifice design quality for cost; value engineer strategically.

• Lock down schedule-critical decisions early.

• Use milestone-based design calendars with deliverables linked to procurement.

• Align permit submissions with actual construction sequencing.

**7. Owner Review Cycles and Document Control Protocols**

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

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**Best Practices**

• Owner participates in all design milestone reviews (30%, 60%, 90%, 100%).

• Reviews include input from operations, clinical leadership, safety officers, and finance.

• Final DD and CD packages must have a **design decision**  **log** with documented approvals.

**Document Control Tools**

• Cloud-based platforms (Procore, PlanGrid, Newforma).

• Role-based access and version control logs.

• Change logs with justification memos for all scope or product revisions.

**Risk Mitigation**

• Assign a dedicated document control lead or Owner’s Advisor.

• Track unresolved review comments and risk-ranking of potential issues.

• Use a structured submittal and RFI review process with due date enforcement.

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

Behavioral health care design is not simply a technical mile-stone—it is a moral and strategic responsibility that affects lives, operations, and long-term system outcomes. Every wall, window, and walkway in a behavioral health facility carries the potential to calm, to protect, to inspire. It is through thoughtful,

research-backed design that we convert abstract values—safety, dignity, recovery—into lived experiences.

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

• Behavioral health projects that prioritize trauma-  
informed, biophilic design see a **30–50% improvement** in patient satisfaction (AIA Health Facilities Research, 2023).

• Facilities incorporating flexible design strategies report a **25% improvement** in long-term adaptability and a **40% reduction** in renovation costs (AIA Design & Health Consensus Report, 2023).

• Projects using interdisciplinary stakeholder design   
coordination are **2.5 times more likely** to meet   
operational goals (AIA Integrated Project Delivery Guide, 2021).

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

• Projects with early Owner’s Advisor engagement   
experience **43% higher rates of on-time, on-budget delivery** (DBIA State of Project Delivery Report, 2023).

• Integrated design teams reduce change orders by **up to 50%**, and accelerate permitting and regulatory approvals by **35%** (DBIA Design-Build Best Practices, 2023).

• Strategic planning and early-stage leadership improve lifecycle cost control and project viability by **28%** across behavioral health typologies (DBIA Healthcare Sector Analysis, 2022).

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

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

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

**The Lasting Impact of Design Leadership**

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

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

**Design That Performs**

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

**• Evidence-Based** – Drawing from research to drive form and function

**• Trauma-Informed** – Softening sensory environments to reduce agitation and restore agency

**• Biophilic and Natural** – Harnessing daylight, fresh air, and green spaces to reduce cortisol and support circadian wellness

**• Neurologically Attuned** – Supporting attention, rest, emotion regulation, and social interaction

**• Operationally Sound** – Enhancing staff visibility, workflow, infection control, and safety

**• Culturally and Clinically Responsive** – Reflecting community values and evolving treatment models

When these priorities converge, the results are measurable:

**• 33% fewer patient safety incidents** (AIA Health Impact Report, 2021)

**• 22% higher staff retention in first year** (Center for Health Design Post-Occupancy Survey, 2022)

**• 20% fewer behavioral escalations in well-lit, calming**  **units** (Ulrich, 2020)

**• Increased stakeholder trust and community**  **acceptance** (DBIA, 2023)

**• Greater operational readiness and reduced turnover post-occupancy** (AIA Facility Performance Insights, 2023)

**A Call to Design with Purpose**

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

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

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

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

**Chapter 10**

**Entitlements, Permitting, and Approvals**

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

**What you will learn in this chapter:**

**• Navigating Jurisdictional Requirements and Politics**

**• State Health Department and AHJ Coordination**

**• Timeline Tracking and Fast-Track Permitting Strategies**

**• Environmental Assessments and Community Relations**

**• Proactive Engagement to Prevent Costly Delays**

**Chapter Overview**

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

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