

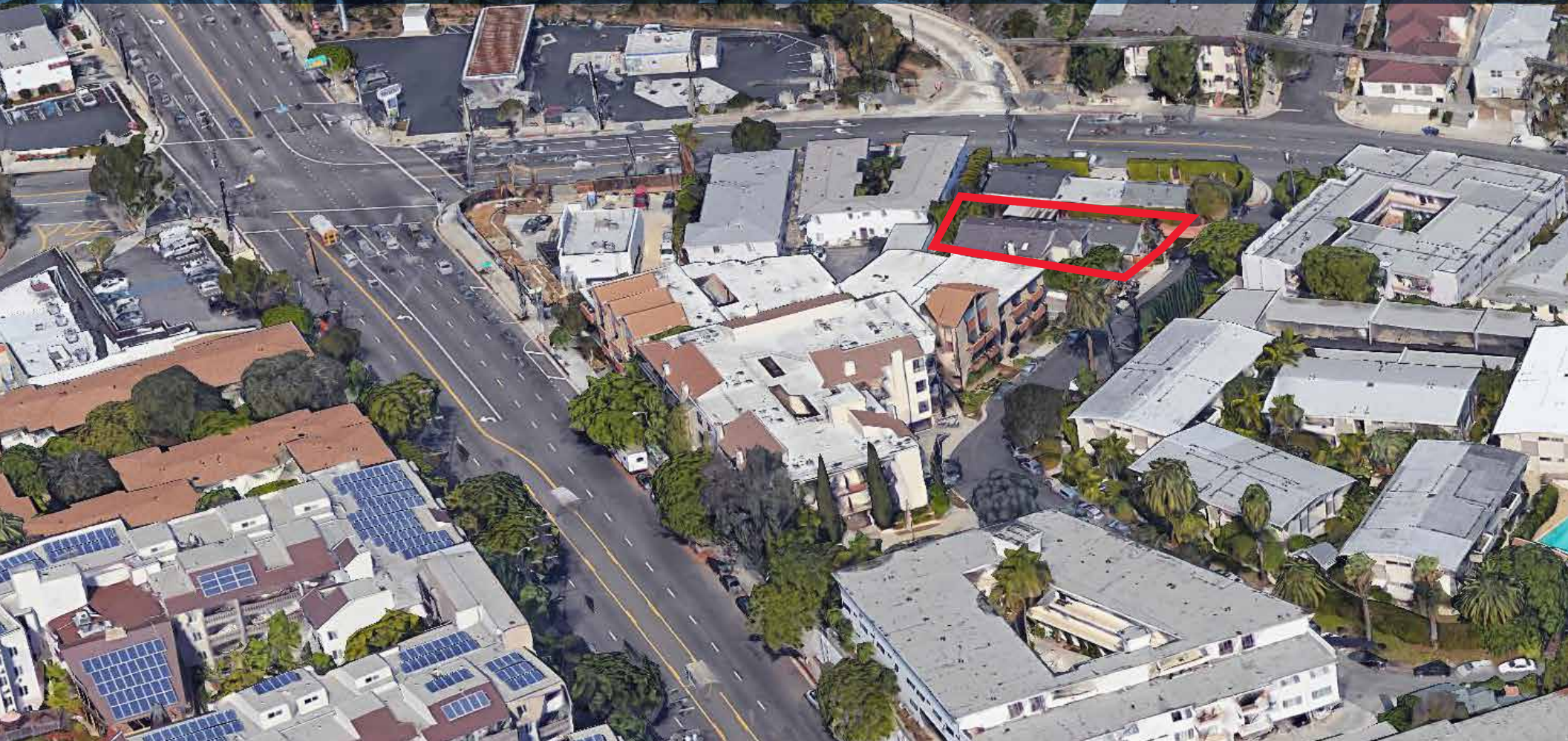
3215

CHEVIOT VISTA

Los Angeles, California 90034

FOR SALE

±3,001 SF RESIDENTIAL CARE FACILITY
Previously Licensed 12 bed Ambulatory
Residential Care Facility (Behavioral Health)



SHANE HARMON

Senior Vice President

Lic. No. 01274934

+ 858 677 5337

shane.harmon@colliers.com

4350 La Jolla Village Drive, Suite 500
San Diego, CA 92122
tel +1 858 455 1515 colliers.com/sandiego



3215

Cheviot Vista

Los Angeles, California 90034

PROPERTY INFORMATION

- > Previously Licensed 12-bed substance abuse facility
- > Gross Building Area: 3,000 SF (to be measured)
- > Built in 1991 (upgraded in 2010's)
- > Lot Area: Approx. 0.1111 Acres (4,830 SF)
- > No. of Stories: Two (2)
- > Zoning: R3-1 (city of Los Angeles)
- > APN: 4314-026-019
- > Conditional Use: Yes. Variance for 12 bed facility
- > Previous Licensed residential capacity: Twelve (12)
- > Available: November 1, 2018 (Immediately)
- > Sale Price: \$1,950,000
- > Lease Rate: \$12,500/Mo. NNN

INTERIOR BUILDING SPECIFICATIONS:

1st Floor:

- Living Room
- Kitchen
- Dining Room
- Courtyard
- 1/2 Bath
- Game Room
- Two (2) car attached garage (laundry)

2nd Floor:

- Four (4) bedrooms
- One (1) full bath
- One (1) shower/Toilet/Bath



Floor Plan

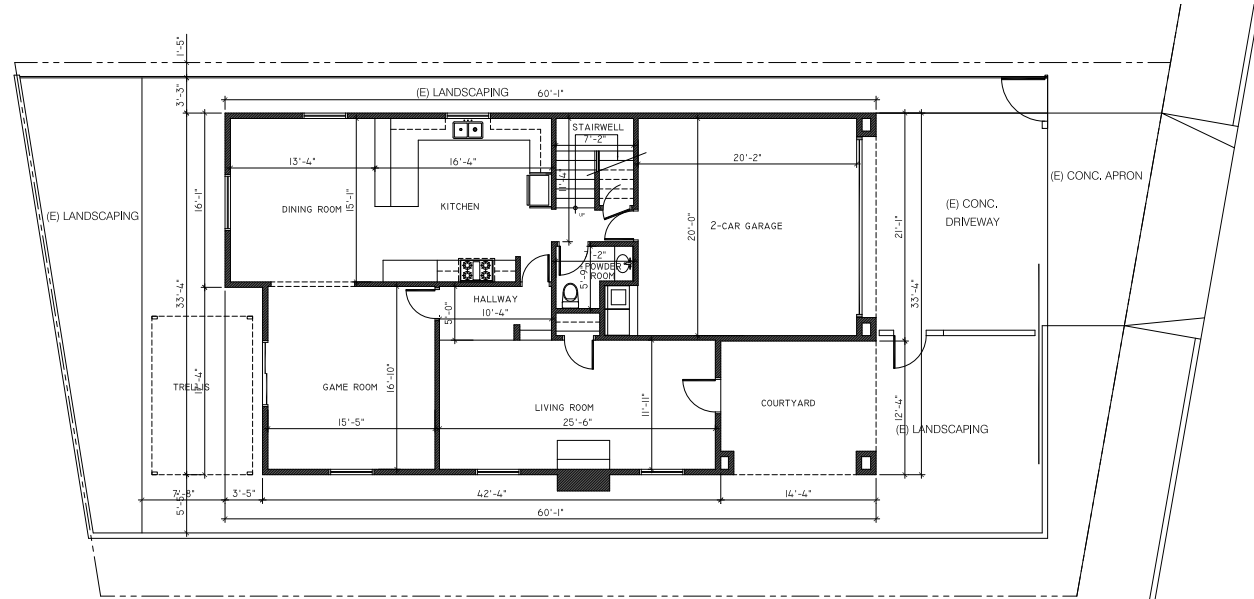
Interior Building Specifications:

1st Floor:

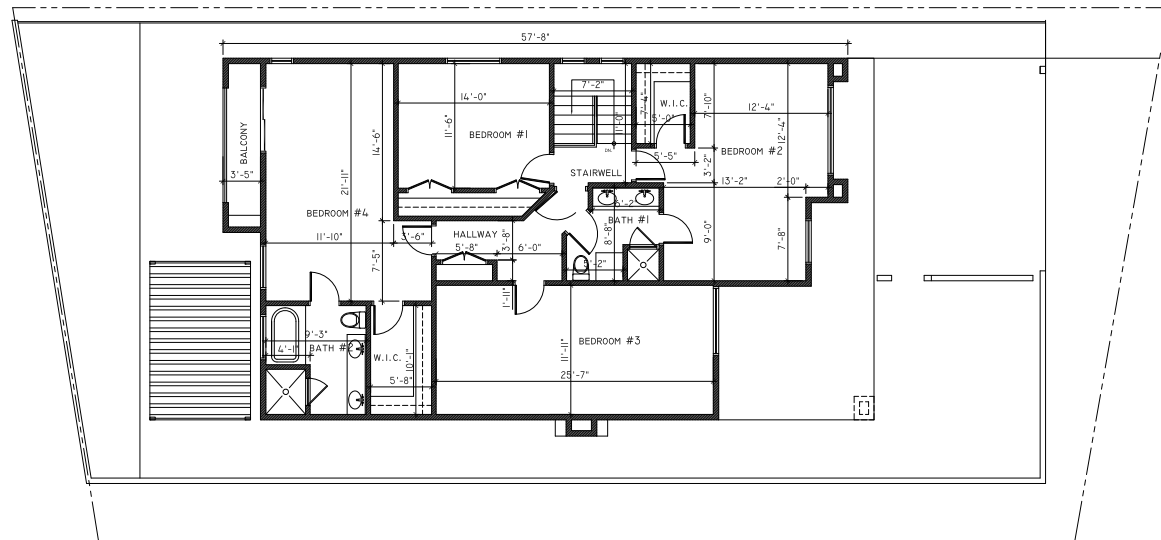
- Living Room
- Kitchen
- Dining Room
- Courtyard
- 1/2 Bath
- Game Room
- Two (2) car attached garage (laundry)

2nd Floor:

- Four (4) bedrooms
- One (1) full bath
- One (1) shower / Toilet / Bath

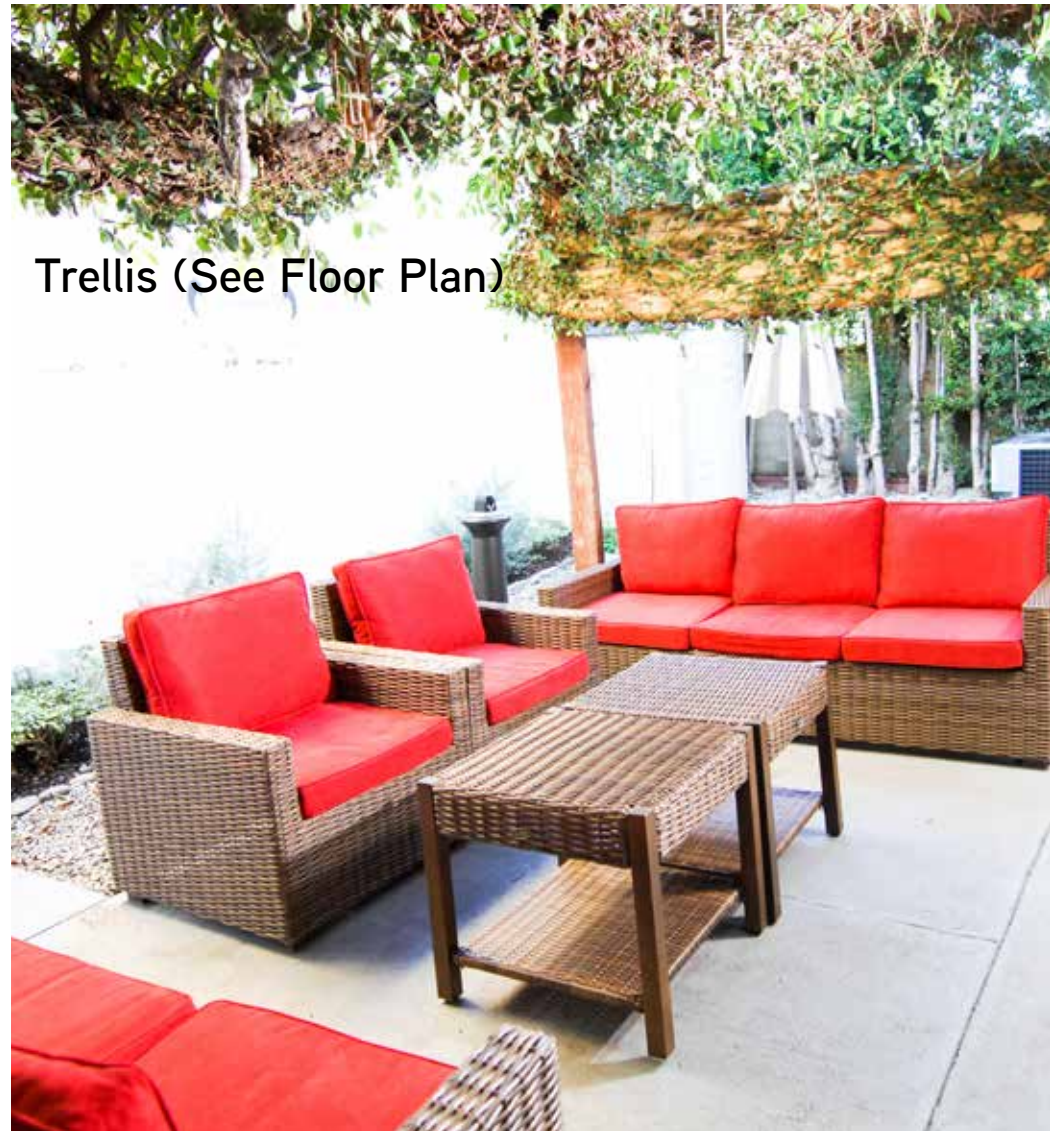


FIRST FLOOR PLAN



SECOND FLOOR PLAN

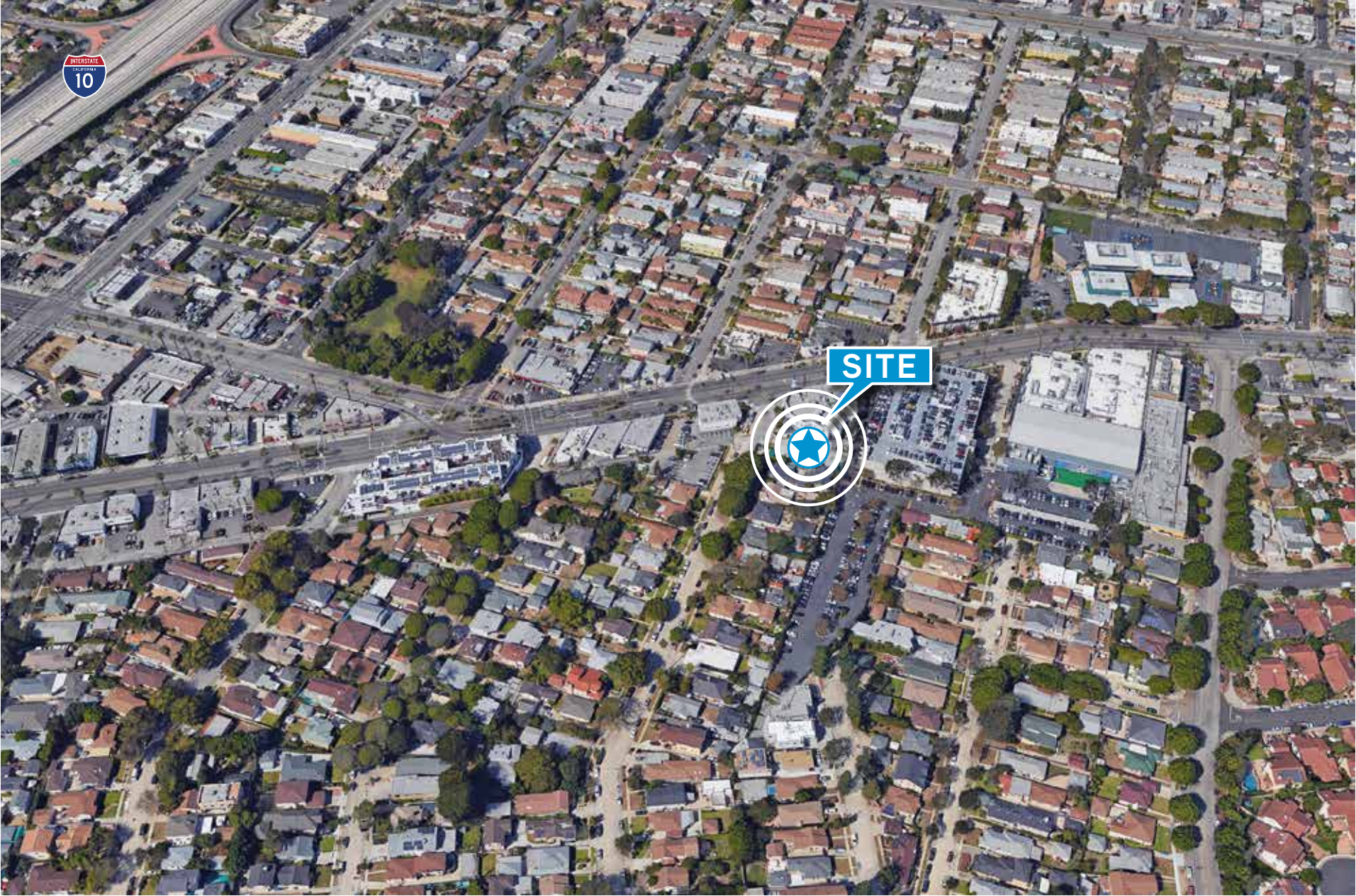
Interior Photos



Trellis (See Floor Plan)



Aerial



Demographics

	1 MILE	3 MILES	5 MILES
Population Trend			
Population (2000)	44,790	240,672	735,950
Population (2010)	44,003	248,575	752,714
Population (2017)	46,154	268,565	800,482
Projected Population (2022)	46,332	273,553	814,197
Households Trend			
Households (2000)	19,360	103,444	324,977
Households (2010)	19,219	107,773	331,097
Projected Households (2017)	19,483	112,709	341,286
Average Household Size (2022)	19,500	114,765	346,139
Population Change Trend			
2000 to 2010 Population Change	-1.8%	3.3%	2.3%
2000 to 2017 Population Change	3.0%	11.6%	8.8%
2010 to 2022 Population Change	5.3%	10.0%	8.2%
2017 to 2022 Population Change	.4%	1.9%	1.7%
Household Change Trend			
2000 to 2010 Household Change	-.7%	4.2%	1.9%
2000 to 2017 Household Change	.6%	9.0%	5.0%
2010 to 2022 Household Change	1.5%	6.5%	4.5%
2017 to 2022 Household Change	.1%	1.8%	1.4%
2017 Race			
White alone	54.0%	57.1%	53.4%
Black or African American alone	6.1%	9.1%	16.5%
American Indian and Alaska Native alone	1.0%	.8%	.7%
Asian alone	19.8%	16.0%	12.2%
Native Hawaiian and OPI alone	.2%	.2%	.2%
Some Other Race alone	12.0%	10.2%	10.8%
Two or More Races	6.9%	6.6%	6.3%

	1 MILE	3 MILES	5 MILES
Income (2017)			
Per Capita Income	\$39,961	\$47,108	\$46,791
Household Income: Median	\$66,625	\$74,558	\$68,255
Household Income: Average	\$93,362	\$110,693	\$106,423
Less than \$10,000	7.4%	6.0%	7.2%
\$10,000 to \$14,999	2.9%	3.2%	4.8%
\$15,000 to \$19,999	3.9%	3.5%	4.0%
\$20,000 to \$24,999	4.1%	3.9%	4.2%
\$25,000 to \$29,999	4.4%	3.6%	3.6%
\$30,000 to \$34,999	2.9%	3.4%	3.8%
\$35,000 to \$39,999	3.3%	3.3%	3.3%
\$40,000 to \$44,999	4.2%	3.7%	3.6%
\$45,000 to \$49,999	3.9%	3.5%	3.4%
\$50,000 to \$59,999	8.1%	6.8%	6.9%
\$60,000 to \$74,999	11.0%	9.6%	9.1%
\$75,000 to \$99,999	15.3%	13.1%	11.8%
\$100,000 to \$124,999	9.3%	9.8%	9.2%
\$125,000 to \$149,999	5.5%	6.2%	5.9%
\$150,000 to \$199,999	6.2%	7.8%	7.3%
\$200,000 or more	7.6%	12.8%	11.8%
Household Size			
Average Household Size	2.3	2.3	2.3
Population			
Total Daytime Population	44,247	325,151	1,102,073
Total Employee Population	22,840	191,529	689,638
Total Daytime at Home Population	21,407	133,622	412,435
Total Employee Population (% of Daytime)	51.6%	58.9%	62.6%
Total Daytime at Home Population (% of Daytime)	48.4%	41.1%	37.4%

Industry Information



THE AFFORDABLE CARE ACT (ACA) WILL EXPAND MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS AND PARITY PROTECTIONS FOR 62 MILLION AMERICANS IN ESTIMATES FROM US DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS).

The Affordable Care Act will provide one of the largest expansions of mental health and substance use disorder coverage in a generation. Beginning in 2014 under the law, all new small group and individual market plans will be required to cover ten Essential Health Benefit categories, including mental health and substance use disorder services, and will be required to cover them at parity with medical and surgical benefits. The Affordable Care Act builds on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA, or the federal parity law), which requires group health plans and insurers that offer mental health and substance use disorder benefits to provide coverage that is comparable to coverage for general medical and surgical care.

While almost all large group plans and most small group plans include coverage for some mental health and substance use disorder services, there are gaps in coverage and many people with some coverage of these services do not currently receive the benefit of federal parity protections. The final rule implementing the Essential Health Benefits directs non-grandfathered health plans in the individual and small group markets to cover mental health and substance use disorder services as well as to comply with the federal parity law requirements beginning in 2014.

HHS ESTIMATES 62 MILLION WILL GAIN COVERAGE. REASONS INCLUDE:

- The US Mental Health and Substance Abuse Services industry includes over 17,000 facilities with combined annual revenue of approximately \$50 billion. Including ancillary services, broader industry revenues represent over \$300 billion combined.
- ACA parity regulations promote mental health as part of an “Essential Health Benefits” and eliminate the fiscal and psychological barriers.
- Demand for mental health services has reached an all-time high and continues to grow, while the supply of hospital beds dedicated to mental health patients has steadily declined (i.e. - 13.6% decrease in number of public psychiatric beds from 2000 to 2011).
- Supply / demand disconnect has resulted in shorter stays, growth in outpatient / community-based services, and an increased prevalence of mental illness among prison and homeless populations.

CONCLUSION

US mental health industry remains highly fragmented, continues to incorporate ACA changes, and is expected to remain dynamic over the next decade.

Southern California Locator Map

