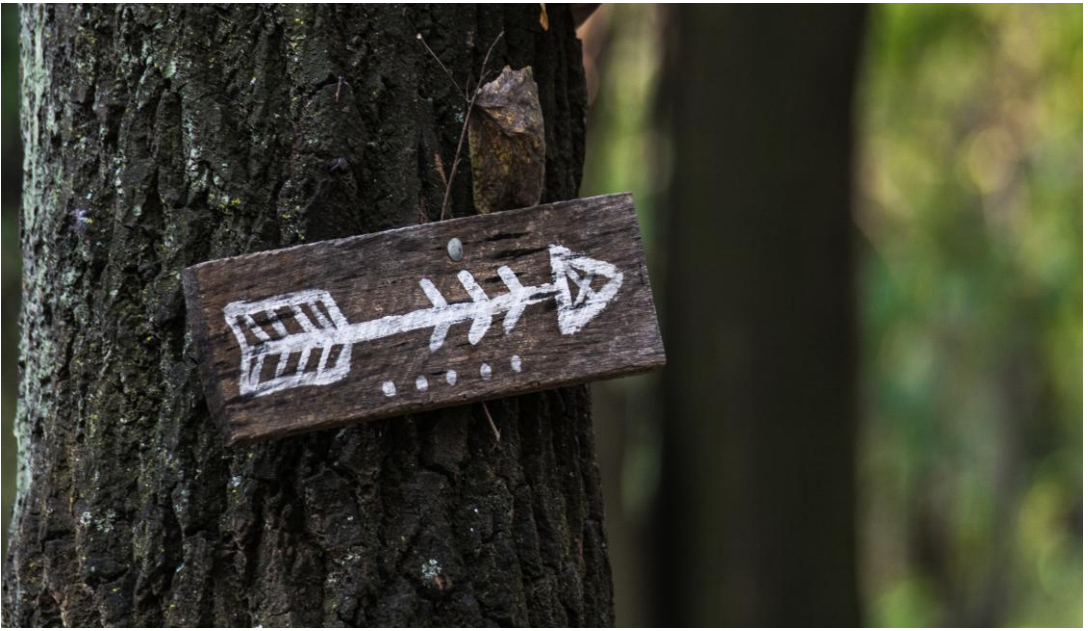
Behavioral Health

LANTERMAN-PETRIS-SHORT ACT (LPS) FACILITY DESIGNATION INTERIM REGULATIONS

DHCS BHIN No: 26-009

Office of Patients' Rights

Presentation Objectives



Overview of the Lanterman-Petris-Short Act (LPS) Facility Designation Interim Regulations

LPS Designation Requirements

LPS Designation Process

LPS Designated Facility Roles & Responsibilities

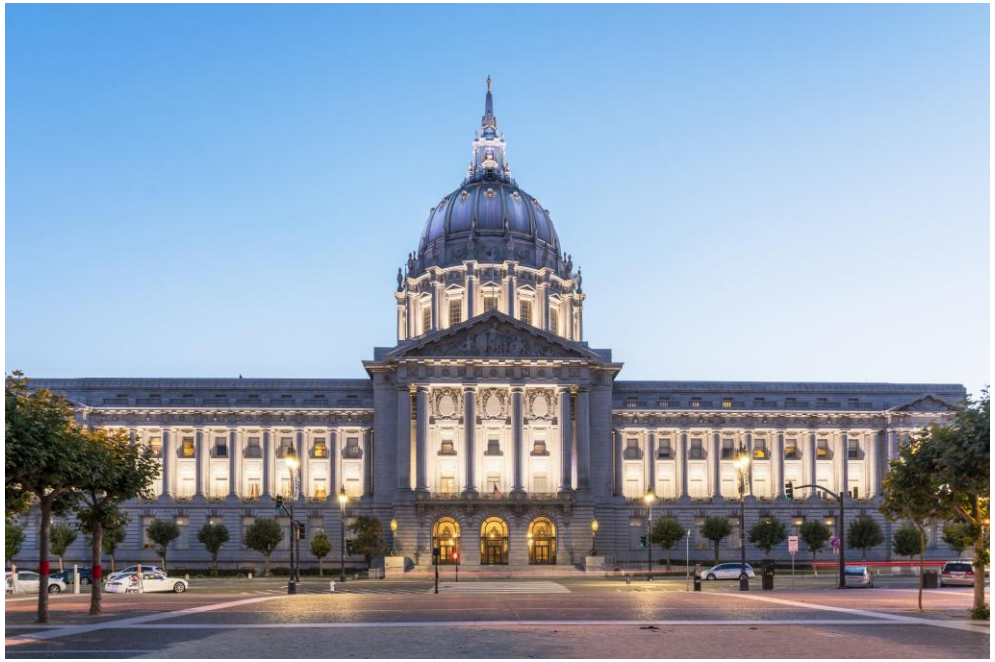
LPS Designated Facility Standards

Host County Oversight and Enforcement

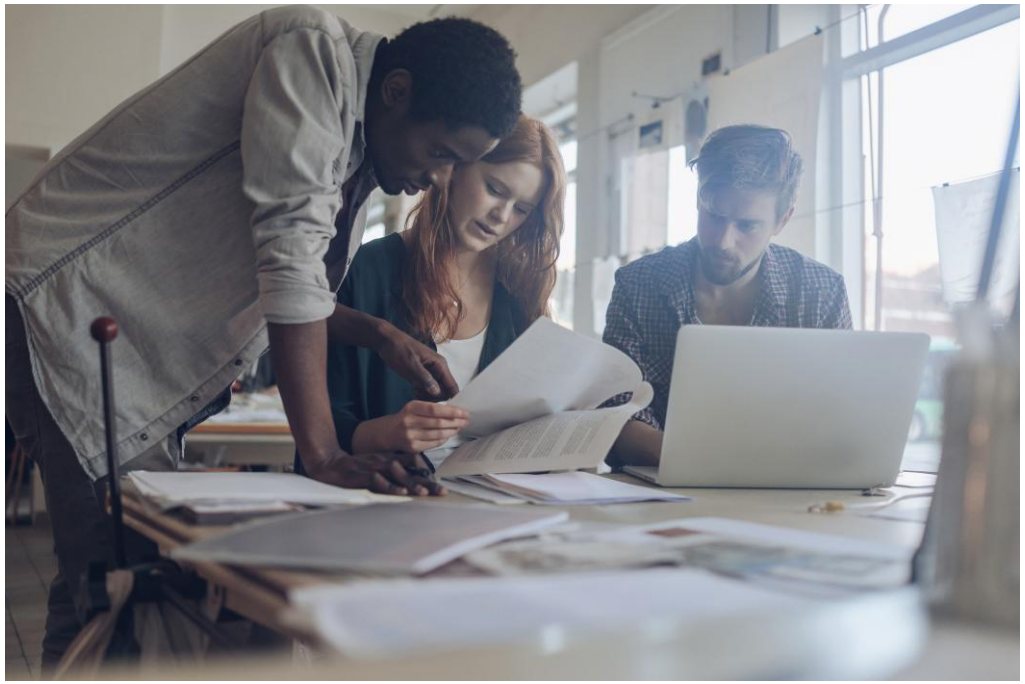
Background

- Following the implementation of SB43 (amended the definition of gravely disabled in the LPS Act), the Governor signed SB 1238 (Eggman, Chapter 644, Statutes of 2024), facilitating the implementation of SB 43 by expanding the types of health facilities counties may designate to provide treatment under the LPS Act.

- SB 1238 also directed the Department of Health Care Services (DHCS) to update its regulatory requirements for LPS designated facilities. Therefore, DHCS issued the LPS Facility Designation Interim Regulations pursuant to the authority in W&I Code sections 5008(n) and 5404(e).



Authority Transition for LPS
Facility Designations



Historically, the authority to designate and approve LPS facilities, including redesignations, rested with the County Behavioral Health Director or their designee. Under BHIN 26-009, the Department of Health Care Services (DHCS) now holds exclusive authority for approving all LPS facility designations and renewals.

LPS Designated **Facility Defined**

"Designated Facility" 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 found in the California Welfare and Institutions Code (WIC) Sections 5000–5550

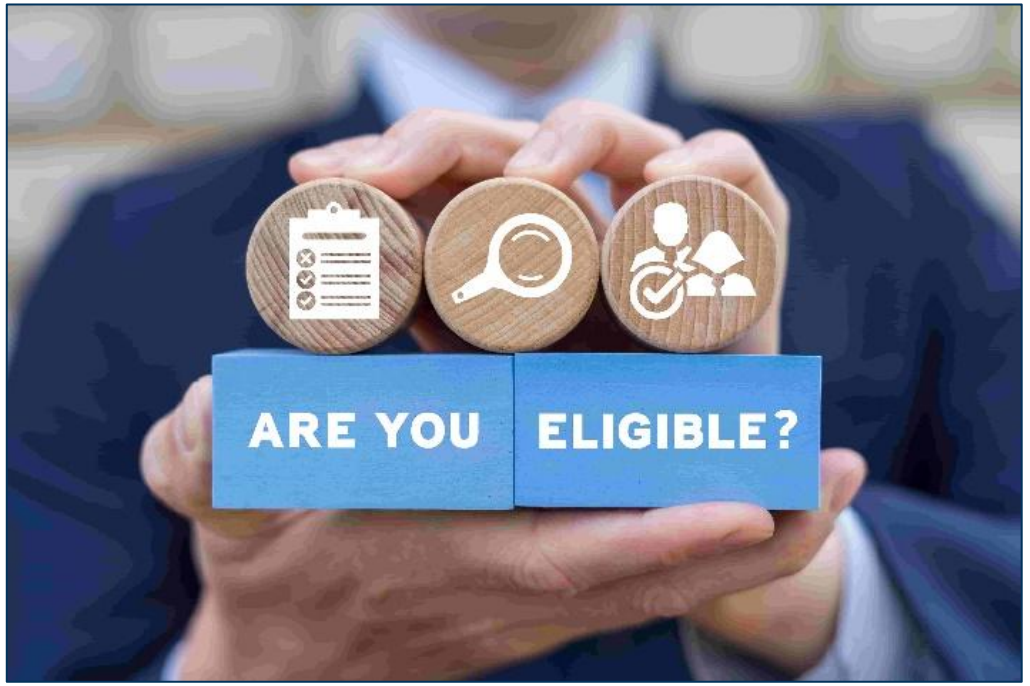
LPS **Facility Types**

A host county shall only designate the following types of facilities to provide treatment pursuant to the LPS Act:

- Health facilities
- Psychiatric health facilities
- Psychiatric residential treatment facilities
- Mental health rehabilitation centers
- Hospitals
- Crisis stabilization units
- Jail LPS units
- Another type of facility that is licensed by DHCS or CDPH that is permitted under the terms of its licensure to provide LPS – level care.
- 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.

LPS **Designation Process**

- Facility requests designation by notifying County Department of Behavioral Health Director or Designee in Writing (Applicable to New facility LPS Designation).
- Facility submits a completed application and supporting documents to the host county.
- County conducts a site review and inspection.
- County verifies compliance with LPS requirements.
- County finalizes its recommendation and forwards the completed designation or renewal package to DHCS for approval.



LPS **Designation Process**

- **Effective immediately**, all **new** facility LPS designation requests must follow the Interim Regulations.
- For facilities that are **currently designated**, counties must reapply for designation approval no later than September 1, 2027.
- **Host County** behavioral health director must submit all applications to DHCS via email (LPSinfo@dhcs.ca.gov).

LPS Facility **Roles & Responsibilities**

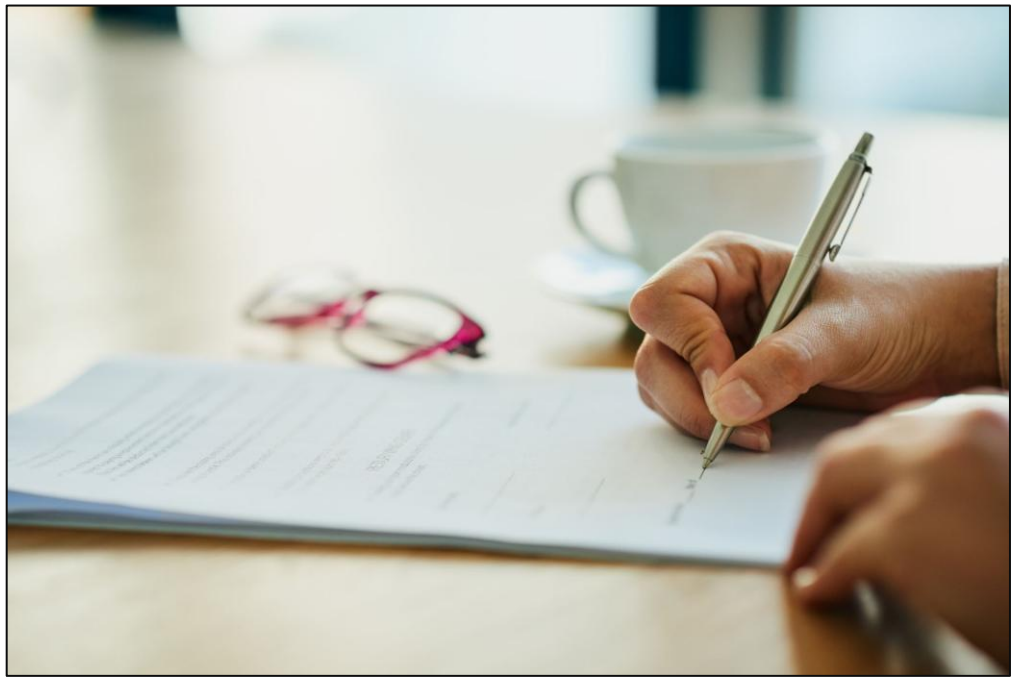
A complete application for approval of a facility designation shall include all of the following:

- An Application for Facility Designation Approval or Renewal of Approval form DHCS 25-0022 (02/2026).
- A written program statement and supporting documentation.
- A copy of the facility's fire clearance.
- All licenses, certifications, or accreditations.
- A sketch of the facility + floor plan depicting the designated areas of the facility and bed distribution.
- A written description of the behavioral health director's oversight processes for ensuring the designated facility complies with the LPS Act ***(DBH-Patients' Rights will provide this written description to DHCS upon application submission).***

Note: Patients Rights will continue to review Policies and Procedures during each three-year renewal.

Designated **Facility Standards**

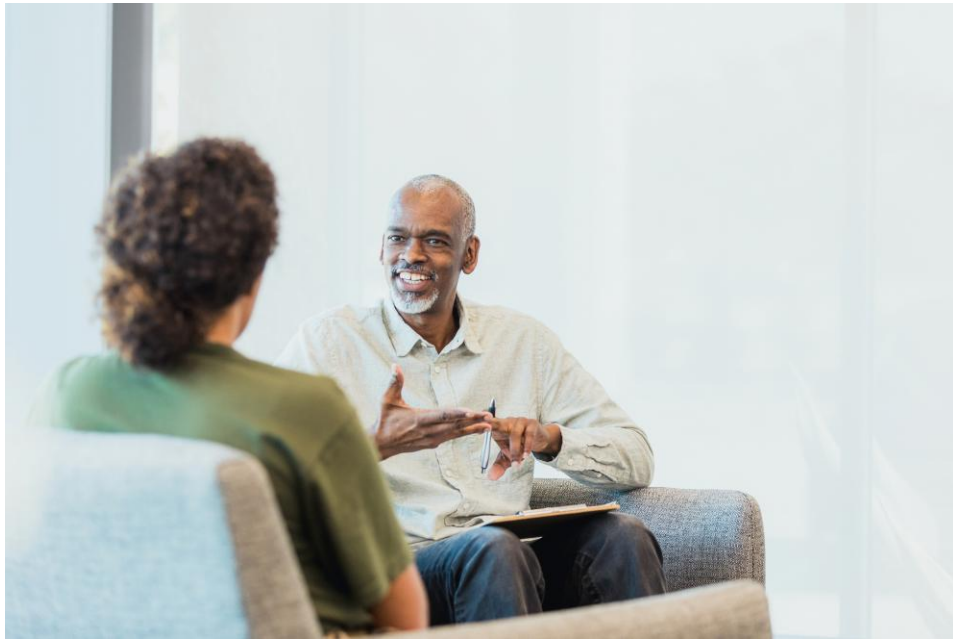
- Maintenance of License, Certification, or Accreditation and Notice to Host County
- Minimum behavioral health treatment services
- Staffing Standards
- Use of seclusion and restraints
- Staffing orientation and training
- Requirements for admitting minors
- Treating patients outside of designated areas
- Reporting unusual occurrences



Behavioral Health **Treatment Services (24/7)**

Unless granted an exception by DHCS, facilities must provide:

- Assessment & Evaluation
- Crisis Intervention
- Medication Treatment (including provision for medications for addiction treatment)
- Therapy
- Care coordination



Addiction **Treatment**

Minimum Behavioral Health Treatment Services

- A designated facility shall directly provide all medications for addiction treatment to patients on site, except as provided by this subsection.
- A Designated facility shall implement an effective process for initiating/continuing a patient's methadone treatment which must include the following:
  - A documented formal agreement with a narcotic program, unless locally unavailable.
  - Procedures for transporting patients to a narcotic treatment program, if located offsite, or procedures for obtaining and distributing methadone in the facility.
  - Procedures for referring discharged patients to narcotic treatment programs, community health centers, or other providers of MAT services for addiction treatment.

Suicide **Prevention**

Minimum Behavioral Health Treatment Services

A Designated facility shall maintain a suicide prevention policy addressing all the following elements of care for patients expressing SI or engaging in self-harming behavior:

- Risk Assessment
- Safety Precautions
- Visual Observation Standards
- Incident documentation requirements
- Methods by which hazardous objects (e.g., plastic bags) are kept inaccessible to patients

Staffing **Standards**

Staffing Requirements: Based on the LPS Facility Designation Interim Regulations there are no new staffing ratios. However, Section11 establishes expanded 24/7 service delivery, observation, and suicide prevention requirements that require sufficient clinical and supervisory staffing to ensure continuous coverage and compliance. A designated facility shall comply with the staffing standards outlined and referenced to in the LPS Facility Designation Interim Regulations.

Minimum Number of Required Full-Time Equivalent Staff

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

Staffing **Definitions**

- **BH Physician:** A psychiatrist or addiction specialist position.
- **BH Professional:** means any of the following, acting within the scope of their license, waiver, or registration in accordance with applicable State of California requirements (Psychologist, Clinical Social Worker, Professional Clinical Counselor, Marriage & Family Therapist, Nurse Practitioner, Registered Nurse).
- **Licensed Nursing Staff:** A nurse practitioner, registered nurse, licensed vocational nurse, or licensed psychiatric technician.
- **BH Personnel:** staff who do not qualify as behavioral health professionals, but who through experience, training, or formal education, are qualified to participate in patients care (Mental Health Rehabilitation Specialist, Peer Support Specialist, Alcohol and other drug counselor).

Seclusion and **Restraints**

Use of Seclusion and Restraints

- An LPS designated facility that utilizes seclusion or behavioral restraint must follow all federal and state legal authorities governing its use.
- Seclusion or behavioral restraints should only be utilized to prevent immediate injury to the patient or others & only when less restrictive interventions are not sufficient.

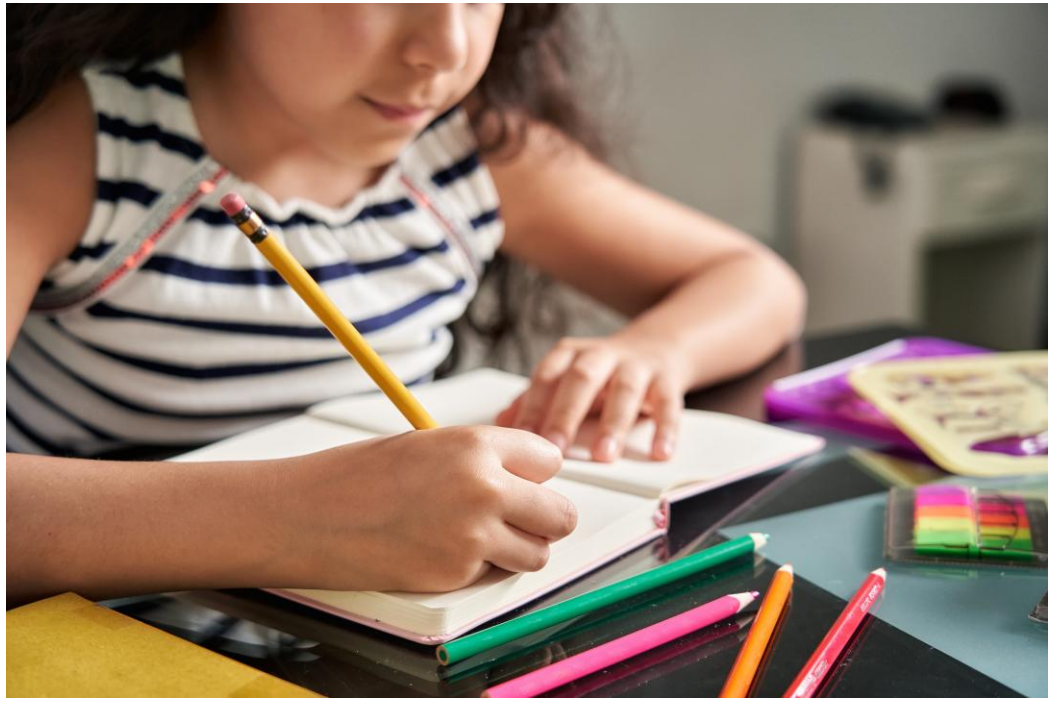
A designated facility shall document:

- Each instance of seclusion and/or behavioral restraint in accordance with title 9 § 865.3 of the California Code of Regulations.
- Any patients' rights denied under WIC 5325 while a patient is in seclusion and/or behavioral restraints.

Staff Orientation & **Training**

- A designated facility shall provide orientation to all newly employed and contracted staff who provide treatment pursuant to the LPS Act prior to direct contact with patients
- The orientation shall train on the designated facility's organization, policies and procedures for complying with LPS Act and the standards identified in **LPS Facility Designation Interim Regulations,** and the contents of the **Facility Program Statement**
- Shall require staff who provide treatment pursuant to the LPS Act to be trained on additional topics:
  - De-escalation & crisis intervention
  - The safe use of restraint and seclusion
  - Suicide prevention
  - Medications for addiction treatment
  - Intoxication/ withdrawal assessment

Requirements for **Admitting Minors**



- The host county has specifically designated it to do so.
- They operate a minor-specific treatment program.
- Minors and adults are housed separately.

Treating Patients Outside of **Designated Areas**

A **designated facility that is licensed by the State Department of Public Health** (general acute care hospital, correctional treatment center, 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:

- The patient has a medical need for a physical health care service that cannot be provided in the facility's designated area.
- The patient remains in an undesignated area of the facility only for the length of time necessary to receive the physical health care service.
- 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.
- 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.
- 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.

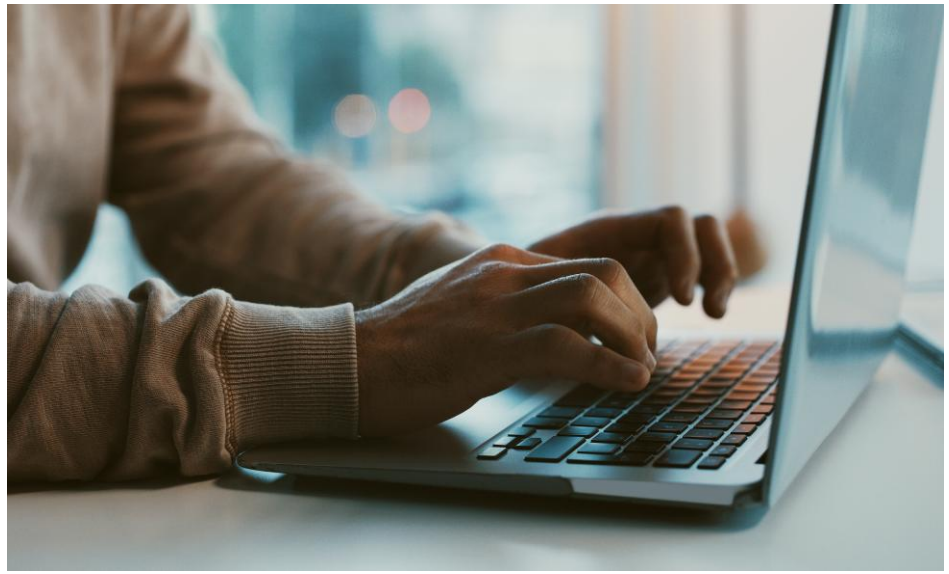
Reporting **Unusual Occurrences**

An "unusual occurrence" includes **any** event that threatens the welfare, safety, security, or health of patients, staff, or visitors.

- Must be reported to the host county within:
  - **24 hours** of the occurrence (initial notification)
  - **Seven calendar days** submit a written report
- The designated facility shall retain the unusual occurrence report for a minimum of one year.

The unusual occurrence report must include all of the following:

- Date, time, and setting of the occurrence
- Detailed description of the occurrence
- Description of any injuries to patients, staff, or visitor
- Staff response to the occurrence
- Designated facility's plan to investigate, follow-up, or prevent a reoccurrence.



Host County **Oversight & Enforcement**

BHIN 26-009 (Section 18) formalizes county oversight by establishing standardized reporting requirements and timelines to DHCS, strengthening statewide consistency and accountability.

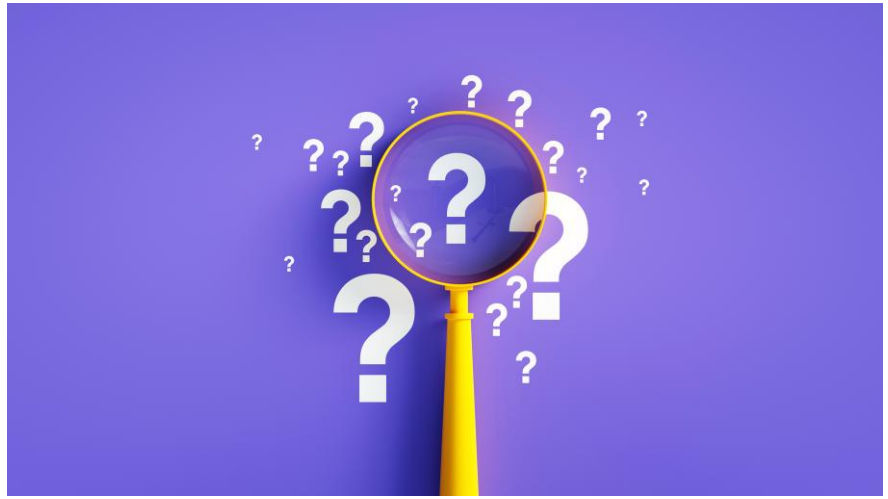
- Oversight Duties and Notice to DHCS.
- Ensure that a designated facility maintains compliance with the LPS Act.
- Investigate complaints received about designated facility compliance with the LPS Act.
- Investigate alleged patients' rights violations pursuant to section 5326.9 of the Welfare and Institutions Code.
- Comply with the complaint resolution process for patients' rights violations in section 864 of title 9 of the California Code of Regulations.
- Provide DHCS with a report of its resolution of specified complaints received within 30 calendar days of resolving a complaint.
- Investigate all unusual occurrence reports received.
- Notify DHCS within 72 hours of learning a facility's license, certification, or accreditation will be, or was, suspended, not renewed, or revoked.

Frequently **Asked Questions**

Question 1: In San Bernardino County there are currently two designated Acute Care Hospitals and one Federal VA Hospital, in which the entire hospital (both behavioral health units and medical units) are LPS designated. The medical units in each of these hospitals are not locked units nor have delayed egress. Based on the regulation, would the unlocked medical units of these three hospitals be denied for LPS designation?

DHCS Response:

Yes, a host county shall only designate a facility that is locked, except CSUs which may be locked, staff secured with delayed egress, or both.



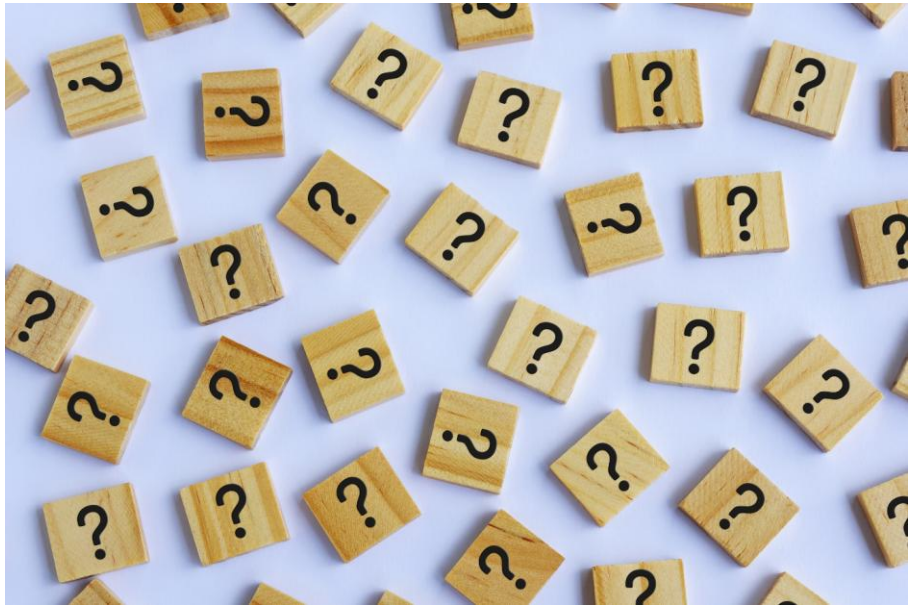
Frequently **Asked Questions**

Question 2: When an individual presents to an ED on a 5150 with serious injuries from suicide attempt; could this individual be admitted to an undesignated medical floor for medical treatment of the injuries before being admitted to the LPS designated behavioral health unit? In this scenario, the designated unit psychiatrists are providing behavioral health treatment while the individual is being treated for the physical injury.

DHCS Response:
Yes, an individual may be admitted to an undesignated medical floor for medical treatment of injuries before being admitted to the LPS designated behavioral health unit.

The patient is currently being evaluated in the ER and has not been admitted to the designated unit within the GACH. Any facility that can provide assessment, evaluation, and crisis intervention, as these services are defined in W&I Code § 5008 and § 5150.4, can accept a person on a 5150 hold. Examples include, but are not limited to, emergency departments, certified crisis stabilization units, and hospital medical units. Facilities do not need to be designated by a county, or have the designation approved by DHCS, to provide assessment, evaluation, and, and crisis intervention in accordance with subdivision (a) of section 5150 of the Welfare and Institutions Code. HSC Section 1799.1111 (California Code, HSC 1799.111.) addresses professionals who provide emergency services in the ER related to W&I 5150.

Office of Patients' Rights Contact for LPS **Designation Correspondence**



850 E. Foothill Blvd.
Rialto, CA 92376
Phone: 909-421-4657
Toll Free: 800-440-2391
Fax: 909-421-9258
Email: DBH-PR-LPSDesignation@dbh.sbcounty.gov

For Additional Information, Please Review the Link Below:

LPS-Facility-Designation-Interim-Regulations (Feb. 24, 2026)

San Bernardino County Department of Behavioral Health

Visit our website at: *sbcounty.gov/dbh/*

Helplines available 24/7/365

Access Unit (Behavioral Health Helpline)
(888) 743-1478

Screening Assessment and Referral Center (Substance Use Disorder Helpline)
(800) 968-2636

Community Crisis Response Teams
Call (800) 398-0018 or text (909) 420-0560

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