March 6, 2026

Kim Johnson, Secretary
California Health and Human Services Agency
1600 Ninth Street, Room 460
Sacramento, CA 95814

SUBJECT: Staff-Patient Ratios for Psychiatric Hospitals Proposed by Department of Public Health

Dear Secretary Johnson:

On behalf of nearly 400 hospitals and health systems, the California Hospital Association (CHA) urges the state to mitigate the incredible impact of the impending staff ratio regulations for California's psychiatric hospitals, the patients they serve, and already overcrowded non-psychiatric hospital emergency departments. Within a few short months, psychiatric hospitals must hire hundreds of new employees without any collaboration, funding, or support to ensure success. In the face of a statewide 2,000-bed shortage of acute psychiatric capacity and growing numbers of individuals needing inpatient care during a mental health crisis, now is not the time to force psychiatric hospital beds to be closed. The following recommendations would help prevent beds from being closed, jobs from being lost, and patients from being left without care.

Immediate Transparency and Active Engagement with Stakeholders

California hospitals are committed to providing safe, high-quality care and were hopeful when the Legislature enacted AB 116 (Committee on Budget, Statutes of 2025) that California Department of Public Health (CDPH) would create acute psychiatric hospital staffing standards based on active collaboration and informed by expertise and experience. Valuable input could have been provided by hospitals and their current staff, county, and community-based providers whose Medi-Cal members need access to high-quality effective inpatient care, and consumers and family members who have received psychiatric hospital services.

Unfortunately, opportunities for stakeholders to inform CDPH's regulation development for acute psychiatric hospitals were extremely limited. While written comments were permitted, stakeholder engagement was limited to just two brief sessions prior to the department's release of its proposal. Since most of California's behavioral health stakeholder community was unaware these regulations were under development, many organizations were unrepresented or underrepresented during the engagement process.

Following the two stakeholder meetings and with minimal direct engagement with psychiatric hospitals, CDPH released draft regulations on Dec. 22, 2025. A week later, just prior to the New Year's holiday, the department provided one 60-minute session for stakeholders to voice concerns and ask questions. With an initial proposed deadline for implementation of Jan. 31, 2026, the lack of stakeholder input became

clear: Not only would it be impossible to hire hundreds of new employees in only one month's time, but the impact of ensuing bed closures on patients and families was being entirely ignored. Hospitals and other stakeholders were relieved when CDPH announced on Jan. 26 that the regulations would not be promulgated until June 1, 2026. However, as detailed below, this additional four-month period is highly unlikely to be sufficient for most psychiatric hospitals to complete the required hiring and training.

CHA urges CDPH to improve its communication and engagement with hospitals and other stakeholders between now and the June 1, 2026 deadline. **Before it files its draft regulations with the Office of Administrative Law (OAL), CDPH should convene additional stakeholder meetings to request input, engage in meaningful dialogue, share the rationale for the proposed staffing requirements, and welcome recommendations.** It is critical that CDPH works with the hospital community and other providers to avoid bed closures by addressing issues in the draft, given the extremely short public input process for emergency regulations once CDPH files these with the OAL.

Further, while CDPH develops permanent staffing regulations for acute psychiatric hospitals in the coming year, the department should actively seek continued dialogue with psychiatric hospitals and solicit perspectives from the broader behavioral health stakeholder community, impacted state agencies, counties and local providers, and consumers and family members.

The Current Outlook for Achieving Compliance with Draft Regulations

In February 2026, CHA collected information from acute psychiatric hospitals about their ability to comply with CDPH's draft regulations by June 1, 2026. Twenty-five acute psychiatric hospitals, which provide **40% of all psychiatric inpatient capacity in California,** report needing to hire substantial numbers of new personnel. To comply with CDPH's proposed staffing standards, these hospitals will **need to hire 910 new full-time personnel by June 1, 2026**: 585 Registered Nurses (RNs), 210 Licensed Vocational Nurses (LVNs), and 115 Licensed Psychiatric Technicians (LPTs).

Statewide, compliance with CDPH's proposed staffing standards is estimated to cost **at least $145.2 million**: $107.7 million in new personnel salaries and benefits, and $37.5 for recruitment, training, orientation, and severance pay. Since CDPH does not currently propose permitting unlicensed mental health technicians to be counted at all in the staff-patient ratios, over 760 mental health technicians — some of whom have decades of experience in this work — are at risk of losing their jobs. The number of new personnel needed in each region is illustrated in the table below.

New Full Time Equivalent Positions Needed in Acute Psychiatric Hospitals to Comply with CDPH Proposed Staff-Patient Ratios (By Region)

	Bay Area (5 hospitals)	**Southern California** (7 hospitals)	**Los Angeles** (7 hospitals)	**Central California** (2 hospitals)	**Sierra Sacramento** (4 hospitals)	**TOTAL**
Registered Nurse	97	140	152	35	161	**585**
Lic. Vocational Nurse	40	69	59.5		41	**209.5**
Lic. Psychiatric Tech.	32	13	55.5	15		**115.5**
TOTAL	**169**	**222**	**267**	**50**	**202**	**910**

Every acute psychiatric hospital is actively working to hire the new personnel CDPH's draft regulations require, but about **half of these hospitals are located in counties identified as a *Registered Nurse Shortage Area* and/or *Licensed Vocational Nurse Shortage Area*,** according to Health Workforce Data, California Department of Health Care Access and Information. Additionally, the availability of LPTs is extremely limited and is shrinking: According to the California Board of Vocational Nursing and Psychiatric Technicians, there are only 8,671 LPTs in California and the vast majority are employed in state hospitals, developmental centers, and prisons.

Considering the cost and challenges associated with hiring and onboarding large numbers of new employees who are in very short supply, **only 16% of acute psychiatric hospitals say they are "very likely" to be in full compliance with CDPH's proposed staff-patient ratio requirements by June 1, 2026.**

It's Not Too Late to Avert Bed Closures and Avoid Cutting Access to Lifesaving Care

CHA strongly urges the administration to make several critical amendments to the CDPH draft regulations, described below — *before they are filed with the OAL* to help prevent psychiatric bed closures.

These recommendations are based largely on the following facts regarding the hiring process for health facilities:

- The process to identify, screen, and hire candidates spans several months, encompassing position postings, candidate interviews, background checks, and comprehensive onboarding and training prior to assigning staff to provide direct patient care.
- The background check clearance process for licensed nurses in California takes 10 to 12 weeks, and providing necessary training to new personnel can take one to three months, depending on their prior experience.
- Early reports from psychiatric hospitals actively working on hiring RNs indicate that it is exceedingly difficult (especially under the time pressure of a looming June 1 deadline) to find nurses with either interest or experience in acute psychiatric hospital care, so many are forced to hire recent nursing school graduates who need substantial training.
- Psychiatric hospitals provide intensive training to all new staff on several high-risk and complex aspects of patient care. This helps ensure staff can demonstrate knowledge and competency before they are placed on the schedule and assigned to direct patient care (e.g., safe psychiatric medication administration, maintenance of a ligature-free environment for patients at risk of self-harm, compliance with seclusion and restraint laws, de-escalation and caring communication).

With dozens of facilities trying to hire licensed nurses from the same pool at a time when there is a nursing workforce shortage, psychiatric inpatient beds could be offline for extended periods of time until all required staff are in place. Diminishing access to inpatient psychiatric care — when 24 counties in California already have no psychiatric beds at all and only 15 counties have beds for adolescents — runs counter to the commitment and goals of the Newsom administration, the Legislature, and a vast majority of voters who directed billions of dollars to be invested in behavioral health infrastructure when passing Proposition 1 in 2024.

For these reasons, CHA urges the following revisions to CDPH's draft regulations before the OAL filing:

1) **Amend the draft CDPH regulations to add a specific process through which a psychiatric hospital can apply for an extension or program flexibility if it is unable to meet all proposed requirements by June 1, 2026.**

   The majority of psychiatric hospitals are challenged in hiring sufficient staff required by the CDPH draft regulations by June 1. CDPH should include a process through which psychiatric hospitals can apply for an extension or other flexibility while they are making **documented** efforts to recruit and hire necessary staff. During this period, CDPH should not impose penalties for noncompliance with the new ratios, provided the hospital's efforts are in good faith and ongoing.

   Factors CDPH could consider in determining a hospital's request for an extension or program flexibility include:
   - The extent to which the hospital provides specialty, essential, or safety-net services, including services for pediatric, adolescent, substance use disorder, or other specialized patient populations (e.g., patients treated under contract with the Department of State Hospitals)
   - The reliance on the hospital's services within the community served
   - The availability and capacity of alternative inpatient beds or services within the community or region if hospital beds or units are reduced or closed
   - The potential impact on general acute care hospital emergency department operations, ambulance diversion, surge capacity, disaster response, and regional emergency preparedness
   - The availability of temporary, registry, or travel nurses with the experience, competencies, and certifications required

2) **Amend the draft CDPH regulations to establish a differential ratio of 1:12 for nighttime shifts, when most patients are asleep.**

   As described in prior letters to CDPH, some psychiatric facilities continue to have grave concerns about the requirement these ratios be in place "at all times." They are concerned that the 1:6 and 1:5 RN-focused ratios at nighttime are not only unnecessary — as most patients are asleep — but the cost and time to hire more RNs to cover these nocturnal shifts will be prohibitive and lead facilities to close much-needed and almost always filled licensed beds. Nighttime hours for hospitals are typically either 11 p.m. to 7 a.m. (8-hour shifts) or 7 p.m. to 7 a.m. (12-hour shifts). Unlike general acute care hospitals, in acute psychiatric hospitals, *nighttime care is clinically distinct from daytime care*. Nighttime staffing in psychiatric hospitals does not require clinical patient assessments conducted by licensed nurses because patients are asleep. Mental health technicians currently safely conduct overnight patient observation ("rounding"), either every five minutes or every 15 minutes depending on the patient. These team members must immediately report any behavior changes they observe to licensed staff. Further, hospitals have reported difficulty hiring RNs willing to work nocturnal shifts as monitoring medically stable patients while they sleep is far from the optimal use of their skills and knowledge and therefore a professional dissatisfier.

3) **Amend the draft CDPH regulations to remove the unnecessary and costly requirement to provide additional nurses not counted in the ratios and limit the number of assessments nurses may provide.**

The draft regulations would add a new subdivision (l) to Section 71215 of Title 22 to require psychiatric hospitals to hire additional RNs — only for the purpose of providing a limited number of patient assessments during each shift — who would not be counted in the staff-patient ratios if a hospital was utilizing LVNs or LPTs in their ratios. Requiring these additional RNs is unnecessary, extremely costly, and would create a completely different and higher standard for psychiatric hospitals than for any other health facility. The existing nurse staffing regulations for general acute care hospitals and psychiatric units within a general acute care hospital *do not contain this additional requirement*.

CDPH should amend the draft regulations to **delete** the following from (l) of Section 71215 in its entirety:

> (l) The hospital shall have a registered nurse who is not included in the nurse-to-patient ratio available to provide the patient assessments when a licensed vocational nurse or a psychiatric technician is the nurse assigned to the patient for the purpose of meeting the minimum ratio. A registered nurse shall not be responsible for the assessment of more than 24 patients each 12 hour shift or 16 patients in an 8 hour shift.

4) **Amend the draft CDPH regulations to permit mental health technicians with training and experience to be counted in the ratios.**

Consistent with previous recommendations, a multidisciplinary team approach with a mix of licensed and non-licensed staff has been shown to enhance safety in acute psychiatric settings. Excluding mental health technicians from the ratios — especially on the state's proposed timeline — ignores existing, safe staffing patterns and will result in immediate bed closures. Additionally, requiring hospitals to lay off experienced and trained mental health technicians so they can afford to hire nurses who, in many cases, have minimal prior training or experience in a psychiatric inpatient environment would actually *reduce patient safety*.

CDPH should amend the regulations to permit experienced mental health technicians who are supervised by licensed nurses to be counted in the ratios. The regulations should include a new subdivision to Section 71215 that reads:

> *Mental health workers as defined in section 71053(a)(7) may be included in the staff-to-patient ratio when they have had at least six months' experience in the care of acute psychiatric patients, have demonstrated current competence to the hospital in providing care on a particular unit, and work under the supervision of a licensed nurse.*

5) **Amend the draft CDPH regulations to extend the same nursing coverage options during rest and meal breaks as current regulations provide to psychiatric inpatient units within general acute care hospitals.**

The nursing coverage options during rest and meal breaks for general acute care hospitals in Section 70217(a) of Title 22 are not provided in the CDPH draft regulations for acute psychiatric

hospitals. This alignment can be easily provided by adding the following underlined text to Section 71215 (k) of the CDPH draft regulations:

> (k) Nurse administrators, nurse supervisors, nurse managers, charge nurses, and other licensed nurses may be included in the nurse-to-patient ratio only when those licensed nurses are providing direct patient care. *Nurse administrators, nurse supervisors, nurse managers, charge nurses, and other licensed nurses that have demonstrated current competence to the hospital in providing care on a particular unit may relieve licensed nurses during breaks, meals, and other routine, expected absences from the unit.*

Budget Trailer or Policy Bill Must Give Acute Psychiatric Hospitals the Same Consideration as General Acute Care Hospitals in CDPH Assessment of Fines and Penalties

Once CDPH regulations have been promulgated to establish staff-patient ratios for acute psychiatric hospitals, they will be subject to a $15,000 initial day fine and $30,000 per day fine thereafter any time they are not in compliance with the new ratios. However, existing law at Health and Safety Code Section 1280.3 (f)(4) gives CDPH the discretion to waive these fines if a general acute care hospital can demonstrate:

- That any fluctuation in required staffing levels was unpredictable and uncontrollable.
- Prompt efforts were made to maintain required staffing levels.
- In making those efforts, the hospital immediately used and subsequently exhausted the hospital's on-call list of nurses and the charge nurse.

Acute psychiatric hospitals should be added to this provision of law. Further, when determining whether to assess fines, subdivision (i) of Section 1280.3 requires CDPH to consider the special circumstances of small and rural hospitals to protect access to quality care in those hospitals. The state should amend the statute to add acute psychiatric hospitals.

Costs to Comply with New Regulations Must be Funded

California counties serve as Medi-Cal behavioral health plans and are responsible for arranging and paying for specialty behavioral health services, including all psychiatric inpatient services. CHA shares the County Behavioral Health Directors Association's (CBHDA) concerns that the CDPH draft regulations create substantial new costs for acute psychiatric hospitals and payers, including county behavioral health plans. The current mismatch between new CDPH staffing mandates and existing Department of Health Care Services (DHCS) rate-setting methodologies creates significant financial risk for counties.

Psychiatric hospitals have already begun to aggressively recruit new personnel to meet the staff-patient ratios included in CDPH's draft regulations. These annual costs are estimated to exceed $140 million. Hospitals are forced to absorb these costs, since their reimbursement rates have not been adjusted to reflect new operational and personnel costs and the state has not provided any funding for these necessary and immediate investments. The state must ensure Medi-Cal psychiatric inpatient reimbursement rates are adjusted and funded through the state budget process to ensure hospitals can keep these critical services available to people in crisis.

One option the state should consider is allocating a portion of the **Behavioral Health Facility Throughput domain of Managed Care Organization (MCO) tax/Proposition 35** revenue toward improving Medi-Cal rates for acute psychiatric inpatient services. The DHCS proposed spending plan for the MCO

tax/Proposition 35 currently shows **$100 million** in unallocated Behavioral Health Facility Throughput funding in 2025 and 2026. **The state budget could direct these funds to be used by DHCS for payments or grants to psychiatric hospitals incurring new personnel costs to comply with new CDPH staffing regulations.**

Workforce Investments Would Increase Availability of Licensed Staff in Psychiatric Hospitals

The CDPH draft regulations permit psychiatric hospitals to utilize only RNs, LVNs, and LPTs in their ratios, despite evidence that a mix of licensed and unlicensed staff are shown to be effective at keeping patients safe. Every one of those professions currently has a shortage. Additionally, the availability of LPT training programs is extremely limited (i.e., 12 community college programs in California) and the numbers of individuals entering the programs and passing the exams have been on the decline for several years. The California Board of Vocational Nursing and Psychiatric Technicians reports that active LPT licensees in California (most of whom are employed by state hospitals, developmental centers, or prisons) shrunk statewide, from 9,194 in 2019-20 to 8,671 in 2022-23. On average, only 285 new LPTs are licensed each year in California.

The state should take the following steps to reduce the potential for job losses among more than 700 experienced, compassionate mental health technicians and pave the way for them to obtain licensure as psychiatric technicians:

- Direct a portion of the Behavioral Health Workforce Investment resources administered by HCAI to assist incumbent mental health technicians in obtaining psychiatric technician licenses. Currently, funding from Proposition 1 is providing HCAI approximately $100 million annually to create sustained and coordinated statewide workforce initiatives to expand a culturally competent and well-trained behavioral health workforce. Strategies HCAI could use to expand the availability of LPTs and assist mental health technicians in obtaining LPT licensure include:
    - Expanding educational capacity in community colleges and underserved areas to provide LPT training, including offering online and distance learning
    - Providing incumbent mental health technicians with stipends, scholarships, tuition reimbursement, or loan repayment, potentially including a service obligation to continue working in acute psychiatric hospital settings
    - Providing non-financial completion supports to assist incumbent staff with obtaining LPT training (e.g., childcare, living accommodation, transportation)
    - Providing financial assistance with state LPT licensing and examination fees

- Authorize the California Board of Vocational Nursing and Psychiatric Technicians to establish a fast-track pathway through which experienced, incumbent mental health technicians working in psychiatric hospitals can obtain their LPT licensure. Strategies the Board could be authorized to employ include:
    - Permitting recent and substantial hours of work experience as a mental health technician in an acute psychiatric hospital to be substituted for clinical/and or theory hours to satisfy LPT application requirements
    - Permitting incumbent mental health technicians working in acute psychiatric hospitals to obtain their license if they can pass the LPT licensure exam prior to full completion of all theory hours

CHA appreciates the opportunity to provide these recommendations and looks forward to answering any questions you may have. Thank you for your consideration.

Sincerely,

Kirsten Barlow, MSW
Vice President, Policy

cc: Erica Pan, Director, CDPH
Mandi Posner, Deputy Director, Center for Health Care Quality, CDPH
Chelsea Driscoll, CDPH
Richard Figueroa, Office of Governor Newsom
Corinne Buchanan, Undersecretary, California Health and Human Services Agency
Julie Souliere, Assistant Secretary, California Health and Human Services Agency
Stephanie Welch, Deputy Secretary, California Health and Human Services Agency
Michelle Baass, Director, DHCS
Tyler Sadwith, Chief Deputy Director & State Medicaid Director, DHCS
Paula Wilhelm, Deputy Director, DHCS
Stephanie Clendenin, Director, Department of State Hospitals
Elaine Yamaguchi, Executive Officer, California Board of Vocational Nursing and Psychiatric Technician
Libby Abbott, Deputy Director, Healthcare and Workforce Development, HCAI