

**Stakeholder Meeting for Acute Psychiatric Hospitals Regulations-
20250513_191952-Meeting Recording**

May 13, 2025, 11:00AM

1h 18m 53s

Driscoll, Chelsea@California Department of Public Health 11:00:49AM

Good morning, everyone.

Welcome to the California Department of Public Health Stakeholder Meeting for Acute Psychiatric Hospitals nurse to patient ratio regulations.

We'll wait a few more minutes for folks to log on, and then we'll go ahead and get started.

All right. I see that we have a good number of folks in the meeting now. So we can go ahead and get started.

Good morning.

My name is Chelsea Driscoll and I would like to thank you for joining us today.

We really appreciate your participation in the meeting and look forward to hearing your comments.

I wanted to share a little bit about how we're going to approach the meeting today and share also some housekeeping things.

So my staff and I will be monitoring the webinar and chat for today's meeting.

We have quite a few people on the call, so hopefully there won't be any technical difficulties, but if you're having issues with hearing, we recommend that you join using your phone because it has better sound quality and if you experience any technical difficulties, please let us know in the chat feature so that we can assist you.

I'd also like to let everyone know that this meeting is being recorded.

Braden.

Oparowski, Braden@California Department of Public Health 11:05:32AM

Yeah. So good morning, everyone.

Happy Tuesday.

Nice to meet with you all.

So we have all meeting attendees meeting at this time.

We will unmute individuals who have indicated they wish to make verbal comments

as the meeting progresses. If you wish to make a verbal comment, please use the raise your hand button at the top of your screen to indicate you wish to speak.

We will unmute individuals in the order in which these indications are made.

Once you are unmuted, please state your name and organization before you make a comment. Again, I ask, please state your name and organization before you start your comment.

You will each be given 3 minutes to provide your comment.

We will give you a warning at 30 seconds and a final warning at 10 seconds at the conclusion of three minutes.

Your microphone will be muted.

The purpose of holding each commenter to three minutes is to ensure that every willing participant has an opportunity to speak today.

Thank you for your understanding in this matter.

Alternatively, you can make a comment in writing using the chat function.

Once a written comment is received, it will be acknowledged. If you have additional input, and I can't stress this enough, please if you have additional input to provide after the meeting, we ask that you please send us your written comments in the e-mail at and we'll and staff please put this in the chat.

CHCQregulations@cdph.ca.gov.

We really, really do want your comments.

So please anything you have, please send them in to us.

We ask that we get all comments by May 20th, 2025, so that's a week from today.

Thank you very much, Chelsea.

Driscoll, Chelsea@California Department of Public Health 11:07:21AM

Ahead, OK.

Let's go ahead and talk a little bit about today's agenda.

First, we're going to be doing some introductions of our program representatives that are in attendance.

And then we'll talk a little bit about our goals for today and then we'll move right into our questions.

So for our program representatives, we have myself, Chelsea Driscoll and I am the

Public Policy and Prevention Division Chief.

We have Braden Oparowski, who is the Policy and Legislative Branch Chief.

We have Ji Jang, the Regulations Writing Unit Manager and we have Jonathan Araza-Phillips, who is the Regulation Analytics Unit Manager and then we have Kathy Leppanen, who is a Regulation Writer and Heather Olivares, who's a Regulation Writer.

So that's the team. Next slide please.

So we wanted to go over sort of our purpose for today.

Our objective is to receive stakeholder feedback for consideration during the development of our acute psychiatric hospital regulations. We're specifically focusing on, we are specifically focusing on staffing.

I would like to acknowledge that many of you have probably seen some media coverage related to different incidents that are occurring in acute psychiatric hospitals.

And because of some information, we learned as a result of those articles, that is why we have decided to prioritize this package and so, really what we are going to be doing here today is talking through some of the broader policy questions that we have. We really want to hear from you, you know, if there are questions that you have, we would ask that you raise those in another forum.

You may submit those to the Department in writing.

And as we move through the questions today, you know we may ask for some additional information as we're going through that.

Next slide please.

So with that, we will go ahead and move into the questions and I will kick it off to Kathy.

Leppanen, Kathy L@California Department of Public Health 11:09:55AM
OK.

Thank you, Chelsea.

So our first question is what is the method used by acute psychiatric hospitals to determine real time staffing needs?

And if you wish to make a verbal comment, please use the raise your hand button at the top of your screen to indicate you wish to speak.

We will allow you to unmute and then you may unmute yourself once you're

unmuted, please be sure to state your name and your organization. You can also type any comments that you have into the chat feature.

Bustamante, Nicole@California Department of Public Health 11:10:41AM

Hi Cameron, your mic is enabled, and you can go ahead and pose your question, but you'll have to unmute on your side first.

I don't see a full name. I just see Cameron slash Registered Nurse .

Did you have a question?

Oparowski, Braden@California Department of Public Health 11:11:20AM

So Cameron, your mic is open.

You have to click the unmute on your end and then you'll be able to speak.

Driscoll, Chelsea@California Department of Public Health 11:11:40AM

It seems like there might be some technical difficulties for Cameron, so maybe if we could move to the next person and maybe come back to Cameron later.

Bustamante, Nicole@California Department of Public Health 11:11:48AM

OK, sounds good.

So Michelle Grisat, your mic has been enabled. If you could unmute on your side, you'll be able to speak.

Michelle Grisat 11:12:00AM

Yes, I don't have a question. Good morning, I'm Michelle Grisat and I'm the National Director of Health Policy with the California Nurses Association, National Nurses United, and we represent over 100,000 registered nurses across California, including nurses who work at acute psychiatric hospitals.

Is this a time to comment or just to ask questions because I have comments.

Oparowski, Braden@California Department of Public Health 11:12:24AM

Please comment.

Michelle Grisat 11:12:25AM

Yes. So as you know, over 25 years ago, California Nurses Association

sponsored Assembly Bill 394.

Legislation that established that mandatory minimum nurse to patient ratios be established by regulation for both general acute care hospitals and acute psychiatric hospitals, and we thank California Department of Public Health and Cal HHS for having the stakeholder meeting and initiating this long overdue process of establishing staffing ratios at acute psychiatric hospitals

Regarding the question, we know how Acute Psychiatric Hospitals should determine real time staffing needs.

They should start with minimum registered nurse to patient ratios and include additional Registered Nurse based on patient's needs. But given the differences in staffing we've seen among Acute Psychiatric Hospitals, there doesn't appear to be a consistent method used to ensure a safe staffing baseline.

This is borne out by news reports of serious harm, demonstrating some Acute Psychiatric Hospitals are severely understaffed.

In contrast to Registered Nurse to patient, ratios would establish a minimum staffing standard that would apply to all Acute Psychiatric Hospitals. Some Acute Psychiatric Hospitals may use a patient classification system. However, we have seen in General Acute Care Hospitals that the Patient Care Services is often adjusted to conform to a budget rather than to patient acuity, and patient treatment needs.

So Patient Care Services simply cannot determine staffing needs alone.

It requires a Registered Nurse to directly assess each patient and determine their needs.

Even the best Patient Care Services cannot capture all relevant issues.

And it's always going to come down to the Registered Nurse's direct patient assessment.

So Registered Nurse patient assessment should always be the final decision making process for staffing needs.

And then finally, our Registered Nurse to patient ratios that set as staffing a minimum standard are necessary to protect both patients and staff in the Acute Psychiatric Hospitals inpatient setting.

Additional staff are then assigned based on patient needs and these minimums, protective standards, level the playing field so that every patient and family member can be assured of a safe staffing baseline in every Acute Psychiatric Hospitals

regardless of ownership type.

Thank you.

Bustamante, Nicole@California Department of Public Health 11:14:50AM

Thank you.

And now I'm going to enable Kristen Barlow.

Your mic is enabled.

Please unmute on your side and you can pose your question.

Kirsten Barlow 11:15:01AM

Good morning.

This is Kirsten Barlow.

I'm Vice President of Policy at the California Hospital Association.

Thank you so much for this opportunity to help provide our input on the variety of questions that you posted. Those were helpful to know exactly the kind of information that you're seeking. So as you may know, we represent more than 400 hospitals and health systems in Calif.

And that includes 32 freestanding acute psychiatric hospitals to which these new regulations would apply.

We also have 72 members who offer psychiatric care in a unit within a general acute care hospital.

Acute psychiatric hospitals play a really critical role in California's behavioral health continuum, and we know that there are major gaps in that continuum.

Nevertheless, we really are there to help stabilize people when they are the most acutely ill, have symptoms that put them at imminent risk of harming themselves, others or can't meet their own basic needs.

In terms of the method used, the prior speaker actually referred a bit to this every single acute psychiatric hospital in California does an assessment of patient needs in multiple ways.

Those assessments not only determine how many staff should be present, but also how frequently individual patients should be observed, such as every 15 minutes or more frequently.

So first of all, upon admission, every single patient receives a very thorough nursing assessment it can include up to 20 different things. Everything from that person's risk

of harm or aggression to their medical concerns, their strengths, needs goals.

They also receive a physical exam from physicians, psychiatric evaluation from psychiatrists and on and on.

Many different disciplines are brought to really within the first several hours of a patient entering hospital care.

Really thorough assessment is looked at.

We often also use evidence based tools.

In those assessments, we'll be providing you with the written comments that go into a little more detail.

About our answers here.

So beyond that initial assessment, every patient receives a face to face assessment from a Registered Nurse at each shift to determine their acuity level.

That's done several hours before the end of every eight or nine hours.

Sorry 8 or 12 hour shift in a hospital.

That tool really is used to assign a numerical waiting to a list of specific patient features or risks of every single patient in the care of the hospital. Once that patient is assessed.

Oparowski, Braden@California Department of Public Health 11:17:33AM

We have 30 seconds.

Kirsten Barlow 11:17:38AM

High acuity patients or even as a group folks, the numbers that are established using that tool will help determine whether the nursing staff and nurse leaders believe additional staff should be brought in that go beyond the minimum staff that are already there around the clock.

So in summary, those initial assessments, the shift assessments and then even just observation rounds that are done around the clock throughout a patient's care are all used to determine whether there are patients whose needs are so acute that perhaps additional staff need to be called into the hospital. Thank you.

And also just to encourage other members of our association to provide, you know, real world examples to augment what I'm sharing on a statewide basis.

Thank you.

Leppanen, Kathy L@California Department of Public Health 11:18:29AM

Thank you for your comments.

Bustamante, Nicole@California Department of Public Health 11:18:34AM

Thank you. And next we will go back to Cameron.

I am now.

Your mic is enabled.

You'll need to unmute on your side to speak.

Cameron, were you able to find your mic?

Unmute.

OK, it looks like they might still be having technical difficulties and there were no other raised hands at this time.

Cameron, Registered Nurse 11:19:19AM

Can you people hear me now?

Bustamante, Nicole@California Department of Public Health 11:19:20AM

Oh yes.

Oparowski, Braden@California Department of Public Health 11:19:21AM

There you go. Thank you.

Cameron, Registered Nurse 11:19:22AM

I'm. I'm so sorry. I've been struggling with my mic back here.

Bustamante, Nicole@California Department of Public Health 11:19:22AM

There you go.

Cameron, Registered Nurse 11:19:28AM

Good morning.

My name is Cameron Adams.

I'm a registered nurse in Sacramento Behavioral Healthcare Hospital.

I'm a proud member of the National Union of Healthcare Workers. Unlike my

counterparts on psychiatric units in general, acute care hospitals, my patient assignment at Sacramento Behavioral Hospital are not regulated by nurse to patient ratios.

They're at the discretion of my employer.

Typically we split about 20 patients between two nurses, meaning I'm awful often, responsible for 10 patients at a time.

When I'm working as a medication nurse, I can be responsible for medication passes for all 20 patients. These numbers don't always reflect the complexity of the psychiatric care, especially when you factor in the patients who are suicidal, psychotic or behaviorally aggressive.

With such large assignments, it's nearly impossible to complete everything we're expected to do on every shift in a timely, safe, and patient centered way.

Assignments and medication passes sometimes run late.

We have to rush through education of patients and their families.

We don't often have time to return calls from worried family members, and we're expected to safely manage combative and agitated patients without proper staff backup.

On more than one occasion, I've had to choose between documenting a patient incident and responding in real time to a behavioral crisis on the unit.

And that's not safe for anyone.

That's why my colleagues and I are asking for the Department of Public Health to step in and enforce clear, safe nurse to patient staff ratios.

One nurse to six adult patients and one nurse to four adolescent patients. I also urge, need urgently need for regulation on staffing levels for our unlicensed support staff who are critical to maintaining safe and equal care on the units, thank you for your time.

Leppanen, Kathy L@California Department of Public Health 11:21:28AM

Your comment.

OK. Do we have any other comments?

Oparowski, Braden@California Department of Public Health 11:21:44AM

There's no hands, so let's go to the next question.

Leppanen, Kathy L@California Department of Public Health 11:21:50AM

OK.

Our second question.

What is the minimum nurse to patient ratio needed for a unit that cares for adults?

Is the minimum staffing the same for every shift?

How should the other mental health workers be included in the nursing ratio?

Please explain.

As a reminder, if you wish to make a verbal comment, please use the raise your hand button at the top of your screen to indicate you wish to speak.

We will allow you to unmute and you may then unmute yourself once you are unmuted. Please state your name and organization.

You can also type your comment into the chat feature.

Bustamante, Nicole@California Department of Public Health 11:22:34AM

Thank you. At this time, I will unmute Vicki Bermudez. Your mic is enabled.

Please unmute on your side and ask your question.

Again, that's for Vicki Bermudez.

Your mic is enabled, but you will need to unmute on your side in order to speak.

OK, I will move on to the next person and go back to Vicki at the end.

I will again enable Michelle Grissett. Your mic is now enabled. If you unmute on your side.

Michelle Grisat 11:23:31AM

Hi, Michelle Grisat, California Nurses Association Health Policy Director.

Again, although our state should have issued ratios, nurse staffing ratios for Acute Psychiatric Hospitals promptly after Assembly Bill 394 went into effect, over 20 years ago, we're urging the Department to issue emergency regulations today establishing mandatory minimum Registered Nurse to patient ratios.

This is critical to ensuring all Californians can access high quality behavioral healthcare services and patients in the Acute Psychiatric Hospitals setting are entitled to staffing protections that at the very least mirror the staffing ratios and gaps to the fullest extent possible.

So for adult acute psych units, this means a registered nurse to patient ratio of at

least one to six at all times. While hospitals may claim that they won't be able to hire sufficient Registered Nurses to meet the one to six ratio, California current has over 500,000 registered nurses with active licenses and in comparison, to the 2004 implementation of the General Acute Care Hospital nurse to patient ratios, there were half as many Registered Nurse 's with active licenses.

None of the dire predictions made by hospitals over 20 years ago ever materialized. In fact, establishing numerical Registered Nurse to patient staffing ratios increases recruitment and retention, by minimizing the likelihood of moral injury caused by the daily distress of being unable to provide the care to vulnerable patients that nurses know is needed but are not always able to provide. Just as we heard from Cameron Adams.

This is critical not only for patients, but also for nurses and other staff to be safe in the workplace themselves. Without staffing standards that allow for safe therapeutic air interactions and care in the Acute Psychiatric Hospitals, recruitment and retention will always be a challenge.

Registered Nurse staffing ratios for Acute Psychiatric Hospitals will help create an environment that supports Registered Nurse recruitment and retention. Thank you.

Leppanen, Kathy L@California Department of Public Health 11:25:43AM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 11:25:46AM

OK. And I will now enable Kristen Barlow.

Your mic is enabled.

You'll need to unmute on your side.

Kirsten Barlow 11:25:58AM

I mentioned in the prior question we're preparing some detailed written comments and recommendations for the Department will certainly meet your requested deadline of the 20th to provide those details, but at a higher level for today really want to emphasize the importance of clinical best practice standards at the national level, which really acknowledge that it's an interdisciplinary team approach that makes for safe and effective care in a psychiatric hospital setting.

This is consistent with existing state and federal requirements that acknowledge not

only the important and critical role that nurses play, but also the role that physicians, psychiatrists, clinicians, social workers, mental health technician and technicians, and other workers play in ensuring that their adequate staff at all times when we are providing 24/7 care. So, from our perspective the minimum staffing requirements the Department is endeavoring to develop regulations around have to reflect that team-based approach and should include at a minimum, registered nurses, licensed vocational nurses, psychiatric technicians and mental health workers, which some hospitals call mental health technicians. We do believe that at least half of this team should be registered nurses or Licensed Vocational Nurses, and that Registered Nurses not only provide direct nursing care and patient assessments that we mentioned earlier, but they do oversee the direct care provided by that other staff team.

In addition to these minimum staffing levels, we want to make sure that it's clear that our existing state and federal requirements already ensure that we bring on additional staff that go beyond those minimums, right?

So individuals who might be really acutely ill or acutely suicidal, or sometimes observed on a one to one basis, so going far beyond that one to five or six example that were mentioned by other speakers.

Also want to make sure it's clear that while we're talking right now about minimum nursing care staff, hospital care for psychiatric patients far, far exceeds both of those skills and numbers.

Beyond that team that we've talked about so far, each patient in our care is seen daily by a whole host and range of other professionals that could be psychiatrists, physician, advanced practice nurses and Nurse Practitioners, psychologists, social workers, addiction therapists, dieticians, pharmacists, spiritual care providers and the list goes on and on.

So want to ensure that we understand that the scope of what you're looking at here is really minimum staffing, but acknowledge that there's a whole host of other professional individuals who are part of the care and treatment of patients while they're in our care. Thank you.

Oparowski, Braden@California Department of Public Health 11:28:33AM

Thanks.

Leppanen, Kathy L@California Department of Public Health 11:28:47AM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 11:28:51AM

Thank you. And next I will go back to Vicki.

Bermudez. Your mic is enabled, but you will still need to unmute on your side.

Again, Vicki, your mic is enabled, but in order to speak for us to hear you, you will need to unmute on your side.

Oparowski, Braden@California Department of Public Health 11:29:27AM

I'm not sure if it's helpful.

The microphone button should be on the top right-hand side of the screen.

Bustamante, Nicole@California Department of Public Health 11:29:40AM

So, Vicki, I see your comment.

You can speak now, but again you do need to unmute on your phone or on if you're.

OK, we can go back to Vicki.

We also have a comment from Peggy Minnick.

Your mic is now enabled, but you will need to unmute on your side to speak.

Minnick, Peggy 11:30:14AM

Yes, hello. My name is Peggy Minnick.

I'm with BHC Alhambra hospital.

I'm a registered nurse and I've been working in psychiatry my entire career, which is over 30 years. I wanted to just echo the previous comment about the importance of the multidisciplinary team and how the multidisciplinary team works daily on the units in acute psychiatric hospitals with patients.

We develop very, very active treatment programs which include groups run by qualified mental health professionals, social workers, licensed marriage and family therapists, and other qualified mental health professionals. I firmly believe that the that we must consider all of these things that this multidisciplinary team provides for the patients every day.

No registered nurse is alone on a unit providing patient care.

Thank you.

Leppanen, Kathy L@California Department of Public Health 11:31:23AM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 11:31:27AM

Thank you. And the next speaker, I do not have a name, but the last four digits of your phone number is 3543. Your mic is now enabled.

You will need to unmute first in order to speak.

OK, it looks like they might have.

Oh, no. Yes, go ahead.

The attendee with the last.

+19***43** 11:32:07AM

The interview, the live interview.

The live interview, the live interview, the live interviews for the live interviews for the live.

Bustamante, Nicole@California Department of Public Health 11:32:27AM

OK, it looks like that person might be having technical difficulties.

+19***43** 11:32:28AM

OK.

Bustamante, Nicole@California Department of Public Health 11:32:31AM

I will move on to the next.

And this is for Mike.

Last name starts with a Z, your mic is enabled.

You will need to unmute on your side.

Mike, did you have a question or a comment?

OK, I will move on to the next person.

And this is Cameron.

Your mic is now enabled.

Cameron.

OK.

I do have more speakers so I will move on to the next.

This is Andrew Lynch.

Your mic is enabled, but please know that you need to unmute on your side before we can hear you.

And again, this is for Andrew Lynch.

Andrew Lynch 11:34:12AM

OK.

Sorry about that.

Can you all hear me OK now?

Bustamante, Nicole@California Department of Public Health 11:34:14AM

Yes, yes.

Andrew Lynch 11:34:17AM

OK, great. Are you getting an echo or?

Bustamante, Nicole@California Department of Public Health 11:34:19AM

No, it sounds good.

Andrew Lynch 11:34:23AM

OK, great.

There we go.

I think we're set now.

So first I just wanted to say how grateful we are to the State of California for prioritizing behavioral health and addressing the State's epidemic. I'm from Acadia Healthcare.

We're honored to serve the highest acuity patients from all walks of life at some of the darkest and most challenging times in their lives.

I just wanted to echo what Kirsten and actually several others in the call have shared, and that is look we're not opposed to mandatory staffing ratios.

It's just essential that the staffing ratio design reflects the unique and robust multidisciplinary model that has been mainstream clinical practice in psychiatric hospitals for many years.

I think you know if you think about medical surgical hospitals, staffing ratios are and look they should be largely focused on nurse staffing ratios, the psychiatric hospital model is just different. You know, instead of treating patients with acute medical needs, you know stating the obvious, it's more focused on treating patients with high acute psychiatrically.

So, you know, think, yeah, in general, posing a danger to themselves or others. In this environment, the type of care that is needed is very different, and so you know includes, for example, 24-hour safety monitoring.

You know, we're talking every 15 minutes at minimum checks. You know, in both the patient's room and shared spaces, we're talking about psychiatric counseling individually in groups.

Medication management, but you know typically not quite as, maybe intense complexes on the medical side.

It's just different.

And so what we have, we and I think our peers have found to work really well over many years is this robust multidisciplinary care team model. And look, we'll share more detail on kind of thoughts on this.

And I know, Kristen, you know, promised to follow up with that additional detail. But I just wanted to chime in and agree with others that that multidisciplinary model is really important to patients.

Leppanen, Kathy L@California Department of Public Health 11:36:29AM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 11:36:33AM

Thank you Andrew. And I'll move on to the next person, which is Michael Serna. Your mic is now enabled, and you will need to still click unmute on your side before we can hear you.

Again, that was for Michael Serna, your mic has been enabled, but please unmute before you start speaking.

Michael Serna 11:37:03AM

Hi, can you hear me?

Bustamante, Nicole@California Department of Public Health 11:37:05AM

Yes.

Michael Serna 11:37:06AM

Hi.

Yeah. So, Dr Michael Serna and I'm Steve Vanderpool.

We're actually presenting together sitting next to me, but yeah, my name's Steve Vanderpool.

I'm the Chief Executive Officer of San Jose Behavioral Health and I just wanted to thank the Department today for everything they're doing to support behavioral health in California.

San Jose Behavioral Health is a provider of inpatient behavioral health services in Santa Clara County, and currently the only facility in the county offering inpatient psychiatric services for adolescents. And while other facilities in our community have closed their inpatient programs, we expanded our capacity to meet the growing and urgent need for high quality psychiatric care at San Jose behavioral health, we are honored to serve patients from all walks of life, at some of the darkest and most challenging times in our lives, our multidisciplinary team made-up of physicians, nurses, behavioral health associates, therapists, and social workers, is deeply committed to delivering high quality, compassionate care that transforms lives. This responsibility is one we take very seriously, and at this point I'd like to invite Doctor Serna to share a few words.

Thank you.

My name is Doctor Michael Serna, the medical director at San Jose Behavioral Health. And have been the medical director there since 2001.

I would just want to echo Steve's comments regarding the, you know, the importance of the multidisciplinary team and we utilize this team to meet daily to individualize the patient's care, not just from a nursing perspective, but from a psychotherapy perspective activity recreational therapeutic way as well as we, we meet daily as a multidisciplinary team to not just make sure there's individualized care, but also that

the milieu are managed. And I think, I do think, that it's really important to take into consideration the importance of an interdisciplinary team when treating mental health patients. And yeah, I just want to thank you for taking the opportunity to hear our thoughts on this. And you know, we'll continue to work daily to help support these patients and meet their psychiatric needs. Thank you.

Leppanen, Kathy L@California Department of Public Health 11:39:49AM

Thank you for your comments.

Bustamante, Nicole@California Department of Public Health 11:39:52AM

OK.

Thank you. And moving on to the next speaker, we have Dale.

Your mic is now enabled but remember you will still need to unmute on your side so we can hear you.

Dale 11:40:04AM

Hello, can you hear me?

Bustamante, Nicole@California Department of Public Health 11:40:05AM

Yes, perfectly.

Dale 11:40:07AM

Hello, my name is Dale Soriano and I have worked with behavioral healthcare for 28 years. For the past 19 years, I've worked as a mental health tech at Sutter Center for Psychiatry in Sacramento.

I'm also a member of the National Union of Healthcare Workers.

Mental health techs are well positioned to discuss the impacts of understaffing as we provide the minute-to-minute care for hospitalized behavioral health patients.

We do vitals, assist patients with activities of daily living, monitor patients who are at risk of falls or self-harm and support patients as they move through their daily treatment plan.

We work closely with the nursing staff and we welcome the enforcement of nurse to patient ratios of one to six on adult units. And one to four, on pediatric and adult subunits. We also want to encourage the California Department of Public Health to

institute strong regulations for staffing levels of non-nurse unlicensed personnel to address the widespread problem of understaffing support personnel, which is dangerous for both patients and workers. For example, at Sutter Center for Psychiatry, typically there are only two techs assigned to a unit, up to 23 patients. This is too many patients to both complete all the routine tasks we need to do each year and deal with new issues like an aggressive or even violent patient. So we urge the California Department of Public Health to ensure there are enough unlicensed support staff through a minimum ratio for mental health techs to patients. Staffing should also be based on acuity determinations that are continuously adjusted throughout the shift to account for the severity of patient symptoms. New admissions and staff leave the unit for meals and other breaks. And finally, mental health techs need a voice in staffing decisions through a safe staffing committee with equal representation from management and licensed and unlicensed frontline workers. My work, my co-workers and I believe that all patients deserve safe and effective care and hope that the California Department of Public Health will support us in this work. Thank you.

Leppanen, Kathy L@California Department of Public Health 11:42:15AM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 11:42:20AM

Thank you.

And we will go back to Vicki Bermudez.

Your mic has been enabled, but you will need to unmute on your side so we can hear you.

OK, if you can't verbally pose your question, we do invite you to put it into the chat.

And I will now move on to Mike Zauner.

I believe your Mike is enabled, but please unmute on your side so we can hear you.

Zauner, Mike 11:43:04AM Can you hear me? OK.

Good, good morning, everyone. My name is Mike Zauner.

I'm with Sierra Vista Hospital in Sacramento.

I want to reiterate comments of the prior speakers about the integrated treatment team approach, patient centered therapeutic approach that's provided in the acute

psychiatric hospitals. In addition to registered nurses, the integrated treatment team does include a number of licensed ambassadors, prepared social workers, certified activity therapists, licensed vocational nurses, licensed psychiatric technicians, registered dietitians, mental health technicians, even certified teachers and, of course, board certified board eligible psychiatrists. So the registered nurse does indeed have a key and central role in the care of a patient in an acute psychiatric hospital. But the role is heavily supported in the treatment model by other specialized disciplines, incorporating those additional specialized disciplines takes the staff to patient ratio much lower than what's being discussed in this call today. Thank you.

Leppanen, Kathy L@California Department of Public Health 11:44:18AM

Thank you for your comment.

Do we have any other comments?

Bustamante, Nicole@California Department of Public Health 11:44:31AM

Oops, I'm sorry I thought.

I didn't realize I was on mute.

I did enable Cameron's mic.

But again, you have to unmute on your side so we can hear you.

Again, that's for Cameron.

I believe his last name is Adam.

OK.

Those were the last. Whoops.

I'm sorry, we do have a couple more.

This again, I don't see a name, but the last four digits of the phone number is 3543.

Your mic is enabled, but you will need to unmute on your side so we can hear you.

Oh, I believe they just put down their hand.

I apologize for that.

We can go back to Michelle.

Your mic is enabled.

Michelle Grisat 11:45:47AM

Yes, Michelle Grisat, California Nurses Association.

And I do want to acknowledge the important role of other staff members on the team.

I think that there should definitely be consideration as the person from National Union of Health Workers, put forward, that separate and additional staffing measures be adopted for other non-nursing staff. However, Assembly Bill 394 in the emergency rule making that we're considering now is about nurse staffing.

So I would encourage you now, California Department of Public Health to please add additional staffing requirements for those important.

Psych tech and mental health personnel and Licensed Vocational Nurses and we acknowledge you know how important it is for us to be able to interact with other licensed healthcare professionals, including psychiatrists, psychologists and social workers.

So thank you.

Leppanen, Kathy L@California Department of Public Health 11:47:00AM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 11:47:05AM

And it looks like maybe Vicki and Cameron were able to put their comments or question in the chat. So, I will go ahead and lower their hands at this time.

Leppanen, Kathy L@California Department of Public Health 11:47:19AM

Thank you, Nicole.

So it appears we have no further comments for this question.

We can move to the next one.

Question #3.

Is there a need for different staffing levels depending on the age of patients such as children or adolescents?

How should other mental health workers be included in the nursing ratio?

Please explain.

And again, if you wish to make a verbal comment, please use the raise your hand button at the top of your screen.

We will allow you to unmute and then you may unmute yourself once you're unmuted. Please be sure to state your name and the organization and you can also type your comment into the chat feature.

Bustamante, Nicole@California Department of Public Health 11:48:08AM

OK, Michelle, your mic is enabled.

Michelle Grisat 11:48:15AM

OK.

So this is Michelle Grisat, again with California Nurses Association and as stated by the person from National Union of Health Workers, I'm sorry I didn't get your name. We do also believe that there should be a minimum Registered Nurse to patient ratio in the pediatric and adolescent settings of one to four.

And this is critical because children and adolescents in an inpatient.

psych unit requires Registered Nurses, who are proficient in understanding both our psychiatric and developmental needs.

And importantly, children and adolescents especially need trauma informed care.

This means there must be sufficient Registered Nurse staffing for Registered Nurses to monitor and recognize situations that may result in re-traumatization, such as aggressive behavior from other patients.

Nurses must be able to respond in such cases with therapeutic interventions to protect young patients as they learn to control emotions and behaviors.

So safe staffing levels must ensure that our ends are able to conduct ongoing assessments of patients.

Not just the initial assessment and I know that the person from California Hospital Association did acknowledge that there needed to be ongoing a patient assessments regularly and regular observations.

The nursing process requires that registered nurses assess each patient, synthesize their findings, communicate that information to other members of the care team, and then to provide care and plan activities that are appropriate to the age and mental health status of the child or adolescents.

And this requires regular patient interactions, and it also requires a high degree of clinical skill to assess a patient's functioning in a variety of situations and create a nursing plan that includes the appropriate nursing and mental health staff.

Importantly, again, that patient care plans requires collaboration with other licensed professionals, especially psychiatrists, psychologists and social workers.

The Registered Nurse must also be aware of the ways that psychoactive drugs may

affect children and adolescents, which may differ from adults, and I do believe that strict medication monitoring and organization believes is important in the acute psychiatric setting as well as in a General Acute Care Hospital.

So, I don't think there should be a distinction made between the two.

Oparowski, Braden@California Department of Public Health 11:50:53AM

You have 30 seconds.

Michelle Grisat 11:50:58AM

Yeah. And just as you know, young patients who are in a psychiatric setting have needs that exceed those of adults in order to provide that environment.

Adolescents are at higher risk for attempted suicide and tragically have a higher attempted and completed suicide rate.

Thank you so much.

Bustamante, Nicole@California Department of Public Health 11:51:23AM

Thank you and.

Oparowski, Braden@California Department of Public Health 11:51:25AM

Can we before we go to next comment, Chelsea, did you want to jump in real quick?

Driscoll, Chelsea@California Department of Public Health 11:51:32AM

Yeah. I just want to acknowledge that we are close to the 12:00 hour, but we are only about halfway through our questions.

So for those of you that are able to stay on with us, we plan to continue until we are able to make it all the way through all of our questions today.

So just wanted to let folks know that we do plan on finishing our agenda today.

And then I will go ahead and let the next person who is waiting to make a comment.

Go ahead and do so.

Bustamante, Nicole@California Department of Public Health 11:52:07AM

Thank you.

And Kristen, your mic has been enabled.
Please unmute before speaking. Thank you.

Kirsten Barlow 11:52:14AM

Thanks again, Kirsten Barlow at the California Hospital Association. We do believe that minimum staffing levels should be and already are currently in practice, even without these regulations in effect.

More robust for units that treat children and adolescents, and I think prior speakers did a great job of articulating why young people need additional adult guidance and supervision.

Don't quite have the impulse control.

And really do need additional support.

And more supportive of a different, a different ratio being set, but would want to reinforce again that that we really want to see these regulations focus on the team based model.

Understand that again, Registered Nurses play an extremely important role, but focusing only on registered nurses and the creation of these staffing requirements would really not only ignore the care and needs of the population we treat, but doesn't acknowledge that even the existing Title 22 regulations for psych units in general, acute care hospitals include psychiatric technicians and Licensed Vocational Nurses. Our existing requirements to have Lanterman-Petris-Short Act designation to treat involuntary patients; acknowledge the role of other folks who need to be a part of our minimum staff team as well. So again, here we believe the composition of the minimum staff that you're contemplating regulations here should include at least Registered Nurses license locations, vocational nurses, psychiatric technicians and mental health workers. At least half of this team, though, should be registered nurses or licensed vocational nurses. Thank you.

Leppanen, Kathy L@California Department of Public Health 11:53:55AM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 11:54:00AM

OK, we have no more raised hands at this time.

Leppanen, Kathy L@California Department of Public Health 11:54:05hAM

Thank you.

Hmm.

So it appears we have no further comments for this question.

Oparowski, Braden@California Department of Public Health 11:54:17AM

We just got one.

Bustamante, Nicole@California Department of Public Health 11:54:20AM

Oops, sorry.

Yes, I see.

Yosra, your mic has been enabled.

Please unmute before you start speaking.

El-Menshawi, Yosra 11:54:32AM

Hi there, Nicole, can you hear me?

Bustamante, Nicole@California Department of Public Health 11:54:34AM

Yes, we can hear you.

El-Menshawi, Yosra 11:54:36AM

OK, excellent. Thank you, guys, for providing this opportunity.

My name is Dr El-Menshawi

I'm a child and adolescent psychiatrist in the current medical director of the only adolescent inpatient unit in San Francisco County.

To echo some of the comments made by prior commenters, I think it's very vital to visit and revisit the staffing ratios as it comes to comparing adults versus children and adolescent care with Registered Nurses as well as with the general larger multidisciplinary team.

I think when we take a look at the continuum of care and the role that we provide as an inpatient unit and inpatient treatment, what is expected and the way that we can best serve the community at large and other levels of care is for us to be able to do the more intensive work. And for us to do the more intensive work, we have to

require the staff available and have staff that can help us do that when working with children and adolescents who are working with multiple agencies, not only stakeholders you're working with the children. You're working with their families. Ideally, you're collaborating with outpatient providers with Child Protective Services, at times with the schools in order to be able to do what you have to have essential multidisciplinary team members to do those vital roles as well as nurses and understanding, I think developmentally the challenges and the extra needs that are required for adolescents and what that requires of the nursing staff.

We've seen a significant number of challenges that arise when you have limited staffing availability. It creates a vulnerability for the kids, it creates vulnerability for the staff. And I really appreciate that you guys are looking at this and taking this matter seriously. And I think to echo what other people have said, really looking to create more standardized expectations of ratios for other vital multi-disciplinary team members.

Thank you for your time.

Leppanen, Kathy L@California Department of Public Health 11:56:58AM

Thank you for your comment.

Do we have any other comments?

Bustamante, Nicole@California Department of Public Health 11:57:04AM

OK.

Oparowski, Braden@California Department of Public Health 11:57:08AM

I think we're good to go to the next question.

Leppanen, Kathy L@California Department of Public Health 11:57:11AM

Thank you.

Question #4.

Which factors are considered when determining additional staffing requirements above the minimum ratios?

Do you include the following?

A. Patient acuity, for example, risk of harm to self or others?

B. The results of an environmental risk assessment completed to ensure the patient

receives care in a safe setting pursuant to the Code of Federal Regulations, Section 482.13, C 2.

C. The need for active clinical care, including assessment, treatment and discharge planning.

If you wish to make a verbal comment, please use the raise your hand button at the top of your screen to indicate you wish to speak.

We will allow you to unmute and then you may unmute yourself once you are unmuted. Please state your name and organization.

You can also type your comment into the chat feature.

Bustamante, Nicole@California Department of Public Health 11:58:11AM

Thank you, Michelle.

Your mic has been enabled.

Michelle Grisat 11:58:19AM

Michelle Grisat, National Director of Health Policy for California Nurses Association.

All the consideration listed by California Department of Public Health are important in determining additional staffing requirements above the minimum ratios. However, additional staffing is always going to come down to the Registered Nurses direct assessment of each patient on the unit. The registered nurse patient assessment should be the basis for the final decision making. On staffing needs above the minimum ratio, the Registered Nurse is responsible for developing the psychiatric nursing care plan of care and identifying discharge teaching needs for the patient and family in collaboration with other mental health professionals, the patient or their designated representative. Registered Nurses are also responsible for ensuring patient's rights to information about their health status, involvement in care planning and treatment, and their request to request or refuse treatment.

As a legislature declared in 1999, the principles of staffing in the acute care setting should be on the patient, based on the patient's care needs, the severity of condition, services needed and complexity surrounding those services.

Importantly, factors that require intensive care and monitoring include the patient's ability to self-care in relation to their acute mental health crisis, as well as a risk of harm to self for others.

And as we know, the Los Angeles Times database of A Acute Psychiatric Hospitals

deaths from 2009 to 2021 shows that out of 100 deaths, more than fifty were suicides.

State investigators found that the suicides generally resulted from a failure by hospital staff to appropriately monitor or treat patients suicide in the inpatient setting is a never event.

It's preventable and it results from errors that should never happen.

The Health and Safety Code, as established by Assembly Bill 394 instructs California Department of Public Health to consider "Special needs of the patient served in the psychiatric units."

When adopting Registered Nurse to patient ratios. In 2009, a patient, who was supposed to be monitored at all times, died in an Acute Psychiatric Hospitals in Costa Mesa by hanging himself with a T-shirt.

Again, these are never events that should be preventable and are generally caused by errors and understaffing that should never happen. In the same hospital that fails to find the closely monitor patient who was assaulted by another patient while the staff was distracted by other activities in the same facility

Oparowski, Braden@California Department of Public Health 12:00:54PM

You have 30 seconds.

Michelle Grisat 12:00:55PM

These incidents illustrate the importance of recognizing patient acuity in an inpatient setting that includes risk of health of harm to self and others.

Thank you.

Leppanen, Kathy L@California Department of Public Health 12:01:18PM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 12:01:22PM

Thank you.

And Kirsten, your mic has been enabled.

Kirsten Barlow 12:01:30PM

Thank you.

And again, Kirsten Barlow with the California Hospital Association.

We'll be providing detailed comments around each of these items in our written comments to you, but I think the general answer is yes, all three of those examples and more are used in determining how to staff appropriately.

Sadly, you know, the Joint Commission has even pointed out in its goal for psychiatric inpatient hospitals that the reason that it's so important for them to take steps to reduce the risk for suicide is that sadly, suicide while in a fully staffed round the clock care setting is unfortunately a type of sentinel event that can occur because of the high risk this patient population presents.

And I wanted to kind of just go back again to mention that there are acuity staffing tools that every hospital is currently using and does use that help guide not only the frequency of patient observation, but also whether there need to be recommendations to bring additional staff from on-call lists, for example to into the hospital.

Some of those high acuity patient features would certainly include individuals who are at high risk of suicide, patients who might need more help than others with just self-care or feeding patients who are starting a new medication or individuals who may be during the past shift had several acute crises that needed to be deescalated with and again, of course the nurses are making recommendations on the staffing model and are doing those assessments at each shift.

But in addition to those individuals, really anyone who's on the patient care team, everyone from the licensed professionals to the mental health workers who are really present and side by side with patients every day throughout their day, are there to observe any behavior or appearance changes and make those reports immediate so that an around the clock basis changes to staffing or individual staff to patient observation frequency can be immediately enacted when needed to keep patients safe.

Thank you.

Leppanen, Kathy L@California Department of Public Health 12:03:52PM

Thank you for your comment.

Do we have any other comments?

Oparowski, Braden@California Department of Public Health 12:04:05PM

No comment at this time.

Last call for this question.

When once going twice, OK, let's move to the next one.

Leppanen, Kathy L@California Department of Public Health 12:04:17PM

Question #5.

General Acute Care Hospitals have a process wherein a committee reviews and validates the system used to determine staffing requirements at least annually.

Should acute psychiatric hospitals have a similar process?

Please explain.

If you wish to make a verbal comment, please use the raise your hand button at the top of your screen to indicate you wish to speak.

We will allow you to unmute and you may then unmute yourself once unmuted.

Please state your name and organization. You can also type your comment into the chat feature.

Bustamante, Nicole@California Department of Public Health 12:04:54PM

Thank you.

And Kirsten, your mic has been enabled.

Kirsten Barlow 12:05:01PM

Thank you, Kirsten Barlow .

Make this one quick.

The Hospital Association is supportive of this suggestion.

In fact, currently all hospitals have staffing plans that are reevaluated at least every year for any changes that are needed based on the clinical needs of the patients who are presenting to their hospital, changes that they might have made to programming. And based on the input of their staff, so we would support this recommendation.

Leppanen, Kathy L@California Department of Public Health 12:05:29PM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 12:05:33PM

Thank you.

And Michelle, your mic has been enabled.

Michelle Grisat 1:05:40

Michelle Grisat with California Nurses Association again.

Minimum numerical Registered Nurse to patient ratios that are in effect at all times must be the baseline requirement for any nurse staffing standard.

And the Registered Nurse patient assessment and of each patient and their needs should be the basis for the final decision making on patient staffing needs for additional staffing above the minimum ratio.

So even the best patient classification system cannot capture all relevant issues that are identified through the direct patient, direct assessment and professional judgment of the registered nurse and inform staffing needs above the minimum ratio. At best a Patient Care Services is based on estimates of a generic patient and not on the actual patients in an Acute Psychiatric Hospitals.

Just as in General Acute Care Hospital at least half of the members of any Patient Care Services review committee must be registered nurses who provide direct patient care.

This is important because direct care registered nurses are responsible 24 hours a day for developing and implementing the psychiatric nursing plan.

Moreover, direct care registered nurses have a licensing mandate to advocate for the patients under their care and do not have the conflicts of interests that management may have, particularly in Acute Psychiatric Hospitals that are owned by private equity. Staffing should be based on patients' needs, not driven by management bonuses, tied to net revenue.

Thank you.

Leppanen, Kathy L@California Department of Public Health 12:07:17PM

Thank you for your comment.

Do we have any other comments?

Oparowski, Braden@California Department of Public Health 12:07:29PM

There are no comments during last call for Question 5.

All right, let's move on to the equipment 6.

Leppanen, Kathy L@California Department of Public Health 12:07:42PM

OK.

Question 6.

Do you have any further recommendations for the department to consider when drafting acute psychiatric hospital nurse to patient ratio regulations?

If you wish to make a verbal comment, please use the raise your hand button at the top of your screen to indicate you wish to speak.

We will allow you to unmute and you may then unmute yourself once you are unmuted. Please state your name and organization.

You can also type your comment into the chat feature.

Bustamante, Nicole@California Department of Public Health 12:08:12PM

OK. And Vicki Bermudez, your mic is enabled.

You will need to unmute on your side so we can hear you.

I believe if you're in the app you should see a mic button on the upper right-hand screen.

Vicki Bermudez R.N. 12:08:38PM

Can you hear me now?

Can you hear me now?

Bustamante, Nicole@California Department of Public Health 12:08:39PM

Yes.

Vicki Bermudez R.N. 12:08:41PM

Oh, I'm. I'm sorry for the technical problems that I've been having.

But I think I figured it out now.

You know Vicki Bermudez.

I'm a registered nurse policy consultant on behalf of the California Nurses Association.

The risk of admitting youth to a general acute psychiatric ward has been well recognized.

However, there are no regulatory protections regarding the admission of use to acute

psychiatric hospitals.

The current Acute Psychiatric Hospitals regulation has failed to require separate units for children and for adolescents, leaving these patients vulnerable to assault and other harms.

Acute Psychiatric Hospitals should have separate units for children, adolescents and adults. In contrast, Joint Commission has supplemental service requirements for pediatric units, when a hospital has more than eight beds licensed to care for young patients.

These regulations include general age parameters for admission to the pediatric unit Acute Psychiatric Hospitals.

Pediatric unit Acute Psychiatric Hospitals should have similar protections for young patients, although the Health and Safety Code's ratio statute does not address the need for these protections.

California Department of Public Health can use its authority to adopt standards that protect children and adolescents by ensuring that each age group has its own units separate from each other and from adults.

This is an important step in preventing children and adolescents from being re-traumatized in the acute inpatient setting.

Additionally, adolescents present unique challenges not only because of their near adult size and strength, but also because of the special role that pure relationships play in this age group.

A key constituent of the therapeutic milieu for adolescents is the opportunity for social interaction with peers within communal areas, such as in school community meetings and during specific group activities.

Developmental theory recognizes adolescents increasingly value their care relationships over and above other key relationships in their lives.

Neuroscientific investigations have found that adolescents in a time of particular adolescence is a time of particular brain sensitivity to social environmental cues, social signals can motivate certain behavior patterns and have a major impact on the adolescent's life course.

In fact, one study showed that the relationships that were established with peers on the unit predicted a better outcome at discharge.

In sum, there is ample evidence that children, adolescents and adults should each have their own units. Thank you.

Leppanen, Kathy L@California Department of Public Health 12:11:19PM

Thank you for your comment.

Bustamante, Nicole@California Department of Public Health 12:11:23PM

Thank you. And next, Kirsten, your mic has been enabled.

Please unmute to speak.

Kirsten Barlow 12:11:32PM

Thank you. Kirsten Barlow with the California Hospital Association.

Just a few.

A few additional thoughts to share.

Again, we do urge California Department of Public Health to view the patient ratio regulations you're developing within the broader context in which we're operating and consider some of the other important strategies that hospitals employ to ensure patients are always safe.

Again, the raw numbers of nurses and other staff aren't the only or even sometimes primary driver of whether a hospital is providing a safe environment and effective treatment. We put together multidisciplinary teams that contain the right mix of experienced and empathic individuals who can contribute their unique training and professional expertise to patient care.

We also have non-personnel driven means that many hospitals are utilizing something mentioned earlier is ensuring that we're providing a safe and healing environment of care.

That's really just looking at the physical environment to make sure we don't have any features or objects at all that could pose at risk, patients risk to harming themselves or others.

Many hospitals are now implementing technological solutions to improve patient safety, but also staff accountability.

Examples of that include electronic rounding systems.

One example of that is ObservSMART, where you're using geolocation to ensure that the staff who are rounding on patients are actually doing so at the required time intervals.

Many hospitals are now using electronic tablets or iPads as well, rather than paper,

so that there's real time input on the timing of when staff have observed patients and if a patient's preprogrammed observation time of, let's say every five or 15 minutes is delayed and alert sounds and supervisors are immediately notified.

Again, thank you for this opportunity to share our verbal comments and we look forward to providing you our written recommendations by May 20th.

Leppanen, Kathy L@California Department of Public Health 12:13:28PM

Thank you for your comment.

Do we have any other comments?

Oparowski, Braden@California Department of Public Health 12:13:39PM

No other comments in the queue.

Last chance for number six.

Remember, hit the raise your hand button.

Oh, we got one more.

Bustamante, Nicole@California Department of Public Health 12:13:53PM

Michelle, your mic has been enabled.

Michelle Grisat 12:13:57PM

Have a question about the availability of the recording and the transcript for this meeting.

Is that going?

When and how can we access it?

Driscoll, Chelsea@California Department of Public Health 12:14:18PM

I would say that if you're interested in that, if you could submit a Public Records Act request, that would be appreciated.

We can look into other options to make it more available.

But yeah, I would definitely start with the Public Records Act request.

Michelle Grisat 12:14:41PM

Thank you.

Leppanen, Kathy L@California Department of Public Health 12:14:50PM

Looks like Vicki has her hand up.

Bustamante, Nicole@California Department of Public Health 12:14:56PM

Yep. Thank you, Vicki.

You're mic has been enabled.

Vicki Bermudez R.N. 12:15:05PM

Hi I was also hoping that any of the comments that are submitted can be posted on the California Department of Public Health website.

Thank you.

Leppanen, Kathy L@California Department of Public Health 12:15:30PM

Thank you.

Oparowski, Braden@California Department of Public Health 12:15:35PM

Thank you both for that feedback.

Any other responses to question 6?

OK.

Let's move on to question 7.

Driscoll, Chelsea@California Department of Public Health 12:15:52PM

Yep, I was going to say I don't think we have a question 7.

Oparowski, Braden@California Department of Public Health 12:15:56PM

You're right.

We are done.

Leppanen, Kathy L@California Department of Public Health 12:15:57PM

Wow.

Driscoll, Chelsea@California Department of Public Health 12:15:59PM

So our next steps, so all of our written and verbal stakeholder comments are going to

be reviewed and considered.

The department plans to host another stakeholder meeting in early June.

We'll be sharing more about that meeting in the future.

Also wanted to remind you all that we will be accepting written comments until May 20th and please submit those to our e-mail address.

California Department of Public Health regulations@cdph.ca.gov.

And so look forward to receiving all of your comments.

We really appreciate you taking the time to participate in this conversation today.

I think we've gained some really valuable information and look forward to further discussion.

So with that, thank you all for joining us today.

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