



## INTERVENTION/DISCIPLINE COMMITTEE MINUTES

- DATE:** March 10, 2016
- SITE:** DoubleTree by Hilton Hotel Claremont  
555 W. Foothill Blvd.  
Claremont, CA 91711
- MEMBERS PRESENT:** Cynthia Klein, RN, Chair  
Imelda Ceja-Butkiewicz  
Raymond Mallel
- STAFF PRESENT:** Stacie Berumen, Assistant Executive Officer  
Beth Scott, Deputy Chief, Discipline, Probation & Diversion  
Shannon Silberling, Deputy Chief, Complaints and Investigations  
Don Walker, Intervention Program Manager

The Chair called the meeting to order at approximately 9:25 a.m.

### 9.0 REVIEW AND APPROVE MINUTES:

Approve/Not Approve: Minutes of January 14, 2015

<b>Motion:</b> Imelda Ceja-Butkiewicz to approve the minutes			
<b>Second:</b> Cynthia Klein			
<b>CK: Y</b>	<b>RM: Y</b>	<b>ICB: Y</b>	

### 9.1 Complaint Intake and Investigations Update

#### COMPLAINT INTAKE:

##### Staff

Pete Marquez retired at the end of February 2016. He began his career in state service in July 2008 with EDD and came to DCA in May 2009. Pete has been an AGPA in Complaint Intake since June 2011.

We have posted and interviewed for his position and hope to have it filled soon.

##### Program

We have one analyst that continues to work with the Department of Consumer Affairs (Department) BreZE team and involved in the Reports User Group, as well as the Enforcement User Group.

The Controlled Substance Utilization Review & Evaluation System (CURES) had a soft launch July 1, 2015. CURES 2.0 was rolled out to users on January 8, 2016. Prescribers and furnishers are required to register by July 1, 2016. The BRN continues to work closely with the Department's Executive team and the Department of Justice (DOJ) to ensure its success.

As of February 23, 2016, we received 4,965 complaints for this current fiscal year. We have 1,070 pending complaints. Of the 1,070 complaints, 42 cases are 1-1/2 years old. There are currently no cases over 1 1/2 years old.

Complaint intake continues to work new complaints, ensuring cases are moving to investigations in a timely manner, applicants are processed timely and that aging cases are worked as a priority.

## **INVESTIGATIONS:**

### **Staff**

We are currently fully staffed in both Northern and Southern California.

### **Program**

We continue to assign cases based on the Department's Consumer Protection Enforcement Initiative (CPEI).

As of February 23, 2016, there were approximately 49 BRN investigative cases over one year old and there are approximately 34 DOI cases over one year old, that are still open.

Investigative staff continues to attend Task Force meetings and develop working relationships with allied agencies.

### **Statistics**

BRN Investigations	August 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2015
Total cases assigned	345	373	379	374	363	375
Total cases unassigned (pending)	179	121	106	155	142	177
Average days to case completion	232	275	267	265	271	320
Average cost per case	\$2,632	\$3,448	\$2,728	\$2,968	\$2,722	\$2,769
Cases closed	45	52	58	58	67	37
Division of Investigations	August 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2015
Total cases assigned	290	328	359	328	268	274
Total cases unassigned (pending)	53	71	29	30	35	29
Average days to case completion	271	302	220	318	306	261
Average cost per case	\$5,896	\$5,389	\$4,155	\$6,696	\$7,246	\$4,350
Cases closed	38	28	40	33	33	29

Investigators are focused on clearing all aging cases.

## 9.2 Discipline, Probation, and Diversion Update

### Staffing

The Probation Program is currently fully staffed.

### Program – Discipline

The Discipline Unit is working with the Attorney General’s (AG) office to complete our cases in a timely manner and streamline our processes for efficiency.

### Statistics - Discipline

Below reflects FY 14/15 (July 1, 2014 – June 30, 2015) discipline statistics:

Decisions Adopted	1,578
Pleadings served	1,067
Petitions to Revoke Probation served	104
Surrenders signed by E. O.	291

Below reflects FY 15/16 (July 1, 2015 – January 4, 2016) discipline statistics:

Decisions Adopted	666
Pleadings served	570
Petitions to Revoke Probation served	44
Surrenders signed by E. O.	123

The BRN continues to work with the DCA BreZE team to verify the accuracy of the performance measures statistics.

### Program – Probation

The Probation Program continues to contribute to the re-design of the DCA-Enforcement Academy which should be available next spring.

### Statistics - Probation

#### Statistics – July 1, 2015 to February 26, 2016

Probation Data	Numbers	% of Active
Male	329	29%
Female	807	71%
Chemical Dependency	746	65.7%
Required Drug-Screening	589	51.8%
Practice	280	24.6%
Mental Health	6	0.5%
Conviction - excluding chemical dependency/alcohol use	103	9.1%
Advanced Certificates	106	9%

Southern California	643	57%
Northern California	488	43%
Pending AG - Tolled	5	0%
Pending AG	96	8%
License Revoked Fiscal YTD	29	
License Surrendered Fiscal YTD	45	
Terminated Fiscal YTD	27	
Successfully Completed Fiscal YTD	79	
Active In-State Probationers	<b>1,136</b>	
Completed/Revoked/Terminated/Surrendered YTD	180	
Tolled Probationers	321	
Active and Tolled Probationers	<b>1,457</b>	

The average case load per probation monitor is approximately 126. Currently there are 36 Early Termination and 12 Modification of Probation cases waiting to be heard by the Board.

### **9.3 Intervention Program Update and Statistics**

#### **Staffing**

The Intervention program is fully staffed.

#### **Program Update**

CPS HR Consulting has completed its contract and performance audit of MAXIMUS, the Intervention program's contractor. A final audit report has been submitted to the Department of Consumer Affairs with findings and recommendations.

We continue to have a need for Nurse Support Group facilitators in Humboldt, Los Angeles, Orange, and San Francisco counties. We have sent an email blast to the Board of Registered Nursing's (BRN) email list and have posted a request for facilitators on the BRN's Facebook page. The response has been positive and we are currently in the process of screening applicants.

#### **Intervention Evaluation Committees (IEC)**

There are currently two physician member vacancies at this time. One vacancy is in Burbank (IEC 8), and the second vacancy is in North Central (IEC 12)\*.

There are currently three RN member vacancies at this time, one in Orange County (IEC 4)\*, one in San Jose (IEC 7) and one in Burbank (IEC 8)\*.

**\*Asterisk denotes pending committee recommendation for Board approval of IEC members included in Agenda Item 9.3.1**

#### **Statistics – Intervention**

The Statistical Summary Report for December 1, 2015, through January 31, 2016, is after this update. As of January 31, 2016, there have been 2,038 successful completions.

**9.3.1 Diversion Evaluation Committee Members**

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Intervention Evaluation Committees. Each Committee for the Intervention Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

**APPOINTMENTS**

Below are the names of the candidates who are being recommended for appointment to the Intervention Evaluation Committees (IEC). Their applications and résumés are attached. If appointed, their terms will expire June 30, 2020.

<u>NAME</u>	<u>TITLE</u>	<u>IEC</u>	<u>NO</u>
Michael S. Parr	Physician Member	North Central (Folsom)	12
Marge A. Meyerhofer	RN Member	Orange County	4
Debra Lloyd	RN Member	Burbank	8

<b>Motion:</b> Cynthia Klein to approve the Intervention Evaluation Committee member appointments			
<b>Second:</b> Ray Mallel			
<b>CK: Y</b>	<b>RM: Y</b>	<b>ICB: Y</b>	

**TRANSFERS**

For informational purposes, no vote needed.

<u>NAME</u>	<u>TITLE</u>	<u>FROM IEC#</u>	<u>TO IEC#</u>
Alan Abrams, MD	Physician Member	Santa Ana #14	San Diego#10
John Harsany, MD	Physician Member	San Diego #10	Santa Ana #14

**9.3.2 Intervention Program Policy Revisions submitted at September 24, 2015, Diversion Liaison Committee Meeting**

On September 24, 2015, voting member attendees at last year’s annual Diversion Liaison Committee meeting unanimously voted in favor of approving one new policy (\*) and revising eight of the existing Intervention program policies. The purposes of the new and revised policies are to strengthen the program, increase administrative flexibility, and provide added consumer protection.

**Policies**

- Intervention Program Criteria for Successful Completion (DIV-P-08)
- Nurse Support Group Facilitator/Co-Facilitator Procedural Requirements (DIV-P-10)
- Intervention Program Criteria for Successful Completion: Mental Health (DIV-P-13)
- Intervention Program Criteria for Selection of Treatment Providers (DIV-P-17)
- \*Consequences for Intervention Program Violations (DIV-P-31)

**9.3.3 Intervention Program Criteria for Successful Completion (DIV-P-08/Attached)**

Intervention Program staff proposes revising the policy named above to incorporate a minimum six (6) month work requirement. The purpose of this revision is to ensure the Intervention program is meeting its goal of consumer protection by ensuring participants have demonstrated safe and competent practice. This revision would require a participant to work in a position that requires licensure as a registered nurse while being monitored in the program. Participants are currently not required to work before successfully completing the program.

<b>Motion:</b> Cynthia Klein to approve the policy			
<b>Second:</b> Imelda Ceja-Butkiewicz			
<b>CK: Y</b>	<b>RM: Y</b>	<b>ICB: Y</b>	

**9.3.4 Nurse Support Group Facilitator/Co-Facilitator Procedural Requirements (DIV-P-10/Attached)**

Intervention staff proposes to revise language in the policy named above to strengthen and specifically outline reporting requirements.

- The meeting facilitator must not have had a prior financial, personal, or business relationship with the licensee within the last year.
- The meeting facilitator shall provide to the Board or Contractor staff a signed document showing the licensee’s name, the group name, the date and location of the meeting, the licensee’s attendance, and the licensee’s level of participation and progress.
- The meeting Facilitator shall report to the Contractor any unexcused absence within 24 hours.
- Intervention staff further proposes removing the requirement that facilitators “be accessible to participants twenty four (24) hours a day for crisis intervention.” Several facilitators have voiced their concern that this places too much responsibility on the facilitator. Participants are informed they can call the contractor twenty four (24) hours a day, seven (7) days a week if they are in crisis (this is a contract requirement with MAXIMUS).
- Intervention staff also proposes removing language about unreasonable fees as it is a non-issue because it is the expectation of Facilitators to accept participants into the group regardless of their ability to pay.

<b>Motion:</b> Cynthia Klein to approve the policy			
<b>Second:</b> Ray Mallel			
<b>CK: Y</b>	<b>RM: Y</b>	<b>ICB: Y</b>	

**9.3.5 Intervention Program Criteria for Successful Completion: Mental Health (DIV-P-13/Attached)**

Intervention Program staff proposes revising the policy named above to incorporate a minimum six (6) month work requirement. The purpose of this revision is to ensure the Intervention program is meeting its goal of consumer protection by ensuring participants have demonstrated safe and competent practice. This revision would require a participant to work in a position that requires licensure as a registered nurse while being monitored in the program. Participants are currently not required to work before successfully completing the program.

<b>Motion:</b> Cynthia Klein to approve the policy			
<b>Second:</b> Ray Mallel			
<b>CK: Y</b>	<b>RM: Y</b>	<b>ICB: Y</b>	

**9.3.6 Board of Registered Nursing Procedures for investigation of Complaints Against Nurse Support Group Facilitators/Co-Facilitators (DIV-P-15/Attached)**

Intervention staff proposes revising language in the above listed policy to streamline the procedure for investigation of complaints against Nurse Support Group Facilitators/Co-Facilitators. In addition, language has been added outlining causes that may result in the Intervention Program Manager rescinding the approval of the Facilitators/Co-Facilitators.

<b>Motion:</b> Cynthia Klein to approve the policy			
<b>Second:</b> Imelda Ceja-Butkiewicz			
<b>CK: Y</b>	<b>RM: Y</b>	<b>ICB: Y</b>	

**9.3.7 Consequences for Intervention Program Violations (DIV-P-31/Attached)**

Intervention staff proposes the new policy named above, which defines Major and Minor program violations. Additionally, this policy specifies consequences for each violation type.

<b>Motion:</b> Cynthia Klein to approve the policy			
<b>Second:</b> Ray Mallel			
<b>CK: Y</b>	<b>RM: Y</b>	<b>ICB: Y</b>	

**9.4 Vote on whether to recommend approval of modified Regulatory Proposal to Modify the Recommended Guidelines for Disciplinary Orders and Conditions of Probation in California Code of Regulations, Article 1, Section 1444.5, Disciplinary Guidelines**

The Board of Registered Nursing (BRN) approved a regulatory package to amend the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (Guidelines) at its June 4, 2015 board meeting. The Recommended Guidelines for Disciplinary Orders were last amended in 2003. BRN staff reviewed the Guidelines prior to the overhaul of the board members in 2010 and a regulatory proposal was initiated in March 2011 to incorporate the Uniform Standards as

required by SB 1441; however, the board was sunset in December 2011 and the regulatory proposal was not acted upon by the board in time.

The language approved by the board at its June 2015 board meeting was reviewed by DCA Legal Counsel who suggested modifying the language. Attached you will find the suggested language as modified by DCA Legal Counsel for your consideration and approval.

#### **§1444.5. Disciplinary Guidelines.**

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the board shall consider the disciplinary guidelines entitled: “Recommended Guidelines for Disciplinary Orders and Conditions of Probation” (~~10/0203/2016~~), which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board, in its sole discretion, determines that the facts of the particular case warrant such a deviation -for example: the presence of mitigating factors; the presence of aggravating factors; the age of the case; or evidentiary ~~problems~~ issues.

Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any acts of sexual contact, as defined in subdivision (c) of Section 729 of the Business and Professions Code, with a patient, or has committed an act or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

(b) Notwithstanding subsection (a), the Board shall use the uniform standards for substance-abusing licensees as provided in Section 1445.51, without deviation, for each individual determined to be a substance-abusing licensee.

Authority cited: Section 2715, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 2750, 2759, 2761 and 2762, Business and Professions Code; and Sections 11400.20 and 11425.50(c), Government Code.

#### **HISTORY:**

1. New section filed 6-17-97; operative 6-17-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 25).
2. Amendment of "Recommended Guidelines for Disciplinary Orders and Conditions of Probation" (incorporated by reference) and amendment of section filed 6-14-2000; operative 7-14-2000 (Register 2000, No. 24).
3. Amendment of section and Note filed 4-24-2003; operative 5-24-2003 (Register 2003, No. 17).
4. Amendment of section and Note filed 7-23-2014; operative 7-23-2014 pursuant to Government Code section 11343.4(b)(3) (Register 2014, No. 30).

**§1444.51. Uniform Standards Related to Substance Abuse.**

(a) The board shall also apply, as required, the Department of Consumer Affairs’ Substance Abuse Coordination Committee’s Uniform Standards Regarding Substance Abusing Healing Arts Licensees (April 2011) [hereafter “Uniform Standards”], which are hereby incorporated by reference. The “Uniform Standards” describe the mandatory conditions that apply to a substance abusing licensee, except that the board may impose more restrictive conditions if necessary to protect the public.

(b) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the board finds that the evidence proves that an individual is a substance abusing licensee for the purposes of section 315 of the code, then all relevant terms and conditions contained in the Disciplinary Guidelines and the “Uniform Standards” shall apply as written and be used in the order placing the licensee on probation.

(a) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the government Code (commencing with Sections 11500 et seq.), the Board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions in the Standard Language to be Included in Every Probationary Order for Substance-Abusing Licensees contained within the document entitled “Recommended Guidelines for Disciplinary Orders and Conditions of Probation”, revised in March 2016, which are hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) If a licensee signs and agrees to a stipulated settlement he or she must complete a clinical diagnostic evaluation. If the licensee is deemed to be a Substance Abusing licensee he or she will be subject to the Standard Language to be Included in Every Probationary Order for Substance-Abusing Licensees contained within document entitled “Recommended Guidelines for Disciplinary Orders and Conditions of Probation,” revised in March 2016, which are hereby incorporated by reference.

(c) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board’s guidelines referenced in Section 1444.5 in any order that the Board determines would provide greater public protection.

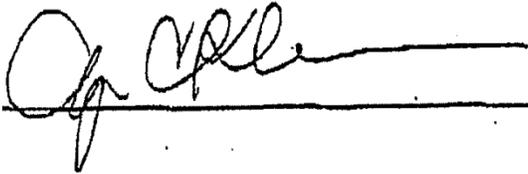
Note: Authority cited: Section 2715, Business and Professions Code and Section 11400.20, Government Code. Reference: Sections 315, 315.2, 315.4, 2750, 2759, 2761 and 2762, Business and Professions Code; and Sections 11400.20 and 11425.50(c), Government Code.

<b>Motion:</b> Cynthia Klein to defer action on this item until April Board Meeting			
<b>Second:</b> Imelda Ceja-Butkiewicz			
<b>CK:</b> Y	<b>RM:</b> Y	<b>ICB:</b> Y	

**9.5 Public Comment for Items Not on the Agenda**

No public comment for items not on the agenda.

The Chair adjourned the committee meeting at approximately 10:55 a.m.

Approved:  \_\_\_\_\_

## **ATTACHMENTS FOR ITEMS:**

**9.3.3**

**9.3.4**

**9.3.5**

**9.3.6**

**9.3.7**



## INTERVENTION PROGRAM CRITERIA FOR SUCCESSFUL COMPLETION

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The following criteria shall be considered by an Intervention Evaluation Committee (IEC) in determining whether or not a registered nurse is ready to successfully complete the Intervention Program.

1. The participant must demonstrate a manner of living that supports ongoing recovery. A written plan that demonstrates that such a manner of living has been developed will be submitted by the participant. This plan will address the emotional, psychological, interpersonal, vocational, economic, spiritual and familial aspects of the participant's life and will demonstrate stability in these areas.
2. The participant must have proof of appropriate body fluid analyses for a minimum of 24 months after acceptance into the Intervention Program. Appropriate body fluid analyses are defined as test results negative for unauthorized drugs or alcohol for substance use disorder cases.
3. There must be no other evidence of relapse for at least 24 months.
4. The participant shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the IEC. This may include, when approved by the IEC, volunteer work as a registered nurse or work in any non-direct patient care position that requires licensure as a registered nurse. The IEC may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the IEC.
5. A participant must have completed a minimum of 24 continuous months of satisfactory participation in the Intervention Program.



## INTERVENTION PROGRAM CRITERIA FOR SUCCESSFUL COMPLETION

The following criteria ~~may~~ shall be considered by an Intervention Evaluation Committee (IEC) in determining ~~when~~ whether or not a registered nurse is ready to successfully complete the Intervention Program.

1. The participant must demonstrate a manner of living that supports ongoing recovery. A written plan that demonstrates that such a manner of living has been developed will be submitted by the participant. This plan will address the emotional, psychological, interpersonal, vocational, economic, spiritual and familial aspects of the participant's life and will demonstrate stability in these areas.
2. ~~A~~ The participant must have proof of appropriate body fluid analyses for a minimum of 24 months after acceptance into the Intervention Program. Appropriate body fluid analyses are defined as test results negative for unauthorized drugs or alcohol for ~~chemical dependency~~ substance use disorder cases ~~and maintained therapeutic levels of medication for mental illness cases.~~
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- 4.5. A participant must have completed a minimum of 24 continuous months of satisfactory participation in the Intervention Program.



## CONSEQUENCES FOR INTERVENTION PROGRAM VIOLATIONS

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**Major Violations** include, but are not limited to:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Multiple minor violations;
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance use;
7. Testing positive and confirmation for substance use pursuant to Uniform Standard #9;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Consequences for a major violation include, but are not limited to:

- Participant will be ordered to cease practice;
- Participant must test negative for at least a month of continuous drug testing before being allowed to go back to work;
- Participant must undergo a new clinical diagnostic evaluation;
- Participant may be ordered to undergo additional treatment as recommended by the Board/IEC;
- Termination of a contract/agreement;
- Referral for disciplinary action, such as suspension, revocation, or other action as determined by the Board or the IEC.

**Minor Violations** include, but are not limited to:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

Consequences for minor violations include, but are not limited to:

- Removal from practice;
- Practice limitations;
- Required supervision;
- Increased documentation;
- Issuance of citation and fine or a warning notice;
- Required re-evaluation/testing;
- Other action as determined by the board.



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- Required re-evaluation/testing;
- Other action as determined by the board.



## **INTERVENTION PROGRAM CRITERIA FOR SELECTION OF TREATMENT PROVIDERS**

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In determining whether inpatient, outpatient, or other type of treatment is necessary, the Intervention Program Contractor/Intervention Evaluation Committee shall consider the following criteria:

- A. Recommendation of the clinical diagnostic evaluation
- B. License type
- C. Licensee's biopsychosocial history
- D. Documented length of sobriety/time that has elapsed since substance abuse
- E. Scope and pattern of substance use
- F. Licensee's treatment history
- G. Licensee's medical/psychiatric history and current medical/psychiatric condition
- H. Nature, duration and severity of substance use
- I. Threat to himself/herself or the public
- J. Input of nurse support group facilitator, if applicable

In addition, the Intervention Program Contractor/Intervention Evaluation Committee shall consider:

- K. Treatment program components and philosophy which:
  - Use a 12-step recovery model with 12-step group participation as a treatment expectation.
  - Advocate total abstinence from mood/mind altering drugs.
  - Offer educational components which address, at a minimum: disease concepts, relapse prevention, recovery process and recovery oriented life style changes.
  - Use a variety of therapeutic modalities to meet the treatment needs of clients, which may include: group therapy, individual counseling, lectures, and family/couples therapy.
  - Use treatment plans which reflect client specific aftercare recommendations.
- L. Treatment facility staff and services which have:
  - Licensure and/or accreditation by appropriate regulatory agencies.
  - Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency.
  - Professional staff who are competent and experienced members of the clinical staff of the facility.
  - Treatment planning involving a multidisciplinary approach and specific aftercare plans.
  - Means to provide treatment/progress documentation to the Program Contractor.



## INTERVENTION PROGRAM CRITERIA FOR SELECTION OF TREATMENT PROVIDERS

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- C. Licensee's biopsychosocial history
- D. Documented length of sobriety/time that has elapsed since substance abuse
- E. Scope and pattern of substance use
- F. Licensee's treatment history
- G. Licensee's medical/psychiatric history and current medical/psychiatric condition
- H. Nature, duration and severity of substance use
- I. Threat to himself/herself or the public
- J. Input of nurse support group facilitator, if applicable

In ~~making inpatient or outpatient treatment referrals for Intervention participants~~addition, the Intervention Program Contractor/Intervention Evaluation Committee shall consider:

~~A.~~K. Treatment program components and philosophy which:

- Use a 12-step recovery model with 12-step group participation as a treatment expectation.
- Advocate total abstinence from mood/mind altering drugs.
- Offer educational components which address, at a minimum: disease concepts, relapse prevention, recovery process and recovery oriented life style changes.
- Use a variety of therapeutic modalities to meet the treatment needs of clients, which may include: group therapy, individual counseling, lectures, and family/couples therapy.
- Use treatment plans which reflect client specific aftercare recommendations.

~~B.~~L. Treatment facility staff and services which have:

- Licensure and/or accreditation by appropriate regulatory agencies.
- Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency.

- Professional staff who are competent and experienced members of the clinical staff of the facility.
- Treatment planning involving a multidisciplinary approach and specific aftercare plans.
- Means to provide treatment/progress documentation to the Program Contractor.



## **INTERVENTION PROGRAM CRITERIA FOR SUCCESSFUL COMPLETION: MENTAL HEALTH**

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The following criteria shall be followed by the Intervention Evaluation Committee (IEC) in determining when a registered nurse in the Intervention Program as mental health client is ready to successfully complete the Program.

- 1) The participant must have completed a minimum of two years of total compliance with all parameters of participation including:
  - a) Maintaining the therapeutic regimen prescribed by the licensed clinician,
  - b) Taking medications as prescribed,
  - c) Submission by mental health provider(s) of letters supporting successful completion,
  - d) Having negative random body fluid reports consistent with the rehabilitation plan requirements, and
  - e) The participant shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the IEC. This may include, when approved by the IEC, volunteer work as registered nurse or work in any non-direct patient care position that requires licensure as a registered nurse. The IEC may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the IEC.
- 2) The participant must have demonstrated stability in daily living characterized by:
  - a) The ability to recognize his/her own cycle of accelerated symptoms,
  - b) The ability to express, with a reasonable degree of clarity, a self-knowledge about mental health and his/her personal life style,
  - c) No evidence of unrecognized psychiatric symptom, and
  - d) If psychiatric symptoms were identified, sought prompt, appropriate treatment.



## INTERVENTION PROGRAM CRITERIA FOR SUCCESSFUL COMPLETION: MENTAL HEALTH

The following criteria ~~may~~ shall be followed by the Intervention Evaluation Committee (IEC) in determining when a registered nurse in the Intervention Program as mental health client is ready to successfully complete the Program.

- 1) The participant must have completed a minimum of two years of total compliance with all parameters of participation including:
  - a) Maintaining the therapeutic regimen prescribed by the ~~psychiatrist~~ licensed clinician,
  - b) Taking medications as prescribed,
  - c) Submission by mental health provider(s) of letters supporting successful completion, ~~and~~
  - d) Having negative random body fluid reports consistent with the rehabilitation plan requirements, and
  - ~~e) The participant shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the IEC. This may include, when approved by the IEC, volunteer work as registered nurse or work in any non-direct patient care position that requires licensure as a registered nurse. The IEC may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the IEC.~~
- 2) The participant must have demonstrated stability in daily living characterized by:
  - a) The ability to recognize his/her own cycle of accelerated symptoms,
  - b) The ability to express, with a reasonable degree of clarity, a ~~self~~ self-knowledge about mental health and his/her personal life style,
  - c) No evidence of unrecognized psychiatric symptom, and
  - d) If psychiatric symptoms were identified, sought prompt, appropriate treatment.



## **NURSE SUPPORT GROUP FACILITATOR/CO-FACILITATOR PROCEDURAL REQUIREMENTS**

As a Facilitator or Co-Facilitator for the Board of Registered Nursing's Intervention Program, you are required to do the following:

- ◆ Maintain the confidentiality of the program participants as required by the Board's Statutes and Regulations. (It is not a breach of confidentiality to report information on participants in your group to Contractor staff.)
- ◆ Must not have a prior financial relationship, personal relationship or business relationship with the licensee within the last year.
- ◆ The group meeting facilitator shall provide to the Board or Contractor staff a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress. This completed form is due by the 5<sup>th</sup> of every month. The facilitator must report to Contractor staff, within twenty-four (24) hours, any unexcused absence.
- ◆ Respond to calls from the Contractor in a timely manner.
- ◆ Observe and report to Contractor staff any behavior, attitude, demeanor or appearance which may suggest a relapse within twenty-four (24) hours of the observation.
- ◆ Report relapses to Contractor staff within twenty-four (24) hours.
- ◆ Accept an Intervention Program participant into the group regardless of current ability to pay fees for group participation. Participants should not be required to pay when they do not attend meetings and running tabs are not acceptable. Understand that the Board of Registered Nursing does not set fees.
- ◆ Provide at least two (2) weeks notice of a planned vacation to the group participants and Contractor. The Facilitator must then identify a substitute for their group. (A Co-Facilitator who has been approved by the Board may substitute.)
- ◆ Provide written notification to the Board of Registered Nursing's Intervention Program Manager if you and/or your Co-Facilitator will no longer be facilitating groups. (NOTE: All Co-Facilitators must be approved by the Board of Registered Nursing.)

A Facilitator or Co-Facilitator may at anytime provide input and recommendations to the Intervention Program Contractor regarding an RN's recovery. The Contractor may at anytime contact the Facilitator and request input and recommendation regarding the RN's recovery.



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- ~~◆ Record and report weekly attendance to Contractor staff. The Facilitator will receive a reporting form monthly to report attendance. This completed form is due by the 5<sup>th</sup> of every month. If the participant does not show, or if the excused absence is unreasonable, the facilitator must report to Contractor staff within twenty-four (24) hours.~~
- ◆ Respond to calls from the Contractor in a timely manner.
- ◆ Observe and report to Contractor staff any behavior, attitude, demeanor or appearance which may suggest a relapse within twenty-four (24) hours of the observation.
- ◆ Report relapses to Contractor staff within twenty-four (24) hours.
- ~~◆ Be accessible to participants twenty-four (24) hours a day for crisis intervention or referral.~~
- ◆ Accept an Intervention Program participant into the group regardless of current ability to pay fees for group participation. Participants should not be required to pay when they do not attend meetings and running tabs are not acceptable. Understand that the Board of Registered Nursing does not set fees. ~~If fees are unreasonable or if groups in your same geographical location are charging less for meetings, you may not get as many participants assigned to your group and/or participants may ask to get reassigned to another group.~~

- ◆ Provide at least two (2) weeks notice of a planned vacation to the group participants and Contractor. The Facilitator must then identify a substitute for their group. (A Co-Facilitator who has been approved by the Board may substitute.)
- ◆ Provide written notification to the Board of Registered Nursing's Intervention Program Manager if you and/or your Co-Facilitator will no longer be facilitating groups. (NOTE: All Co-Facilitators must be approved by the Board of Registered Nursing.)

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