

**LANTERMAN-
PETRIS-SHORT ACT
(LPS) FACILITY
DESIGNATION
Interim Regulations**

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Article 1. General Provisions

Section 1. Scope.

(a) The Department issues these LPS facility designation interim regulations pursuant to the authority granted in subdivision (n) of section 5008 and subdivision (e) of section 5404 of the Welfare and Institutions Code.

(b) These interim regulations supersede the following sections of chapter 4, division 1, title 9 of the California Code of Regulations:

(1) Article 2, Section 810. Act.

(2) Article 2, Section 811. Department.

(3) Article 3, Section 821. Approval of Facilities.

(4) Article 3, Section 822. Professional Person in Charge of a Facility.

(5) Article 6. Section 865.4. Seclusion and Restraints.

(c) These interim regulations apply to host counties and the facilities they designate to provide treatment pursuant to the LPS Act.

(d) A host county that designates a facility to provide treatment pursuant to the LPS Act shall comply with these interim regulations and ensure the facilities it designates comply with the LPS Act and the standards in Article 3.

(e) A host county is not required to designate a facility, or obtain the Department's approval of a facility designation, to provide assessment, evaluation, and crisis intervention in accordance with subdivision (a) of section 5150 of the Welfare and Institutions Code.

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Section 2. Definitions.

(a) "Addiction Specialist Physician" means a physician holding any of the following board certifications:

(1) Subspecialty board certification in addiction medicine from the American Board of Preventive Medicine;

(2) Subspecialty board certification in addiction psychiatry from the American Board of Psychiatry and Neurology;

(3) Subspecialty board certification in addiction medicine from the American Osteopathic Association; or

(4) Certification from the American Board of Addiction Medicine.

(b) "Alcohol and Other Drug (AOD) Counselor" means an individual who is registered or certified by a certifying organization in accordance with chapter 8 (commencing with section 13000), division 4, title 9 of the California Code of Regulations.

(c) "Assessment" has the same meaning as defined in section 5150.4 of the Welfare and Institutions Code.

(d) "Authorized Representative" means any person or entity authorized by law to act on behalf of a patient.

(e) "Behavioral Health" means mental health and substance use disorders.

(f) "Behavioral Health Director" means the person responsible for the administration of behavioral health programs for the host county, or their designee.

(g) "Behavioral Health Personnel" means staff who do not qualify as behavioral health professionals, but who through experience, training, or formal education, are qualified to participate in patient care. Behavioral Health Personnel includes, but is not limited to, Mental Health Rehabilitation Specialists, Other Qualified Providers, Peer Support Specialists, and Alcohol and Other Drug Counselors.

(h) "Behavioral Health Physician" means a psychiatrist or addiction specialist physician.

(i) "Behavioral Health Professional" means any of the following, acting within the scope of their license, waiver, or registration in accordance with applicable State of California requirements:

(1) Psychologists.

(2) Clinical social workers.

(3) Professional clinical counselors.

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(4) Marriage and family therapists.

(5) Nurse practitioners fulfilling the requirements of section 2837.103 or 2837.104 of the Business and Professions Code and holding a certification in the psychiatric-mental health category specified in section 1481 of title 16 of the California Code of Regulations.

(6) Registered nurses with a master's degree in psychiatric-mental health nursing and at least two years of nursing experience in a behavioral health setting, or registered nurses with a bachelor's degree and at least four years of nursing experience in a behavioral health setting.

(j) "Clinical Social Worker" means a person who is licensed as a clinical social worker by the California Board of Behavioral Science, is waived, or is a registered clinical social worker. A waived or registered clinical social worker shall work under any necessary supervision required by the terms of their waiver or registration.

(k) "Crisis Intervention" has the same meaning as defined in section 5008 of the Welfare and Institutions Code.

(l) "Crisis Stabilization Unit" means a provider site that is certified by the Department or a mental health plan to provide Medi-Cal specialty mental health crisis stabilization services.

(m) "Department" means the State Department of Health Care Services.

(n) "Designated Facility" has the same meaning as defined in section 5008 of the Welfare and Institutions Code. For purposes of these interim regulations, "designated facility" includes a facility, or a distinct part, unit, or area of a facility, that is designated by a host county and approved by the Department to provide treatment pursuant to the LPS Act.

(o) "Evaluation" has the same meaning as defined in section 5008 of the Welfare and Institutions Code.

(p) "Gravely Disabled" has the same meaning as defined in section 5008 of the Welfare and Institutions Code.

(q) "Host County" means the county that designates a facility within its borders to provide evaluation and treatment pursuant to the LPS Act. A host county may assign any duties under these interim regulations to its behavioral health director.

(r) "Intensive Treatment" has the same meaning as defined in section 5008 of the Welfare and Institutions Code.

(s) "Jail LPS Unit" means a distinct unit within an adult or juvenile detention facility subject to oversight by the Board of State and Community Corrections in which the host

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county's behavioral health director controls the provision of involuntary behavioral health treatment to inmates.

(t) "Licensed Nursing Staff" means a nurse practitioner, registered nurse, licensed vocational nurse, or licensed psychiatric technician.

(u) "Licensed Psychiatric Technician" means a person who is licensed as a psychiatric technician by the Board of Vocational Nursing and Psychiatric Technicians.

(v) "Licensed Vocational Nurse" means a person who is licensed as a licensed vocational nurse by the Board of Vocational Nursing and Psychiatric Technicians.

(w) "Locked facility" means entrances, exits, and windows in a facility, or in the designated area of a facility, are controlled with locking mechanisms inaccessible to patients. Any outside spaces and recreational areas shall be similarly enclosed to preclude egress or ingress from the premises.

(x) "LPS Act" means the Lanterman-Petris-Short Act, Part 1 of Division 5 (commencing with Section 5000) of the Welfare and Institutions Code.

(y) "Marriage and Family Therapist" means a person who is licensed as a marriage and family therapist by the California Board of Behavioral Sciences, is waived, or is a registered marriage and family therapist. A waived or registered marriage and family therapist shall work under any necessary supervision required by the terms of their waiver or registration.

(z) "Medication Treatment" includes prescribing, administering, dispensing, and monitoring drug interactions and contraindications of medications for behavioral health conditions or biologicals necessary to alleviate symptoms associated with behavioral health conditions. Medication treatment includes one or more of the following service components:

(1) Evaluation of the need for medication for treatment of behavioral health conditions.

(2) Evaluation of clinical effectiveness and side effects.

(3) Medication education, including instruction in the use, risks, and benefits of and alternatives for medication.

(4) Assessing the appropriateness of reducing medication usage when clinically indicated.

(5) Treatment Planning.

(aa) "Medications for Addiction Treatment" means all medications approved by the United States Food and Drug Administration (FDA) for treating substance use disorders.

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(bb) “Mental Health Rehabilitation Specialist” means a person who has a baccalaureate degree and four years of clinical experience in a behavioral health setting. Up to two years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four years’ experience in a behavioral health setting.

(cc) “Minor” means a person under 18 years of age.

(dd) “Nurse Practitioner” means a registered nurse who is certified as a nurse practitioner by the California Board of Registered Nursing and is currently licensed to practice in the state.

(ee) “Other Qualified Provider” means a person at least 18 years of age with a high school diploma or equivalent degree and two years of related paid or non-paid experience in a behavioral health setting, including experience as a service recipient or caregiver of a service recipient, or related secondary education.

(ff) “Patient” means a person receiving assessment, evaluation, crisis intervention, treatment, or intensive treatment at a designated facility pursuant to the LPS Act.

(gg) “Peer Support Specialist” means a person with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification that meets all ongoing education requirements.

(hh) “Physician” means a person who is licensed as a physician and surgeon by the Medical Board of California or the Osteopathic Medical Board of California.

(ii) “Professional Clinical Counselor” means a person who is licensed as a professional clinical counselor by the California Board of Behavioral Sciences, is waived, or is a registered professional clinical counselor. A waived or registered professional clinical counselor shall work under any necessary supervision required by the terms of their waiver or registration.

(jj) “Professional Person in Charge of the Facility” means a person who is a behavioral health physician or licensed behavioral health professional and appointed in writing by a designated facility as the person who is clinically in charge of the facility for purposes of the LPS Act and responsible for facility compliance with the LPS Act and these interim regulations.

(kk) “Psychiatrist” means a physician who completed a postgraduate training program in psychiatry approved by an entity specified in section 2096 of the Business and Professions Code.

(ll) “Psychologist” means a person who is licensed as a psychologist by the California Board of Psychology, or is waived. A waived psychologist shall work under any necessary supervision required by the terms of their waiver.

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(mm) “Registered Clinical Social Worker” means a candidate for licensure as a clinical social worker who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure in accordance with applicable statutes and regulations.

(nn) “Registered Marriage and Family Therapist” means a candidate for licensure as a marriage and family therapist who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

(oo) “Registered Nurse” means a person who is licensed as a registered nurse by the Board of Registered Nursing.

(pp) “Registered Professional Clinical Counselor” means a candidate for licensure as a professional clinical counselor who is registered with the corresponding state licensing authority for the purpose of acquiring the experience required for licensure, in accordance with applicable statutes and regulations.

(qq) “Severe Substance Use Disorder” has the same meaning as defined in section 5008 of the Welfare and Institutions Code.

(rr) “Staff-secured with delayed egress facility” means staff continuously monitor and control all unlocked entrances and exits to the facility which are equipped with delayed egress devices preventing exit for a predetermined amount of time, not to exceed 30 seconds. Patients shall not be permitted to leave a staff-secured with delayed egress facility of their own volition.

(ss) “Staff-to-Patient Census Ratio” means the number of staff members allocated per patient based on a designated facility’s patient census in any 24-hour period.

(tt) “Therapy” means the application of cognitive, behavioral, or other clinically indicated strategies, one-on-one or in a group, to assist a person with any of the following:

(1) Relieving symptoms of a mental health or substance use disorder.

(2) Acquiring greater personal, interpersonal, or community functioning.

(3) Maintaining abstinence from the use of alcohol and/or other drugs, sobriety, or achieving any other goal set during treatment for a substance use disorder.

(uu) “Treatment” means health care provided to patients for physical or behavioral health conditions.

(vv) “Waivered” means:

(1) For a psychologist candidate, an individual who either is gaining the experience required for licensure or was recruited for employment from outside California, has sufficient experience to gain admission to a licensing examination, and has been

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granted a professional licensing waiver approved by the Department to the extent authorized under state law.

(2) For a clinical social worker candidate, a marriage and family therapist candidate or professional clinical counselor candidate, “waivered” means a candidate for licensure who was recruited for employment from outside California, whose experience is sufficient to gain admission to the appropriate licensing examination, and who has been granted a professional licensing waiver approved by the Department to the extent authorized under state law.

Article 2. Facility Designation Approval

Section 3. Facility Designation Requirements.

(a) A host county may designate a facility listed in subsection (b) to provide one or more of the following levels of treatment to a patient pursuant to Chapter 2 of the LPS Act.

(1) Evaluation and treatment in accordance with Article 1 (commencing with section 5150).

(2) Intensive treatment in accordance with Article 4 (commencing with section 5250).

(3) Additional intensive treatment in accordance with Article 4.5 (commencing with section 5260).

(4) Additional intensive treatment in accordance with Article 4.7 (commencing with section 5270.10).

(5) Postcertification treatment in accordance with Article 6 (commencing with section 5300).

(b)(1) A host county shall only designate the following types of facilities to provide treatment pursuant to the LPS Act.

(A) Health facilities licensed by the State Department of Public Health in accordance with Chapter 2 of Division 2 of the Health and Safety Code.

(B) Psychiatric health facilities licensed by the Department in accordance with section 4080 of the Welfare and Institutions Code and section 1250.2 of the Health and Safety Code.

(C) Psychiatric residential treatment facilities licensed by the Department in accordance with section 4081 of the Welfare and Institutions Code and section 1250.10 of the Health and Safety Code.

(D) Mental health rehabilitation centers licensed by the Department in accordance with section 5675 of the Welfare and Institutions Code.

(E) Hospitals operated by the United States Department of Veterans Affairs.

(F) Crisis stabilization units.

(G) Jail LPS units.

(H) Another type of facility that is licensed by the Department or the State Department of Public Health, and permitted under the terms of its licensure to provide treatment to

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patients diagnosed with a mental health disorder, severe substance use disorder, or co-occurring mental health disorder and severe substance use disorder.

(2) A host county shall not designate a facility to provide treatment to patients deemed gravely disabled solely as a result of a severe substance use disorder or a co-occurring mental health disorder and severe substance use disorder if the facility is not permitted under the terms of its licensure or accreditation to provide substance use disorder treatment.

(3) Notwithstanding subsection (a), a host county that designates a crisis stabilization unit shall only designate this type of facility to provide evaluation and treatment in accordance with Article 1 of Chapter 2 of the LPS Act (commencing with section 5150).

(c)(1) A host county shall only designate a facility that is a locked facility, except if the facility is a crisis stabilization unit, it shall be:

(A) A locked facility;

(B) A staff-secured with delayed egress facility; or

(C) Both a locked and staff-secured with delayed egress facility.

(2) A psychiatric health facility that is staff-secured with delayed egress and designated and approved by the Department before the effective date of these interim regulations is exempt from the requirement to be a locked facility.

(d) A host county shall not designate a facility that does not continually satisfy all the standards in Article 3. If the entire premises of a facility will not continually satisfy all the standards in Article 3, a host county shall only designate the distinct part, unit, or area of the facility that continually meets those standards.

Section 4. Process for Approving County Designation of Facility.

(a) A host county's behavioral health director shall submit a complete application for approval of a facility designation to the Department via email at LPSinfo@dhcs.ca.gov.

(b) Within 30 calendar days of receiving a host county's application for approval of a facility designation, the Department shall notify the behavioral health director in writing of whether the application is complete and accepted for review, or incomplete.

(1) If the application is incomplete, the Department shall notify the behavioral health director in writing of the information required to complete the application. The behavioral health director shall provide the missing information within 30 calendar days of the date of the Department's notice. If the behavioral health director fails to provide the missing information within 30 calendar days, the application shall be deemed withdrawn. A host county deemed to have withdrawn an application does not have a right to review and may reapply by submitting a new application.

(2) If the application is complete, the Department shall provide written notice to the behavioral health director of the Department's decision to approve or deny the application within 60 calendar days of accepting the complete application for review. A denial notice shall set forth the reasons for denial.

Section 5. Facility Designation Application Content.

A complete application for approval of a facility designation shall include all of the following:

- (a) An Application for Facility Designation Approval or Renewal of Approval form DHCS 25-0022 (02/2026).
- (b) A written program statement and supporting documentation meeting the requirements of Section 6.
- (c) A copy of the facility's fire clearance issued by the county's Fire Marshal or other authorized governmental entity.
- (d) A copy of the facility's licenses, certifications, or accreditations, as applicable, including licensing, certifying, or accrediting agency or organization and license, certificate, or accreditation number.
- (e) A sketch of the facility and its designated areas, including a floor plan depicting the designated areas of the facility and beds, including for minors and adults, if applicable.
- (f) A written description of the behavioral health director's process for overseeing the designated facility and ensuring the designated facility complies with the LPS Act and the standards in Article 3.

Section 6. Designated Facility Program Statement.

- (a) A host county's behavioral health director shall ensure a designated facility maintains a program statement as described in this section.
- (b) A designated facility's program statement shall include all of the following documents and information.
 - (1) Job descriptions, daily staffing schedules, professional licenses and credentials, as applicable, for the professional person in charge of the facility, nursing head of service, behavioral health physicians, behavioral health professionals, licensed nursing staff, and behavioral health personnel.
 - (2) Documentation the professional person in charge of the facility, nursing head of service, and their designees are qualified in accordance with Section 12.
 - (3) An organizational chart listing facility staff and staff-to-patient census ratios demonstrating compliance with Section 12.
 - (4) A description of the population admitted by the facility, including age range and genders.
- (c) Nothing in this Section prohibits a host county from requiring a designated facility to include additional information in its program statement.

Section 7. Review of Denial of Approval of Facility Designation.

(a) A host county's behavioral health director may request a review of the Department's denial of a facility designation approval or renewal of approval by sending a written request for review by certified mail to Licensing and Certification Division, Mental Health Licensing and Certification Branch, P.O. Box 997413, MS 2800, Sacramento, CA 95899-7413, or via e-mail to LPSinfo@dhcs.ca.gov.

(1) A request for review shall be submitted to the Department no later than 30 calendar days after the date of the notice denying approval. The Department may decline to review an untimely request.

(2) The behavioral health director shall submit all relevant documents, information, and arguments the host county wishes the Department to consider with the request for review.

(3) The Department may request the behavioral health director to provide additional information if necessary.

(b) Within 60 calendar days of receiving the request for review, the Department shall notify the behavioral health director in writing of its decision to affirm or reverse the denial. The Department's decision shall be final.

Section 8. Renewal of Approval of Facility Designation.

(a) The Department's approval of a facility designation shall expire every three years. The facility designation approval expiration date is three years after the date on which the Department last approved the facility designation.

(b) At least 90 calendar days before a facility designation approval expiration date, the host county's behavioral health director shall submit a complete renewal application to the Department via email to LPSinfo@dhcs.ca.gov. The renewal application shall contain all of the following:

(1) An Application for Facility Designation Approval or Renewal of Approval form DHCS 25-0022 (02/2026).

(2) A program statement and supporting documentation meeting the requirements of Section 6, updated to reflect current information as of the date of the application for renewal. All modifications made to the program statement since the last time the Department approved the facility's designation shall be clearly marked.

(3) A copy of the facility's fire clearance issued by the county's Fire Marshal or other authorized governmental entity.

(4) The information required by subsections (d) through (f) of Section 5, if any of the information changed since the last time the Department approved the facility's designation.

(c) An application for renewal of a facility designation is subject to the application review process set forth in Section 4 and the review process set forth in Section 7.

Section 9. Changes to Designated Bed Capacity.

(a)(1) During the three-year period of designation approval, a host county may change the number of beds in a facility that are designated for treatment pursuant to the LPS Act only with the Department's prior approval.

(2) In the event of an emergency, the Department may grant a temporary exception to the prior approval requirement in subsection (a)(1) for a specified duration.

(b)(1) The host county's behavioral health director shall submit a written request for approval to the Department via email to LPSinfo@dhcs.ca.gov at least five calendar days before the date on which a facility's designated bed capacity is scheduled to change.

(2) If the host county seeks approval for an increase or decrease in the number of designated beds at a facility, its request for approval shall include the following:

(A) A copy of the designated facility's license, certification, or accreditation reflecting changes to the total number of authorized beds, if applicable;

(B) The levels of treatment, as described in subsection (a) of Section 3, that the facility will provide in the additional beds;

(C) The behavioral health conditions that the facility will treat in the additional beds; and

(D) Documentation that the entire facility, or the designated area of the facility, as applicable, will meet the staffing standards in Section 12 after the change in designated bed capacity.

(3)(A) The Department shall approve the bed capacity change if it determines, based on the information provided by the behavioral health director pursuant to this section, that the facility will meet the standards in Article 3 after the change in designated bed capacity.

(B) If the Department denies the bed capacity change, it shall notify the behavioral health director in writing of the denial and the reasons for the denial before the date on which the facility's designated bed count was scheduled to change. The Department's decision shall be final. The host county may submit a new request for approval demonstrating the facility will meet the standards in Article 3 after the change in designated bed capacity.

Article 3. Designated Facility Standards

Section 10. Maintenance of License, Certification, or Accreditation and Notice to Host County.

(a)(1) Except as provided in subsections (a)(2), (a)(3), and (c), a designated facility shall maintain an active license to operate from the Department or State Department of Public Health.

(2) A crisis stabilization unit shall maintain a certification from the Department or a county mental health plan to participate in Medi-Cal.

(3) A federal Veterans Affairs Hospital shall maintain health care accreditation as required by the United States Department of Veterans Affairs.

(b)(1) A designated facility shall notify the host county's behavioral health director in writing:

(A) No later than 24 hours after the suspension, revocation, or termination of its license, certification, or accreditation.

(B) Within 10 calendar days of any other change to the facility's license, certification, or accreditation, including but not limited to the facility's name, location, or mailing address.

(C) Within 10 calendar days of a change to the professional person in charge of the facility.

(2) The notice required by subsection (b)(1)(B) or (b)(1)(C) shall include a copy of the designated facility's license, certification, or accreditation reflecting the change, or documentation the professional person in charge of the facility is qualified in accordance with Section 12, as applicable.

(c) This section does not apply to jail LPS units subject to oversight by the Board of State and Community Corrections.

Section 11. Minimum Behavioral Health Treatment Services.

(a)(1) At a minimum, a designated facility shall provide the following behavioral health treatment services, as clinically appropriate, 24 hours per day:

(A) Assessment;

(B) Evaluation;

(C) Crisis intervention;

(D) Medication treatment;

(E) Therapy; and

(F) Care coordination, in accordance with the requirements set forth in sections 5152 and 5257.5 of the Welfare and Institutions Code.

(2) A designated facility shall provide the behavioral health treatment services required by subsection (a)(1) seven days per week, unless the Department approved an exemption for the facility under section 5151 of the Welfare and Institutions Code.

(b) A designated facility shall individually determine a patient's length of stay based on evidence-based clinical standards and the patient's assessed need for behavioral health treatment.

(c)(1) A designated facility shall directly provide all medications for addiction treatment to patients on site, as indicated, except as provided by this subsection.

(2) A designated facility shall implement an effective process for initiating or continuing a patient's treatment with methadone for opioid use disorder. The facility's process shall include all of the following:

(A) Procedures for initiating or continuing a patient's treatment with methadone while admitted to the facility, which shall include a documented formal agreement with a narcotic treatment program, unless locally unavailable;

(B) Procedures for transporting patients to a narcotic treatment program, if patients are transported offsite, or procedures for obtaining and distributing methadone in the facility; and

(C) Procedures for referring discharged patients to narcotic treatment programs, community health centers, or other providers of medications for addiction treatment.

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(d)(1) A designated facility that admits patients who are presently intoxicated or experiencing withdrawal symptoms, or at risk of experiencing withdrawal symptoms, shall do the following:

(A) Assess a patient's need for observation at admission; and

(B) Conduct patient observation checks in accordance with the patient's assessed need for observation.

(2) A designated facility shall document the name of the staff conducting patient observation checks and the date and time of each observation check in a patient's chart.

(e) A designated facility shall maintain a suicide prevention policy addressing all of the following elements of care for patients expressing suicidal ideation or engaging in self-harming behavior.

(1) Risk assessments.

(2) Safety precautions.

(3) Visual observation policies and staffing to maintain compliance with visual observation policies.

(4) Incident documentation requirements.

(5) Methods by which hazardous objects, including plastic bags and trash can liners, are kept inaccessible to patients.

Section 12. Staffing Standards.

(a) This section contains minimum staffing requirements for designated facilities. A designated facility shall comply with this section in addition to any licensing, certification, or accreditation requirements for staffing.

(b)(1) A designated facility shall employ or contract with the following staff on a full-time basis:

(A) A professional person in charge of the facility who is either a behavioral health physician or licensed behavioral health professional; and

(B) A nursing head of service who is a registered nurse with at least one year of experience in psychiatric nursing supervision within the last six years. Psychiatric nursing supervision means the management and supervision of registered nurses delivering patient care services in a behavioral health setting within the scope of nursing practice as described in section 2725 of the Business and Professions Code.

(2) The professional person in charge of the facility and nursing head of service, or their designee, shall be present and on duty at the designated facility at least 40 hours per week.

(3) Any designee of the professional person in charge of the facility or nursing head of service for purposes of the meeting the requirement in subsection (b)(2) shall be another member of the facility's staff who meets the respective qualification in subsection (b)(1).

(4) The professional person in charge of the facility shall supervise the behavioral health treatment services provided to patients and be responsible for the facility's compliance with the LPS Act and the standards in this article.

(5) The nursing head of service shall have administrative oversight authority with responsibility for the nursing services provided by the designated facility, and shall not:

(A) Be counted in the staff-to-patient census ratio in subsection (d); or

(B) Have any charge nurse responsibilities.

(c) A designated facility shall employ or contract with the following staff in the quantity required to meet the applicable staff-to-patient census ratio in subsection (d):

(1) Behavioral health physicians.

(2) Behavioral health professionals. Waivered psychologists, and waivered or registered clinical social workers, marriage and family therapists, and professional clinical

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counselors, shall only count towards the staff-to-patient census ratio for behavioral health professionals in subsection (d) if the supervision requirements of their waiver or registration are satisfied.

(3) Licensed nursing staff.

(4) Behavioral health personnel.

(d)(1) A designated facility shall meet the following full-time equivalent staff-to-patient census ratios in any 24-hour period. Required staff shall be present and on duty at the facility in accordance with the patient census.

Patient Census	Minimum Number of Required Full-Time Equivalent Staff									
	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
Behavioral Health Physicians	1	1	2	2	3	3	4	4	5	5
Behavioral Health Professionals	1	2	3	4	5	6	7	8	9	10
Licensed Nursing Staff	4	5	6	8	10	12	14	16	18	20
Behavioral Health Personnel	3	5	8	10	13	15	18	20	23	25
Totals	9	13	19	24	31	36	43	48	55	60

(2) A designated facility with capacity for more than 100 patients shall staff the facility in accordance with the staff-to-patient census ratios in paragraph (1).

(3) A designated facility shall calculate full-time equivalent by adding up the total number of hours worked by staff in the same category in seven days and dividing that number by 40 hours.

(4) A designated facility may count the professional person in charge of the facility toward the required number of full-time equivalent staff for the applicable category of the staff-to-patient census ratio in subsection (d)(1).

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(e) Notwithstanding subsection (d)(1), a designated facility shall ensure behavioral health professionals and behavioral health personnel are present and on duty at the facility in numbers sufficient to provide the behavioral health treatment required by subsection (a) of Section 11.

(f) Licensed nursing staff shall be present and on duty at a designated facility 24 hours per day, seven days per week.

(g)(1) During any hours a behavioral health physician is not present and on duty at a designated facility, the designated facility shall have at least one behavioral health physician on-call.

(2) On-call means a behavioral health physician is immediately available for consultation with the designated facility by telephone or synchronous interaction telehealth and able to be physically present at the designated facility within 30 minutes.

(3) A designated facility shall ensure staff on each shift are provided with the name, location, and contact information for the on-call behavioral health physician.

Section 13. Use of Seclusion and Restraints.

(a) In addition to complying with the requirements specified in this section, a designated facility that uses seclusion or behavioral restraints shall comply with all other applicable federal and state legal authorities governing its use of seclusion and behavioral restraints.

(b) A designated facility may use seclusion or behavioral restraints only as a measure to prevent immediate injury to the patient or others and only when less restrictive alternative measures are not sufficient to protect the patient or others from injury.

(c)(1) A designated facility shall not use seclusion or behavioral restraints for the convenience of staff, to punish or discipline a patient, or as a substitute for a less restrictive alternative form of treatment.

(2) A designated facility shall not allow *pro re nata* (as needed) orders for seclusion or behavioral restraint.

(d) A designated facility shall document the following in a patient's record each time it uses seclusion and/or behavioral restraint:

(1) Each use of seclusion and/or behavioral restraint, in accordance with the requirements set forth in section 865.3 of title 9 of the California Code of Regulations.

(2) Any patients' rights listed in section 5325 of the Welfare and Institutions Code that are denied while a patient is in seclusion and/or behavioral restraints.

(e) For purposes of this section, the following definitions apply:

(1) "Behavioral restraint" means "mechanical restraint" or "physical restraint" as defined in this section, used as an intervention when a patient presents an immediate danger to self or to others.

(2) "Mechanical restraint" means the use of a mechanical device, material, or equipment attached or adjacent to the patient's body that they cannot easily remove and that restricts the freedom of movement of all or part of a patient's body or restricts normal access to the person's body, and that is used as a behavioral restraint.

(3) "Physical restraint" means the use of a manual hold to restrict freedom of movement of all or part of a patient's body, or to restrict normal access to the patient's body, and that is used as a behavioral restraint. "Physical restraint" is staff-to-patient physical contact in which the patient unwillingly participates. "Physical restraint" does not include briefly holding a patient without undue force in order to calm or comfort, or physical contact intended to gently assist a patient in performing tasks or to guide or assist a patient from one area to another.

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(4)(A) "Seclusion" means the involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving.

(B) Notwithstanding subsection (a), "seclusion" in a jail LPS unit means placement of an inmate patient in a safety cell in accordance with section 1055 of title 15 of the California Code of Regulations.

Section 14. Staff Orientation and Training.

(a)(1) A designated facility shall provide an orientation to all newly employed and contracted staff who provide treatment pursuant to the LPS Act prior to their direct contact with patients. The orientation shall include training on the designated facility's organization, policies and procedures for complying with the LPS Act and the standards in this article, and the contents of the facility's program statement.

(2) A designated facility shall require staff who provide treatment pursuant to the LPS Act to repeat the orientation at least annually.

(3) Prior to direct contact with patients, a designated facility shall train staff who provide treatment pursuant to the LPS Act on the following additional topics:

(A) De-escalation, crisis intervention, positive behavior management techniques, and prevention and management of assaultive and self-injurious behavior;

(B) The safe use of restraint and seclusion, including the ability to recognize and respond to signs of physical distress in patients who are in restraint or seclusion;

(C) Suicide prevention techniques;

(D) Medications for addiction treatment; and

(E) Assessment and observation required by subsection (d) of Section 11, in facilities that admit patients who are presently intoxicated or experiencing withdrawal symptoms, or at risk of experiencing withdrawal symptoms.

(b) A designated facility shall provide full-time staff with at least 20 hours per year of continuing training. A designated facility may prorate the required number of hours for part-time staff.

(c)(1) A designated facility shall document all staff orientation and training sessions by maintaining a record of the training title and date, syllabus or curriculum, training materials, and sign-in sheets of attendees.

(2) A designated facility shall document completed orientation and training sessions in personnel records, including the name of the person certifying completion.

(d) A designated facility shall retain all staff orientation and training records and materials for a minimum of three years from the date of the training.

(e) A designated facility shall make all staff orientation and training records and materials available to the host county's behavioral health director.

Section 15. Requirements for Admitting Minors.

(a) A designated facility shall only admit minors if the host county has specifically designated it to do so and it implements a treatment program specifically designed for minors.

(b) A designated facility that admits both adults and minors shall house minors and adults in specific separate housing arrangements.

(c) Notwithstanding subsection (b), a designated facility may house adults and minors together if the Department granted the host county a waiver for that facility pursuant to section 5751.7 of the Welfare and Institutions Code.

Section 16. Treating Patients Outside of Designated Areas.

(a) A designated facility that is licensed by the State Department of Public Health as a general acute care hospital or correctional treatment center, or that is a federal Veterans Affairs Hospital, may provide physical health care services to a patient receiving treatment pursuant to the LPS Act in undesignated areas of the facility, if all the following requirements are met:

- (1) The patient has a medical need for a physical health care service that cannot be provided in the facility's designated area.
- (2) The patient remains in an undesignated area of the facility only for the length of time necessary to receive the physical health care service.
- (3) The patient consents to the physical health care service, the patient's authorized representative consents to the physical health care service, or a court ordered the involuntary physical health care service because the patient lacked capacity to consent.
- (4) The designated facility continues to provide behavioral health treatment to the patient, unless the patient's physical health condition prevents the patient from receiving behavioral health treatment.

(b) A designated facility shall count the time a patient spends outside of the designated area in accordance with subsection (a) toward the person's total period of detention, as required by section 5258 of the Welfare and Institutions Code.

Section 17. Reporting Unusual Occurrences.

(a)(1) A designated facility that is licensed by the State or subject to federal accreditation requirements shall report unusual occurrences to its licensing or accreditation authority in accordance with its applicable licensing or accreditation requirements.

(2) This section applies only to crisis stabilization units, jail LPS units, and designated facilities approved by the Department under subsection (b)(1)(H) of Section 3 that are not required to report unusual occurrences to a licensing or oversight authority.

(b)(1) A designated facility shall notify the host county's behavioral health director of an unusual occurrence, in the form and manner specified by the behavioral health director, within 24 hours of the occurrence.

(2) A designated facility shall also report an unusual occurrence that involves suspected criminal acts to the local law enforcement authority as soon as possible, and in no case later than 24 hours after the act.

(c) A designated facility shall submit a written unusual occurrence report to the host county's behavioral health director, in the form and manner specified by the behavioral health director, within seven calendar days of the unusual occurrence. The unusual occurrence report shall contain all of the following:

- (1) The date, time, and setting of the occurrence;
- (2) A detailed description of the occurrence;
- (3) A description of any injuries to patients, staff, or visitors;
- (4) The staff response to the occurrence; and
- (5) The designated facility's plan to investigate, follow-up, and prevent a reoccurrence.

(d) A designated facility shall cooperate fully with an investigation by the host county, provide all records and information requested, and, if applicable, comply with a corrective action plan or enforcement action.

(e) A designated facility shall retain an unusual occurrence report for at least one year from the date of the occurrence.

(f) For purposes of this section, "unusual occurrence" includes the following:

- (1) Cases of communicable disease reportable under section 2500 of title 17 of the California Code of Regulations.

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(2) Poisonings.

(3) Fires.

(4) Physical injury to any person which, consistent with good medical and professional practice, would require treatment by a physician.

(5) Death of a patient, employee, or visitor from unnatural causes.

(6) Physical or sexual assaults on patients, employees or visitors.

(7) All instances of patient abuse. For purposes of this requirement, "abuse" means maltreatment, sexual maltreatment, financial maltreatment, sexual exploitation, sex trafficking, solicitation, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering, or deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

(8) Actual or threatened walkout by staff, or other curtailment of services or interruption of essential services provided by the facility.

(9) Suspected criminal acts on the premises, by or against patients, employees or visitors.

(10) Any other occurrence that threatens the welfare, safety, security, or health of patients, staff, or visitors.

Article 4. Host County Oversight and Enforcement

Section 18. Oversight Duties and Notice to Department.

A host county's behavioral health director shall do all of the following:

- (a) Ensure that a designated facility maintains compliance with the LPS Act and the standards in Article 3 for the duration of its designation.
- (b)(1) Implement policies and procedures for receiving complaints about designated facility compliance with the LPS Act and the standards in Article 3.
- (2) Investigate complaints received about designated facility compliance with the LPS Act and the standards in Article 3 and take any actions the host county deems necessary to resolve those complaints, including, but not limited to, imposing a corrective action plan or terminating the facility's designation.
- (c)(1) Investigate alleged patients' rights violations pursuant to section 5326.9 of the Welfare and Institutions Code.
- (2) Comply with the complaint resolution process for patients' rights violations in section 864 of title 9 of the California Code of Regulations.
- (d) Provide the Department with a report of its resolution of all complaints received pursuant to this section within 30 calendar days of resolving a complaint.
- (e)(1) Investigate all unusual occurrence reports received pursuant to Section 17.
- (2) Take any action against a designated facility the host county deems appropriate based on the findings of the investigation, including, but not limited to, placing a designated facility on a corrective action plan or terminating its designation.
- (3) Provide the Department with a report of its resolution of the investigation, including any corrective action plans and supporting documentation, within 30 calendar days of concluding the investigation.
- (f) Notify the Department in writing via email to LPSinfo@dhcs.ca.gov:
 - (1) Within 72 hours of learning a facility's license, certification, or accreditation will be, or was, suspended, not renewed, or revoked.
 - (2) At least 72 hours before terminating a facility's designation.
 - (3) Within ten calendar days of receiving notice from a designated facility pursuant to subsection (b)(1)(B) or (b)(1)(C) of Section 10. The notice to the Department shall include the documentation specified in subsection (b)(2) of Section 10.

Section 19. Termination of Facility Designation.

(a)(1) A host county may terminate its designation of a facility.

(2) A host county shall terminate a facility designation upon termination or revocation of the facility's license, certification, or accreditation.

(b) A host county that terminates a facility designation shall ensure the following:

(1) Appropriate transfer or discharge of patients admitted pursuant to the LPS Act prior to the date of termination, and in no circumstances more than 10 calendar days following the termination.

(2) The facility immediately ceases admitting patients for treatment pursuant to the LPS Act.

(c) If the Department denies an application for approval or renewal of approval of a facility designation, affirms a denial on review, or revokes its approval of a facility designation, the host county shall:

(1) Terminate the facility's designation and comply with subsection (b).

(2) Not resubmit an application for approval of that facility until at least 30 calendar days after the effective date of the Department's action. The host county's application shall demonstrate the deficiencies identified by the Department were corrected prior to resubmission.

Article 5. Department Oversight and Enforcement

Section 20. Corrective Action Plans.

(a) The Department may impose a corrective action plan on a host county for noncompliance with the LPS Act or these interim regulations.

(b)(1) When the Department determines a host county is not in compliance with the LPS Act or these interim regulations, the Department shall issue a notice of noncompliance to the behavioral health director in writing.

(2) The notice of noncompliance shall include the following:

(A) The details of the noncompliance;

(B) A date by which the host county must correct the noncompliance; and

(C) A requirement for the host county to prepare and implement a corrective action plan to come into compliance.

(c)(1) The host county's behavioral health director shall submit a corrective action plan within 30 calendar days of the date of the notice of noncompliance, or within five calendar days if the Department finds there is an immediate risk of harm to the welfare, safety, or health of patients, staff, or visitors.

(2) The host county's corrective action plan shall be subject to the Department's approval. The Department shall notify the behavioral health director of its decision to approve or disapprove the corrective action plan within 15 calendar days of receipt.

(3) If the Department disapproves the host county's corrective action plan, the Department shall specify the corrective action it deems necessary to correct the noncompliance and the deadline for corrective action.

(d) The host county shall implement corrective actions in accordance with the deadlines specified by the Department.

(e) If the host county does not submit a corrective action plan or fails to come into compliance by the deadline specified by the Department, the Department may revoke its approval of the facility designation pursuant to Section 23.

Section 21. Termination of Department Approval of Facility Designation.

(a)(1) The Department's approval of a facility designation is dependent upon maintenance of the following:

(A) An active license, except for jail LPS units; or

1. If the facility is a crisis stabilization unit, an active certification from the Department or a county mental health plan to participate in Medi-Cal; or

2. If the facility is a federal Veterans Affairs Hospital, an active health care accreditation; and

(B) An active designation by the host county.

(2) The Department's approval of a facility designation shall automatically terminate on the effective date of termination or revocation of the facility's license, certification, or accreditation, or the host county's termination of designation.

(b) The Department's approval of a facility designation is not transferable to a new or different license or certification. If a designated facility will operate under a different license or certification than last approved by the Department, the host county shall submit a new application for approval of facility designation.

Section 22. Inspection of Designated Facility Site and Records.

(a) At any time, with or without prior notice, the Department may inspect a designated facility's site and its records, including medical records, to determine whether the host county is in compliance with the LPS Act and the standards in Article 3.

(b) The designated facility shall cooperate with the Department's inspection, including by providing the Department with all information and documents requested and making staff and patients available for interviews.

(c) A designated facility shall provide all requested information and records by the deadline specified by the Department.

(d) The Department shall notify the host county's behavioral health director if a designated facility fails to comply with this section.

Section 23. Revocation of Approval of Facility Designation.

(a) The Department may revoke its approval of a facility designation for host county noncompliance with the LPS Act or these interim regulations.

(b)(1) At least 30 calendar days before the revocation effective date, the Department shall notify the host county's behavioral health director in writing of the revocation. The notice shall include the Department's basis for revocation and the revocation effective date.

(2) Notwithstanding subsection (b)(1), the Department may revoke its approval of a host county's designation with five calendar days' prior notice if it determines the facility's or host county's failure to comply with the LPS Act or these interim regulations creates an immediate risk of harm to the welfare, safety, or health of patients, staff, or visitors.

(c)(1) To request a review of revocation of approval of a facility designation, the host county's behavioral health director shall submit a written request by certified mail or email to the Department at the address in Section 7 within 30 calendar days of the date of the revocation notice. The Department may decline to review an untimely request.

(2) A request for review shall contain all information, arguments, and supporting documentation the host county wishes the Department to consider.

(3) The Department shall issue a final written decision within 120 calendar days of receiving the host county's request for review.

(4) The Department may stay the effective date of revocation of approval while the revocation is under review.

(d)(1) The facility designation shall automatically terminate on the effective date of revocation of approval, or if the effective date is stayed, on the date of the Department's final decision.

(2) Upon revocation of approval, the host county's behavioral health director shall comply with subsection (b) of Section 19.