

Acute Psychiatric Hospital Stakeholder Meeting Transcript

June 11, 2025, 11:00AM

Driscoll, Chelsea@California Department of Public Health 0:45

Welcome to the California Department of Public Health stakeholder engagement meeting for acute psychiatric hospital nurse to patient ratio regulations.

We're going to wait a few more minutes while additional people are joining, and then we'll go ahead and get started.

OK, thank you. Have a nice day. So, we'll go ahead and get started.

Good morning. My name is Chelsea Driscoll and I would like to thank you again for joining us for today's stakeholder engagement meeting. We really appreciate your participation and look forward to hearing your comments. Before we dive in, I think we will go over the meeting format and some general housekeeping information. My staff and I will be monitoring the webinar and chat for today's meeting. We have quite a few people on today's call, so hopefully we won't have any technical issues, but if we do, we will try to resolve them as soon as possible and make sure that everybody is able to share their comments.

Oparowski, Braden@California Department of Public Health 4:49

Good morning, everyone. Thank you for joining us. Before we get started, I would like to remind everyone that we are recording today's webinar. If you are having issues hearing the meeting, it might be better to call in using your phone as you might be a better sound quality that way if you are having any other technical difficulties, please let us know in the chat feature and we will assist you right away. We have all meeting attendees muted at this time. We will unmute individuals who have indicated that they wish to make a verbal comment 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 order in which these indications are made, once you are unmuted, please state your name and organization before you make your comment.

Again, please state your name and organization before you make your comment.

You will each have 3 minutes to provide your comment. We will give you a warning in 30 seconds and a final warning in 10 seconds at the conclusion of three minutes, your microphone will be muted. The purpose of holding each commentator to three minutes is to ensure that every willing participant on the call today has an opportunity to speak. Thank you for your understanding on this matter. Alternatively, you can make a comment in writing using the chat function. Once the written comment is received, it will be acknowledged. All verbal and written comments are treated equally. Not one is given more precedent, so please feel free to use the chat function

if that's easier. If you have additional input to provide after the meeting, attendees are invited to provide written comments by emailing:

CHCQregulations.@cdph.ca.gov.

And we'll put the e-mail address in the chat and it will be on the slide later in the stakeholder meeting as well. Well, we would like to have written comments no later than June 16th. That's Monday, so please highly encourage everyone to submit written comments. They are great help to us and drafting these regulations, but please by June 16th.

Chelsea, back to you.

Driscoll, Chelsea@California Department of Public Health 7:08

Thanks, Braden. Let's start with a quick review of today's agenda like the first hearings, we're gonna do some introductions, and then we're gonna talk about our objectives. We will go through a series of questions that were previously shared as an attachment to the all facility announcing the meeting and then we will talk about our next steps. You can make any comments that you have verbally or inciting through your chat.

With that, I will share that in attendance for the Center for Health Care Quality. We have myself, Chelsea Driscoll. I am the public policy and prevention division chief. We have Braden Oparowski, who is our public policy and legislative branch manager. We have Ji Jang, who is our regulations writing unit manager. Kathy Leppanen and Heather Olivares, which are our regulation writers.

So now I would like to pass it over to Kathy and she will start sharing our objective and our questions.

Leppanen, Kathy L@California Department of Public Health 8:32

Thank you, Chelsea. The objective of today's meeting is to receive stakeholder feedback for the department to consider during development of acute psychiatric hospital regulations. Could you advance the slide? Our first question is from stakeholders provided comments recommending a one to six nurse to patient ratio for adult patients and a one to four nurse to patient ratio for pediatric or adolescent patients. What specific patient needs justify a different ratio based solely on age? 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 enable your mic and you may then unmute yourself. Once unmuted, please state your name and organization. And as a reminder, at 2 1/2 minutes you will be given notice that there are 30 seconds left and at another 10 seconds before we disable your microphone. You can also type your comment into the chat feature. Now I'd like to pass it over to Nicole and she'll be calling on individuals with their hands raised.

Bustamante, Nicole@California Department of Public Health 9:49

Thank you, Kathy. And again, just a reminder that speakers, you must unmute your device before you speak, and if you're calling in from the teams app or the web browser, you can click on the microphone icon towards the upper right hand corner. Or if you are calling in through a phone a cell phone, you can use your phone's mute or unmute button or by pressing *6. If you do experience any technical difficulties unmuting. We invite you to share your comment through the team's chat. So right now, we have our first speaker. Karla, you have been unmuted so you can go ahead and unmute on your phone to speak.

Karla Casas 10:35

Good morning, I'm Karla Casas. I've been a registered nurse at John Muir Behavioral Health Center and Acute Care Psychiatric Hospital in Contra Costa, Concord, CA for seven years. I have worked in the adult pediatric and adolescent unit in acute psychiatric settings. Safe staffing levels must ensure that Registered Nurses are able to conduct the initial assessment and frequent ongoing patient assessments. In practice, this means that as part of the nursing process, I must assess each and every patient. Synthesize my findings and communicate the information in collaboration with the other members of the staff, the need for ongoing patient assessments is especially important for pediatric and adolescent patients. Children and adolescents require trauma informed care that is appropriate for their developmental needs. Additionally, safe staffing levels must ensure Registered Nurses are able to monitor and recognize situations that may result in traumatization due to the aggressive behavior from patients who may have poor impulse control. Nurses must be able to respond in such cases with therapeutic intervention to protect young patients as they learn to control emotions and behaviors. Pediatric and adolescent patients are also at higher risk of suicide and attempted suicide. In practice, this means that Registered Nurse's must regulate patient interactions to foster and closely monitor patients to prevent self-harm and suicide. Suicide should never happen in acute psychiatric hospitals. Additionally, increased pediatric staffing is needed because some pediatric patients may also have developmental or psychological care needs related to their age. In addition to the acute psychiatric reason for their hospitalization simply put, Registered Nurse staffing that ensures safe and therapeutic care is critical in acute psychiatric hospitals for pediatric and adolescent units to keep both patients and staff safe and to provide the therapeutic setting for healing. Pediatric patients need more attention and have often experienced trauma building rapport with the child or adolescent taking more time. They want to talk and be listened to and feel they're being heard.

They're also far more impulsive than adults and need a lot more observation. I also work with the family unit and explain to them what is going on and what they can expect as well as answer all their questions, which requires a lot of time to close. This is why California Department of Public Health must ensure that pediatric and adolescent patients in acute psychiatric hospitals receive the same standard of care. As pediatric and adolescent patients in general, acute care hospitals with minimum Registered Nurse specific nurse to patient ratios for no more than four patients assigned to a Registered Nurse. Thank you very much.

Bustamante, Nicole@California Department of Public Health 12:51

Thank you for your comment. And next we have Mark Rodriguez. Your mic has been enabled. Please unmute to speak.

Rodriguez, Mark 13:06

So that was great. What she just said all of that. Also, in the chat there's some good information, but I'd like to add is that in Title 22. They don't really specify adolescents, so a lot of management really pushes for the 1 to 6 for all psych patients. So, among that once again, adolescents have higher acuity amongst other psych patients mainly because they're mental health needs changed as it goes. And someone diagnosed an adolescent care isn't actually fully diagnosed until they're an adult. So, their needs are constantly changing and constantly evolving. And so, the need for a higher nurse to facilitate is essential. We're also considered a specialty unit as well. Everybody has been so succinct with their message. You know, I think that's all I really need to at this point.

Bustamante, Nicole@California Department of Public Health 14:14

Thank you for your comments. And next we have Victoria Bermudez. Your mic has been enabled. Please unmute to speak.

Victoria Bermudez 14:26

Good morning. I'm Vicky Bermudez, registered nurse and policy consultant with the California Nurses Association. As California Nurses Association has mentioned in previous comments to California Department of Public Health, we support a one to six registered nurse to patient ratio for acute adult patients and 1 to 4 for pediatric or adolescent patients.

This is a maximum number of patients that should be assigned in line with the numerical staffing ratio for general acute care hospitals or General Acute Care Hospitals. Ratios with a lower minimum, lower maximum patient assignment should be established depending on patient acuity. Pediatric and adolescent patients and Acute Psychiatric Hospitals should receive competent therapeutic care in a safe

environment as well as a same standard of care as acute psychiatric patients in General Acute Care Hospitals. Under Title 22, the minimum nurse to patient ratio for pediatric unit in General Acute Care Hospitals is 1 to 4 and is specific to Registered Nurses. The Acute Psychiatric Hospital ratio should match this for children and teens. Importantly, pediatric and adolescent units require sufficient registered nurse staffing so that nurses can closely monitor and continuously assess patients for both their developmental and special psychiatric needs. Registered Nurses must have a regular patient interactions to provide patients with trauma, informed care and therapeutic interventions to prevent retraumatization and suicide. The status quo in Acute Psychiatric Hospital is failing pediatric and adolescent patients. The San Francisco Chronicle's investigation of an acute psychiatric hospital in the Bay Area found that patients in a designated adolescent unit died by suicide and were sexually assaulted because of the hospital did not employ enough staff to provide safe patient care. California Department of Public Health's registered nurse staffing ratios must improve the staffing for adolescents and children, not codify the current, woefully inadequate staffing levels.

Finally, it's important to underscore the role of the registered nurse and the nursing assessment, which only a Registered Nurse can conduct under existing health and safety code. Minimum nurse to patient ratios and General Acute Care Hospitals and Acute Psychiatric Hospitals and specialty hospitals must be numerical and specific to Registered Nurses. The law makes this clear by prohibiting hospitals from assigning unlicensed assistive personnel to perform nursing functions. Ratios must also be implemented in accordance with hospitalizing requirements and registered nurse scope of practice regulations, which establish that only the registered nurses responsible for both the initial assessment and ongoing assessments required to evaluate the patient is responding to the nursing care plan.

Oparowski, Braden@California Department of Public Health 17:11
30 seconds.

Victoria Bermudez 17:15

In sum, the strict regulation of the use of unlicensed staff in Registered Nurse scope of practice established the specific role of the Registered Nurse in the minimum nurse to patient ratio.

Thank you.

Bustamante, Nicole@California Department of Public Health 17:29

Thank you for your comment. And next we have Kristen Barlow. Your mic is enabled. Please unmute to speak.

Kirsten Barlow 17:41

Good morning. Thank you for this opportunity. I'm Kirsten Barlow on behalf of the California Hospital Association. Our members provide these comments on behalf of our 32 licensed freestanding acute psychiatric hospitals as well as 72 general acute care hospitals with psychiatric units. We concur that different staffing requirements should be in place for treating children and adolescents. And would point out the fact that even without the regulations that are being contemplated right now, that is in fact what hospitals already do today in practice. Again, we strongly urge the Department to consider the fact that creating a safe and effective healing environment for patients is far more than about requiring a ratio of registered nurses only, despite what you might be hearing respectfully from other stakeholders. Our existing state and federal requirements, which have been validated by many empirical research studies, already reflect the acute psychiatric hospital care relies on a team approach that's comprised of a minimum number of not only nurses, but also licensed psychiatric technicians and mental health worker counselors. And in our comments last month, during your listening session, as well as in our letter from last month, we specifically recommend a one to five ratio for child and adolescent patients.

We believe this minimum team should be composed of at least, 50% of Registered Nurse's or Licensed Vocational Nurses with the team then, also including licensed psychiatric technicians. and mental health counselors. And, well, many prior speakers have spoken, already to the developmental differences for youth, I would just point out a couple and highlight a few things. That while youth do take fewer medications, they have fewer medical complications that require nurses to care for them than adult patients. Young people do require more observation and supervision, and the reasons for this more aggressive approach to staffing for kids and adolescents is really based on their own safety risks and developmental needs. Children and youth who are admitted to inpatient psychiatric care, are most commonly admitted for the significant risk of harm they may pose to themselves or for feeling suicidal. It might come as a surprise to the lay person, but suicide rates among youth and rates of anxiety and depression are at all-time highs for young people. And this even predated COVID, where the suicide rate for young people had increased by 57%. But just between 2007 and 2018. In fact, our emergency departments have seen a 51% increase in suspected suicide attempts among adolescent girls. So given that young people are still developing executive functioning skills, the ability to control their impulses and are most frequently admitted for their risk of harming themselves, this additional staffing is really focused on more intensive observation and supervision.

Oparowski, Braden@California Department of Public Health 20:24

30 seconds.

Kirsten Barlow 20:35

Again, this is an activity and task or responsibility that is most frequently carried out by psychiatric technicians and mental health worker counselors rather than registered nurses. Thank you.

Bustamante, Nicole@California Department of Public Health 20:49

Thank you for your comment. And at this time, we have no more raised hands. If we wanted to move to the next question.

Leppanen, Kathy L@California Department of Public Health 20:58

I just want to ask once if there's any further comments for this question. It appears we have no further comments, I can move to the next question. Question #2. Do Acute Psychiatric Hospitals recruit nursing staff such as Registered Nurses, Licensed Vocational Nurses and psychiatric technicians with specific skills for working with pediatric or adolescent patients that differ from those working with adult patients? What additional training should nursing staff receive when working with pediatric or adolescent patients in the Acute Psychiatric Hospital setting? 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 enable your mic and you may then unmute yourself. Once unmuted, please state your name and organization. At 2 1/2 minutes, you will be given a notice that there are 30 seconds left and another at 10 seconds before we disable your microphone. You can also type your comment into the chat. Turn it over to you, Nicole.

Bustamante, Nicole@California Department of Public Health 22:08

Thank you, Kathy. And we have our first speaker. Victoria, your mic is enabled.

Victoria Bermudez 22:16

Vicky Bermudez with the California Nurses Association. As I mentioned in response to the previous question, acute psychiatric hospitals must ensure pediatric and adolescent patients receive care from our Registered Nurses. As part of their education, all our Registered Nurses obtained competencies in pediatric development and complete with clinical rotations in pediatrics. These competencies ensure that Registered Nurses have the knowledge, skill, experience and judgment to provide care to pediatric and adolescent patients. When Acute Psychiatric Hospitals do not have Registered Nurses with specific pediatric development

competencies, there can be severe consequences, including patient deaths. To ensure patient safety and competent care, the regulations must require a one to four Registered Nurse to patient ratio in pediatric and adolescent units with lower ratios established for patients with higher acuity and greater safety needs.

To reiterate, Acute Psychiatric Hospitals current staffing methods are clearly failing patients, as evidenced by the San Francisco Chronicle series of investigative articles and the Los Angeles Times database documenting patient deaths, sexual assaults, and other incidents. The current level of staffing and Acute Psychiatric Hospitals has led to unnecessary patient deaths, sexual assault and other negative outcomes and unsafe working conditions for nurses and other mental health workers.

Research has shown that registered nurses are critical for reducing the risk of violence in acute psychiatric settings for children and adolescents. One study over the course of 16 years showed that the total number of registered nursing staff was the most significant factor associated with a decreased risk of violent incidents in acute inpatient units for children and adolescents. The study also found that a staffing mix is substituted regularly. Nurses with unlicensed personnel increase the risk of violence and indicated that registered nurses were more successful in de-escalation, while collaboration with other healthcare professionals and staff is important for acute psychiatric care, existing law regarding Registered Nurse scope of practice establishes that only Registered Nurses have the responsibility and authority to provide ongoing direct nursing assessment. The law also specifically prohibits non-Registered Nurses from performing registered nursing functions. For these reasons California Department of Public Health must adopt a nurse staffing ratio that requires minimum Registered Nurse staffing and assigns every patient to a Registered Nurse. Not a ration, not a ratio, that codifies a dangerous status quo Acute Psychiatric Hospital staffing mixes.

Thank you.

Oparowski, Braden@California Department of Public Health 24:58
30 seconds.

Bustamante, Nicole@California Department of Public Health 25:01
Thank you for your comment. And next we have Kristen. Your mic is enabled.

Kirsten Barlow 25:11

Thank you again, Kirsten Barlow, on behalf of the California Hospital Association. Building on earlier comments and the prior speaker would agree that treatment goals and approaches for young people and therefore the skills and training that that all staff not just nursing staff must receive and do receive is based on the developmental skills and strengths as well as risks that children and adolescents

pose when they are admitted to inpatient psychiatric care. Again, as mentioned earlier, given that kids who are admitted typically are there because of the significant risk of harm they may pose to themselves, treatment goals and the skills of staff really build on safety and stability of those youth to achieve this treatment typically focuses and training for staff. Focus on helping kids and youth with safe behaviors, identifying and being able to articulate their feelings and emotions, communicating their needs. It's changing how they might behave based on their emotions, improving their skills using coping strategies. Young kids also require more hands-on interactive activities to capture their attention and interest, since, again, they're still developing the ability to regulate their behavior to control impulses, and simply even. Sit and focus for longer periods of time, unlike adult patients. We need to reinforce here again that patient observation and therapy really critical for patients, who are at risk of harming themselves. It is not simply about assessments and care provided only by registered nurses or even Licensed Vocational Nurses and Licensed Psychiatric Technicians. Those are also different for kids and adolescents. For example, social workers play an even more critical role and spend substantially more time with kids and their caregivers than typical for an adult patient. This is often because as young people are getting ready to leave the hospital, caregivers and parents really need to be prepared to continue to support that child, once they leave the hospital's care.

Oftentimes, kids are involved in other systems and so social work staff will spend substantial amounts of time communicating with those other systems. That could include a child's school, a regional center if the child has developmental disabilities, or even unfortunately, in some cases, the Child and Family Services or Child Protective Services agencies.

Lastly, again because their executive functioning skills are still developing. We really need to ensure that kids are kept safe. And just to reiterate, you know observation, supervision and really watching for the developmentally appropriate behavior while kids are in our care, relies often on psychiatric technicians and mental health counselors rather than solely on registered nurses. Thank you.

Bustamante, Nicole@California Department of Public Health 28:03

Thank you for your comment. And next we have Laura Dixon. Your mic has been enabled.

Laura Dixon, Registered Nurse 28:11

Good morning, California Department of Public Health. My name is Laura Dixon, and I've been a registered nurse at Sutter Center for Psychiatry in Sacramento for nine years, with a total of 30 years as a registered nurse. Sixteen of those years in pediatric psychiatry.

The foundations of nursing education ensure that our Registered Nurses have the necessary basic knowledge to provide confident care to pediatric and adolescent patients. Every Registered Nurse completes coursework in human growth and development, anatomy and physiology, psychology and deviations in mental health and pharmacology. We also complete clinical rotations in pediatrics and behavioral health as part of our pre-licensure nursing education. Registered Nurses use this education and clinical experience to effectively collaborate with other licensed professionals as well as mental health workers.

Importantly, Registered Nurses caring for pediatric patient and adolescent patients must demonstrate ongoing competencies to care for these young patients. Registered Nurses frequently apply the knowledge of child and adolescent development, trauma, informed care and crisis intervention throughout our workdays. For example, one case that stands out involved a 16-year-old teenager admitted for a suicide attempt by near lethal overdose following a bullying event at their high school. Drawing on my nursing education and training and therapeutic communication and adolescent psychology, I immediately established rapport by engaging her in one-on-one conversations during my shift. Recognizing the impact of trauma, I implemented trauma, informed care practices, and collaborated closely with the treatment team to tailor the treatment plan.

I also educated and involved family, aligning with family centered care principals. This experience reinforced the importance of applying both evidence based psychiatric nursing skills and developmental understanding in managing adolescence with acute mental health needs, which impact recovery outcomes in this vulnerable population. I want to have the education clinical skills necessary to assess pediatric and adolescent patients functioning in a variety of situations. In contrast, other classifications do not have the scope of practice to make ongoing assessments of acute psych patients and should not be used to dilute the Registered Nurse to patient ratios. In establishing minimum nurse to patient ratios for acute psych hospitals, California Department of Public Health's regulations must ensure that only Registered Nurses perform their specific nursing functions of direct, ongoing assessment of patients.

Thank you.

Bustamante, Nicole@California Department of Public Health 30:44

Thank you for your comment and we have no more raised hands at this point.

Leppanen, Kathy L@California Department of Public Health 30:50

Thank you, Nicole. One more time. Is there any further comments or question #2?
Looks like we have one more.

Bustamante, Nicole@California Department of Public Health 31:01

Yes. OK, Mark. Your mic has been enabled.

Rodriguez, Mark 31:07

Great. Thank you. So yes, I do believe that nursing staff should have specific skills for working with pediatric adolescent patients. I work at University of California San Francisco's St. Mary's and it's important that people just don't come in cold off the street, that they have previous experience with adolescents. It's important because they're a real specialty group. They need the people who come in, will need child development training, crisis management. They'll also need to help when especially, with school age kids, going into adulthood. They need that kind of training to help move the patient forward with regular skills because of all the trauma that's been going on. And trauma-based trainings also need critical but skills for teaching them what kind of traits they want to get into what kind of work they're gonna go towards and how to focus the kids. On that with adults, we really don't have to do that all that much. But with kids, it's all kids. It's every kid and adolescents are so important. They're at their key age of development for learning and honestly, some someone who works with teens, it's important to have the patience. To work with them as well, and if someone hasn't worked with adolescents before. It's hard to train in that patience that they need for these this particular set. They will test. They will. They will push your buttons because they do that and it's important that people come in, are trained beforehand because it'll be a steep learning curve otherwise. OK. That's all I have to say. Thank you.

Bustamante, Nicole@California Department of Public Health 33:06

Thanks you for your comment and looks like no more raised hands.

Leppanen, Kathy L@California Department of Public Health 33:13

OK. Thank you. Because we have no further comments for this question, let's proceed to #3. OK, question #3, what data should an Acute Psychiatric Hospital collect to validate their policies and procedures accurately and consistently? Determine appropriate staffing levels that meet patient needs? 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 enable your mic and you may then unmute yourself. Once unmuted, please state your name and organization. At 2 1/2 minutes you will be given notice that there are 30 seconds left and another at 10 seconds before we disable your microphone. You can also type your comment into the chat feature. Nicole.

Bustamante, Nicole@California Department of Public Health 34:06

Thank you, Kathy. And 1st we have just Cameron. Your mic has been enabled.

Cameron, Registered Nurse 34:17

Good morning. My name is Cameron Adams. I'm a psychiatric nurse at Sacramento Behavioral Hospital, and I'm a proud member of the National Union of Health Care Workers. Unlike my counterpart parts on psychiatric units in general acute care hospital, my patient assignments at Sacramento Behavioral are not regulated by a nurse-to-patient ratio. They are at the discretion of my employer. A nurse, a nurse and patient ratio that applies at all times as a foundation for high quality care in psychiatric care setting. With that said, ratios alone don't capture the full reality of these psychiatric care. To truly support both patient safety and staff well-being, we needed more complete picture. That's why I want to highlight five data points that I believe every psychiatric hospital should be tracking. Because safe staffing isn't about numbers. It's about understanding what's actually happening on a unit. For both patients and people who care for them.

My first point staffing metrics needs to go deeper. It's not about how many people are scheduled, it's about how many actually show up for the shift. That includes nurses, techs and other support staff tracking how often, over time, our float staff are being used, tells us when the system is being strained.

Second, we need to measure patient acuity in real time. This includes things like severity of psychiatric symptoms, suicide, violence, risk and how often a one-to-one observation or seclusion is required. How often are we responding to behavioral escalations? Code Gray's medical refusals. These numbers speak volumes about what patients actually need from staff.

Third, let's talk about patient outcomes. Length of stay should be evaluated with alongside staffing levels. We also need to track incidents like medication errors, elopement, patient injuries, which can be a sign of understaffing, and we should also follow up after discharge.

Fourth, we need to track how staffing levels directly disrupt care delivered, when we aren't staffing groups, therapies get cancelled, patients lose access to core treatment activities and the entire unit becomes less structured and more volatile. It's not just frustrating, it undermines recovery.

And fifth, thank you guys for your time. We need to monitor safe staffing, burn out, show up in exit interviews, sick calls, and incomplete documentation. This kind of data isn't extra. It's essential if we want to improve psychiatric care and safety and outcomes for everybody involved. Thank you for your time.

Bustamante, Nicole@California Department of Public Health 36:56

Thank you for your comment. And next we have, Victoria, your mic has been enabled.

Victoria Bermudez 37:04

Vicky Bermudez, again with the California Nurses Association, to reiterate points that California Nurses Association made during the May stakeholder meeting. No patient classification system or data-driven system alone can substitute for the nursing process and validation from Registered Nurse judgment and assessment while collecting information and trends is helpful. Acute psychiatric hospitals must use Registered Nurse direct assessment to determine staffing levels above the minimum ratios. Even the best patient classification system will not be able to capture all the relevant issues and a Registered Nurse would identify through their direct and ongoing assessment of the patient. We also know that there are known problems with data-driven systems, including data drift, which leads to these systems breaking down and degrading. These problems ensure that there will always be a need for Registered Nurse direct assessment of individual patients to determine appropriate staffing levels, California Department of Public Health must require that Acute Psychiatric Hospitals implement minimum Registered Nurse to patient ratios as the only method to ensure a safe baseline staffing. Moreover, California Department of Public Health should require that levels of additional staff above the minimum numerical baseline be based on the Registered Nurses direct assessment of individual patient needs. California Department of Public Health should establish Registered Nurse ratios with lower maximum patient assignments in units for patients who have high acuity or risk of harm to themselves or others. Again, based on the Registered Nurse's direct assessment of the patient.

In cases of suicide risk or severe patient aggression, where Registered Nurses must use seclusion and restraint as the most restrictive interventions, California Department of Public Health should adopt a one-to-one registered nurse to patient ratio, both to ensure patient safety and to prevent injury to other patients and staff. In some cases, more than one Registered Nurse per patient may be necessary based on a Registered Nurse's direct assessment. Ongoing direct observation and assessment by Registered Nurses are critically important when seclusion and restraint are necessary. As evidenced by the recent Disability Rights California report, the use of seclusion and restraints are emergency measures which can lead to death or severe injury if used inappropriately or improperly. In fact, research has shown more frequent registered nurse assessments can decrease duration of mechanical restraint episodes in some data collection and validation of policies and procedures will not ensure that the appropriate staffing levels are meeting the needs of patients. Only the direct and ongoing assessment by the direct care registered

nurse can determine the appropriate levels of staffing above minimum numerical Registered Nurse to patient ratios. Thank you.

Bustamante, Nicole@California Department of Public Health 39:51

Thank you for your comment. And next we have Karla, your mic has been enabled.

Karla Casas 39:58

Good morning again Karla Casas. I'm a registered nurse at John Muir Behavioral Health in Contra Costa County. The Registered Nurse assessment of individual patients is the only way for acute psychiatric hospitals to provide appropriate staffing levels above the minimum of one to six Registered Nurses to patient ratio for adults and one to four for children in acute settings, including acute psychiatric hospitals, patients require hands on care and assessments by the director to determine each patient's staffing needs. We have Registered Nurses, who must have regular patient interactions to provide continuous direct assessments, both to monitor changes to patient's mental health status and physical condition and to evaluate the nursing care plan. When hospitals rely on patient classification systems or other technologies as a substitute for the Registered Nurse assessment, patients are at higher risk of adverse outcomes. Data-driven tools like technology cannot effectively assess changes in patient's mood or other subtle changes in the patient's condition that may only be observed through direct assessment by the Registered Nurse. Over reliance on data-driven algorithms or other tools can also degrade patient care and the nurse patient relationship. A key part of the process particularly of these acuity tools, where algorithms reduce the in-person interactions and in person care by Registered Nurses. In my direct patient assessments, I'm checking for suicidal ideations, homicidal ideations, visual and auditory hallucinations. Sometimes there are not enough Registered Nurses for me to provide the ongoing assessments that my patients need. Psych patients are highly complex and their behavior may change without warning. For example, I had a patient with developmental disabilities whose behavior changed from being redirectable and taking their medications to becoming physically assaulted. Hospital policies and procedures must allow for frequent regular Registered Nurse interactions to monitor changes in patient conditions and to ensure that the nursing care plan is meeting the patient's needs and make adjustments as needed in collaboration with other hospital staff. Mere data collection cannot substitute for the direct care Registered Nurse's professional judgment and assessment of a particular patient needs. Thank you.

Bustamante, Nicole@California Department of Public Health 41:49

Thank you for your comments, and I don't see any more raised hands.

Leppanen, Kathy L@California Department of Public Health 41:54

Thank you, Nicole. Are there any further comments?

Bustamante, Nicole@California Department of Public Health 42:01

Oh yes, I have one. Mark, your mic has been enabled.

Rodriguez, Mark 42:10

Mark Rodriguez University of California San Francisco's St. Mary's. For data I use the acuity tool all the times and I've been told by our informatics that our data is way off from what has been established. So, I know that acuity tools are really hard to assess psychiatric units. When I first started using an acuity tool, they told me that you have to fudge your numbers.

Because we would have a one-to-one staffing, if not 2 to one for every patient.

In the meantime, we do need to validate what it is that we do. This is a difficult patient population as well as a medical needs because psychiatry staffing levels need to address that.

The ways we could do it is by doing more, assessing for the outcomes. Our own, it's not specific to psych because I've seen that a third party actually does it, but I feel like the nurses should be doing the outcome assessments for these patients and their needs afterwards to see how well we did and what it is that we're doing well, and what it is that we can improve on? I think asking the patients that all the time that evolves our unit that helps us do better, and if there's any needs that need to be addressed that we miss, the patients will tell us, if not the patients, then their parents or their legal guardians. They're the ones that really have a better view of from the outside looking in, but also the staff should do a monthly evaluation of some type of how do they feel the staffing is? How do they feel the acuity is? You can't just address it all at once. I would love it if there is a minute by minute because that would show how high the acuities are, but there isn't. And I don't expect there to be. But in the meantime, if we can address it with the patients with the legal guardians and with the nursing staff asking their needs and their wants, and that would address this issue. Thank you.

Bustamante, Nicole@California Department of Public Health 44:44

Thank you for your comments and I have no more raised hands.

Leppanen, Kathy L@California Department of Public Health 44:50

Thank you, Nicole. It appears that we have no further comments for question #3, so we will move on to question #4. Question #4. What barriers, if any, do you see with implementing specific nurse to patient ratios in Acute Psychiatric Hospitals? 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 enable your mic and you may then unmute yourself once unmuted. Please state your name and organization, at 2 1/2 minutes. You will be given notice that there are 30 seconds left and another at 10 seconds before we disable your microphone. You can also type your comment into the chat feature, Nicole.

Bustamante, Nicole@California Department of Public Health 45:46

Thanks, Kathy. We have our first speaker, Cameron. Your mic is enabled.

Cameron, Registered Nurse 45:53

Good morning again. Cameron Adams registered nurse Sacramento Behavioral Healthcare Hospital. One of the main barriers to implementing a nurse-to-patient ratio in an acute psychiatric hospital is chronic under staffing, driven in large part by the employer's failure to offer competitive pay and benefits that support recruitment and retention. While staffing concerns blame on so-called nursing shortage, the deeper issue is the shortage of good nursing jobs. We have enough nurses in the state of California, but we lack our positions that offer fair compensation, safe working conditions and long-term support. Too often, cost cutting take precedent over patient care, leading to conditions that are unsafe for both patients and staff. Establishing enforcing consistent numeric nurse to patient ratios and acute psychiatric hospitals is a critical first step towards stabilizing the workforce and retaining both new and experienced nurses.

Another key challenge, another key challenge, is the lack of meaningful input from frontline staff, nursing and mental health technicians are the most important, familiar and familiar with the patients' needs on the unit. Yet their voices are often missed in staffing decisions. We urge the California Department of Public Health to require acute psychiatric hospitals to establish safe staff committees with equal representation from the frontline workers and management so that real time on the ground experience informs staffing policy.

Finally, it's important to acknowledge without proactive monitoring and enforcement from the Department of Public Health, those standards are at risk of being ignored. That's why we're asking the Department of Public Health not only to establish clear staffing ratios for psychiatric facilities, but to back them with strong, consistent oversight and accountability mechanisms. Thank you for your time.

Bustamante, Nicole@California Department of Public Health 47:59

Thank you for your comment. And next we have, Victoria, your mic is enabled.

Victoria Bermudez 48:07

Vicki Bermudez again with the California Nurses Association. Despite what employers may characterize as barriers, California Department of Public Health must base the acute psychiatric hospital regulations on the law, and the law requires minimum Registered Nurse to patient ratios. After the passage of Assembly Bill 394 in 1999 and the implementation of general acute care hospital minimum Registered Nurse to patient ratios, none of the dire predictions by hospitals ever materialize. Instead, ratios regulations for General Acute Care Hospitals have led to more Registered Nurse availability after over two decades implementing the nurse to patient ratios, both California nurses experience and the research literature indisputably demonstrate that legislative and regulatory mandates on minimum nurse to patients staffing improves patient care and saves lives. Importantly, numerous studies demonstrate the California's ratios for General Acute Care Hospitals have resulted in California nursing caring for fewer patients at a time. Positively impacting both the working environment and patient care. However, without the necessary regulations for mandatory minimum registered nurse staffing ratios, acute psychiatric hospitals have been permitted to make decisions on staffing levels based on budgeting and revenue rather than safe and effective patient care. Examining data on hours and hours per patient day at Acute Psychiatric Hospitals today demonstrates that additional Registered Nurse staffing and an Acute Psychiatric Hospital is feasible. But without ratio regulations mandating minimal numerical, safe Registered Nurse staffing, dramatic disparities in staffing levels have persisted, especially between for profit and nonprofit Acute Psychiatric Hospitals. For example, University of California San Francisco's Langleys, a facility represented by California Nurses Association provided nearly seven times as many Registered Nurse staffing hours for patients as Aurora Behavioral Healthcare, Santa Rosa, a for profit Acute Psychiatric Hospital. Although nonprofit hospitals may also have issues for profit, Acute Psychiatric Hospitals especially have engaged in nurse staffing cuts to save money, leading to adverse patient outcomes and in some cases, death. Requiring Acute Psychiatric Hospital to provide minimum or in staffing ratios will prevent these hospitals from putting profit above patients and ensure all hospitals have appropriate baseline staffing levels. Thank you.

Bustamante, Nicole@California Department of Public Health 50:37

Thank you for your comment. And next we have, Laura, your mic has been enabled.

Laura Dixon, Registered Nurse 50:44

Good morning again, Laura Dixon registered nurse at Sutter Center for Psychiatry and Inpatient Psychiatric Hospital in Sacramento. I want to emphasize that California Department of Public Health is required by law to implement numerical minimum unit specific registered nurse to patient ratios to meet the Registered Nurse

staffing ratios. Acute psychiatric hospitals can hire from California's robust supply of nurses with active licenses that are not currently working in direct patient care.

Despite some employer claims about a nursing shortage, California currently has well over 500,000 registered nurses with active licenses, but over a third of us are not working as nurses in our state. By comparison, there were half as many RN's with active licenses in 2004 when ratios were implemented in general acute care hospitals requiring a 1 to 4 Registered Nurse to patient ratio for pediatric and adolescent patients, and a one to six ratio for adult patients in acute psychiatric hospitals. As we increase recruitment and retention of nurses, Registered Nurses want to be able to provide the care their patients need.

Minimum Registered Nurse to patient ratios will minimize the likelihood of moral injury caused by the daily distress of being unable to provide that care. Importantly, our experience with implementing ratios in general acute care hospitals has demonstrated that mandatory minimum safe Registered Nurse staffing ratios have improved, not just patient safety, but also nurse work environments and nurses, health and safety. Improved working conditions and safe staffing levels and hospitals have attracted and retrained and retained nurses to practice in the state. For example, after we implemented our general acute care ratio law, California nurses experienced burnout at significantly lower rates than those in New Jersey and Pennsylvania and reported less job dissatisfaction. California's ratio law for General Acute Care Hospitals have improved nurse job satisfaction and patient outcome, which in turn has led not only to better workloads for nurses, but also savings for our hospitals. Ratios have reduced hospital spending on temporary Registered Nurse overtime costs and also resulted in savings from lower Registered Nurse turnover and costs related to negative patient outcomes.

Ultimately, mandatory Registered Nurse staffing ratios help create an environment that supports staff recruitment and retention. Without ratios, Registered Nurse recruitment and retention at acute psych hospitals will always be a challenge. Thank you very much.

Bustamante, Nicole@California Department of Public Health 53:23

Thank you for your comment. And next we have Kirsten. Your mic has been enabled.

Kirsten Barlow 53:34

Thank you for this opportunity to address barriers that we might see with implementing nurse to patient ratios. It can be a bit difficult to identify exactly what the barriers might be, not knowing what the specific ratios will ultimately be, but wanted to highlight some of our concerns depending on where the regulations land. For one, the existing nursing and behavioral health workforce shortage may present

barriers. Nearly one of every three Californians live in a mental health care. Health professional shortage area and over the next 10 years alone, we expect that the supply of psychiatrists, psychologists, licensed clinical social workers and others is expected to continue to decrease as many of those folks are retiring from the workforce. Our hospitals are reporting that retaining and hiring staff today have become more challenging in recent years.

First of all, our hospitals are finding that they have more competition than ever before for the same small group of candidates. As you all have seen, regardless of where you're at, what part of the industry you work in, acute psychiatric hospitals and hospitals in general are now competing with many other sectors that are thankfully increasing their investment in making mental health care delivery possible. So, schools, primary care clinics and even telehealth companies are now some of our largest competitors for that same small number of behavioral health and nursing staff.

Since the COVID pandemic, nurses and mental health professionals are increasingly interested in working for travel agencies or entering into private practice or working for a telehealth company, all of which offers more flexibility and work life balance. We're finding that registered nurses, especially those with psychiatric training or experience are particularly difficult to recruit and retain because many of them are now advancing into nurse practitioner careers, which offer higher pay, more independence and more flexibility. And with labor being any hospital's largest expense, reimbursement does matter, especially from medical, which has not kept pace with the growing demand for higher salaries among our employees. Hospitals require more adequate reimbursement, particularly through the Medicare program. If we are going to be required to increase the quantity or types of required minimum staff in our psychiatric hospitals.

And lastly, there are some unique behavioral health or nursing workforce challenges, because of the psychiatric hospital setting itself. It's unique because there are patients who are there on involuntary holds or are on conservatorships. The facilities are often locked and patients have many rights that are constantly being balanced with keeping patients safe and focusing on therapeutic goals.

Oparowski, Braden@California Department of Public Health 56:20
30 seconds.

Kirsten Barlow 56:23

The acuity and severity of the patients that we treat often means that staff simply have other options where they can have a lower stress role for approximately the same pay and sometimes even master's degree prepared mental health clinicians arrive without having their academic training or experience having exposed them to

the intensity of inpatient mental health work. So, hospitals are really seeing increases in patients who have more complex and more difficult challenges, which can make not only recruitment but retention a challenge. Thank you.

Oparowski, Braden@California Department of Public Health 56:51

10 seconds.

Kirsten Barlow 56:55

Thank you.

Bustamante, Nicole@California Department of Public Health 56:57

Thank you for your comment. And next we have, Mark, your mic has been enabled.

Rodriguez, Mark 57:05

Mark Rodriguez, University of California San Francisco's St. Mary's Hospital. Barriers. The main barrier is upper management. It's not even our managers on the floor, it's the ones above right now. University of California San Francisco is in a hiring freeze. So, you know, just bringing in more nurses that have the specific experience for adolescent psych is difficult to begin with. But also, there's no accountability, there's for if any, if we're there not keeping up with it. Hospitals have difficulty understanding that there is a problem and so they don't really see the accountability because nurses keep patients safe. Period. End of story. That's what we do. We're gonna work through it and management is going to take advantage of that and because they don't have an accountability. We've seen it through COVID where they put in for less staffing. Now California Nurses Association fought that and it was hospital by hospital they had to fight it. So, the barriers are above us. If we can start with just having the ratios because that is all about patient safety. That's it.

Bustamante, Nicole@California Department of Public Health 58:35

OK. Thank you for your comment. And next we have Jesse. Your mic has been enabled.

Jesse Tamplen 58:43

Good morning. My name's Jesse Tamplen from John Muir Behavioral Health. I want to thank you all for your comments and giving us the opportunity to comment and have this dialogue to answer Question 4 specifically. I think it's important to bring out the American Hospitals Association of the cost of inpatient care that was done in 2023. When, you look at what are the five number one areas that do not cover the cost of inpatient care. Number one. Is behavioral health or freestanding acute

psychiatric hospitals. That's 34% below the cost of care through that study. Nephrology is at #2. Again, they're also at 34%. Then it goes burns and wounds at 24%, pulmonology at 19% and infectious disease at 15%. So those are the top underfunded inpatient treatments that we have to be able to support our community. To treat our patients and a whole person care model and when you look at the biggest barriers to do anything in staffing, I do think it is how the economics of care for behavioral health is done at the national level.

Again, we know California is a carve out state and we carved out our behavioral health funding there. So, when we look at what are some of the main barriers to not only growing our workforce, making sure we have competent professionals a lot of it goes to the economics, which also then puts the stigma. Behavioral health is why behavioral health is funded different than procedural medicine. So, I think what I look at the major barriers, I think it's very clear that if you took a look the American Hospital Association and looking at the top five underfunded inpatient services, you will see behavioral health is number one specifically at, 34.3%, underfunded and nephrology is number 2 at 34.1%.

Today, we're talking about behavioral health. And so those economics and those payment models are going to be key. Additionally, as all of our nurses know who are on this line, many patients come in with a high level of acuity, a danger to themselves, a danger to others and they need one-on-one staffing for health and safety and support to make sure not only they're safe, but the other patients are safe. And so when we look at those barriers, how are we addressing that? We can provide that one-on-one staffing to keep that patient safe and the rest of the patients are in the treatment. Thank you very much for this opportunity to provide public comment.

Bustamante, Nicole@California Department of Public Health 1:01:24

Thank you for your comment. And next we have. Steve, your mic has been enabled. I think Steve did not have a comment. He looks like he dropped off.

Steve Vanderpoel 1:01:40

No, I'm here. Help.

Bustamante, Nicole@California Department of Public Health 1:01:42

Sorry, go ahead, Steve, my apologies.

Steve Vanderpoel 1:01:45

OK. Thank you. I appreciate the opportunity to speak with you all today. My name's Steve Vanderpool and I am the Chief Executive Officer of San Jose Behavioral Health, providing safe quality care and acute psychiatric hospital requires a multidisciplinary approach. Nurses roles in an inpatient unit are critical to the safety

and quality of care of patients. But an exclusive focus on Registered Nurse staffing ratios does not take into consideration this multidisciplinary approach.

Further mandating additional nurse hiring during an acute nursing shortage also creates a risk of psychiatric units shutting down simply due to the inability to satisfy the new regulations. In 2025, public data shows California has more than 40,000 fewer registered nurses than it needs, a staggering 12% gap and is expected to widen in coming years, with California expected to be among the top ten states in terms of percentage shortage of registered nurses by 2037, which represents an 18% gap. Thank you for the opportunity to provide public comment.

Bustamante, Nicole@California Department of Public Health 1:03:08

Thank you for your comment and I see no more raised hands.

Leppanen, Kathy L@California Department of Public Health 1:03:14

Thank you, Nicole. Do we have any further comments for question #4? And it appears we have no further comments for question #4, we can move to #5. OK, question #5. Do you have any other comments or suggestions regarding the Acute Psychiatric Hospital staffing ratios that you would like the department to consider? And 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 your wish to speak. We will enable your mic and you may then unmute yourself. Once unmuted, please state your name and organization. At 2:30 mins, you'll be given notice that there are 30 seconds left. And at another notice will be given at 10 seconds. You can also type your comment into the chat feature, Nicole.

Bustamante, Nicole@California Department of Public Health 1:04:11

Thank you, Kathy. And we have our first speaker, Cameron, your mic has been enabled.

Cameron, Registered Nurse 1:04:20

Good morning again. Cameron Adams registered Nurse Sacramento Behavioral Healthcare Hospital. We support a move towards numeric nurse to patient ratios as a much-needed step to improve care, protect patients safety and increase oversight of acute psychiatric hospitals. But as we shared during our first stakeholder meeting that it can only that can't be the only focus. It's just that it's important to look at staffing for non-licensed caregivers, like mental health technicians. These team members are essential to the daily care. And when they're assigned to too many patients, it puts everyone at risk. It also makes it harder for nurses to do their job safely and effectively. That's why we're urging California Department of Public Health to set clear standards for mental health technicians staffing. Because safe

care depends on the whole team being supported. Thank you again for the comments.

Bustamante, Nicole@California Department of Public Health 1:05:18

Thank you for your comments. And next, we have Carla, your mic has been enabled.

Karla Casas 1:05:25

This is Karla Casas, again, registered nurse of John Muir Behavioral Health.

First, I want to raise the urgency of the situation in our acute psychiatric hospitals and the dire need for California Department of Public Health to issue emergency regulations establishing minimum Registered Nurse staffing ratios. Recent reports of patient harm and death by the San Francisco Chronicle and others plainly demonstrate the patients in acute psychiatric hospitals need minimum numerical Registered Nurse to patient ratios.

And they need them now. There's a crisis of dangerous understaffing in our acute psychiatric hospitals, and California Department of Public Health must fulfill its obligation under the law to issue these regulation. California Department of Public Health and hospitals have had over two decades to prepare for staffing ratios in acute psychiatric hospitals. There's no reason to delay any further. Second, to ensure an equal standard of care for all acute care patients, the Department must require acute psych hospitals to provide patients with the same staffing protections that, at the very least, match the Registered Nurse staffing ratios in general acute care hospitals. Ratios must be specific to Registered Nurse's to ensure the patients in acute psychiatric hospitals receive the same standard of care as patients in psychiatric units within General Acute Care Hospitals. These minimum Registered Nurse staffing requirements have been in place in general acute care hospitals for over 20 years. That's why registered nurses are urging the Department to issue an emergency regulation today that establish mandatory minimum Registered Nurse to patient ratios in acute psychiatric hospitals. Third, I want to emphasize the need for California Department of Public Health to require minimum Registered Nurse to patient ratios at acute psychiatric hospitals at all times.

Acute psych hospitals provide 24-hour care, some minimum staffing protection should apply at all times. That means there should be one registered nurse to six patients or fewer at all times in adult units and one registered nurse to four patients or fewer at all at all times in pediatric and adolescent units.

Finally, there's no substitute for direct hands-on nursing care, and this applies to technology. Some employers have proposed that workers surveillance technology in a system of alerts can prevent patient harm. But nurses know that robust minimum Registered Nurse staffing levels are the only method that actually allows Registered Nurses to provide continuous direct nursing care to closely monitor patients and

ensure their safety. The critical role of Registered Nurses in patient care is clear. California Department of Public Health must now provide urgently needed regulatory oversight by requiring minimum Registered Nurse to patient ratios in acute psychiatric hospitals. Thank you again for your time.

Bustamante, Nicole@California Department of Public Health 1:07:36

Thank you for your comments. And next we have, Steve, your mic has been enabled. Steve, did you have a comment?

Steve Vanderpoel 1:07:56

Yes, yes, I would like to reiterate that focusing on staffing ratios exclusively on nurse ratios is out of step with a multidisciplinary approach. I'm grateful for the listening sessions that the state has set up, but in the first listening session, many parties spoke up on this point and that the questions were being asked today are being asked to answer today, appear to continue to focus narrowly on nurses. Please keep other critical members of the clinical staff in mind in the design of ratios, including behavioral health workers, Licensed Vocational Nurses, Licensed Psychiatric Nurses, counselors, and others. Thank you for the opportunity to speak today.

Bustamante, Nicole@California Department of Public Health 1:08:45

Thank you for your comment. And I see Laura's hand is up, but I'm not sure if this was a new hand or if you already spoke. I apologize. Your mic is enabled. If you want to speak.

Laura Dixon, Registered Nurse 1:08:59

Hi this is a new comment. This is Laura Dixon again. Registered nurse working at Sutter Center for Psychiatry in Sacramento. I want to sincerely thank California Department of Public Health again for holding the stakeholder meeting. Today I have two additional comments.

First, the Department must not codify into Acute Psychiatric Hospital ratios, regulations with the current dangerous Acute Psychiatric Hospital staffing practices that implement a staffing mix model. Substitute Registered Nurses with non-Registered Nurses and did not ensure safe Registered Nurse staffing. We know that when hospitals use a staffing model mix registered nurses are unable to provide the direct nursing assignments that patients need. Staffing mix arrangements both misunderstand and misuse the nursing delegation process under California law. Registered Nurses may decide whether to delegate nursing care based on our scope of practice and based on evaluation of staff competency and patient needs. As required by the registered nurse scope of practice Registered Nurses must oversee

patient care that has been delegated to mental health workers and other staff. But even though we may delegate certain parts of patient care, registered nurses must remain responsible for that care. A staffing mix model that allows for nursing care by non-Registered Nurses only adds to responsibilities and does not actually reduce the number of patients that Registered Nurse is responsible for.

For example, if an Licensed Vocational Nurse or mental health worker monitor 6 patients and an Registered Nurse monitor 6, the Registered Nurse is actually responsible for 12 patients because we must still oversee all the non-Registered Nurse staff and all the patients. Recent reports make clear that these kinds of mixed staffing conditions are not safe and have contributed to patient harm.

Second, I also want to emphasize that Registered Nurses understand that effective collaboration with other licensed professionals and behavioral health staff is critical. Acute psychiatric hospitals need many different types of mental health workers in each job. Classification is necessary to address specific patient needs, but the law is clear about the specific role of the Registered Nurse and the nurse-to-patient ratio. And it would be inappropriate to include non-Registered Nurses in the nursing ratio. Registered nurses and the public know all too well about the risks that acute psychiatric hospitals are taking with patients, health and lives if they continue with the status quo, thank you again for your time.

Bustamante, Nicole@California Department of Public Health 1:11:31

Thank you for your comment. And next we have Kirsten. Your mic's been enabled.

Kirsten Barlow 1:11:40

Thanks again for this opportunity to provide and input into the process, again Kirsten Barlow on behalf of the California Hospital Association. Just a couple of things to leave you with.

First of all, the leaders and staff who work in California's acute psychiatric hospitals do this work because of their passion and compassion for the specific patient population. As mentioned earlier, whether that staff who are at the leadership level to nurses, clinicians, and all of the mental health workers and counselors who are in our hospitals typically have less stressful and potentially higher financially rewarding positions that could be options for them. And yet they choose every day, and for many of them, decade after decade, to work in an acute psychiatric hospital setting because of their commitment to this vulnerable and important patient population. And while you are hearing from some stakeholders who would claim that registered nurses must be held up as the only personnel type that these regulations should consider, they're simply out of step with the long held position of their colleagues at the national level.

In fact, the American Nursing Association and Psychiatric Nurses Association just as

recently as 2023, updated their position and recommendations on staffing and patient psychiatric hospitals and units. And they urged their nurse colleagues nationally to champion safe and effective staffing overall, not just that of their own profession. They and the American Nurses Association found that ratio-based staffing models are problematic given a complete lack of data or research showing that those have specific optimal levels that we should be following and quote the quality and effectiveness of inpatient psychiatric treatment must rely on sufficient staffing levels and teams of staff with specific expertise and capabilities. Thank you again for this opportunity to provide public comment and we will be providing our recommendations again in writing and would appreciate knowing if there is a deadline by which you'll be receiving written comments on the questions that were posed today. Thank you.

Bustamante, Nicole@California Department of Public Health 1:13:50

Thank you for your comments and I do not see any more raised hands.

Leppanen, Kathy L@California Department of Public Health 1:13:58

Thank you, Nicole. Do we have any further comments?

Oparowski, Braden@California Department of Public Health 1:14:02

So just really quick on the last comment. As we stated at the beginning of the meeting, we have asked that all written comments be provided by Monday, June 16th. So just wanted to restate that Monday, June 16th. Thank you.

Leppanen, Kathy L@California Department of Public Health 1:14:24

Thank you, Brayden.

Bustamante, Nicole@California Department of Public Health 1:14:26

I do see some more raised hands. Kirsten, your mic has been enabled.

Kirsten Barlow 1:14:36

Sorry, I think the hand just was not put down after I already spoke.

Bustamante, Nicole@California Department of Public Health 1:14:40

OK. I will lower your hand. OK. Then we have Cameron. Your mic has been enabled.

Cameron, Registered Nurse 1:14:57

Cameron Adams registered nurse. Just a quick point. I think no one is diminishing or talking down to the multidisciplinary team. I think if I can speak for myself, we're

only asking for a basement level nurse to patient ratio. After we have that nurse-to-patient ratio, then we can talk about putting more collaborative and cohesive Licensed Psychiatric Nurses and social workers in there. But we really need a basement level one nurse to six patient ratio. Thank you for your time.

Bustamante, Nicole@California Department of Public Health 1:15:41

Thank you for your comments. And next we have, Jessica, your mic has been enabled.

Jessica Early, NUHW 1:15:51

Hi, I'm Jessica Early. I'm the patient advocacy coordinator for the National Union of Healthcare Workers. I just wanted to echo something that Laura said earlier about the team, nursing models and other ways that we have observed the hospital's try and circumvent the nurse-to-patient ratios that have been established for general acute care hospitals. You know, I just want to emphasize that we feel it's going to be really important for California Department of Public Health to actively oversee and enforce ratios that are established because there's myriad ways that we found that the hospitals are trying to get around this basic parameter that is so essential for the safety of both staff and patients, and so we just urge California Department of Public Health to have the staffing and the resources necessary to really enforce these ratios in these critical settings to keep patients and nurses and all healthcare workers safe, thank you.

Bustamante, Nicole@California Department of Public Health 1:17:04

Thank you for your comments and I don't see any more raised hands.

Leppanen, Kathy L@California Department of Public Health 1:17:11

Thank you, Nicole. Are there any further comments? It appears that we have no further comments. Would like to go to the next slide.

Driscoll, Chelsea@California Department of Public Health 1:17:34

Thank you all for your comments today. Just wanted to highlight our next steps. We would like to request that all written comments, be provided by June 16th. As a reminder, all of your written and verbal comments that we've heard today, those submitted through the chat and any that we receive in writing subsequent to this meeting will be considered and reviewed as we are finalizing our regulations. I really want to thank everyone for their participation today. And look forward to seeing any written comments that we receive. Appreciate all of your participation and apologize for going a little bit over our schedule time. Thank you so much.

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