

**CHAPTER 260: VETERANS HEALTH ADMINISTRATION: MENTAL HEALTH CLINIC**

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## 1 PURPOSE AND SCOPE

This document sets forth Space Planning Criteria for Chapter 260: Mental Health Clinic, as it applies to Mental Health Outpatient Programs that are provided by the Department of Veterans Affairs (VA) healthcare facilities.

The Mental Health Clinic provides an interface between inpatient care and the community. As such, it offers preventive care, primary care and aftercare. The clinic also serves as a site for research and training of mental health professionals and administrators in all aspects of outpatient treatment of mental health problems.

## 2 DEFINITIONS

- A. 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.
- B. 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.
- C. Clinic Visit: Patient arrival (stop) at the main reception desk. Patients may have multiple Clinic Stops during one Clinic Visit.
- D. 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.
- E. Functional Area: The grouping of rooms and spaces based on their function within a clinical or clinical support service. Typical Functional Areas are Reception Areas, Patient Areas, Support Areas, Staff and Administrative Areas, and Residency Program.
- F. Input Data Statements: 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 for the facility. This information is processed through mathematical and logical operations in VA-SEPS.
- G. Net-to-department-gross (NTDG): A parameter, determined by the VA for each Space Criteria Chapter, used to convert the programmed Net Square Foot (NSF) area to the Department Gross Square Foot (DGSF) area. The **NTDG** Departmental Conversion Factor for **Mental Health Clinic** is **1.40**.
- H. Psychiatrist: A professional that is licensed as a medical doctor (MD), and can prescribe medications.

- I. 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.
- J. Program for Design (PFD): A space program generated by VA-SEPS based on criteria set forth in this document and specific information entered about Concept of Operations, Workload projections and Staffing levels authorized.
- K. 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.
- L. 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 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.
- M. 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 by modality.

### 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 criteria set forth herein for identified services and modalities to determine room requirements for each facility.
- B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas of the Mental Health Clinic and its 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 Veterans.
- C. These criteria are subject to modification relative to development in the equipment, medical practice, vendor requirements, and subsequent planning and design. The selection of the size and type of Mental Health Clinic equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.

Room capacity calculation per year should be based on:

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

1. 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.
2. Basic Room Efficiency Factor selected for Psychology Service is 85%.

Example: For a Psychology Service clinic stop that averages 40 minutes:

$$\frac{250 \text{ operating days per year} \times 8 \text{ hours of operation per day}}{40 \text{ minutes per clinic stop} / 60 \text{ minutes}} = 3,000 \text{ annual clinic stops}$$

A maximum capacity of 3,000 clinic stops per year, assuming 100% utilization. However, 100% utilization is not realistic. We will apply an 85% Efficiency Factor as a design standard for Psychology Service.

3,030 x 85% = 2,550 annual clinic stops.

**TABLE 1: WORKLOAD PARAMETER CALCULATION**

CLINIC STOP	AVERAGE LENGTH OF CLINIC STOP (minutes)	UTILIZATION RATE	ANNUAL CLINIC STOPS PER ROOM (rounded)	MINIMUM WORKLOAD TO GENERATE ONE ROOM
Exam Room	40	85%	2,550	765

3. The number of annual clinic stops per room will be used as a criteria parameter to calculate the number of exam rooms in the Space Criteria section of this document. The minimum workload to generate one room is 30% of the calculated annual clinic stops per room.

#### 4 PROGRAM DATA REQUIRED (Input Data Questions)

A. Mission:

1. Is a Biofeedback Laboratory authorized? (M)

B. Workload:

1. How many annual Mental Health Clinic stops are projected? (W)

C. Staffing:

1. How many Psychiatrist FTE positions are authorized? (S)
2. How many Psychologist FTE positions are authorized? (S)
3. How many Social Worker FTE positions are authorized? (S)

4. How many Vocational Rehabilitation Specialist FTE positions are authorized? (S)
5. How many Psychiatric Nurse FTE positions are authorized? (S)
6. How many Rehabilitation Technician FTE positions are authorized? (S)
7. How many Secretary FTE positions are authorized? (S)
8. How many Clerk FTE positions are authorized? (S)

## 5 SPACE CRITERIA

### A. Reception Areas

1. **Waiting (WRC01)** .....**60 NSF (5.6 NSM)**  
*Minimum NSF; provide an additional 55 NSF per projected Exam and Treatment Room greater than one.*

60 NSF provides for two standard seats, one wheelchair accessible seat and lighting / table / planting. An additional 55 NSF allocates 25 NSF for one accessible seat and 30 NSF for two standard seats.

2. **Communication Center (NSTA1)**.....**100 NSF (9.3 NSM)**  
*Minimum NSF; provide an additional 10 NSF per Psychiatrist, Psychologist and Social Worker FTE position authorized greater than four; maximum 200 NSF.*

Area includes space for secretary/ receptionist

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

### B. Patient Areas

1. **Exam Room (EXRG3)**.....**120 NSF (11.2 NSM)**  
*Minimum one; divide the projected number of annual Mental Health Clinic, clinic stops by 2,550; provide one room for each whole increment; minimum annual workload to provide a room is 765 (see Table 1) if Provider Offices are not authorized for Patient Examination.*

2. **Treatment Room (TRGM1)**.....**160 NSF (14.9 NSM)**  
*Minimum one; provide an additional Treatment Room for each increment of four Exam Rooms greater than four if Providers Offices are not authorized for Patient Examination.*

3. **Group Therapy Room (OPMH1)** .....**300 NSF (27.9 NSM)**  
*Provide one if the projected number of annual Mental Health Clinic stops is between 765 and 6,000; provide two if the projected number of annual Mental Health Clinic stops is between 6,001 and 21,000; provide three if the projected number of annual Mental Health Clinic stops is between 21,001 and 36,000. Provide four if the projected number of annual Mental Health Clinic stops is greater than 36,000.*

Group Room sized to accommodate up to 12 patients and is used for patient activities and counseling. Freedom of movement during sessions is an integral part of the treatment. These rooms also serve as education space for patients

and staff and accommodate staff conferences, treatment team meetings and large family therapy sessions.

4. **Biofeedback Laboratory Treatment Room (OPMH3)..... 140 NSF (13.1 NSM)**  
*Provide one if Biofeedback Laboratory is authorized.*

The Biofeedback Laboratory Treatment Room accommodates a large relaxation-inducing lounge recliner and biofeedback equipment such as EMG units, temperature units, electro-dermal units, automated sphygmomanometer, audio-voltage isolators, printers, neuro-processor and polygraph. Provide Biofeedback laboratory spaces only if not provided in Psychology Service (Chapter 272) or Day Treatment Center (Chapter 261).

5. **Biofeedback Laboratory Control Room / Office (CMP02)..... 100 NSF (9.3 NSM)**  
*Provide one per Biofeedback Laboratory Treatment Room.*

Room is equipped with one-way viewing capability and used as a teaching facility.

6. **Toilet, Patient (TLTU1)..... 50 NSF (4.7 NSM)**  
*Minimum of one; provide an additional two (for male and female) for each increment of ten Exam Rooms, Treatment Rooms and Counseling Offices greater than ten.*

C. Staff and Administrative Areas

1. **Office, Chief (OFC01) ..... 150 NSF (14.0 NSM)**  
*Provide one per Mental Health Clinic.*
2. **Office, Counseling (OFD01) ..... 120 NSF (11.2 NSM)**  
*Provide one per Psychiatrist, Psychologist, Social Worker, Vocational Rehabilitation Specialist, Psychiatric Nurse and Rehabilitation Technician FTE position authorized.*
3. **Office, Secretary (SEC01)..... 120 NSF (11.2 NSM)**  
*Provide one per Secretary FTE position authorized.*
4. **Cubicle, Clerical (OFA03)..... 80 NSF (7.5 NSM)**  
*Provide one per Clerk FTE position 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 **Mental Health Clinic** is **1.40**. This number when multiplied by the programmed net square foot (NSF) area determines the departmental gross square feet.
- B. The Mental Health Clinic may be adjacent to other outpatient mental health services such as Day Treatment Centers.
- C. 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.
- D. Plan to minimize walking distances for patients from building main entrance to clinical destination and from clinical waiting area to clinical exam or treatment space.
- E. Centralize check-in/check-out for more efficient use of staff.
- F. Consider location of Travel Office (See Chapter 265) 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).
- G. To create flexibility, provide patient care space to handle the widest range of patient visits, reduce, to the extent possible, the amount of space customized for a single patient visit type.
- H. Co-locate groups of exam and office rooms so other service teams can use rooms, as the demand fluctuates.
- I. Create clinic modules with connecting corridors to allow internal circulation of patients and staff; avoid crossing public circulation patterns to the greatest extent possible.
- J. Design corridors a minimum of six (6) feet in width, to accommodate passage of two (2) wheelchairs.

- K. In order to accommodate the designated equipment and a patient in a wheelchair, Exam and Treatment Rooms require a minimum clear dimension of 10'-0".
- L. The offices and group therapy rooms should provide a level of privacy for the confidential nature of the treatment program. Loud conversation should not be discernible outside the treatment room.
- M. Security and safety devices should be tamper proof. Architectural design should accommodate the requirements for the handicapped.



## 7 INTERFUNCTIONAL RELATIONSHIP

Relationship of Mental Health Clinic to services listed below:

**TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX**

SERVICES	RELATIONSHIP	REASON
Police Service	2	C,J
Substance Abuse 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

