

THE MLK BEHAVIORAL HEALTH CENTER

(Los Angeles County's Prototype "Restorative Care Program")



PRESENTED BY

LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

JUNE 2019

INTRODUCTION

The Martin Luther King, Jr. General Hospital opened in 1972 in the Willowbrook neighborhood as a full-service medical center. The hospital was closed in 2007 due to revocation of federal funding, which left the South Los Angeles area without a major hospital to provide healthcare. Since the hospital's closing, the MLK Outpatient Center (operated by DHS) opened in 2014 and the newly constructed MLK Community Hospital (MLKCH) opened in 2015. While these new facilities provide an array of healthcare services, the area and the campus are lacking dedicated, comprehensive mental health services.

On October 31, 2017, the Los Angeles County Board of Supervisors approved transforming the former hospital into a state-of-the-art 505,000 square foot Martin Luther King, Jr. Behavioral Health Center (MLK BHC). The new MLK BHC is envisioned to provide a continuum of care with integrated residential, outpatient, and supportive services for some of Los Angeles County's most vulnerable populations, including those struggling with mental illness, substance use disorders and homelessness, many of whom have been involved in the criminal justice system as a result of their illness(es). The center will deliver not only cutting-edge treatment, but also rehabilitative, vocational and training opportunities intended to provide the skills and opportunities needed to reintegrate into the community.

REQUEST FOR EXEMPTION FROM LICENSING FOR RESTORATIVE CARE PROGRAM

The County of Los Angeles requests that the proposed **Restorative Care Program** outlined in this document be exempt from licensure pursuant to Welfare and Institutions Code section 5768. The MLK BHC, a prototype Restorative Care Program that Los Angeles County would like to replicate on its other healthcare campuses, is a new, community based comprehensive program that addresses the interrelated and complex needs of those struggling with access to care for mental illness and substance use as well as medical comorbidities and homelessness, many of whom currently end up in the criminal justice system.

At this time, there is no single licensed program within the State that assists those with mental illness with such a broad and intensive range of needs in the manner contemplated through this continuum of care program. Without exemption from licensure requirements, a patchwork of many different license types must be acquired and adhered to in order to implement such a program. A patchwork of licenses is burdensome, duplicative, and not conducive to such a program.

The MLK BHC will provide a continuum of services and supports within one program that allows individuals to enter and transition to the appropriate level of care, with the expectation of successful reintegration into the community as a goal. The continuum of clinical services includes urgent care/crisis stabilization; acute and subacute psychiatric inpatient; crisis and general mental health residential; outpatient and residential rehab/detox; intensive outpatient treatment and ambulatory care; and family, group and

individual counseling. Non-clinical supports to assist with access across the continuum and help promote the recovery and reintegration processes will also be provided on-site through peer navigation, probation services, and workforce development. The proximity and accessibility of these levels of care/supports on an enriched healthcare campus will facilitate long-term stabilization, minimize relapses and readmission into acute care including unnecessary visits to the emergency departments and long-term stays in inpatient facilities, and maximize diversion from the streets and the criminal justice system.

Through access to an appropriate level of care, those in need can move along the continuum of care, escalating in intensity when indicated, and progressing to community re-integration as possible using a client-centered, strengths-based approach. As above, these levels of care will include acute care settings as well as step down units (locked and unlocked), mental health crisis as well as substance use disorder residential beds, and a full spectrum of outpatient recovery and reintegration resources linked to permanent supportive housing once community living with ongoing mental health services is possible.

The following components will comprise the MLK BHC, a prototype Restorative Care Program.

- Peer Support
 - Concierge Services
 - Resource Center
- Urgent Care Services
 - Medical
 - Psychiatric
 - Recovery Intake (aka Sobering Center)
- Primary Care Clinic
- Probation
 - Community Re-entry Center
 - Services and Support
 - Records
- Workforce Development
- Adult Protective Services
- Mental Health, Ambulatory
 - Outpatient and Re-entry
 - Intensive Outpatient
- Mental Health, Residential
 - Open
 - General
 - Crisis
 - Secure
 - Subacute
 - Acute
- Substance Use Disorder
 - Outpatient Services

- Withdrawal Management
- Residential
- Support services:
 - Conference Center (1st)
 - Grab 'n' Go Café (1st)
 - Kitchen (Basement)
 - Security (Basement)

Staff and a contracted network of service providers from the various departments will provide services in the MLK BHC. Please note that this proposal does not include detailed policies regarding staffing, admission/discharge planning and restraint/seclusion. That said, Department of Mental Health (DMH) will ensure that client safety and rights are protected through the proper DHCS certifications and the use of staff and contracted providers who are already well versed in operating a variety of DHCS licensed facilities.

FLOOR- BY-FLOOR DESCRIPTION OF THE FUTURE MLK BHC

The existing building has five full stories above grade and a partial sixth floor mechanical penthouse, with a basement beneath the entire building footprint, for an approximate total of 467,245 square feet. The configuration of the existing concrete structure consists of a large rectangular box, three projecting “pods” and a connector-spine that ties the east face of the box to the west side of the pods.

The pod wings on the second through fifth floors of the building, which originally housed bedrooms in the former hospital, are best suited for use as residential units in the BHC, while the first floor, basement, and “big box” areas adapt more efficiently to the workspace, outpatient and clinic programs.

The services offered in the BHC are planned to make the best use of the available spaces provided by the existing building. In summary, the space is utilized in the following way:

Basement

The south side of the building offers grade level access at the service vehicle loading dock area and houses service that have a very low volume of outside traffic, such as Probation, Probation Central Files, and Workforce Development, Aging and Community Services, which contains large areas of workspace, plus housekeeping services and the industrial kitchen. The only exception is Probation Interview and Community Re-entry service area, which sees a high volume of probationer visits. This function is accessed directly through a dedicated and secured first floor entrance that does not have access to other first floor occupancies.

First Floor

The first floor provides grade level entry access to the building on three sides, with the main entrance and public lobby on the front, east-facing façade. The lobby is the entry point for most of the building's users and will be used by outpatients for routine visits, potential patients and others who are seeking resources for themselves or family members, and visitors to the primary care and urgent care medical clinic services, as well as those utilizing the shared campus services like the conference center and Grab 'n' Go Café. The Psychiatric Urgent Care and Recovery Intake Center are also on the first floor, but primary access is from outside entrances, both walk-in and controlled. These areas are linked to the lobby only with staff assistance.

Upper Floors

The second, third, and fourth floors all house residential units in the pods, and outpatient services in the big box. The second floor and fourth floor are occupied by mental health programs, with the more intensive outpatient and residential services (Crisis Residential Treatment, Secure Acute Residential) on the fourth floor. The third floor is dedicated to substance use disorder programs. The entire fifth floor, which has additional windows in the big box portion, will contain residential units for clients with serious mental illness (Secure Subacute Residential). It is intended that the various functions of the building will act synergistically, with many of the patients and residents utilizing more than one of the services available.

RESIDENTIAL PLANNING CONSIDERATIONS

Residential services at the MLK BHC provide supportive care for a range of clients with moderate to severe and sometimes complex diagnoses. The fundamental goals of all the residential programs is to provide safe, home-like and dignified accommodations that meet the basic human needs of those who are served, within an environment designed to reduce stressors that pose obstacles to recovery. Among the attributes these residential environments seek to provide are:

- Maximized exposure to natural light, known to instill feelings of well-being and facilitate recovery;
- Open, generously planned social and shared spaces that offers residents choices and control over their physical relationship to others;
- Freedom of movement for residents, without compromising staff observation and presence; and
- Emotional security and feelings of safety by maintaining access to staff assistance when needed.

In general, the residential units in the MLK BHC are in the areas of the building previously used for patient bedrooms since these spaces are the most easily adapted to the design criteria for the behavioral health residential use and are already well-configured to achieve the exterior exposure, support staff-to-patient proximity, and provide the types of support spaces and access control required by the MLK BHC service components.

Security and separation of traffic paths for the different populations that occupy the MLK BHC is a central goal of the design. Design criteria for these functions are more complex than those employed in the original design of the building as an acute care hospital. Accordingly, planning for the MLK BHC, within the footprint and structural constraints of the existing building, may appear to stray from best practice but meet the requirements for separation.

To support flexibility for future uses, each of the residential units is similarly organized, varying primarily in the type of support spaces, and their sizes and organization. Residential bedrooms are all approximately 260 square feet, regardless of program, as this meets licensing criteria for single and double patient rooms and is adaptable for bariatric and accessibility clearances.

Finish materials and surfaces used are selected to be able to withstand moderate physical abuse and a greater than average degree of wear and tear.

The typical residential pod is arranged to enable a secured-unit protocol. Separate from any direct access to fire exit stairs, there are two paths of travel typically provided into and out of the residential unit space. These two paths are differentiated by user. One, for all occupant traffic including patients in residence, or two, for staff and certain visitors only, excluding patients unless escorted.

The nature of the resident population necessitates that, in many of the areas where patients may be present and not directly supervised, hardware and permanently installed or affixed building components must be of an approved anti-ligature design.

Secured outdoor activity space is required for residential care. An outdoor space is provided on the fifth floor for Secure Subacute Residential care and described in the following section. Additional outdoor space, in the area on the south side of the Augustus Hawkins Building is also being planned. This second outdoor space will be accessed by residents who will be escorted through the second floor across the existing bridge structure, to a new stair and elevator building.

SECURE SUBACUTE RESIDENTIAL (DMH)

Secure Subacute Residential units are for adult patients with varying levels of serious mental illness. The unit occupies the entire fifth floor and provides all patient services on this floor in secured units. Units are generally self-contained, but some specialized supportive services and activity spaces are shared among all units through time scheduling.

There will be 80 beds in five residential units of 16 beds each, which will occupy the entire fifth floor area of approximately 73,500 square feet. Three Levels of Care are offered, with Pod A being designated for Level 1, patients with serious and persistent mental illness; Pods B and C designated for Level 2, patients in supervisory care for

controlled symptoms, and the two units in the west wing designated for Level 3, stable patients preparing for re-entry into the community.

All units are secured, and patients remain in the unit for all daily needs, with escorted access to common areas on the floor but outside the unit. These shared function spaces available to all patients include:

- Library resource room
- Music room
- Special activity rooms for art, crafts, motion activities, etc.
- Additional interview rooms
- Outdoor activity courtyard
- Laundry

Of the five units, three occupy the clustered residential “pods” on the east side of the building, while the remaining two are in the west wing in the north and south perimeter zones where windows define the areas previously occupied by hospital inpatient rooms. Each residential unit includes its own discrete and separate spaces for:

- Social activity and gathering
- Quiet activity
- Dining room
- Sequestered patients
- Medication
- Nourishment
- Clean utility
- Supply storage
- Soiled utility
- Patient showers
- Group therapy

Staff offices and other staff support spaces are in access-controlled areas or rooms within each unit. Residents are referred and generally arrive in custody or may come from the Psychiatric Urgent Care Center. They are escorted to the unit using the elevator that is located between pods A and B and on the first floor between the Psychiatric Urgent Care and the Recovery Intake Centers. At this point they are evaluated, or if previously evaluated, they participate in an enrollment interview with staff.

Internal circulation within the units is separate from common circulation corridors, which provide access between units, to shared spaces, and to emergency exits. Patient residents arriving in custody are escorted to the floor in a designated custody elevator or elevators located between pods A and B. They may also arrive with escort via elevators 1, 2, 3, or 4 from elsewhere in the building to reach the Level 2 or Level 3 units.

Visitors, including family members and conservators, reach the floor by the central public elevators 5 or 6 from the main building lobby. These open directly into the

secured fifth floor visitor lobby and then into the reception and security station for the floor, and the adjacent waiting area and family visiting room.

Meals for residents are delivered to each unit in carts from the central kitchen. Level 3 units have designated dining rooms, while meals in Level 1 and 2 units are served in the social and activity space. This residential component includes an outdoor activity space, which combines the two courtyards that exist on this floor by removing enclosing walls that form rooms in between these two outdoor spaces, but maintains the roof structure, thereby providing a shaded area within the outdoor space. The open to the sky area of each courtyard will be secured by a mesh enclosure supported below light framing members to maintain a minimum of 9 feet of height above the deck at the edges and approximately 16 feet at the center. The framing and mesh support will be detailed to eliminate any points that could be used as ligature attachment.

Other means of securing the fifth-floor courtyard from resident elopement may be proposed, as alternatives to a mesh-screened enclosure. The activity space can be accessed directly from two of the 16-bed units on the fifth floor, and by a shared resident corridor that allows access without passing through secured units on the fifth floor. In this way, residents from other areas of the MLK BHC can be escorted to the outdoor activity space on a predetermined scheduled basis.

SECURE ACUTE RESIDENTIAL (DMH)

Secure Acute Residential will provide psychiatric treatment for patients in the acute stages of psychotic illness, focusing on rehabilitation and transition to lower levels of care. This residential component will occupy pods A and B on the fourth floor, secured in two separate units. Services are provided in the units, which are generally self-contained for daily functions including dining and activities.

There will be 32 beds in two residential units of 16 beds each, one for adolescents and one for adults. The units occupy pods A and B and with the connecting corridor between them, together occupy an area of approximately 22,000 square feet.

Residents are referred, often by the court system, and generally arrive in custody. They are escorted to the unit using the elevator that is located between pods A and B and on the first floor between the Psychiatric Urgent Care and the Recovery Intake Center. At this point they are further evaluated for a program of treatment in an enrollment interview with staff.

All units are secured, and patients remain in the unit for all daily needs. Meals for patients are delivered in carts from the central kitchen to a serving kitchen in each unit, which also provides storage for nourishments and related supplies. Each of the two residential units includes its own:

- Social activity and gathering commons
- Quiet activity room
- TV room

- Dining room
- Quiet (sequestered) room (2 per unit)
- Medication
- Clean utility
- Supply storage
- Soiled utility
- Patient shower

Staff offices and other staff support spaces are located within each unit in access-controlled rooms outside of the patient residential area. Each unit is also provided with a hearing room, similarly located, to minimize the need to take patients off the floor.

Residents will use the outdoor activity spaces described above, either in the planned Hawkins Building Garden or by designated times in the fifth-floor courtyard. Access to the outdoor activity areas will be scheduled, and patients will be staff-escorted via designated elevators.

Visitors, including family members and conservators, reach the floor by the central public elevators 5 or 6 from the main building lobby. These elevators open directly on the fourth-floor lobby. From the floor lobby, visitors are admitted into the unit through a security-monitored reception/waiting room serving both units. Both the adult and adolescent units have private family visit rooms located just outside the secured resident space.

Internal circulation is tiered in three levels of access, with the outermost being the corridor that connects the two units, and provides access between units for staff and for family/visitors from the reception area. Patient residents arriving in custody are escorted to the floor in the designated custody elevator or elevators located between the two pods and use this corridor to reach the locked unit. Also located in this corridor is the hot box room, patient belongings holding, and laundry room, all shared by both units. The second tier of access includes the staff work and support areas and family visit spaces, with the highest level being the secured unit itself.

Fittings, fixtures, and equipment in the units require the most stringent level of patient safety design and anti-ligature measures.

OPEN CRISIS RESIDENTIAL TREATMENT (DMH)

Open Crisis Residential Treatment (CRT) is voluntary for adults who are functioning at a high level but are experiencing crisis and in need of temporary supportive care. Clients may have stepped down from more acute inpatient treatment or referred from emergency or urgent care centers. CRT is an unlocked unit and clients may come and go at will. The unit occupies pod C on the fourth floor. Neighboring the unit are the Intensive Outpatient services and the Secure Acute Residential units.

CRT is comprised of 16 beds, occupies approximately 11,000 square feet. Those living in the unit may take advantage of treatment available in outpatient services on the second floor, and the teaching kitchen located in the basement. The teaching kitchen will focus on life skills training for residents, who may have had limited opportunities to learn the basics of cooking and meal preparation, as a way of helping them adjust to independent living arrangements.

Entrance to the unit for residents and visitors is from the main elevators through a reception space where activity into and out of the unit can be monitored, and an additional area provided for internal staff-only or escorted resident circulation. Amenities and features include a flexible use dining space and serving kitchen for meals delivered to the unit in carts, and a TV room and quiet activity area, in a layout similar to the Secure Acute Residential units.

Clients have access to laundry facilities and a large open community lounge area. Staff and unit support include, in addition to the above, discrete and separate spaces for:

- Sequestered patients (quiet room)
- Medication
- Nourishment
- Clean utility
- Supply storage
- Soiled utility
- Patient showers

A staff workroom is in an access-controlled area.

Client residents typically arrive initially from emergency or urgent care. While residing in the unit they may enter or leave using the main elevator bank.

From the main building lobby, visitors reach the floor via the central public elevators 5 or 6. A corridor leads from the fourth-floor main lobby to the security station just outside the unit entrance and the adjacent waiting area and family visiting room.

OPEN GENERAL RESIDENTIAL (DMH)

Open General Residential serves adult men and women with a mental health and/or substance use disorder who are sentenced, or pending trial, for non-violent criminal offenses.

The unit is not locked and clients are able to leave the unit at will. It shares the second floor with the Outpatient Mental Health Center and the Outpatient Reentry Center. The two units of 16 beds each are segregated by gender, and occupy a total of approximately 21,000 square feet in pods B and C. The clients may use other services in the building, most notably the Outpatient Mental Health Center and SUD services, and the teaching kitchen in the basement.

The male and female populations are segregated, but the two units share common spaces in the spine area between them. Shared are a dining room and serving kitchen and a laundry room for client use, and a large family visitation and reception area. Group therapy rooms, and interview rooms for intensive case management, are located adjacent to each unit can be accessed from the spine corridor without entering the residential portion of the unit.

The support services in each unit are basic, and include:

- Medication room for dispensing self-administered medications
- Clean utility
- Supply storage
- Soiled utility
- Common area lounge and activity room

Client residents enter and leave the unit through the central elevator bank and the building lobby. Visitors access the unit by entering the main lobby and reach the second-floor visitor reception area via the public elevator lobby.

WITHDRAWAL MANAGEMENT [DEPARTMENT OF PUBLIC HEALTH (DPH)]

Withdrawal Management is a voluntary service for residents who are in severe withdrawal. The typical stay is seven days. Clients receive intensive clinical support for management of withdrawal from alcohol, benzodiazepines, and opioids. The unit occupies pod A on the third floor, which is unlocked, and clients may come and go at will. However, patients in Withdrawal Management are frequently in extreme distress and may spend extended periods in bed, in need of close attention.

This is a 16-bed unit, occupying approximately 11,000 square feet. It shares the floor with other DPH programs, Substance Use Disorder Residential, and Outpatient Center.

Clients are admitted by appointment and arrive in custody, by ambulance, or are brought in by a family member. Entrance to the unit for patients and visitors is through a reception intake area, which is also used by patients from the adjacent SUD Residential. A family visit lounge with a child play area is located adjacent to the intake area and provides space for extended visits. Meals are served in the dining activity area within the unit or in the patient's room.

Staff and unit support include, in addition to the above, discrete and separate spaces for:

- Exam room (medical)
- Interview room
- Group therapy
- Medication
- Quiet activity room
- Clean utility
- Supply storage

- Soiled utility

A staff workroom and SUD conference room is located in access-controlled area.

SUBSTANCE USE DISORDER RESIDENTIAL (DPH)

Substance Use Disorder (SUD) Residential serves men and women with a substance use disorder who need time and structure to aid in coping and recovery. The unit is not locked, and clients are able to leave the unit at will. Stays may be 100 days or more.

SUD Residential shares the floor with other DPH programs, Withdrawal Management and the SUD Outpatient Center. The two units of 33 beds each are segregated by gender and occupy a total of approximately 21,000 square feet in pods B and C. SUD rooms accommodate up to four residents using bunk beds, with fewer in special need rooms.

The male and female populations are segregated, but the two units share common spaces in the spine are between them. A common dining room and serving kitchen with nourishment dispensing, and a laundry room for client use are in the area between the male and female units. A gym is also located in this area for resident use. Medications are also dispensed to the residents in this area for self-administration. Group therapy rooms, and interview rooms for intensive case management, are in each unit. The clients in SUD Residential may use other services in the building, most notably outpatient mental health.

The support services in each unit include:

- Medical exam room
- Group therapy
- Supply storage
- Soiled utility
- Common area lounge and quiet activity rooms

Residents enter and leave the unit through the central elevator bank and the building lobby. Visitors access the unit by entering the main lobby and reach the third-floor visitor reception/intake area via the public elevator lobby.

OUTPATIENT SERVICES - GENERAL PLANNING CONSIDERATIONS

Outpatient Services at the MLK BHC are programmed with three functional zones: the public zone, the clinical care zone, and the staff zone. Public space is typically arranged to maximize natural light into waiting areas, to create direct access to patient treatment and support areas, and to provide enough space to arrange furniture in comfortable, varied, and loosely arranged gatherings instead of tight uncomfortable rows. The clinical zone, directly accessible from the public zone, typically consists of interview rooms and group rooms of a range of sizes. Interview rooms host staff-guided assistance to

patients, while group rooms host patient-guided appointments with varying numbers of participants. The staff zone, to which access is carefully controlled, adjoins the clinical zone and is a combination of open workspace and private offices, with support areas such as lounges, meeting rooms and storage, dotted throughout.

Planning of outpatient program areas is typically modular, with six-foot wide corridors alternating with twenty-three-foot-wide blocks of rooms. Within the blocks, typically rooms are 100 square feet (e.g., offices/interview rooms), 200 square feet (e.g., small group rooms/break rooms), or 400 square feet (e.g., conference rooms, large group rooms). This allows for consistency of program/space designations and for future flexibility.

INTENSIVE OUTPATIENT (DMH)

Intensive Outpatient (IO) serves patients who are transitioning from residential or inpatient care to outpatient care. Clients may spend several hours a day at the center and come several times a week, so a comfortable, welcoming aspect is important. IO will be located on the fourth floor of the MLK behavioral health center, co-located with three DMH residential units. Each unit, and the outpatient center, has its own discrete entrance from the central elevator lobby. It occupies roughly one half of the west wing on the floor, or approximately 12,000 square feet, with the other half of the wing designated as shell space. Most of the space serves a clinical function, with public functions south of the clinic and a staff zone to its north.

As on the second and third floors, IO clients exit the central passenger elevators, then enter through a pair of entry doors to the west of the core. From the entrance, they can see the reception desk and entry to the waiting room. The linear waiting area opens on to a series of corridors that lead to the clinical space. Two corridors access nine interview rooms, and the other corridors lead to eight group and activity rooms that range in area from 200 square feet to 500 square feet. The staff zone beyond includes five offices, storage, break room, and 30 workstations in a central open work area. Clients typically do not enter the staff zone. Access from the clinical areas for staff is controlled by key card devices.

The service area of IO is linked to the shell space and northwest egress stair by a continuous corridor that connects back to the pod spine and central core area. This allows opportunity for connection with future related program(s) or expansion, and for life safety adherence.

MENTAL HEALTH OUTPATIENT AND RE-ENTRY CENTER (DMH)

The Mental Health Outpatient and Re-Entry Center serves a wide variety of clients through a series of regularly scheduled appointments. This Center shares the second floor with two units of open general residential housing. Entries to the open general residential housing are separate from entry to outpatient services, and staff and client

populations will be segregated from one another, including program area, circulation, and egress paths.

The total space is approximately 40,000 square feet, divided into two plan areas: the west wing and the northeast “pod.” The pod is fully occupied by staff functions, i.e., offices, cubicles, conference rooms and break-out areas. The west wing is divided equally into clinical and staff zones. Access to staff-only areas is carefully controlled by key card devices through a series of card-controlled doors, and security posts and panic buttons are thoughtfully placed to ensure the safety of clients and staff.

Clients will circulate from the central elevator core, to the west entry doors of the unit. The reception desk, with space for six front office staff, is located across from the entry. The public waiting area is designed to maximize natural light; it spans the south window wall of the space. The east end of the linear waiting area is designated as a security desk, while the west end can be used for children’s and family waiting.

From the waiting area, clients have controlled access to four corridors; three corridors lead to interview rooms, and one corridor leads to group rooms. The waiting area also has access to a private bank of five individual-use toilet rooms. There are nineteen interview rooms and five group rooms. North of the group rooms and interview rooms, there are sixteen offices with doors on opposite sides. Clients can enter from one side, while clinicians can enter from the staff-only area. This provides a safety measure to clinicians’ offices that are often used to see clients.

Additional offices and cubicles are accommodated in the remainder of the program space, which is only accessible to staff. There is a total of 32 offices and 190 cubicles as well as numerous staff support spaces, such as conference rooms, break and lounge areas, toilet rooms, file and copy areas, and storage. Cubicles and offices are arranged in clusters that loosely form work “neighborhoods” dotted with lounge areas, breakout spaces, files storage, and copy facilities. Ample meeting areas are also provided, in the form of conference rooms of various sizes. A large central staff lounge connects the west block of plan space to the northeast pod, where the remainder of staff accommodations are found.

PSYCHIATRIC URGENT CARE CENTER (DMH)

The Psychiatric Urgent Care Center is approximately 13,050 square feet. It serves clients with scheduled appointments in a clinic-style setting, as well as those in urgent need, in a less than 24-hour stay intervention center. This Center will be comprised of an Integrated Health Clinic, Urgent Clinic, and Acute Clinic.

The Center serves multiple client types in three categories, from urgent acute to controlled returning. The Integrated Health Clinic component serves those under treatment for ongoing conditions. Generally, these clients are seen by appointment at intervals. In the second category are walk-in clients with urgent need, who are assessed by Urgent Clinic staff. A treatment plan is determined, which may include observation in

the acute clinic or ongoing outpatient treatment in the Integrated Health clinic. The most acute clients, the majority of whom arrive in custody or by ambulance, are observed in the acute unit, which has separate areas for adolescents, men, and women.

A dedicated main entrance, on the north side of the building, is intended primarily for the Urgent and Integrated Health Clinics but can also accommodate walk-ins for urgent attention. Inside the front door, the entry is monitored by a security station. There is a waiting area with public toilet, supporting the Integrated Health Clinic reception and two registration/intake cubicles for the Urgent Clinic. The clinic side has Nurse Practitioner exam/consult rooms, exam rooms, a group therapy room that is shared with the crisis services, patient toilets, offices for residents and administrative staff, and social service offices.

Ambulances and law enforcement vehicles may deliver acute clinic clients through the dedicated BHC gated and secured custody arrivals court, near the existing Emergency Department (ED) drop off. Custody vehicles drive through a gate controlled from a security guard station to permit access to the vehicles. Once inside the court, clients enter the building through a secured doorway.

Just inside the arrival door is a security station monitoring the acute/crisis care functions, a storage area for client belongings, and a toilet/shower room. Adult clients are evaluated in one of two triage rooms before entering the separate male and female holding areas.

Adolescents are separated from the adult population upon entry. There is no crossing between adults and adolescents. A corridor leads to the adolescent triage room. The secure day room area has direct access to an isolation room. The isolation is separated from the holding area to visually and audibly screen the more stressed clients from the holding area. Staff workspace monitoring the unit is separated from the day room by a counter, with a secured workroom directly adjacent. The adolescent area includes a doctor's office and dining room, a quiet game alcove, and toilet/shower room.

The secure female and male day room areas each has an isolation room and a doctor's office, and a toilet/shower room directly accessible from the day room. Male and female patients share a dining room with separately scheduled mealtimes. Staff monitoring stations serve both units and are separated by a physical barrier.

Access to dining is controlled by staff using key card devices. The dining rooms will have table style seating and a traditional kitchen set up—refrigerator, microwave, sink and cabinets, without a stove. A staff station has visual access to view all three holding areas. The staff have seating in front of the windows to view into each holding area. The center of the staff station room has supplies and other storage capacity. There is a sink within the room and a medication zone. Each holding room has a staff entry from the staff station.

Outside of the holding area are support rooms for soiled utility, linen storage, and a laundry room. Clients who need to be transferred to a residential unit on one of the upper floors are escorted in a dedicated elevator, which is located between the Psychiatric Urgent Care and Recovery Intake Centers.

Administrative staff and staff support spaces are in an area on the east side of the service, with exterior exposure and separated from the patient treatment spaces.

RECOVERY INTAKE CENTER (DPH)

The Recovery Intake Center (Sobering Center) is approximately 9,660 square feet and serves those who are actively intoxicated with alcohol or drugs and need to overcome an immediate episode of intoxication before receiving further treatment or assistance.

The vast majority of those who will be cared for in the Recovery Intake Center are clients who are delivered by ambulance or law enforcement vehicles through the secured entry court adjacent to the existing ED entrance. Clients are taken in through a secure entry into a dedicated suite for Recovery Intake.

In a small number of cases, clients will walk in on their own. The north side of the secure court provides a gated entry for these patients to present, and an adjacent secure storage area and “hot box” for personal belongings. Client arrivals are screened at a security check in counter. Adjacent to the security check in is a small waiting area.

Once checked in, clients go through an intake and examination process before being segregated into male and female holding areas, each with a toilet/shower room, an enclosed TV room, two seclusion rooms, and a janitor closet. Clients sleep in a pod bed on the floor. Since the users of the Recovery Intake Center typically spend most of their less-than-24 hour stay in the holding areas sleeping, lighting in the room is dimmable and usually off or low.

The holding rooms are arranged on either side of an enclosed staff station room with access to both the male and female sides as well as the intake corridor. Workstations in the staff room are arranged in front of a viewing window. The holding room support spaces described above are placed around the perimeter of the holding rooms, and provided with viewing windows, so that staff has visualization of, and when necessary, direct access to the entire unit through the holding room. Within the staff station room are supplies and other storage capacity, a dedicated staff toilet, and medication room. No meal service is provided, but a pantry can provide food such as sandwiches and prepared items if requested by patients. Serving both the male and female holding in an outer corridor is a soiled utility room, linen storage, and laundry room. Finishes are basic, easily cleanable and durable.

Clients transferred to a resident unit on floors above would be escorted in the elevator located between, and shared by, Psychiatric Urgent Care and Recovery Intake Centers.

SUBSTANCE USE DISORDER OUTPATIENT CENTER (DPH)

The Substance Use Disorder (SUD) services, both residential and outpatient, will be located on the third floor. The outpatient component of the service allows non-residents to start or continue treatment before or after residency, or independent of residency. A common central elevator core, including passenger and staff/service elevators, serves the floor. The three pods at the east side of the plan are dedicated to residential units; the west wing of the plan has approximately 11,000 square feet of shell space and 12,900 square feet of SUD outpatient program. The SUD space is divided as follows: 4,200 square feet for the clinical zone; 3,400 square feet for the staff zone; and 5,000 square feet for the public zone.

Client circulation is similar to that on the second floor; clients and visitors come from the central elevator bank to reception, then waiting. From the waiting area, clients have controlled access to the clinical zone, with five corridors; one corridor leads to six interview rooms, and four corridors lead to group rooms. The central space of the SUD services is a large, central multipurpose room that can be used for large groups, conference room, all-staff meetings, educational programs, or social events. The waiting area also has access to a private bank of five individual-use toilet rooms. North of the group rooms and interview rooms, there are eight clinicians' offices and three supervisors' offices, flanking an open work area with eighteen cubicles, which comprise the staff zone. Other staff spaces include the mail room, located adjacent to the reception area, and break room, storage rooms, and toilets.

The service area of outpatient SUD is linked to the shell space and northwest egress stair by a continuous corridor that connects back to the pod spine and central core area. This allows opportunity for connection with future related program(s) or expansion.

HEALTH CLINICS

The Urgent Care Clinic and Primary Care Clinic operate in parallel, sharing staff support, diagnostic service spaces, and criteria for patient flow.

The "inboard team model" is used for the layout of both clinics. In this model, the exam rooms surround a contained provider work area where all staff workstations are located, and the staff has equal access to all rooms. Primary provider and patient circulation is separate and patients are roomed by a registration clerk or self-roomed, in either case, from a patient corridor that surrounds the pod of exam rooms. Providers access the room through a second entrance from the inboard workspace.

This model is very efficient and allows the providers to collaborate and communicate in a private setting without sacrificing proximity to the patient. With this model patient travel is simplified if not reduced, and it allows the support and ancillary diagnostics and procedure spaces to be placed in an equal relationship to both the primary care pod and the urgent care pod.

Because the Urgent Care service and the Primary Care service are expected to be operated by the same entity, the entrances and waiting areas are interconnected, with toilet rooms shared between the two sides, and a folding or rolling gate is used to isolate Urgent Care waiting and registration after Primary Care is closed. Both services are entered from the BHC lobby with the Urgent Care entry on the north and the Primary Care on the south side of the elevator bank.

Urgent Care Clinic

The Urgent Care Clinic is approximately 10,000 square feet and the Primary Care Clinic is approximately 11,000 square feet, and they share approximately 1,700 square feet for diagnostics and 1,650 square feet for staff support.

Each side has a separate registration area with corresponding layouts. Five registration stations and two intake rooms have a door to the waiting on one side and door to the clinical zone on the back side so clients can go directly from intake to their exam room. After registration and intake patients are entered into a tracking system and roomed when an exam room is ready. The team is notified of which room a client is in through a patient tracking board within the team zone. Clients can enter the clinical side only when authorized by staff, and go through the intake rooms, or the main doors adjacent to registration.

In both clinics' waiting areas are case worker offices with dual entrances similar to intake. A shared clinical zone between primary care and urgent care occupies the center of the clinic plan. Directly inside the clinical zone from the intake rooms and registration is a scale alcove, and the entrance to the outpatient lab, with three draw stations and a specimen toilet. Two of the toilets that serve the clinics' exam rooms also have pass-throughs directly into the lab work area. The center shared zone has a procedure rooms, clean supply rooms, soiled utility rooms, and red bag storage for each program. One central trash room is provided for both programs. Away from the clinical/public zones are located the shared diagnostic imaging services including:

- Ultrasound with a dedicated toilet
- X-ray room
- Tech work room and 2 supervisor offices

Sub-waiting alcove and adjacent changing room gives direct access into x-ray, so patients do not have to go into a corridor in a gown. Supervisor offices are centrally located between the two clinical zones. Shared between the two programs are a staff conference room, staff toilets, a staff lounge, and locker-room.

There are 20 rooms in the Urgent Care Clinic. Sixteen are identical with doors on each side, a handwashing sink with millwork for storage of supplies, a provider workstation, exam table, and visitor chair. The rooms are approximately 100 square feet exclusive of the millwork.

The remaining four rooms in Urgent Care Clinic are designed for critical observation of patients that need visual monitoring from the team zone. These rooms are close to the entry and equipped with full glass doors on the provider side to facilitate visualization.

Inside the team zone there is supply storage and a handwashing sink and two crash cart alcoves. At the west side of each team zone is a medication room and nourishment station.

Primary Care Clinic

The 20 exam rooms in the Primary Care Clinic are identical with doors on each side, a handwashing sink with millwork for storage of supplies, a provider workstation, exam table, and visitor chair. The rooms are approximately 100 square feet exclusive of the millwork. Inside the team zone there is supply storage and a handwashing sink. At the west end of the team zone is a medication room and nourishment station.

The Primary Care Clinic has two behavioral health rooms outside the team zone. These rooms are located close to the entry into the clinical side to segregate when needed and allow these patients easy access without traveling through the clinical side in great lengths.

CONCEPT RENDERINGS

First Floor Lobby



First Floor Café and Urgent Care Entrance



Clinic Spaces



Residential Dining Area



Residential Bedroom



Residential Activity Area



Residential Outdoor Space

