



## DoD SPACE PLANNING CRITERIA

### CHAPTER 318: BEHAVIORAL HEALTH CLINIC

JUNE 1, 2016

---

**Originating Component:** Defense Health Agency Facilities Division

**Effective:** June 1, 2016

**Releasability:** No Restrictions

---

**Purpose:** This issuance: To provide space planning criteria guidance in support of planning, programming and budgeting for DoD Military Health System (MHS) facilities.

# ***SUMMARY of CHANGE***

This revision, dated June 1, 2016 includes the following:

- On page 8, SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA, 2.1.G.2.a. Input Data Statement 2, Answer 1: changed “Step 1:” to read “Subtract the increment from the projected annual encounters to account for the “Minimum two” condition.”
- On page 13, section 4.2. FA2: BEHAVIORAL HEALTH PATIENT AREA, room 5, Office, Behavioral Health Provider (OFDC1), change descriptor sentence to read “Provider performs patient counseling and administrative functions in this space. Do not duplicate administrative space for the Provider if dedicated office / counseling spaces are the model of care.”

## **TABLE OF CONTENTS**

SECTION 1: PURPOSE AND SCOPE.....	4
SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA .....	5
SECTION 3: PROGRAM DATA REQUIRED.....	10
3.1. Input Data Statements.....	10
SECTION 4: SPACE PLANNING CRITERIA .....	12
4.1. FA1: Reception.....	12
4.2. FA2: Behavioral Health Patient Area.....	12
4.3. FA3: Child and Adolescent Services Patient Area.....	14
4.4. FA4: Substance Abuse Alcohol Rehabilitation Program (SAARP) Patient Area.....	15
4.5. FA5: Family Advocacy Program.....	17
4.6. FA6: Behavioral Health Staff and Administration.....	18
4.7. FA7: GME Education / Training.....	19
SECTION 5: PLANNING AND DESIGN CONSIDERATIONS .....	20
5.1. Net-to-Department Gross Factor.....	20
5.2. Patient Areas.....	20
5.3. Other General Design Considerations.....	21
SECTION 6: FUNCTIONAL DIAGRAM BEHAVIORAL HEALTH CLINIC .....	22
GLOSSARY .....	23
G.1. Definitions.....	23

## **SECTION 1: PURPOSE AND SCOPE**

**1.1. 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.

The space planning criteria in this chapter apply to all Military Treatment Facilities (MTFs) and are based on current DoD policies and directives, established and/or anticipated best practices, industry guidelines and standards, and input from DoD Subject Matter Experts (SME) and Defense Health Agency (DHA) Service contacts. As directed by the DHA, these space criteria are primarily workload driven; additional drivers are staffing and mission. Room Codes (RCs) in this document are based on the latest version of DoD UFC 4-510-01, Appendix B.

## **SECTION 2: OPERATING RATIONALE AND BASIS OF CRITERIA**

### **2.1. 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 Consultation 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 3: Input Data Questions and Section 4: 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 1:

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

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:

Formula 2:

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

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.

$$\frac{3,164}{1,536} = 2.05$$

Two additional rooms generated

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

$$(2)(1,536) = 3,072$$

**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.

$$92 < 307$$

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.

$$\frac{13,464}{1,536} = 8.76$$

Eight additional rooms generated

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

$$(8)(1,536) = 12,288$$

**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.

$$1,176 > 307$$

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 two” condition.

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

Two rooms generated

**Step 2:** Divide the resulting value by the increment.

$$\frac{6,356}{3,072} = 2.06$$

Two additional rooms generated

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

$$(2)(3,072) = 6,144$$

**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.

$$212 < 614$$

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.

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

Two rooms generated

**Step 2:** Divide the resulting value by the increment.

$$\frac{11,856}{3,072} = 3.85$$

Three additional rooms generated



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

$$(3)(3,072) = 9,216$$

**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.

$$2,640 > 614$$

One additional room generated.

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

TABLE 1: WORKLOAD PARAMETER CALCULATION

<b>318: BEHAVIORAL HEALTH CLINIC</b>				
<b>CLINICAL ENCOUNTERS / PROCEDURES</b>	<b>AVERAGE LENGTH OF CLINIC ENCOUNTER (minutes)</b>	<b>UTILIZATION RATE</b>	<b>ANNUAL WORKLOAD PER EXAM / PROCEDURE ROOM (*)</b>	<b>MINIMUM ANNUAL WORKLOAD TO GENERATE ONE ROOM (20%)</b>
Behavioral Health Provider	60	80%	1,536	307
Consultation 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 Input Data Statements.

## **SECTION 3: PROGRAM DATA REQUIRED**

**3.1. INPUT DATA STATEMENTS.** Input Data Statements are based on questions about Workload (W), Mission (M), Staffing (S) and Miscellaneous (Misc) information.

1. How many annual Behavioral Health provider encounters are projected? (W)
  - a. Is the Behavioral Health Clinic authorized to operate outside the standard 8-hour per day shift? (Misc)
    - i. 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)
  - b. Is the Behavioral Health Clinic authorized to operate outside the standard 240 days per year? (Misc)
    - i. 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)
2. How many Intake Assessment Cubicles for the Behavioral Health Patient Area are authorized? (Misc)
3. Are Behavioral Health Clinic providers authorized to have dedicated office / counseling space in the Behavioral Health Patient Area? (Misc)
4. Is a Music Room for the Behavioral Health Patient Area authorized? (M)
5. Is a Transcranial Magnetic Simulation (TMS) Procedure Room for the Behavioral Health Patient Area authorized? (M)
6. How many Biofeedback Rooms in the Behavioral Health Patient Area, greater than one, are authorized? (Misc)
7. Is a Patient Records Storage Room in the Behavioral Health Patient Area authorized? (M)
8. Is Sub-Waiting in Behavioral Health Staff and Administration authorized? (Misc)
9. How many Behavioral Health Clinic 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. How many Behavioral Health Clinic FTEs will work on peak shift? (Misc)
10. 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)
11. Is a Substance Abuse Alcohol Rehabilitation Program (SAARP) authorized? (M)
  - a. How many SAARP Intake Assessment Cubicles are authorized? (Misc)

- b. How many annual Substance Abuse Alcohol Rehabilitation Program (SAARP) Counselor encounters are projected? (W)
  - c. Are SAARP counselors authorized to have dedicated office / counseling space in the SAARP Patient Area? (Misc)
  - d. Is a Patient Records Storage Room in the Substance Abuse Alcohol Rehabilitation Program (SAARP) Patient Area authorized? (M)
  - e. Is a Patient Education Room authorized for the Substance Abuse Alcohol Rehabilitation Program (SAARP)? (M)
  - f. Is a Biofeedback Room authorized for the Substance Abuse Alcohol Rehabilitation Program (SAARP)? (M)
  - g. Is a Recreation Therapy Room authorized for the Substance Abuse Alcohol Rehabilitation Program (SAARP)? (M)
12. 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)
13. 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)

## **SECTION 4: 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.

### **4.1. FA1: RECEPTION.**

1. **Waiting (WRC01)** **120 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of two Psychological Testing, Intake Cubicle, Behavioral Health Provider Office, Consultation Rooms, Transcranial Magnetic Stimulation (TMS) Procedure Room, and Biofeedback Room greater than four.
  
2. **Playroom (PLAY1)** **120 NSF**  
Provide one for Behavioral Health Reception.  
  
This space is provided to accommodate children's play activities, maybe an open or an enclosed area, and should be included within or adjacent to Waiting.
  
3. **Reception (RECP1)** **120 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of sixteen Psychological Testing, Intake Cubicle, Behavioral Health Provider Office, Consultation Rooms, Transcranial Magnetic Stimulation (TMS) Procedure Room, and Biofeedback Rooms greater than sixteen.  
  
Minimum allocated NSF accommodates two FTEs.
  
4. **Kiosk, Patient Check-in (CLSC1)** **30 NSF**  
Provide one for Behavioral Health Reception.
  
5. **Patient Education (CLSC3)** **120 NSF**  
Provide one for Behavioral Health Reception.

### **4.2. FA2: BEHAVIORAL HEALTH PATIENT AREA.**

1. **Screening (EXRG4)** **120 NSF**  
Minimum one, provide an additional one for every increment of eight Behavioral Health Provider Offices and Consultation Rooms greater than eight.
  
2. **Exam Room (EXRG1)** **120 NSF**  
Provide one for the Behavioral Health Patient Area.
  
3. **Psychological Testing (OPMH2)** **120 NSF**  
Minimum one; provide an additional one for every increment of six Behavioral Health Provider Offices and Consultation Rooms greater than six.

Allocated NSF provides space for general psychological testing, including Alcohol and Drug Abuse Prevention and Treatment (ADAPT) and computer stations.

4. **Cubicle, Intake Assessment (CLSC2) 30 NSF**

Provide one per each Intake Assessment 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.

5. **Office, Behavioral Health Provider (OFDC1) 120 NSF**

Minimum one if the projected annual Behavioral Health provider encounters is between 307 and 1,536 AND Behavioral Health Providers are authorized to have a dedicated office / counseling space; 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. (Refer to Section 2)

Provider performs patient counseling and administrative functions in this space. Do not duplicate administrative space for the Provider if dedicated office / counseling spaces are the model of care.

6. **Consultation Room (OFDC2) 120 NSF**

Minimum one if the projected annual Behavioral Health provider encounters is between 307 and 1,536 AND if Behavioral Health Providers are not authorized to have a dedicated office / counseling space; 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. (Refer to Section 2)

Space is not dedicated to one specific provider and allocation is driven by workload. Provider administrative functions are performed in the Team Collaboration Room or dedicated private, shared or cubicle admin space.

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 space for Behavioral Health Provider to perform administrative functions when not assigned an OFDC1 Office / Counseling space, or a separate administrative office / cubicle space. Locate close to the Consultation Rooms.

8. **Toilet, Patient (TLTU1) 60 NSF**

Minimum one; provide an additional one for every increment of eight Psychological Testing, Intake Cubicles, Behavioral Health Provider Offices, Consultation Rooms,

- Transcranial Magnetic Stimulation (TMS) Procedure Room, and Biofeedback Room greater than eight.
9. **Music Room (DAYR1)** **360 NSF**  
Provide one if a Music Room for the Behavioral Health Patient Area is authorized.
  10. **Multipurpose Room (DAYR1)** **360 NSF**  
Provide one for the Behavioral Health Patient Area.  
  
Alternative therapies (yoga, tai-chi, etc.) can also be provided here.
  11. **Sensory Room (OPMH3)** **120 NSF**  
Provide one for the Behavioral Health Patient Area.
  12. **Group Therapy Room (OPMH1)** **240 NSF**  
Minimum one; provide an additional one for every increment of five Behavioral Health Provider Offices and Consultation Rooms greater than five.
  13. **Procedure Room, Transcranial Magnetic Stimulation (TMS) (OPEE1)** **180 NSF**  
Provide one for the Behavioral Health Patient Area if authorized.
  14. **Biofeedback Room (OPMH3)** **120 NSF**  
Minimum one; provide an additional one for each Biofeedback Room authorized, greater than one.
  15. **Telehealth Room (EXTH1)** **120 NSF**  
Provide one for Behavioral Health Patient Area.
  16. **Storage, Patient Records (FILE1)** **120 NSF**  
Provide one if a Patient Records Storage in the Behavioral Health Patient Area is authorized.
  17. **Alcove, Wheelchair (SRLW1)** **30 NSF**  
Provide one for the Behavioral Health Patient Area.

#### **4.3. FA3: 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.
2. **Screening (EXRG4)** **120 NSF**  
Minimum one; provide an additional one for every increment of four Provider Offices greater than four 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.
  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 2)
  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.  
  
These cubicles may be collocated in a shared space or dispersed as required.
  6. **Observation, Child Play (PLAY1)** **120 NSF**  
Provide one if Child and Adolescent Services is authorized.
  7. **Toilet, Patient (TLTU1)** **60 NSF**  
Minimum one; provide an additional one for every increment of eight Child and Adolescent Services Provider Offices greater than eight.
  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.
  9. **Storage, Patient Records (FILE1)** **120 NSF**  
Provide one if a Patient Records Storage in the Child and Adolescent Services Patient Area is authorized.

#### **4.4. FA4: SUBSTANCE ABUSE ALCOHOL REHABILITATION PROGRAM (SAARP) PATIENT AREA.**

1. **Waiting (WRC01)** **120 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of four SAARP Counselor Offices greater than four.
2. **Reception (RECP1)** **120 NSF**  
Minimum NSF; provide an additional 30 NSF for every increment of twelve SAARP Counselor offices greater than twelve.

Minimum allocated NSF accommodates two FTEs.

3. **Cubicle, Intake Assessment (CLSC2)** **30 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.
5. **Patient Education Room (CLSC3)** **240 NSF**  
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP) if authorized.
6. **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 2)
7. **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 2)
8. **Team Collaboration Room (WRCH1)** **120 NSF**  
Minimum one; provide an additional one for every increment of eight Consultation Rooms 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. Locate close to the Consultation Rooms.
9. **Toilet, Patient (TLTU1)** **60 NSF**  
Minimum one; provide an additional one for every increment of eight SAARP Provider Office and Consultation Rooms greater than eight.
10. **Biofeedback Room (OPMH3)** **120 NSF**  
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP) if authorized.
11. **Recreation Therapy Room (DAYR1)** **360 NSF**  
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP) if authorized.



12. **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.
13. **Storage, Patient Records (FILE1)** **120 NSF**  
Provide one if a Patient Records Storage in the Substance Abuse Alcohol Rehabilitation Program (SAARP) Patient Area is authorized.
14. **Copy / Office Supply (RPR01)** **120 NSF**  
Provide one for the Substance Abuse Alcohol Rehabilitation Program (SAARP).

#### **4.5. FA5: FAMILY ADVOCACY PROGRAM.**

1. **Waiting (WRC01)** **120 NSF**  
Minimum NSF; provide an additional 60 NSF for every increment of four Provider Offices greater than four if Family Advocacy Program is authorized.
2. **Reception (RECP1)** **120 NSF**  
Minimum NSF; provide an additional 30 NSF for every increment of twelve Provider Offices greater than twelve.  
  
Minimum allocated NSF accommodates two FTEs.
3. **Cubicle, Patient Education (CLSC2)** **30 NSF**  
Minimum one; provide an additional one for every increment of eight Provider Offices if Family Advocacy Program is authorized.
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 2)
5. **Group Therapy Room (OPMH1)** **240 NSF**  
Minimum one; provide an additional one for every increment of eight Family Advocacy Provider Offices greater than eight if Family Advocacy Program is authorized.
6. **Toilet, Patient (TLTU1)** **60 NSF**  
Minimum one if a Family Advocacy Program is authorized, provide an additional one for every increment of eight Family Advocacy Provider offices and Intake / Assessment rooms greater than eight.

7. **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.
8. **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.
9. **Copy / Office Supply (RPR01)** **120 NSF**  
Provide one if Family Advocacy Program is authorized.
10. **Storage, Patient Records (FILE1)** **120 NSF**  
Provide one if a Patient Records Storage for the Family Advocacy Program is authorized.

#### **4.6. FA6: BEHAVIORAL HEALTH STAFF AND ADMINISTRATION.**

1. **Office, Department / Clinic Chief (OFA04)** **120 NSF**  
Provide one for Behavioral Health Clinic.
2. **Sub-Waiting (WRC03)** **60 NSF**  
Provide one if a Sub-Waiting in the Behavioral Health Clinic Staff and Administration is authorized.
3. **Office, NCOIC / LCPO / LPO (OFA04)** **120 NSF**  
Provide one for Behavioral Health Clinic.
4. **Office, Private (OFA04)** **120 NSF**  
Provide one per each Behavioral Health Clinic non-provider FTE position authorized to have a private office.
5. **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.
6. **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.

7. **Conference Room (CRA01)** **240 NSF**  
Minimum NSF; provide an additional 60 NSF if the total number of 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.
8. **Copy / Office Supply (RPR01)** **120 NSF**  
Provide one for Behavioral Health Clinic.
9. **Lounge, Staff (SL001)** **120 NSF**  
Minimum NSF, provide an additional 60 NSF for every increment of five Behavioral Health Clinic FTEs working on peak shift greater than ten; maximum 360 NSF.
10. **Toilet, Staff (TLTU1)** **60 NSF**  
Minimum one; provide an additional one for every increment of fifteen Behavioral Health Clinic FTEs working on peak shift greater than fifteen.
11. **Lockers, Personal Property (LR001)** **30 NSF**  
Minimum NSF; provide an additional 30 NSF for every increment of four Behavioral Health Clinic FTE positions not assigned a private office, a shared office or a cubicle greater than eight.

#### **4.7. FA7: GME EDUCATION / TRAINING.**

1. **Office, Residency Program Director (OFA04)** **120 NSF**  
Provide one for Behavioral Health Clinic if Behavioral Health Graduate Medical Education (GME) is authorized.
2. **Resident Collaboration Room (WKTM1)** **240 NSF**  
Minimum NSF; provide an additional 60 NSF per each Behavioral Health Resident / Student FTE position authorized greater than two.  
  
Minimum NSF accommodates two Residents, and a Collaboration / Reference area.
3. **Conference /Classroom (CRA01)** **240 NSF**  
Provide one if Behavioral Health Graduate Medical Education (GME) is authorized and if the number of Behavioral Health Resident / Student FTE positions authorized is greater than five.

## **SECTION 5: 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 the latest version of the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities by the Facility Guidelines Institute (FGI Guidelines) for additional information.

### **5.1. NET-TO-DEPARTMENT GROSS FACTOR.**

- a. Locate the Behavioral Health Clinic discretely to maintain a confidential environment. Provide separate entry from the exterior to the department when possible.
- b. Maintain a distinction between the adult and child/adolescent service components of the department. Provide separate waiting.
- c. Reception should provide visual control of the entrance to the clinic.
- d. 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.
- e. Visual and auditory privacy is required at intake, vitals collection, and scheduling activities.
- f. Avoid creating recessed wall and hidden areas in corridor.
- g. The Playroom shall be constructed of surfaces and materials that are easy to clean and durable (nonporous and smooth).

### **5.2. PATIENT AREAS.**

- a. Consider security requirements, as behavioral health patients are a patient population at increased risk of exhibiting threatening or violent behavior.
- b. 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.
- c. Consider proportion the Group Therapy Rooms as square, or nearly square, to accommodate a circle of chairs.
- d. 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.
- e. Consider placing high volume, quick turn encounters near the front of the Patient Care area.

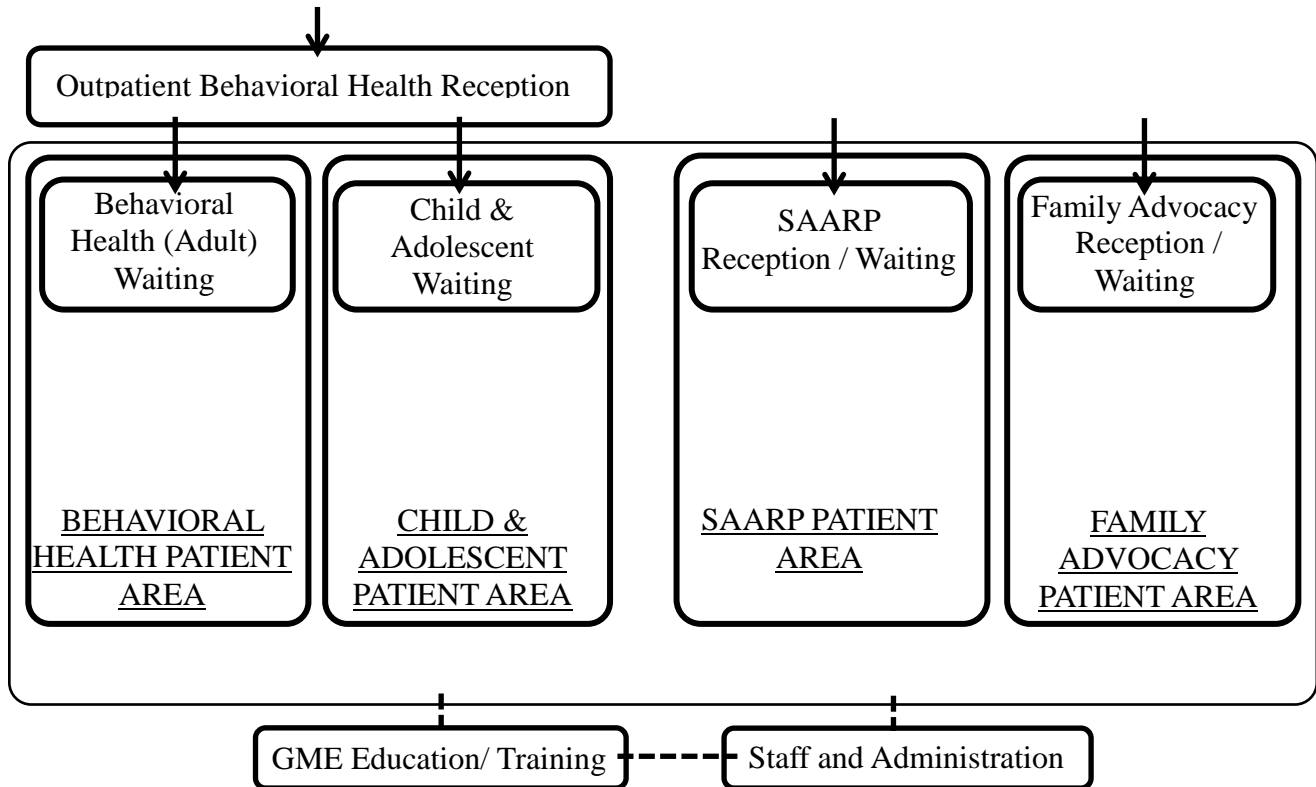
- f. Provide same-handed patient care and treatment rooms where appropriate.
- g. Complete visual privacy for patients in examination, treatment and procedure areas is a critical design consideration.
- h. Control of sound transmission between examination, treatment and procedure rooms is a critical design consideration.
- i. Provisions for bariatric patients should be included where applicable.

### **5.3. OTHER GENERAL DESIGN CONSIDERATIONS.**

- a. 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.
- b. 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.).
- c. 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.
- d. 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.
- e. Consider convenient access to both the Outpatient Pharmacy and Lab and Diagnostic and Treatment services as needed.
- f. Collocate clinics and inpatient units with the same specialty when possible.
- g. 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.

## SECTION 6: FUNCTIONAL DIAGRAM BEHAVIORAL HEALTH CLINIC

### 6.1. FUNCTIONAL DIAGRAM BEHAVIORAL HEALTH CLINIC.



#### LEGEND

- > Patient Circulation
- - - - - Staff Circulation

#### BEHAVIORAL HEALTH CLINIC

## **GLOSSARY**

### **G.1. DEFINITIONS.**

Authorized: This document uses the term “authorized” to indicate that, during a project’s space plan development, a planner shall seek approval from the appropriate official in the chain of command to activate certain spaces or certain groups of spaces. Typical components that may require authorization are certain programs or services that activate Functional Areas (e.g., GME); office spaces (e.g., FTE position); specialized rooms (e.g., Hybrid OR) or other spaces (e.g., On-Call Room). Typically, Mission, Staffing and Miscellaneous Input Data Statements require authorization, while directly and indirectly workload driven rooms / spaces do not.

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.

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.

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.

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.

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.

Clean Utility Room: This room is used for the storage and holding of clean and sterile supplies. 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.

Consultation Room: In this criteria, a Consultation Room is utilized by any available Behavioral Health provider in the clinic to hold a therapy session with a patient. They are not considered dedicated provider offices. The providers utilize a Team Collaboration Room or cubicle to perform administrative functions.

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.

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.

Cubicle: A cubicle is a partially enclosed workspace, separated from neighboring workspaces by partitions. Managers and other staff with no supervisory responsibilities as well as part-time, seasonal, and job-sharing staff may qualify for a cubicle.

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 per week workload. The FTE measure may also be used for specific workload staffing parameters such as a clinical FTE; the amount of time assigned to an employee providing clinical care. For example, a 0.5 clinical FTE for a healthcare worker would indicate that the healthcare worker provides clinical care half of the time per a 40-hour work week.

Functional Area (FA): The grouping of rooms and spaces based on their function within a service. Typical Functional Areas in clinical services are Reception, Patient Area, Support, Staff and Administration, and Education.

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.

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.



Input Data Statement: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) (see definition below); based on the space criteria parameters (refer to Section 4) set forth in this document. Input Data Statements are defined as Mission, Workload, Staffing or Miscellaneous.

Net Square Feet (NSF): The area of a room or space derived by multiplying measurements of the room or space taken from the inside surface of one wall to the inside surface of the opposite wall.

Net-to-Department Gross Factor (NTDG): A parameter used to calculate the Department Gross Square Foot (DGSF) area based on the programmed Net Square Foot (NSF) area. Refer to DoD Chapter 130 for the NTDG factors for all Space Planning Criteria chapters.

Office, Private: A single occupancy office provided for confidential communication.

Office, Shared: An office that accommodates two workstations.

Operating Days per Year: The number of days per calendar year a facility is operational for patient care (refer to Section 2).

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.

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.

Playroom: This space is provided to accommodate children's play activities; it shall be outfitted with appropriate furniture and accessories and included within the General Waiting.

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.

Project Room Contents (PRC): A listing of the assigned contents (medical equipment, FF&E, etc.) for each room in a PFD generated by SEPS.

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.

Resident Collaboration Room: This room is provided for the Residents. It will contain one cubicle per Resident, a table with chairs for collaboration space and bookcases.

Room Efficiency Factor: Room for minimally-invasive interventions (see Interventional). Interventional procedures may be conducted in rooms located within the Surgical / Interventional Services Procedure area or in rooms distributed elsewhere throughout the facility.

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.

Screening Room: After patients are checked in at reception they may proceed to the screening room for weights and vital signs prior to going to an exam room. However, activities such as screening, medical history, vitals, height and weight can also be conducted in the Exam Room. The inclusion of the Screening Room will depend upon the individual facility's model of care. Consideration should be given to models that facilitate gaining healthcare delivery efficiencies and an enhanced patient experience.

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.

Space and Equipment Planning System (SEPS): 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 approved Space Planning Criteria, the chapter and specific project-related Mission, Workload and Staffing information entered in response to the Program Data Required - Input Data Statements (IDSs).

Sensory Room: A therapeutic space designed to help people learn to relax and self-regulate. Used for crisis de-escalation and also crisis prevention.

Team Collaboration Room: This space provides staff with an environment conducive to collaboration. Room contains computer workstations for documentation and a table with chairs to hold team meetings.

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.

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).

Utilization Factor: Also known as capacity utilization rate, this factor provides flexibility in the utilization of a room to account for patient delays, scheduling conflicts and equipment maintenance. A room with an 80% utilization factor provides a buffer to assume that this room would be available 20% of the time beyond the planned operational practices for this room.

Workload: Space Planning Criteria per DHA Policy shall be workload driven. Workload projections divided by the throughput determined in this document for each workload driven room determines the quantity of rooms needed to satisfy the projected workload demand.