



DoD SPACE PLANNING CRITERIA

CHAPTER 460: INPATIENT BEHAVIORAL HEALTH / PARTIAL HOSPITALIZATION / SUBSTANCE ABUSE & ALCOHOL REHAB JULY 1, 2017

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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 1 July 2017 includes the following:

- On page 10, section 4.1. FA1: INPATIENT BEHAVIORAL HEALTH RECEPTION, added room number eight “Storage, Security Equipment (SSS01) at 60 NSF; added a descriptor sentence to read “This space is provided to secure controlled items not authorized for entry into the secure Inpatient Behavioral Health Patient Care Area.”

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SECTION 1: PURPOSE AND SCOPE

1.1. PURPOSE AND SCOPE This chapter outlines space planning criteria for Inpatient Behavioral Health and Substance Abuse/Alcohol Rehabilitation units for all Military Treatment Facilities (MTFs) in the Military Health System (MHS). Substance Abuse / Alcohol Rehabilitation provide care to patients recovering from alcohol and related substance abuse.

Space planning criteria is also provided for the Partial Hospitalization Program within this chapter. This is a day treatment program for patients who need intensive behavioral health care but not 24-hour hospitalization. This program is often collocated with Inpatient Behavioral Health, and it also may be located in an outpatient facility.

“Medical / Psychiatric” rooms are not included in this chapter as part of Inpatient Behavioral Health. These rooms would be part of a Medical-Surgical nursing unit. It is assumed that patients must be medically cleared prior to being admitted to Inpatient Behavioral Health or Substance Abuse / Alcohol Rehabilitation.

The space planning criteria in this chapter apply to all 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. Calculation of the number of Inpatient Behavioral Health and Substance Abuse / Alcohol Rehabilitation patient beds follows the same approach as DoD 410: Nursing Units. Further analysis is required to confirm validity.

B. Workload Projections, number of patient beds, and planned services / modalities for a specific MHS facility project shall be sought by the planner in order to develop a baseline Program for Design based on these space planning criteria. Healthcare and clinical planners working on military hospitals and medical centers shall utilize and apply the workload based criteria set forth herein for identified services and modalities to determine space requirements for the project.

1. Projecting bed need:

The number of beds required drives the planning of the Inpatient Behavioral Health and Substance Abuse / Alcohol Rehabilitation units. The program data required should include the projected average daily patient load as well as a projected occupancy rate so that the actual number of beds to be programmed can be calculated. However, determination of the average daily patient load is a complex matter and involves the calculation of annual admissions and projection of an Average Length of Stay (ALOS).

2. Projecting annual admissions:

Annual Admissions information should be available through the facility Resource Management or Patient Administration Department. The number of annual admissions is a function of the population at risk and the admission rate. The following formula is the basis for determining annual admissions.

Formula 1:

$$\text{Annual Admissions} = \frac{(\text{Population at Risk}) (\text{Annual Admissions per 1,000 Population at Risk})}{1,000}$$

Estimating the number of people in the service area (population at risk) should be based on an analysis of historical data, recent trends, and mission changes such as base reallocation and closure, modularity. Seasonal variations in demand may also need to be taken into account. When an existing hospital is being expanded or replaced, the historical number of admissions per 1,000 populations at risk (use rate) should be analyzed along with potential changes in medical technology, physician practices, consumer demand, and other factors that may influence expected future annual patient admissions.

3. Calculating the Average Daily Patient Load:

The Average Daily Patient Load (ADPL) is a function of the annual admissions for the population at risk and the ALOS. The ALOS should be calculated based on historical data, trends, and comparative benchmarks.

Formula 2:

$$\frac{(\text{Annual Admissions})(\text{Average Length of Stay (ALOS)})}{365} = \text{ADPL}$$

4. Assigning occupancy rates to determine the number of beds to be provided:

The ADPL identifies the “average” number of patients occupying a bed at a specific hospital site as determined by the midnight census but does not specify the actual number of beds to be planned to ensure that a bed is available on any given day. This requires the application of a planned occupancy rate. Occupancy rates are stated as a percentage represented as 75% or 0.75 and will vary based on:

- a. Random versus scheduled nature of the admission: If admissions are scheduled and not the result of a random arrival or occurrence; higher occupancy levels can be achieved.
- b. Unit size: Statistically, smaller units require more beds to ensure that a bed is available when needed than larger behavioral health units.
- c. Design flexibility: A lower occupancy rate can be used if one or more behavioral health units are designed with adequate flexibility to accommodate patient overflow.

Once the ADPL has been determined, and the appropriate occupancy rate established, the following formula should be used to estimate the actual number of beds to be programmed:

Formula 3:

$$\frac{\text{Average Daily Patient Load (ADPL)}}{\text{Occupancy Rate}} = \text{Number of Projected Beds}$$

Utilize an occupancy rate of 75% for Inpatient Behavioral Health and an occupancy rate of 90% for Substance Abuse / Alcohol Rehabilitation.

Refer to Space Planning Criteria Chapter 120 for more detailed information on Occupancy Rates.

C. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for Inpatient Behavioral Health, Partial Hospitalization, and Substance Abuse / Alcohol Rehabilitation and their relationships with other

services of a medical facility. These criteria are predicated on established and/or anticipated best practice standards, as adapted to provide environments supporting the highest quality health care for Service Members and their dependents.

D. 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.

E. Calculation of the number and -in some cases- the area (NSF) of rooms is performed in one of the following methods:

1. Directly workload-driven
2. Indirectly workload-driven
3. Mission or Staffing-driven

The directly workload-driven rooms are based on workload projections entered in response to the Workload Input Data Statements (IDSs) included in Section 3. The directly workload driven rooms in this chapter are Number of Inpatient Behavioral Health and Substance Abuse / Alcohol Rehabilitation Patient Bedrooms.

The indirectly workload-driven rooms are derived from the preceding group. Other indirectly workload-driven rooms are Family Waiting, Activity Rooms, Group Therapy Rooms or the number of clean or soiled utility rooms.

The mission / staffing-driven rooms are created based on Boolean 'yes/no' or numeric responses to the Mission and Staffing Input Data Statements (IDSs).

F. The Net Square Feet (NSF) and Room Code (RC) for each room in Section 4: Space Planning Criteria of this chapter was provided by or approved by the Defense Health Agency (DHA) Template Board.

G. Sections 3 & 5: Input Data Statements and Sections 4 & 6: Space Planning Criteria have been implemented and tested in the Space and Equipment Planning System (SEPS). To gain access to SEPS planner should contact a Defense Health Agency (DHA) representative; access to SEPS is provided via a 16-hour hands-on training session.

H. Calculation of the single and double patient bedrooms is based on the projected number of Inpatient Behavioral Health and Substance Abuse / Alcohol Rehabilitation patient beds projected. Please refer to Section 4, Functional Area 3, Rooms 1 and 2; and Section 6, Functional Area 2, Rooms 1 and 2.

I. The minimum recommended number of projected patient beds required to plan an Inpatient Behavioral Health unit is 12; the maximum recommended number of beds per unit is 24. The minimum recommended number of projected patient beds required to plan a Substance

Abuse / Alcohol Rehabilitation unit is eight; the maximum recommended number of patient beds per unit is 16. Depending on the Concept of Operations and staffing model, when the total projected number of patient beds exceeds the maximum recommendation for each type of unit, the planner may consider providing one large unit or two small units. When more than one unit is planned, the support spaces listed under Functional Area 4 & 13 should be programmed for each unit.

SECTION 3: PROGRAM DATA REQUIRED: INPATIENT BEHAVIORAL HEALTH UNIT AND PARTIAL HOSPITALIZATION PROGRAM

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 Inpatient Behavioral Health patient beds are projected? (W)
2. Is Storage of Patient Records for Inpatient Behavioral Health authorized? (Misc)
3. Is decentralized food tray rethermalization authorized for Inpatient Behavioral Health? (M)
4. Is an On-Call Room for Inpatient Behavioral Health authorized? (Misc)
5. How many Inpatient Behavioral Health FTE positions are authorized? (S)
 - a. How many Inpatient Behavioral Health Provider FTE positions are authorized to have a Behavioral Health Provider office (OFDC1)? (Misc)
 - b. How many Inpatient Behavioral Health FTE positions are authorized to have a private office (OFA04)? (Misc)
 - c. How many Inpatient Behavioral Health FTE positions are authorized to have a shared office? (Misc)
 - d. How many Inpatient Behavioral Health FTE positions are authorized to have a cubicle? (Misc)
 - e. How many Inpatient Behavioral Health FTEs will work on peak shift? (Misc)
6. Is a Psychiatry Graduate Medical Education (GME) program for Inpatient Behavioral Health and/or Partial Hospitalization Program authorized? (M)
 - a. How many Psychiatry Resident / Student FTE positions are authorized? (S)
7. Is a Partial Hospitalization Program authorized? (M)
 - a. What is the projected number of patients that will receive care in the Partial Hospitalization Program on the peak day? (W)
8. How many Partial Hospitalization Program Group Therapy Rooms, greater than one, are authorized? (Misc)
9. Is Storage of Patient Records for the Partial Hospitalization Program authorized? (Misc)
10. Is a Conference Room for the Partial Hospitalization Program authorized? (Misc)
11. How many Partial Hospitalization Program FTE positions are authorized? (S)
 - a. How many Partial Hospitalization Program provider FTE positions are authorized to have a Behavioral Health Provider office (OFDC1)? (Misc)
 - b. How many Partial Hospitalization Program FTE positions are authorized to have a private office (OFA04)? (Misc)
 - c. How many Partial Hospitalization Program FTE positions are authorized to have a shared office? (Misc)
 - d. How many Partial Hospitalization Program FTE positions are authorized to have a cubicle? (Misc)
 - e. How many Partial Hospitalization Program FTEs will work on peak shift? (Misc)

SECTION 4: SPACE PLANNING CRITERIA

For calculation of the number of Vending Machine areas, Public Toilets, Communication Closets, and Janitor Closets for this Chapter, please refer to DoD Space Planning Criteria Chapter 610: Common Areas.

4.1. FA1: INPATIENT BEHAVIORAL HEALTH RECEPTION.

1. **Waiting (WRF01)** **120 NSF**
 Minimum NSF; provide an additional 60 NSF for every increment of six projected Inpatient Behavioral Health patient beds greater than twelve.

2. **Playroom (PLAY1)** **120 NSF**
 Provide one for Inpatient 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. **Lockers, Personal Property (LR001)** **60 NSF**
 Provide one for Inpatient Behavioral Health Reception.

 Lockers provided for visitor belongings. Locate in the waiting area.

4. **Reception (RECP3)** **60 NSF**
 Minimum NSF, provide an additional 30 NSF for every increment of twelve Behavioral Health beds of all types, greater than twelve.

5. **Consult Room (OFDC2)** **120 NSF**
 Minimum one, provide an additional one for every increment of twelve Behavioral Health beds greater than twelve.

6. **Education / Resource Cubicle (CLSC2)** **30 NSF**
 Provide one for Inpatient Behavioral Health Reception.

 Locate accessible to Waiting.

7. **Vestibule, Inpatient Behavioral Health (BHVS1)** **90 NSF**
 Provide one for Inpatient Behavioral Health Admissions / Triage.

 This space is provided for a secure sally port entrance.

8. **Storage, Security Equipment (SSS01)** **60 NSF**
 Provide one for Inpatient Behavioral Health Reception.

This space is provided to secure controlled items not authorized for entry into the secure Inpatient Behavioral Health Patient Care Area.

4.2. FA 2: INPATIENT BEHAVIORAL HEALTH ADMISSIONS / TRIAGE.

1. **Interview / Consult Room (OFDC2)** **120 NSF**
 Minimum two; provide an additional one for every increment of twelve Inpatient Behavioral Health patient beds greater than twelve.
2. **Exam Room (EXRG1)** **120 NSF**
 Provide one for Inpatient Behavioral Health Admissions / Triage.
3. **Toilet, Patient (TLTP1)** **60 NSF**
 Provide one for Inpatient Behavioral Health Admissions / Triage.
4. **Storage, Patient Belongings (SRPB1)** **60 NSF**
 Minimum NSF; provide an additional 30 NSF for every increment of twelve Inpatient Behavioral Health patient beds projected greater than twelve.

This is a staff-controlled secured storage space.

4.3. FA 3: INPATIENT BEHAVIORAL HEALTH PATIENT CARE AREA.

1. **Bedroom, Behavioral Health (Single Occupancy) (BRNP1)** **180 NSF**
 Provide two for every increment of twelve projected beds.
2. **Bedroom, Behavioral Health (Double Occupancy) (BRNP2)** **240 NSF**
 Deduct the number of Single Occupancy Behavioral Health Bedrooms from the total number of projected beds; then provide one for every increment of two remaining Behavioral Health beds projected.
3. **Toilet / Shower, Patient (TLTP3)** **60 NSF**
 Provide one per each Inpatient Behavioral Health single and double occupancy bedroom.

Each single occupancy and double occupancy patient room has access to a dedicated bathroom with a toilet, sink and shower.

4. **Seclusion Room (BRNP5)** **120 NSF**
 Minimum two; provide an additional two for every increment of twenty four patient beds greater than twenty four.

The Seclusion Rooms will be part of a seclusion suite that consists of two seclusion rooms, an anteroom and a toilet accessed directly off the anteroom. This suite should

be easily accessed from the nursing station, but should not be located in view of other patients.

5. **Anteroom, Seclusion (BRNP6)** **60 NSF**
 Provide one for every increment of two Seclusion Rooms in the Inpatient Behavioral Health Patient Care Area.

6. **Toilet, Seclusion (TLTP2)** **45 NSF**
 Provide one for every increment of two Seclusion Rooms.

7. **Nurse Station (NSTA1)** **120 NSF**
 Minimum NSF; provide an additional 30 NSF for every increment of four projected Behavioral Health patient beds greater than six.

Allocated NSF may be sub-divided during design.

8. **Team Collaboration Room (WRCH1)** **120 NSF**
 Minimum NSF; provide an additional 30 NSF for every increment of four Behavioral Health patient beds greater than six.

9. **Activity Room (DAYR1)** **600 NSF**
 Minimum NSF; provide an additional 60 NSF for every increment of two patient beds greater than eighteen.

The allocated NSF can be zoned into areas for quiet activity, noisy activity and dining space.

10. **Kitchenette (IPK01)** **60 NSF**
 Provide one for the Inpatient Behavioral Health Patient Care Area.

This is part of the Activity Room function and can be combined with dining space.

11. **Toilet, Patient (TLTP1)** **60 NSF**
 Provide one for the Inpatient Behavioral Health Patient Care Area.

Locate in close proximity to the Activity Room.

12. **Group Therapy Room (OPMH1)** **240 NSF**
 Minimum one; provide an additional one for every increment of twelve patient beds greater than twelve.

13. **Exercise Room (PTES1)** **120 NSF**
 Provide one for the Inpatient Behavioral Health Patient Care Area.

Locate in close proximity to the Activity Room.

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| 14. Quiet Room (OPMH3) | Provide one for the Inpatient Behavioral Health Patient Care Area. | 120 NSF |
| 15. Alcove, Telephone (CLSC2) | Provide one for the Inpatient Behavioral Health Patient Care Area.

Locate in line of sight to Nurse Station. | 30 NSF |
| 16. Laundry, Patient (LAUN2) | Provide one for the Inpatient Behavioral Health Patient Care Area. | 120 NSF |

4.4. FA 4: INPATIENT BEHAVIORAL HEALTH SUPPORT.

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| 1. Medication Room (MEDP1) | Provide one for Inpatient Behavioral Health Support. | 120 NSF |
| 2. Utility Room, Clean (UCCL1) | Minimum NSF; provide an additional 60 NSF for every increment of six patient beds greater than eighteen.

Clean supplies may be distributed to the patients via a dispensing window. | 120 NSF |
| 3. Utility Room, Soiled (USCL1) | Provide one for Inpatient Behavioral Health Support.

Provide dual access from the secure unit and from a non-secure corridor for housekeeping staff. | 90 NSF |
| 4. Storage, Equipment (SRSE1) | Minimum NSF; provide an additional 30 NSF for every increment of six patient beds greater than eighteen. | 120 NSF |
| 5. Janitor Closet (JANC1) | Provide one for Inpatient Behavioral Health Support.

This Janitor Closet requires a door with access control and is dedicated to the Inpatient Behavioral Health Unit. | 60 NSF |
| 6. Food Tray Retherm Cart Area, Decentralized (FSCS2) | Provide one for Inpatient Behavioral Health Support if decentralized food tray rethermalization is authorized for Inpatient Behavioral Health. | 90 NSF |

4.5. FA 5: INPATIENT BEHAVIORAL HEALTH STAFF AND ADMINISTRATION

1. **Office, Behavioral Health Provider (OFDC1)** **120 NSF**
Provide one per each Inpatient Behavioral Health provider FTE position authorized to have a Behavioral Health Provider office.
2. **Office, Private (OFA04)** **120 NSF**
Provide one per each Inpatient Behavioral Health FTE position authorized to have a private office.
3. **Office, Shared (OFA05)** **120 NSF**
Provide one for every increment of two Inpatient Behavioral Health FTE positions authorized to have a shared office.
4. **Cubicle (OFA03)** **60 NSF**
Provide one per each Inpatient Behavioral Health FTE position authorized to have a cubicle.

These cubicles may be collocated in a shared space or dispersed as required.
5. **Storage, Patient Records (FILE1)** **60 NSF**
Provide one for Inpatient Behavioral Health if Patient Records Storage is authorized.
6. **Conference Room (CRA01)** **240 NSF**
Minimum NSF; provide an additional 60 NSF if the total number of Inpatient Behavioral Health 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.
7. **Copy / Office Supply (RPR01)** **120 NSF**
Provide one for Inpatient Behavioral Health.
8. **Lounge, Staff (SL001)** **120 NSF**
Minimum NSF, provide an additional 60 NSF for every increment of five Inpatient Behavioral Health FTEs working on peak shift greater than ten; maximum 360 NSF.
9. **Toilet, Staff (TLTU1)** **60 NSF**
Minimum one; provide an additional one for every increment of fifteen Inpatient Behavioral Health FTEs working on peak shift greater than fifteen.

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| 10. Lockers, Personal Property (LR001) | 30 NSF |
| Minimum NSF; provide an additional 30 NSF for every increment of four Inpatient Behavioral Health FTE positions not assigned a provider office, private office, shared office or cubicle greater than eight. | |
| 11. On-Call Room (DUTY1) | 120 NSF |
| Provide one for Inpatient Behavioral Health if authorized. | |
| 12. Toilet / Shower, On-Call (TLTS1) | 60 NSF |
| Provide one for each On-Call Room. | |

4.6. FA 6: PARTIAL HOSPITALIZATION PROGRAM RECEPTION.

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| 1. Waiting (WRC01) | 120 NSF |
| Provide one for the Partial Hospitalization Program Reception. | |
| 2. Reception (RECP1) | 120 NSF |
| Provide one for the Partial Hospitalization Program Reception. | |
| Allocated NSF accommodates two FTEs. | |
| 3. Consult Room (OFDC2) | 120 NSF |
| Provide one for the Partial Hospitalization Program Reception. | |
| 4. Education / Resource Cubicle (CLSC2) | 30 NSF |
| Provide one for Partial Hospitalization Program Reception. | |

4.7. FA 7: PARTIAL HOSPITALIZATION PROGRAM PATIENT AREA.

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| 1. Lockers, Personal Property (LR001) | 60 NSF |
| Provide one for the Partial Hospitalization Program Patient Area. | |
| 2. Screening Room (EXRG4) | 120 NSF |
| Provide one for the Partial Hospitalization Program Patient Area. | |
| 3. Consult Room (OFDC2) | 120 NSF |
| Provide one for the Partial Hospitalization Program Patient Area. | |
| 4. Group Therapy Room (OPMH1) | 240 NSF |
| Minimum one; provide an additional one for every increment of ten projected patients on peak day greater than ten. | |
| 5. Activity Room, (DAYR1) | 420 NSF |
| Provide one for the Partial Hospitalization Program Patient Area. | |

The allocated NSF can be zoned into areas for quiet activity, noisy activity and dining space.

6. **Kitchenette (IPK01)** **60 NSF**
 Provide one for the Partial Hospitalization Program Patient Area.

This is part of the Activity Room function and can be combined with dining space.

7. **Toilet, Patient (TLTP1)** **60 NSF**
 Provide one for the Partial Hospitalization Program Patient Area.

4.8. FA8: PARTIAL HOSPITALIZATION PROGRAM SUPPORT.

1. **Medication Room (MEDP1)** **120 NSF**
 Provide one for the Partial Hospitalization Program.
2. **Utility Room, Clean (UCCL1)** **120 NSF**
 Provide one for the Partial Hospitalization Program.
3. **Utility Room, Soiled (USCL1)** **90 NSF**
 Provide one for the Partial Hospitalization Program.
4. **Storage, Equipment (SRSE1)** **120 NSF**
 Provide one for the Partial Hospitalization Program.

4.9. FA9: PARTIAL HOSPITALIZATION PROGRAM STAFF AND ADMINISTRATION.

1. **Office, Partial Hospitalization Program Provider (OFDC1)** **120 NSF**
 Provide one per each Partial Hospitalization Program provider FTE position authorized to have a Behavioral Health Provider office.
2. **Office, Private (OFA04)** **120 NSF**
 Provide one per each Partial Hospitalization Program FTE position authorized to have a private office.
3. **Office, Shared (OFA05)** **120 NSF**
 Provide one for every increment of two Partial Hospitalization Program FTE positions authorized to have a shared office.
4. **Cubicle (OFA03)** **60 NSF**
 Provide one per each Partial Hospitalization Program position authorized to have a cubicle.

These cubicles may be collocated in a shared space or dispersed as required.

5. **Storage, Patient Records (FILE1)** **60 NSF**
Provide one if a Patient Records Storage Room in the Partial Hospitalization Program is authorized.
6. **Conference Room (CRA01)** **240 NSF**
Minimum NSF if a Conference Room is authorized for the Partial Hospitalization Program; provide an additional 60 NSF if the total number of Partial Hospitalization Program 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.
7. **Copy / Office Supply (RPR01)** **120 NSF**
Provide one for the Partial Hospitalization Program.
8. **Lounge, Staff (SL001)** **120 NSF**
Minimum NSF if the total number of Partial Hospitalization Program FTEs working on peak shift is ten; provide an additional 60 NSF for every increment of five Partial Hospitalization Program FTEs working on peak shift greater than ten; maximum 360 NSF.
9. **Toilet, Staff (TLTU1)** **60 NSF**
Minimum one; provide an additional one for every increment of fifteen Partial Hospitalization Program FTEs working on peak shift greater than fifteen.
10. **Lockers, Personal Property (LR001)** **30 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of four Partial Hospitalization Program FTE positions not assigned a provider office, private office, shared office or cubicle greater than eight.

4.10. FA10: PSYCHIATRY GRADUATE MEDICAL EDUCATION (GME) / TRAINING.

1. **Office, Residency Program Director (OFDC1)** **120 NSF**
Provide one if a Psychiatry GME program is authorized.
2. **Resident Collaboration Room (WKTM1)** **240 NSF**
Minimum NSF if a Psychiatry GME program is authorized; provide an additional 60 NSF per each 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 the total number of Resident / Student FTE positions authorized is greater than five.

SECTION 5: SPACE PLANNING PROGRAM DATA REQUIRED: SUBSTANCE ABUSE / ALCOHOL REHABILITATION

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

1. Is a Substance Abuse / Alcohol Rehabilitation Unit authorized? (M)
 - a. How many Substance Abuse / Alcohol Rehabilitation inpatient beds are projected? (W)
2. Is a second Seclusion Bedroom for Substance Abuse / Alcohol Rehabilitation authorized? (Misc)
3. Is decentralized food tray rethermalization authorized for Substance Abuse / Alcohol Rehabilitation? (M)
4. Is Patient Records storage for Substance Abuse / Alcohol Rehabilitation authorized? (M)
5. Is an On-Call Room for Substance Abuse / Alcohol Rehabilitation authorized? (Misc)
6. How many Substance Abuse / Alcohol Rehabilitation FTE positions are authorized? (S)
 - a. How many Substance Abuse / Alcohol Rehabilitation Provider FTE positions are authorized to have a Behavioral Health Provider office (OFDC1)? (S)
 - b. How many Substance Abuse / Alcohol Rehabilitation FTE positions are authorized to have a private office (OFA04)? (S)
 - c. How many Substance Abuse / Alcohol Rehabilitation FTE positions are authorized to have a shared? (S)
 - d. How many Substance Abuse / Alcohol Rehabilitation FTE positions are authorized to have a cubicle? (S)
 - e. How many Substance Abuse / Alcohol Rehabilitation FTE positions will work on peak shift? (Misc)
7. Is a Substance Abuse / Alcohol Rehabilitation Graduate Medical Education (GME) / Training program authorized? (M)
 - a. How many Resident / Student FTE positions are authorized? (S)

SECTION 6: SPACE PLANNING CRITERIA: SUBSTANCE ABUSE / ALCOHOL REHABILITATION UNIT

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.

6.1. FA1: SUBSTANCE ABUSE / ALCOHOL REHABILITATION RECEPTION.

1. **Waiting (WRC01)** **120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of four Substance Abuse / Alcohol Rehabilitation beds greater than eight.
2. **Playroom (PLAY1)** **120 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Reception.
3. **Lockers, Personal Property (LR001)** **60 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Reception.
4. **Reception (RECP3)** **60 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of eight Substance Abuse / Alcohol Rehabilitation beds greater than eight.
5. **Consult Room (OFDC2)** **120 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Reception.
6. **Education / Resource Cubicle (CLSC2)** **30 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Reception.

Locate accessible to Waiting.
7. **Vestibule, Substance Abuse / Alcohol Rehab (BHVS1)** **90 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Reception.

This space is provided for a secure sally port entrance.

6.2. FA2: SUBSTANCE ABUSE / ALCOHOL REHABILITATION PATIENT CARE AREA.

1. **Bedroom, Substance Abuse / Alcohol Rehabilitation (Single Occupancy) (BRNP1)** **180 NSF**
Provide two for every increment of eight projected Substance Abuse / Alcohol Rehabilitation beds.

2. **Bedroom, Substance Abuse / Alcohol Rehabilitation (Double Occupancy) (BRNP2)** **240 NSF**
Deduct the number of generated Single Occupancy Substance Abuse / Alcohol Rehabilitation Bedrooms from the projected number of beds; provide one for every increment of two remaining Substance Abuse / Alcohol Rehabilitation beds projected.

3. **Toilet / Shower, Patient (TLTP3)** **60 NSF**
Provide one per each Single and Double Occupancy Substance Abuse / Alcohol Rehabilitation Bedroom.

4. **Seclusion Room (BRNP5)** **120 NSF**
Minimum one; provide a second Seclusion Room for the Substance Abuse / Alcohol Rehabilitation Patient Care Area if authorized.

The Seclusion Room(s) will be part of a seclusion suite that consists of one or two seclusion rooms, an anteroom and a toilet accessed directly off the anteroom. This suite should be easily accessed from the nursing station but should not be located in view of other patients.

5. **Anteroom, Seclusion (BRNP6)** **60 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Patient Care Area.

6. **Toilet, Seclusion (TLTP2)** **45 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Patient Care Area.

7. **Nurse Station (NSTA1)** **120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of four Substance Abuse / Alcohol Rehabilitation beds greater than six.

Allocated NSF may be sub-divided during design.

8. **Team Collaboration Room (WRCH1)** **120 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of four Substance Abuse / Alcohol Rehabilitation patient beds greater than six.

9. **Activity Room, (DAYR1)** **420 NSF**
Minimum NSF; provide an additional 60 NSF for every increment two Substance Abuse / Alcohol Rehabilitation patient beds greater than twelve.

The allocated NSF can be zoned into areas for quiet activity, noisy activity and dining space.

10. **Kitchenette (IPK01)** **60 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Patient Care Area.

This is part of the Activity Room function and can be combined with dining space.

11. **Toilet, Patient (TLTP1)** **60 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Patient Care Area.

Locate in close proximity to the Activity Room.
12. **Group Therapy (OPMH1)** **240 NSF**
Minimum one; provide an additional one for every increment of eight patient beds greater than eight.
13. **Exercise Room (PTES1)** **120 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Patient Care Area.
14. **Alcove, Telephone (CLSC2)** **30 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Patient Care Area.

Locate in line of sight to Nurse Station.
15. **Laundry, Patient (LAUN2)** **120 NSF**
Provide one for the Substance Abuse / Alcohol Rehabilitation Patient Care Area.

6.3. FA3: SUBSTANCE ABUSE / ALCOHOL REHABILITATION SUPPORT.

1. **Medication Room (MEDP1)** **120 NSF**
Provide one for Substance Abuse / Alcohol Rehabilitation Support.
2. **Utility Room, Clean (UCCL1)** **120 NSF**
Minimum NSF; provide an additional 60 NSF for every increment of six Substance Abuse / Alcohol Rehabilitation patient beds greater than twelve.

Clean supplies may be distributed to the patients via a dispensing window.
3. **Utility Room, Soiled (USCL1)** **90 NSF**
Provide one for Substance Abuse / Alcohol Rehabilitation Support.
4. **Storage, Equipment (SRSE1)** **120 NSF**
Provide one for Substance Abuse / Alcohol Rehabilitation Support.
5. **Janitor Closet (JANC1)** **60 NSF**
Provide one for Substance Abuse / Alcohol Rehabilitation Support.

This Janitor Closet requires a door with access control and is dedicated to the Substance Abuse / Alcohol Rehabilitation Unit.

6. **Tray Retherm Cart Area, Decentralized (FSCS2)** **90 NSF**
Provide one for Substance Abuse / Alcohol Rehabilitation if decentralized food tray rethermalization is authorized.

6.4. FA4: SUBSTANCE ABUSE / ALCOHOL REHABILITATION UNIT STAFF AND ADMINISTRATION.

1. **Office, Behavioral Health Provider (OFDC1)** **120 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation Unit provider FTE position authorized to have a Behavioral Health Provider office (OFDC1).
2. **Office, Private (OFA04)** **120 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation FTE position authorized to have a private office (OFA04) in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area.
3. **Office, Shared (OFA05)** **120 NSF**
Provide one for every increment of two Substance Abuse / Alcohol Rehabilitation FTE positions authorized to have a shared office in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area.
4. **Cubicle (OFA03)** **60 NSF**
Provide one per each Substance Abuse / Alcohol Rehabilitation FTE position authorized to have a cubicle in the Substance Abuse / Alcohol Rehabilitation Unit Staff and Administrative Area.

These cubicles may be collocated in a shared space or dispersed as required.

5. **Storage, Patient Records (FILE1)** **60 NSF**
Provide one for Substance Abuse / Alcohol Rehabilitation if Patient Records storage is authorized.
6. **Conference Room (CRA01)** **240 NSF**
Minimum NSF; provide an additional 60 NSF if the total number of Substance Abuse / Alcohol Rehabilitation 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.

7. **Copy / Office Supply (RPR01)** **120 NSF**
Provide one for Substance Abuse / Alcohol Rehabilitation Staff and Administration.

8. **Lounge, Staff (SL001)** **120 NSF**
Minimum NSF, provide an additional 60 NSF for every increment of five Substance Abuse / Alcohol Rehabilitation FTEs working on peak shift greater than ten; maximum 360 NSF.
9. **Toilet, Staff (TLTU1)** **60 NSF**
Minimum one; provide an additional one for every increment of fifteen Substance Abuse / Alcohol Rehabilitation FTEs working on peak shift greater than fifteen.
10. **Lockers, Personal Property (LR001)** **30 NSF**
Minimum NSF; provide an additional 30 NSF for every increment of four FTE positions not assigned a provider office, private office, shared office or cubicle greater than eight.
11. **On-Call Room (DUTY1)** **120 NSF**
Provide one if an On-Call Room for the Substance Abuse / Alcohol Rehabilitation Program is authorized.
12. **Toilet / Shower, On-Call (TLTS1)** **60 NSF**
Provide one for each On-Call Room.

6.5. FA5: SUBSTANCE ABUSE / ALCOHOL REHABILITATION GME EDUCATION / TRAINING.

1. **Office, Residency Program Director (OFA04)** **120 NSF**
Provide one if a Substance Abuse / Alcohol Rehabilitation Graduate Medical Education (GME) / Training program is authorized.
2. **Resident Collaboration Room (WKTM1)** **240 NSF**
Minimum NSF; provide an additional 60 NSF per each Resident / Student FTE position authorized greater than two if a Substance Abuse / Alcohol Rehabilitation Graduate Medical Education (GME) / Training program is authorized.

Minimum NSF accommodates two Residents, and a Collaboration / Reference area.
3. **Conference / Classroom (CRA01)** **240 NSF**
Provide one if the total number of Resident / Student FTE positions authorized is greater than five and if a Substance Abuse / Alcohol Rehabilitation Graduate Medical Education (GME) / Training program is authorized.

SECTION 7: 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 of guidelines for Behavioral Health, refer to the UFC 4-510-01 Appendix H and the World Class Checklist (<https://facilities.health.mil/home/>): and the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities by the Facility Guidelines Institute. An additional resource to consider is the: “Mental Health Facilities Design Guide” by the Office of Construction & Facilities Management, Department of Veterans Affairs.

7.1. NET-TO-DEPARTMENT GROSS FACTOR. The net-to-department gross factor (NTDG) for the Inpatient Behavioral Health, Partial Hospitalization, and Substance Abuse / Alcohol Rehabilitation Units is 1.50. 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. Refer to UFC 4-510-01, and DoD Space Planning Criteria Chapter 130: Net to Gross Conversion Factors.

7.2. RECEPTION AREA.

1. The Waiting area should be open and easily observed from reception.
2. The Waiting area should be adjacent to and outside of the secure patient care area.

7.3. PATIENT CARE AREA.

1. A short, private and secure path of travel from point of patient entrance and into the patient care area is essential.

The entrance vestibule into the patient care area will be a secure sally port, where the first opened door to the vestibule is closed, locked and secured prior to unlocking and/or opening the second door. Single occupancy (Private) and Double occupancy (Semi-Private) rooms are provided in this chapter. In the MHS, double occupancy rooms for therapeutic reasons may be more appropriate.

The Seclusion Room is intended for short-term occupancy within the Inpatient Behavioral Health Unit. It is part of a suite with the ante room and bathroom. This suite should be easily accessed from the nurse station but should not be located in view of other patients in the unit. When patients are housed in this room, a staff member should be able to view the patient directly from the anteroom through a view panel or via video monitoring. Locate proximate to the Nurse Station.

2. Group Therapy Room

- a. Design to accommodate 10 – 12 occupants in an enclosed private space. Consider dimmable light fixtures in Group Therapy. Soft light reduces glare and produces a soothing atmosphere.
 - b. This room can be used as a discharge planning room when not in use for patient therapy.
3. Activity Room
- a. The Activity Room is a large space that should be zoned into areas of quiet activity, noisy activity and dining. Some patients like to gather around the nurse station; therefore, it is common to locate space for quiet activities here, such as board games and comfortable seating for reading.
 - b. Dining space can be used for daily living activities as well as for group programs such as art therapy.
 - c. Dining facilities may also be located off the nursing unit in a central area when there is more than one nursing unit.
 - d. The Kitchenette is located within the Activity Room. This is designed for patient use with staff control. It includes a sink, storage cabinets, refrigerator, microwave and coffee maker to support snack/light meal preparation. All items in this area should be easily secured when necessary.
4. Nurse Station
- a. One of the most important design features on the Inpatient Behavioral Health or Substance Abuse / Alcohol Rehab units is visual observation of patients from the nurse station. Patients are in their rooms at night and in activity areas / group therapy during the day. Planner may consider providing more than one nurse station.
 - b. Design nurse stations to provide the least possible barrier between staff and patients, while maximizing safety and privacy.
 - c. Consider designing a more open nurse station in which one or two staff can be positioned to provide direct supervision. This type of nurse station is designed to accommodate face-to-face conversations.
 - d. Design gathering places / comfortable seating near the nurse station as patients tend to congregate here.
 - e. The enclosed Team Collaboration Room can be utilized as an area of refuge for staff in the event of a crisis.

7.4. SUPPORT AREA.

1. Rooms in the support area must be accessed controlled.
2. Locate clean and soiled utility rooms so that they are accessible both from the secure unit and from the service corridor.
3. Locate medication room adjacent to the clean utility room to share the dispensing window.

7.5. STAFF AND ADMINISTRATION AREA.

1. Staff areas should be located so that staff members may have conversations regarding patients and clinical matters without being heard by patients or visitors.

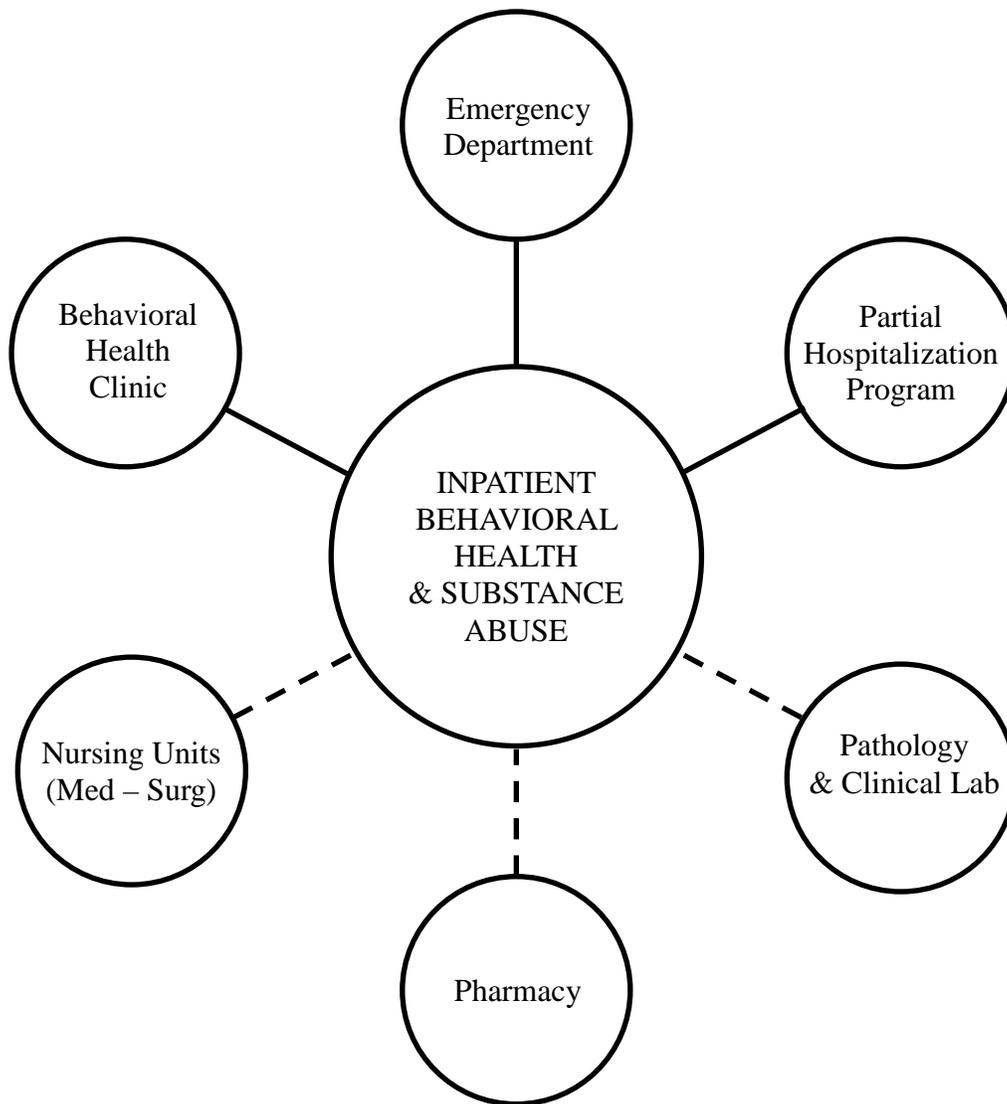
7.6. GENERAL DESIGN CONSIDERATIONS.

1. Behavioral health patients have unique and complex issues. Suicide prevention and creating a safe environment for both patients and staff in a therapeutic environment appropriate for the planned treatment programs is critical. At the same time, the Inpatient Behavioral Health and Substance Abuse / Alcohol Rehab units should be designed to be comfortable, attractive and less institutional. Layout should be free of blind corners and recessed walls along corridors.
2. Security and Safety. Consider security and safety requirements early on in design as the built environment can help reduce the potential ability of the behavioral health or substance abuse patient to harm themselves and others.
3. Minimize the potential for furnishings, fixtures, and equipment within the unit to be used as a weapon or as ligature point for hanging.
4. Consider a direct path from the Emergency Department to the Inpatient Behavioral Health and Substance Abuse / Alcohol Rehab units as the Emergency Department is often the primary access point in a crisis.
5. Provide Staff Assist buttons in rooms where staff and patients interact; provide duress buttons at the Nurse Station to call for emergency assistance from the MTF Security Office and the Provost Marshall. (See Chapter 14 and Appendix H of UFC 4-510-01). Create a non-institutional, home-like environment.
6. Outdoor Areas: Secure courtyards, patios, and gardens adjacent to the Inpatient Behavioral Health and Substance Abuse / Alcohol Rehab units are of great therapeutic benefit. If these outdoor areas are not at ground level, careful consideration must be given to the location of the outdoor area, the placement of furniture, height of walls and location of building structures that permit climbing or jumping risks.

7. If a Partial Hospitalization Program is part of the concept of operations, it will be a separate, identifiable unit with its own spaces and staff. Because many of the staff supports both the Inpatient Behavioral Health and Partial Hospitalization Program, these two functions should be collocated together.

SECTION 8: FUNCTIONAL RELATIONSHIPS

8.1. FUNCTIONAL RELATIONSHIPS. Inpatient Behavioral Health and Substance Abuse / Alcohol Rehabilitation Units will rely on a number of other services in a MTF for patient care and support functions. The diagram below represents desirable relationships based on efficiency and functional considerations.

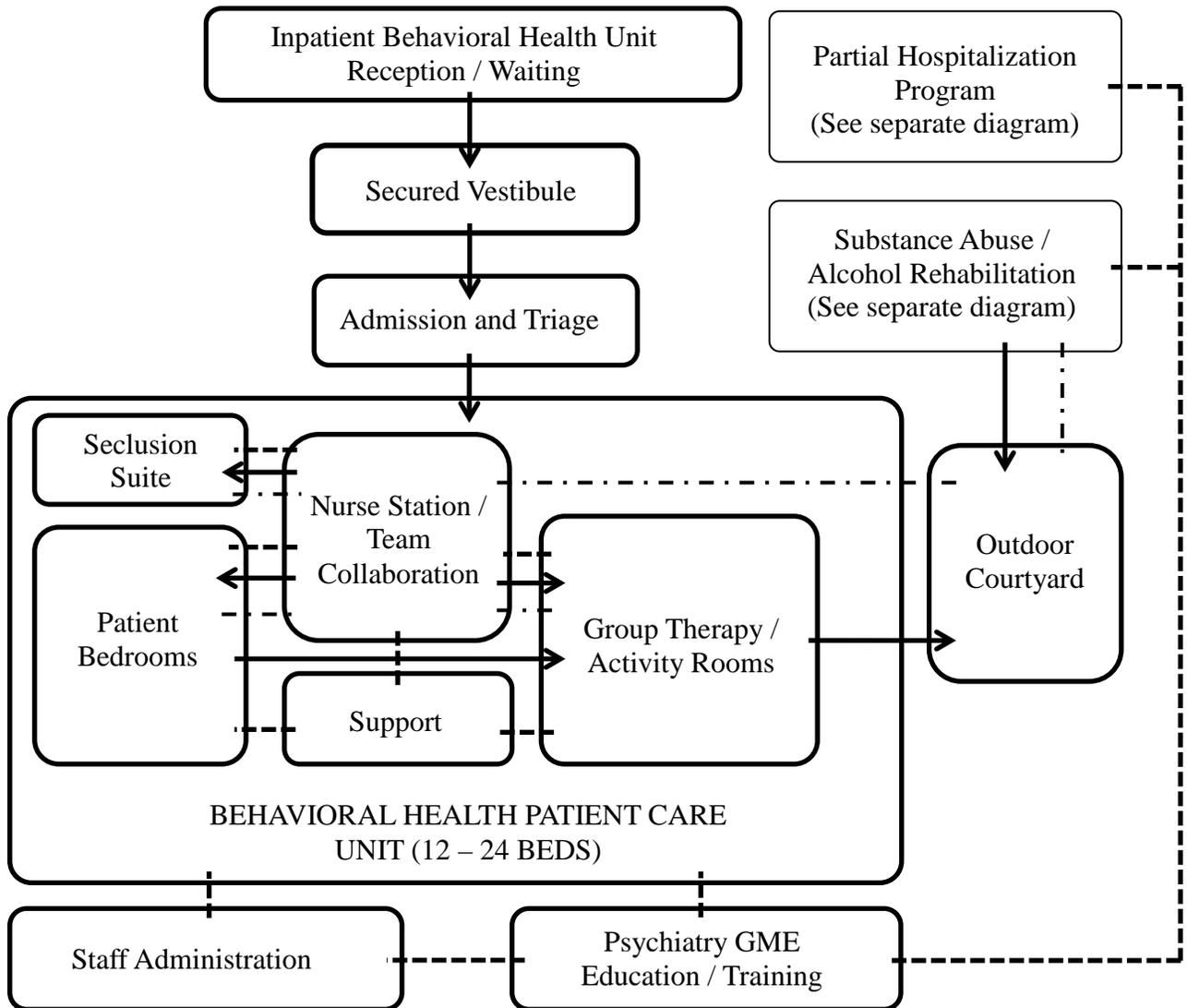


LEGEND

-
- Most Critical
 - - - - - Less Critical

SECTION 9: FUNCTIONAL DIAGRAM: INPATIENT BEHAVIORAL HEALTH UNIT

9.1. FUNCTIONAL DIAGRAM. The diagram below illustrates intradepartmental relationships among key areas / spaces within the Inpatient Behavioral Health Unit and the Substance Abuse – Alcohol Rehabilitation Unit. The diagram is necessarily generic. The planner shall use this as a basis for design only and shall consider project-specific requirements for each Military Treatment Facility.



LEGEND

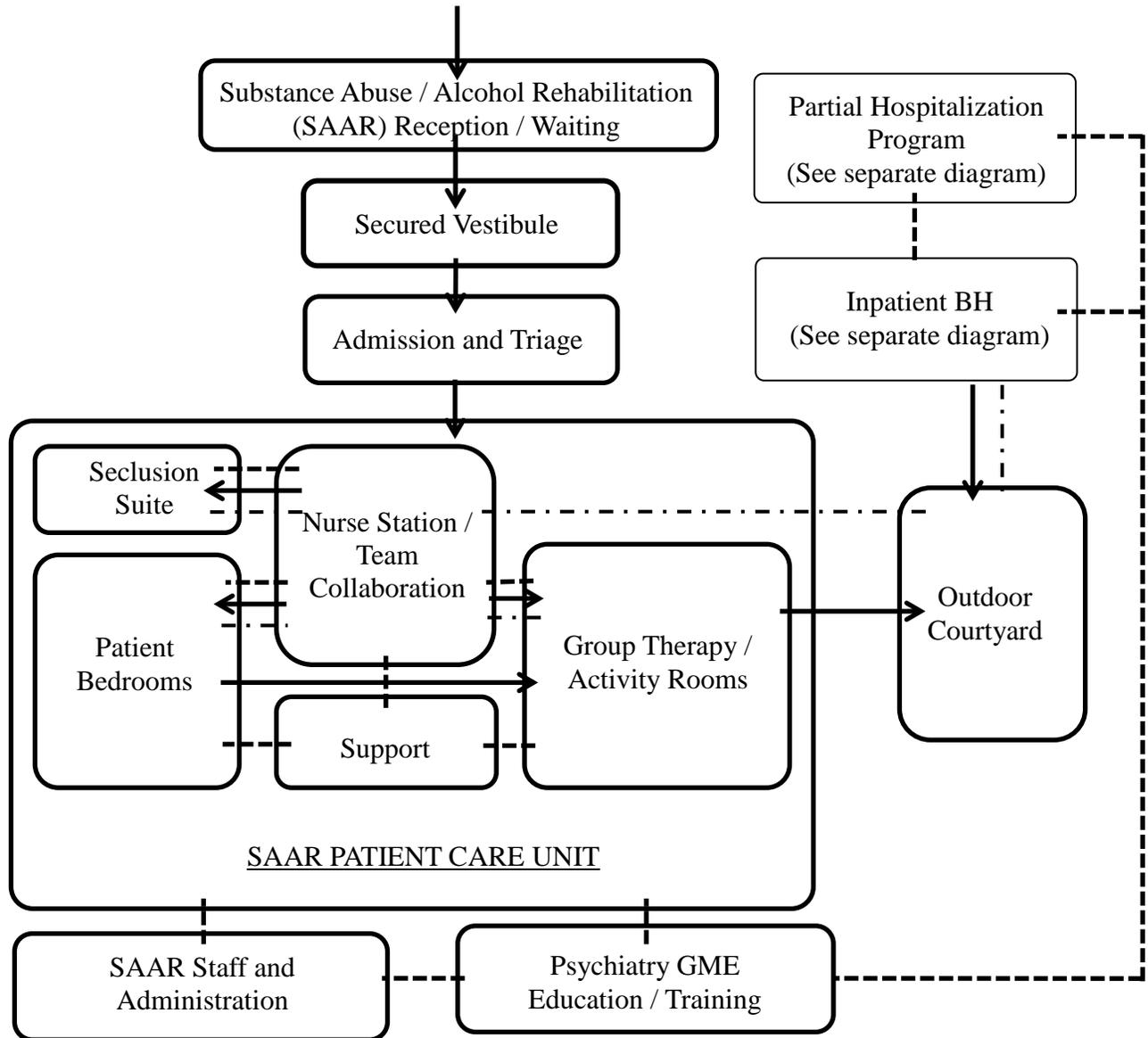
—————> Patient Circulation
 - - - - - Staff Circulation

INPATIENT BEHAVIORAL HEALTH UNIT

- - - - - Staff Visual
 Observation

SECTION 10: FUNCTIONAL DIAGRAM: SUBSTANCE ABUSE / ALCOHOL REHABILITATION

10.1. FUNCTIONAL DIAGRAM.

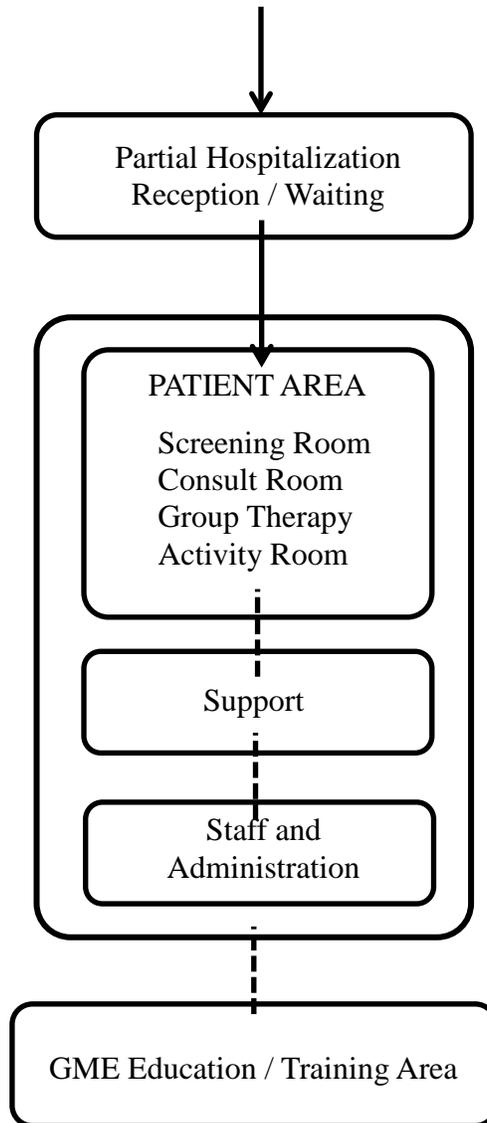


LEGEND SUBSTANCE ABUSE / ALCOHOL REHABILITATION

- Patient Circulation
- Staff Circulation
- - - - - Staff Visual

SECTION 11: FUNCTIONAL DIAGRAM: PARTIAL HOSPITALIZATION PROGRAM

11.1. FUNCTIONAL DIAGRAM.



LEGEND

- >** Patient Circulation
- - - - -** Staff Circulation

PARTIAL HOSPITALIZATION

GLOSSARY

G.1. DEFINITIONS.

Activity Room: A multi-purpose living area, also called the day room, where all the activity takes place during the day. It is typically zoned into areas of quiet social activity and noisy social activity. Some patients like to gather around the nurse station; therefore, it is common to locate space for quiet activities here, such as board games and comfortable seating for reading. In this space criteria chapter, space for the dining function is included as part of the Activity Room. When not being used for dining, this area can also function as a recreation or a group room.

Admissions / Triage Patient Area: This area accommodates the admissions and triage process that takes place prior to a patient being admitted to the Inpatient Behavioral Health Unit. The patient may be coming from the Emergency Department or the Outpatient Clinic. In the Admission / Triage Patient Area, the patient is assessed, screened and registered in an Interview / Consult Room. Disposition will be determined here. Patient may be escorted to an Inpatient Behavioral Health Unit bed for an acute care stay or to a day treatment area for the Partial Hospitalization Program.

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 Stay (ALOS): The length of stay for an individual patient is the total amount of time that he/she stays in a healthcare facility between arrival (admission) and departure (discharge) and is determined based on the midnight census. The average length of stay for a specific patient population or facility is the total of all patient days (lengths of stay) divided by the number of patient admissions / discharges.

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, physicians and psychiatric nurse practitioners and nurses. The term “behavioral health” and “mental health” are often used interchangeably.

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.

Consult Room: This room, located outside of the secure Inpatient Behavioral Health Unit, the Partial Hospitalization Program or Substance Abuse / Alcohol Rehab Unit and adjacent to Reception or Waiting, is provided for family members to meet privately with a behavioral health provider or staff.

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.

Exam Room: This room in the Behavioral Health Admissions / Triage Area is the room that accommodates the medical exam. The behavioral health patient needs to be medically cleared prior to being admitted to the Inpatient Behavioral Health Unit.

Exercise Room: The integration of physical health with behavioral health is extremely important. Exercise encourages patients to engage in healthy behaviors. The exercise room is an enclosed room with an observation window that provides space for patient exercise and may accommodate exercise equipment such as treadmills, elliptical and bicycles.

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 clinical service. Typical Functional Areas are Reception Area, Patient Area, Support Area, Staff and Administrative Area, and Education Area.

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). Examples of topics discussed are combat stress, anger control, and relationship and communication issues. Inpatients are exposed to a full schedule of daily group therapy sessions.

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.

Interview / Consult Room: This room, in the Admissions / Triage Patient Area, is where the patient is assessed, screened and registered. The patient's disposition will be determined here.

Medication Room: Room dedicated to the storage and preparation of patient medications. Allocated space provides for work counter, sink, refrigerator and locked storage for biological agents or drugs. Also provides space for automated medication dispensing machine.

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, Behavioral Health Provider: A private office used by Behavioral Health providers for direct patient counseling and administrative functions. The furnishings are more residential like and the layout must provide a "safety corridor" that locates the provider between the egress and the patient at all times.

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

Office, Shared: An office that accommodates two workstations.

Partial Hospitalization Program: A structured day treatment program designed for patients that require acute care but who may not need full hospitalization. Sometimes patients will be admitted to this program to prevent inpatient hospitalization. This program will also provide a transition from inpatient hospitalization to outpatient services to reduce the frequency and duration of inpatient stays. In this program, the patient resides at home, but commutes to a treatment facility up to seven days a week for several hours a day. The patient may participate in individual counseling and group therapy in addition to other social activities to build their life skills.

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. Lockers are also allocated in the Waiting area for Inpatient Behavioral Health and Substance Abuse visitors' belongings.

Program for Design (PFD): A listing of all of the rooms / spaces generated based on answers to the Input Data Statements (see Section 4) and the space planning criteria outlined in this document (Section 5) in SEPS. The list is organized by Functional Area and includes the Room Quantity, Room Code, Room Name and generated Net Square Feet (NSF), Construction Phase and Construction Type.

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 professional could be a psychiatrist, psychologist, therapist, social worker or psychiatric nurse practitioner.

Quiet Room: Also called a “tranquility room”. This room is for patients who require less stimulation but do not require a seclusion room. It is therapeutic space designed to help people learn to relax and self-regulate. It can be used for crisis de-escalation and also crisis prevention. This room should have comfortable furniture, lights that can be dimmed, and music. When not in use as a Quiet Room, this room could also be used as a visitor room for patients to meet with friends or family.

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.

Seclusion Room: This is a treatment room, not a patient bedroom, and its main purpose in the Inpatient Behavioral Health Unit is to provide a safe and appropriate space for crisis intervention and stabilization. This room also provides a bed in the event that restraints are ordered. This room is not meant for prolonged observation of patients and is part of a seclusion suite that consists of one seclusion room, an anteroom and a bathroom accessed directly from the anteroom. This room will be provided with a camera for video monitoring.

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).

Substance Abuse/Alcohol Rehabilitation: Specialty care that is provided to patients recovering from alcohol and related substance abuse. Patient care primarily includes individual counseling and group therapy and can be provided in an inpatient or an outpatient setting.

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.

Vestibule: This is the primary access point to the locked inpatient behavioral health unit. It is a sally port, whereby the first opened door to the sally port is closed, locked and secured prior to unlocking and/or opening the second door.

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.