

**45-DAY EXPRESS TERMS
FOR
PROPOSED BUILDING STANDARDS
OF THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

**REGARDING PROPOSED CHANGES TO
CALIFORNIA ADMINISTRATIVE CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1**

(The State agency shall draft the regulations in plain, straightforward language, avoiding technical terms as much as possible and using a coherent and easily readable style. The agency shall draft the regulation in plain English. A notation shall follow the express terms of each regulation listing the specific statutes authorizing the adoption and listing specific statutes being implemented, interpreted, or made specific. (PART 1 – ADMINISTRATIVE CODE))

LEGEND FOR EXPRESS TERMS

1. New California code language: All such language appears in underline.
2. Repealed text: All such language appears in ~~strikeout~~.

INITIAL EXPRESS TERMS

**CALIFORNIA ADMINISTRATIVE CODE
CHAPTER 7
SAFETY STANDARDS FOR HEALTH FACILITIES**

7-119. Functional Program. ...

(c) **Functional program content.** The functional program for the project shall include the following:

1. **Purpose of the project. ...**

8. **Short- and long-term planning considerations. ...**

9. **Patient Safety Risk Assessment.** Projects associated with acute psychiatric hospitals, acute psychiatric nursing units in general acute-care hospitals, and special treatment program service units in skilled nursing facilities shall include a Patient Safety Risk Assessment. At a minimum, a Behavioral and Mental Health Risk Assessment shall be addressed as part of the Patient Safety Risk Assessment. The Patient Safety Risk Assessment shall be subject to review and approval by the California Department of Public Health.

A. **Behavioral and Mental Health Risk Assessment.** A Behavioral and Mental Health Risk Assessment shall be prepared for all acute psychiatric hospitals, psychiatric nursing units within general acute-care hospitals, and special treatment program units in skilled nursing facilities. The risk assessment shall include evaluation of the population at risk and the nature and scope of the project, taking into account the model of care and operational considerations, and proposed built environment solutions to mitigate potential risks and hazards.

B. **Behavioral and Mental Health Elements (Psychiatric Patient Injury and Suicide Prevention).** The safety risk assessment report shall identify areas that will serve patients at risk of mental health injury and suicide.

Informational Note: Behavioral and mental health risk should be determined through simultaneous consideration of the inherent danger of any individual environmental feature because of patient profile and acuity, the anticipated level of staff supervision for each area, and space visibility and supervision.

The governing body should develop a detailed assessment of the level of risk for each program area where mental health patients will be served (e.g. emergency department, nursing units). Refer to Appendix Table A1.2-a Safety Risk Assessment Team Member Expertise of the *Guidelines for Design and Construction of Hospitals and Outpatient Facilities* published by The Facility Guidelines Institute for areas of expertise needed on the behavioral and mental health assessment team.

Each area should be evaluated to identify the architectural details, surfaces, and furnishings and exposed mechanical and electrical devices and components to be addressed in the risk assessment. Examples of areas to be included in a mental health risk assessment include the following:

Highest Level of Risk

1. Seclusion rooms (where patient acuity poses an increased risk).
2. Patient bedrooms and toilet rooms (areas where patients spend long periods of time out of direct supervision of the staff).
3. Psychiatric emergency department (comprehensive psychiatric emergency program) an area under good supervision but dealing with unpredictable patients under initial evaluation and often under heavy medication).

Moderate Level of Risk

1. Activity spaces, group rooms, and treatment spaces (supervised with good visibility).
2. Dining rooms and recreation spaces, both indoor and outdoor.
3. Corridors (always visible).

Lower Level of Risk

1. Exam rooms, private offices, and conciliation rooms (always supervised).
2. Staff and support areas (not accessible by patients).

Other information that could be considered can be found in *Patient Safety Standards, Materials and Systems Guidelines* published by the New York State Office of Mental Health, and the *Design Guide for the Built Environment of Behavioral Health Facilities* distributed by The Facility Guidelines Institute.

C. Behavioral and Mental Health Response.

- (1) The safety risk assessment team shall identify mitigating features for the identified at-risk locations.

- (2) The design of behavioral and mental health patient care settings shall address the need for a safe treatment environment for those who may present unique challenges and risks as a result of their mental condition.
 - (I) The patient environment shall be designed to protect the privacy, dignity, and health of patients and address the potential risks related to patient elopement; and harm to self, to others, and to the environment.
 - (II) The design of behavioral/mental health patient areas shall accommodate the need for clinical and security resources.

...

7-128. Work performed without a permit.

(a) **Compliance examination.** ...

(d) **Fees.** Fees associated with compliance examination, plan review and filed observation shall be in accordance with the following:

1. The fee for examination ...
2. A separate, additional, fee for plan review described in Section 7-128 (b) and filed observation described in Section 7-128 (c) shall be based on the estimated cost of construction as specified below:
 - A. The fee for hospital buildings is 2.0 percent of the estimated construction cost. The estimated construction cost shall include fixed equipment cost or estimated value (including shipping, installation, and taxes) but exclude ~~imaging equipment~~, design fees, inspection fees and off-site construction work. ~~The fee for imaging equipment (X-ray, MRI, CT Scan, etc.) shall be 0.20 percent of the equipment cost or estimated value.~~

...

7-133. Fees.

(a) **Plan review and field observation.** The fee for plan review and field observation shall be based on the estimated cost of construction as specified below. ...

1. The fee for hospital buildings is 1.64 percent of the estimated construction cost. The estimated construction cost shall include fixed equipment cost or estimated value (including shipping, installation, and taxes) but exclude ~~imaging equipment~~, design fees, inspection fees and off-site construction work. ~~The fee for imaging equipment (X-ray, MRI, CT Scan, etc.) shall be 0.164 percent of the equipment cost. In any event, the minimum fee for review of imaging equipment shall be \$250.00.~~
 - A. The Office shall ...
2. The fee for skilled nursing and intermediate care facilities, as defined in Subdivision (c), (d), (e) or (g) of Section 1250, Health and Safety Code, is 1.5 percent of the estimated construction cost. The estimated construction cost shall include fixed equipment (including shipping, installation, and taxes) but exclude design fees, inspection fees and off-site work.

Notation

Authority: Health and Safety Code 18929 and 129675-1300070.

Reference(s): Health and Safety Code 129785 and 129850.