

**CHAPTER 202: VETERANS HEALTH ADMINISTRATION – SUBSTANCE ABUSE
CLINIC**

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1 PURPOSE AND SCOPE

This document outlines Space Planning Criteria for Chapter 220: Substance Abuse Clinic. It applies to all medical facilities at the Department of Veterans Affairs (VA).

Substance Abuse Clinic is a special medical outpatient program which provides for the care and treatment of drug dependent veterans no longer in need of inpatient care. A variety of treatment methods are employed, including individual and group therapy, psychiatric counseling, methadone maintenance, and social and vocational rehabilitation techniques. The clinic is staffed by a variety of professional and rehabilitated former substance abuse patients working as counselors, offering a range of medical and counseling services.

2 DEFINITIONS

- A. Alcohol Dependence: Any use of alcohol that produces a pattern of pathological use causing impairment in social or occupational functioning or producing physiological dependency evidenced by physical tolerance or withdrawal.
- B. Concept of Operations: A user-developed guide to the functional operation of the VA healthcare facility. It defines the function of the facility and the scope of medical services to be provided in the new or remodeled space.
- C. Clinic Stop: A clinic stop is one encounter of a patient with a healthcare provider. Per these criteria, the clinic stop is the workload unit of measure for space planning. One individual patient can have multiple procedure / suite stops in a single visit or in one day.
- D. Clinic Visit: The visit of an outpatient to one or more units within one calendar day. (VA Directive 2002-023).
- E. Detoxification (Detox): Process, to rid the body of a toxic substance. Non-medical Detox refers to the fact that the body will rid itself of drugs (including alcohol). Medical Detox refers to a wide variety of detoxification techniques used by the medical professional. These techniques range from simple observation by professionals while an individual rids itself naturally to medical intervention, which may include tranquilizers or other drugs that reduce the symptoms caused by the withdrawal from the addictive drug.
- F. Encounter: An encounter is a professional contact between a patient and a practitioner vested with primary responsibility for diagnosing, evaluating and/or treating the patient's conditions (VA Directive 2002-023).
- G. Functional Area: The grouping of rooms and spaces based on their function within a clinical service. Typical Functional Areas are Reception Areas, Patient Areas, Support Areas, Staff and Administrative Areas, and Residency Program.
- H. 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 hours per week.

- I. Group Room : Room where patient activities and counseling sessions are performed. A typical group room is sized for 10 to 12 patients.
- J. Input Data Statement: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) based on the criteria parameters set forth in this document. Input Data Statements could be Mission related, based in the project's Concept of Operations; and Workload or Staffing related, based on projections and data provided by the VHA or the VISN about the estimated model of operation. This information is processed through mathematical and logical operations in VA-SEPS.
- K. Net-to-department gross factor (NTDG): A factor that, when multiplied by the programmed Net Square Foot (NSF) area, determines the Departmental Gross Square Feet (DGSF). The NTDG factor adopted for Substance Abuse Clinic is 1.40.
- L. Program for Design (PFD): A space program based on criteria set forth in this document and specific information about Concept of Operations, workload projections and staffing levels authorized.
- M. Provider: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of the patients within his or her scope of practice as established by the governing body of a healthcare organization.
- N. Psychologist: A professional specializing in diagnosing and treating diseases of the brain, emotional disturbance, and behavior problems. Psychologists can only use talk therapy as treatment; and are not licensed to prescribe medication.
- O. Rehabilitation Counselor: Individual assisting patients who have disabilities in order to maximizing their potential and their independence. Rehabilitation counselors work with individuals who have a variety of physical, mental and emotional disabilities. They assist individuals who have disabilities in vocational, independent living and educational pursuits
- P. Room Efficiency Factor: A factor that provides flexibility in the utilization of a room to account for patient delays, scheduling conflicts, and equipment maintenance. Common factors are in the 80 to 85% range. A room with 80% room efficiency provides a buffer to assume that this room would be available 20% of the time beyond the planned operational practices of the room. This factor may be adjusted based on the actual and/or anticipated operations and processes of the room / department.
- Q. SEPS (VA-SEPS): Acronym for Space and Equipment Planning System, a digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs to generate a Program for Design (PFD) and an Equipment List for a VA healthcare project based on specific information entered in response to Input Data Questions. VA-SEPS incorporates the propositions set forth in all VHA Space Planning Criteria chapters. VA-SEPS has been designed to aid healthcare planners in creating a space plan based on a standardized set of criteria parameters.
- R. Workload: Workload is the anticipated number of procedures or suite stops that is processed through a department/service area. The total workload applied to departmental operational assumptions will determine overall room requirements.

3 OPERATING RATIONALE AND BASIS OF CRITERIA

- A. Workload Projections or planned services / modalities for a specific VA medical center, hospital or satellite outpatient clinic project are provided by the VA Central Office (VACO) / VISN CARES Capacity Projection Model. The workload projections are generated by methodology based upon the expected veteran population in the respective market / service area. Healthcare planners working on VA medical center, hospital or satellite outpatient clinic projects will utilize and apply the workload based criteria set forth herein for identified services and modalities to determine room requirements for each facility.
- B. The following workload criteria have been developed on the basis of an understanding of the activities involved in various functional areas of Mental Health Clinics and their relationship with other departments and services of a medical facility. These criteria are predicated on established and/or anticipated best practice standards. These criteria are subject to modification and adjustment relative to developments in state-of-the-art equipment, medical practice, and subsequent planning and design.
- C. Room capacity calculation per year should be based on:

$$\frac{\text{Operating days per year} \times \text{Hours of operation per day}}{\text{Minutes per clinic stop} / 60 \text{ minutes}} = \text{Number of annual clinic stops}$$

The general planning model for VA facilities assumes 250 Operating Days per Year and 8 Hours of Operation per Day. Room capacity will fluctuate as hours of operation are modified, i.e., additional capacity may be generated by extending the daily hours of operation within the same physical setting.

Basic Room Efficiency Factor selected for Day Hospital is 80%.

Example: For a Day Hospital Group Therapy Sessions that averages 60 minutes:

$$\frac{250 \text{ operating days per year} \times 8 \text{ hours of operation per day}}{60 / 60 \text{ minutes}} = 2,000 \text{ annual Group Therapy Sessions}$$

Maximum capacity of 2,000 Group Therapy Sessions per year, assuming 100% utilization. However, 100% utilization is not realistic. Apply an 80% Efficiency Factor as a design standard for Day Hospital.

2,000 x 80% = 1,600 annual Group Therapy Sessions.

TABLE 1: WORKLOAD PARAMETER CALCULATION

CLINIC STOP	AVERAGE LENGTH OF GROUP THERAPY SESSION (minutes)	UTILIZATION RATE	ANNUAL GROUP THERAPY SESSIONS (rounded)	MINIMUM WORKLOAD TO GENERATE ONE ROOM
Group Room (12 patients)	60	80%	2,000	600

The number of annual Group Therapy Sessions per room will be used as a criteria parameter to calculate the number of Group Therapy Rooms in the Space Criteria section of this document. The minimum workload to generate one room is 30% of the calculated annual Group Therapy Sessions per room.

4 PROGRAM DATA REQUIRED (Input Data Statements):

A Mission:

- 1 Is an additional Substance Abuse Clinic Conference Room authorized? (M)

B Workload:

- 1 How many annual Substance Abuse Clinic stops are projected? (W)
- 2 How many annual Group Therapy sessions are projected? (W)

C Staffing:

- 1 How many Psychologist FTE positions are authorized? (S)
- 2 How many Chaplain FTE positions are authorized? (S)
- 3 How many Pharmacy Nurse FTE positions are authorized? (S)
- 4 How many Physician FTE positions are authorized? (S)
- 5 How many Rehabilitation Counselor FTE positions are authorized? (S)
- 6 How many Social Worker FTE positions are authorized? (S)
- 7 How many Statistical Clerk FTE positions are authorized? (S)

5 SPACE CRITERIA

A. Reception Areas:

- 1 **Waiting (WROC1)300 NSF (27.8 NSM)**
Minimum NSF; provide an additional 300 NSF per Group Therapy Room greater than one.

Additional area allocates seating for eighteen; 25 NSF for 20% of the calculated total number of seats (wheelchair accessible waiting); and 15 NSF for the remaining 80% (standard waiting).

- 2 **Reception / Communication Center (NSTA1)100 NSF (9.2 NSM)**
Minimum NSF; provide and additional 10 NSF per Psychologist, Chaplain, Physician, Social Worker, and Rehabilitation Counselor FTE positions authorized greater than four; maximum 200 NSF.

- 3 **Toilet , Public (TLTU1)**..... **50 NSF (4.7 NSM)**
Provide one for male and one for female.

B. Patient Areas:

- 1 **Toilet, Specimen (TLTU1)**..... **60 NSF (5.6 NSM)**
Provide one per each whole increment of 4,000 projected annual Substance Abuse annual clinic stops

This room must be in direct visual control from Pharmacist Nurse Office.

- 2 **Group Therapy Room (OPMH1)** **300 NSF (27.9 NSM)**
Divide the projected number of annual Group Therapy Sessions by 2,000; provide one room for each whole increment. Minimum annual projected workload to provide a room is 600 (see Table 1).

Group Therapy Room sized to accommodate up to 12 patients and may also be used as a Conference Room.

- 3 **Storage (SRS01)**..... **120 NSF (11.2 NSM)**
Provide one per Substance Abuse Clinic.

C. Administrative Areas:

1. **Office, Chief (OFC01)** **150 NSF (14.0 NSM)**
Provide one per Substance Abuse Clinic.

2. **Office, Secretary (SEC01)**..... **120 NSF (11.2 NSM)**
Provide one per Substance Abuse Clinic.

3. **Office, Pharmacy Nurse (OFD03)**..... **120 NSF (11.2 NSM)**
Provide one per Pharmacy Nurse FTE position authorized.

4. **Office, Physician (OFD03)** **120 NSF (11.2 NSM)**
Provide one per Physician FTE position authorized.

5. **Office, Psychologist / Chaplain (OFDC1)** **120 NSF (11.2 NSM)**
Provide one per Psychologist / Chaplain FTE position authorized.

6. **Office, Rehabilitation Counselor (OFDC1)** **120 NSF (11.2 NSM)**
Provide one per Rehabilitation Counselor FTE position authorized.

7. **Office, Social Worker (OFDC1)** **120 NSF (11.2 NSM)**
Provide one per Social Worker FTE position authorized.

8. **Office, Statistical Clerk (OFA03)** **80 NSF (7.5 NSM)**
Provide one per Statistical Clerk FTE position authorized.

9. **Conference Room (CRA01)**..... **300 NSF (27.9 NSM)**
Provide one per Substance Abuse Clinic and if an additional Conference Room is authorized.

D. Staff Lockers, Lounge, and Toilets:

The spaces below provide programming of Lounge, Lockers, and Toilets at department/service/chapter level. Alternatively, sum all departments/services data for Lockers, Lounges and Toilets, and program space in Chapter 410-EMS Lockers, Lounges, Toilets and Showers. Either/or – do not duplicate space. Provide locker space only for those FTEs without office or cubicle space.

1. **Lounge, Staff (SL001)****80 NSF (7.5 NSM)**
Minimum NSF; provide an additional 15 NSF per each FTE position authorized greater than five; maximum 210 NSF.

For less than five FTE combine Lounge facilities with adjacent department or sum in chapter 410.

2. **Locker Room, Staff (LR001)** **80 NSF (7.5 NSM)**
Minimum NSF if total number of Clerical FTE positions authorized is between five and thirteen; provide an additional 6 NSF per Technician FTE position authorized greater than thirteen.

Provide locker space only for those FTEs without assigned office or cubicle space. For less than five FTE combine Locker Room facilities with adjacent department or sum in chapter 410.

3. **Toilet, Staff (TLTU1)** **50 NSF (4.7 NSM)**
Minimum one; provide an additional staff toilet for each increment of five FTE positions authorized greater than fifteen.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. Net-to-department gross factor (**NTDG**) for **Substance Abuse Clinic** is **1.40**. This number when multiplied by the programmed net square foot (NSF) area, determines the departmental gross square feet
- B. Substance Abuse clinics provide office, examination and treatment space for providers and support staff to serve qualifying Veterans in the Veterans Mental Health Administration with the highest quality healthcare.
- C. Centralize check-in/check-out for more efficient use of staff.
- D. Consider location of Travel Office (See Chapter 262 – Ambulatory Care-Hospital Based and Chapter 265 – Outpatient Clinics) in vicinity of main check-in / checkout or other central location. Use comparable criteria for administrative office / reception areas. (IF these programs are part of a larger outpatient facility)
- E. Configure patient waiting area with partitions to provide clustered seating and privacy, in order to reduce large waiting spaces and to improve patient environment and reduce noise and confusion. A Women Veterans sub-waiting area may be provided within Waiting, and located adjacent to the patient care spaces.
- F. Security and safety devices should be tamper proof. Architectural design should accommodate the requirements for the handicapped.

- G. Design corridors a minimum of six (6) feet in width, to accommodate passage of two (2) wheelchairs.
- H. In order to accommodate two (2) occupants, at least one (1) being in a wheelchair, the interview booth in the reception area requires a minimum width of 6'-6".
- I. The Substance Abuse Clinic, if located in a Department of Veterans Affairs (VA) hospital, should be on the first floor.

7 FUNCTIONAL RELATIONSHIPS

Relationship of Substance Abuse Clinic to services listed below:

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX

SERVICES	RELATIONSHIP	REASON
Police Service	2	C,J
Mental Health Clinic	2	A,H
Psychology Service	2	A
Pharmacy-Outpatient Satellite	3	H,G
Social Work	3	H,G
Ambulatory Care	4	H
Day Hospital	4	A,H
Domiciliary	4	A,H
Mental Health and Behavioral Patient Care Units	4	A,H
Spinal Cord Injury / Disorders Center	X	L

Legend:

Relationship

1. Adjacent
2. Close / Same Floor
3. Close / Different Floor
Acceptable
4. Limited Traffic
- X. Separation Desirable

Reasons:

(Use as many as appropriate)

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

8 FUNCTIONAL DIAGRAM

