

CHAPTER 318: BEHAVIORAL HEALTH CLINIC

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1 PURPOSE AND SCOPE

This chapter outlines space planning criteria for services and programs provided in the outpatient Behavioral Health Clinic within the Military Health System (MHS). Outpatient clinics include both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services. Specifically covered in this chapter are Behavioral Health, Child and Adolescent Services, the Family Advocacy Program, and the Substance Abuse Alcohol Rehabilitation Program (SAARP).

In the Behavioral Health Clinic, patient counseling sessions may take place in a dedicated behavioral health provider office or in a consultation room. It depends upon the model of care at the individual facility. Both spaces are offered in this space criteria chapter. If private offices are planned, it is assumed that the provider performs all counseling and administrative duties in that office. If consultation rooms are planned, then there will be additional administrative space planned in the form of Team Collaboration Rooms, where the provider may collaborate with colleagues and perform clinical charting.

If pediatric programs are planned (e.g., Child and Adolescent Services or the Family Advocacy Program), a separate, controlled waiting area for pediatric patients shall be provided.

This space planning criteria applies to all Military Medical Treatment Facilities (MTFs). Policies and directives, DoD's Subject Matter Experts (SMEs), established and/or anticipated best practice guidelines / standards, and TRICARE Management Activity (TMA) provides the foundation for the workload based space criteria and Net Square Footages (NSF) for each space. The latest version of DoD's *UFC-4-510-01, Appendix B* cites all Room Codes identified in this chapter.

2 DEFINITIONS

- A. Automated External Defibrillator (AED): An AED or automated external defibrillator is a computerized medical device which can check a person's heart rhythm. It can recognize a rhythm that requires a shock, and it can advise the rescuer when a shock is needed. AEDs are typically placed in targeted public areas such as outpatient clinics, doctor's offices, office complexes, sports arenas, gated communities, shopping malls, and many others. They are wall-mounted, highly visible, and accessible to everyone. The Americans with Disabilities Act requires that objects not protrude more than 4 inches into foot traffic areas of open aisles and walkways (hallways) unless the object's bottom edge is no higher than 27 inches from the ground
- B. Average Length of Encounter (ALOE): In these space criteria, an encounter is defined as a face-to-face professional contact between a patient and a provider vested with responsibility for diagnosing, evaluating, and treating the patient's condition. The Length of Encounter is the time between set-up and clean-up of the Exam Room. The Average Length of Encounter is used to capture variations in Length of Encounter among similar clinical encounters that will take place in an Exam Room.
- C. Behavioral Health Technician: Works under supervision of a behavioral health care team and provides direct assistance to patients. Assists and observes mentally ill patients and assists with administrative duties.

- D. Child Play Observation: Child therapists prefer to observe pediatric patients in a natural setting, necessitating a room for play therapy. Typically, this room would have a one-way glass observation window, a play table with chairs or carpeted platforms and an assortment of dolls, games and other toys. An outdoor play area can be designed as well.
- E. Clean Utility Room: This room is used for the storage and holding of clean and sterile supplies. Additionally it may provide space to prepare patient care items. Clean linen may be stored in a designated area in the clean utility room if space is not provided in a separate room or in an alcove.
- F. Behavioral Health / Healthcare: Behavioral healthcare is a term referring to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive (e.g., substance abuse) disorders. Behavioral health, as a discipline, refers to mental health, psychiatric, marriage and family counseling, and addictions treatment, and includes services provided by social workers, counselors, psychiatrists, psychologists, neurologists, and physicians. The term “behavioral health” and “mental health” are often used interchangeably.
- G. Biofeedback: A non-invasive form of treatment. In behavioral health, biofeedback can be effective with many stress related disorders. The therapist attaches sensors or electrodes to the patients’ body, and these sensors provide readings (i.e. feedback), which is displayed on the equipment for the patient to see.
- H. Cranial Electrostimulation (CES): CES is an electromedical modality indicated for the treatment of anxiety, depression and insomnia. During a CES treatment, a mild electrical stimulus is applied transcranially with electrodes attached to the head. An average length of treatment is generally 20-60 minutes. Patients may have daily treatments during the first 1-3 weeks of CES therapy.
- I. Counselor: Licensed Mental Health Counselors are prepared to assist clients to cope with a wide variety of problems and concerns. Mental Health Counselors specialize in many areas such as the emotional problems of anxiety, depression and phobias, child and spouse abuse, family conflict, drug and alcohol abuse, trauma recovery, crime victimization, bereavement, and job and career issues.
- J. Full-Time Equivalent (FTE): A staffing parameter equal to the amount of time assigned to one full time employee. It may be composed of several part-time employees whose total time commitment equals that of a full-time employee. One FTE equals a 40-hour a week workload.
- K. Functional Area: The grouping of rooms and spaces based on their function within a clinical service. Typical functional areas are Reception Area, Patient Area, Support Area, Staff and Administrative Area, and Education Area.
- L. Graduate Medical Education (GME): After a physician completes 4 years of medical school, they must then complete an internship (also called PGY1 or Post Graduate Year 1) and then a residency (also termed GME or Graduate Medical Education). An internship typically lasts one year, and a residency can last from three to seven years depending on the specialty that is chosen.
- M. Group Therapy: Also known as Group Psychotherapy, it is a form of psychosocial treatment where a small group of patients meets regularly to talk, interact, and discuss problems with each other and the group leader (therapist). Group psychotherapy is likely the most beneficial psychotherapy method for PTSD,

especially for military personnel and veterans. Examples of other topics discussed are combat stress, anger control, and relationship and communication issues.

- N. Input Data Statement: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) based on the criteria parameters set forth in this chapter. Input Data Statements could be mission related, based on the project's Concept of Operations; and they could be workload or staffing related, based on projections for the facility.
- O. Net-to-Department Gross Factor (NTDG): This number, when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square feet (DGSF).
- P. Office:
1. Private Office: Generally speaking, a private office is needed for the supervisory and/or managerial role. It may be justified for a provider or a non-provider, depending upon the nature of their work. Private offices are needed where confidential communication in person or on the telephone takes place. When private offices are justified, they are typically 120 NSF.
 2. Shared Office: Staff may be assigned to share an office space of 120 NSF, which amounts up to 60 NSF per person. This can be a good solution for staff for whom a quiet office environment is important for conducting confidential communication in person or on the telephone.
 3. Cubicle: A cubicle is provided in an open room. Managers and other staff with no direct reports as well as part-time, seasonal and job-sharing staff may qualify for a cubicle environment. Cubicle environments can have the benefit of being more open, airy and light, and can make more efficient use of space. Such environments are particularly conducive to team-oriented office groupings. Cubicle environments work best when they contain adequate numbers of conference and small group meeting spaces, for confidential conversations and/or group tasks. A 60 square foot cubicle is the preferred size.
- Q. Outpatient Clinic: A clinic providing outpatient service in both freestanding community-based facilities, as well as ambulatory clinics in or directly adjacent to hospital-based services.
- R. Personal Property Lockers: This is a small-sized locker, commonly called purse or cell phone locker, and is generally used to secure purses and smaller valuables. Staff members who do not have an office or cubicle space where they can safely store belongings will be assigned these lockers.
- S. Program for Design (PFD): A listing of all of the spaces and rooms included within a service and the corresponding net square foot area of each space and room. This listing of spaces and rooms is based on criteria set forth in this chapter and specific information about mission, workload projections and staffing levels authorized.
- T. Provider: A medical professional, such as a physician, psychiatrist, psychologist, social worker, nurse practitioner, or physician assistant, who examines, diagnoses, treats, prescribes medications, and manages the care of patients within the scope of their practice as established by the governing body of a healthcare organization. A Behavioral Health Provider provides one or more of a variety of behavioral health services. Such a person could be a Psychiatrist, Psychologist, Therapist, Social Worker or other professional.

- U. Sexual Assault Nurse Examiner (SANE): A registered nurse who has completed specialized education and clinical preparation in the medical forensic care of the patient who has experienced sexual assault or abuse.
- V. Screening Room: After patients are checked in at reception they proceed to the screening room for the initial screening and assessment performed by the behavioral health technician.
- W. SEPS: Acronym for Space and Equipment Planning System, a digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs to generate a Program for Design (PFD) and a Project Room Contents list (PRC) for a DoD healthcare project based on specific information entered in response to Input Data Statements.
- X. Sensory Room: A therapeutic space designed to help people learn to relax and self-regulate. Used for crisis de-escalation and also crisis prevention.
- Y. Soiled Utility Room: This space provides an area for cleanup of medical equipment and instruments, and for disposal of medical waste material. It provides temporary holding for material that will be picked up by Central Sterile or similar service. It should be accessible from the main corridor.
- Z. Team Collaboration Room: This space provides staff with an environment conducive to collaboration. Room contains touchdown computer workstations for documentation and a table with chairs to hold meetings.
- AA. Telehealth: The use of technology, such as computers and mobile devices, to manage healthcare remotely. It includes a variety of health care services, including but not limited to online support groups, online health information and self-management tools, email and online communication with health care providers, remote monitoring of vital signs, video or online doctor visits. Depending on the concept of operations for this space, it may be equipped as an exam room or as a consult room with video / camera capability.
- BB. Transcranial Magnetic Simulation (TMS): A non-invasive treatment for adults with major depression that uses magnetic stimulation of the brain to help regulate the mood. During a TMS treatment, a clinician places a magnetic wire coil against one side of a patient's scalp. An electric wire links the coil to a box containing one or more large capacitors (a device used to hold an electric charge). The capacitors are charged by a power source; electricity is discharged through the coil when the device is triggered. The procedure requires no anesthesia or sedation and lasts up to an hour. Patients typically receive 20 to 30 treatments over four to six weeks (five times per week).
- CC. Workload: The anticipated number of encounters or procedures processed through a clinic. The projected Behavioral Health Clinic workload for a given location determines the number of Behavioral Health Provider Offices and Consultation Rooms in the Program for Design.

3 OPERATING RATIONALE AND BASIS OF CRITERIA

- A. Workload projections and planned services / modalities for a specific MHS facility project shall be sought by the planner in order to develop a project based on these Criteria. Healthcare and clinical planners working on military hospitals, medical

centers and clinics shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project.

- B. These criteria are subject to modification relative to equipment, medical practice, vendor requirements, and subsequent planning and design. The final selection of the size and type of medical equipment is determined during the design process.
- C. The area for each room (NSF) in this chapter has been provided by the Military Health System (MHS) Space Template Board.
- D. Calculation of the Behavioral Health Provider Offices and Consult Rooms in Functional Area 2: Behavioral Health Patient Area is derived from workload projections via the workload Input Data Statements as outlined below. Most of the remaining rooms in this functional area and in Functional Area 1: Reception Area are determined based on the number of Exam Rooms generated by workload. Mission, Staffing and Miscellaneous Input Data Questions drive the rest of the spaces in this chapter.
- E. Section 4: Input Data Questions and Section 5: Space Planning Criteria have been implemented and tested in SEPS II.
- F. Provider Office and Consultation Room capacity calculation is based on the following formula / parameters:

Formula:

$$\frac{\text{Operating Days per Year} \times \text{Hours of Operation per Day}}{\text{Average Length of Encounter (ALOE) in Minutes} / 60 \text{ Minutes}} \times \text{Utilization Factor}$$

User-defined Value:

- 1. Operating Days per Year: 232, 240 or 250. (default in SEPS: 240)
- 2. Hours of Operation per Day: 6, 7, or 8 (default in SEPS: 8)

Fixed Value:

- 1. Utilization Factor: 80%

Calculation: Annual Workload for one Behavioral Health Provider Office:

$$\frac{240 \text{ Operating Days per Year} \times 8 \text{ Hours of Operation per Day}}{60 \text{ Minutes} / 60 \text{ Minutes}} \times 0.80 = 1,316$$

Minimum Annual Workload to generate a Provider Office: 20% of Annual Workload for one Provider Office.

- G. Workload based room calculation examples:

- 1. Room Criteria Statement (Room 1):
Minimum one if the projected annual clinic encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual clinic encounters greater than 1,536; the minimum workload to generate an additional room is 307.

a. Input Data Statement 1, Answer 1:

How many annual clinic encounters are projected? (W) = 4,700

Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition.

$$4,700 - 1,536 = 3,164$$

One room generated

Step 2: Divide the resulting value by the increment.

$$3,164 / 1,536 = 2.05$$

Two additional rooms generated

Step 3: Multiply the whole value ("2" in the previous step) by the increment.

$$2 \times 1,536 = 3,072$$

Step 4: Subtract Step 3 from Step 1.

$$3,164 - 3,072 = 92$$

Step 5: Compare Step 4 with the "minimum workload to generate an additional room" value; if higher, provide an additional room.

$$92 \text{ is less than } 307$$

No additional rooms generated.

Total number of rooms generated by 4,700 annual encounters: 3

b. Input Data Statement 1, Answer 2:

How many annual clinic encounters are projected? (W) = 15,000

Step 1: Subtract the increment from the projected annual encounters to account for the "Minimum one" condition.

$$15,000 - 1,536 = 13,464$$

One room generated

Step 2: Divide the resulting value by the increment.

$$13,464 / 1,536 = 8.76$$

Eight additional rooms generated

Step 3: Multiply the whole value ("8" in the previous step) by the increment.

$$8 \times 1,536 = 12,288$$

Step 4: Subtract Step 3 from Step 1.

$$13,464 - 12,288 = 1,176$$

Step 5: Compare Step 4 with the "minimum workload to generate an additional room" value; if higher, provide an additional room.

$$1,176 \text{ is greater than } 307$$

One additional room generated.

Total number of rooms generated by 15,000 annual encounters: 10

2. Room Criteria Statement (Room 2):

Minimum two if the projected annual encounters is between 614 and 6,144; provide an additional one for every increment of 3,072 projected annual encounters greater than 6,144; the minimum workload to generate an additional room is 614.

a. Input Data Statement 2, Answer 1:

How many annual clinic encounters are projected? (W) = 12,500

Step 1: Subtract the increment from the projected annual encounters to account for the “Minimum one” condition.

$$12,500 - 6,144 (3,072 \times 2) = 6,356$$

Two rooms generated

Step 2: Divide the resulting value by the increment.

$$6,356 / 3,072 = 2.06$$

Two additional rooms generated

Step 3: Multiply the whole value (“2” in the previous step) by the increment.

$$2 \times 3,072 = 6,144$$

Step 4: Subtract Step 3 from Step 1.

$$6,356 - 6,144 = 212$$

Step 5: Compare Step 4 with the “minimum workload to generate an additional room” value; if higher, provide an additional room.

$$212 \text{ is less than } 614$$

No additional rooms generated.

Total number of rooms generated by 12,500 annual encounters: 4

b. Input Data Statement 2, Answer 2:

How many annual clinic encounters are projected? (W) = 18,000

Step 1: Subtract the increment from the projected annual encounters to account for the “Minimum one” condition.

$$18,000 - 6,144 (3,072 \times 2) = 11,856$$

Two rooms generated

Step 2: Divide the resulting value by the increment.

$$11,856 / 3,072 = 3.85$$

Three additional rooms generated

Step 3: Multiply the whole value (“3” in the previous step) by the increment.

$$3 \times 3,072 = 9,216$$

Step 4: Subtract Step 3 from Step 1.

$$11,856 - 9,216 = 2,640$$

Step 5: Compare Step 4 with the “*minimum workload to generate an additional room*” value; if higher, provide an additional room.

$$2,640 \text{ is greater than } 614$$

One additional room generated.

Total number of rooms generated by 18,000 annual encounters: 6

TABLE 1: WORKLOAD PARAMETER CALCULATION

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CLINICAL ENCOUNTERS / PROCEDURES	AVERAGE LENGTH OF ENCOUNTER (minutes)	UTILIZATION RATE	ANNUAL WORKLOAD PER EXAM / PROCEDURE ROOM (*)	MINIMUM ANNUAL WORKLOAD TO GENERATE ONE ROOM (20%)
Behavioral Health Provider	60	80%	1,536	307
Consult Room	60	80%	1,536	307
Child and Adolescent Services: Office Provider	60	80%	1,536	307
SAARP Counselor Office	60	80%	1,536	307
Family Advocacy: Office Provider	60	80%	1,536	307

(*) Values in this column are representative and are based on an 8-hour per day and a 240-day per year default value. SEPS calculates this value dynamically based on answers to the following Input Data Statements:

For Behavioral Health Clinic:

- (1) Is the Behavioral Health Clinic authorized to operate outside the standard 8-hour per day shift? (Misc); if not:
 - (2) Is the Behavioral Health Clinic authorized to operate a 6-hour per day shift? (Misc) (If not, a 7-hour per day shift will be used to calculate workload driven spaces), and
- (3) Is the Behavioral Health Clinic authorized to operate outside the standard 240 days per year? (Misc); if not:
 - (4) Is the Behavioral Health Clinic authorized to operate 232 days per year? (Misc) (If not, 250 days per year will be used to calculate workload driven spaces)

4 PROGRAM DATA REQUIRED (Input Data Questions)

A. Mission Input Data Statements

1. Is a Music Room authorized? (M)
2. Is a Transcranial Magnetic Simulation (TMS) procedure room authorized? (M)
3. Is a Biofeedback Room authorized? (M)
4. Is Child and Adolescent Services authorized? (M)
 - a. How many Child and Adolescent encounters are projected? (W)
 - b. Is a Team Collaboration Room for Child and Adolescent Services Patient Area authorized? (Misc)

- c. Is a Patient Records Storage Room in the Child and Adolescent Services Patient Area authorized? (M)
 5. Is a Patient Records Storage Room in the Behavioral Health Patient Area authorized? (M)
 6. Is a Patient Records Storage Room in the Substance Abuse Alcohol Rehabilitation Program (SAARP) Patient Area authorized? (M)
 7. Is a Patient Education Room authorized for the Substance Abuse Alcohol Rehabilitation Program (SAARP)? (M)
 8. Is a Biofeedback Room authorized for the Substance Abuse Alcohol Rehabilitation Program (SAARP)? (M)
 9. Is a Recreation Therapy Room authorized for the Substance Abuse Alcohol Rehabilitation Program (SAARP)? (M)
 10. Is a Family Advocacy Program authorized? (M)
 - a. How many Family Advocacy Program encounters are projected? (W)
 - b. Is a Patient Records Storage Room for the Family Advocacy Program authorized? (M)
 11. Is a Graduate Medical Education program for the Behavioral Health Clinic authorized? (M)
 - a. How many Behavioral Health Clinic Resident / Student FTE positions are authorized? (S)
- B. Workload Input Data Statements
 1. How many annual Behavioral Health provider encounters are projected? (W)
 2. How many annual Substance Abuse Alcohol Rehabilitation Program (SAARP) Counselor encounters are projected? (W)
- C. Staffing Input Data Statements
 1. How many Behavioral Health Clinic non-provider FTE positions are authorized? (S)
 - a. How many Behavioral Health Clinic non-provider FTE positions are authorized to have a private office? (Misc)
 - b. How many Behavioral Health Clinic non-provider FTE positions are authorized to have a shared office? (Misc)
 - c. How many Behavioral Health Clinic non-provider FTE positions are authorized to have a cubicle? (Misc)
- D. Miscellaneous Input Data Statements
 1. How many Testing Cubicles are authorized? (Misc)
 2. Are Behavioral Health Clinic providers authorized to have dedicated office / counseling space in the Behavioral Health Patient Area? (Misc)
 3. Are SAARP counselors authorized to have dedicated office / counseling space in the Behavioral Health Patient Area? (Misc)
 4. Is a Sub-Waiting in the Staff and Administrative area in the Behavioral Health Clinic authorized? (Misc)
 5. How many Behavioral Health Clinic FTEs will work on peak shift? (Misc)
 6. (1) Is the Behavioral Health Clinic authorized to operate outside the standard 8-hour per day shift? (Misc)
 - a. (2) Is the Behavioral Health Clinic authorized to operate a 7-hour per day shift? (Misc) (If not, a 6-hour per day shift will be used to calculate workload driven spaces)
 7. (3) Is the Behavioral Health Clinic authorized to operate outside the standard 240 days per year? (Misc)

- a. (4) Is the Behavioral Health Clinic authorized to operate 250 days per year? (Misc) (If not, 232 days per year will be used to calculate workload driven spaces)

5 SPACE PLANNING CRITERIA

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitors Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 6.1: Common Areas.

A. **FA 1: Reception Area:**

1. **Waiting (WRC01)120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of four General Exam Room, Psychological Testing, Cubicle Testing, Behavioral Health Provider Office, Consult Room, Transcranial Magnetic Stimulation (TMS) Procedure Room, and Biofeedback Room greater than two.

Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one bariatric bench seat at 36 NSF and circulation area. Depending on the concept of operations for this chapter, waiting space across all units may be combined or dispersed.
2. **Playroom (PLAY1)..... 120 NSF**
Provide one for Behavioral Health Clinic.

This space is provided to accommodate children’s play activities; it shall be outfitted with appropriate furniture and accessories. It can be an open or enclosed area included in or adjacent to General Waiting.
3. **Reception (RECP1)120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of twelve General Exam Room, Psychological Testing, Cubicle Testing, Behavioral Health Provider Office, Consult Room, Transcranial Magnetic Stimulation (TMS) Procedure Room, and Biofeedback Rooms greater than twelve.

Allocated NSF accommodates up to four receptionists and circulation.
4. **Kiosk, Patient Check-in (CLSC1)30 NSF**
Provide one for Behavioral Health Clinic.
5. **Patient Education (CLSC3).....120 NSF**
Provide one for Behavioral Health Clinic.

Room used for one-on-one patient education and includes space for family to accompany the patient.
6. **Cubicle, Patient Education (CLSC2)60 NSF**
Provide two for Behavioral Health Clinic.

Allocated NSF is a larger space to provide patient education. It can be used for pre-and post-deployment testing, and mental health assessment.
7. **Alcove, Wheelchair (SRLW1).....60 NSF**
Provide one for Behavioral Health Clinic.

B. FA 2: Behavioral Health Patient Area:

1. **Screening Room (EXRG4)**..... **120 NSF**
Minimum one, provide an additional one for every increment of four Behavioral Health Provider Offices greater than four.

Allocated NSF provides space for behavioral health technicians to perform intakes and first line screening.

2. **Exam Room, General (EXRG1)** **120 NSF**
Provide one for Behavioral Health Clinic.

Allocated NSF provides space for medical screening (height / weight, vital signs, EKG, etc), and medication assessment and management.

3. **Psychological Testing (OPMH2)** **120 NSF**
Minimum one; provide an additional one for every increment of six Behavioral Provider Offices greater than six.

Allocated NSF provides space for general psychological testing, including Alcohol and Drug Abuse Prevention and Treatment (ADAPT). It should have four to five workstations in the room.

4. **Cubicle, Testing (CLSC2)** **60 NSF**
Provide one per each Testing Cubicle authorized.

Allocated NSF provides space for Group and Pre-deployment Assessment. It may be an open space with kiosks or enclosed with computer stations for group testing. Some of these cubicles may be collocated with the Patient Education Cubicles at the front of the clinic.

5. **Office, Behavioral Health Provider (OFDC1)** **120 NSF**
Minimum one if the projected annual Behavioral Health provider encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual Behavioral Health provider encounters greater than 1,536; the minimum workload to generate an additional Behavioral Health Provider Office is 307 if Behavioral Health Providers are authorized to have dedicated office / counseling space. (Refer to Section 3)

Allocated NSF provides dedicated office space for the Behavioral Health Provider (E.g., Psychiatrist, Psychologist, Nurse Practitioner, and Social Worker). Provider performs patient counseling and administrative functions in this space.

6. **Consultation Room (OFDC2)** **120 NSF**
Minimum one if the projected annual Behavioral Health provider encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual Behavioral Health provider encounters greater than 1,536; the minimum workload to generate an additional Behavioral Health Provider Office is 307 if Behavioral Health Providers are not authorized to have dedicated office / counseling space.. (Refer to Section 3)

Allocated NSF provides counseling space for Behavioral Health Provider (E.g., Psychiatrist, Psychologist, Nurse Practitioner, Social Worker). Administrative work may be performed in the Team Collaboration Room.

7. **Team Collaboration Room (WRCH1)**120 NSF
Minimum one; provide an additional one for every increment of eight Consultation Rooms greater than eight if Behavioral Health Providers are not authorized dedicated office / counseling space.

Allocated NSF provides counseling space for Behavioral Health Provider (E.g., Psychiatrist, Psychologist, Nurse Practitioner, Social Worker) to perform administrative functions in this space. Locate close to the Consultation Room.

8. **Toilet, Patient (TLTU1)**60 NSF
Minimum one; provide an additional one for every increment of eight Behavioral Health Provider Office and Consultation Rooms greater than eight.

9. **Music Room (DAYR1)**360 NSF
Provide one if a Music Room for Behavioral Health Clinic is authorized.

10. **Multipurpose Room (DAYR1)**360 NSF
Provide one for Behavioral Health Clinic.

Allocated NSF provides space for eight to ten patients including storage. Provide Sound attenuation as music therapy can be performed here as well. Alternative therapies (yoga, i-rest, etc) can also be provided here.

11. **Sensory Room (OPMH3)**.....120 NSF
Provide one for Behavioral Health Clinic.

12. **Group Therapy Room (OPMH1)**240 NSF
Minimum one; provide an additional one for every increment of five Behavioral Health Provider Offices and Consult Rooms greater than five.

Allocated NSF provides space for 14 people.

13. **Procedure Room, Transcranial Magnetic Stimulation (TMS) (OPEE1)**180 NSF
Provide one for Behavioral Health Clinic if authorized.

This space requires a large custom designed treatment chair (similar to size of a dental chair).

14. **Biofeedback Room (OPMH3)**.....120 NSF
Provide one if a Biofeedback Room for Behavioral Health Clinic is authorized.

Allocated NSF provides space for Virtual Reality equipment

15. **Telehealth Room (WKTM2)**.....120 NSF
Provide one for Behavioral Health Clinic.

16. **Storage, Patient Records (MRS01)**.....120 NSF
Provide one if a Patient Records Storage in the Behavioral Health Patient Area is authorized.

Allocated NSF provides space for office supplies, patient forms and literature.

C. **FA 3: Child and Adolescent Services Patient Area:**

1. **Waiting (WRC01)**120 NSF
Minimum NSF; provide an additional 60 NSF for every increment of four Provider Offices greater than four if Child and Adolescent Services is authorized.

Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one bariatric bench seat at 36 NSF and circulation area. Depending on the concept of operations for this chapter, waiting space across all units may be combined or dispersed.

- 2. **Screening Room (EXRG4)..... 120 NSF**
Minimum one; provide an additional one for every increment of two Provider Offices greater than two if Child and Adolescent Services is authorized.

Allocated NSF provides private space for Child and Adolescent Services technicians to perform intake interviews administer psycho-social assessments, conduct screening interviews, etc.

- 3. **Consult Room, Family (OFDC2)..... 120 NSF**
Provide one for Child and Adolescent Services.

A private consultation room that is not dedicated to one staff member. For example, it can be utilized by personnel that “floats”, and it can accommodate walk-ins. Space is provided for administrative work, counseling and consulting for as few as one and as many as a mid-sized family.

- 4. **Office, Child and Adolescent Services Provider (OFDC1)..... 120 NSF**
Minimum one if the projected annual Child and Adolescent Services encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual Child and Adolescent Services encounters greater than 1,536; the minimum workload to generate an additional Child and Adolescent Services Provider Office is 307. (Refer to Section 3)

- 5. **Cubicle, Technician (OFA03) 60 NSF**
Minimum one; provide an additional one for every increment of two Provider Offices greater than two if Child and Adolescent Services is authorized.

- 6. **Observation, Child Play (PLAY1)..... 120 NSF**
Provide one if Child and Adolescent Services is authorized.

- 7. **Toilet, Patient (TLTU1)..... 60 NSF**
Provide one if Child and Adolescent Services is authorized.

- 8. **Team Collaboration Room (WRCH1)..... 120 NSF**
Minimum one; provide an additional one for every increment of eight Provider Offices greater than eight if a Team Collaboration Room for Child and Adolescent Services is authorized.

Allocated NSF provides work space for provider to perform administrative functions in this space. Locate close to the Consult Room.

- 9. **Storage, Patient Records (MRS01)..... 120 NSF**
Provide one if a Patient Records Storage in the Child and Adolescent Services Patient Area is authorized.

The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for patients will be planned.

D. FA 4: Substance Abuse Alcohol Rehabilitation Program (SAARP) Patient Area:

- 1. **Waiting (WRC01)..... 240 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of four SAARP

Counselor Offices greater than four.

Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one bariatric bench seat at 36 NSF and circulation area. Depending on the concept of operations for this chapter, waiting space across all units may be combined or dispersed.

- 2. **Reception (RECP1)** **120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of twelve SAARP Counselor offices greater than twelve.

Allocated NSF accommodates up to four receptionists and circulation.

- 3. **Cubicle, Patient Education (CLSC2)** **60 NSF**
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP).

- 4. **Group Therapy Room (OPMH1)** **240 NSF**
Minimum two, provide an additional one for every increment of six SAARP Counselor Offices greater than six.

Optimal size of a groups for this program is 8 people (never larger than 12).

- 5. **Patient Education Room (CLSC3)**..... **240 NSF**
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP) if authorized.

Outfitted with a desk, video equipment, white boards, table and chairs for problem-solving exercises or role-playing.

- 6. **Consult Room (OFDC2)** **120 NSF**
Minimum one; provide an additional one for every increment of five SAARP Counselor Offices greater than five.

A private consult room for a psychiatric consultant to see patients for follow-on medical exams. Table and chairs are used versus medical examination equipment. Allocated NSF accommodates three to five people.

- 7. **Office, SAARP Counselor (OFDC1)**..... **120 NSF**
Minimum one if the projected annual SAARP Counselor encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual SAARP Counselor encounters greater than 1,536; the minimum workload to generate an additional SAARP Counselor Office is 307 if SAARP Counselors are authorized to have dedicated office / counseling space. (Refer to Section 3)

Screening / alcohol / drug testing takes place in this office.

- 8. **Consultation Room (OFDC2)**..... **120 NSF**
Minimum one if the projected annual SAARP Counselor encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual SAARP Counselor encounters greater than 1,536; the minimum workload to generate an additional SAARP Counselor Office is 307 if SAARP Counselors are not authorized to have dedicated office / counseling space. (Refer to Section 3)

Allocated NSF provides counseling space for the SAARP counselor. Administrative work may be performed in the Team Collaboration Room.

9. **Team Collaboration Room (WRCH1)**..... **240 NSF**
Minimum one; provide an additional one for every increment of eight SAARP Counselor Offices greater than eight if SAARP Counselors are not authorized dedicated office / counseling space.

Allocated NSF provides work space for the SAARP counselors to perform administrative functions in this space. Locate close to the Consultation Rooms.

10. **Toilet, Patient (TLTU1)**..... **60 NSF**
Minimum one; provide an additional one for every increment of eight SAARP Provider Office and Consult Rooms greater than eight.

11. **Biofeedback Room (OPMH3)** **120 NSF**
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP) if authorized.

Allocated NSF includes space for Cranial Electrostimulation (CES).

12. **Toilet, Specimen (TLTU1)**..... **60 NSF**
Provide two for the Substance Abuse Alcohol Rehabilitation Program (SAARP).

13. **Recreation Therapy Room (DAYR1)** **360 NSF**
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP) if authorized.

Art and Recreation Therapy provided in this room.

14. **Conference Room (CRA01)**..... **240 NSF**
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP).

Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.

15. **Storage, Patient Records (MRS01)** **120 NSF**
Provide one if a Patient Records Storage in the Substance Abuse Alcohol Rehabilitation Program (SAARP) Patient Area is authorized.

The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for will be planned.

16. **Copier (RPR01)** **120 NSF**
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP).

Includes shelving for office supplies.

E. FA 5: Family Advocacy Program:

1. **Waiting (WRC01)**..... **240 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of four Provider Offices greater than four if Family Advocacy Program is authorized.

Minimum allocated NSF accommodates three standard seats at 16 NSF plus one wheelchair space at 25 NSF and one bariatric bench seat at 36 NSF and circulation area. Depending on the concept of operations for this chapter, waiting space across all units may be combined or dispersed.

2. **Reception (RECP1)**120 NSF
Minimum NSF; provide an additional 30 NSF for every increment of twelve Provider Offices greater than twelve.
Allocated NSF accommodates up to four receptionists and circulation.
3. **Cubicle, Patient Education (CLSC2)**60 NSF
Minimum one; provide an additional one for every increment of five Provider Offices if Family Advocacy Program is authorized.
Allocated NSF is a larger space to provide patient education.
4. **Office, Family Advocacy Provider (OFDC1)**120 NSF
Minimum one if the projected annual Family Advocacy Program encounters is between 307 and 1,536; provide an additional one for every increment of 1,536 projected annual Family Advocacy Program encounters greater than 1,536; the minimum workload to generate an additional Family Advocacy Program Office is 307. (Refer to Section 3)
Office must be configured as a family / living room area with comfortable seating for up to five people including provider. Provider should have access to a computer in this room.
5. **Office, Technician / Support Staff (OFA04)**120 NSF
Provide one for every increment of two Family Advocacy Program Provider Offices if Family Advocacy Program is authorized.
6. **Group Therapy Room (OPMH1)**240 NSF
Minimum one; provide an additional one for every increment of ten Family Advocacy Provider Offices greater than ten if Family Advocacy Program is authorized.
7. **Toilet, General (TLTU1)**.....60 NSF
Provide two if Family Advocacy Program is authorized.
8. **Intake / Assessment Room (OFDC2)**120 NSF
Provide one for every increment of two Family Advocacy Program Provider Offices if Family Advocacy Program is authorized.
Allocated NSF provides private space for Family Advocacy Program technicians, support staff, and professional staff such as Family Advocacy Nurses, Outreach Managers, etc. to perform screenings and discuss confidential information.
9. **Conference Room (CRA01)**240 NSF
Provide one if Family Advocacy Program is authorized.
Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.
10. **Copier (RPR01)**.....120 NSF
Provide one if Family Advocacy Program is authorized.
Includes shelving for office supplies.
11. **Storage, Patient Records (MRS01)**.....120 NSF
Provide one if a Patient Records Storage for the Family Advocacy Program is authorized.

The Military Health System is moving towards an integrated electronic medical record. If required, space for paper medical records for will be planned.

F. FA 6: Staff and Administrative Area:

1. **Office, Department / Clinic Chief (OFA04)**..... **120 NSF**
Provide one for Behavioral Health Clinic.
2. **Office, Executive Assistant (OFA04)** **120 NSF**
Provide one for Behavioral Health Clinic.
3. **Sub-Waiting (WRC03)**..... **60 NSF**
Provide one if a Sub-Waiting in the Behavioral Health Clinic Staff and Administrative Area is authorized.
 Allocated NSF provides space for minimum of two seats plus circulation.
4. **Office, NCOIC / LCPO / LPO (OFA04)** **120 NSF**
Provide one for Behavioral Health Clinic.
5. **Office, Private (OFA04)**..... **120 NSF**
Provide one per each Behavioral Health Clinic non-provider FTE position authorized to have a private office.
6. **Office, Shared (OFA05)**..... **120 NSF**
Provide one for every increment of two Behavioral Health Clinic non-provider FTE positions authorized to have a shared office.
7. **Cubicle (OFA03)**..... **60 NSF**
Provide one per each Behavioral Health Clinic non-provider FTE position authorized to have a cubicle.
 These cubicles may be collocated in a shared space or dispersed as required.
8. **Conference Room (CRA01)**..... **240 NSF**
Minimum NSF; provide an additional 60 NSF if the total number of non-provider FTE positions authorized is greater than ten.
 Planner must determine adequacy and availability of existing Conference Room space and the ability to optimize resources by sharing Conference Room space with other departments.
9. **Copier (RPR01)** **120 NSF**
Provide one for Behavioral Health Clinic.
 This is a room for the copier/printer/scanner. It may be located directly adjacent to the reception area or in the clinic staff support area.
10. **Storage, Office Supplies (SRS01)**..... **60 NSF**
Provide one for Behavioral Health Clinic.
 Allocated NSF provides space for office supplies, patient forms and literature.
11. **Lounge, Staff (SL001)**..... **120 NSF**
Minimum NSF, provide an additional 60 NSF for every increment of five FTEs working on peak shift greater than ten; maximum 360 NSF.
12. **Lockers, Personal Property (LR001)** **30 NSF**
Minimum NSF; provide an additional 3 NSF per each FTE not assigned a Private

Office, Shared Office or Cubicle greater than ten.

G. FA 7: GME Education / Training Area:

1. **Office, Residency Program Director (OFA04)** **120 NSF**
Provide one for Behavioral Health Clinic.

2. **Resident Collaboration Room (WKT1)**..... **240 NSF**
Minimum NSF; provide an additional 60 NSF per each Behavioral Health Resident / Student FTE position authorized greater than two.

This room should contain one cubicle per Resident / Student at 60 NSF. In addition to the cubicles, a table with chairs for collaboration space and bookcases will be provided.

3. **Classroom / Conference Room (CLR01)** **240 NSF**
Provide one if the number of Behavioral Health Resident / Student FTE positions authorized is greater than five.

Planner must determine adequacy and availability of existing Classroom / Conference Room space and the ability to optimize resources by sharing Classroom / Conference Room space with other GME programs.

6 PLANNING AND DESIGN CONSIDERATIONS

The following design considerations are intended to provide planners and designers with guidance on how to follow world-class and evidence-based design strategies for new and renovation of existing healthcare facilities. For a more comprehensive list, refer to the *World Class Checklist* (<https://facilities.health.mil/home/>). Also refer to Section 1.2 – 6, Design Considerations and Requirements of the latest version of *Guidelines for Design and Construction of Health Care Facilities of the Facility Guidelines Institute (FGI)*.

A. Net-to-Department Gross Factor

1. The net-to-department gross factor (NTDG) for the Behavioral Health Clinic is **1.35**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet. This factor accounts for the space occupied by internal department circulation and interior partitions and other construction elements not defined by the net square foot area.

B. Reception Areas

1. Locate the Behavioral Health Clinic discretely to maintain a confidential environment. Provide separate entry from the exterior to the department when possible.
2. Maintain a distinction between the adult and child/adolescent service components of the department. Provide separate waiting.
3. Reception should provide visual control of the entrance to the clinic.
4. Design waiting rooms to be more residential in character. Patients may be nervous before therapy. Configure patient waiting area with partitions to provide clustered seating and privacy, in order to reduce large waiting spaces and to improve patient environment and reduce noise and confusion.
5. Visual and auditory privacy is required at intake, vitals collection, and scheduling activities.
6. Avoid creating niches and hidden areas in corridor.
7. The Playroom shall be constructed of surfaces and materials that are easy to clean and durable (nonporous and smooth).

C. Patient Areas

1. Consider security requirements, as behavioral health patients are a patient population at increased risk of exhibiting threatening or violent behavior.
2. If the functional program determines suicide or staff safety risks are present, ceilings, walls, floors, windows, etc., shall be tamper-resistant in patient treatment areas.
3. Proportion the Group Therapy Rooms as square, or nearly square, to accommodate a circle of chairs.
4. Exam rooms should be designed with dedicated patient, provider, and family zones where appropriate.
5. Patient care areas should be located near the front of the clinic to minimize patient walking distances and to maximize the “on-stage / off stage” flow.
6. Consider placing high volume, quick turn encounters near the front of the Patient Care area.
7. Provide same-handed patient care and treatment rooms where appropriate.
8. Complete visual privacy for patients in examination, treatment and procedure areas is a critical design consideration.
9. Control of sound transmission between examination, treatment and procedure rooms is a critical design consideration.
10. Consider adopting the same NSF for rooms with similar functions, such as treatment and exam rooms, to achieve standardization.
11. Provisions for bariatric patients should be included where applicable.
12. Consider efficiency of operations and a layout such that walking distances of the routes staff repeatedly take from consult room to the exam rooms, to the work areas (e.g. charting, supplies, medications), back to exam rooms are kept to a minimum.

D. Other General Design Considerations

1. Behavioral health facilities should be designed to appear comfortable, attractive, and less institutionalized. At the same time they have to maintain a safe, positive healing environment and meet many applicable codes and regulations.
2. Create welcoming environments for patients and families by reducing environmental stressors. Daylighting, window views of nature, gardens, indoor plants, and nature photography may alleviate patient anxiety, and provide positive distractions in waiting areas, consultation rooms and treatment rooms.
3. Provide flexible, standardized and modular blocks of clinic space that include dedicated zones (e.g. intake/waiting, exam room, support core, administrative core, procedure and diagnostic core, etc.)
4. Functional areas should be designed to provide flexibility in order to accommodate a variety of patient visit types and specialties. Standardized modules should be configured so that clinics can use available adjacent space as demand fluctuates from one clinic to the next.
5. Where possible, clinic modules should include internal connecting corridors to allow circulation of staff, materials and sometimes patients in off-stage areas.
6. Design for flexibility and adaptability to accommodate future expansion.
7. Clearly define patient flows and facilitate wayfinding.
8. Design space to foster effective team collaboration, especially important in innovative care delivery models such as the patient-centered medical home model (PCMH). Central location of circulating corridors and visually open workstations will increase the quality and probability of unplanned interactions.

Informal meeting spaces along hallways with flexibly arranged furniture and small niches with surfaces that allow stand-up work will encourage informal collaboration. Locating the team collaboration rooms and conference rooms close to individual spaces will promote problem solving.

9. Create separate paths of travel where possible between patients and staff (“on stage” and “off stage”) to support privacy, safety and patient/staff satisfaction.
10. Where possible, locate clinics proximate to public parking and the main outpatient building entry to improve access and minimize travel distance.
11. Consider convenient access to both the Outpatient Pharmacy and Lab and Diagnostic and Treatment services as needed.
12. Collocate clinics and inpatient units with the same specialty when possible.
13. When and where possible clinics will be collocated adjacent to inpatient units with the same specialty; for example, the Behavioral Health Inpatient Unit or the Substance Abuse Alcohol Rehabilitation Unit.

7 FUNCTIONAL RELATIONSHIPS

Relationship of DoD 318: Behavioral Health Clinic to services listed below:

TABLE 2: BEHAVIORAL HEALTH CLINIC FUNCTIONAL RELATIONSHIP MATRIX

Services	Relationship	Reasons
Emergency Department	1, 2	C, H, J
Inpatient Behavioral Health Units	1, 2, 3	A
Laboratory	3	G, H
Pharmacy Services	3	G, H
Public Parking	2,3	H, J

Legend:

Relationship:

1. Adjacent
2. Close / Same Floor
3. Close / Different Floor
Acceptable
4. Limited Traffic

Reasons:

(Use as many as appropriate)

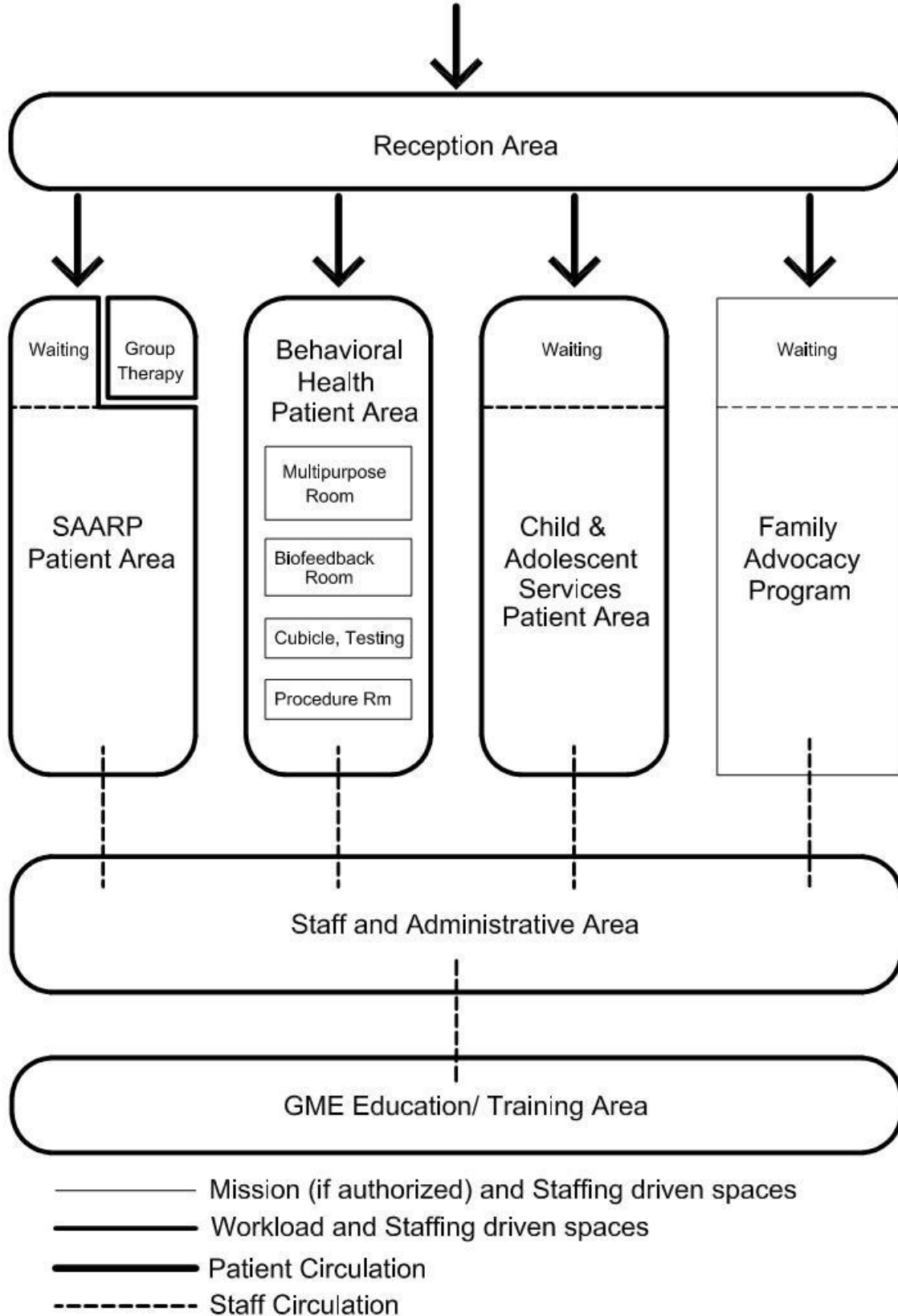
- A. Common use of resources
- B. Accessibility of supplies
- C. Urgency of contact
- D. Noise or vibration
- E. Presence of odors or fumes
- F. Contamination hazard
- G. Sequence of work
- H. Patient's convenience
- I. Frequent contact
- J. Need for security
- K. Others (specify)

8 FUNCTIONAL DIAGRAM

Functional Diagrams show the relationship of each functional area to the whole department. In some instances it shows important spaces within a functional area and how staff and patients may flow through the department. This diagram is not intended to serve as a "bubble diagram" that the planner / designer will create for an individual project. Size and shapes of spaces do not reflect actual configuration or square footage of spaces / rooms.

Refer to Functional Diagram(s) on next page(s)

8 FUNCTIONAL DIAGRAM BEHAVIORAL HEALTH CLINIC



9 Appendix A: SPACE PLANNING CRITERIA SUMMARY

FA 1: Reception Area:

Room Name	Room Code	NSF	Space Criteria
Waiting	WRC01	120	Minimum NSF; provide an additional 60 NSF for every increment of four General Exam Room, Psychological Testing, Cubicle Testing, Behavioral Health Provider Office, Consult Room, Transcranial Magnetic Stimulation (TMS) Procedure Room, and Biofeedback Room greater than two.
Playroom	PLAY1	120	Provide one for Behavioral Health Clinic.
Reception	RECP1	120	Minimum NSF; provide an additional 30 NSF for every increment of twelve General Exam Room, Psychological Testing, Cubicle Testing, Behavioral Health Provider Office, Consult Room, Transcranial Magnetic Stimulation (TMS) Procedure Room, and Biofeedback Rooms greater than twelve.
Kiosk, Patient Check-in	CLSC1	30	Provide one for Behavioral Health Clinic.
Patient Education	CLSC3	120	Provide one for Behavioral Health Clinic.
Cubicle, Patient Education	CLSC2	60	Provide two for Behavioral Health Clinic.
Alcove, Wheelchair	SRLW1	60	Provide one for Behavioral Health Clinic.

FA2: Behavioral Health Patient Area:

Room Name	Room Code	NSF	Space Criteria
Screening Room	EXRG4	120	Minimum one, provide an additional one for every increment of four Behavioral Health Provider Offices greater than four.
Exam Room, General	EXRG1	120	Provide one for Behavioral Health Clinic.
Psychological Testing	OPMH2	120	Minimum one; provide an additional one for every increment of six Behavioral Provider Offices greater than six.

Cubicle, Testing	CLSC2	60	Provide one per each Testing Cubicle authorized.
Office, Behavioral Health Provider	OFDC1	120	Provide one for every increment of 1,316 projected annual Behavioral Health provider encounters; minimum workload to generate a room is 263, if Behavioral Health Providers are authorized to have dedicated office / counseling space. (Refer to Table 1)
Consultation Room	OFDC2	120	Provide one for every increment of 1,316 projected annual Behavioral Health Provider encounters; minimum workload to generate a room is 263, if Behavioral Health Providers are not authorized dedicated office / counseling space. (Refer to Table 1)
Team Collaboration Room	WRCH1	120	Minimum one; provide an additional one for every increment of eight Consultation Rooms greater than eight if Behavioral Health Providers are not authorized dedicated office / counseling space.
Toilet, Patient	TLTU1	60	Minimum one; provide an additional one for every increment of eight Behavioral Health Provider Office and Consultation Rooms greater than eight.
Music Room	DAYR1	360	Provide one if a Music Room for Behavioral Health Clinic is authorized.
Multipurpose Room	DAYR1	360	Provide one for Behavioral Health Clinic.
Sensory Room	OPMH3	120	Provide one for Behavioral Health Clinic.
Group Therapy Room	OPMH1	240	Minimum one; provide an additional one for every increment of five Behavioral Health Provider Offices and Consult Rooms greater than five.
Procedure Room, Transcranial Magnetic Stimulation (TMS)	OPEE1	180	Provide one for Behavioral Health Clinic if authorized.
Biofeedback Room	OPMH3	120	Provide one if a Biofeedback Room for Behavioral Health Clinic is authorized.

Telehealth Room	WKTM2	120	Provide one for Behavioral Health Clinic.
Storage, Patient Records	MRS01	120	Provide one if a Patient Records Storage in the Behavioral Health Patient Area is authorized.

FA3: Child and Adolescent Services Patient Area:

Room Name	Room Code	NSF	Space Criteria
Waiting	WRC01	120	Minimum NSF; provide an additional 60 NSF for every increment of four Provider Offices greater than four if Child and Adolescent Services is authorized.
Screening Room	EXRG4	120	Minimum one; provide an additional one for every increment of two Provider Offices greater than two if Child and Adolescent Services is authorized.
Consult Room, Family	OFDC2	120	Provide one for Child and Adolescent Services.
Office, Child and Adolescent Services Provider	OFDC1	120	Provide one for every increment of 1,316 projected annual Child and Adolescent Services encounters; the minimum workload to generate a room is 263; if Child and Adolescent Services is authorized. (Refer to Table 1)
Cubicle, Technician	OFA03	60	Minimum one; provide an additional one for every increment of two Provider Offices greater than two if Child and Adolescent Services is authorized.
Observation, Child Play	PLAY1	120	Provide one if Child and Adolescent Services is authorized.
Toilet, Patient	TLTU1	60	Provide one if Child and Adolescent Services is authorized.
Team Collaboration Room	WRCH1	120	Minimum one; provide an additional one for every increment of eight Provider Offices greater than eight if a Team Collaboration Room for Child and Adolescent Services is authorized.
Storage, Patient Records	MRS01	120	Provide one if a Patient Records Storage in the Child and Adolescent Services Patient Area is authorized.

FA4: Substance Abuse Alcohol Rehabilitation Program (SAARP) Patient Area:

Room Name	Room Code	NSF	Space Criteria
Waiting	WRC01	240	Minimum NSF; provide an additional 60 NSF for every increment of four SAARP Counselor Offices greater than four.
Reception	RECP1	120	Minimum NSF; provide an additional 30 NSF for every increment of twelve SAARP Counselor offices greater than twelve.
Cubicle, Patient Education	CLSC2	60	Provide one for Substance Abuse Alcohol Rehabilitation Program (SAARP).
Group Therapy Room	OPMH1	240	Minimum two, provide an additional one for every increment of six SAARP Counselor Offices greater than six.
Patient Education Room	CLSC3	240	Provide one for Substance Abuse Alcohol Rehabilitation Program (SAARP) if authorized.
Consult Room	OFDC2	120	Minimum one; provide an additional one for every increment of five SAARP Counselor Offices greater than five.
Office, SAARP Counselor	OFDC1	120	Minimum one; provide an additional one for every increment of 2,632 projected SAARP Counselor annual encounters greater than 2,632; the minimum number of projected annual encounters to generate a room is 526 if SAARP Counselors are authorized to have dedicated office / counseling space. (Refer to Table 1)
Consultation Room	OFDC2	120	Provide one for every increment of 2,632 projected annual SAARP Counselor encounters; minimum workload to generate a room is 526, if SAARP Counselors are not authorized dedicated office / counseling space. (Refer to Table 1)

Team Collaboration Room	WRCH1	240	Minimum one; provide an additional one for every increment of eight SAARP Counselor Offices greater than eight if SAARP Counselors are not authorized dedicated office / counseling space.
Toilet, Patient	TLTU1	60	Minimum one; provide an additional one for every increment of eight SAARP Provider Office and Consult Rooms greater than eight.
Biofeedback Room	OPMH3	120	Provide one for Substance Abuse Alcohol Rehabilitation Program (SAARP) if authorized.
Toilet, Specimen	TLTU1	60	Provide two per Substance Abuse Alcohol Rehabilitation Program (SAARP).
Recreation Therapy Room	DAYR1	360	Provide one for Substance Abuse Alcohol Rehabilitation Program (SAARP) if authorized.
Conference Room	CRA01	240	Provide one per Substance Abuse Alcohol Rehabilitation Program (SAARP).
Storage, Patient Records	MRS01	120	Provide one if a Patient Records Storage in the Substance Abuse Alcohol Rehabilitation Program (SAARP) Patient Area is authorized.
Copier	RPR01	120	Provide one per Substance Abuse Alcohol Rehabilitation Program (SAARP).

FA5:Family Advocacy Program:

Room Name	Room Code	NSF	Space Criteria
Waiting	WRC01	240	Minimum NSF; provide an additional 60 NSF for every increment of four Provider Offices greater than four if Family Advocacy Program is authorized.
Reception	RECP1	120	Minimum NSF; provide an additional 30 NSF for every increment of twelve Provider Offices greater than twelve.
Cubicle, Patient Education	CLSC2	60	Minimum one; provide an additional one for every increment of five Provider Offices if Family Advocacy Program is authorized.

Office, Family Advocacy Provider	OFDC1	120	Provide one for every increment of 1,316 projected annual Family Advocacy Program encounters; the minimum workload to generate a room is 263; if Family Advocacy Program is authorized. (Refer to Table 1)
Office, Technician / Support Staff	OFA04	120	Provide one for every increment of two Family Advocacy Program Provider Offices if Family Advocacy Program is authorized.
Group Therapy Room	OPMH1	240	Minimum one; provide an additional one for every increment of ten Family Advocacy Provider Offices greater than ten if Family Advocacy Program is authorized.
Toilet, General	TLTU1	60	Provide two if Family Advocacy Program is authorized.
Intake / Assessment Room	OFDC2	120	Provide one for every increment of two Family Advocacy Program Provider Offices if Family Advocacy Program is authorized.
Conference Room	CRA01	240	Provide one if Family Advocacy Program is authorized.
Copier	RPR01	120	Provide one if Family Advocacy Program is authorized.
Storage, Patient Records	MRS01	120	Provide one if a Patient Records Storage for the Family Advocacy Program is authorized.

FA6: Staff and Administrative Area:

Room Name	Room Code	NSF	Space Criteria
Office, Department / Clinic Chief	OFA04	120	Provide one for Behavioral Health Clinic.
Office, Executive Assistant	OFA04	120	Provide one for Behavioral Health Clinic
Sub-Waiting	WRC03	60	Provide one if a Sub-Waiting in the Behavioral Health Clinic Staff and Administrative Area is authorized.
Office, NCOIC / LCPO / LPO	OFA04	120	Provide one for Behavioral Health Clinic.
Office, Private	OFA04	120	Provide one per each Behavioral Health Clinic non-provider FTE position authorized to have a private office.

Office, Shared	OFA05	120	Provide one for every increment of two Behavioral Health Clinic non-provider FTE positions authorized to have a shared office.
Cubicle	OFA03	60	Provide one per each Behavioral Health Clinic non-provider FTE position authorized to have a cubicle.
Conference Room	CRA01	240	Minimum NSF; provide an additional 60 NSF if the total number of non-provider FTE positions authorized is greater than ten.
Copier	RPR01	120	Provide one for Behavioral Health Clinic.
Storage, Office Supplies	SRS01	60	Provide one for Behavioral Health Clinic.
Lounge, Staff	SL001	120	Minimum NSF, provide an additional 60 NSF for every increment of five FTEs working on peak shift greater than ten; maximum 360 NSF.
Lockers, Personal Property	LR001	30	Minimum NSF; provide an additional 3 NSF per each FTE not assigned a Private Office, Shared Office or Cubicle greater than ten.

FA7:GME Education / Training Area:

Room Name	Room Code	NSF	Space Criteria
Office, Residency Program Director	OFA04	120	Provide one for Behavioral Health Clinic.
Resident Collaboration Room	WKTM1	240	Minimum NSF; provide an additional 60 NSF per each Behavioral Health Resident / Student FTE position authorized greater than two.
Classroom / Conference Room	CLR01	240	Provide one if the number of Behavioral Health Resident / Student FTE positions authorized is greater than five.