



DoD SPACE PLANNING CRITERIA
CHAPTER 318: BEHAVIORAL HEALTH
AMBULATORY CARE SERVICES
SEPTEMBER 7, 2021

Originating Component: Defense Health Agency Facilities Division

Effective: September 7, 2021

Releasability: No Restrictions

Purpose: This issuance: To provide space planning criteria guidance in support of planning, programming and budgeting for military Medical Treatment Facilities (MTFs) that fall under the authority of the Defense Health Agency (DHA).

SUMMARY of CHANGE

This revision, dated September 7, 2021 includes the following:

- Converted to SEPS compatible format.
- Sections renamed and numbered: design considerations moved to the front of the document.
- Reduced the NSF on select clinical and administrative spaces throughout the chapter.
- Requirement for programming a counseling office (OFDC1) is now “FTE” staffing based.
- Substance Abuse Alcohol Rehabilitation Program (SAARP) was changed to Substance Use Disorder Clinic (SUDC)
- A new Functional Area based on the template developed by DHA Facilities Enterprise has been included for an Embedded Behavioral Health (EBH) Clinic.
- The following spaces have been moved to Chapter 610 Common Areas: staff toilets, lockers, lounges, and conference rooms.
- Moved Graduate Medical Education resident administrative spaces to Chapter 230 Education and Training.

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SECTION 1: PURPOSE AND SCOPE

This chapter outlines space planning criteria as it applies to all eligible beneficiaries / populations receiving Behavioral Health services. Specifically covered in this chapter are Adult Behavioral Health, Child and Adolescent Services, the Family Advocacy Program, and the Substance Use Disorder Clinic (SUDC). All of these services, or a select number of them, may be located inside or immediately adjacent to an MTF that may include inpatient care, tertiary specialty services, or full scope ancillary departments. Additionally, some of these individual services may be located in a freestanding facility, such as Embedded Behavioral Health.

Space planning criteria that applies to inpatient Behavioral Health services can be found in Chapter 460: Inpatient Behavioral Health / Partial Hospitalization / Substance Use & Alcohol Rehab.

In the outpatient Behavioral Health Clinic, patient counseling and educational services may take place in a dedicated behavioral health provider or technician office, in which the staff member performs all in-person or virtual patient counseling or education sessions, and conducts administrative duties.

The space planning criteria in this chapter apply to all DHA MTFs and are based on current DHA policies and directives, established and/or anticipated best practices, industry guidelines and standards, and input from MHS Subject Matter Experts (SME) and DHA Directorates. As directed by the DHA, the space criteria in this chapter are primarily staffing and mission driven. Room Codes (RCs) in this document are based on the latest version of UFC 4-510-01, Design: Military Medical Facilities, Appendix B, Architectural and Engineering Design Requirements.

SECTION 2: PLANNING AND PROGRAMMING REQUIREMENTS

1. Planners will consider local population projections, workload, staffing, and anticipated services to develop a project based on these criteria. The staffing projections used by planners to program requirements must be validated and aligned with the authorized manning document for the project. When no official guidance, policy or directive exists to validate space or program requirements, the planner will consult with their supervisor, and at their supervisor's discretion, the issue(s) may be elevated to senior leadership for the determination of the final project requirements.
2. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas required for outpatient Behavioral Health services and the relationship 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.
3. One dedicated telehealth room (EXTH1) is provided in Functional Area 2: Adult Behavioral Health Patient Area. This room is intended to support the transmission of a patient visit to a provider at a receiving location outside of the facility. This room may be shared with other Behavioral Health services, or where adult and child / adolescent populations are seen in adjacent areas, program separate telehealth rooms to keep the patient populations segregated.
4. Programming of the Behavioral Health provider offices (OFDC1) is based on one per each FTE Behavioral Health provider projected to work in the Behavioral Health Clinic per the authorized manning document. An OFDC1 will also be programmed for each FTE Behavioral Health technician who interacts one on one with scheduled patients for 50% or more of their work day. The planner should evaluate the work schedules of non-FTE providers and technicians in order to determine how many OFDC1s will be allocated as shared, or dedicated offices.
5. Programming of the Multipurpose Therapy room is driven by having a dedicated FTE Recreational Therapist. Where this requirement is not met, the planner will evaluate utilization of the room in support of a therapy that cannot otherwise be accommodated in a group therapy room.
6. The following planning parameters are fixed values and are applied to the planning and program requirements:
 - a. Operating Days per Year: 240 days
 - b. Hours of Operation per Day: 8 hours
7. For calculation of the number of building support spaces (Vestibules, Lobbies, Multi-fixture Public and Staff Toilets, Staff Lounges and Locker Rooms, Conference Rooms, Communication Closets, and Janitor Closets), please refer to Chapter 610: Common Areas.

8. For space criteria requirements to support Graduate Medical Education in the MTF, refer to Chapter 230: Education and Training.

SECTION 3: 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/>). Refer to the Behavioral Health Design requirements per the UFC 4 510 01, and to the Behavioral Health Design Guide, which is available from Behavioral Health Facility Consulting, LLC. Also refer to the Facility Guidelines Institute (FGI) Guidelines for Design and Construction of Hospitals and Guidelines for Design and Construction of Outpatient Facilities for additional information.

3.1. NET-TO-DEPARTMENT GROSS FACTOR.

The net-to-department gross factor (NTDG) for the Behavioral Health Clinic is **1.40**. 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 as well as 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.

3.2. GENERAL DESIGN CONSIDERATIONS.

1. Behavioral health clinics should be designed to appear comfortable, attractive, and less institutionalized. At the same time, it is important to maintain a safe, positive healing environment that meets applicable codes, regulations and requirements of the Facility Planning Functional Program and the Behavioral Health Safety Risk Assessment.
2. Locate all Behavioral Health services discretely within the facility to maintain a confidential environment. Consider a separate entry from the exterior to the Behavioral Health Clinic when other services are provided in the facility.
3. When and where possible, clinics will be collocated adjacent to inpatient units with the same specialty; for example, the Behavioral Health Inpatient Unit and the Adult Behavioral Health Clinic.
4. Avoid architectural features that provide opportunities for patients to conceal or hide themselves.
5. Consider technology requirements early on in design. Technology can be leveraged for safety and efficiency, specifically address the room locations for the hard-wired Behavioral Health Staff Assist Alarm buttons per the UFC 4 510 01.
6. Consider space (temporary or fixed) and IM/IT capabilities for all team members to be able to accomplish their required documentation.

7. The clinic design shall be zoned for patient, visitor, support, and staff areas to improve efficiency. A separate flow will be created between patients and visitors (on stage) and staff (off stage) to optimize privacy, safety, and overall satisfaction. “On Stage” is defined as the Public / Reception Zone and the Patient Care / Treatment Zone. “Off Stage” is defined as the Staff / Administration Zone, the Clinic Support Zone and staff/service corridors.
8. Provide a separate staff/delivery entrance in the off-stage area of the clinic. This will be utilized for patient transport to a higher level of care in the event of an emergency.

3.3. RECEPTION.

1. Reception staff should have line of sight to the entrance of, and their associated waiting area.
2. Seating in the waiting area should be comfortable with adequate space for patients with wheelchairs and walking aids. Consider arranging seats into separate, small clusters to accommodate social distancing. Locate seating arrangements to allow for clear line of site from the reception desk.
3. If pediatric programs are planned (e.g., Child and Adolescent Services or the Family Advocacy Program), separate, controlled waiting area(s) away from adult services will be provided.
4. To maximize speech privacy for patients at Reception, provide open, clear floor area between the waiting seats and Reception.
5. The Behavioral Health Data Portal (BHDP) is an easy-to-use and secure web-based system for collecting behavioral health symptom data directly from patients that is separate from the electronic health record. The collection of this information may be obtained from the patient prior to their in-person visit to the clinic via the internet or at the start of an in-person visit. Locate the intake assessment cubicle(s) to allow for clear line of site from the reception desk. The cubicle(s) may be in an open area or enclosed with computer stations for group testing.

3.4. PATIENT AREAS.

1. Follow the Facility Planning Functional Program and Behavioral Health Safety Risk Assessment to determine the risk levels of specific areas and spaces in the Behavioral Health Clinic and apply design features to reduce patient and staff risks accordingly.
2. Patient care areas should be located near the front to minimize patient walking distances and to maximize the “on-stage / off stage” flow.
3. Design group therapy rooms as square, or nearly square areas to accommodate a circle of chairs. Each group therapy room is required to have two doors located on opposite sides or ends of the room.

4. Control of sound transmission from counseling offices and group therapy rooms is a critical design consideration.
5. The Multipurpose Room is intended to support 10-12 patients for recreational therapy sessions (tai chi, yoga, art, or music). If the room supports art therapy, a utility sink for cleaning art supplies should be provided, as well as lockable cabinetry for storing supplies. Consider including art display cases where supported by the Behavioral Health Safety Risk Assessment.

SECTION 4: PROGRAM DATA REQUIRED

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

1. How many Behavioral Health provider FTE positions are projected for Adult Behavioral Health per the authorized manning document? (S)
2. How many Behavioral Health technician FTE positions are projected for Adult Behavioral Health per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day? (S)
3. How many Case Manager FTE positions are projected for Adult Behavioral Health per the authorized manning document? (S)
4. How many Recreational Therapist FTE positions are projected for Adult Behavioral Health per the authorized manning document? (S)
5. How many annual Transcranial Magnetic Stimulation treatments are projected in Adult Behavioral Health? (W)
6. How many hard copy records are projected to be stored in Adult Behavioral Health? (Misc)
7. Is a Family Advocacy Program projected? (M)
 - 7.1. How many Family Advocacy provider FTE positions are projected per the authorized manning document? (S)
 - 7.2. How many Family Advocacy technician FTE positions are projected per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day? (S)
 - 7.3. How many hard copy records are projected to be stored in Family Advocacy? (Misc)
8. Are Child and Adolescent Services projected? (M)
 - 8.1. How many Child and Adolescent provider FTE positions are projected per the authorized manning document? (S)
 - 8.2. How many Child and Adolescent technician FTE positions are projected per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day? (S)
 - 8.3. How many hard copy records are projected to be stored in Child and Adolescent Services? (Misc)
9. Is a Substance Use Disorder Clinic (SUDC) projected? (M)
 - 9.1. How many SUDC counselor FTE positions are projected per the authorized manning document? (S)
 - 9.2. How many SUDC technician FTE positions are projected per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day? (S)

- 9.3. How many Recreational Therapist FTE positions are projected to work in SUDC per the authorized manning document? (S)
- 9.4. How many hard copy records are projected to be stored in the SUDC? (Misc)
- 10. Is an Embedded Behavioral Health (EBH) Clinic projected? (M)
 - 10.1. How many EBH provider FTE positions are projected per the authorized manning document? (S)
 - 10.2. How many EBH technician FTE positions are projected per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day? (S)
 - 10.3. How many EBH Case Manager FTE positions are projected per the authorized manning document? (S)
 - 10.4. How many Recreational Therapist FTE positions are projected to work in EBH per the authorized manning document? (S)
 - 10.5. How many hard copy records are projected to be stored in the EBH Clinic? (Misc)

SECTION 5: SPACE PLANNING CRITERIA

For calculation of the number of building support spaces (Vestibules, Lobbies, Vending Machine areas, Multi-fixture Public and Staff Toilets, Staff Lounges and Locker Rooms, Conference Rooms, Security Services, Communication Closets, and Janitor Closets), please refer to Chapter 610: Common Areas.

If additional administrative spaces other than those listed in each Functional Area are required to support patient care, consider adding shared offices or cubicles, and include comments with justification in the PFD. Refer to Chapter 210: General Administration for administrative space criteria.

The Planner must evaluate the proximity of, and the volume of use of each Waiting, Kiosk, Patient Check-in, and Reception in the Adult Behavioral Health, SUDC and EBH in order to program shared functions and to optimize the space requirement.

5.1. FA1: ADULT BEHAVIORAL HEALTH RECEPTION.

1. Waiting (WRC01) 120 NSF

- a. Provide one
- b. Provide an additional 64 NSF for every increment of two [Psychological Testing (OPMH2)], [Office, Adult Behavioral Health Provider (OFDC1)], [Office, Adult Behavioral Health Technician (OFDC1)], [Transcranial Magnetic Stimulation (TMS) Room (OPEE1)], [Biofeedback Room (OPMH3)] greater than eight

The minimum NSF accommodates 6 chairs at 16 NSF and 1 chair at 25 NSF.

2. Kiosk, Patient Check-in (CLSC1) 15 NSF

- a. Provide one
- b. Provide an additional one for every increment of eight [Office, Adult Behavioral Health Provider (OFDC1)] greater than eight

3. Reception (RECP1) 100 NSF

- a. Provide one
- b. Provide an additional 50 NSF for every increment of eight [Psychological Testing (OPMH2)], [Office, Adult Behavioral Health Provider (OFDC1)], [Office, Adult Behavioral Health Technician (OFDC1)], [Transcranial Magnetic Stimulation (TMS) Room (OPEE1)], [Biofeedback Room (OPMH3)] greater than eight

Minimum allocated NSF accommodates two FTEs.

4. Cubicle, Intake Assessment (CLSC2) 15 NSF

- a. Provide one if [Office, Adult Behavioral Health Provider (OFDC1)] is at least two
- b. Provide an additional 15 NSF for every increment of eight [Office, Adult Behavioral Health Provider (OFDC1)] greater than eight

Accommodates BHDP assessments. Where this function is accommodated via electronic media prior to the in-person visit, or with portable electronic devices in the clinic, do not program intake assessment cubicles.

5.2. FA2: ADULT BEHAVIORAL HEALTH PATIENT AREA.

1. Intake / Assessment Room (OFDC2) 120 NSF

- a. Provide one if [Office, Adult Behavioral Health Provider (OFDC1)] is at least two
- b. Provide an additional one for every increment of eight [Office, Adult Behavioral Health Provider (OFDC1)] greater than eight

This room may also be utilized by Behavioral Health providers, or Behavioral Health technicians who do not have a dedicated office (OFDC1).

2. Psychological Testing (OPMH2) 120 NSF

- a. Provide one if [Office, Adult Behavioral Health Provider (OFDC1)] is at least two
- b. Provide an additional one for every increment of eight [Office, Adult Behavioral Health Provider (OFDC1)] greater than eight

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

3. Office, Adult Behavioral Health Provider (OFDC1) 120 NSF

- a. Provide one per each [How many Behavioral Health provider FTE positions are projected for Adult Behavioral Health per the authorized manning document?]

Space accommodates patient counseling and provider administrative functions.

4. Office, Adult Behavioral Health Technician (OFDC1) 120 NSF

- a. Provide one per each [How many Behavioral Health technician FTE positions are projected for Adult Behavioral Health per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day?]

Space accommodates patient counseling and technician administrative functions.

5. Consult Room, Telehealth (OFDC2) 120 NSF

- a. Provide one

Planner must add mobile telemedicine station with a monitor, camera, microphone and computer to the room contents to support the transmission of patient information and images to a remote location where a provider will receive the information and conduct a virtual encounter.

6. Office, Adult Behavioral Health Case Manager (OFDC1) 120 NSF

- a. Provide one per each [How many Case Manager FTE positions are projected for Adult Behavioral Health per the authorized manning document?]

- 7. Multipurpose Therapy Room, Adult Behavioral Health (DAYR1) 360 NSF**
- a. Provide one if [How many Recreational Therapist FTE positions are projected for Adult Behavioral Health per the authorized manning document?] is at least one
- Alternative group therapies (yoga, tai-chi, music or art) are to be conducted in this room. This room can also accommodate traditional group therapy sessions.
- 8. Group Therapy Room, Adult Behavioral Health (OPMH1) 240 NSF**
- a. Provide one if [Office, Adult Behavioral Health Provider (OFDC1)] is at least two
- b. Provide an additional one for every increment of five [Office, Adult Behavioral Health Provider (OFDC1)] greater than five
- 9. Transcranial Magnetic Stimulation (TMS) Room (OPEE1) 150 NSF**
- a. Provide one if [How many annual Transcranial Magnetic Stimulation treatments are projected in Adult Behavioral Health?] is at least 1536
- b. Provide an additional one for every increment of 1536 [How many annual Transcranial Magnetic Stimulation treatments are projected in Adult Behavioral Health?] greater than 1536
- Accommodates a TMS unit, an electroencephalograph, and a recliner. The planner should delete the electroencephalograph when the room function supports TMS.
- 10. Biofeedback Room (OPMH3) 120 NSF**
- a. Provide one
- b. Provide an additional one for every increment of ten [Office, Adult Behavioral Health Provider (OFDC1)] greater than ten
- 11. Toilet, Unisex (TLTU1) 60 NSF**
- a. Provide one
- b. Provide an additional one for every increment of eight [Office, Adult Behavioral Health Provider (OFDC1)] greater than eight
- 12. Copy / Office Supply (RPR01) 50 NSF**
- a. Provide one
- Planner must determine the availability and the volume of use of each Copy /Office Supply space within the specific service or the facility in order to share the function and optimize the space requirement for copy areas.
- 13. Storage, Adult Behavioral Health Patient Records (FILE1) 100 NSF**
- a. Provide one if [How many hard copy records are projected to be stored in Adult Behavioral Health?] is at least 3,804
- b. Provide an additional 8 NSF for every increment of 317 [How many hard copy records are projected to be stored in Adult Behavioral Health?] greater than 3804

5.3. FA3: FAMILY ADVOCACY PROGRAM.

FA Condition: [Is a Family Advocacy Program projected?]

- 1. Waiting (WRC01) 120 NSF**
 - a. Provide one
 - b. Provide an additional 64 NSF for every increment of two [Office, Family Advocacy Provider (OFDC1)] greater than eight

Minimum NSF accommodates 6 chairs at 16 NSF and 1 chair at 25 NSF.
- 2. Kiosk, Patient Check-in (CLSC1) 15 NSF**
 - a. Provide one
 - b. Provide an additional one for every increment of eight [Office, Family Advocacy Provider (OFDC1)] greater than eight
- 3. Reception (RECP1) 100 NSF**
 - a. Provide one
 - b. Provide an additional 50 NSF for every increment of eight [Office, Family Advocacy Provider (OFDC1)], [Office, Family Advocacy Technician (OFDC1)] greater than eight

Minimum NSF accommodates two FTEs.
- 4. Intake / Assessment Room (OFDC2) 120 NSF**
 - a. Provide one
 - b. Provide an additional one for every increment of eight [Office, Family Advocacy Provider (OFDC1)] greater than eight

Allocated NSF provides private space for Family Advocacy technicians, and professional staff such as Family Advocacy nurses, Outreach managers, etc., who do not have a dedicated office (OFDC1).
- 5. Office, Family Advocacy Provider (OFDC1) 120 NSF**
 - a. Provide one per each [How many Family Advocacy provider FTE positions are projected per the authorized manning document?]
- 6. Office, Family Advocacy Technician (OFDC1) 120 NSF**
 - a. Provide one per each [How many Family Advocacy technician FTE positions are projected per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day?]
- 7. Group Therapy Room, Family Advocacy (OPMH1) 240 NSF**
 - a. Provide one if the number of [Office, Family Advocacy Provider (OFDC1)] is at least two

- b. Provide an additional one for every increment of eight [Office, Family Advocacy Provider (OFDC1)] greater than eight

8. Toilet, Unisex (TLTU1) 60 NSF

- a. Provide one
- b. Provide an additional one for every increment of eight [Office, Family Advocacy Provider (OFDC1)] greater than eight

9. Copy / Office Supply (RPR01) 50 NSF

- a. Provide one

Planner must determine the availability and the volume of use of each Copy /Office Supply space within the specific service or the facility in order to share the function and optimize the space requirement for copy areas.

10. Storage, Patient Records (FILE1) 100 NSF

- a. Provide one if [How many hard copy records are projected to be stored in Family Advocacy?] is at least 3,804
- b. Provide an additional 8 NSF for every increment of 317 [How many hard copy records are projected to be stored in Adult Behavioral Health?] greater than 3804

5.4. FA4: CHILD AND ADOLESCENT SERVICES.

FA Condition: [Are Child and Adolescent Services projected?]

1. Waiting (WRC01) 120 NSF

- a. Provide one
- b. Provide an additional 64 NSF for every increment of two [Office, Child and Adolescent Provider (OFDC1)] greater than eight

The minimum NSF accommodates 6 chairs at 16 NSF and 1 chair at 25 NSF.

2. Kiosk, Patient Check-in (CLSC1) 15 NSF

- a. Provide one
- b. Provide an additional one for every increment of eight [Observation, Child Play (PLAY1)], [Office, Child and Adolescent Provider (OFDC1)] greater than eight

3. Intake / Assessment Room (OFDC2) 120 NSF

- a. Provide one if [Office, Child and Adolescent Provider (OFDC1)] is at least two
- b. Provide an additional one for every increment of four [Office, Child and Adolescent Provider (OFDC1)] greater than four

Allocated NSF provides private space for Child and Adolescent technicians who do not have a dedicated counseling office to perform intake interviews and administer psycho-social assessments, conduct screening interviews, etc.

- 4. Office, Child and Adolescent Provider (OFDC1) 120 NSF**
a. Provide one per each [How many Child and Adolescent provider FTE positions are projected per the authorized manning document?]
- 5. Office, Child and Adolescent Technician (OFDC1) 120 NSF**
a. Provide one per each [How many Child and Adolescent technician FTE positions are projected per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day?]
- 6. Observation, Child Play (PLAY1) 100 NSF**
a. Provide one if [Office, Child and Adolescent Provider (OFDC1)] is at least two
b. Provide an additional one for every increment of four [Office, Child and Adolescent Provider (OFDC1)] greater than four
- 7. Toilet, Unisex (TLTU1) 60 NSF**
a. Provide one
b. Provide an additional one for every increment of eight [Office, Child and Adolescent Provider (OFDC1)] greater than eight
- 8. Copy / Office Supply (RPR01) 50 NSF**
a. Provide one
Planner must determine the availability and the volume of use of each Copy /Office Supply space within the specific service or the facility in order to share the function and optimize the space requirement for copy areas.
- 9. Storage, Patient Records (FILE1) 100 NSF**
a. Provide one if [How many hard copy records are projected to be stored in Child and Adolescent Services?] is at least 3,804
b. Provide an additional 8 NSF for every increment of 317 [How many hard copy records are projected to be stored in Child and Adolescent Services?] greater than 3804

5.5. FA5: SUBSTANCE USE DISORDER CLINIC (SUDC).

FA Condition: [Is a Substance Use Disorder Clinic (SUDC) projected?]

- 1. Waiting (WRC01) 120 NSF**
a. Provide one
b. Provide an additional 64 NSF for every increment of two [Office, SUDC Counselor (OFDC1)] greater than eight
The minimum NSF accommodates 6 chairs at 16 NSF and 1 chair at 25 NSF.
- 2. Kiosk, Patient Check-in (CLSC1) 15 NSF**
a. Provide one

- b. Provide an additional one for every increment of eight [Office, SUDC Counselor (OFDC1)] greater than eight

3. Reception (RECP1) 100 NSF

- a. Provide one
- b. Provide an additional 50 NSF for every increment of eight [Office, SUDC Counselor (OFDC1)] greater than eight

Minimum allocated NSF accommodates two FTEs.

4. Cubicle, Intake Assessment (CLSC2) 15 NSF

- a. Provide one if [Office, SUDC Counselor (OFDC1)] is at least two
- b. Provide an additional 15 NSF for every increment of eight [Office, SUDC Counselor (OFDC1)] greater than eight

Where this function is accommodated via electronic media prior to the in-person visit, or with portable electronic devices in the clinic, do not program intake assessment cubicles.

5. Office, SUDC Counselor (OFDC1) 120 NSF

- a. Provide one per each [How many SUDC counselor FTE positions are projected per the authorized manning document?]

6. Office, SUDC Technician (OFDC1) 120 NSF

- a. Provide one per each [How many SUDC technician FTE positions are projected per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day?]

7. Multipurpose Therapy Room, SUDC (DAYR1) 360 NSF

- a. Provide one if [How many Recreational Therapist FTE positions are projected to work in SUDC per the authorized manning document?] is at least one

Alternative group therapies (yoga, tai-chi, music or art) are to be conducted in this room. This room can also accommodate traditional group therapy sessions.

8. Group Therapy Room, SUDC (OPMH1) 240 NSF

- a. Provide one if [Office, SUDC Counselor (OFDC1)] is at least two
- b. Provide an additional one for every increment of six [Office, SUDC Counselor (OFDC1)] greater than six

9. Biofeedback Room (OPMH3) 120 NSF

- a. Provide one

Accommodates equipment to support biofeedback and Cranial Electrostimulation (CES) therapy.

10. Toilet, Unisex (TLTU1) 60 NSF

- a. Provide one
- b. Provide an additional one for every increment of eight [Office, SUDC Counselor (OFDC1)] greater than eight

11. Copy / Office Supply (RPR01) 50 NSF

- a. Provide one

Planner must determine the availability and the volume of use of each Copy /Office Supply space within the specific service or the facility in order to share the function and optimize the space requirement for copy areas.

12. Storage, Patient Records (FILE1) 100 NSF

- a. Provide one if [How many hard copy records are projected to be stored in the SUDC?] is at least 3804
- b. Provide an additional 8 NSF for every increment of 317 [How many hard copy records are projected to be stored in the SUDC?] greater than 3804

5.6. FA6: EMBEDDED BEHAVIORAL HEALTH (EBH) CLINIC.

FA Condition: [Is an Embedded Behavioral Health (EBH) Clinic projected?]

1. Waiting (WRC01) 120 NSF

- a. Provide one
- b. Provide an additional 64 NSF for every increment of two [Office, EBH Provider (OFDC1)] greater than eight

2. Kiosk, Patient Check-in (CLSC1) 15 NSF

- a. Provide one
- b. Provide an additional one for every increment of eight [Office, EBH Provider (OFDC1)] greater than eight

3. Reception (RECP1) 100 NSF

- a. Provide one
- b. Provide an additional 50 NSF for every increment of eight [Office, EBH Provider (OFDC1)] greater than eight

Minimum allocated NSF accommodates two FTEs.

4. Cubicle, Intake Assessment (CLSC2) 15 NSF

- a. Provide one if [Office, EBH Provider (OFDC1)] is at least two
- b. Provide an additional 15 NSF for every increment of eight [Office, EBH Provider (OFDC1)] greater than eight

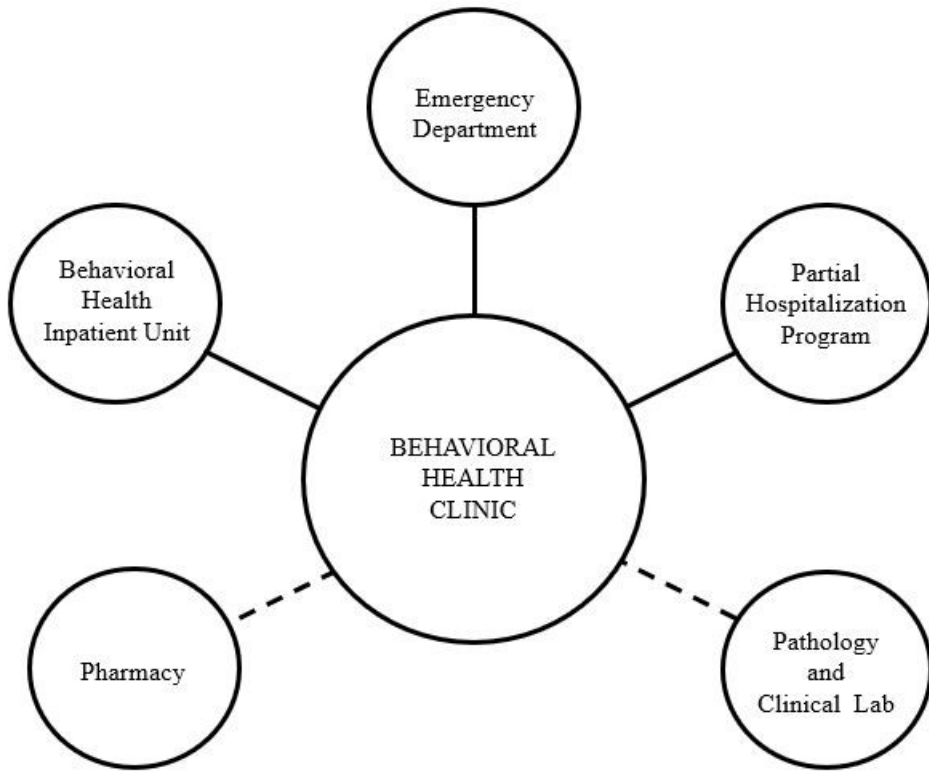
Where this function is accommodated via electronic media prior to the in-person visit, or with portable electronic devices in the clinic, do not program intake assessment cubicles.

- 5. Office, EBH Provider (OFDC1) 120 NSF**
a. Provide one per each [How many EBH provider FTE positions are projected per the authorized manning document? (S)]
- 6. Office, EBH Technician (OFDC1) 120 NSF**
a. Provide one per each [How many EBH technician FTE positions are projected per the authorized manning document who will interact one on one with scheduled patients for 50% or more of their work day?]
- 7. Office, EBH Case Manager (OFDC1) 120 NSF**
a. Provide one per each [How many EBH Case Manager FTE positions are projected per the authorized manning document?]
- 8. Multipurpose Therapy Room, EBH (DAYR1) 360 NSF**
a. Provide one if [How many Recreational Therapist FTE positions are projected to work in EBH per the authorized manning document?] is at least one
Alternative group therapies (yoga, tai-chi, music or art) are to be conducted in this room. This room can also accommodate traditional group therapy sessions.
- 9. Group Therapy Room, EBH (OPMH1) 240 NSF**
a. Provide one if the number of [Office, EBH Provider (OFDC1)] is at least two
b. Provide an additional one for every increment of six [Office, EBH Provider (OFDC1)] greater than six
- 10. Biofeedback Room (OPMH3) 120 NSF**
a. Provide one
Accommodates equipment to support biofeedback and Cranial Electrostimulation (CES) therapy.
- 11. Toilet, Unisex (TLTU1) 60 NSF**
a. Provide one
b. Provide an additional one for every increment of eight [Office, EBH Provider (OFDC1)] greater than eight
- 12. Copy / Office Supply (RPR01) 50 NSF**
a. Provide one
Planner must determine the availability and the volume of use of each Copy /Office Supply space within the specific service or the facility in order to share the function and optimize the space requirement for copy areas.
- 13. Storage, Patient Records (FILE1) 100 NSF**

- a. Provide one if [How many hard copy records are projected to be stored in the EBH Clinic?] is at least 3804
- b. Provide an additional 8 NSF for every increment of 317 [How many hard copy records are projected to be stored in the EBH Clinic?] greater than 3804

SECTION 6: FUNCTIONAL RELATIONSHIPS (INTERDEPARTMENTAL)

Behavioral Health services will rely on a number of other services in the MTF for patient care and support functions. The diagram below represents desirable relationships based on efficiency and functional considerations.



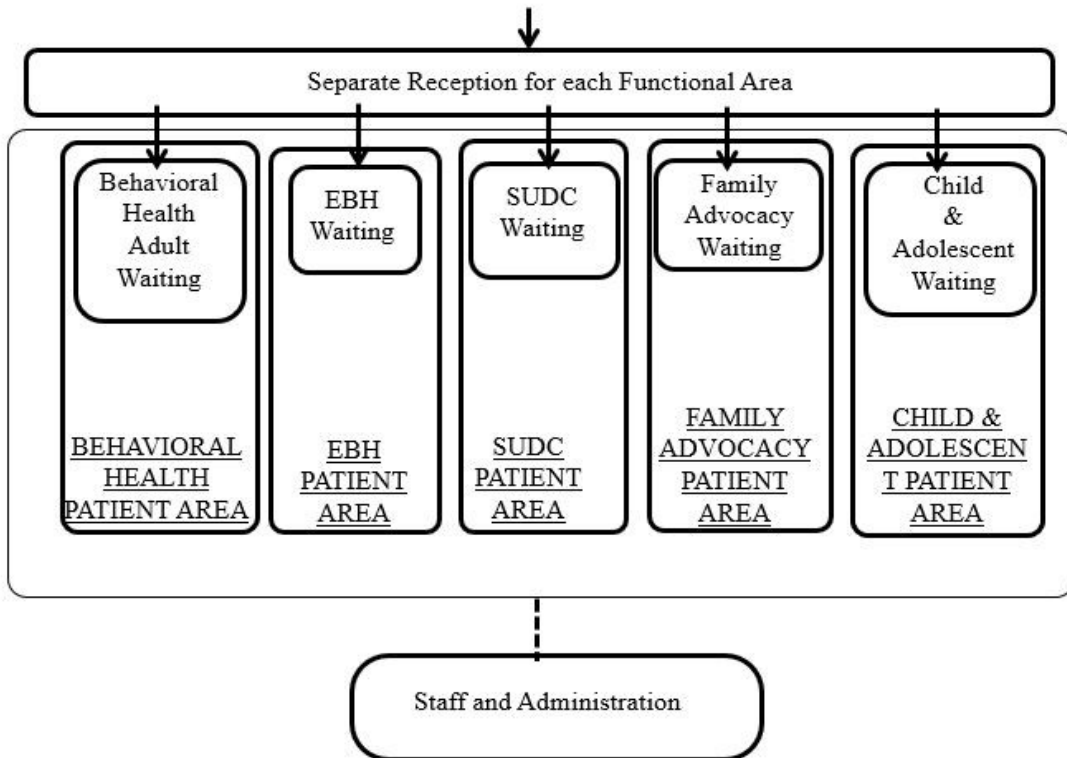
BEHAVIORAL HEALTH CLINIC

LEGEND

- Most Critical Adjacency
- - - - - Less Critical Adjacency

SECTION 7: FUNCTIONAL DIAGRAM BEHAVIORAL HEALTH CLINIC.

The diagram below illustrates intradepartmental relationships among key areas / spaces within Behavioral Health services. The diagram is necessarily generic. The planner shall use this as a basis for design only and shall consider project-specific requirements for each MTF.



LEGEND

- Patient Circulation
- - - - - Staff Circulation

**BEHAVIORAL HEALTH
CLINIC**

GLOSSARY

Ambulatory Care Center: A Medical Treatment Facility (MTF) providing outpatient care services in both a freestanding building, as well as within or directly adjacent to an MTF that provides inpatient care services.

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 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. Also see *Counselor*.

Behavioral Health Technician: Works under supervision of a behavioral health care provider or team to provide direct assistance or education to patients, and performs various 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.

Consult Room: This is a consultation room for patients to meet with physicians or other providers privately and is ideally located near the waiting room.

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 use, trauma recovery, crime victimization, bereavement, and job and career issues. For the intent of this space criteria chapter, they are equivalent to a provider.

Cranial Electrostimulation (CES): CES is an electro-medical modality indicated for the treatment of anxiety, depression and insomnia. During a CES treatment, a mild electrical stimulus is applied trans-cranially 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.

Full-Time Equivalent (FTE): A staffing parameter equal to the amount of time assigned to one full time employee. It may be composed of several part-time employees whose total time commitment equals that of a full-time employee. One FTE equals a 40-hour a week workload. 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 Exam and Treatment Area, Clinic Support, Staff and Administration.

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.

Hours of Operation per Day: These are the hours of operation within a department, or a facility. For example, a hospital nursing unit and an emergency department will operate 24 hours per day; whereas a clinic or an ambulatory care center may be operational 8 hours or more.

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 5) set forth in this document. Input Data Statements are defined as Mission, Workload, Staffing or Miscellaneous.

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 Section 3.

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.

Operating Days per Year: The number of days per calendar year a facility is operational for patient care.

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.

Recreational Therapist: A recreational therapist plans, directs, and coordinates recreation-based treatment programs (music, art, movement) for people with disabilities, injuries, or illnesses.

Room Utilization Factor: The percentage of time that a room is in use to the time it could be in use over the course of a year. This factor provides flexibility to accommodate variability caused by other resources and processes involved in patient encounters. Smaller clinics like this one-team PCMH facility should assume a lower utilization factor than larger clinics, because operational issues like provider and support staff absences and seasonal demand fluctuations have more significant impacts on patient scheduling.

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 Sterile Processing.

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 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.

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. Usually, the telehealth room should be equipped as a consult room with mobile video / camera capability to support transmission of patient information to a remote receiving location.

Transcranial Magnetic Stimulation (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).