

State of New York

Office of Alcoholism and Substance Abuse Services

Bureau of Capital Services

**GUIDELINES FOR PREPARATION  
OF SPACE PLANS  
FOR  
CHEMICAL DEPENDENCE SERVICES  
FOR OASAS FUNDED CAPITAL PROJECTS**

**SEPTEMBER 15, 2000**

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(revised material appears in italics)

## **I. Introduction**

As OASAS nears completion and promulgation of its revised regulatory standards for chemical dependence services, it is an appropriate time to consider the needs of programs and services for space for various types and quantities of service beyond the minimum requirements of regulations. While providers may well operate with no more than the minimum requirements, programs and services operate in widely varying ways. They may need more than minimum amounts and types of spaces to prevent available space from limiting program choices.

When service providers are being provided capital funding by OASAS and the state of New York, it is important to balance the desires of the individual provider for construction and renovation funding with the reasonable needs of all other providers. Thus, the primary purpose of these guidelines is to assist providers to identify the space NEEDED for their current and reasonably anticipated future program services. Since it is impossible to address all combinations and permutations of services provided and numbers of patients served by particular providers in particular programs, these guidelines are not absolute limits but flexible borders. They may be exceeded, but only with substantial programmatic analysis and justification.

These guidelines are drawn from a number of space guidelines prepared over the years by the DSAS Facilities Evaluation and Inspection Unit, from promulgated alcoholism regulations, from background materials considered and rejected in developing regulations, from minimum building and fire code requirements, from requirements of other agencies for spaces with similar uses; and from the opinions of persons involved in space planning and the development process.

A major factor which needs to be recognized in discussion of space for outpatient programs is their schedule of services. Facilities which are rented or otherwise acquired for 24 hours per day are generally used for only part of that time. The extent of open hours during which direct patient services are directly provided affects the amount of space needed. As a general rule for space planning, the larger the program (and, therefore, the related space), the greater should be the number of open hours to respond to the greater variety of scheduling needs of the larger number of patients and potential patients. The schedule will need to be considered and built into the determination of space needed.

In considering space to be developed in programs being renovated or relocated, OASAS may only consider space needed for the existing licensed capacity and the reasonable need to provide more varied and intensive services to meet the needs of that size population.

At this time, OASAS is not prepared to provide guidelines for [...] licensed or other prevention programs.

Please note the following which are applicable throughout these guidelines:

1. In determining space and offices for program administrative staff, actual approved and operating staff needs will supersede the guidelines.
2. In some instances, overall agency administrative offices are combined with a program site. When approved as part of a capital project, actual approved agency administrative staff and its need for space will be added, consistent with office space guidelines included in the following.
3. The “multi-purpose” space identified in many of the guidelines which follow is generally a space where patients can congregate informally, including a mix of small tables and chairs and lounge chairs or couches, may include table games, may include television or stereo equipment, and may include facilities for the storage, preparation and serving of beverages. In instances where patients are in attendance for five hours or more, multi-purpose areas will have basic facilities for the storage, warming, and serving of snacks and light meals and for clean up afterward, such as a “Dwyer Unit” or a small, sink, refrigerator and microwave oven and a source of water. In large facilities, the space identified for “multi-purpose” use may be allocated to the specialized uses included.

## I. Outpatient Services

### A. Outpatient Service (without medication administration and dispensing)

Space requirements are based on a core capacity of 100 outpatients of whom 20 will receive more intensive services, averaging 16 hours per week, and the remainder will average four group sessions per week. The “more intensive” cohort referred to is estimated to be served 4 hours per day for four days per week scheduled, for example, as shown in Appendix A. They will be provided multiple services during each session such as one hour general group counseling (group counseling room), one hour alcohol/drug education or remedial education or general education, or HIV education, or other special health education, or community competency training, etc.(in the large group room/classroom), one hour medical services, or general individual counseling, or vocational or other special individual counseling (individual counseling room, multi-purpose room) or lunch or a self-help group, and one hour special purpose or special population group counseling (group counseling room).

As capacity increases, the cadre of more intensive patients is assumed to increase on a proportional basis and with a broader range of intensity and variety of services available. The proposed space is not intensively utilized so that there is ample space to provide for more intense services, when needed. Approximately 35 square feet per patient is provided. The recommended space is expected to be sufficient for a population up to 150, without adjustment, if only minimal numbers (fewer than 10) of patients are regularly provided services as intensive as described above.

The three critical factors in determining the needed amount of outpatient space are the number of patients to be served, the number to be provided more intensive services and their duration and frequency, and, for the remainder, the average number of group sessions each attends weekly. From a space perspective, there is no need to distinguish among patients who are alcohol or substance abusing or significant others. However, if a provider finds it necessary to provide child care for children of large numbers of patients receiving extended intensive services, additional child care space may be required and will be added.

<u>Description of space</u>	<u># rooms</u>	<u>Sq ft per room</u>	<u>Total Square feet</u>
1. Administrative offices (service director, secretary, bookkeeping, billing etc.)	4	100	400
2. Administrative conference room	1	225	225
3. Counseling offices*	4	100	400
4. Consultant specialists office (shared)	1	120	120
5. Group counseling room	2	200	400
6. Multi-purpose room	1	150	150

**A. Outpatient Service (without medication administration and dispensing) Cont'd**

<u>Description of space</u>	<u># rooms</u>	<u>Sq ft per room</u>	<u>Total Square feet</u>
7. Large group room (e.g. general classroom)	1	400	400
8. Waiting space /reception	1	120	120
9. Child resource room	1	125	125
10. Physician office	1	85	85
11. Examining room	1	75	75
12. Record storage and work area	1	120	120
13. Bathrooms**	3	80	240
14. General storage	-	60	60
15. Janitor's closet	1	40	40
16. Boiler room**	1	<b>250</b>	<b>250</b>
SUBTOTAL			3210
17. Corridors/passages entries/non-usable	@15% of usable***		459
TOTAL			3669

\* If more than four professions (not including physician) are on the full-time staff, add a counseling office for one member of each additional profession.

\*\* If the building is shared with other users and these spaces are in general space, accessible to program patients, they will not be duplicated inside program space.

\*\*\* 15% should be used when the building is shared with other users and the program does not include lobbies, stairwells, elevators and service and supply spaces of the entire building. If the program occupies and user will occupy and use the entire building, use 40%.

FOR OUTPATIENT PROGRAMS LARGER THAN 100 PATIENTS, ADD ALL OF THE FOLLOWING AS INDICATED:

1. For each additional 100 patients (or at least 50 thereof) to a total of 499, add:
  - 2 Counseling offices (@100 square feet)
  - 1 Group counseling room (200 square feet)

60 Square feet of bathroom space  
50 Square feet of waiting/reception space  
20 square feet of record storage/work space

2. For each additional 200 patients over 100, add

1 Large group room @ 400 square feet (may be specially equipped)  
20 Square feet of general storage  
1 Consultant specialist office (@120 square feet)

3. Some programs/services will have staffing substantially above the minimum required by regulations. As patient populations exceed 100, the expectation is that open hours will be extended and staff can easily share offices (since they won't be present on the premises together). However, the actual approved staffing plan and staff functioning will be considered in determining the number and size of offices, individual counseling spaces, and shared work areas.

4. There are very few outpatient programs (other than those using methadone) with more than 500 patients. If so, additional consideration will be given to the actual services provided and the numbers served consistent with the types and sizes (but not numbers) of spaces noted above.

5. If the provider's experience has been to provide an average of more than four group counseling sessions per patient per week (for other than intensive patients), especially if they are concentrated during late afternoon and evening hours, an additional group room may be allowed for each 100 patients.

6. If a locally issued certificate of occupancy will limit occupancy in the space determined by the above to a level below the planned patient attendance, additional space will be allowed.

## **B. Outpatient service with administration and dispensing of methadone and other medications (MMTP)**

OASAS plans anticipate no more than 200 patients per program site in newly developed outpatient treatment programs using methadone. In recognition that the number of sites necessary to implement that plan for all current programs would be an insurmountable task, OASAS has approved and is reviewing a number of capital proposals for the relocation of existing large outpatient treatment programs using methadone. In the process of designing and constructing these new sites for these programs, OASAS does anticipate the reorganization, modernization, intensification and updating of the clinical and other treatment and rehabilitation services provided by these large programs so that they will more effectively meet the programs' goals of assisting patients to achieve abstinence from all mood-altering substances (except those prescribed by an informed physician for a diagnosed condition), a stable lifestyle, regular employment, absence of criminal activity and absence of serious behavior problems.

The space plans which follow are based on schedules found in Appendices B and C which are based on a flexible treatment program operating a minimum of twelve hours per day and consisting of at least three major program/service elements:

Intensive day programming. This element will be provided for approximately one-quarter to one-third of the certified capacity (exclusive of the number of enrolled patients who are working full-time). It will be provided primarily to new admissions and readmissions (following significant relapse). Each patient will have a comprehensive individualized treatment plan designed to adapt the available general sequence, type and quantity of services to each patient's individual problems and conditions. Patients will attend for periods of approximately six hours per day for five or six days per week. The general structure and the average service for all patients receiving this element will consist of two small group counseling sessions (one general and one special purpose or population) each day, two large group sessions consisting of CD education, general education, personal care and community competency training, pre-vocational activities, social and recreational activities and other large group activity sessions and a small midday meal each day, plus individual CD counseling at least every other week. Space and time in the schedule are provided for daily receipt of methadone (or other opiate agonist medication and any other medications requiring administration), periodic medical and nursing services for physical illnesses and conditions (whether related to their addiction or not), psychiatric services, and specialized individual counseling sessions as needed and available. Space and time are also provided for recreational therapy and activities.

Standard day programming This element will be provided for approximately one-half to two-thirds of the certified capacity (again, not including the number of persons who are working). It will be provided to some new admissions and readmissions (following significant relapse) whose individual evaluations indicate the appropriateness of this level of care. However, it will serve, primarily, persons who have successfully completed intensive day programming (or perhaps intensive inpatient treatment in another program) and are engaged in productive community and personal pursuits. Together the latter will limit not only the need for more

intensive services, but also the time available for them. Each patient will have a comprehensive individualized treatment plan designed to adapt the available general sequence, type and quantity of services to his or her individual problems and conditions. These patients will attend for approximately four hours per day on each of four days per week. The general structure and the average for all patients receiving this element will consist of two small group counseling sessions each day, and one or two large group education, training, and activity sessions each day. On days with one large group session, patients will receive individual CD counseling, medical and nursing services for physical illnesses and conditions (whether related to their addiction or not), psychiatric services, and specialized individual counseling sessions as needed and available or perhaps attend a self-help group meeting. They will also receive both an administered dose of methadone (and/or other opiate agonist medication) and enough doses dispensed for the period until their next scheduled day visit.

Routine programming This element will be provided for approximately one-third to one-half of the certified capacity, (including the number of rehabilitated persons who are working but who continue to need additional counseling services besides medication). Space is provided for these patients to attend an average of three group counseling sessions per week and receive regular individual counseling. Space will also be available for self-help meetings to be held for these patients during evenings and weekends. Of course, their individual treatment plans may schedule them into various large group rehabilitation activities, if needed, and individuals may not require as much service as might be available. In a normal situation, these patients will also be dispensed methadone (or other opiate agonist) when they have exhausted their supply. In current practice they will also be administered a dose when they attend for other services and be dispensed a supply for the period until their next scheduled treatment visit.

**B. 1. Small Programs (Capacity 175 to 250) (NOTE: For capacities lower than 175 use the generic outpatient space allowances and add a 200 square foot nurse's office and storage and dispensing area)**

The space suggested is based on an average length of stay of one year (followed by transfer to medical maintenance), including three months of intensive full day services, six months of half day services, and three months of routine outpatient services. Space is provided for 50 patients to receive an average of 6 hours per day of services, generally provided mornings and early afternoons for 5 days per week; 100 patients to receive an average of 4 hours of services an average of 4 days per week with half attending in the morning and half in the afternoon/evening. The up to 100 persons remaining will receive individual counseling and an average of 3 group sessions per week (attending three days), generally during afternoons and evenings and on Saturdays. If the latter population segment consists of 50 and 100 patients, this average may be reduced somewhat. Virtually all patients will be provided at least one dose of methadone sometime during each day in attendance and may be dispensed additional doses depending on their individual order or prescription. For a relatively active and intensive outpatient treatment population, the plan provides approximately 29 square feet per patient. A sample space utilization plan is in Appendix B.

<u>Description of space</u>	<u># rooms</u>	<u>Sq ft per room</u>	<u>Total Square feet</u>
1. Administrative offices (service director, secretary, bookkeeping, billing etc.)	4	100	400
2. Administrative conference room	1	225	225
2. Individ. Counseling space	4	90	360
3. Consultant specialist office	1	120	120
4. Group counseling room	4	200	800
5. Multi-purpose room	1	250	250
6. Large group room (e.g. general classroom)	2	500	1000
7. Dispensing area (with 2 windows)	1	150	150
8. Nurse's office	1	90	90
9. Waiting space /reception	1	200	200
10. Counselor work space	1	200	200
11. Child resource room	1	125	125
12. Physician office	1	85	85
13. Examining room	1	75	75
14. Recreation (quiet, machine, crafts, as desired) -		500	500
15. Vocational coordinator's office	1	100	100
16. Bathrooms	5	80	400
17. Janitor's closet	1	40	40
18. Boiler room	1	250	250
19. Record storage/workspace	1	120	120
20. General storage	-	60	60
SUBTOTOAL			5550
21. Corridors/passages entries/non-usable	@15% of usable*		810
TOTAL			6210

*\* If the program is the sole occupant of the building, use 40%*

**B. 2. Replacement of existing methadone programs having licensed capacities between 250 and 300 patients.**

To the space allowed for a program with 175 to 250 capacity, ADD:

- 1 Small group counseling room (@ 200 square feet)

- 1 Individual counseling space (@ 90 square feet)
- 50 Square feet of multi-purpose room space
- 1 dispensing window (@50 square feet)

**B. 3. Replacement and upgrade of space for existing methadone programs with capacities of 300 or more**

Space is provided for 100 patients to receive full day treatment services for five days per week and 200 to 250 patients to receive half-day treatment services for four days per week. A sample space utilization plan is found in Appendix C. The daily schedule provides for 200 to 250 patients per full day (weekday). Space is sufficient to provide four visits per week for at least 325 patients by extending the schedule to five and a half days per week. The assumption regarding space for programs this large and larger is that 350 patients may be provided frequent, active and intensive treatment services. (If licensed capacity is between 300 and 350 the space provided will be used slightly less intensively, but the space allowed will remain essentially the same.) Programs with larger capacities are expected to have additional patients in need of routine treatment services averaging two group counseling sessions per week and individual counseling as staff have time available. Again, the vast majority of patients will receive at least one dose of methadone sometime during their period of attendance. Notes below identify additional space allowances for programs with capacities larger than 350.

<u>Description of space</u>	<u># rooms</u>	<u>Sq ft per room</u>	<u>Total Square feet</u>
1. Administrative offices (service director, secretary, bookkeeping, billing etc.)	4	100	400
2. Administrative conference room	1	300	300
3. Individual counseling space	5	90	450
3. Group counseling room	6	200	1200
4. Multi-purpose room	2	250	500
5. Large group room (e.g. general classroom, voc training, etc.)	3	500	1500
6. Dispensing area (3 windows)	1	225	225
7. Nurse's office	1	90	90
8. Waiting space/reception	1	200	200
9. Counselor work space	1	300	300
10. Physician office	2	85	170
11. Examining room	2	75	150
12. Vocational coordinator's office	1	100	100
13. Consultant specialist's office	2	120	240
14. Child resource room	1	225	225
15. Recreation	-	500	500
16. Bathrooms	5	80	400
17. Janitor's closet	1	40	40
18. Boiler room	1	250	250
19. Record storage/work space	1	160	160

20. General storage	-	120	120
	SUBTOTAL		7,520
21. Corridors/passages entries/non-usable	@15% of usable*		1,126
TOTAL			8626

*\* If the program is the sole occupant of a building, use 40%*

ADDITIONAL SPACES FOR ADDED CAPACITY ARE CUMULATIVE:

1. For each 100 additional certified capacity, an existing program will need to add:

- 2 Individual counseling spaces at 90 square feet each
- 1 group counseling room at 200 square feet

2. For each additional 200 patients or part thereof of certified capacity, also add:

- Bathroom space at 160 square feet
- 1 Examining room at 75 square feet
- 75 Square feet of counselor work space
- 1 Additional dispensing window with 50 square feet of floor space
- 100 Square feet of additional waiting/reception space
- 20 Square feet of record storage space
- 30 Square feet of general storage
- 1 Consultant specialist office @ 120 square feet

3. For each 300 additional certified capacity, also add:

- 1 Administrative office @100 square feet
- 1 Physician's office at 85 square feet
- 1 Nurse's office at 90 square feet
- 1 Vocational coordinator's office @ 100 square feet
- 1 Psychiatrist's office at 100 square feet
- 1 Additional child resource room space of 125 square feet
- 1 Janitor's closet @ 40 square feet.
- 100 Square feet of boiler room space

Thus, to relocate an existing MMTP with a certified capacity of 1000 patients or so will require approximately the following types and amounts of space.

<u>Description of space</u>	<u># rooms</u>	<u>Sq ft per room</u>	<u>Total Square feet</u>
1. Administrative offices (service director, secretary, bookkeeping, billing etc.)	6	600	600
2. Administrative conference room	1	300	300
3. Individ counseling space	17	90	1530
4. Group counseling room	12	200	2400
5. Multi-purpose room	2	250	500
6. Large group room	3	500	1500
7. Dispensing area (7 winds)	1	425	425
8. Nurse's office	3	90	270
9. Waiting/reception (may be in multiple areas)	1	900	900
10. Counselor work space	-	600	600
11. Child resource rooms	3	200/125	450
12. Physician office	4	85	340
13. Examining rooms	6	75	450
14. Recreation	-	500	500
15. Psychiatrist office	2	100	200
16. Vocational coordinator's office	3	100	300
17. Consultant specialist's office	6	120	720
18. Bathrooms	9	80	720
19. Janitor's closet	3	40	120
20. Boiler room	1	450	450
21. Record storage/work area	1	200	200
22. General storage	-	200	200
SUBTOTAL			13,675
23. Corridors/passages entries/non-usable	@40% of usable*		5,470
TOTAL			19,145

*\*If building is shared with other occupants use, 15%*

## II. RESIDENTIAL SERVICES

The proposed regulatory requirements for residential facilities vary based on the type of service operated.

Intensive residential service facilities will be required to provide 40 hours per week of counseling and other varied services in a structured environment in accordance with an individual treatment plan for each patient. They be required to provide at least 60 square feet of space per patient in bedrooms and at least 75 square feet per patient of non-bedroom space for program activities, counseling, dining, and related purposes. These guidelines allow for approximately 75 square feet per bed in bedrooms if providers prefer not to use bunk beds. However, OASAS will neither require nor allow those providers choosing to use bunk beds to have bedroom space much in excess of the minimum required 60 square feet per patient.

Community residential facilities will not be required to provide any specific minimum amount of services at the facility but will be required to provide needed comprehensive services either directly or through cooperative arrangements with outpatient and other providers. They will be required to provide bedroom space of at least 60 square feet per resident and at least 60 square feet of non-bedroom space in the facility for program and other activities. Again, these guidelines allow for bedroom space at approximately 75 square feet per bed so that a provider need not use bunk beds. If the provider chooses to use bunks, it will neither be required nor allowed to exceed 60-65 square feet per bed. Capital agreements will also provide that if space is provided for regular beds in bedrooms, those bedrooms may not be refurnished with bunks during the 20-year period of the capital lien.

*Residential facilities which are planned and programmed to serve children of chemically dependent persons simultaneously and on an integrated basis with parents will be required to provide the same amount of bedroom space and other living and program space for each child as for each adult. That is, in all residential services there must be at least 60 square feet per adult and 60 square feet per child in bedrooms and in intensive residential services there must be at least 75 square feet for living, dining, social and counseling per adult and per child and in community residential services there must be at least 60 square feet of space for living, dining, social and counseling per adult and per child. Obviously, there may specially designed and furnished areas for children separate from program areas for adults included within these minimum space requirements.*

### A.1. INTENSIVE RESIDENTIAL FACILITIES (FOR THE FIRST 50 BEDS)

<u>Description of space</u>	<u># rooms</u>	<u>Sq ft per room</u>	<u>Total Square feet</u>
1. Administrative offices (service director, secretary, bookkeeping, billing etc.)	6	100	600
2. Administrative conference room	1	225	225
3. Individ Counseling space	4	90	360
4. Group counseling room*	4	175	700
5. Lounge * **	3	300	900
6. Large group room (e.g. classroom)	2	400	800
7. Nurse's office	1	85	85
8. Examining room	1	75	75

**A.1. INTENSIVE RESIDENTIAL FACILITIES (FOR THE FIRST 50 BEDS) CONT'D**

<u>Description of space</u>	<u># rooms</u>	<u>Sq ft per room</u>	<u>Total Square feet</u>
9. Waiting area/reception	1	250	250
10. Recreation	-	600	600
11. Bedrooms # *	7	550	3750
12. Patient care staff work space	1	600	600
13. Dining room *	1	750	750
14. Kitchen	1	500	500
15. Food storage	1	200	200
16. Bathrooms*	8	100	800
17. Janitor's closet	2	40	80
18. Boiler room	1	250	250
19. General Storage	1	300	300
20. Records storage/work area	1	150	150
21. Laundry	1	200	200
22. Maintenance storage/ work area	1	300	300
23. Telephone closet	1	50	50
24. Mechanical equipment room	1	300	300
25. Outdoor equipment storage	1	150	150
	<b>SUBTOTAL</b>		<b>12,975</b>
26. Grossing factor .4			5,190
	<b>TOTAL</b>		<b>18,165</b>

**A. 2. INTENSIVE RESIDENTIAL FACILITIES. FOR EACH ADDITIONAL 50 BEDS,  
ADD THE FOLLOWING:**

1. Admin offices	1	100	100
2. Indiv counseling space	3	90	270
3. Group counseling room *	4	175	700
4. Lounge* **	3	300	900
5. Large group rooms	2	400	800
6. Recreation*\$	-	600	600
7. Bedrooms* #	7	550	3750
8. Patient care staff workspace	-	400	400
9. Dining room *\$	-	750	750
10. Bathrooms*	8	100	800

**A. 2. INTENSIVE RESIDENTIAL FACILITIES. FOR EACH ADDITIONAL 50 BEDS  
(CONT'D)**

11. Janitor's closet	1	40	40
12. Food storage\$	-	50	50
13. General storage\$	1	100	100
14. Record storage/ work space\$	1	75	75
15. <i>Mechanical equipment room</i>	-	50	50
16. <i>Boiler room</i>	-	50	50
17. <i>Telephone closet\$</i>	-	20	20
SUBTOTAL			9,455
GROSSING FACTOR .4			3,782
<b>TOTAL</b>			<b>13,237</b>

\* Proportionately reduced for capacities *of between 1 and 50 beds*

\*\* Space is provided for sufficient lounge space that a facility operated as a “therapeutic community” may create a large community room with auditorium seating for all residents and smaller lounges, if it so chooses.

# 75 Square feet per bed is provided. As noted above, this will be reduced if bunks are used. The number of bedrooms is for illustration only.

\$ May be added to existing space or in additional separate spaces.

**B. COMMUNITY RESIDENTIAL FACILITIES**

Space guidelines are provided for a small community residential service of approximately 15 beds with a few more or less requiring proportional adjustment of bedroom space and perhaps dining space but other spaces may be retained as indicated. A space guideline is also provided for a 25 bed cohort which may be extended in multiples of 25 proportionally adjusted for bedroom, program and dining for the actual number to be served. The practicality of a community residential service exceeding 100 beds is so doubtful that sizes larger than 100 beds are not contemplated by these guidelines.

**B. 1 SMALL COMMUNITY RESIDENTIAL FACILITY (15 BEDS)**

1. Admin/pat care. offices	3	100	300
2. Indiv counseling space	2	100	200
3. Lounge, living room, multi-purpose room, study group counseling room, etc.	2	175	350

**B. 1. SMALL COMMUNITY RESIDENTIAL FACILITIES (CONT'D)**

4. Recreation	-	225	225
5. Bedrooms	7-8	150	1125
6. Kitchen	1	225	225
7. Food storage	1	100	100
8. Dining room	1	250	250
9. Bathrooms**	3	100	300
10. Laundry	1	120	120
11. General storage	1	200	200
12. Maintenance storage	1	150	150
13. Boiler/mechanical equipment room	1	300	300
TOTAL			3,845
GROSSING FACTOR .4			1,538
<b>GRAND TOTAL</b>			<b>5,383</b>

**B. 2. OTHER COMMUNITY RESIDENTIAL FACILITIES**

Provide the following for EACH 25 beds to 100:

1. Admin, patient care office	3	100	300
2. Indiv counseling space	2	100	200
3. Lounge, living room, multi-purpose room, study, etc.	3	175	525
4. Group counseling room.	1	200	200
5. Recreation	-	350	350
6. Bedrooms*	12-13	150	1875
7. Dining room	1	300	300
8. Bathrooms**	3	100	300
Subtotal			4050

And the following for up to 100 beds:

9. Kitchen	1	500	500
10. Food storage	1	100	100
11. Laundry	1	120	120
12. General storage	1	200	200
13. Maintenance storage/ work area	1	300	300
14. Telephone closet	1	50	50
15. Mechanical equipment room	1	350	350

**B. 2. OTHER COMMUNITY RESIDENTIAL FACILITIES (CONT'D)**

<i>16. Outdoor equipment storage</i>	<i>1</i>	<i>150</i>	<i>150</i>
<i>17. Boiler room</i>	<i>1</i>	<i>250</i>	<i>250</i>
<i>Subtotal</i>			<i>2,020</i>

<b><i>25 BED FACILITY</i></b>	<i>6070</i>	<i>+ 40% grossing = 2,428</i>	<b><i>TOTAL 8,498</i></b>
<b><i>50 BED FACILITY</i></b>	<i>10,120</i>	<i>+ 40% grossing = 4048</i>	<b><i>TOTAL 14,168</i></b>
<b><i>75 BED FACILITY</i></b>	<i>14,170</i>	<i>+ 40% grossing = 5668</i>	<b><i>TOTAL 19,838</i></b>
<b><i>100 BED FACILITY</i></b>	<i>18,220</i>	<i>+ 40% grossing = 7288</i>	<b><i>TOTAL 25,508</i></b>

### III. CRISIS SERVICES

#### A. MEDICALLY MANAGED WITHDRAWAL

In accordance with Part 816, medically managed withdrawal services must be operated in a DOH licensed general hospital. They will need to meet bedroom, nurses station, medical examining and similar general area space requirements of the State Hospital Code plus 45 square feet per bed for living, dining, social and counseling as will be required by Part 814. Since it has been and likely will be extremely unusual to provide capital funding for inpatient hospital services, no further guidelines are proposed.

#### B. MEDICALLY SUPERVISED WITHDRAWAL - INPATIENT/RESIDENTIAL

For the first 10 beds or part thereof in a separate discrete unit of an inpatient/residential service used for inpatient/residential medically supervised withdrawal.

<u>Description of Space</u>	<u># rooms</u>	<u>Sq. Ft./room</u>	<u>Total Sq. Ft.</u>
1. Director's office	1	100	100
2. Bedrooms*	2	250+400	650
3. Close observation/ isolation room	1	140	140
4. Medical office	1	85	85
5. Examining room (to include handwashing, blood drawing, urine collection and medical waste facilities, plus routine examining equip)	2	75	150
6. Indivl counseling space	1	90	90
7. Group counseling room	1	150	150
8. Multi-purpose room	1	220	220
9. Nurses station (including facilities for the storage and administration of prescribed medications and emergency supplies of routinely prescribed meds, staff work space and record storage equipment)	1	150	150
10. Bathroom	2	80	160
11. Shower room	1	50	50
12. Janitor's closet	1	40	40
<b>SUBTOTAL</b>			<b>1985</b>
Corridors, entries, passages,non-usable @ .4			794
<b>GRAND TOTAL</b>			<b>2779</b>

\* Proportionately reduced for capacity cohorts of less than 10 beds.

**B. MEDICALLY SUPERVISED WITHDRAWAL - INPATIENT/RESIDENTIAL, CONT'D**

It does not appear likely that there will be bigger units in inpatient/residential facilities, but if so, **FOR EACH ADDITIONAL BED:**

1. Add 60 square feet of space to the bedrooms
2. Add 25 square feet to the multi-purpose room (which may be two rooms at some point)

For each additional 5 to 10 beds, also add:

1. 1 individual counseling office of 90 square feet
2. 1 additional group counseling room of 150 square feet.
3. 50 square feet to the nurses station
4. 40 square feet and one sink and one toilet to the bathrooms
5. 1 additional shower room of 50 square feet

**C. MEDICALLY SUPERVISED WITHDRAWAL - OUTPATIENT**

For the first 15 persons or part thereof in a separate discrete area of a licensed service used for outpatient medically supervised withdrawal. (In addition to similar spaces required for the routine outpatient service population.)

<u>Description of Space</u>	<u># rooms</u>	<u>Sq. Ft./room</u>	<u>Total Sq. Ft.</u>
1. Director's office	1	100	100
2. Medical office	1	85	85
3. Examining room	1	75	75
(to include handwashing, blood drawing, urine collection and medical waste disposal facilities plus routine examining equip)			
4. Indiv counseling space	1	90	90
5. Multi-purpose room	1	150	150
6. Group counseling room	1	175	175
7. Nurses station	1	120	120
(including facilities for the storage and administration of prescribed medications and emergency supplies of routinely prescribed meds, staff work space and record storage equipment)			
8. Bathroom	2	80	160
SUBTOTAL			955
Grossing at .15			143
<b>GRAND TOTAL</b>			<b>1098</b>

For each additional 15 persons or part thereof served, ADD:

1. Indiv counseling space	1	90	90
2. Bathroom	1	80	80

## D. MEDICALLY MONITORED WITHDRAWAL

For the first 10 beds or part thereof in a separate discrete unit of an inpatient/residential service or crisis center used for inpatient/residential medically monitored withdrawal.

<u>Description of Space</u>	<u># rooms</u>	<u>Sq. Ft./room</u>	<u>Total Sq. Ft.</u>
1. Director's office	1	100	100
2. Bedrooms	2	250+400	650
3. Close observation/isolation room	1	140	140
4. Indiv counseling space	1	90	90
5. Group counseling room	1	150	150
6. Lounge	1	150	150
7. Dining area	1	120	120
8. Work area for staff	1	150	150
(including facilities for the storage and administration of patients' prescribed medications, emergency supplies of routinely prescribed meds, staff work space and record storage equipment)			
9. Bathroom	2	80	160
10. Shower room	1	50	50
11. Janitor's closet	1	40	40
<b>SUBTOTAL</b>			<b>1800</b>
Grossing factor .4			720
<b>GRAND TOTAL</b>			<b>2520</b>

It does not appear likely that there will be bigger units in inpatient/residential facilities, but if so, FOR EACH ADDITIONAL BED ADD:

1. 60 square feet of space to the bedrooms
2. 10 square feet to the lounge (which may be two rooms at some point)
3. 15 square feet to the dining area

For each additional 5 to 10 beds, also add

1. 1 Individual counseling space of 90 square feet
2. 1 additional group counseling room of 150 square feet.
3. 50 square feet to the staff work area
4. 40 square feet and one sink and one toilet to the bathrooms
5. 1 additional shower room of 50 square feet

(NOTE: A medically monitored withdrawal service in a freestanding setting such as an alcohol crisis center, rather than in another residential facility, will also be allowed administrative and support space equal to and as described for a small intensive residential facility.)

## APPENDIX A

### SPACE UTILIZATION

#### GENERAL OUTPATIENT FACILITY

**(SHOWING, ON A SEPARATE SHEET, UTILIZATION OF EACH GROUP ROOM PROPOSED TO BE AVAILABLE.)**

Space is provided for a cohort of 20 to 25 intensive patients attending approximately four hours per day four days per week and designated on the schedules as “INT A” The remainder of the schedule shows routine therapy/counseling groups (“Group”) and the numeral is the number of patients in the room for that group scheduled so as to allow an average of three groups per patient per week (for the non-intensive patients). A second cohort of intensive patients identified as INT B is also shown to indicate the flexibility of the space.

Approximate schedules could be:

#### INTENSIVE COHORT A

Monday, Wednesday, Friday, Saturday

9:00 a.m. until 2:00 p.m.

9:00 Alcohol/drug educ., GED prep, skills training,  
(parenting, community living, personal care etc.)  
10:15 General group counseling  
11:30 Individual counseling, lunch, medical exams,  
self-help meetings  
12:45 Special group counseling

#### INTENSIVE COHORT B

Monday through Thursday

4:15 p.m. until 9:00 p.m.

4:15 General group counseling  
5:15 Alcohol/drug educ., GED prep, skills training,  
(parenting, community living, personal care etc.)  
6:30 Individual counseling, dinner, medical exams,  
self-help meetings  
7:45 Special group counseling

**CLASSROOM**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9:00 – 10:00	INT A (20-24)		INT A (20-24)		INT A (20-24)	INT A (20-24)
10:15 – 11:30						
11:45 – 12:45	Self-Help	Self-Help	Self-Help	Self-Help	Self-Help	Self-Help
1:00 – 2:15	Group (10-12)	Group (10-12)	Group (10-12)	Group (10-12)	Group (10-12)	Group (10-12)
2:15 – 3:30						
3:30 – 4:30						
4:30 – 5:30						

5:30 – 6:30	<i>INT B</i> (20-24)	<i>INT B</i> (20-24)	<i>INT B</i> (20-24)	<i>INT B</i> (20-24)		
6:45 – 7:45	Self-Help		Self-Help		Self-Help	
8:15 – 9:30		Self-Help	Self-Help	Self-Help		Self-Help

**GROUP ROOM A**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
8:45 – 10:00		Group (8-10)		Group (8-10)		Group (8-10)
10:15 – 11:30	INT A (10-12)		INT A (10-12)		INT A (10-12)	INT A (10-12)
11:30 – 12:45		Group (8-10)		Group (8-10)		
12:45 – 2:00	INT A (10-12)		INT A (10-12)		INT A (10-12)	INT A (10-12)
2:00 – 3: 15	Group (8-10)	Group (8-10)	Group (8-10)	Group (8-10)	Group (8-10)	Group (8-10)
3:15 – 4:00						
4:15 – 5:15	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)		
5:30 – 6:45					Group (8-10)	

6:45 – 8:00	Group (8-10)	Group (8-10)	Group (8-10)	Group (8-10)		
8:00 – 9:00	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)		Self-Help

**GROUP ROOM B**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9:00 – 10:00						Group (8-10)
10:15 – 11:30	INT A (10-12)		INT A (10-12)		INT A (10-12)	INT A (10-12)
11:30 – 12:45	Group (8-10)	Group (8-10)	Group (8-10)	Group (8-10)	Group (8-10)	GEN GRP 8
12:45 – 2:00	INT A (10-12)		INT A (10-12)		INT A (10-12)	INT A (10-12)
2:00 – 3:00						
3:00 – 4:00	Group (8-10)	Group (8-10)	Group (8-10)	Group (8-10)	Group (8-10)	
4:15 – 5:15	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)		

5:30 – 6:30					Group (8-10)	
6:45 – 7:45	Group (8-10)	Group (8-10)	Group (8-10)	Group (8-10)		
8:00 – 9:00	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)	<i>INT B</i> (10-12)		

## APPENDIX B

### SPACE UTILIZATION 200 PERSON OUTPATIENT WITH METHADONE

<u>Time</u>	<u>Classroom A</u>	<u>Classroom B</u>	<u>Group 1</u>	<u>Group 2</u>	<u>Group 3</u>	<u>Group 4</u>	<u>Multi-purpose</u>
9:-10:00	Cohort 1	Cohort 2	½ Cohort A	½ Cohort A	½ Cohort D	½ Cohort D	
10:15-11:30	Cohort A	Cohort D	½ Cohort 1	½ Cohort 1	½ Cohort 2	½ Cohort 2	
11:30 -12:45**	Cohort 2		½ Cohort A	½ Cohort A	½ Cohort D	½ Cohort D	Cohort 1*
12:45 -1:45	Cohort A*	Cohort 1	½ Cohort D	½ Cohort D			Cohort 2*
1:45 - 3:00			½ Cohort 1	½ Cohort 1	½ Cohort 2	½ Cohort 2	
3:00 - 4:15	Cohort B		½ Cohort C	½ Cohort C			
4:15 - 5:30	Cohort C		½ Cohort B	½ Cohort B			
5:30 - 6:30**					½ Cohort C	½ Cohort C	Cohort B*
6:30 - 7:30**			½ Cohort B	½ Cohort B			Cohort C*

**NOTE: Cohorts 1 and 2 are groups of patients who attend on average 6 hours per day, 5 days per week. Cohorts A through D are groups of patients who attend an average of four hours per day four days per week.** Each cohort consists of 20 to 25 patients defined by the number in group counseling groups with the expectation that there will always be some no-shows. Facility can determine the enrollment of each cohort based on the membership but the classrooms are designed for 25 persons and group rooms for 12. Classroom A will generally be a general purpose classroom for alc/d education and remedial ed; classroom B will generally be set up and equipped for skills training including but not limited to ADL skills, community comp pre-vocational etc.

\* During this time period, some members of the cohort will receive individual addiction counseling, specialized counseling (e.g. HIV, vocational), medical services, address billing problems, perhaps attend in-house self-help groups, perhaps attend special purpose groups for broader groups of patients, perhaps have recreation and perhaps eat lunch.

Group rooms not shown as scheduled for intensive patients are available as indicated for groups for the remaining 50 patients who are receiving services less intense than day or half day. Also, note that there needs to be one half day session on Saturday morning to make available 4 sessions per week half days for 100 patients. With some care in scheduling, widely varying schedules of intensity are possible within the space proposed.

## APPENDIX C

### SPACE UTILIZATION

#### OLD STYLE MMTP WITH 100 DAY PATIENTS AND 250 HALF DAY PATIENTS

<u>Time</u>	<u>Classroom 1</u>	<u>Classroom 2</u>	<u>Classroom 3</u>	<u>Group room a</u>	<u>Group room b</u>	<u>Group room c</u>	<u>Group room d</u>	<u>Group room e</u>	<u>Group room f</u>
9:00 -10:00	Cohort 1	Cohort 2	Cohort A	½ Cohort 3	½ Cohort 3			½ Cohort B	½ Cohort B
10:15 -11:30	Cohort 3	Cohort 4	Cohort B	½ Cohort 1	½ Cohort 1	½ Cohort 2	½ Cohort 2	½ Cohort A	½ Cohort A
11:30 - 12:45*	Cohort 2	Cohort A		½ Cohort 4	½ Cohort 4	½ Cohort 3	½ Cohort 3	½ Cohort B	½ Cohort B
12:45 -1:45*	Cohort 4	Cohort 1	Cohort B	½ Cohort A	½ Cohort A	½ Cohort 2	½ Cohort 2		
1:45 - 3:00		Cohort 3	Cohort D	½ Cohort C	½ Cohort C	½ Cohort 1	½ Cohort 1	½ Cohort 2	½ Cohort 2
3:00 -4:00	Cohort C			½ Cohort 4	½ Cohort 4			½ Cohort D	½ Cohort D
4:00 - 5:00**	Cohort E	Cohort F	Cohort G	½ Cohort C	½ Cohort C	½ Cohort J	½ Cohort J	½ Cohort K	½ Cohort K
5:00 - 6:00**	Cohort H	Cohort J	Cohort K	½ Cohort E	½ Cohort E	½ Cohort D	½ Cohort D	½ Cohort G	½ Cohort G
6:00 - 7:00**	Cohort F	Cohort G	Cohort E	½ Cohort H	½ Cohort H	½ Cohort J	½ Cohort J	½ Cohort K	½ Cohort K
7:00 - 8:00**	Cohort K	Cohort H	Cohort J	½ Cohort G	½ Cohort G	½ Cohort F	½ Cohort F	½ Cohort E	½ Cohort E
8:00 - 9:00			Cohort F	½ Cohort H	½ Cohort H				

**NOTE: Cohorts 1 through 4 are groups of 20 to 25 patients who attend on average 6 hours per day, 5 days per week. Cohorts A through K are groups of 20 to 25 patients who attend 4 hours per day 4 days per week.**

\* During these periods, full day cohorts not identified on the schedule will have lunch in the multi-purpose room and also as scheduled have individual counseling, special counseling, and medical services.

\*\* During these periods, Cohorts C, D, F, and H will have individual and special counseling and medical services in other spaces. Cohorts E, G, J and K have individual, family, special purpose counseling and medical services during one of the periods identified as “classroom” or earlier or later than this schedule. It may be that for these cohorts, the “classroom” is switched with the recreation area or the multi-purpose area for different services on different days.

This schedule is repeated daily and thus provides five sessions per week for each patient. Clearly the space will be sufficient for four sessions per week, especially if some cohorts are scheduled and attend on Saturdays.