



**SEDGWICK COUNTY, KANSAS  
DIVISION OF FINANCE DEPARTMENT**

***Purchasing Department***

100 N. Broadway, Suite 610 ~ Wichita, KS 67202

Phone: 316 660-7255 Fax: 316 660-1839

[https://www.sedgwickcounty.org/finance/purchasing/  
requests-for-bid-and-proposal/](https://www.sedgwickcounty.org/finance/purchasing/requests-for-bid-and-proposal/)

**REQUEST FOR PROPOSAL  
RFP #23-0077  
ARCHITECTURAL AND ENGINEERING SERVICES  
FOR THE MENTAL HEALTH HOSPITAL**

**November 7, 2023**

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm to provide Architectural and Engineering Services for the Mental Health Hospital. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than **1:45 pm CST, TUESDAY, NOVEMBER 21, 2023.**

**All contact concerning this solicitation shall be made through the Purchasing Department.** Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Purchasing Department in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

Sincerely,

*Joseph Thomas*

**Joe Thomas  
Director of Purchasing**

**JT/ks**

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## **I. About this Document**

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 68, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the county. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

## **II. Background**

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 514,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,500 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County in collaboration with the State of Kansas and other local stakeholders desires to select an A/E firm to provide professional design services required to construct a facility for behavior health patients in the South Central region. The hospital will have 50 beds in an approximate 76,231 square foot facility with the ability to increase to 100 to 104 bed capacity (111,424 square feet). Support areas (e.g., laundry, kitchen, etc.) shall be sized for up to 104 beds. Location parameters are to be determined. The County is actively searching for vacant land (7-11 acres) or an existing building (75,000 – 112,000+ square feet) either as a single or multi-story facility. Depending on space availability and funding, a slightly larger facility may be selected. The awarded A/E vendor will assist with determining if the existing building will be remodeled or razed and a new facility built in its place. A/E coordination is expected through all phases of the project.

Any resulting contract from this RFP process will be funded with a combination of State of Kansas funding and federal American Rescue Plan Act State and Local Fiscal Recovery Fund (ARPA SLFRF) dollars.

More information related to the Sedgwick County Mental Health Hospital projects can be found here:

**<https://www.sedgwickcounty.org/finance/state-mental-health-hospital/prospective-bidder-faqs>**

### III. Project Objectives

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm to provide Architectural and Engineering Services. The following objectives have been identified for this contract:

1. Acquire Architectural and Engineering Services meeting the parameters, conditions and mandatory requirements presented in the document.
2. Establish contract pricing with the vendor that has the best proven “track-record” in performance, service and customer satisfaction.
3. Acquire Architectural and Engineering Services with the most advantageous overall cost to the county.
4. Enter into a contract with a firm that has superior service history in providing the following types of A/E services:
  - a. Experience in developing plans, coordinating large-scale multimillion dollar healthcare projects, and administering simultaneous projects.
  - b. Architecture
  - c. Mechanical Engineering
  - d. Structural Engineering
  - e. Electrical Engineering
  - f. Civil Engineering
  - g. Interior Design
  - h. Landscape Design
  - i. Building Network and Telecommunications Design
  - j. Construction Cost Estimating
  - k. Utility and Maintenance Cost Estimating
  - l. Firms will not be limited in their use of subcontractors but will be required to establish a standard hourly rate for services. Subcontractors can be selected based on the project need and their availability.

### IV. Submittals

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate with an electronic response, the RFP number must be entered in the subject line and email the entire document with supplementary materials to:

[Purchasing@sedgwick.gov](mailto:Purchasing@sedgwick.gov)

Should you elect to participate with a physical response, the response must be sealed and marked on the lower left-hand corner with the firm name and address, bid number, and bid due date. Submit one (1) original **AND** one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

**Joe Thomas**  
Sedgwick County Purchasing Department  
100 N. Broadway, Suite 610  
Wichita, KS 67202

SUBMITTALS are due **NO LATER THAN 1:45 pm CST, TUESDAY, NOVEMBER 21, 2023.** If there is any difficulty submitting a response electronically, please contact the Purchasing Technicians at [purchasing@sedgwick.gov](mailto:purchasing@sedgwick.gov) for assistance. Late or incomplete responses will not be accepted and will not receive consideration for final award. If you choose to send a hard copy of your proposal, Sedgwick County will not accept submissions that arrive late due to the fault of the U.S. Postal Service, United Parcel Service, DHL, FedEx, or any other delivery/courier service.

Proposal responses will be acknowledged and read into record at Bid Opening, **which will occur at 2:15 pm CST on the due date.** No information other than the respondent’s name will be disclosed at Bid Opening. We will continue to have Bid Openings for the items listed currently. If you would like to listen in as these proposals are read into the record, **please dial our Meet Me line @ (316) 660-7271 at 2:15 pm.**

## V. Scope of Work

Design and administer construction of the mental health hospital. A/E coordination is expected throughout all phases of the project.

### **Phase One (1) is to include the following:**

1. Consult with county staff to determine project requirements and review available data in the county's possession.
2. Review preliminary schematic drawing in enough detail to develop a detailed construction estimate opinion of probable costs.
3. Submit an opinion of probable cost.

### **Phase Two (2) is to include the following:**

1. Perform necessary research and field survey work as required to complete design including soil testing.
2. Prepare and present for approval, preliminary design documents consisting of preliminary construction plans and outline specifications.
3. Prepare any necessary documents for alternate bids requested by county staff.
4. Develop a project schedule defining and establishing all owner's costs, consulting, A/E services, programming, design and construction activities and milestones in consultation with county staff. Opinion of probable cost is to be provided both at the end of the design phase, and then again once the final CD's are prepared.
5. Prepare and present for approval, final project plans and specifications, and assist in the preparation of other related documents. Assist in obtaining approvals by participating in submissions and negotiations with appropriate officials and authorities, including administrative hearings and meetings as reasonably required.
6. Design in such a manner to ensure Contractor's compliance with ADA Standards, with consideration for construction tolerances. See U.S. Access Board's final report, "Initiative on Dimensional Tolerances in Construction" dated January 2011 (<https://www.access-board.gov/research/completed-research/dimensional-tolerances>) which identifies best practices for design and specifications.
7. Provide bidding assistance to include:
  - o Attending any Pre-Bid conference(s).
  - o Advising county staff as to the acceptability of substitute materials and equipment proposed.
  - o Providing addendums to bid documents.
8. Provide construction administration to include:
  - o Provide a minimum of one (1) site visit each week to observe the progress and quality of the work being completed, including review for compliance with ADA standards.
  - o Review contractor's applications for payment including any supplemental materials and advise the county as to the amount owing to contractor. Approval, in writing, of payment should be based on observations and review that the progress and quality is in accordance with the final project documents.
  - o Take appropriate action to review and approve shop drawings, samples, test results, substitutions of materials/equipment, maintenance and operating instructions, schedules, certificates of inspections, final plans, specifications, contract documents as submitted by contractor.
  - o Verify that completed project confirms to the final plans, including compliance with ADA standards. Provide written verification of approval or disapproval of work to project manager.
  - o Prepare all change orders as required.
  - o Conduct inspections to determine if the project is substantially complete and conduct a final inspection to determine if the project has been completed in accordance with all project documents. Upon disapproval, prepare a list of incomplete, unsatisfactory items and a schedule for their completion. Upon approval of final inspection, provide written verification to county staff.
  - o Approve, in writing, final payment upon receipt of guarantees, manuals, bonds, warranties, as-built drawing, etc.
  - o Act on behalf of the county to the extent authorized by county staff.

- The intent of the ADA review during weekly site visits and for final project inspection is to ensure quality control throughout the project, and to catch areas of ADA non-compliance early, rather than only at the final punch list inspection. The verification of ADA compliance shall include, but not limited to, the following:
  - a. Verify that running slopes and cross slopes of ramps, sidewalks and accessible routes comply with ADA standards for maximum slope. It is recommended that the proposer uses a digital level to assist in this review.
  - b. Verify plumbing fixtures and restroom compliance such as fixture location, mounting height, clear floor space, grab bar heights, sizes, locations, knee clearance, mirror and dispenser heights and locations, etc.
  - c. Review ramp or curb ramp features including, but not limited to, handrail heights and extensions, landing sizes, detectable warnings, side flares and edge protection.
  - d. Review door opening force, door maneuvering clearance, etc.
  - e. Verify proper signage mounting heights and locations.
  - f. Verify that protruding object hazards do not exist.
  - g. Verify that operable parts are located within proper reach range (height) and that sufficient clear floor space exists.
  - h. Verify that parking space arrangement, slope, sizes, and signage comply with ADA standards.
  - i. Provide a written report to the project manager identifying the date the ADA review was completed, and identifying any areas of non-compliance so that these can be appropriately resolved to ensure compliance.
  - j. Any other services provided by the architect under the terms of the attached AIA Contract with the county's supplemental conditions.

**All phases and areas within the project site must meet full ADA compliance per 2010 ADA Standards and any other applicable federal or state requirements. All work must meet Sedgwick County CAD standards as indicated in Exhibit A.**

## VI. Sedgwick County's Responsibilities

- Provide information, as legally allowed, in possession of the county, which relates to the county's requirements or which is relevant to this project.
- Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.
- County reserves the right to make inspections at various points of the project. Contractor agrees to openly participate in said inspections and provide information to the county on the progress, expected completion date and any unforeseen or unexpected complications in the project.
- Pay for reproduction costs associated with the bid process for this project such as blueprinting, photocopying, photographs, printing, binding, plans, and specifications, etc.
- Assist the A/E firm in obtaining permission to enter private and public property as required for A/E firm to perform services. The county will acquire the necessary easements and/or property.
- Pursue platting and zoning of the Property, to be complete by the time bidding of the project is scheduled.

## VII. Proposal Terms

### A. Questions and Contact Information

Any questions regarding this document must be submitted via email to Tammy Culley at [Tamara.Culley@sedgwick.gov](mailto:Tamara.Culley@sedgwick.gov) by **5:00 pm CST, Friday, November 10, 2023**. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at <https://www.sedgwickcounty.org/finance/purchasing/requests-for-bid-and-proposal/> under the Documents column associated with this RFP number by **5:00 pm CST, Tuesday, November 14, 2023**. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.

### B. Minimum Firm Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer's response. Proposers shall:

1. Have a minimum of 5 years' experience in providing services similar to those specified in this RFP.
2. Have an understanding of industry standards and best practices.
3. Have experience in managing projects of comparable size and complexity to that being proposed.
4. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
5. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
6. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
7. Provide project supervision (as required) and quality control procedures.
8. Have appropriate material, equipment and labor to perform specified services.
9. Park only in designated areas and display parking permit (if provided).
10. Wear company uniform or ID badge for identification purposes.
11. Project must meet healthcare industry, local, state, and federal guidelines as applicable.
12. The safety of the county staff and public is paramount and must be considered in all project design and construction phases.
13. The firm will provide a single point of contact for the duration of the project.
14. The firm will ensure timely completion of plans, specifications, and response to county staff questions.
15. Initial response to county questions must occur within 24 hours of contact by the county.
16. Plans and specifications must be accurate and fully coordinated between all disciplines and be in full code compliance.
17. The firm will provide timely execution of administrative procedures related to the project such as change order proposals, shop drawings, contractor pay requests, final inspections, punch list items etc.
18. The firm will maintain Architect's Errors and Omissions Insurance and a Primary Comprehensive General Liability Policy combined single limit. Evidence of such coverage must be provided to the county at the time responses are due.
19. The firm shall not acquire any interest, direct or indirect, in any other professional capacity that would conflict in any manner or degree with the performance of services required to be performed under this agreement.
20. The firm and all subcontractors will adhere to the AIA Kansas Bylaws, AIA Code of Ethics and Professional Conduct.
21. The firm and all subcontractors shall maintain professional licenses needed to perform work in Sedgwick County and the State of Kansas. A copy of each license must be provided to the county at the time the responses are due.

22. The firm shall take the following affirmative steps when selecting subcontractors for this project:
  - a. Place qualified small and minority businesses and women's business on solicitation lists;
  - b. Assure that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
  - c. Divide total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
  - d. Establish delivery schedules, where the requirement permits, which encourage permits, which encourage participation by small and minority business, and women's business enterprises;
  - e. Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.
23. The firm will meet with applicable county departments to review project status, project budget, and project planning. These meetings will be scheduled at a time agreed on by the Project Manager, any applicable county department(s) and the A/E firm.
24. The firm and/or subcontracting firm shall not utilize an employee with less than three (3) years of experience in the appropriate field and that have hands on experience in planning and designing requested projects of similar size and scope.
25. The firm shall notify the county in advance if subcontractors will be used. If subcontracting firm work experience and reference information was not provided during the solicitation process, it will need to be provided in advance of any work being completed. The county reserves the right to require an alternative subcontractor based on experience and reference information.
26. All media, citizen, and public official requests for information are to be directed to the Project Manager which the A/E firm is working with.
27. The firm will submit detailed monthly invoices for services provided. Monthly invoices shall detail the number of billable hours by individual person and by individual project for the preceding calendar month. The invoice must indicate total fees billed previously, total fees for current month, and total fees to date by project. Invoices shall be delivered to the County not later than the 10th day of the month following when services were provided.
28. The firm must provide information verifying capacity to perform the services in the required time as reflected by workload, availability of adequate personnel, equipment, and facilities.



C. Evaluation Criteria

The selection process will be based on the responses to this RFP. Sedgwick County (County) and the Kansas Department for Aging and Disability Services (KDADS) will judge each response as determined by the scoring criteria below. Purchasing staff are not a part of the evaluation committee.

| Component  | Points |
|--|--------|
| a. Ability to meet or exceed all Request for Proposal conditions and instructions as outlined herein.  | 20     |
| b. Competence to perform the specified and mandatory services as reflected by technical training and education, experience in providing required services, and the qualifications and competence of persons who would be assigned to perform the services. Prior work experience, job sizes and history of proven performance. | 20     |
| c. Capacity to perform the services in the required time as reflected by workload, availability of adequate personnel, equipment, and facilities. The ability to manage projects simultaneously and expeditiously, approach to problem/task resolution, methodology/data gathering techniques and procedures and teamwork.     | 20     |
| d. Past performance with respect to cost control, quality of work, value engineering and ability to meet deadlines. This shall be determined in part by a check of references for similar projects and/or services provided for governmental entities or organizations of similar size and scope.                              | 20     |
| e. Proposing the services described herein with the most advantageous and prudent methodology and costs to the county.   | 20     |
| Total Points   | 100    |

Assume the following cost proposals (**examples only**)

- A. \$50,000.00
- B. \$38,000.00
- C. \$49,000.00

Company B with a total price of \$38,000.00 is the low offer. Take the low offer and divide each of the other offers into the low offer to calculate a percentage. This percentage is then multiplied by the number of points available for the cost. In this case, 10 points are allocated to cost.

- A.  $\$38,000.00 \text{ divided by } \$50,000.00 = .76$        $.76 * 10$       7.6 points
- B.  $\$38,000.00 \text{ divided by } \$38,000.00 = 1.00$        $1.00 * 10$       10 points
- C.  $\$38,000.00 \text{ divided by } \$49,000.00 = .77$        $.77 * 10$       7.7 points

Any final negotiations for services, terms and conditions will be based, in part, on the firm’s method of providing the service and the fee schedule achieved through discussions and agreement with the county’s review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

D. [Request for Proposal Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Purchasing Department at (316) 660-7255 to confirm any and all dates.

|   |  |
|---|--|
| Distribution of Request for Proposal to interested parties      | <b>November 7, 2023</b>                |
| Questions and clarifications submitted via email by 5:00 pm CST | <b>November 10, 2023</b>               |
| Addendum Issued by 5:00 pm CST                                  | <b>November 14, 2023</b>               |
| Proposal due before 1:45 pm CST                                 | <b>November 21, 2023</b>               |
| Evaluation Period   | <b>November 22 – December 12, 2023</b> |
| Board of Bids and Contracts Recommendation                      | <b>December 14, 2023</b>               |
| Board of County Commission Award                                | <b>December 20, 2023</b>               |

E. [Contract Period and Payment Terms](#)

A contract will be entered into upon approval from the Board of County Commissioners and signed legal contract. The contract will continue until all services are completed upon agreement of both parties. The County reserves the right to cancel the contract and discontinue services with a thirty (30) day written notice as a result of the failure of the contracted proposer to provide acceptable services and reports as delineated in the response to this document, or if determined that services can be provided by County or other sources.

Payment and Invoice Provisions

<https://www.sedgwickcounty.org/media/55477/payment-and-invoice-provisions.pdf>

F. [Insurance Requirements](#)

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. If required, contractor's professional liability/errors and omissions insurance shall (i) have a policy retroactive date prior to the date any professional services are provided for this project, and (ii) be maintained for a minimum of three (3) years past completion of the project. Contractor shall furnish a certificate evidencing such coverage, with county listed as an additional insured including both ongoing and completed operations, except for professional liability, workers' compensation and employer's liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after county receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (**must be acknowledged on the bid/proposal response form**).

**NOTE:** If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of contractor to require that any and all approved subcontractors meet the minimum insurance requirements.

|  |                |
|--|----------------|
| <b>Workers' Compensation:</b>  |                |
| Applicable coverage per State Statutes   |                |
| <b>Employer's Liability Insurance:</b>   | \$500,000.00   |
| <b>Commercial General Liability Insurance (on form CG 00 01 04 13 or its equivalent):</b>          |                |
| Each Occurrence  | \$1,000,000.00 |
| General Aggregate, per project   | \$2,000,000.00 |
| Personal Injury  | \$1,000,000.00 |
| Products and Completed Operations Aggregate  | \$2,000,000.00 |
| <b>Automobile Liability:</b>   |                |
| Combined single limit  | \$500,000.00   |
| <b>Umbrella Liability:</b>   |                |
| Following form for both the general liability and automobile                                       |                |
| <input checked="" type="checkbox"/> <b>Required</b> / <input type="checkbox"/> <b>Not Required</b> |                |
| Each Claim   | \$1,000,000.00 |
| Aggregate  | \$1,000,000.00 |
| <b>Professional Liability/ Errors &amp; Omissions Insurance:</b>                                   |                |
| <input checked="" type="checkbox"/> <b>Required</b> / <input type="checkbox"/> <b>Not Required</b> |                |
| Each Claim   | \$1,000,000.00 |
| Aggregate  | \$1,000,000.00 |
| <b>Pollution Liability Insurance:</b>  |                |
| <input type="checkbox"/> <b>Required</b> / <input checked="" type="checkbox"/> <b>Not Required</b> |                |
| Each Claim   | \$1,000,000.00 |
| Aggregate  | \$1,000,000.00 |

**Special Risks or Circumstances:**

Entity reserves the right to modify, by written contract, these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

**IF CONTRACTOR IS PROVIDING CONSTRUCTION SERVICES:**

In addition to the above coverages, contractor shall also provide the following:

|                                  |  |
|----------------------------------|--|
| <b>Builder's Risk Insurance:</b> | In the amount of the initial Contract Sum, plus the value of subsequent modifications and cost of materials supplied and installed by others, comprising the total value for the entire Project on a replacement cost basis without optional deductibles. Entity, contractor, and all Subcontractors shall be included as named insured's. |
|----------------------------------|--|

G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

#### H. [Confidential Matters and Data Ownership](#)

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

#### I. [Proposal Conditions](#)

<https://www.sedgwickcounty.org/media/31338/proposal-terms-conditions.pdf>

##### General Contract Provisions

<https://www.sedgwickcounty.org/media/31337/general-contractual-provisions.pdf>

##### Mandatory Contract Provisions

<https://www.sedgwickcounty.org/media/31336/mandatory-contractual-provisions.pdf>

##### Independent Contractor

<https://www.sedgwickcounty.org/media/54780/independent-contractor-addendum.pdf>

##### Sample Contract

<https://www.sedgwickcounty.org/media/39236/sample-contract.pdf>

##### Federal Certifications Addendum Sedgwick County

<https://www.sedgwickcounty.org/media/59719/federal-certifications-addendum-updated-for-changes-to-ug-11-12-2020-no-signature-line.pdf>

##### Suspension and Debarment

<https://www.sedgwickcounty.org/finance/purchasing/suspension-and-debarment/>

### VIII. Required Response Content

All proposal submissions shall include the following:

1. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.
2. Proposed fee and number of calendar days to complete Construction Document (ready for bidding) from time of Notice to Proceed, barring any unforeseen delays. Pricing may be listed as an hourly rate with a do-not-exceed limitation or other pricing means recommended by the firm.
3. The names of the staff members who will be available for work on the contract, including a listing of their work experience.
4. The firm's relevant experience, notably experience working with government agencies.
5. At minimum, three (3) professional references, besides Sedgwick County, with e-mail addresses, telephone numbers, and contact persons where work has been completed within the last three years.
6. A disclosure of any personal or financial interest in any properties in the project area, or any real or potential conflicts of interest with members of the Sedgwick County Board of County Commissioners or county staff.
7. A description of the type of assistance that will be sought from County staff, including assistance required from the County to lessen the costs of this project.
8. Proof of insurance meeting minimum insurance requirements as designated herein.
9. Those responses that do not include all required forms/items may be deemed non-responsive.
10. The names of any anticipated subcontractors that will be used and in what capacity.
11. The work experience of any anticipated subcontractors.
12. A completed copy of the Bid Form provided with this Request for Proposal.

NOTE: The proposed fee shall be in an amount sufficient to cover traditional reimbursable costs such as:

- Transportation and subsistence expenses of employees, principals, and partners incurred during travel.
- Communication expenses such as long distance telephone, telegraph, facsimile, express or messenger charges, and postage.
- Sub consultant expenses for special services for associated consultants, such as structural, mechanical and electrical engineering, geo-technical investigation and reports, testing, and observation, etc.
- Specialized equipment including computers, computer time, software, printers, scanners, etc.
- Progress prints and in-house plots.
- Should not include any charges for personnel bonuses, employee training, employee morale programs, principal bonuses, general liability, auto liability, or professional liability insurance.

IX. Response Form

**REQUEST FOR PROPOSAL  
RFP #23-0077**

**ARCHITECTURAL AND ENGINEERING SERVICES FOR THE MENTAL HEALTH HOSPITAL**

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME \_\_\_\_\_

DBA/SAME \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ HOURS \_\_\_\_\_

STATE OF INCORPORATION or ORGANIZATION \_\_\_\_\_

COMPANY WEBSITE ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

NUMBER OF LOCATIONS \_\_\_\_\_ NUMBER OF PERSONS EMPLOYED \_\_\_\_\_

TYPE OF ORGANIZATION: Public Corporation \_\_\_\_\_ Private Corporation \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_ Other (Describe): \_\_\_\_\_

BUSINESS MODEL: Small Business \_\_\_\_\_ Manufacturer \_\_\_\_\_ Distributor \_\_\_\_\_ Retail \_\_\_\_\_

Dealer \_\_\_\_\_ Other (Describe): \_\_\_\_\_

Not a Minority-Owned Business: \_\_\_\_\_ Minority-Owned Business: \_\_\_\_\_ (Specify Below)

\_\_\_\_\_ African American (05) \_\_\_\_\_ Asian Pacific (10) \_\_\_\_\_ Subcontinent Asian (15) \_\_\_\_\_ Hispanic (20)

\_\_\_\_\_ Native American (25) \_\_\_\_\_ Other (30) - Please specify \_\_\_\_\_

Not a Woman-Owned Business: \_\_\_\_\_ Woman-Owned Business: \_\_\_\_\_ (Specify Below)

\_\_\_\_\_ Not Minority -Woman Owned (50) \_\_\_\_\_ African American-Woman Owned (55) \_\_\_\_\_ Asian Pacific-Woman Owned (60)

\_\_\_\_\_ Subcontinent Asian-Woman Owned (65) \_\_\_\_\_ Hispanic Woman Owned (70) \_\_\_\_\_ Native American-Woman Owned (75)

\_\_\_\_\_ Other – Woman Owned (80) – Please specify \_\_\_\_\_

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: \_\_\_\_\_ Yes \_\_\_\_\_ No

UEI (UNIQUE ENTITY IDENTIFIER) NO. \_\_\_\_\_

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: \_\_\_\_\_ Yes \_\_\_\_\_ No

**ACKNOWLEDGE RECEIPT OF ADDENDA:** All addendum(s) are posted to our RFB/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to [www.sedgwickcounty.org/finance/purchasing.asp](http://www.sedgwickcounty.org/finance/purchasing.asp).

NO. \_\_\_\_\_, DATED \_\_\_\_\_; NO. \_\_\_\_\_, DATED \_\_\_\_\_; NO. \_\_\_\_\_, DATED \_\_\_\_\_

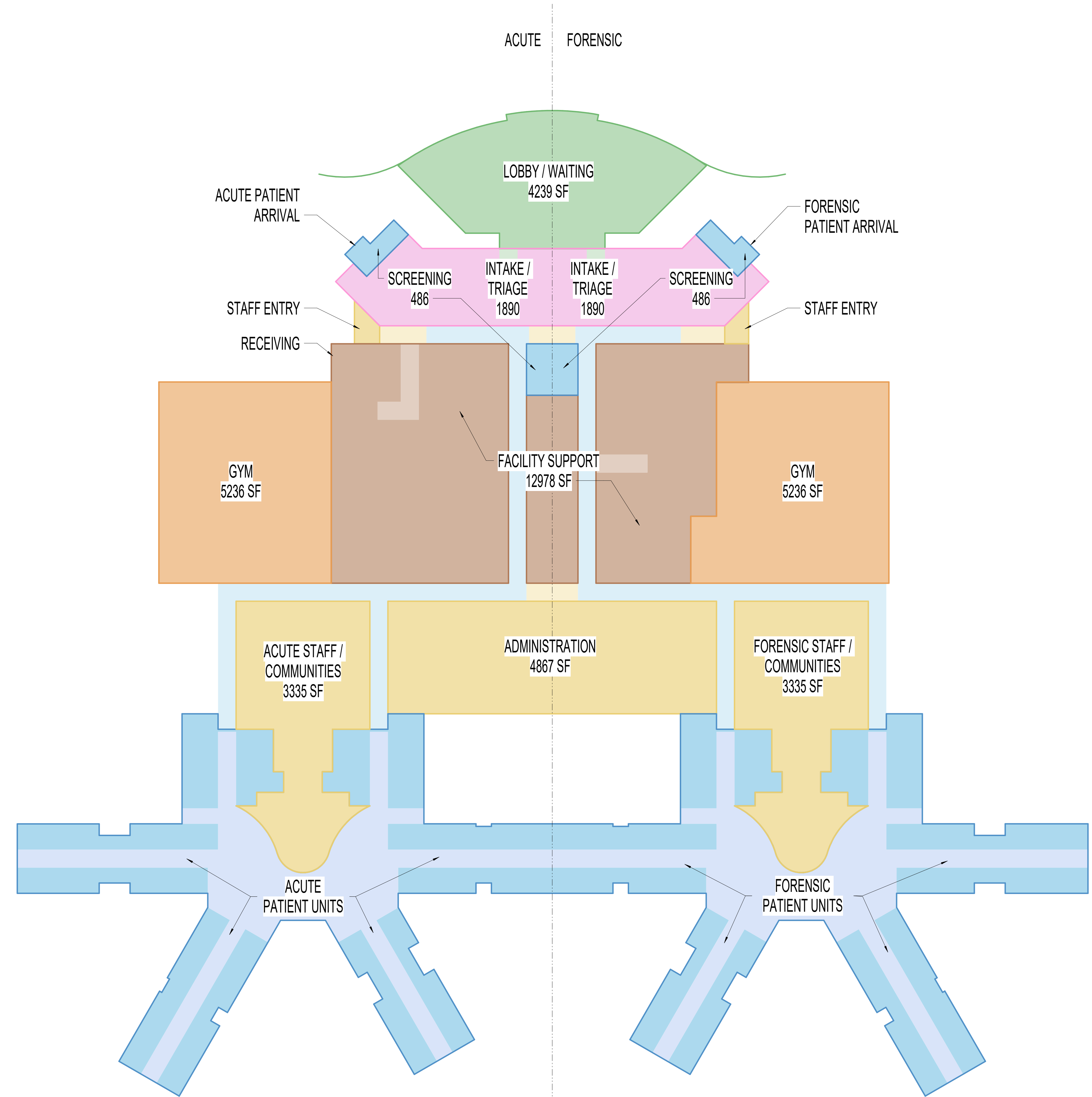
In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in the proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

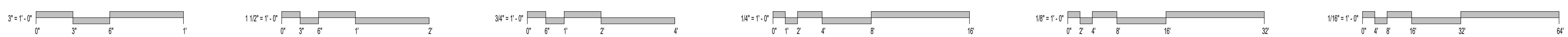
Print Name \_\_\_\_\_ Dated \_\_\_\_\_

**CIRCULATION LEGEND**

- PATIENT, SECURE, ON-UNIT
- PATIENT, SECURE, OFF-UNIT
- ADMINISTRATION
- PUBLIC
- MECHANICAL



1 SD-2.2 - OVERALL PLAN - 50 BEDS  
NTS



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**INTERNAL NOTE:** Consultants and subcontractors are responsible for their own work. CONSULTANT LOGOS DO NOT GET PLACED ON THESE SHEETS. The design group does not accept any responsibility for unauthorized changes to the electronic files made by the owner or others.



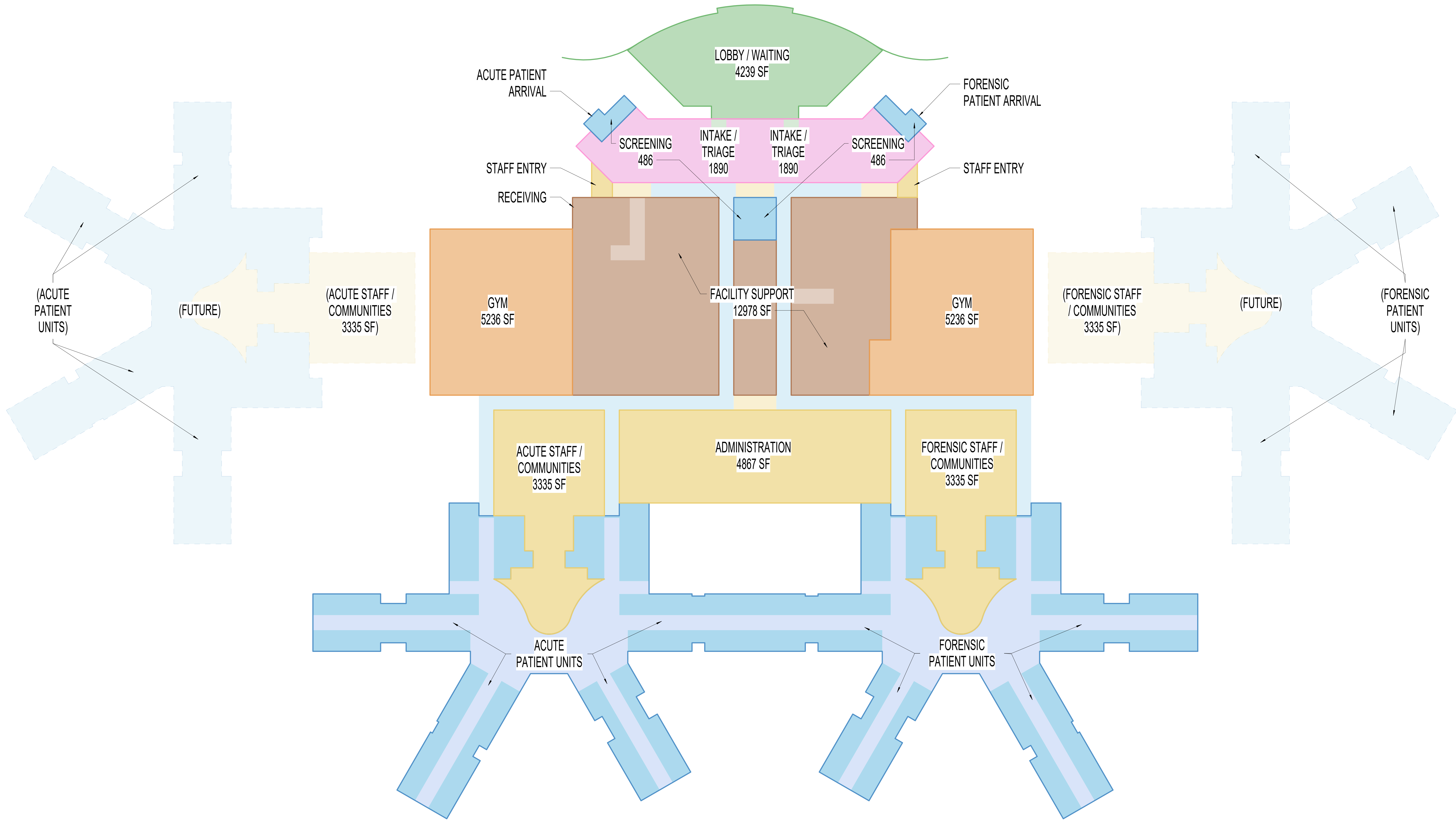
**MENTAL HEALTH HOSPITAL  
 SEDGWICK COUNTY**

PROJECT ADDRESS:  
 SEDGWICK COUNTY, KANSAS  
 STATE NO. 463350

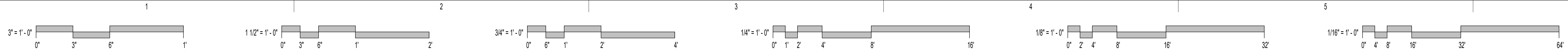
|            |            |
|------------|------------|
| DATE:      | 10/06/2023 |
| PROJECT #: | 23126P     |
| REVISION   | DATE       |

**CIRCULATION LEGEND**

- PATIENT, SECURE, ON-UNIT
- PATIENT, SECURE, OFF-UNIT
- ADMINISTRATION
- PUBLIC
- MECHANICAL



1 SD-2.1 - OVERALL FUTURE PLAN - 104 BEDS (FUTURE)  
NTS



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FOR REFERENCE ONLY

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**MENTAL HEALTH HOSPITAL  
 SEDGWICK COUNTY**

PROJECT ADDRESS:  
 SEDGWICK COUNTY, KANSAS  
 STATE NO. 463350

|            |            |
|------------|------------|
| DATE:      | 10/06/2023 |
| PROJECT #: | 23126P     |
| REVISION   | DATE       |



**OPTION #1**

**104 Patient Facility**

**OPTION #2**

**50 Patient Facility - Support for 104**

**OPTION #3**

**50 Patient Facility - Support for 50**

**Mental Health  
Hospital - Sedgwick  
County**

**BUILDING PROGRAM**

| <b>OPTION #</b>                         | <b>1</b>              | <b>2</b>      | <b>3</b>      |
|---|-----------------------|---------------|---------------|
| <b>PATIENT COUNT</b>                    | <b>104</b>            | <b>50</b>     | <b>50</b>     |
| <b>Number of Acute Units</b>            | <b>4</b>              | <b>2</b>      | <b>2</b>      |
| <b>Patients per Acute Unit</b>          | <b>14, 14, 12, 12</b> | <b>14, 12</b> | <b>14, 12</b> |
| <b>Number of Forensic Units</b>         | <b>4</b>              | <b>2</b>      | <b>2</b>      |
| <b>Patients per Forensic Unit</b>       | <b>14, 14, 14, 10</b> | <b>14, 10</b> | <b>14, 10</b> |
| <b>BUILDING GROSS SQUARE FOOTAGE</b>    | <b>111,424</b>        | <b>76,231</b> | <b>70,618</b> |
| <b>*** If Gym is Shared (- 1386 SF)</b> | <b>110,038</b>        | <b>74,845</b> | <b>69,232</b> |

**Site Programming**

|  |            |
|--|------------|
| <b>Acres Required</b>                  | <b>9</b>   |
| <b>Acres Recommended</b>               | <b>11</b>  |
| <b>Parking Required (Code Minimum)</b> | <b>141</b> |
| <b>Parking Recommended</b>             | <b>225</b> |

| 104 Patients |               | 50 Patients with Support for 104 |               | 50 Patients No Additional Support |               |
|--------------|---------------|----------------------------------|---------------|-----------------------------------|---------------|
| Acute Unit   | Forensic Unit | Acute Unit                       | Forensic Unit | Acute Unit                        | Forensic Unit |
| 14           | 14            | 14                               | 14            | 14                                | 14            |
| 12 FLEX      | 10            | 12 FLEX                          | 10            | 12 FLEX                           | 10            |
| 12           | 14            | 12                               | 14            |                                   |               |
| 14           | 14            | 14                               | 14            |                                   |               |
|              |               | Future                           |               |                                   |               |

**OPTION #3 - 50 PATIENT FACILITY**  
**Total Building with Support for 50**

**Mental Health Hospital - Sedgwick County**  
**FACILITY PRELIMINARY PROGRAM**

|  |               |
|--|---------------|
| <b>PATIENT COUNT</b>                   | <b>50</b>     |
| <b>ACUTE PATIENT UNITS</b>             | <b>2</b>      |
| <b># OF PATIENTS PER ACUTE UNIT</b>    | <b>14</b>     |
| <b>FORENSIC PATIENT UNITS</b>          | <b>2</b>      |
| <b># OF PATIENTS PER FORENSIC UNIT</b> | <b>14, 10</b> |
| <b>TOTAL UNITS</b>                     | <b>4.00</b>   |

| Department | Current Totals | Comments |
|------------|----------------|----------|
|------------|----------------|----------|

|   |               |
|---|---------------|
| Acute Patient Unit & Clinical Spaces    | 16,704        |
| Forensic Patient Unit & Clinical Spaces | 15,290        |
| Patient Support Spaces                  | 17,492        |
| Admin & Support                         | 14,713        |
| <b>Subtotal</b>                         | <b>64,198</b> |
| <b>Project Gross SF Total</b>           | <b>70,618</b> |

## Patient Units

Preliminary Space Estimate = **16,704** Department Gross Square Feet

| Room/Area                    | Unit | Net SF | Total Net SF | Included in SF Shareable Between Units | Comments   |
|------------------------------|------|--------|--------------|--|--|
| <b>14 Patient Acute Unit</b> |      |        |              |  |  |
| <b>14 Patients per Unit</b>  |      |        |              |  |  |
| Total Patient Bedrooms       | 14   |        |              |  |  |
| Minimum Patient Toilets      | 14   |        |              |  |  |
| Minimum Patient Showers      | 3    |        |              |  |  |
| Day Rooms                    | 14   | 80     | 1,120        | x                                      | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room          | 12   | 100    | 1,200        | x                                      |  |
| Single ADA Patient Room      | 2    | 140    | 280          | x                                      |  |
| Seclusion Rooms              | 1    | 80     | 80           | x                                      | 1 Per unit   |
| Seclusion Vestibule          | 1    | 40     | 40           | x                                      | 1 Per unit   |
| Seclusion Toilet             | 1    | 60     | 60           | x                                      | 1 Per unit   |
| Patient Shower               | 1    | 30     | 30           | x                                      | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)         | 2    | 50     | 100          | x                                      | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tlt                  | 12   | 50     | 600          | x                                      | 10% of Showers to be ADA Compliant                                       |
| Patient Tlt (ADA)            | 2    | 60     | 120          | x                                      | 10% of Tlts to be ADA compliant  |
| Quiet Room                   | 1    | 100    | 100          | x                                      | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview          | 1    | 120    | 120          | x                                      | 1 per unit - Immediately adjacent to unit                                |
| Group Therapy                | 2    | 240    | 480          | x                                      | 1 Group Therapy per unit   |
| Dining / Multipurpose Room   | 1    | 360    | 360          | x                                      | Sized for 1 unit   |
| Servery                      | 1    | 150    | 150          | x                                      | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>4,840</b> |
| <b>7,018</b> |

**Patient Unit Spaces**

**Multiplied X 1 For Entire Building's Acute Program**

**12 Patient Acute Unit**

**12 Patients per Unit**

|                            |    |     |       |   |  |
|----------------------------|----|-----|-------|---|--|
| Total Patient Bedrooms     | 12 |     |       |   |  |
| Minimum Patient Toilets    | 12 |     |       |   |  |
| Minimum Patient Showers    | 3  |     |       |   |  |
| Day Rooms                  | 12 | 80  | 960   | x | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room        | 10 | 100 | 1,000 | x |  |
| Single ADA Patient Room    | 2  | 140 | 280   | x |  |
| Seclusion Rooms            | 1  | 80  | 80    | x | 1 Per unit   |
| Seclusion Vestibule        | 1  | 40  | 40    | x | 1 Per unit   |
| Seclusion Toilet           | 1  | 60  | 60    | x | 1 Per unit   |
| Patient Shower             | 1  | 30  | 30    | x | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)       | 2  | 50  | 100   | x | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tlt                | 10 | 50  | 500   | x | 10% of Showers to be ADA Compliant                                       |
| Patient Tlt (ADA)          | 2  | 60  | 120   | x | 10% of Tlts to be ADA compliant  |
| Quiet Room                 | 1  | 100 | 100   | x | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview        | 1  | 120 | 120   | x | 1 per unit - Immediately adjacent to unit                                |
| Group Therapy              | 2  | 240 | 480   | x | 2 Per unit   |
| Dining / Multipurpose Room | 1  | 360 | 360   | x | Sized for 1 unit   |
| Servery                    | 1  | 150 | 150   | x | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>4,380</b> |
| <b>6,351</b> |

**Patient Unit Spaces**

**Multiplied X 1 For Entire Building's Acute Program**

**Staff / Communities**

|                                      |   |     |     |   |  |
|--------------------------------------|---|-----|-----|---|--|
| Nurse Station                        | 1 | 180 | 180 | x | 1 Minimum per Unit. Must have visibility to patient doors.                           |
| Charting                             | 1 | 60  | 60  | x |  |
| Handwashing Station                  | 1 | 10  | 10  | x |  |
| Nourishment / Ice Area               | 1 | 60  | 60  | x | Assumes shared between two units   |
| Meds                                 | 1 | 120 | 120 | x | Assumes shared between two units   |
| Clean Supply                         | 1 | 60  | 60  | x | Assumes shared between two units   |
| Equipment / Storage                  | 1 | 140 | 140 | x | Assumes shared between two units   |
| Soiled Holding                       | 1 | 80  | 80  | x | Assumes shared between two units   |
| Patient Laundry                      | 1 | 100 | 100 | x | Assumes shared between two units   |
| Emergency Equipment Alcove           | 1 | 20  | 20  | x | Assumes shared between two units   |
| Treatment Team Workroom / Conference | 1 | 160 | 160 | x | Sized for 12 person meetings - (1) per 24 patients. Assumes shared between two units |
| Nurse Manager / Supervisor           | 1 | 120 | 120 | x | (2) person occupancy. (1) office per 2 units   |
| Psychiatrist Office                  | 1 | 80  | 80  | x | (2) per 2 units  |
| Milieu Manager Office                | 1 | 80  | 80  | x | (1) per 28 patients  |
| Office (Flex)                        | 1 | 80  | 80  | x | (1) per 28 patients  |
| Therapist / Case Manager's Office    | 2 | 210 | 420 | x | (2) per 2 units. 4 Person Occupancy. Include acoustical privacy                      |

## Patient Units

Preliminary Space Estimate = 16,704 Department Gross Square Feet

| Room/Area             | Unit | Net SF | Total Net SF  | Included in SF Shareable Between Units | Comments                            |
|-----------------------|------|--------|---------------|--|-------------------------------------|
| Mother's Room         | 1    | 80     | 80            | x                                      |                                     |
| Wellness Room         | 1    | 80     | 80            | x                                      |                                     |
| Staff Lounge          | 1    | 400    | 400           | x                                      |                                     |
| Staff Toilets         | 1    | 60     | 60            | x                                      |                                     |
| Staff Toilet / Shower | 1    | 80     | 80            | x                                      |                                     |
| <b>Subtotal</b>       |      |        | <b>2,470</b>  |  | <b>Staff / Clinical Space</b>       |
| Gross SF              |      |        | <b>3,335</b>  |  |                                     |
| <b>Gross Total</b>    |      |        | <b>16,704</b> |  | <b>Department Gross Square Feet</b> |

## Patient Units

Preliminary Space Estimate = **15,290** Department Gross Square Feet

| Room/Area                       | Unit | Net SF | Total Net SF | Included in SF Shareable Between Units | Comments   |
|---------------------------------|------|--------|--------------|--|--|
| <b>14 Patient Forensic Unit</b> |      |        |              |  |  |
| <b>14 Patients per Unit</b>     |      |        |              |  |  |
| Total Patient Bedrooms          | 14   |        |              |  |  |
| Minimum Patient Toilets         | 14   |        |              |  |  |
| Minimum Patient Showers         | 3    |        |              |  |  |
| Day Rooms                       | 14   | 80     | 1,120        | x                                      | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room             | 12   | 100    | 1,200        | x                                      |  |
| Single ADA Patient Room         | 2    | 140    | 280          | x                                      |  |
| Seclusion Rooms                 | 1    | 80     | 80           | x                                      | 1 Per unit   |
| Seclusion Vestibule             | 1    | 40     | 40           | x                                      | 1 Per unit   |
| Seclusion Toilet                | 1    | 60     | 60           | x                                      | 1 Per unit   |
| Patient Shower                  | 1    | 30     | 30           | x                                      | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)            | 2    | 50     | 100          | x                                      | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tilt                    | 12   | 50     | 600          | x                                      | 10% of Showers to be ADA Compliant                                       |
| Patient Tilt (ADA)              | 2    | 60     | 120          | x                                      | 10% of Tilts to be ADA compliant   |
| Quiet Room                      | 1    | 100    | 100          | x                                      | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview             | 1    | 120    | 120          | x                                      | 1 per 12 patients - Immediately adjacent to unit                         |
| Group Therapy                   | 2    | 240    | 480          | x                                      | 1 Group Therapy per unit   |
| Dining / Multipurpose Room      | 1    | 360    | 360          | x                                      | Sized for 14 patients  |
| Servery                         | 1    | 150    | 150          | x                                      | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>4,840</b> |
| <b>7,018</b> |

**Patient Unit Spaces**

**10 Patient Forensic Unit**

**10 Patients per Unit**

|                            |    |     |     |   |  |
|----------------------------|----|-----|-----|---|--|
| Total Patient Bedrooms     | 10 |     |     |   |  |
| Minimum Patient Toilets    | 10 |     |     |   |  |
| Minimum Patient Showers    | 3  |     |     |   |  |
| Day Rooms                  | 10 | 80  | 800 | x | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room        | 9  | 100 | 900 | x |  |
| Single ADA Patient Room    | 1  | 140 | 140 | x |  |
| Seclusion Rooms            | 1  | 80  | 80  | x | 1 Per unit   |
| Seclusion Vestibule        | 1  | 40  | 40  | x | 1 Per unit   |
| Seclusion Toilet           | 1  | 60  | 60  | x | 1 Per unit   |
| Patient Shower             | 1  | 30  | 30  | x | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)       | 2  | 50  | 100 | x | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tilt               | 9  | 50  | 450 | x | 10% of Showers to be ADA Compliant                                       |
| Patient Tilt (ADA)         | 1  | 60  | 60  | x | 10% of Tilts to be ADA compliant   |
| Quiet Room                 | 1  | 100 | 100 | x | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview        | 1  | 120 | 120 | x | 1 per unit- Immediately adjacent to unit                                 |
| Group Therapy              | 2  | 100 | 200 | x | 2 Group Therapy per unit   |
| Dining / Multipurpose Room | 1  | 225 | 225 | x | Sized for 1 unit   |
| Servery                    | 1  | 100 | 100 | x | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>3,405</b> |
| <b>4,937</b> |

**Patient Unit Spaces**

**Staff / Communities**

|                                      |   |     |     |   |   |
|--------------------------------------|---|-----|-----|---|---|
| Nurse Station                        | 1 | 180 | 180 | x | 1 Minimum per Unit. Must have visibility to patient doors.                      |
| Charting                             | 1 | 60  | 60  | x |   |
| Handwashing Station                  | 1 | 10  | 10  | x |   |
| Nourishment / Ice Area               | 1 | 60  | 60  | x | Assumes shared between two units  |
| Meds                                 | 1 | 120 | 120 | x | Assumes shared between two units  |
| Clean Supply                         | 1 | 60  | 60  | x | Assumes shared between two units  |
| Equipment / Storage                  | 1 | 140 | 140 | x | Assumes shared between two units  |
| Soiled Holding                       | 1 | 80  | 80  | x | Assumes shared between two units  |
| Patient Laundry                      | 1 | 100 | 100 | x | Assumes shared between two units  |
| Emergency Equipment Alcove           | 1 | 20  | 20  | x | Assumes shared between two units  |
| Treatment Team Workroom / Conference | 1 | 160 | 160 | x | Sized for 12 person meetings - (1) per 2units. Assumes shared between two units |
| Nurse Manager / Supervisor           | 1 | 120 | 120 | x | (2) person occupancy. (1) office per 2 units                                    |
| Psychiatrist Office                  | 1 | 80  | 80  | x | (2) per 28 patients   |
| Milieu Manager Office                | 1 | 80  | 80  | x | (1) per 2 units   |
| Office (Flex)                        | 1 | 80  | 80  | x | (1) per 2 units   |
| Therapist / Case Manager's Office    | 2 | 210 | 420 | x | (2) per 28 patients. 4 Person Occupancy. Include acoustical privacy             |

## Patient Units

Preliminary Space Estimate = 15,290 Department Gross Square Feet

| Room/Area             | Unit | Net SF | Total Net SF  | Included in SF Shareable Between Units | Comments                            |
|-----------------------|------|--------|---------------|--|-------------------------------------|
| Mother's Room         | 1    | 80     | 80            | x                                      |                                     |
| Wellness Room         | 1    | 80     | 80            | x                                      |                                     |
| Staff Lounge          | 1    | 400    | 400           | x                                      |                                     |
| Staff Toilets         | 1    | 60     | 60            | x                                      |                                     |
| Staff Toilet / Shower | 1    | 80     | 80            | x                                      |                                     |
| <b>Subtotal</b>       |      |        | <b>2,470</b>  |  | <b>Staff / Clinical Space</b>       |
| Gross SF              |      |        | <b>3,335</b>  |  |                                     |
| <b>Gross Total</b>    |      |        | <b>15,290</b> |  | <b>Department Gross Square Feet</b> |

## Patient Support Spaces

Preliminary Space Estimate = 17,492 Department Gross Square Feet

| Room/Area                      | Unit | NSF  | Total NSF     | Include in SF? | Discussion Item | Comments   |
|--------------------------------|------|------|---------------|----------------|-----------------|--|
| <b>Lobby/Waiting</b>           |      |      |               |                |                 |  |
| Entrance Vestibule             | 1    | 120  | 120           | x              |                 | Ability to control access from vestibule (buzz in at reception)                  |
| Wheelchair Alcove              | 1    | 60   | 60            | x              |                 |  |
| Reception                      | 1    | 180  | 180           | x              |                 | Assumes (1) Receptionist. Security station assumes space for security            |
| Processing / Workroom          | 1    | 140  | 140           | x              |                 | Provide space for MFD. Include counters for workstations / monitors              |
| Security Station               | 1    | 80   | 80            | x              |                 | Security will happen as visitors enter the facility.                             |
| Lobby / Waiting                | 2    | 300  | 600           | x              |                 |  |
| Public Restrooms               | 4    | 60   | 240           | x              |                 | 2 Per Waiting  |
| Water Fountain / Bottle Filler | 1    | 20   | 20            | x              |                 | Provide water fountain and bottle filler outside restroom                        |
| Visitor Locker Area            | 2    | 175  | 350           | x              |                 |  |
| Public Canteen / Counter       | 1    | 750  | 750           | x              |                 |  |
| <b>Subtotal</b>                |      |      | <b>2,540</b>  |                |                 | <b>Lobby/Waiting</b>   |
| Gross SF                       |      |      | <b>3,429</b>  |                |                 |  |
| <b>Screening</b>               |      |      |               |                |                 |  |
| Secure Vestibule               | 2    | 80   | 160           | x              |                 | Assume 1 Station   |
| Screening                      | 2    | 80   | 160           | x              |                 | Assume 1 Station   |
| Patient Lockers / Storage      | 2    | 200  | 400           | x              |                 | Provide space for secured lockers / safe. No need for additional contraband room |
| <b>Subtotal</b>                |      |      | <b>720</b>    |                |                 | <b>Screening / Security</b>  |
| Gross SF                       |      |      | <b>972</b>    |                |                 |  |
| <b>Intake / Consult</b>        |      |      |               |                |                 |  |
| Exam                           | 2    | 130  | 260           | x              |                 | Split 50/50 between forensic and acute   |
| Lab / Specimen                 | 2    | 80   | 160           | x              |                 | Split 50/50 between forensic and acute   |
| Intake                         | 4    | 120  | 480           | x              |                 | Split 50/50 between forensic and acute   |
| Visitation                     | 2    | 120  | 240           | x              |                 | Split 50/50 between forensic and acute   |
| Group Visitation               | 2    | 180  | 360           | x              |                 | Split 50/50 between forensic and acute   |
| Work Room / Observation        | 2    | 160  | 320           | x              |                 | Must include window / visibility into two of the visitation rooms                |
| Patient Toilet                 | 2    | 60   | 120           | x              |                 | Split 50/50 between forensic and acute   |
| <b>Subtotal</b>                |      |      | <b>1,940</b>  |                |                 | <b>Intake/Triage</b>   |
| Gross SF                       |      |      | <b>2,619</b>  |                |                 |  |
| <b>Shared Patient Spaces</b>   |      |      |               |                |                 |  |
| Activity Space                 | 2    | 4500 | 9,000         | x              |                 | 1 Full basketball court with a 10' walking track                                 |
| Activity Space Storage         | 2    | 140  | 280           | x              |                 |  |
| Pt. Restroom                   | 4    | 60   | 240           | x              |                 |  |
| <b>Subtotal</b>                |      |      | <b>9,520</b>  |                |                 | <b>Shared Support Spaces</b>   |
| Gross SF                       |      |      | <b>10,472</b> |                |                 |  |
| <b>Total</b>                   |      |      | <b>14,720</b> |                |                 | <b>Net Square Feet</b>   |
| <b>Department Gross Total</b>  |      |      | <b>17,492</b> |                |                 | <b>Department Gross Square Feet</b>  |

## Business & Admin

Preliminary Space Estimate =

14,713 Department Gross Square Feet

| Room/Area | Unit | NSF | Total NSF | Include in SF? | Discussion Item | Comments |
|-----------|------|-----|-----------|----------------|-----------------|----------|
|-----------|------|-----|-----------|----------------|-----------------|----------|

### Administration

#### Individual Offices

|                                |   |     |       |   |  |  |
|--------------------------------|---|-----|-------|---|--|--|
| Executive Director             | 1 | 140 | 140   | x |  |  |
| Medical Director               | 1 | 100 | 100   | x |  |  |
| Clinical Director              | 1 | 100 | 100   | x |  |  |
| Director of Nursing            | 1 | 100 | 100   | x |  |  |
| Director                       | 1 | 100 | 100   | x |  |  |
| Associate Director             | 1 | 80  | 80    | x |  |  |
| Compliance Manager             | 1 | 80  | 80    | x |  |  |
| Operations Manager             | 1 | 80  | 80    | x |  |  |
| HR Director                    | 1 | 80  | 80    | x |  |  |
| Director of Social Services    | 1 | 80  | 80    | x |  |  |
| Activity Therapist             | 1 | 145 | 145   | x |  | Provide storage for activity therapist equipment Required? |
| Medical Student Offices        | 3 | 80  | 240   | x |  |  |
| Shared Offices                 | 4 | 180 | 720   | x |  | ~60SF per occupant - Assumes (3) shared offices            |
| Copy/File                      | 1 | 100 | 100   | x |  | May need to increase based on number of offices            |
| Mail Room                      | 1 | 60  | 60    | x |  |  |
| Large Conference/Planning Room | 2 | 500 | 1,000 | x |  | Tall ceiling in one of the large conference rooms          |
| Small Conference               | 2 | 200 | 400   | x |  |  |

**Subtotal**  
**Department Gross**

**3,605**  
**4,867**

**Administration**  
**Department Gross**

### Facility Support

|                                   |   |      |      |   |  |   |
|-----------------------------------|---|------|------|---|--|---|
| Kitchen                           | 1 | 2500 | 2500 | x |  |   |
| Materials Mgmt. / Central Storage | 1 | 900  | 900  | x |  |   |
| Maintenance Office / Work         | 1 | 750  | 750  | x |  | 35 people + storage                                 |
| Clean Linen                       | 1 | 200  | 200  | x |  |   |
| Soiled Linen                      | 1 | 100  | 100  | x |  |   |
| Soiled                            | 1 | 100  | 100  | x |  |   |
| Hazardous Storage                 | 1 | 80   | 80   | x |  |   |
| Equipment Storage                 | 2 | 200  | 400  | x |  |   |
| Receiving / Dock                  | 1 | 300  | 300  | x |  |   |
| Electrical                        | 1 | 300  | 300  | x |  |   |
| Emergency Electrical              | 1 | 160  | 160  | x |  |   |
| Distributed Electrical            | 1 | 120  | 120  | x |  |   |
| IT                                | 1 | 200  | 200  | x |  |   |
| Mechanical / Plant                | 1 | 1000 | 1000 | x |  | Site Specific - Will need further discussion w/ MEP |
| Water Riser                       | 1 | 125  | 125  | x |  |   |
| Janitors Closet                   | 2 | 60   | 120  | x |  |   |
| Central EVS                       | 1 | 250  | 250  | x |  |   |
| Central Pharmacy                  | 1 | 600  | 600  | x |  |   |

**Subtotal**  
**Department Gross**

**8,205**  
**9,846**

**Facility Support**  
**Department Gross**

**Gross Total**

**14,713**

**SF**



**OPTION #2 - 50 PATIENT FACILITY**  
**Total Building with Support for 104**

**Mental Health Hospital - Sedgwick County**  
**FACILITY PRELIMINARY PROGRAM**

|  |               |
|--|---------------|
| <b>PATIENT COUNT</b>                   | <b>50</b>     |
| <b>ACUTE PATIENT UNITS</b>             | <b>2</b>      |
| <b># OF PATIENTS PER ACUTE UNIT</b>    | <b>14, 12</b> |
| <b>FORENSIC PATIENT UNITS</b>          | <b>2</b>      |
| <b># OF PATIENTS PER FORENSIC UNIT</b> | <b>14, 10</b> |
| <b>TOTAL UNITS</b>                     | <b>4.00</b>   |

| Department                              | Current Totals | Comments |
|---|----------------|----------|
| Acute Patient Unit & Clinical Spaces    | 16,704         |          |
| Forensic Patient Unit & Clinical Spaces | 15,290         |          |
| Patient Support Spaces                  | 19,463         |          |
| Admin & Support                         | 17,845         |          |
| <b>Subtotal</b>                         | <b>69,301</b>  |          |
| <b>Project Gross SF Total</b>           | <b>76,231</b>  |          |

## Patient Units

Preliminary Space Estimate = **16,704** Department Gross Square Feet

| Room/Area                    | Unit | Net SF | Total Net SF | Included in SF Shareable Between Units | Comments   |
|------------------------------|------|--------|--------------|--|--|
| <b>14 Patient Acute Unit</b> |      |        |              |  |  |
| <b>14 Patients per Unit</b>  |      |        |              |  |  |
| Total Patient Bedrooms       | 14   |        |              |  |  |
| Minimum Patient Toilets      | 14   |        |              |  |  |
| Minimum Patient Showers      | 3    |        |              |  |  |
| Day Rooms                    | 14   | 80     | 1,120        | x                                      | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room          | 12   | 100    | 1,200        | x                                      |  |
| Single ADA Patient Room      | 2    | 140    | 280          | x                                      |  |
| Seclusion Rooms              | 1    | 80     | 80           | x                                      | 1 Per unit   |
| Seclusion Vestibule          | 1    | 40     | 40           | x                                      | 1 Per unit   |
| Seclusion Toilet             | 1    | 60     | 60           | x                                      | 1 Per unit   |
| Patient Shower               | 1    | 30     | 30           | x                                      | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)         | 2    | 50     | 100          | x                                      | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tilt                 | 12   | 50     | 600          | x                                      | 10% of Showers to be ADA Compliant                                       |
| Patient Tilt (ADA)           | 2    | 60     | 120          | x                                      | 10% of Tilts to be ADA compliant   |
| Quiet Room                   | 1    | 100    | 100          | x                                      | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview          | 1    | 120    | 120          | x                                      | 1 per unit - Immediately adjacent to unit                                |
| Group Therapy                | 2    | 240    | 480          | x                                      | 1 Per unit   |
| Dining / Multipurpose Room   | 1    | 360    | 360          | x                                      | Sized for 1 unit   |
| Servery                      | 1    | 150    | 150          | x                                      | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>4,840</b> |
| <b>7,018</b> |

**Patient Unit Spaces**

**Multiplied X 1 For Entire Building's Acute Program**

**12 Patient Acute Unit**

**12 Patients per Unit**

|                            |    |     |       |   |  |
|----------------------------|----|-----|-------|---|--|
| Total Patient Bedrooms     | 12 |     |       |   |  |
| Minimum Patient Toilets    | 12 |     |       |   |  |
| Minimum Patient Showers    | 3  |     |       |   |  |
| Day Rooms                  | 12 | 80  | 960   | x | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room        | 10 | 100 | 1,000 | x |  |
| Single ADA Patient Room    | 2  | 140 | 280   | x |  |
| Seclusion Rooms            | 1  | 80  | 80    | x | 1 Per unit   |
| Seclusion Vestibule        | 1  | 40  | 40    | x | 1 Per unit   |
| Seclusion Toilet           | 1  | 60  | 60    | x | 1 Per unit   |
| Patient Shower             | 1  | 30  | 30    | x | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)       | 2  | 50  | 100   | x | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tilt               | 10 | 50  | 500   | x | 10% of Showers to be ADA Compliant                                       |
| Patient Tilt (ADA)         | 2  | 60  | 120   | x | 10% of Tilts to be ADA compliant   |
| Quiet Room                 | 1  | 100 | 100   | x | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview        | 1  | 120 | 120   | x | 1 per unit - Immediately adjacent to unit                                |
| Group Therapy              | 2  | 240 | 480   | x | 2 Per unit   |
| Dining / Multipurpose Room | 1  | 360 | 360   | x | Sized for 1 unit   |
| Servery                    | 1  | 150 | 150   | x | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>4,380</b> |
| <b>6,351</b> |

**Patient Unit Spaces**

**Multiplied X 1 For Entire Building's Acute Program**

**Staff / Communities**

|                                      |   |     |     |   |  |
|--------------------------------------|---|-----|-----|---|--|
| Nurse Station                        | 1 | 180 | 180 | x | 1 Minimum per Unit. Must have visibility to patient doors.                       |
| Charting                             | 1 | 60  | 60  | x |  |
| Handwashing Station                  | 1 | 10  | 10  | x |  |
| Nourishment / Ice Area               | 1 | 60  | 60  | x | Assumes shared between two units   |
| Meds                                 | 1 | 120 | 120 | x | Assumes shared between two units   |
| Clean Supply                         | 1 | 60  | 60  | x | Assumes shared between two units   |
| Equipment / Storage                  | 1 | 140 | 140 | x | Assumes shared between two units   |
| Soiled Holding                       | 1 | 80  | 80  | x | Assumes shared between two units   |
| Patient Laundry                      | 1 | 100 | 100 | x | Assumes shared between two units   |
| Emergency Equipment Alcove           | 1 | 20  | 20  | x | Assumes shared between two units   |
| Treatment Team Workroom / Conference | 1 | 160 | 160 | x | Sized for 12 person meetings - (1) per 2 units. Assumes shared between two units |
| Nurse Manager / Supervisor           | 1 | 120 | 120 | x | (2) person occupancy. (1) office per 2 units                                     |
| Psychiatrist Office                  | 1 | 80  | 80  | x | (2) per 2 units  |
| Milieu Manager Office                | 1 | 80  | 80  | x | (1) per 2 units  |
| Office (Flex)                        | 1 | 80  | 80  | x | (1) per 2 units  |
| Therapist / Case Manager's Office    | 2 | 210 | 420 | x | (2) per 2 units. 4 Person Occupancy. Include acoustical privacy                  |

## Patient Units

Preliminary Space Estimate = 16,704 Department Gross Square Feet

| Room/Area             | Unit | Net SF | Total Net SF  | Included in SF Shareable Between Units | Comments  |
|-----------------------|------|--------|---------------|--|---|
| Mother's Room         | 1    | 80     | 80            | x                                      |   |
| Wellness Room         | 1    | 80     | 80            | x                                      |   |
| Staff Lounge          | 1    | 400    | 400           | x                                      |   |
| Staff Toilets         | 1    | 60     | 60            | x                                      |   |
| Staff Toilet / Shower | 1    | 80     | 80            | x                                      |   |
| <b>Subtotal</b>       |      |        | <b>2,470</b>  |  | <b>Staff / Clinical Space</b>                             |
| Gross SF              |      |        | <b>3,335</b>  |  | <b>Multiplied X 1 For Entire Building's Acute Program</b> |
| <b>Gross Total</b>    |      |        | <b>16,704</b> |  | <b>Acute Department Gross Square Feet</b>                 |

## Patient Units

Preliminary Space Estimate = 15,290 Department Gross Square Feet

| Room/Area                       | Unit | Net SF | Total Net SF | Included in SF Shareable Between Units | Comments   |
|---------------------------------|------|--------|--------------|--|--|
| <b>14 Patient Forensic Unit</b> |      |        |              |  |  |
| <b>14 Patients per Unit</b>     |      |        |              |  |  |
| Total Patient Bedrooms          | 14   |        |              |  |  |
| Minimum Patient Toilets         | 14   |        |              |  |  |
| Minimum Patient Showers         | 3    |        |              |  |  |
| Day Rooms                       | 14   | 80     | 1,120        | x                                      | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room             | 12   | 100    | 1,200        | x                                      |  |
| Single ADA Patient Room         | 2    | 140    | 280          | x                                      |  |
| Seclusion Rooms                 | 1    | 80     | 80           | x                                      | 1 Per unit   |
| Seclusion Vestibule             | 1    | 40     | 40           | x                                      | 1 Per unit   |
| Seclusion Toilet                | 1    | 60     | 60           | x                                      | 1 Per unit   |
| Patient Shower                  | 1    | 30     | 30           | x                                      | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)            | 2    | 50     | 100          | x                                      | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tlt                     | 12   | 50     | 600          | x                                      | 10% of Showers to be ADA Compliant                                       |
| Patient Tlt (ADA)               | 2    | 60     | 120          | x                                      | 10% of Tlts to be ADA compliant  |
| Quiet Room                      | 1    | 100    | 100          | x                                      | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview             | 1    | 120    | 120          | x                                      | 1 per 14 patients - Immediately adjacent to unit                         |
| Group Therapy                   | 2    | 240    | 480          | x                                      | 1 Per unit   |
| Dining / Multipurpose Room      | 1    | 360    | 360          | x                                      | Sized for 1 unit   |
| Servery                         | 1    | 150    | 150          | x                                      | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>4,840</b> |
| <b>7,018</b> |

**Patient Unit Spaces**

**Multiplied X 1 For Entire Building's Acute Program**

**10 Patient Forensic Unit**

**10 Patients per Unit**

|                            |    |     |     |   |  |
|----------------------------|----|-----|-----|---|--|
| Total Patient Bedrooms     | 10 |     |     |   |  |
| Minimum Patient Toilets    | 10 |     |     |   |  |
| Minimum Patient Showers    | 3  |     |     |   |  |
| Day Rooms                  | 10 | 80  | 800 | x | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room        | 9  | 100 | 900 | x |  |
| Single ADA Patient Room    | 1  | 140 | 140 | x |  |
| Seclusion Rooms            | 1  | 80  | 80  | x | 1 Per unit   |
| Seclusion Vestibule        | 1  | 40  | 40  | x | 1 Per unit   |
| Seclusion Toilet           | 1  | 60  | 60  | x | 1 Per unit   |
| Patient Shower             | 1  | 30  | 30  | x | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)       | 2  | 50  | 100 | x | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tlt                | 9  | 50  | 450 | x | 10% of Showers to be ADA Compliant                                       |
| Patient Tlt (ADA)          | 1  | 60  | 60  | x | 10% of Tlts to be ADA compliant  |
| Quiet Room                 | 1  | 100 | 100 | x | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview        | 1  | 120 | 120 | x | 1 per unit - Immediately adjacent to unit                                |
| Group Therapy              | 2  | 100 | 200 | x | 1 Per unit   |
| Dining / Multipurpose Room | 1  | 225 | 225 | x | Sized for 1 unit   |
| Servery                    | 1  | 100 | 100 | x | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>3,405</b> |
| <b>4,937</b> |

**Patient Unit Spaces**

**Staff / Communities**

|                                      |   |     |     |   |  |
|--------------------------------------|---|-----|-----|---|--|
| Nurse Station                        | 1 | 180 | 180 | x | 1 Minimum per Unit. Must have visibility to patient doors.                           |
| Charting                             | 1 | 60  | 60  | x |  |
| Handwashing Station                  | 1 | 10  | 10  | x |  |
| Nourishment / Ice Area               | 1 | 60  | 60  | x | Assumes shared between two units   |
| Meds                                 | 1 | 120 | 120 | x | Assumes shared between two units   |
| Clean Supply                         | 1 | 60  | 60  | x | Assumes shared between two units   |
| Equipment / Storage                  | 1 | 140 | 140 | x | Assumes shared between two units   |
| Soiled Holding                       | 1 | 80  | 80  | x | Assumes shared between two units   |
| Patient Laundry                      | 1 | 100 | 100 | x | Assumes shared between two units   |
| Emergency Equipment Alcove           | 1 | 20  | 20  | x | Assumes shared between two units   |
| Treatment Team Workroom / Conference | 1 | 160 | 160 | x | Sized for 12 person meetings - (1) per 24 patients. Assumes shared between two units |
| Nurse Manager / Supervisor           | 1 | 120 | 120 | x | (2) person occupancy. (1) office per 24 patients                                     |
| Psychiatrist Office                  | 1 | 80  | 80  | x | (2) per 2 units  |
| Milieu Manager Office                | 1 | 80  | 80  | x | (1) per 2 units  |
| Office (Flex)                        | 1 | 80  | 80  | x | (1) per 2 units  |
| Therapist / Case Manager's Office    | 2 | 210 | 420 | x | (2) per 2 units. 4 Person Occupancy. Include acoustical privacy                      |

## Patient Units

Preliminary Space Estimate = 15,290 Department Gross Square Feet

| Room/Area             | Unit | Net SF | Total Net SF  | Included in SF Shareable Between Units | Comments                            |
|-----------------------|------|--------|---------------|--|-------------------------------------|
| Mother's Room         | 1    | 80     | 80            | x                                      |                                     |
| Wellness Room         | 1    | 80     | 80            | x                                      |                                     |
| Staff Lounge          | 1    | 400    | 400           | x                                      |                                     |
| Staff Toilets         | 1    | 60     | 60            | x                                      |                                     |
| Staff Toilet / Shower | 1    | 80     | 80            | x                                      |                                     |
| <b>Subtotal</b>       |      |        | <b>2,470</b>  |  | <b>Staff / Clinical Space</b>       |
| Gross SF              |      |        | <b>3,335</b>  |  |                                     |
| <b>Gross Total</b>    |      |        | <b>15,290</b> |  | <b>Department Gross Square Feet</b> |

## Patient Support Spaces

Preliminary Space Estimate = 19,463 Department Gross Square Feet

| Room/Area                      | Unit | NSF | Total NSF    | Include in SF? | Discussion Item | Comments  |
|--------------------------------|------|-----|--------------|----------------|-----------------|---|
| <b>Lobby/Waiting</b>           |      |     |              |                |                 |   |
| Entrance Vestibule             | 1    | 120 | 120          | x              |                 | Ability to control access from vestibule (buzz in at reception)       |
| Wheelchair Alcove              | 1    | 60  | 60           | x              |                 |   |
| Reception                      | 1    | 180 | 180          | x              |                 | Assumes (1) Receptionist. Security station assumes space for security |
| Processing / Workroom          | 1    | 140 | 140          | x              |                 | Provide space for MFD. Include counters for workstations / monitors   |
| Security Station               | 1    | 80  | 80           | x              |                 | Security will happen as visitors enter the facility.                  |
| Lobby / Waiting                | 2    | 600 | 1,200        | x              |                 |   |
| Public Restrooms               | 4    | 60  | 240          | x              |                 | 2 Per Waiting   |
| Water Fountain / Bottle Filler | 1    | 20  | 20           | x              |                 | Provide water fountain and bottle filler outside restroom             |
| Visitor Locker Area            | 2    | 175 | 350          | x              |                 |   |
| Public Canteen / Counter       | 1    | 750 | 750          | x              |                 |   |
| <b>Subtotal</b>                |      |     | <b>3,140</b> |                |                 | <b>Lobby/Waiting</b>  |
| Gross SF                       |      |     | <b>4,239</b> |                |                 |   |

### Screening

|                           |   |     |     |   |  |  |
|---------------------------|---|-----|-----|---|--|--|
| Secure Vestibule          | 2 | 80  | 160 | x |  | Assume 1 Station   |
| Screening                 | 2 | 80  | 160 | x |  | Assume 1 Station   |
| Patient Lockers / Storage | 2 | 200 | 400 | x |  | Provide space for secured lockers / safe. No need for additional contraband room |

### Subtotal

Gross SF

**720**

### Screening / Security

**972**

### Intake / Consult

|                         |   |     |     |   |  |   |
|-------------------------|---|-----|-----|---|--|---|
| Exam                    | 4 | 130 | 520 | x |  | Split 50/50 between forensic and acute                            |
| Lab / Specimen          | 2 | 80  | 160 | x |  | Split 50/50 between forensic and acute                            |
| Intake                  | 6 | 120 | 720 | x |  | Split 50/50 between forensic and acute                            |
| Visitation              | 4 | 120 | 480 | x |  | Split 50/50 between forensic and acute                            |
| Group Visitation        | 2 | 180 | 360 | x |  | Split 50/50 between forensic and acute                            |
| Work Room / Observation | 2 | 160 | 320 | x |  | Must include window / visibility into two of the visitation rooms |
| Patient Toilet          | 4 | 60  | 240 | x |  | Split 50/50 between forensic and acute                            |

### Subtotal

Gross SF

**2,800**

### Intake/Triage

**3,780**

### Shared Patient Spaces

|                        |   |      |       |   |  |  |
|------------------------|---|------|-------|---|--|--|
| Activity Space         | 2 | 4500 | 9,000 | x |  | 1 Full basketball court with a 10' walking track |
| Activity Space Storage | 2 | 140  | 280   | x |  |  |
| Pt. Restroom           | 4 | 60   | 240   | x |  |  |

### Subtotal

Gross SF

**9,520**

### Shared Support Spaces

**10,472**

### Gross Total

**19,463**

### Department Gross Square Feet

## Business & Admin

Preliminary Space Estimate = 17,845 Department Gross Square Feet

| Room/Area | Unit | NSF | Total NSF | Include in SF? | Discussion Item | Comments |
|-----------|------|-----|-----------|----------------|-----------------|----------|
|-----------|------|-----|-----------|----------------|-----------------|----------|

### Administration

#### Individual Offices

|                                |   |     |       |   |  |  |
|--------------------------------|---|-----|-------|---|--|--|
| Executive Director             | 1 | 140 | 140   | x |  |  |
| Medical Director               | 1 | 100 | 100   | x |  |  |
| Clinical Director              | 1 | 100 | 100   | x |  |  |
| Director of Nursing            | 1 | 100 | 100   | x |  |  |
| Director                       | 1 | 100 | 100   | x |  |  |
| Associate Director             | 1 | 80  | 80    | x |  |  |
| Compliance Manager             | 1 | 80  | 80    | x |  |  |
| Operations Manager             | 1 | 80  | 80    | x |  |  |
| HR Director                    | 1 | 80  | 80    | x |  |  |
| Director of Social Services    | 1 | 80  | 80    | x |  |  |
| Activity Therapist             | 1 | 145 | 145   | x |  | Provide storage for activity therapist equipment |
| Medical Student Offices        | 3 | 80  | 240   | x |  | Required?  |
| Shared Offices                 | 4 | 180 | 720   | x |  | ~60SF per occupant - Assumes (3) shared offices  |
| Copy/File                      | 1 | 100 | 100   | x |  | May need to increase based on number of offices  |
| Mail Room                      | 1 | 60  | 60    | x |  |  |
| Large Conference/Planning Room | 2 | 500 | 1,000 | x |  | Tall ceiling for one large conference room       |
| Small Conference               | 2 | 200 | 400   | x |  |  |

**Subtotal**  
**Department Gross**

**3,605**  
**4,867**

**Administration**  
**Department Gross**

### Facility Support

|                                   |   |      |      |   |  |   |
|-----------------------------------|---|------|------|---|--|---|
| Kitchen                           | 1 | 4000 | 4000 | x |  |   |
| Materials Mgmt. / Central Storage | 1 | 1200 | 1200 | x |  |   |
| Maintenance Office / Work         | 1 | 950  | 950  | x |  | 35 people + storage                                 |
| Clean Linen                       | 1 | 240  | 240  | x |  |   |
| Soiled Linen                      | 1 | 150  | 150  | x |  |   |
| Soiled                            | 1 | 120  | 120  | x |  |   |
| Hazardous Storage                 | 1 | 80   | 80   | x |  |   |
| Equipment Storage                 | 2 | 200  | 400  | x |  |   |
| Receiving / Dock                  | 1 | 300  | 300  | x |  |   |
| Electrical                        | 1 | 300  | 300  | x |  |   |
| Emergency Electrical              | 1 | 160  | 160  | x |  |   |
| Distributed Electrical            | 1 | 120  | 120  | x |  |   |
| IT                                | 1 | 200  | 200  | x |  |   |
| Mechanical / Plant                | 1 | 1500 | 1500 | x |  | Site Specific - Will need further discussion w/ MEP |
| Water Riser                       | 1 | 125  | 125  | x |  |   |
| Janitors Closet                   | 2 | 60   | 120  | x |  |   |
| Central EVS                       | 1 | 250  | 250  | x |  |   |
| Central Pharmacy                  | 1 | 600  | 600  | x |  |   |

**Subtotal**  
**Department Gross**

**10,815**  
**12,978**

**Facility Support**  
**Department Gross**

**Gross Total**

**17,845**

**SF**

**OPTION #1 - 104 PATIENT FACILITY**  
**Total Building**

**Mental Health Hospital - Sedgwick County**  
**FACILITY PRELIMINARY PROGRAM**

|  |                       |
|--|-----------------------|
| <b>PATIENT COUNT</b>                   | <b>104</b>            |
| <b>ACUTE PATIENT UNITS</b>             | <b>4</b>              |
| <b># OF PATIENTS PER ACUTE UNIT</b>    | <b>14, 14, 14, 12</b> |
| <b>FORENSIC PATIENT UNITS</b>          | <b>4</b>              |
| <b># OF PATIENTS PER FORENSIC UNIT</b> | <b>14, 14, 14, 10</b> |
| <b>TOTAL UNITS</b>                     | <b>8.00</b>           |

| Department | Current Totals | Comments |
|------------|----------------|----------|
|------------|----------------|----------|

|   |                |
|---|----------------|
| Acute Patient Unit & Clinical Spaces    | 33,407         |
| Forensic Patient Unit & Clinical Spaces | 30,580         |
| Patient Support Spaces                  | 19,463         |
| Admin & Support                         | 17,845         |
| <b>Department Gross Subtotal</b>        | <b>101,294</b> |
| <b>Building Gross SF Total</b>          | <b>111,424</b> |



## Patient Units

Preliminary Space Estimate = **33,407** Department Gross Square Feet

| Room/Area                    | Unit | Net SF | Total Net SF | Included in SF Shareable Between Units | Comments   |
|------------------------------|------|--------|--------------|--|--|
| <b>14 Patient Acute Unit</b> |      |        |              |  |  |
| <b>14 Patients per Unit</b>  |      |        |              |  |  |
| Total Patient Bedrooms       | 14   |        |              |  |  |
| Minimum Patient Toilets      | 14   |        |              |  |  |
| Minimum Patient Showers      | 3    |        |              |  |  |
| Day Rooms                    | 14   | 80     | 1,120        | x                                      | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room          | 12   | 100    | 1,200        | x                                      |  |
| Single ADA Patient Room      | 2    | 140    | 280          | x                                      |  |
| Seclusion Rooms              | 1    | 80     | 80           | x                                      | 1 Per unit   |
| Seclusion Vestibule          | 1    | 40     | 40           | x                                      | 1 Per unit   |
| Seclusion Toilet             | 1    | 60     | 60           | x                                      | 1 Per unit   |
| Patient Shower               | 1    | 30     | 30           | x                                      | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)         | 2    | 50     | 100          | x                                      | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tilt                 | 12   | 50     | 600          | x                                      | 10% of Showers to be ADA Compliant                                       |
| Patient Tilt (ADA)           | 2    | 60     | 120          | x                                      | 10% of Tilts to be ADA compliant   |
| Quiet Room                   | 1    | 100    | 100          | x                                      | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Intview            | 1    | 120    | 120          | x                                      | 1 per unit - Immediately adjacent to unit                                |
| Group Therapy                | 2    | 240    | 480          | x                                      | 1 Per unit   |
| Dining / Multipurpose Room   | 1    | 360    | 360          | x                                      | Sized for 1 unit   |
| Servery                      | 1    | 150    | 150          | x                                      | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>4,840</b> |
| <b>7,018</b> |

**Patient Unit Spaces**

**Multiplied X 2 For Entire Building's Acute Program**

**12 Patient Acute Unit**

**12 Patients per Unit**

|                            |    |     |       |   |  |
|----------------------------|----|-----|-------|---|--|
| Total Patient Bedrooms     | 12 |     |       |   |  |
| Minimum Patient Toilets    | 12 |     |       |   |  |
| Minimum Patient Showers    | 3  |     |       |   |  |
| Day Rooms                  | 12 | 80  | 960   | x | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room        | 10 | 100 | 1,000 | x |  |
| Single ADA Patient Room    | 2  | 140 | 280   | x |  |
| Seclusion Rooms            | 1  | 80  | 80    | x | 1 Per unit   |
| Seclusion Vestibule        | 1  | 40  | 40    | x | 1 Per unit   |
| Seclusion Toilet           | 1  | 60  | 60    | x | 1 Per unit   |
| Patient Shower             | 1  | 30  | 30    | x | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)       | 2  | 50  | 100   | x | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tilt               | 10 | 50  | 500   | x | 10% of Showers to be ADA Compliant                                       |
| Patient Tilt (ADA)         | 2  | 60  | 120   | x | 10% of Tilts to be ADA compliant   |
| Quiet Room                 | 1  | 100 | 100   | x | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview        | 1  | 120 | 120   | x | 1 per unit - Immediately adjacent to unit                                |
| Group Therapy              | 2  | 240 | 480   | x | 2 Per unit   |
| Dining / Multipurpose Room | 1  | 360 | 360   | x | Sized for 1 unit   |
| Servery                    | 1  | 150 | 150   | x | 1 per unit   |

**Subtotal**

Gross SF

|              |
|--------------|
| <b>4,380</b> |
| <b>6,351</b> |

**Patient Unit Spaces**

**Multiplied X 1 For Entire Building's Acute Program**

**Staff / Communities**

|                                      |   |     |     |   |  |
|--------------------------------------|---|-----|-----|---|--|
| Nurse Station                        | 1 | 180 | 180 | x | 1 Minimum per Unit. Must have visibility to patient doors.   |
| Charting                             | 1 | 60  | 60  | x |  |
| Handwashing Station                  | 1 | 10  | 10  | x |  |
| Nourishment / Ice Area               | 1 | 60  | 60  | x | Assumes shared between two units                             |
| Meds                                 | 1 | 120 | 120 | x | Assumes shared between two units                             |
| Clean Supply                         | 1 | 60  | 60  | x | Assumes shared between two units                             |
| Equipment / Storage                  | 1 | 140 | 140 | x | Assumes shared between two units                             |
| Soiled Holding                       | 1 | 80  | 80  | x | Assumes shared between two units                             |
| Patient Laundry                      | 1 | 100 | 100 | x | Assumes shared between two units                             |
| Emergency Equipment Alcove           | 1 | 20  | 20  | x | Assumes shared between two units                             |
| Treatment Team Workroom / Conference | 1 | 160 | 160 | x | Sized for 12 person meetings                                 |
| Nurse Manager / Supervisor           | 1 | 120 | 120 | x | (2) person occupancy   |
| Psychiatrist Office                  | 1 | 80  | 80  | x | (2) per 2 units  |
| Milieu Manager Office                | 1 | 80  | 80  | x | (1) per 2 units  |
| Office (Flex)                        | 1 | 80  | 80  | x | (1) per 2 units  |
| Therapist / Case Manager's Office    | 2 | 210 | 420 | x | (2) per unit. 4 Person Occupancy. Include acoustical privacy |

## Patient Units

Preliminary Space Estimate = 33,407 Department Gross Square Feet

| Room/Area             | Unit | Net SF | Total Net SF  | Included in SF Shareable Between Units | Comments  |
|-----------------------|------|--------|---------------|--|---|
| Mother's Room         | 1    | 80     | 80            | x                                      |   |
| Wellness Room         | 1    | 80     | 80            | x                                      |   |
| Staff Lounge          | 1    | 400    | 400           | x                                      |   |
| Staff Toilets         | 1    | 60     | 60            | x                                      |   |
| Staff Toilet / Shower | 1    | 80     | 80            | x                                      |   |
| <b>Subtotal</b>       |      |        | <b>2,470</b>  |  | <b>Staff / Clinical Space</b>                             |
| Gross SF              |      |        | <b>3,335</b>  |  | <b>Multiplied X 2 For Entire Building's Acute Program</b> |
| <b>Gross Total</b>    |      |        | <b>33,407</b> |  | <b>Acute Department Gross Square Feet</b>                 |

## Patient Units

Preliminary Space Estimate = 30,580 Department Gross Square Feet

| Room/Area                       | Unit | Net SF | Total Net SF | Included in SF Shareable Between Units | Comments   |
|---------------------------------|------|--------|--------------|--|--|
| <b>14 Patient Forensic Unit</b> |      |        |              |  |  |
| <b>14 Patients per Unit</b>     |      |        |              |  |  |
| Total Patient Bedrooms          | 14   |        |              |  |  |
| Minimum Patient Toilets         | 14   |        |              |  |  |
| Minimum Patient Showers         | 3    |        |              |  |  |
| Day Rooms                       | 14   | 80     | 1,120        | x                                      | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room             | 12   | 100    | 1,200        | x                                      |  |
| Single ADA Patient Room         | 2    | 140    | 280          | x                                      |  |
| Seclusion Rooms                 | 1    | 80     | 80           | x                                      | 1 Per unit   |
| Seclusion Vestibule             | 1    | 40     | 40           | x                                      | 1 Per unit   |
| Seclusion Toilet                | 1    | 60     | 60           | x                                      | 1 Per unit   |
| Patient Shower                  | 1    | 30     | 30           | x                                      | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)            | 2    | 50     | 100          | x                                      | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tlt                     | 12   | 50     | 600          | x                                      | 10% of Showers to be ADA Compliant                                       |
| Patient Tlt (ADA)               | 2    | 60     | 120          | x                                      | 10% of Tlts to be ADA compliant  |
| Quiet Room                      | 1    | 100    | 100          | x                                      | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview             | 1    | 120    | 120          | x                                      | 1 per 14 patients - Immediately adjacent to unit                         |
| Group Therapy                   | 2    | 240    | 480          | x                                      | 1 Per unit (14 patients)   |
| Dining / Multipurpose Room      | 1    | 360    | 360          | x                                      | Sized for 14 patients  |
| Servery                         | 1    | 150    | 150          | x                                      | 1 per unit   |

### Subtotal

Gross SF

|              |
|--------------|
| <b>4,840</b> |
| <b>7,018</b> |

### Patient Unit Spaces

Multiplied X 2 For Entire Building's Acute Program

## 10 Patient Forensic Unit

### 10 Patients per Unit

|                            |    |     |     |   |  |
|----------------------------|----|-----|-----|---|--|
| Total Patient Bedrooms     | 10 |     |     |   |  |
| Minimum Patient Toilets    | 10 |     |     |   |  |
| Minimum Patient Showers    | 3  |     |     |   |  |
| Day Rooms                  | 10 | 80  | 800 | x | 80 SF per patient, but extra squarefootage should go here when available |
| Single Patient Room        | 9  | 100 | 900 | x |  |
| Single ADA Patient Room    | 1  | 140 | 140 | x |  |
| Seclusion Rooms            | 1  | 80  | 80  | x | 1 Per unit   |
| Seclusion Vestibule        | 1  | 40  | 40  | x | 1 Per unit   |
| Seclusion Toilet           | 1  | 60  | 60  | x | 1 Per unit   |
| Patient Shower             | 1  | 30  | 30  | x | 1 Patient Shower per 6 Patients  |
| Patient Shower (ADA)       | 2  | 50  | 100 | x | 1 Toilet Per 4 Patients AND 1 Toilet Per 2 Patient Bedrooms              |
| Patient Tlt                | 9  | 50  | 450 | x | 10% of Showers to be ADA Compliant                                       |
| Patient Tlt (ADA)          | 1  | 60  | 60  | x | 10% of Tlts to be ADA compliant  |
| Quiet Room                 | 1  | 100 | 100 | x | 1 Per Unit, 80 SF Min, 100 SF target                                     |
| Consult / Interview        | 1  | 120 | 120 | x | 1 per 14 patients - Immediately adjacent to unit                         |
| Group Therapy              | 2  | 100 | 200 | x | 1 Per unit (14 patients)   |
| Dining / Multipurpose Room | 1  | 225 | 225 | x | Sized for 14 patients  |
| Servery                    | 1  | 100 | 100 | x | 1 per unit   |

### Subtotal

Gross SF

|              |
|--------------|
| <b>3,405</b> |
| <b>4,937</b> |

### Patient Unit Spaces

Multiplied X 2 For Entire Building's Acute Program

## Staff / Communities

|                                      |   |     |     |   |   |
|--------------------------------------|---|-----|-----|---|---|
| Nurse Station                        | 1 | 180 | 180 | x | 1 Minimum per Unit. Must have visibility to patient doors.          |
| Charting                             | 1 | 60  | 60  | x |   |
| Handwashing Station                  | 1 | 10  | 10  | x |   |
| Nourishment / Ice Area               | 1 | 60  | 60  | x | Assumes shared between two units                                    |
| Meds                                 | 1 | 120 | 120 | x | Assumes shared between two units                                    |
| Clean Supply                         | 1 | 60  | 60  | x | Assumes shared between two units                                    |
| Equipment / Storage                  | 1 | 140 | 140 | x | Assumes shared between two units                                    |
| Soiled Holding                       | 1 | 80  | 80  | x | Assumes shared between two units                                    |
| Patient Laundry                      | 1 | 100 | 100 | x | Assumes shared between two units                                    |
| Emergency Equipment Alcove           | 1 | 20  | 20  | x | Assumes shared between two units                                    |
| Treatment Team Workroom / Conference | 1 | 160 | 160 | x | Sized for 12 person meetings  |
| Nurse Manager / Supervisor           | 1 | 120 | 120 | x | (2) person occupancy  |
| Psychiatrist Office                  | 1 | 80  | 80  | x | (2) per 28 patients   |
| Milieu Manager Office                | 1 | 80  | 80  | x | (1) per 28 patients   |
| Office (Flex)                        | 1 | 80  | 80  | x | (1) per 28 patients   |
| Therapist / Case Manager's Office    | 2 | 210 | 420 | x | (2) per 14 patients. 4 Person Occupancy. Include acoustical privacy |

## Patient Units

Preliminary Space Estimate = 30,580 Department Gross Square Feet

| Room/Area             | Unit | Net SF | Total Net SF  | Included in SF Shareable Between Units | Comments  |
|-----------------------|------|--------|---------------|--|---|
| Mother's Room         | 1    | 80     | 80            | x                                      |   |
| Wellness Room         | 1    | 80     | 80            | x                                      |   |
| Staff Lounge          | 1    | 400    | 400           | x                                      |   |
| Staff Toilets         | 1    | 60     | 60            | x                                      |   |
| Staff Toilet / Shower | 1    | 80     | 80            | x                                      |   |
| <b>Subtotal</b>       |      |        | <b>2,470</b>  |  | <b>Staff / Clinical Space</b>                             |
| Gross SF              |      |        | <b>3,335</b>  |  | <b>Multiplied X 2 For Entire Building's Acute Program</b> |
| <b>Gross Total</b>    |      |        | <b>30,580</b> |  | <b>Department Gross Square Feet</b>                       |

## Patient Support Spaces

Preliminary Space Estimate = 19,463 Department Gross Square Feet

| Room/Area | Unit | NSF | Total NSF | Include in SF? | Discussion Item | Comments |
|-----------|------|-----|-----------|----------------|-----------------|----------|
|-----------|------|-----|-----------|----------------|-----------------|----------|

### Lobby/Waiting

|                                |   |     |       |   |  |   |
|--------------------------------|---|-----|-------|---|--|---|
| Entrance Vestibule             | 1 | 120 | 120   | x |  | Ability to control access from vestibule (buzz in at reception)       |
| Wheelchair Alcove              | 1 | 60  | 60    | x |  |   |
| Reception                      | 1 | 180 | 180   | x |  | Assumes (1) Receptionist. Security station assumes space for security |
| Processing / Workroom          | 1 | 140 | 140   | x |  | Provide space for MFD. Include counters for workstations / monitors   |
| Security Station               | 1 | 80  | 80    | x |  | Security will happen as visitors enter the facility.                  |
| Lobby / Waiting                | 2 | 600 | 1,200 | x |  |   |
| Public Restrooms               | 4 | 60  | 240   | x |  | 2 Per Waiting   |
| Water Fountain / Bottle Filler | 1 | 20  | 20    | x |  | Provide water fountain and bottle filler outside restroom             |
| Visitor Locker Area            | 2 | 175 | 350   | x |  |   |
| Public Canteen / Counter       | 1 | 750 | 750   | x |  |   |

#### Subtotal

Gross SF

**3,140**

#### Lobby/Waiting

**4,239**

### Screening

|                           |   |     |     |   |  |  |
|---------------------------|---|-----|-----|---|--|--|
| Secure Vestibule          | 2 | 80  | 160 | x |  | Assume 1 Station   |
| Screening                 | 2 | 80  | 160 | x |  | Assume 1 Station   |
| Patient Lockers / Storage | 2 | 200 | 400 | x |  | Provide space for secured lockers / safe. No need for additional contraband room |

#### Subtotal

Gross SF

**720**

#### Screening / Security

**972**

### Intake / Consult

|                         |   |     |     |   |  |   |
|-------------------------|---|-----|-----|---|--|---|
| Exam                    | 4 | 130 | 520 | x |  | Split 50/50 between forensic and acute                            |
| Lab / Specimen          | 2 | 80  | 160 | x |  | Split 50/50 between forensic and acute                            |
| Intake                  | 6 | 120 | 720 | x |  | Split 50/50 between forensic and acute                            |
| Visitation              | 4 | 120 | 480 | x |  | Split 50/50 between forensic and acute                            |
| Group Visitation        | 2 | 180 | 360 | x |  | Split 50/50 between forensic and acute                            |
| Work Room / Observation | 2 | 160 | 320 | x |  | Must include window / visibility into two of the visitation rooms |
| Patient Toilet          | 4 | 60  | 240 | x |  | Split 50/50 between forensic and acute                            |

#### Subtotal

Gross SF

**2,800**

#### Intake/Triage

**3,780**

### Shared Patient Spaces

|                        |   |      |       |   |  |  |
|------------------------|---|------|-------|---|--|--|
| Activity Space         | 2 | 4500 | 9,000 | x |  | 1 Full basketball court with a 10' walking track |
| Activity Space Storage | 2 | 140  | 280   | x |  |  |
| Pt. Restroom           | 4 | 60   | 240   | x |  |  |

#### Subtotal

Gross SF

**9,520**

#### Shared Support Spaces

**10,472**

#### Department Gross Total

**19,463**

#### Department Gross Square Feet

## Business & Admin

Preliminary Space Estimate = 17,845 Department Gross Square Feet

| Room/Area | Unit | NSF | Total NSF | Include in SF? | Discussion Item | Comments |
|-----------|------|-----|-----------|----------------|-----------------|----------|
|-----------|------|-----|-----------|----------------|-----------------|----------|

### Administration

#### Individual Offices

Confirm if additional offices are needed based on increased program size

|                                |   |     |       |   |  |
|--------------------------------|---|-----|-------|---|--|
| Executive Director             | 1 | 140 | 140   | x |  |
| Medical Director               | 1 | 100 | 100   | x |  |
| Clinical Director              | 1 | 100 | 100   | x |  |
| Director of Nursing            | 1 | 100 | 100   | x |  |
| Director                       | 1 | 100 | 100   | x |  |
| Associate Director             | 1 | 80  | 80    | x |  |
| Compliance Manager             | 1 | 80  | 80    | x |  |
| Operations Manager             | 1 | 80  | 80    | x |  |
| HR Director                    | 1 | 80  | 80    | x |  |
| Activity Therapist             | 1 | 145 | 145   | x |  |
| Director of Socila Services    | 1 | 80  | 80    | x |  |
| Medical Student Offices        | 3 | 80  | 240   | x |  |
| Shared Offices                 | 4 | 180 | 720   | x |  |
| Copy/File                      | 1 | 100 | 100   | x |  |
| Mail Room                      | 1 | 60  | 60    | x |  |
| Large Conference/Planning Room | 2 | 500 | 1,000 | x |  |
| Small Conference               | 2 | 200 | 400   | x |  |

Provide storage for activity therapist equipmen(confirm closet or shelving)

Required?

~60SF per occupant - Assumes (3) shared offices

May need to increase based on number of offices

Tall ceilings in at least one large conference room

**Subtotal**  
**Department Gross**

**3,605**  
**4,867**

**Administration**  
**Department Gross**

### Facility Support

|                                   |   |      |      |   |  |
|-----------------------------------|---|------|------|---|--|
| Kitchen                           | 1 | 4000 | 4000 | x |  |
| Materials Mgmt. / Central Storage | 1 | 1200 | 1200 | x |  |
| Maintenance Office / Work         | 1 | 950  | 950  | x |  |
| Clean Linen                       | 1 | 240  | 240  | x |  |
| Soiled Linen                      | 1 | 150  | 150  | x |  |
| Soiled                            | 1 | 120  | 120  | x |  |
| Hazardous Storage                 | 1 | 80   | 80   | x |  |
| Equipment Storage                 | 2 | 200  | 400  | x |  |
| Receiving / Dock                  | 1 | 300  | 300  | x |  |
| Electrical                        | 1 | 300  | 300  | x |  |
| Emergency Electrical              | 1 | 160  | 160  | x |  |
| Distributed Electrical            | 1 | 120  | 120  | x |  |
| IT                                | 1 | 200  | 200  | x |  |
| Mechanical / Plant                | 1 | 1500 | 1500 | x |  |
| Water Riser                       | 1 | 125  | 125  | x |  |
| Janitors Closet                   | 2 | 60   | 120  | x |  |
| Central EVS                       | 1 | 250  | 250  | x |  |
| Central Pharmacy                  | 1 | 600  | 600  | x |  |

Assumes 4 total seclusion beds in facility  
35 people + storage

Site Specific - Will need further discussion w/ MEP

**Subtotal**  
**Department Gross**

**10,815**  
**12,978**

**Facility Support**  
**Department Gross**

**Gross Total**

**17,845**

**SF**