

RFP #2025CCNA01 – Design Professional/Consulting Services
Behavioral Health Coordinated Care Center
Questions and Answers #2 dated 4/8/25 (post 3/6/25)

CCNA Certification

- 1. What is the difference between app to County which we will accept and single project app to District.** The District's single project application provides for certification on a specific project, and would have to be re-submitted if a firm chooses to proposed on another District project. The County's application/certification applies to all projects in a specific category for a specific period of time without re-application.
- 2. In reference to Section 1.E, If we have a prior certification from the County's Engineering and Public Works but it was in 2020, will be required to submit B-1 or can we complete Attachment B and Include Form I.**
Providing your certification is for a category of service required for this project and is current, the County's Form I is adequate. Otherwise, a B-1 is required. You should contact the County's Engineering and Public Works Department or check their website to confirm your certification (Form I) is still current.
- 3. In reference to D.5 and 1.E – Under Tab 5, it is requested that each subconsultant provide CCNA Certification with (Attachment B or B-1), but under 1.E it states that subconsultants who are providing, engineering, landscape architectural, engineering, landscape architectural or surveying and mapping services must be certified. Does this certification need to held for our specialty consultants, such as Cost Estimation and Wayfinding or just the work categories listed? See Addendum #1, Item #2 which describes who requires certification. It is the Prime's responsibility to determine if a specialty consultant requires certification.**
- 4. After reading Addendum #1, do the District Project Specific CCNA Certification Forms have to be submitted and approved by the District BEFORE the proposal is due? County CCNA certifications must be approved prior to the submittal date, but District Project Specific CCNA Certification Forms can be submitted with the Proposal by the Proposal Due date.**
 - **If so, when can we expect to receive the District's approval of certification?** District certification applications should be reviewed and issued in approximately 7 business days from receipt.
 - **Can we still submit the forms along with the proposal if we have not received approval of certification before the deadline along with the certification forms?** If a firm submits an application to the District and does not have a District issued Form I prior to the Proposal due date, then

Attachment B-1 needs to be again attached to the proposal. Either an Attachment B-1 or District approved Form I needs to be attached with the Proposal.

5. **If we are including a consultant that is not currently certified, and they will need to submit B-1 will that need to be included in the prime consultant's response due on April 15th or should they submit directly to the District for review considering the certification can take up to 30 days.** Addendum #1, Item #2 indicated that B-1s can be submitted to the District in advance of the proposal due date. See Question and Answer Item #4 for additional details.
6. **CCNA to be confirmed if it needs to be filled only for employees which hold Florida license only?** See Addendum #1, Addendum #2 and Questions and Answers #2 for certification requirements and questions.
7. **Per the Addendum #1, it states the following. I am on your website for the Health Care District and not finding the CCNA Certification Form that is mentioned here. This question is for one of our consultants that will be part of our team. What would the process be to get CCNA through Health Care District, as opposed to the PBC CCNA Certification?** The District's Certification Form is Attachment B-1 to the RFP and please see Addendum #2, Item #11.
8. **Where can I find the District's CCNA Certification Application?** See Question and Answer Item #7 above.
9. **Will you please confirm/ clarify if interior designers need to be CCNA certified if they are teamed with an architectural firm for this project (as a sub-consultant)? Our category is not specifically listed in the statute or on the HCD website, so I just want to be sure.** Interior design firms do not need to be CCNA certified, unless they are part of a firm practicing architecture.
10. **If we are a specialty provided and do not fall under CCNA, do we need to get certification?** If a firm that is providing services does not fall under CCNA, certification is not required.
11. **Should we include copies of these CCNA forms we submit prior to the deadline WITH the proposal as well?** Every firm that requires certification must submit either; 1) a County Form I or 2) District Form B-1 or District approved Form I with its Proposal.
12. **Is there a D/L to submit CCNA forms PRIOR deadline?** See Question and Answer #2, Item 4.

- 13. Is the PBC CCNA certification different than PBC Engineering and Public Works Department? Yes if so, do we need to have both? No, only one or the other is required. We are certified with PBC CCNA.**

Resumes – RFP Section 5.D.4 and 5.D.7

- 14. In reference to D.4 and D.7. In D.4, It states “provide a resume for each of the key personnel also identifying projects of a similar nature in which the staff member has been involved and his/her role.” In D.7 it states “GSA 330 Standard Form, Part I and II for each team member of the team”. Confirming you would like resumes in two 2 places, standard resume format in Tab 4 and 330 resumes in Tab 7? See Addendum #2, Item #7. This eliminates the duplication, requiring all info on GSA Form 330 and references in Tab D.9. Note that all information regarding the Health Care Specialty Consultant reference shall be in Tab 4A pursuant to Addendum #2, Item #2.**
- 15. Provide clarification on Section 4 where it asks for team resumes, section 7 also asks for resumes, does the Health Care District want to duplicate this information in both sections? See Question and Answer #2, #14. Also, please define who are the key personnel, only project managers, or others? The key personnel are the Project Manager, the lead for the Health Care Specialty Consultant as well as anyone else that the Proposer believes best demonstrates the Team’s qualifications and experience for this project.**

MBE

- 16. Is there a MBE percentage goal? There are no local requirements or goal for S/M/WBE participation. Under State Statute, the District must consider whether a firm is a state certified MBE. If a prime and/or subconsultant team member is certified as an MBE by the Office of Supplier Diversity of the Florida Department of Management Services, then 2 points will be awarded. Proposer must include with its proposal the State certificate in order to receive the points. Also see Addendum #1, Item #6.**
- 17. Can the MEP/FP carry the MBE consultant? See answer to Question and Answer #2, Items #16**
- 18. Will national certification in the Women’s Business Enterprise National Council as a women owned business suffice to meet the requirements of an MBE vs, the Florida state level MBE? See answer to Question and Answer #2 Item #16**

LEED, Resiliency and Sustainability

- 19. Can we use LEED or any Florida Statute standards/guidelines? See RFP Section 2.A.2).**

- 20. It states that District new buildings must meet a nationally recognized high performances green building rating. Is the District's preference a LEED certification, and if so, is it desired to get a certification higher than Certified level such a Silver or Gold?** The District has no preference to a qualifying rating system described in RFP Section 2.A.2). The District will consider designing/constructing to a higher level during the design process.
- 21. Will you be seeking LEED certification?** See RFP Section 2.A.2).
- 22. Under the Resiliency and Sustainability section, it states that the sea level rise project should use the Southeast Florida Regional Climate Change Compact's Unified Sea Level Rise Projection to plan for future sea level rise. Is the property for this project located in high-risk zone?** The site has not been determined at this time.
- 23. Is there a minimum number of LEED, or other green building certification, projects that must be listed?** No, that is up to the Proposer.
- 24. One of the items being scoped is demonstrated ideas for cost effectiveness, would the District be interested in passive energy systems that have cost savings throughout the life cycle of the building or are the reviewers looking for ideas for cost effectiveness during construction?** Both, however life cycle costing is particularly of interest.

Insurance

- 25. Is the Prime Architectural firm requested to include; Surveying services, geotechnical services. Including geotechnical services is not typically carried by the Architect. This has insurance / liability concerns.** The organization of the design team and the amount of insurance that the Prime requires for subconsultants is the sole decision of the Prime.
- 26. Are the sub-consultants required to carry the same amount of insurance?** It is up to the Proposer to determine the amount of insurance to be covered by its subconsultants. **\$5 million each occurrence, \$15 million aggregate?** This requirement was modified in Addendum #2, Item 5.
- 27. Is a Certificate of Insurance required to be submitted with the proposal response? If so, are we expected to meet the following insurance requirement at the time of submission, or only if selected?** The insurance certificate does NOT need to be submitted with the proposal.
- 28. In reference to the Professional liability insurance requirements of this RFP, would it be possible to consider reducing the professional liability insurance aggregate from \$15 M to \$10 M?** See Addendum #2, Item 5

Attachments - Misc

- 29. Please clarify who needs to sign Attachment A.** An authorized representative of the firm. That would be a person with authority to contractually bind the firm. **What is the date of Addendum #1?** The date for Addendum #1 is March 26, 2025
- 30. Do the forms need to be wet-signed/ original signatures for each submittal packet, or will scanned signatures be acceptable?** There should be one wet-signed package and the remainder may be scanned or copies.
- 31. Attachment C – Conflict of Interest Disclosure Statement – Please confirm if this must be completed by each firm, or every person on the team?** By each firm. See revised Attachment C which is a part of Addendum #2, Item #12.
- 32. We need further clarification on the Total Project Participation percentage criteria for the prime and subconsultants in Attachments D and E. Is this percentage based on the fee or the hourly workload?** Attachment D is for the Prime. In Section C.1. is the participation based on work effort of the total project. Line C.1. can only be 100% if there are no subconsultants. Lines C.2. and C.3 should reflect the amount of the work effort will be conducted within Palm Beach County and that will be conducted outside of Palm Beach County, respectively.
- Attachment E is for each subconsultant. Section C.1., C.2., and C.3. are calculated the same way as described in the previous paragraph.
- See Addendum #2, Items #13 and #14 for revised Forms D & E.
- 33. There is no page '8 of 8' for Attachment H – only have through page 7 – is this correct?** Yes

Other

- 34. What is the budget for the construction costs again?** Pre-Programming, hard costs are estimated at \$60M.
- 35. Will the CMAR that is being brought on-board before the submission of Schematic Design be conducting all pricing exercises during design?** No, the Design Professional will also have cost estimating responsibilities along with the CMAR.
- 36. During the design, will all meetings between the design team and owner be in person or would certain meetings be appropriate for virtual setting?** It will likely be a mix with the District reserving the right to require any meeting be held in person with reasonable notice. Further, it is the expectation that during the

Programming and Schematic Design phases, many, if not all, meetings with the District will need to be in-person.

37. Are there any design standards set by the District? No, the District does not have any design standards.

38. During construction administration phase, item g – define building commissioning and occupancy services. Would the services be contracted under a separate entity? It is not known at this time, the details would be worked out during scope negotiations.

39. Is the occupancy defined as activation service or post occupancy service? The Proposer should assume the broadest scope definition. The details would be worked out during scope negotiations.

40. Confirm where within the proposal the Health Care Specialty Consultant qualifications, experience are to be located? See Addendum #2, Item #1,

41. Does the health care district desire references from a variety of project clients which include healthcare consultant and other team members clients, item #9? See Addendum #2, Item #1 and #2. References for the Health Care Specialty Consultant should include one verifiable reference for projects of a similar nature where the Health Care Specialty Consultant performed in a similar role and completed in the last ten (10) years.

42. Is there a minimum number of similar projects required for the Health Care Specialty Consultant or other consultants? No, minimum but firms with more demonstrable experience will score higher in the evaluation of the Proposal. **Are the project examples exclusively to the Health Care Specialty consultant or does it encompass other project examples from other consultants?** In Proposal Submittal Tab 4A, the Health Care Specialty Consultant should provide project examples of their applicable experience performing similar duties as part of any architectural team.

43. Would the health care district contract their own survey, geotechnical services and permitting from a land development perspective or would the team need to have a consultant on our team? The Design Team needs to include all subconsultants necessary to complete design.

44. Will we get access to the pre-programming work that has been completed? Yes, the site assessment due diligence programming work that was completed by Saltz Michelson Architects/WGI is available as Exhibit A to Question and Answer #2. The information should not be interpreted as conceptual proposals or formal design solutions as that will be the responsibility of the selected design

professional after comprehensive functional programming and architectural design effort.

45. It states that the District will have a site secured by June 2025. Can the District provide the list of most likely sites? The District is currently considering two sites; 100 N. Benoist Farms Rd, West Palm Beach, FL and a co-location with the District's Skilled Nursing and Rehabilitation Center located at 5101 W. Blue Heron Blvd, Riviera Beach, FL.

46. Is there a location site? See Question and Answer #2, Item #45

a. Is there site assessment information to be shared? The site assessment reports are specific to the sites being considered and are not complete at this time. All site assessment due diligence programming used as the basis for the site assessment is attached as Exhibit A.

b. Who is the firm who provided this work? Saltz Michelson Architects/WGI

47. Request for standard design contract. The District's standard design contract is posted to the District's purchasing website.

48. Please expand on the anticipated outpatient services the facility will include. Individual and group therapy was mentioned - has there been consideration for day hospitals, or neuromodulation services like ECT/TMS? To be defined during programming.

49. Is it anticipated that the crisis observation units will be locked units? Is it anticipated that the crisis bed units will be locked units? Yes, it is likely there will be some locked units, but the specific requirements will be defined during programming.

50. Will this be an AHCA reviewed site? Yes.

51. Will the facility operate under a single license and accreditation review with a single governing body and a single group for medical /clinical leadership, or will different services require different licenses? It is unknown at this point.

52. Will the facility be operated by a 3rd party operator? No

53. During the Schematic Design phase, Item #10 – Inventory district medical equipment used and software systems for expansion capabilities and/or new requirements – Does the District have a medical equipment vendor and a software vendor and/or consultant that the awarded team will work with, or will the awarded team be expected to bring in these specialists?

The District will purchase pursuant to its procedures, or include in the CM's contract, all equipment and any software/ systems determined necessary during the design. The Design Team will be expected to prepare specifications for necessary medical equipment, software or systems that the District does not currently use or that can be expanded

54. Should the Prime carry a Medical Equipment Planner? The organization of the design team is the sole decision of the prime consultant. The prime consultant is required to include "...any specialty subconsultant services necessary to complete the required scope of work."

55. Can the names of the selection committee members and the shortlisting committee be shared?

Short List Committee

Marisol Miranda, AVP Support Services & Administrative Operations
Dr. Courtney Phillips, VP, Behavioral Health
Lisa Hogan, Director Outpatient Nursing
Kelley Anderson, Legal Manager
Patrick O'Connor, Senior Regulatory Compliance
Henry Jourdain, Director Facility Services
Cindy Dupont, Director Strategic Initiatives and Projects
Raul Gutierrez, Director Supply Chain (non-voting)
Terry Megiveron, Director Construction Services (non-voting)

Final Selection Committee

Marisol Miranda, AVP Support Services & Administrative Operations
Darcy Davis, Chief Executive Officer
Belma Andric, SVP Chief Medical Officer
Regina All, SVP Chief Nursing Officer
Heather Bokor, VP Chief Compliance, Privacy and Risk Officer
Raul Gutierrez, Director Supply Chain (non-voting)
Terry Megiveron, Director Construction Services (non-voting)

Please be reminded of the requirements of the RFP relating to contacting District Staff.

56. For the proposal content section 5.D.7 – is there a limit to the number of projects that can be included the GSA 330 Standard Form submission?
Limit to 10.

- 57. The Health Care Specialty consultant scope of work is listed under Section 2, sub-section e). Is there a similar breakdown for the design professional responsibilities broken up by phase?** No.
- 58. Are zoning and land-use changes needed for this project on any of the potential sites?** Although a specific site has not been selected, zoning and related property development regulation services will be required. **Would it be required to be handled by our team consultants?** Yes
- 59. Can we attend the short list and final selection meetings?** Yes, both are public meetings and will be recorded. Public comment will be held at the beginning of each meeting. During the Proposer's presentation, all members of the public will be asked to leave the room. At the end of the presentations, the public will be invited back in for the deliberations.
- 60. We respectfully request the full list of attendees/firms from yesterday's meeting?** The list of attendees is posted on the District's Purchasing website.
- 61. Will slides presented in this meeting be shared?** The slides from the Pre-Proposal Meeting are available on the District's Purchasing website.
- 62. Will a recording of the meeting be available?** To obtain a digital recording of the meeting, a person must submit a public records request to RecordsCustodian@hcdpbc.org.
- 63. When can we expect to receive answers to the questions emailed prior this meeting?** Questions received after Addendum #1 were answered at the meeting and in this Questions and Answer #2.
- 64. Is the Prime Architectural firm requested to include permit expediting?** A member of the design team should be able to provide these services if necessary.
- 65. Do you anticipate the need for traffic engineering?** Yes.
- 66. Does the District anticipate that the two sites will need traffic engineering or environmental studies?** Yes.
- 67. Should the Prime carry an Exterior envelope consultant?** The organization of the design team is the sole decision of the prime consultant.
- 68. Do you anticipate the need for Vertical Circulation consultant?** The organization of the design team is the sole decision of the prime consultant. The prime consultant is required to include "....any specialty subconsultant services necessary to complete the required scope of work."

List of Exhibits to Questions and Answers #2

Exhibit A – Site Assessment Due Diligence Programming by SMA/WGI



SITE ANALYSIS

Crisis Now Model Behavioral Health Facility for Palm Beach County

SMA Project No.: 2024-135
October 25, 2024

OPTION ONE – One-Story Facility, approximately 58,000 S.F. to 60,000 S.F. Building Area

Parking Calculations – 1 space per 200 S.F. = 290 Spaces

Assume – 9' x 19' Parking Spaces

24' Two-Way Drive

5' Landscape Islands

Approximately 400 S.F. Land Area per Parking Space

290 Spaces x 400 S.F. = 116,000 S.F. \pm \div 43,560 = 2.75 Acres \pm

Parcel Required for One-Story Solution

Building Area =	58,000 S.F. =	1.5 Acres
Parking Area =	116,000 S.F. \pm =	2.75 Acres
Loading/Dumpster/Drop Off/Fire Lane =		1 Acre
Amenities – Outdoor Client Area =		.5 Acre
		<hr/> 5.75 Acres
Assume 30% Landscape Area/Buffers		1.75 Acres
		<hr/> 7.50 Acres

One-Story Solution – Minimum Land Area = 7.50 Acres

*Shape of site can have an impact upon development efficiency

OPTION TWO – Two-Story Solution, approximately 58,000 S.F. to 60,000 S.F. Building Area, Assume 30,000 S.F. On Grade, Same as One-Story Solution

Parking Calculations – 1 space per 200 S.F. = 290 Spaces

Assume – 9' x 19' Parking Spaces

24' Two-Way Drive

5' Landscape Islands

Approximately 400 S.F. per Parking Space

$290 \text{ Spaces} \times 400 \text{ S.F.} = 116,000 \text{ S.F.} \pm \div 43,560 = 2.75 \text{ Acres} \pm$

Parcel Required for Two-Story Solution

Building Area On Grade =	30,000 S.F. =	.75 Acres
Parking Area ≈	116,000 S.F.± =	2.75 Acres
Loading/Dumpster/Drop Off/Fire Lane =		1 Acre
Amenities – Outdoor Client Area =		.5 Acre
		<hr/> 5 Acres
Assume 30% Landscape Area/Buffers		1.5 Acres
		<hr/> 6.50 Acres

Two-Story Solution – Minimum Land Area = 6.50 Acres

Attachments: Mental Health Crisis Center Tabulation & Workflow



TABULATION

Space Type	SF	Quantity	Total SF
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Outpatient (vision is like Mangonia)

Offices	120	3	360
Exam	120	2	240
TMS (stimulation)	120	1	120
Mental Health	120	10	1200
Waiting Main	350	1	350
Waiting Group	150	1	150
Staff RR	48	2	96
Patient RR	48	8	384
Patient Wet /Shower	150	2	300
Storage	100	3	300
Vitals	200	1	200
Reception Main	250	1	250
Reception Group	150	1	150
Group	300	2	600
Centering	100	2	200
Injection	100	1	100
Chill	200	1	200
Medication	100	1	100
Pharmacy	400	1	400
Point of Care	120	1	120
Shared Work	200	2	400
Breakroom	150	1	150
Red Bag Storage	50	1	50
Specimen Holding	25	1	25
Sub Total			6445
Walls			193
Circulation (hallways)			1934
Total			8572

Administrative and Court (Combine with Outpatient)

Offices - Director	225	1	225
Offices - Other	120	3	360
MH Court	800	1	800
MH Court Waiting	200	1	200
MH Court Offices	140	2	280
Public Restrooms	48	2	96
Restroom - Admin	48	2	96
Storage / Copy	200	1	200
Reception Desk and Wait	250	1	250
Conference Room	300	1	300
Work Space / Case Mgr.	500	1	500
Breakroom	150	1	150
Sub Total			3457
Walls			104
Circulation (hallways)			1037
Total			4598

Walk In / Urgent Care and Secure Drop Off

Offices	120	2	240
Exam	120	2	240
MH Assessment	140	6	840
Waiting Main	250	2	500
Staff RR	48	3	144
Patient RR	48	5	240
Patient Wet /Shower	150	3	450
Storage	100	2	200
Client Storage	800	1	800
Outside Delousing	200	1	200
Vestibules	180	4	720
After Hours Entry	100	1	100
Sally Port	800	1	800
Reception / Security	250	1	250
Medication Room	100	1	100
Point of Care	120	1	120
Shared Work	200	2	400
Breakroom - Urgent Care	150	1	150
Utility / Facility	120	1	120
Break - Police/supp	180	1	180
Sub Total			6794
Walls			204
Circulation (hallways)			2038
Total			9036

CRF

Entry	200	2	400
Observation Chairs Pediatricss	100	10	1000
Observation Chairs Adult	100	28	2800
Pediatrict Amenity/Activity*	600	1	600
Adult Amenity/Activity*	600	1	600
Staff RR	48	3	144
Patient RR	48	6	288
Secure Pt Wet /Shower	150	2	300
Storage	100	3	300
Secure / Restraint	120	4	480
Secure / Chairs	100	8	800
Dining / Group	400	2	800
Group	300	1	300
Centering	100	1	100
Quiet Rooms - Pediatric	140	5	700
Quiet Rooms - Adult	140	4	560
Medication	100	1	100
Point of Care	120	2	240
Shared Work	250	2	500
Breakroom	150	1	150
Multi Use Room	120	1	120
Red bag storage	50	1	50
Sub Total			11332
Walls			340
Circulation (hallways)			3400
Total			15072

CSU

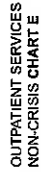
Entry	200	2	400
Pediatrics Rooms (Min.SF)	170	10	1700
Adult Rooms (Min.SF)	150	12	1800
Exam / Psych Room	150	2	300
Staff RR	48	2	96
Patient RR	48	26	1248
Group	400	2	800
Centering	120	2	240
Dining / Group	400	2	800
Activity Space/Living Room	400	2	800
Medication	100	2	200
Point of Care	120	2	240
Storage	100	4	400
Shared Work	200	2	400
Office / Multi Use	140	2	280
Breakroom	180	2	360
Red Bag storage	50	1	50
Sub Total			10114
Walls			303
Circulation (hallways)			3034
Total			13452

Shared Spaces

Breakroom - Main	800	1	800
Staff Restroom	48	3	144
Employee Quiet Room	120	1	120
Storage - Main	700	1	700
IT Room	120	2	240
Kitchen	600	1	600
Laundry Services	200	1	200
Kennel	250	1	250
Security	100	1	100
Facilities	200	1	200
Lobby	500	1	500
Public Restroom	250	2	500
Lobby Reception	150	1	150
Sub Total			4504
Walls			135
Circulation (hallways)			1351
Total			5990

Mechanical/electrical @ 4%	2268
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Grand Total	58987
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Health Care District of Palm Beach County
Crisis Center for Behavioral Health and Substance Abuse
SITE ASSESSMENT PROGRAM

Date: April 4, 2025

The following tables present an analysis of the program elements and the proposed allocation of the required program across one-, two-, and three-story facility configurations. The proposed allocations adhere to the applicable standards outlined in the Florida Administrative Code:

- FAC 65E-12.106
 - Division 65E – Mental Health Programs Regulations- Common Minimum Program Standards

Table 1

AREAS ESTIMATION PER LEVEL- PER PROGRAM			
Ideal Distribution of Program per Floor			
	Total SF 3 -Story	Total SF 2-Story	Total SF 1-Story
GROUND FLOOR	42899	42899	
2ND FLOOR	10782	13764	56663
THIRD FLOOR	2983		
Outdoors*	2025	2025	2025
Total	58688	58688	58688

Table 2:
Minimum Area per Floor – Per FAC Regulations

LEVEL AND PROGRAM ACTIVITY (ONE-LEVEL AND MULTILEVEL)					
Level	3-Story Structure	Level	2-Story Building	Level	1-Story Building
GROUND FLOOR	Waiting	GROUND FLOOR	Waiting	GROUND FLOOR	Waiting
	Walk In / Urgent Care and Secure Drop Off		Walk In / Urgent Care and Secure Drop Off		Walk In / Urgent Care and Secure Drop Off
	CRF (Except		CRF		CRF
	CSU		CSU		CSU
	Shared Spaces:		Shared Spaces:		Shared Spaces:
	Storage - Main		Storage - Main		Storage - Main
	IT Room		IT Room		IT Room
	Kitchen		Kitchen		Kitchen
	Laundry Services		Laundry Services		Laundry Services
	Kennel		Kennel		Kennel
	Security		Security		Security
	Facilities		Facilities		Facilities
	Lobby		Lobby		Lobby
	Public Restroom		Public Restroom		Public Restroom
	Lobby Reception		Lobby Reception		Lobby Reception
2ND FLOOR	Outpatient Services (Except Main Reception and Waiting)	2ND FLOOR	Outpatient Services (Except Main Reception and Waiting)	GROUND FLOOR	Outpatient Services (Except Main Reception and Waiting)
	Court and waiting, Offices and Public Restrooms		Court and waiting, Offices and Public Restrooms		Court and waiting, Offices and Public Restrooms
	Shared Rooms:		Shared Rooms:		Shared Rooms:
	Breakroom - Main		Breakroom - Main		Breakroom - Main
THIRD FLOOR	Staff Restroom	2ND FLOOR	Staff Restroom		Staff Restroom
	Employee Quiet Room		Employee Quiet Room		Employee Quiet Room
	Administration:		Administration:		Administration:
	Director Office and other Offices		Director Office and other Offices		Director Office and other Offices
	Storage / Copy		Storage / Copy		Storage / Copy
	Recep Desk and Wait		Recep Desk and Wait		Recep Desk and Wait
	Conference Room		Conference Room		Conference Room
OUTDOORS	Work space / Case Mgr.	OUTDOORS	Work space / Case Mgr.	OUTDOORS	Work space / Case Mgr.
	Breakroom		Breakroom		Breakroom
	Peds Amenity/Activity*		Peds Amenity/Activity*		Peds Amenity/Activity*
	Adult Amenity/Activity*		Adult Amenity/Activity*		Adult Amenity/Activity*
	Utilities		Utilities		Utilities
	Vertical Circulation		Vertical Circulation		No Vertical Circulation



Table 3: Color Coded Program

COLOR CODED PROGRAM ASSIGNED PER LEVEL			
Space Type	SF	Quantity	Total SF
Outpatient			
Offices	120	3	360
Exam	120	2	240
TMS (stimulation)	120	1	120
Mental Health	120	10	1200
Waiting Main	350	1	350
Waiting Group	150	1	150
Staff RR	48	2	96
Patient RR	48	8	384
Patient Wet /Shower	150	2	300
Storage	100	3	300
Vitals	200	1	200
Reception Main	250	1	250
Reception Group	150	1	150
Group	300	2	600
Centering	100	2	200
Injection	100	1	100
Chill	200	1	200
Medication	100	1	100
Pharmacy	400	1	400
Point of Care	120	1	120
Shared Work	200	2	400
Breakroom	150	1	150
Red Bag storage	50	1	50
Specimen holding	25	1	25
Sub Total			6445
Walls			193
Circulation (hallways)			1934
Total			8572
Administrative and Court (Combine with Outpatient)			
Offices - Other	120	3	360
MH Court	800	1	800
MH Court Waiting	200	1	200
MH Court Offices	140	2	280
Public Restrooms	48	2	96
Restroom - Admin	48	2	96
Storage / Copy	200	1	200



Reception Desk and Wait	250	1	250
Conference Room	300	1	300
Work space / Case Mgr.	500	1	500
Breakroom	150	1	150
Sub Total			3232
Walls			97
Circulation (hallways)			970
Total			4299

Walk In / Urgent Care and Secure Drop Off

Offices	120	2	240
Exam	120	2	240
MH Assessment	140	6	840
Waiting Main	250	2	500
Staff RR	48	3	144
Patient RR	48	5	240
Patient Wet /Shower	150	3	450
Storage	100	2	200
Client Storage	800	1	800
Outside Delousing	200	1	200
Vestibules	180	4	720
After Hours Entry	100	1	100
Sally Port	800	1	800
Reception / Security	250	1	250
Medication Room	100	1	100
Point of Care	120	1	120
Shared Work	200	2	400
Breakroom - Urg Care	150	1	150
Utility / Facility *	120	1	120
Break - Police/supp	180	1	180
Sub Total			6794
Walls			204
Circulation (hallways)			2038
Total			9036

CRF

Entry	200	2	400
Obs Chairs Peds	100	10	1000
Obs Chairs Adult	100	28	2800
Peds Amenity/Activity*	600	1	600
Adult Amenity/Activity*	600	1	600
Staff RR	48	3	144
Patient RR	48	6	288
Secure Pt Wet /Shower	150	2	300
Storage	100	3	300



Secure / Restraint	120	4	480
Secure / Chairs	100	8	800
Dining / Group	400	2	800
Group	300	1	300
Centering	100	1	100
Quiet Rooms - Peds	140	5	700
Quiet Rooms - Adult	140	4	560
Medication	100	1	100
Point of Care	120	2	240
Shared Work	250	2	500
Breakroom	150	1	150
Multi Use Room	120	1	120
Red Bag Storage	50	1	50
Sub Total			11332
Walls			340
Circulation (hallways)			3400
Total			15072

CSU

Entry	200	2	400
Peds Rooms	170	10	1700
Adult Rooms	150	12	1800
Exam / Psych Rm	150	2	300
Staff RR	48	2	96
Patient RR	48	26	1248
Group	400	2	800
Centering	120	2	240
Dining / Group	400	2	800
Activity Space/Living Rm	400	2	800
Medication	100	2	200
Point of Care	120	2	240
Storage	100	4	400
Shared Work	200	2	400
Office / Multi Use	140	2	280
Breakroom	180	2	360
Red Bag Storage	50	1	50
Sub Total			10114
Walls			303
Circulation (hallways)			3034
Total			13452

Shared Spaces

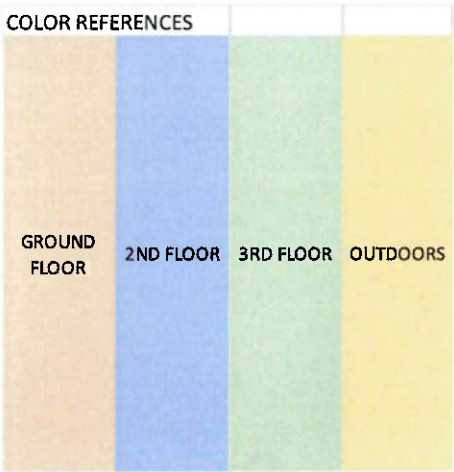
Breakroom - Main	800	1	800
Staff Restroom	48	3	144



Employee Quiet Rm	120	1	120
Storage - Main	700	1	700
IT Room	120	2	240
Kitchen	600	1	600
Laundry Services	200	1	200
Kennel	250	1	250
Security	100	1	100
Facilities	200	1	200
Lobby	500	1	500
Public Restroom	250	2	500
Lobby Reception	150	1	150
Sub Total			4504
Walls			135
Circulation (hallways)			1351
Total			5990

Mechanical/electrical @ 4% 2268

Grand Total	58688
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Health Care District of Palm Beach County
Crisis Center for Behavioral Health and Substance Abuse
CONCEPTUAL SITE DEVELOPMENT

April 4, 2025

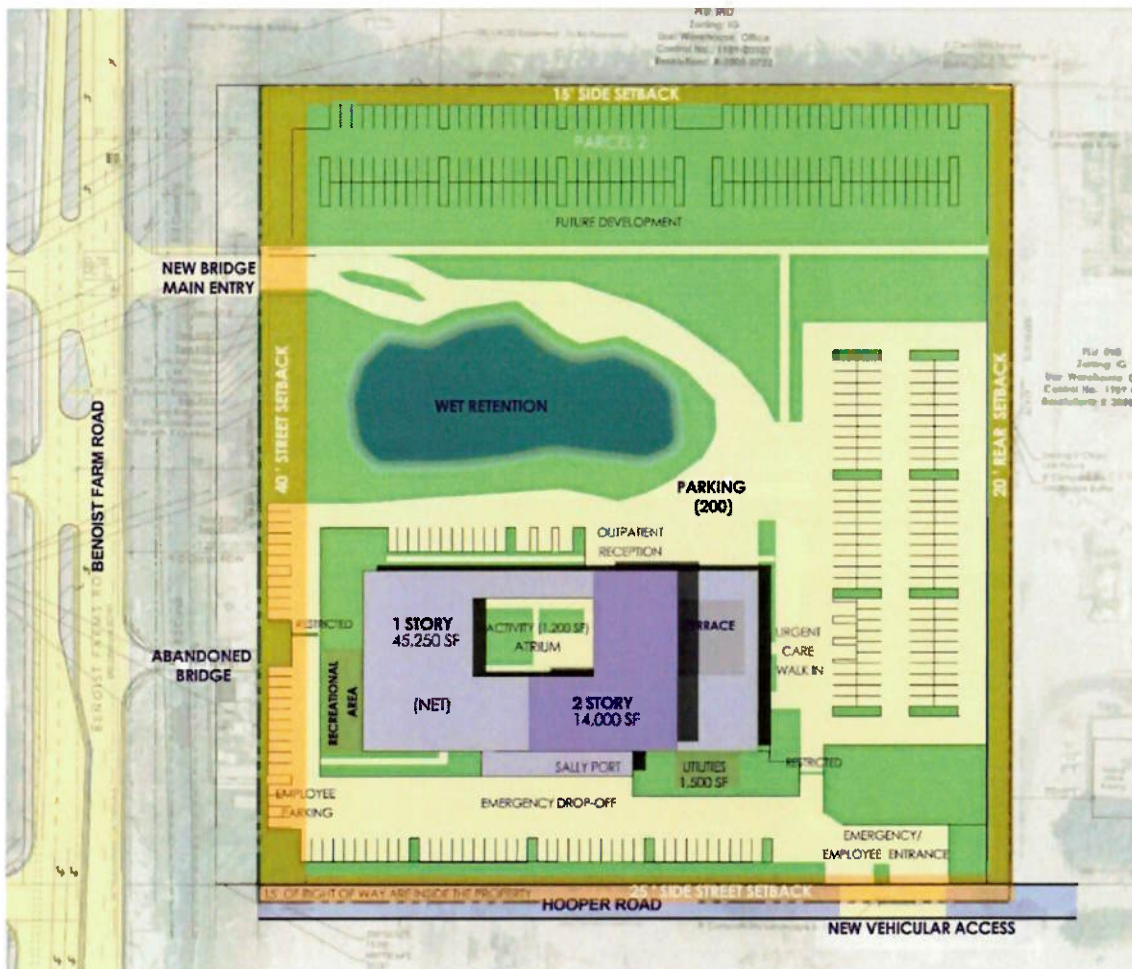
The conceptual site plans below are intended for fit study purposes only, illustrating potential multi-story and single-story facility configurations, for both sites.

Benoist Site

Property Address: 100 N Benoist Farm Road, West Palm Beach, FL 33411

URBAN OPTION- Conceptual Development Plan Option #1

New Behavioral Health Facility 59,800 SF (2-Story)



FT LAUDERDALE
3501 Griffin Rd
Fort Lauderdale, FL 33312
954.266.2700

MIAMI
8400 NW 36th St, Suite 450
Doral, FL 33166
305.764.3138

sm@saltzmichelson.com
saltzmichelson.com

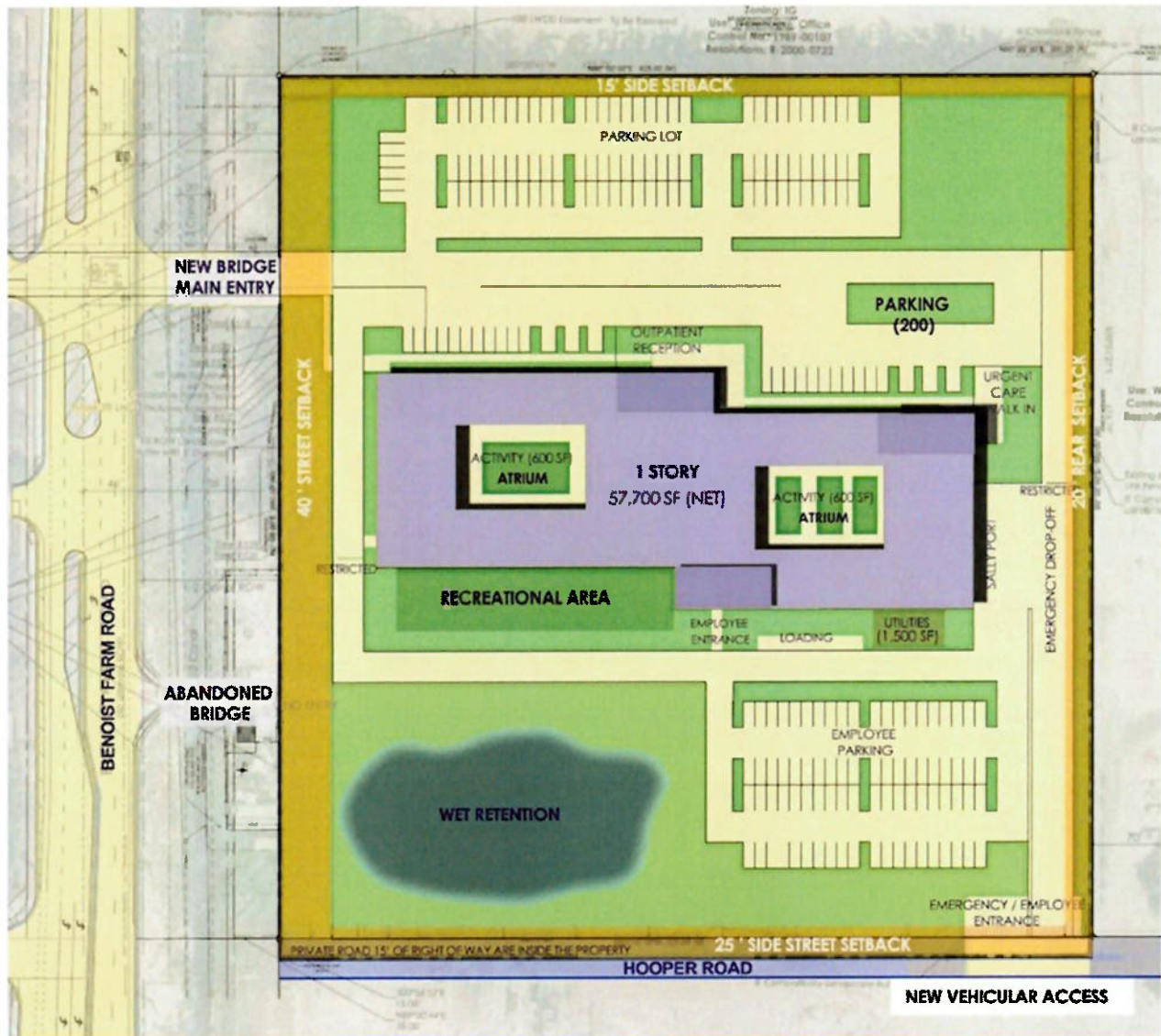
AR0009976

Benoist Site

Property Address: 100 N Benoist Farm Road, West Palm Beach, FL 33411

SUBURBAN OPTION- Conceptual Development Plan Option #2

New Behavioral Health Facility 59,200 SF (1 Story)



Edward J. Healey Center - Site

Property Address: 5101 W Blue Heron Blvd., Riviera Beach, Palm Beach, FL 33418

OPTION 1- Conceptual Development Plan- 59,800 SF Facility
3-Story Facility and 5-Level Parking Garage



Edward J. Healey Center - Site**Property Address: 5101 W Blue Heron Blvd., Riviera Beach, Palm Beach, FL 33418****OPTION 2- Conceptual Development Plan – 59,800 SF Facility****2-Story Facility and 5-Level Parking Garage**

Note: The two fit-study options for the Healey site (shown above) depict multilevel facility layouts. However, based on the program evaluation and applicable FAC Regulations, neither option achieves the required minimum of 42,899 SF of ground-level program space. This requirement was identified after the fit testing of the proposed options.

