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41st Annual FPC Seminar + Expo
Sept 28 - Sept 30, 2025

What's New in the 2026 FGI Code for Planning and Design documents pertaining to Behavioral & Mental Health Spaces

Course Number: AHCA2025.09

Credit Designation: 1 LU| HSW

AIA CES Provider Number: E240

September 29, 2025

41st Annual FPC Seminar + Expo



Introductions



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1

OBJECTIVE

Review the format changes to the 2026 FGI Code documents and how it will affect your use.

2

OBJECTIVE

Describe the changes to the minimum requirements for spaces serving behavioral and mental health patients in **hospitals** and the evolution of standards to align with current operational regulations and clinical trends.

3

OBJECTIVE

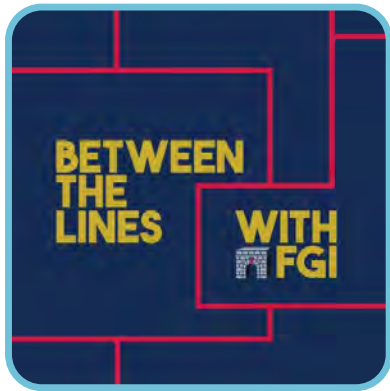
Explain the changes to the minimum requirements for spaces serving behavioral and mental health patients in **outpatient centers** and settings.

4

OBJECTIVE

Document the addition of minimum requirements for residential settings and residential treatment settings serving those with behavioral and mental health challenges in the FGI **Residential Code** to include reasons to newly introduce them into this document, and the key basic requirements needed to comply in a post-acute or residential healthcare setting.

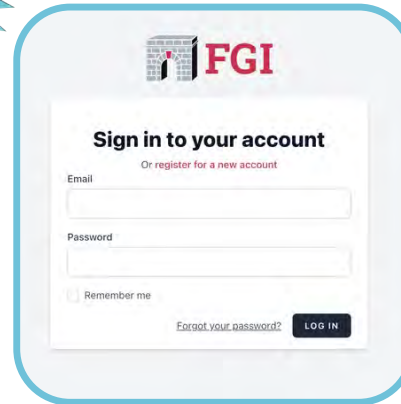
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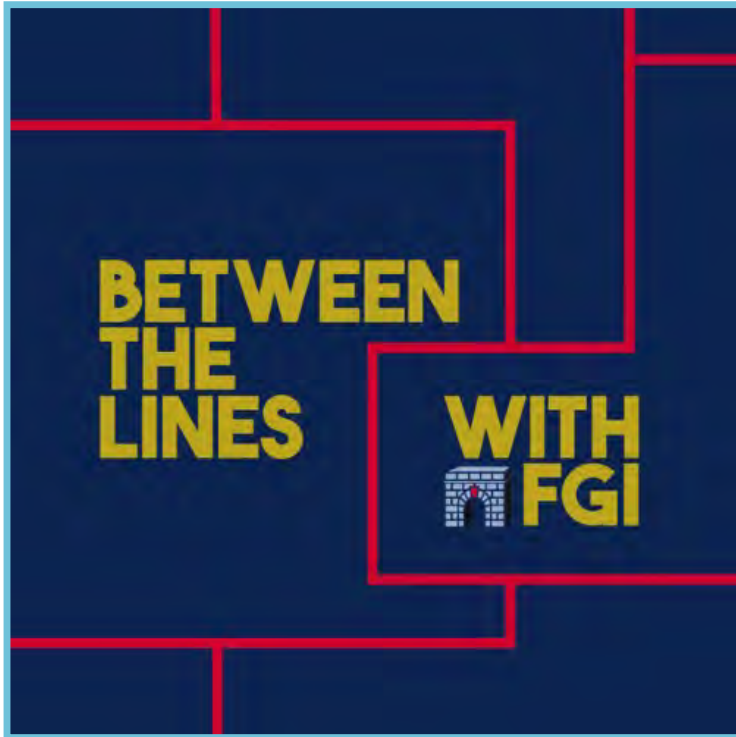
***2026 FGI Codes
and Handbooks
to be released in
Spring 2026***



**FGI's
Interactive
Adoption Map**

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Behavioral Mental Health Topic Group



Greg Pace and Virginia Pankey, Chairs

Explained: Member group makeup and scope

- Working groups
 - Hospital: Behavioral Mental Health working group
 - Outpatient: Behavioral Mental Health working group
 - Residential: Behavioral Mental Health working group

"The group will look at revisions accepted and incorporated into the 2022 edition last cycle to determine if the revision accomplished what we intended. In addition, we will focus on generating new proposals for this cycle, e.g., including Behavioral Health references in other sections and needs in the SRA section."

Hospital Code Behavioral Mental Health Changes



Terms and Chapters covered

- Glossary Terms
- Chapter 2.1
- Chapter 2.2
- Chapter 2.5

FGI Code Behavioral Mental Health Changes

- Glossary Terms
 - Calming *Revised*
 - Mileu *New Term in OP*
 - Observation Area *Revised*
 - Safety Risk Assessment *Revised*
 - Secure Holding Room *New Term in H & OP*
 - Seclusion *New Term*



Hospital Code Behavioral Health Changes

Chapter 2.2 -3.2 Behavioral Health

~~Crisis~~ Emergency Units

- Single patient observation room
 - Handwashing sink outside the single-patient observation room
- For multiple-patient Observation room the number of sinks is determined by the Infection control risk assessment



Hospital Code Behavioral Health Changes

Chapter 2.2-3.2 Behavioral Health Emergency Units

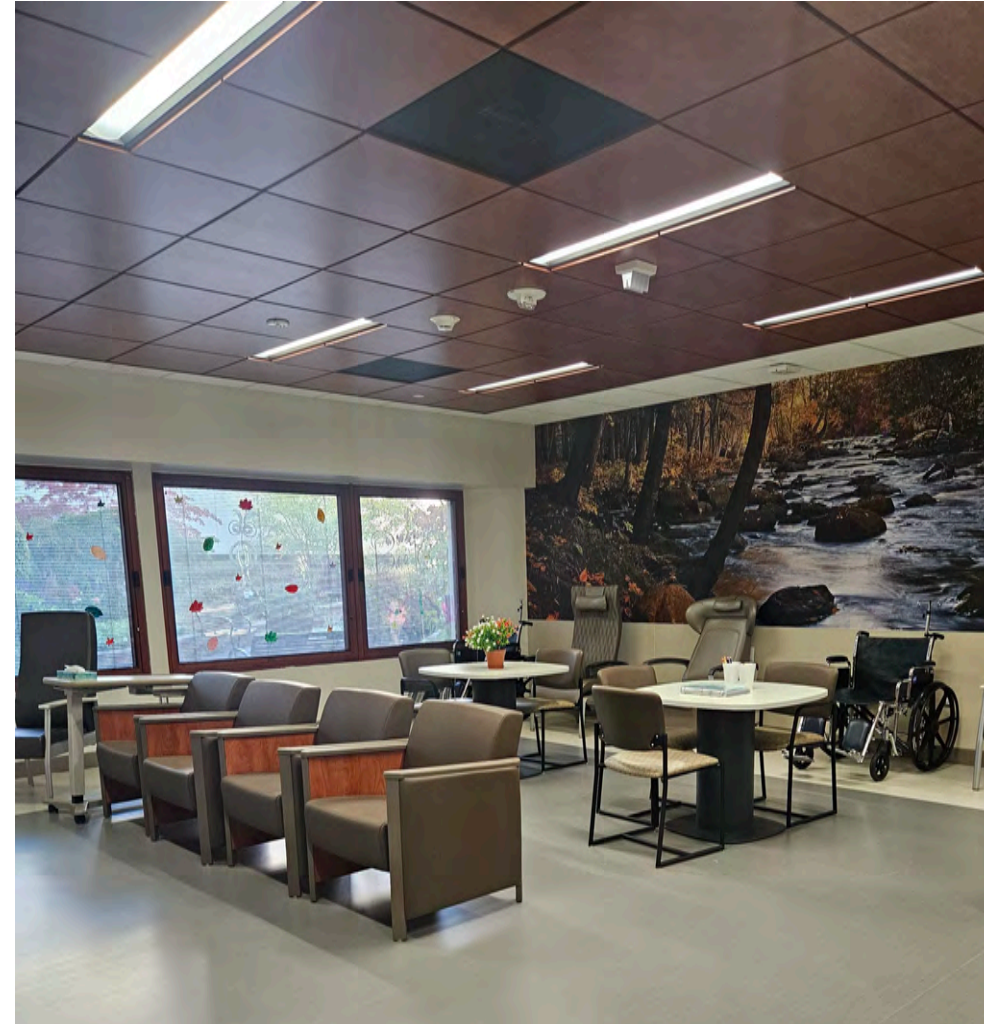
- Calming room
 - New name rather than the Quiet room
 - Still permitted to serve as the consultation room
 - Has been added to the common elements chapter
- Staff Lounge
 - Shall be readily accessible to the BHEU
 - Staff Toilet min of 1 shall be directly accessible to the BHEU



Hospital Code Behavioral Health Changes

NEW !!!!

Chapter 2.2-2.14 Medical Psychiatry
Patient Care Units



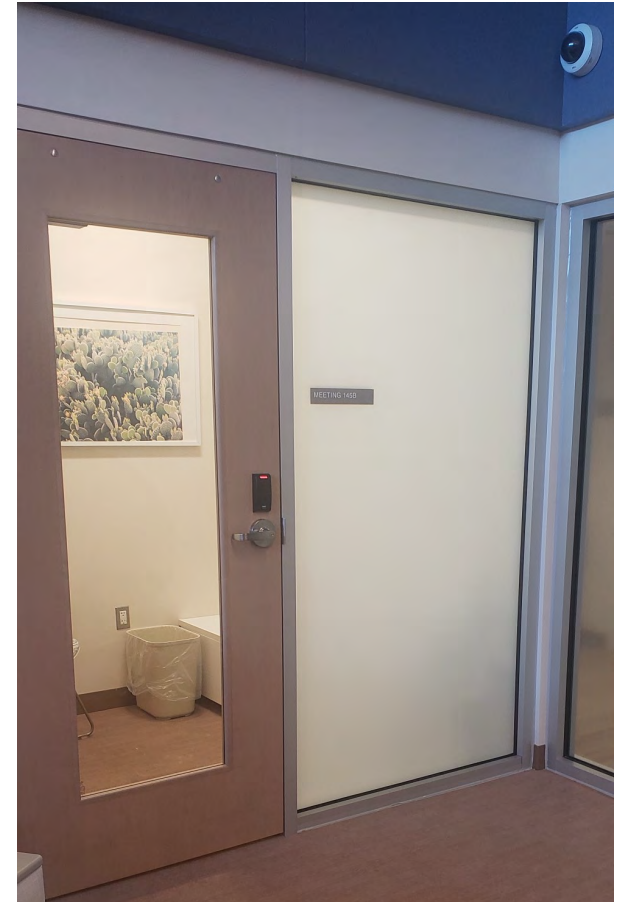
Froedtert Hospital: Interventional Complexity Unit

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Hospital Code Behavioral Health Changes

Chapter 2.5 Specific requirements for Behavioral and Mental Health Hospitals

- Staff personal alarm
- Patient Privacy
 - visual & speech
- Patient toilet room
 - Shall contain a floor drain
 - Designed free of shower curtains
- Patient Bathing facilities
 - Min of 1 shower sized for staff assistance



GuideLink Center, Iowa City

Hospital Code Behavioral Health Changes

Chapter 2.5 Specific requirements for Behavioral and Mental Health Hospitals

- Group Therapy
 - Minimum of 1
 - Clear floor area of 225 SF
- Group Therapy combined with Quiet Activity permitted
 - Accommodates not more than 12 patients
 - 18 SF per patient with a min of 120 SF
- Dining area
 - Provided in a Central area outside patient care unit
 - 20 SF per patient max dining at one time per functional program



Oregon State Hospital Salem, OR HOK

Hospital Code Behavioral Health Changes

Chapter 2.5 Specific requirements for Behavioral and Mental Health Hospitals

- Calming room
- Multi purpose room
 - May be in the unit or readily accessible
 - May be shared with another BMH unit
- Conference and treatment planning room
 - Permitted to be shared with other BMH units



Outpatient Code Behavioral Health Changes



- Focus on Observation Rooms
- Specialized Treatment Areas
 - Intensive Outpatient and Partial Hospitalization Programs (IOP/PHP)
 - Transcranial Magnetic Stimulation (TMS) Rooms
- Shift of Emergency Crisis Units from Free-Standing ED to Outpatient 2.11

Outpatient Code Behavioral Health Changes

Chapter 2.11-1.3.3.2

- Safety Features in Observation and Interview Rooms



Outpatient Code Behavioral Health Changes

Chapter 2.11-1.3.3.2

- Space Requirements for Observation Rooms
 - Single: 80 square feet
 - Single with Dual Entry: 100 square feet
 - Multi-Patient: xxxx



From stantec.com, Kirkland Crisis Response Center



From pennmedicine.com

Outpatient Code Behavioral Health Changes

Chapter 2.11-1.3.3.3

- New Paragraph for Intensive Outpatient and Partial Hospitalization (IOP/PHP) Spaces



From lifescaperecovery.com

Outpatient Code Behavioral Health Changes

Chapter 2.11-3.2.9.11

- New Paragraph for Transcranial Magnetic Stimulation (TMS) Room



From cryobodyworks.com

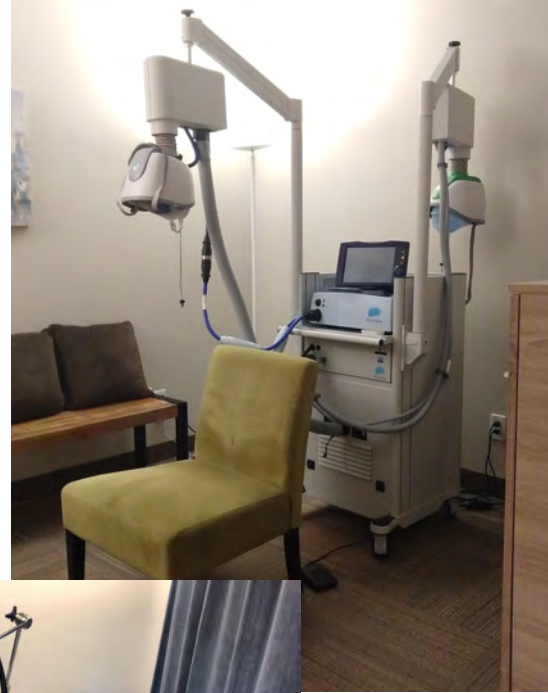


From neuromodec.com

Outpatient Code Behavioral Health Changes

Chapter 2.11-3.2.9.11

- New Paragraph for Transcranial Magnetic Stimulation (TMS) Room



Outpatient Code Behavioral Health Changes

Chapter 2.11-3.2.9.11

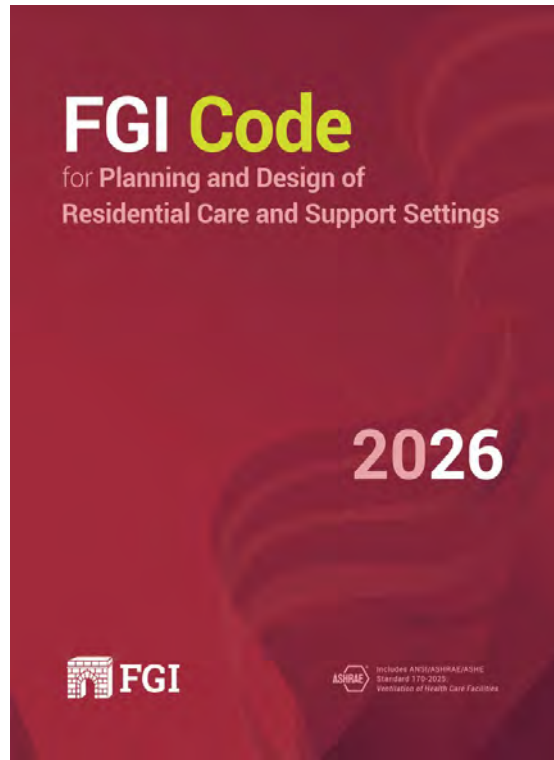
- New Paragraph for Transcranial Magnetic Stimulation (TMS) Room



From cwcrecovery.com

Residential Code Behavioral Health

Common Elements



- Chapter 2.1 Common Elements for Residential Setting
- Chapter 4.2 specific requirements for Residential Behavioral and Mental Health Treatment Facilities

Residential Code Behavioral Health Changes

Chapter 2.1 Common Elements for Residential Settings

Application directed by the facility type chapters

NEW !!!!

- 2.1-2.1.2.2 Design criteria for accommodations for care of individuals with neurodiverse and diverse neurocognitive conditions including dementia and cognitive and developmental disabilities.

Residential Code Behavioral Health Changes

Chapter 2.1 Common Elements for Residential Settings

- 2.1-2.1.2.3 Design criteria for accommodations for care of individuals with behaviors that pose a risk of harm to self or others.



Residential Code Behavioral Health Changes

- 2.1-2.1.2.2 Design criteria for accommodations for care of individuals with neurodiverse and diverse neurocognitive conditions including dementia and cognitive and developmental disabilities.

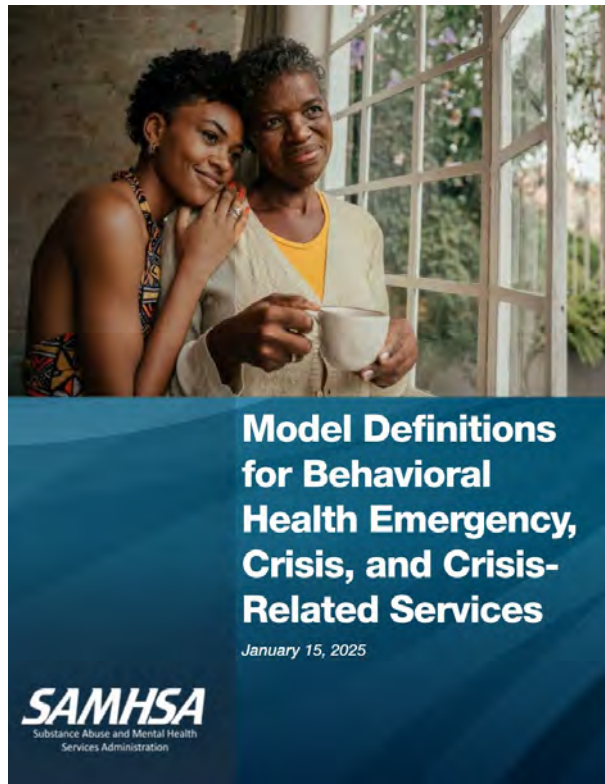


Residential Code Behavioral Health Changes

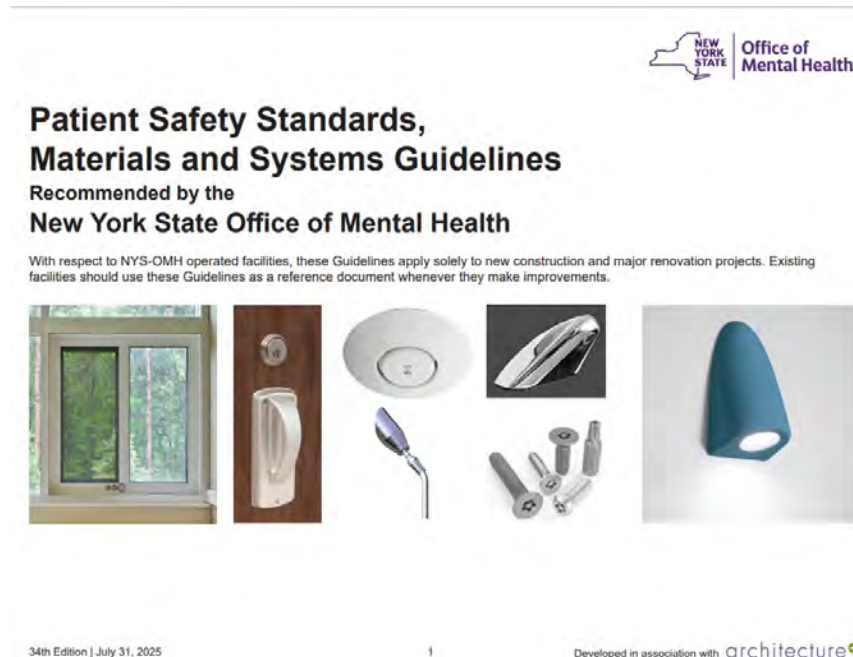
Chapter 4.2 Specific Requirements for Residential Behavioral and Mental Health Treatment Facilities



Resources

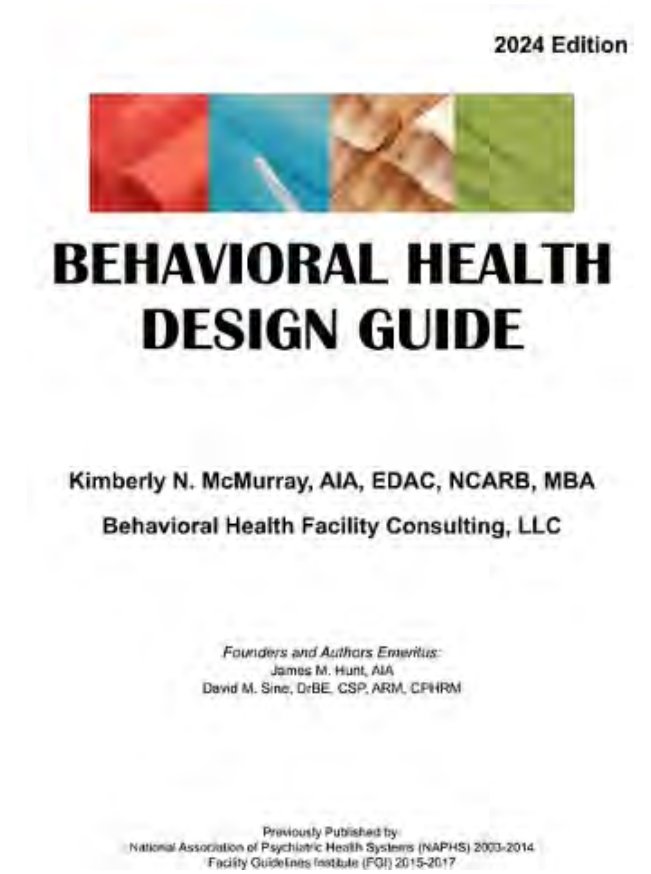


SAMHSA



NY OMH PSS

[Patient Safety Standards Guidelines](#)



[Design Guide](#) | [BHFC Design Consulting](#)

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Thank you for your attention !



Addendum

- 2026 FGI *Code for Planning and Design of Hospitals*

FGI Code Behavioral Mental Health Changes

- **Calming:** A room that supports a low-stimulation and/or positive distraction environment.
- **Mileu:** An open gathering space in behavioral health settings where patients can engage in productive interpersonal interactions, activities, and recovery.
- **Observation room:** A room where a patient stays for a limited period as regulated by state or federal law.
- **Safety Risk Assessment (SRA):** An assessment of the potential risks inherent in each space and building component of the health care project being planned. A safety risk assessment defines each specific hazard's likelihood of occurrence based on historical data and its potential to cause harm.

FGI Code Behavioral Mental Health Changes

- **Seclusion:** A designated space intended for [residents/] patients requiring security and protection against self-harm or harm to others
- **Secured Holding Room:** A space intended to temporarily hold patients in a secure environment until the patient's condition supports a less restrictive level of care, or the patient is transferred to another facility.

Hospital Code Behavioral Health Changes

- Chapter 2.2-3.2 Xx
- Xxxxxxx
 - xxxxxx

