Stakeholder Meeting for Acute Psychiatric Hospitals Regulations Jun 11, 2025 Chat Messages

Bustamante, Nicole@California Department of Public Health 11:06 AM
If you have additional input after the meeting, attendees are invited to provide written comments by emailing CHCQ Regulations email inbox (CHCQRegulations@cdph.ca.gov) by June 16, 2025.

Question 1

Custodio, Christopher B (Unverified) 11:10 AM
Patient presentation and/or acuity.

Subhani, Khizer (Unverified) 11:12 AM
A 1:4 nurse-to-patient ratio for adolescent psychiatric inpatient care represents higher-quality care because it aligns with the unique developmental and psychiatric needs of this vulnerable age group (11–17). Adolescents are not merely "small adults"; they are in a critical stage of emotional, cognitive, and social development. Many present with acute psychiatric crises, including mood disorders, suicidal ideation, trauma-related conditions, and emerging psychotic disorders—all of which require intensive monitoring, therapeutic engagement, and timely intervention.
Psychiatric nursing care in this population is not limited to medication administration or safety checks; it includes behavioral observation, milieu management, de-escalation, crisis response, therapeutic communication, family support, and coordination with the interdisciplinary treatment team. A lower ratio enables nurses to build trust, recognize early signs of agitation or deterioration, and implement preventive strategies before incidents occur. It also allows nurses to tailor care to the individual developmental stage of each adolescent, which is essential in behavioral health.
Higher nurse-to-patient ratios often result in reactive care and missed warning signs, especially when managing adolescents with complex trauma, impulsivity, or comorbid developmental disorders. A 1:4 ratio ensures nurses are not overextended, thereby reducing the risk of restraint use, elopement, self-harm, or aggression—while improving engagement in therapeutic programming.
In sum, a 1:4 staffing model is not merely a staffing preference—it is a clinical necessity that promotes trauma-informed, developmentally appropriate, and safe psychiatric care for adolescents.

Khizer Subhani, University of California San Franscisco Nursing Manager for Adolescent Psychiatric Unit.

Question 2

Perez, Nilda (Unverified) 11:29 AM
Q#2: I recommend additional training in specialized populations involving individuals with developmental disabilities, co-occurring conditions like autism or intellectual

disability. These situations may require specialized training for interventions that can be tailored to the individual's specific needs and developmental level.

Minnick, Peggy (Unverified) 11:37 AM

I am a Registered Nurse with over 40 years of experience in the provision of psychiatric/mental health care to individuals of all ages including adolescents. It is essential to remember that the treatment team is comprised of not only Registered Nurses. There are psychiatrists, psychologists, and social workers. other masters degreed mental health professionals including group and individual therapists, recreational therapists, occupational therapists, licensed psychiatric technicians, etc. actively involved in the day-to-day care of patients of all ages. Registered Nurses are important of course but are not the only qualified providers of inpatient psychiatric care.

Question 3

Cameron, Registered Nurse (Unverified) 11:40 AM

Beyond a numeric nurse-to-patient ratio, Acute Psychiatric hospitals should also collect the following data to inform staffing decisions:

Staffing Metrics: Number of staff scheduled vs. actually present on each shift, including nursing, support, and specialized roles (e.g., psychiatric Registered Nurses, sitters).

- Staff skill experience levels, as acuity requires more specialized nursing.
- Data on overtime and float pool utilization, as indicators of staffing strain.

Patient Acuity and Care Needs: Real-time patient acuity scores reflecting severity of psychiatric symptoms, risk of harm (to self or others), and need for one-to-one observation or restraint/seclusion protocols.

- Frequency and duration of safety observations (e.g., 15-minute checks, suicide watch).
- Number and types of behavioral escalations, including code grays, violent incidents, or medication refusals.

Patient Outcomes: Length of stay trends correlated to staffing levels.

- Incidence of adverse events related to inadequate care, such as medication errors, elopements, or physical injuries.
- Rates of readmission or crisis episodes post-discharge

Operational Impact of Staffing: Frequency of group therapy or therapeutic activity cancellations or reductions due to staffing shortages.

- Patient and employee satisfaction surveys focused on perceptions of safety, therapeutic engagement, and workload.
- Staff turnover rates and burnout indicators (e.g., sick days, exit interviews).

Documentation Compliance:

- Completeness and timeliness of nursing documentation, as incomplete records often indicate understaffing.

Perez, Nilda (Unverified) 11:46 AM

Q#3: Proposed adult metrics - bed count, acuity, patient risk score based on various factors, including age/chronic conditions/ disabilities (cognitive or physical) / medications (side effects such as falls, sedation)

Rousch, Jennifer (Unverified) 11:49 AM
Question 3-It is essential to examine patient satisfaction scores as well as outcomes data to see the positive, healing, safe, clinical, and therapeutic environment that exists in current multi-disciplinary acute psychiatric hospitals.

Dr Jennifer Rousch

Question 4

Cameron, Registered Nurse (Unverified) 11:50 AM
The main barrier to implementing nurse-to-patient ratios in Acute Psychiatric hospitals is chronic understaffing, driven by employers' refusal to offer competitive pay and benefits that support recruitment and retention. Employers often blame a nursing shortage for unsafe staffing, but the real issue is the lack of good jobs offering fair pay, benefits, and safe working conditions. We have enough licensed Registered Nurses, but not enough quality positions. Profit-driven motives prioritize cost-cutting over safe staffing, directly undermining patient care. Establishing and enforcing numeric ratios in Acute Psychiatric hospitals is a crucial first step to retaining both new and experienced nurses. Understaffing creates a vicious cycle: insufficient staff increase stress and danger for nurses, leading to burnout and high turnover, which worsens the staffing shortage. Another barrier is the lack of meaningful input from frontline staff. Acute Psychiatric hospitals must have formal forums where nurses and technicians can share their insights, since they understand patient needs best. We urge the California Department of Public health to require Acute Psychiatric hospitals to form safe staffing committees with equal representation from frontline workers and management. Finally, even where ratios exist, like in general acute care hospitals, employers often violate them without active California Department of Public health surveillance and enforcement. We urge the California Department of Public health to not only establish ratios but also implement strong enforcement mechanisms

Davis-Sterling, Adella@DSH-M (External) 11:51 AM
There are not enough allocated positions from organizations. Additionally, there are not enough applicants or schools preparing Psychiatric Technicians. The salary across facilities varies and at times not compatible with Med Surg facilities. The geographical areas make it difficult to recruit in some instances. Currently our organization uses a higher ratio to get the units staffed.

Karla Casas (External) 11:59 AM
There are hospitals that no longer hire Licensed Psychiatric Technician and Licensed Vocational Nurses. Only Registered Nurses. And psych Registered Nurses are one of the lowest paid specialties.

Minnick, Peggy (Unverified) 12:03 PM
Despite our lofty goals in actual experience there are many Registered Nurses who have no interest in providing direct patient care and we deal with this on a daily basis

Question 5

Cameron, Registered Nurse (Unverified) 12:07 PM
We support numeric nurse-to-patient ratios as a necessary step to improve care, patient safety, and regulatory oversight in Acute Psychiatric hospitals. However, as noted in the first stakeholder meeting, it's equally important to limit the number of patients assigned to non-licensed caregivers like mental health techs. Mental health is vital to the care team, and when overloaded, their inability to provide safe care undermines nursing work. We urge the California Department of Public health to require adequate staffing levels for these essential non- Registered Nurse staff as well.

Rousch, Jennifer (Unverified) 12:14 PM
It seems that the quality care provided through a multi-disciplinary team is being diminished. The collaborative, cohesive, positive, and safe environment that our patients thrive in is a team comprised of clinicians, Licensed Vocational Nurses, Licensed Psychiatric Technicians, Registered Nurses, social workers, and supportive floor staff.

Dr Jennifer Rousch

Bustamante, Nicole@California Department of Public Health 12:14 PM
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Kirsten Barlow (Unverified) 12:17 PM
Critical to point out that even the long-standing General Acute Care Hospital Psychiatric Unit regulations of 1:6 include more than Registered Nurses. Title 22, Sec 70217(a)(13) requires 1:6 to be met by Registered Nurse, Licensed Vocational Nurse and Psychiatric Technicians.

Steve Vanderpoel (Unverified) 12:17 PM
Thank you for the opportunity to speak today and for everything the Department is doing to support behavioral health in California.

Perez, Nilda (Unverified) 12:19 PM
Thank you!

Michelle Grisat (Unverified) 12:19 PM
Minimum nurse-to-patient ratios is one of many alternatives and solutions to achieve appropriate nurse staffing. The American Nurses Association (ANA) supports enforceable ratios as an essential approach to achieving appropriate nurse staffing.

Safe Nurse Staffing and Patient Outcomes | ANA
(https://www.nursingworld.org/practice-policy/nurse-staffing/)

12:19 PM Jang,Ji@California Department of Public Health stopped recording.

12:20 PM Meeting ended: 1h 37m 46s