

Draft Proposed Regulations for Psychiatric Nursing Staff

This summary was prepared by California Hospital Association (CHA) for its members

On December 22, 2025, the California Department of Public Health (CDPH) published [draft regulations](#) that would require free-standing psychiatric hospitals to meet new nursing service staff ratios. CDPH will hold a stakeholder meeting on December 29, 1-2 PM (register [here](#)).

While statute requires CDPH to publish these emergency regulations by January 31, 2026, this initial draft does not specify a date by which psychiatric hospitals must comply. It is CHA's understanding that once the final emergency regulations are promulgated, CDPH's existing authority to assess administrative penalties on hospitals that violate nurse-to-patient ratio regulations would apply (i.e., \$15,000 for the first violation, \$30,000 for the second and each subsequent violation).

A summary of the most salient provisions of the CDPH draft regulations is provided below. Please contact Kirsten Barlow, VP Policy, with questions or concerns at kbarlow@calhospital.org.

Psychiatric Nursing Service Staff Ratios

- The draft regulations require psychiatric hospitals to maintain, at all times, the following minimum nurse-to-patient ratios:
 - At least one licensed nurse for every six adult patients.
 - At least one licensed nurse for every five patients below the age of eighteen.

“Licensed nurses” includes psychiatric technicians, licensed vocational nurses (LVNs), and registered nurses (RNs). However, LVNs and psychiatric technicians shall not exceed 50% of the licensed nurses on the unit.

Any licensed nurse included in the nurse-to-patient ratio shall be awake and on duty in the hospital.

- Nurse administrators, nurse supervisors, nurse managers, charge nurses, and other licensed nurses may be included in the ratio only when providing direct patient care. They must have documented, unit specific competencies prior to providing direct patient care.
- The draft regulations require RNs to plan, supervise, implement, and evaluate the nursing care provided to each patient.

The regulations permit the RN who is responsible for a patient to delegate the nursing care to other licensed nursing personnel or to unlicensed mental health workers, subject to any limitations of their licensure, certification, level of validated competency, and regulation. However, this provision does not change the ratio requirements.

- When determining staffing levels, the regulations require hospitals to consider:
 - Patient acuity, including: risk of harm to self or others, including suicide risk and violence risk assessments; the ability of each patient to independently perform activities of daily living; and degree of illness.
 - Skill level and skill mix of personnel required for patient care and risk mitigation, including licensed personnel and unlicensed mental health workers.
 - Requirements for special nursing activities.
 - Placement of the patient in the nursing unit.
 - Time required to conduct assessments, care planning, and discharge planning or preparation needed to safely discharge a patient and reduce the likelihood of hospital readmission.

Patient Assessments

- As the existing LVN and psychiatric technician scopes of practice do not allow them to provide the following patient assessments, the regulations would require RNs to perform each patient's initial assessment, at each shift, and upon receipt of a patient when transferred to another patient care area.
- If a hospital uses LVNs or PTs to fulfill ratio requirements, the regulations provide that:
 - The hospital must have an RN available to provide patient assessments who is not included in the ratios.
 - An RN may not be responsible for the assessment of more than 24 patients during each 12-hour shift, or 16 patients in each 8-hour shift

Patient Care Plans

- The initial patient care plan must be based upon the individual patient assessment performed by an RN and evaluation performed by a member of the medical staff.
- Patient care plans must be updated in coordination with the personnel involved in the patient's care when the patient's needs or goals for care change.
- Patient monitoring implemented to reduce risk of harm to patients or others may only be decreased after documented collaboration between a physician or a psychiatrist involved in a patient's care and the RN responsible for the patient.