



Intervention Evaluation Committee

Member Guide

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OUR MISSION

To protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California.

OUR VISION

A leader in the oversight of nursing practice and education by creating and administering regulatory practices that safeguard public health and ensure nursing care is equitable and accessible for all.

OUR VALUES

Effectiveness • Integrity • Transparency • Collaboration • Equity

About this Guide

The purpose of the Intervention Evaluation Committee (IEC) Guide is to provide IEC members with important information regarding their scope of responsibilities, general committee business procedures, expectations of the committee members, and various statutes and regulations governing the conduct of committee business.

Revisions and Guide Maintenance

Requests for revisions or the status of maintenance of this guide should be directed to the Board of Registered Nursing, Intervention Unit at (916) 574-7692 or brn-intervention@dca.ca.gov.

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1 Introduction

1.1 Committee Membership

Multiple IECs have been established to support the needs of the Intervention Program (Program). Each IEC is comprised of five members, including:

- **Three registered nurses**, holding active California licenses, who have demonstrated expertise in the field of chemical dependency or psychiatric nursing.
- **One physician**, holding an active California license, who specializes in the diagnosis and treatment of addictive diseases or mental illness.
- **One public member** who is knowledgeable in the field of chemical dependency or mental illness.¹

1.2 Committee Purpose

Each IEC serves as an advisory body to the Program, with responsibilities that include evaluating RN applicants, recommending treatment services, assessing whether participants can safely practice nursing, and advising the Intervention Program Manager on recovery agreement terms – including treatment, supervision, and monitoring. IECs operate under the direction of the Intervention Program Manager and in accordance with applicable laws and regulations.²

1.3 About the Board of Registered Nursing (BRN)

The BRN is a regulatory entity under the Department of Consumer Affairs (DCA). BRN is responsible for protecting the public through enforcement of the [Nursing Practice Act](#) (NPA) – a body of laws related to registered nurse (RN) education, licensure, practice, and discipline.

All NPA statutes can be found in the California Business and Professions Code, Division 2 (Healing Arts), Chapter 6 ([Nursing](#)). BRN regulations can be found in the California Code of Regulations, Title 16, Division 14 ([Board of Registered Nursing](#)).

For more information about the BRN, visit <https://www.rn.ca.gov>.



Public protection is BRN's highest priority in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.³

¹ Bus. and Prof. Code § [2770.2](#).

² Bus. and Prof. Code § [2770.8](#).

³ Bus. and Prof. Code § [2708.1](#).

Board Members (Board). Nine board members serve as the policy-setting body for the BRN in exercising its licensing, regulatory, and disciplinary functions. Board members generally meet every quarter and are responsible for establishing new IECs, appointing IEC members, and establishing criteria for acceptance, denial, or termination of nurses in the Intervention Program.

Board Enforcement Intervention Committee (EIC). The EIC is a subcommittee composed of four Board members who are responsible for advising the full Board on enforcement, investigation, and intervention matters. The EIC meets every quarter to recommend establishment of new IECs, appointment of IEC members, and related Intervention Program policies.

Intervention Program Manager (IPM). Designated by the Executive Officer of the BRN, the IPM is a staff manager with background experience in substance abuse issues. The IPM is responsible for providing direction to all IECs and for evaluating IEC recommendations regarding the terms and conditions of each nurse participant's Intervention agreement.⁴

Intervention Unit Staff. Unit staff provide consultation to Committee members for IEC-related work. Committee members generally interact with the following Unit staff:

- **Unit Manager**. Coordinates with Intervention Program Manager regarding IECs, Program Contractor and Nurse Support Group Facilitators; supervises BRN Intervention Unit staff.
- **Unit Analysts**. Attends IEC meetings as staff liaison to Committee members; provides consultation regarding applicable statutes, regulations, and Board protocols.
- **Intervention Technician**. Coordinates IEC meeting logistics, including member attendance. Prepares Committee member timesheets for per diem compensation; and submits travel expense for member reimbursement.

General Contact Information for BRN Intervention Unit

Phone: 916-574-7692 (Mon-Fri, 8:00 A.M. to 5:00 P.M.)

Email: BRN-intervention@dca.ca.gov

1.4 Introduction to the Intervention Program

The Intervention Program (Program) was established in 1985 through legislation supported by nurse advocates and the BRN. Designed as a voluntary alternative to discipline, the Program's goal is to protect the public by identifying registered nurses whose ability to practice may be

⁴ Bus. and Prof. Code §§ [2770.1](#), [2770.8](#).

impaired by substance use disorder or mental illness and provide for their rehabilitation and return them to safe nursing practice.¹⁰

The Program is governed by the following laws, regulations, and standards:



- **Program Related Statutes:** Business and Professions Code §§ [2770-2770.14](#).
- **Intervention Guidelines:** California Code of Regulations, title 16, §§ [1446-1449](#).
- **Uniform Standards:** [Regarding Substance-Abusing Healing Arts Licensees](#).

More details are provided in [Understanding the Intervention Program](#) section of this guide.

1.5 Confidentiality and Ethical Standards

By upholding confidentiality and ethical standards, you help ensure the Intervention Program remains a trusted, effective alternative to discipline.

Confidentiality. As a member of the Intervention Evaluation Committee, you are entrusted with sensitive information about registered nurses experiencing substance use disorders or mental illness. Protecting this information is both a legal obligation and essential to the integrity of the Program.

Members must not disclose participant names, license numbers, or personal details outside authorized channels. All documents must be handled securely, and closed session discussions must remain confidential. Members should not print any part of the participant files.

In the event a member receives a subpoena, they should seek direction from the IPM, who will determine whether information may be released.¹⁴

Ethics. Members are expected to act with professionalism, impartiality, and integrity. Evaluations should be based solely on presented facts, free from bias or outside influence. Any potential conflicts of interest must be disclosed, and members should recuse themselves from making, participating in, or influencing any item or case discussion where there is a potential conflict.¹⁵

Members are also expected to treat all participants with compassion and respect. The Committee is charged with supporting recovery while protecting the public, maintaining a careful balance between empathy and accountability.

¹⁰ AB 2674 (Agos, 1984), Bus. & Prof. Code § [2770](#).

¹⁴ Bus. & Prof. Code § [2770.12](#).

¹⁵ Cal. Code of Regs. tit. 2, [18700](#).

2 Member Role and Responsibilities

2.1 Appointment Term

Committee members are appointed to serve a term of four years. If a successor has not been appointed when a term ends, members may be requested to continue to serve for up to one additional year or until a successor is appointed, whichever comes first. Members may serve up to two consecutive full terms.¹⁶

2.2 Staff Communication

Effective communication with BRN staff is an important responsibility of each member. Staff provides support to all IECs by managing logistics, ensuring case materials are prepared, and offering procedural guidance to members. Members are expected to respond to staff inquiries in a timely manner and to initiate contact when clarification, input, or assistance is needed. This collaborative engagement ensures the IEC functions efficiently and fulfills its responsibilities.

2.3 Time Commitment

To ensure the Committee functions effectively, members must commit to active participation, including regular time devoted to case review, meeting attendance, participation in required training, and other ongoing responsibilities.

Case Review. Members must thoroughly review all participant case files and meeting materials before each meeting. Materials are typically provided to members 5 to 10 days in advance. While review time may vary depending on complexity of individual cases, members should plan to allot approximately 16 hours preparing for each meeting. Additional details are available in [Case Review](#) section of this guide.

Meeting Attendance. Consistent attendance at IEC meetings ensures the Committee can effectively carry out its duties. Under state law, the Committee may act only when a majority of its members are present at the meeting. For this reason, members are expected to consistently attend scheduled IEC meetings. Each IEC meets six times per year, with each meeting held at in-person location from 8:00 AM to 5:00 PM. If a member misses two or more meetings, Board staff may follow up to assess availability and ensure continued engagement. Additional details about meetings are available in [Meeting Requirements](#) section of this guide.

Travel (50+ miles). Travel and overnight lodging may be necessary if the meeting is located 50 miles or more from member's residence. Members must book travel and submit expense

¹⁶Bus. and Prof. Code § [2770.2](#), [105.5](#), [131](#).

information according to state travel rules. Additional details are available in the [Member Time and Travel](#) section of this guide.

Other Requirements. Additional ongoing requirements include but are not limited to annual filing of the Statement of Economic Interests, periodic review and acknowledgement of updated departmental policies; biennial completion of mandatory training; and occasional participation in Board-led training sessions or feedback surveys. Additional details are available in the [Member Checklists](#) section of this guide.

2.4 Leadership Roles

Each Committee must elect a Chair and Vice Chair from among its members. Any member may serve in either position.¹⁸

Both the Chair and Vice Chair serve two-year terms and may be reelected without limitation.

The Chair is responsible for leading IEC meetings in accordance with the Bagley-Keene Open Meeting Act. This includes starting and ending meetings on time, conducting roll call votes, and initiating participant questioning.

The Vice-Chair will assist in leadership role in absence of the Chair.

3 Meeting Requirements

3.1 Bagley-Keene Open Meeting Act: What You Need to Know

When conducting business, IECs must adhere to the Bagley-Keene Open Meeting Act (OMA).¹⁹ While IECs primarily meet in closed session to review reports on nurses in the Intervention Program, these sessions must occur as part of a publicly noticed meeting.²⁰

Key OMA requirements to remember:

- **Public Notice.** Meetings must be publicly noticed at least 10 days in advance.
- **Agenda.** Must clearly list discussion items; topics not listed generally cannot be acted upon.
- **Quorum.** At least three IEC members must be present to conduct official business.²¹
- **Voting.** All votes taken shall be by roll call.

¹⁸ Bus. and Prof. Code § [2770.5](#).

¹⁹ Gov. Code § [11123](#).

²⁰ Bus & Prof Code §§ [2770.4](#), [2770.10](#)

²¹ Bus. and Prof. Code § [2770.4](#).

- **Location.** At least three IEC members and one staff must attend in-person location. All meetings of a state body, whether held in person or by teleconference, must meet the protections and prohibitions contained in the Americans with Disabilities Act (ADA).²²
- **Closed sessions.** Permitted for specific matters, such as review by the IEC members of nurses participating in the Intervention Program. All case-related discussions must remain confidential.²³
- **Public Access & Participation.** Meetings must be open to the public during open portion of public meeting, and the public must be allowed to comment.
- **Serial Meetings.** Members must avoid informal discussions or communications that circumvent public access and result in decisions outside of a public meeting.

More details on OMA requirements are provided [Bagley-Keene Open Meeting Act Guide \(2026\)](#). CA Department of Justice also offers a one-hour [training video](#) for State boards regarding the OMA requirements.

²² Gov. Code §§ [11123.1](#), [11123.2](#).

²³ Gov. Code § [11126.1](#).

Call to Order/Roll Call/Quorum (Webex).

- Welcome attendees.
- State the date and time.
- Call the meeting to order and state purpose of meeting. *“The purpose of this meeting to consider requests and reports of registered nurses participating in a program.”*
- Take roll call; note absences for the record.

Instructions for Public Participation.

- Invite Board moderator to share instructions for how public attendees may participate during public comment periods.

Public Comment/Items not on the Agenda.

- Invite Board moderator to open for public comment.

Discussion Items [repeat this section for each discussion item].

- **Introduction.** Clearly state the item number and discussion topic.
- **Staff Report.** Invite staff to present their report (background, recommendation, etc.)
- **Committee Discussion.** Open floor to committee members for questions/comments.
- **Public Comment.** Invite public comment on the item.
- **Committee Action (if applicable).**
 - Invite motion and second
 - Facilitate additional discussion as needed on the motion
 - Take vote by roll call
 - Announce the result

Convene in Closed Session

- Announce that the committee will now enter closed session. *“The Committee will convene in closed session to discuss and vote on matters related to Intervention Program applicants and participants pursuant to Business & Professions Code section 2770.10.”*
- Ask non-committee members and public to exit the room
- Confirm that only authorized individuals remain

Closed Session (Microsoft Teams)

- IEC will discuss each participant regarding admission and/or recovery progress, in most cases the nurse will be available for an interview by the IEC members.
- IEC will then deliberate on Program participant and recommend a rehabilitation plan.
- Staff will record any IEC actions taken.

Return to Open Session (Webex)

- **Adjournment.** Generally, Chair would announce *“The committee has concluded its closed session. No reportable action was taken. This meeting is now adjourned.”*

3.3 Best Practices for Effective Meetings

Committee members are expected to uphold the integrity and professionalism of public meetings. The following best practices are provided as a reminder to support a respectful, efficient, and well-structured environment.

Before Meeting

1. **Review materials.** Come prepared by reviewing participant case files and public meeting materials.
2. **Dress Appropriately.** Business casual attire is expected, as meetings are webcasted, recorded, and viewed by the public.
3. **Arrive Early.** Aim to arrive at least 30 minutes prior to the meeting start time to allow time for setup and troubleshooting.

Technical Setup

4. **Check Equipment:** Ensure your computer, internet connection, and audio settings are functioning properly.
5. **Camera Positioning:** Adjust your camera to eye level for a professional and engaging presence.

During Meeting

6. **Stay Present and Engaged**
 - a. Maintain eye contact and minimize distractions (e.g., avoid checking your phone unless necessary).
 - b. Refrain from multitasking such as reading emails, eating, or engaging in unrelated activities.
 - c. Silence mobile devices and disable notification sounds to avoid interruptions.
7. **Respect Meeting Structure**
 - a. Wait to be recognized by the Chair before speaking to maintain order and flow
 - b. Do not leave the meeting during active discussion. If a break is needed, request one through the Chair.
 - c. Always identify yourself before speaking to ensure clarity for all participants and viewers.
 - d. Keep comments focused and concise to support productive dialogue.
 - e. Avoid interrupting others—respectful listening is key to collaborative decision-making.

By following these guidelines, we can ensure our meetings reflect the professionalism and respect that our roles demand. Thank you for your continued commitment to excellence in public service.

4 Member Checklists

4.1 First 30 Days of Appointment

Task	Due	Notes
☐ Email Notarized Oath of Office (e-copy)	Within 1 week	Need prior to orientation.
☐ Email all required appointment paperwork.	Within 2 weeks	See APPOINTMENT CHECKLIST included in welcome email.
☐ Communicate future travel needs	Within 2 weeks	For travel 50+ miles.
☐ Attend Orientation with Board staff	Within 2 weeks	Virtual orientation via MS Teams
☐ File Form 700 (ASSUMING OFFICE)	Within 30 days	\$10 per day late fine.
☐ Complete training: SHP	Within 30 days	Via LMS at https://dca.csod.com/
☐ Complete training: Info Security	Within 30 days	Via LMS at https://dca.csod.com/

4.2 Prior to First Meeting

Task	Due	Notes
☐ Book travel via Concur (if app)	2 weeks prior	Board staff creates account.
☐ Review participant case files	1+ week prior	Access info emailed 5+ days prior.
☐ Send original notarized Oath of Office	Prior to IEC	May provide at first IEC meeting.
☐ Complete training: Defensive Driver	Prior to IEC	https://www.dgs.ca.gov
☐ Complete training: Bagley-Keene Open Meeting Act Training for State Boards and Commissions (1-hour video)	Prior to IEC	https://oag.ca.gov/open-meetings

4.3 Ongoing Responsibilities

Task	Frequency	Notes
1. Review case materials	Every 2 mos	5+ days prior to each meeting.
2. Attend Committee meetings	Every 2 mos	Notify BRN of planned absence
3. Submit time and expenses	Every 2 mos	Within 5 days of each meeting
4. File Form 700 (Annual Statement)	Annually	Due Apr 1. \$10/day late fine.
5. Policy: Sexual Harassment Prevention	Annually	LMS at https://dca.csod.com/
6. Policy: Non-discrimination	Annually	LMS at https://dca.csod.com/
7. Training: Workplace Violence Prevention	Annually	LMS at https://dca.csod.com/
8. Training: Information Security Awareness	Annually	LMS at https://dca.csod.com/
9. Training: Sexual Harassment Prevention	Biennially	LMS at https://dca.csod.com/
10. Maintain confidentiality standards	Ongoing	
11. Provide feedback to BRN staff	Ongoing	brn-intervention@dca.ca.gov

Task	Frequency	Notes
12. Participate in BRN-led training opportunities	Periodically	As made available
13. Stay informed on policy updates	Periodically	As made available

4.4 Prior to End of Appointment

Task	Frequency	Notes
☐ Communicate interest in reappointment (if applicable)	January, prior to term expiration	For members in first term appointments only.
☐ File Form 700 (Leaving Office)	Within 30 days of separation	\$10 per day late fine.
☐ Written letter of resignation with effective date	Prior to resignation.	Only needed for resignations prior to term expiration date.

5 Understanding the Intervention Program

5.1 Discipline and Intervention: Different Approaches to Public Protection

Both the disciplinary process and the Intervention Program protect the public by addressing nurses whose ability to practice safely is impaired by substance use disorder (SUD) or mental illness. While they share this common goal, they differ in approach, timing, and outcomes.

The disciplinary process involves formal investigation and administrative adjudication, which can be lengthy. During this time, an RN may continue practicing, potentially posing a risk to patient safety. The outcome includes formal disciplinary actions such as license suspension, probation, or revocation, all of which are reported publicly.²⁴

In contrast, the Intervention Program allows nurses to voluntarily enter a recovery program prior to formal disciplinary action. This allows for earlier removal of at-risk nurses from unsafe practice, thereby ensuring patient safety. Once in the Program, RN participants receive structured support for recovery, including monitoring and treatment, with the goal of returning to safe nursing practice. Nurses who remain in good standing within the Program may retain their license.

5.2 Program Referrals

RNs are referred to the Intervention Program through one of the following pathways:

Self-Referral - RN independently contacts the Program Contractor and is not under BRN investigation.

Board Referral - RN contacts the Program Contractor while under BRN investigation. As a condition of admission, RN may be required to sign a statement of understanding that:

1. Participation in the Program does not exempt RN from ongoing or future investigations. BRN retains the right to continue investigation of alleged violations of the NPA.
2. Disciplinary action may still occur for unprofessional conduct committed before, during, or after Program involvement, unless the RN remains in good standing.
3. Termination or withdrawal from the Program may result in disciplinary action, including for any violations substantiated from prior investigation.
4. If the Program Manager determines a nurse who is denied admission or terminated, presents a risk to public safety, all Program records shall be provided for use in disciplinary or criminal proceedings.³²

²⁴ [Recommended Guidelines for Disciplinary Orders and Conditions of Probation](#)

³² Bus & Prof Code §§[2770.7](#).

5.3 Admission Criteria

Applicants seeking admission to the Program must meet the following criteria:

- Must be licensed as a California RN.
- Must reside in California.
- Must be mentally ill or abuse alcohol and/or drugs in a manner which may affect the applicant's ability to safely perform the duties of an RN.
- Must not have had their license previously disciplined by the Board for substance abuse or mental illness.
- Must not have been terminated from this or any other Program for non-compliance.

Additionally, the criteria below must be met as part of the admission process:

- Must voluntarily request admission to the Program.
- Must agree to undergo reasonable medical and/or psychiatric examinations necessary for evaluation for participation in the Program.
- Must cooperate by providing such medical information, disclosure authorizations and releases of liability.
- Must agree, in writing, to comply with all elements of the program.³⁶

5.4 Program Contractor

Nurses may voluntarily request admission to the Intervention Program by contacting the Program Contractor (Contractor). The Contractor manages the day-to-day operations of the Intervention Program, including intake and clinical evaluation of applicants, monitoring pre-entry agreements, and ongoing monitoring of compliance with recovery plans that are recommended by the Committee and approved by the Intervention Program Manager.

Premier Health Group (Premier) is the current Contractor. Committee members will have interaction with the following Premier staff:

- **Program Director.** Directs overall program operations and clinical activities. May attend IEC meetings in absence of a Clinical Case Manager.
- **Clinical Case Manager (CCM).** Case manager with specialized training and experience in psychiatric and substance abuse settings, the CCMs may be registered nurses. CCM manages individual participant cases and presents progress updates and recommendations to Committee members during IEC meetings.

³⁶ Cal. Code Regs., tit. 16, § [1447](#).

- **Compliance Monitor (CM).** Supports compliance tracking and documentation. The CM assists the CCM in monitoring adherence to Recovery Agreements and ensures timely, accurate compliance reporting.

General Contact Information for Premier Health Group

Phone: 1-800-522-9198 (24 hours day, 7 days week)

Email: RecoveryProgram@premierhealthgroup.net

5.5 Program Structure

Below is a high-level overview of the Program structure and Committee's role at each stage.



Entry and Initial Evaluation

ACTION

Intake, pre-entry agreement, clinical evaluation.

COMMITTEE ROLE

None at this stage.



Applicant Review

ACTION

Review intake, progress with pre-entry agreement, and evaluations.

COMMITTEE ROLE

Assess risk, readiness, and suitability for Program. Decide on admission.



Develop Rehabilitation Plan

ACTION

Formal agreement plan re: treatment, supervision, and monitoring.

COMMITTEE ROLE

Assess & vote on plan. Provide rationale where appropriate.



Monitoring & Compliance

INCLUDES

Treatment, drug testing, group support, work limits/monitoring.

COMMITTEE ROLE

None at this stage.



Progress Review

ACTION

Review recovery milestones, compliance, requests.

COMMITTEE ROLE

Reassess & vote on recommended next steps. Provide rationale where appropriate.



Completion or Termination

OUTCOME

Successful completion or referral to BRN

COMMITTEE ROLE

Verify criteria from uniform standards. Vote on discharge

6 Case Review Process

6.1 Receive Case Materials

The Committee is responsible for receiving and reviewing information concerning registered nurses participating in the Program.³⁷

Individual case materials are provided to Committee members through a secure online system 5-10 days prior to each Committee meeting. These case materials are compiled into a comprehensive *History and Profile Report*, which outlines all relevant information regarding participant's progress in meeting the terms and conditions of their recovery agreement. This information includes, but is not limited to:

- **Case Summary and Compliance:** Summary of case notes, check-ins, and compliance history, including details of any instance of non-compliance.
- **Assessments and Treatments:** Includes intake assessment, clinical diagnostic evaluation, psychiatric evaluation, and reports from treatment providers (inpatient, outpatient, etc.).
- **Medications:** Includes reported prescriptions or over-the-counter medications.
- **Drug Testing.** Participants must randomly drug test 36-104 times per year, with higher frequency of 52-104 times in the first year. Daily check-ins are also required for test notification.³⁸
- **Support Group Participation:** Includes reports from nurse support group facilitators and records of attendance at community support groups (12-step, SMART, etc.).³⁹
- **Employment:** Covers current employment status, worksite monitor reports, and job search activity.
- **Board License Status:** Status of license and certificates; completed investigations.

6.2 Determine Admission or Denial

To make a well-informed decision about whether an RN may be formally admitted to the Program, the Committee shall carefully consider the recommendations of the clinical diagnostic evaluation. The evaluation, which must follow acceptable professional standards, will set forth a substance use disorder diagnosis, assess any potential risk to the RN or others, and provide recommendations for treatment, practice restrictions, or other rehabilitation measures.⁴⁰

³⁷ Bus. and Prof. Code §[2770.8](#).

³⁸ [Uniform Standards](#), Standard #4, pages 8-11.

³⁹ [Uniform Standards](#), Standard #13, page 22.

⁴⁰ [Uniform Standards](#), Standard #1, page 4.

When determining formal admission into Program, the Committee will additionally consider recommendations from the Program Director and the nurse or physician consultant, as well as its own evaluation of RN's license history, compliance with entry agreement, and overall readiness for rehabilitation.⁴¹

The Committee may deny formal admission if the applicant does not meet admission criteria (see [Admission Criteria](#)), has violated nursing laws unrelated to substance use, has diverted drugs for sale, is unlikely to benefit from the program, or poses too great a risk to public health and safety. The Committee's decision on admission shall be final.⁴³

6.3 Develop Intervention Recovery Agreement

The Committee makes recommendations to the Program Manager regarding the terms and conditions of an intervention agreement, including treatment, supervision, and monitoring requirements.⁴⁴

6.3.1 Treatment

The Committee will designate those treatment services to which registered nurses in an intervention program may be referred. In determining whether inpatient, outpatient, or another type of treatment is necessary, the following criteria shall be considered:

- recommendation of the clinical diagnostic evaluation
- license type and history
- documented length of sobriety/time that has elapsed since substance abuse
- substance use: nature, scope, duration, severity, and pattern of use
- treatment and medical history; current medical condition
- whether licensee is threat to themselves or the public⁴⁵

6.3.2 Practice and Supervision

To successfully complete the Program, a participant must demonstrate their ability to practice safely. Before being permitted to return to practice on a full-time or part-time basis, the participant must meet specific criteria.⁴⁷

Return to Practice (Part-Time). To determine if an RN may safely resume part-time practice, the Committee must verify the RN has a minimum of 30 days prior negative drug testing and consider the following criteria:

⁴¹ Cal. Code of Regs., tit. 16, § [1447.1](#)

⁴³ Cal. Code of Regs., tit. 16, § [1447.2](#).

⁴⁴ Bus. and Prof. Code §[2770.8](#).

⁴⁵ [Uniform Standards](#), Standard #6, page 13.

⁴⁷ [Uniform Standards](#), Standard #12, page 21; Standard #2, page 6.

- recommendations of the clinical diagnostic evaluator
- license type and history
- documented length of sobriety
- substance use: nature, scope, duration, severity, and pattern of use
- treatment and medical history
- whether the licensee is a threat to themselves or the public.⁴⁸

Return to Practice (Full-Time). Before submitting a request to return to full time practice, the participant must meet the following criteria:

- Six (6) months of negative drug testing
- Two (2) positive worksite monitor reports
- Sustained compliance with the current recovery program
- Demonstrated ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse⁴⁹

Practice Restrictions. After reviewing and considering the results of the clinical diagnostic evaluation, the Committee may recommend practice restrictions that are appropriate for the individual nurse, which may be lifted over time as the nurse demonstrates safe practice. Such practice restrictions may include, but are not limited to:

- No direct patient care
- No access to controlled substances
- No overtime, night shifts, or odd schedules
- No home health or hospice settings
- No floating or on-call (PRN) pool

Supervision. The Committee may recommend how often the worksite monitor must meet face-to-face with the nurse, but this must occur no less than weekly.⁵¹

6.3.3 Monitoring Requirements

The Committee is responsible for recommending monitoring requirements. Monitoring requirements may include, but are not limited to:

Treatment Provider Reports. In addition to designating treatment services where nurse may be referred, the Committee may recommend how often treatment provider reports are submitted (e.g. monthly or quarterly).

⁴⁸ [Uniform Standards](#), Standard #2, page 6.

⁴⁹ [Uniform Standards](#), Standard #11, page 20.

⁵¹ [Uniform Standards](#), Standard #7, page 14.

Worksite Monitor Reports. In addition to practice and supervision requirements, the Committee may recommend how often worksite monitor reports are submitted (e.g. monthly or quarterly).

Support Group Attendance. The Committee may recommend requirements for participation in support group meetings, including but not limited to specifying the type and frequency of attendance. When determining required group meeting attendance, the Committee must consider the following criteria: license type and history; documented length of sobriety; substance use (nature, scope, duration, severity, and pattern of use); treatment and medical history, recommendation of the clinical diagnostic evaluator. Examples of support groups that may be required include, but are not limited to:

- **Community support group (CSG).** Abstinence-based self-help groups, such as 12-step, SMART recovery, or Life Ring. NOTE: As part of their pre-entry agreement, applicants may have already agreed to immediately begin daily meetings (typically 90 meetings in 90 days) or continue attending any community support group in progress.
- **Nurse support group (NSG).** Peer support group facilitated by a Board-approved nurse support group facilitator. The group shares experiences and provides support in addressing issues related to SUD and professional issues including re-entry into the workforce. Located throughout California, NSGs are attended by nurses both participating in the Intervention Program or fulfilling a BRN Probation Order.

Drug Testing. In accordance with Uniform Standards, Participant drug testing schedules typically begin with Level I, requiring 52-104 random tests in the first year, followed by Level II, with 36-104 tests annually for up to five years, after which time frequency may be reduced further to monthly testing. However, the Committee may recommend adjustments to drug testing schedule under specified and well-documented conditions:

- **Prior testing or evidence of sobriety:** May adjust frequency to give credit for a nurse who has already undergone random testing in another approved monitoring program.
- **Not employed in healthcare:** May adjust frequency to minimum 12 times per year if participant is not working in health care field. Prior to return to practice, Level I testing must occur for at least 60 days.
- **Supervision:** May reduce testing to 24 times per year, if nurse is supervised by another licensed professional for at least 50% of their working hours.
- **Major non-compliance:** May restart testing cycle at Level 1 for any confirmed or suspected non-compliance.
- **Travel or absence:** May approve alternate drug testing including frequency or method.

Nothing precludes the Program from increasing the number of random tests for any reason or using other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.⁵³

Once notified of the approved Recovery Agreement, the participant is responsible for signing the Recovery Agreement within two days.

6.4 Review Progress

The Program Contractor will continuously monitor each participant's compliance with the Recovery Agreement, as recommended by the Committee and approved by the Program Manager.

The Committee will meet as needed (at least annually but typically quarterly) to review participant progress and consider any proposed modifications to Recovery Agreement. All changes require final approval from the Program Manager.

Unscheduled reviews may be initiated by the Program Contractor in coordination with BRN staff so that Committee may review concerns related to non-compliances and/or relapse.

6.5 Evaluate Non-Compliance

Committee shall consider the following for addressing when a nurse is non-compliant with their signed recovery agreement.⁵⁴

Definition of **Major** Non-compliance

- 1 Failure to enter or complete treatment
- 2 Failure to complete clinical assessment
- 3 Multiple minor violations
- 4 Treating patients while under the influence of drugs/alcohol
- 5 Any unlawful drug/alcohol-related act
- 6 Failure to drug test
- 7 Testing positive for substance abuse
- 8 Attempting to defraud a drug test

Consequences of **Major** Non-compliance

- A. Licensee must undergo new clinical diagnostic evaluation AND cease practice until at least one month of negative substance tests before being allowed to go back to work.
- B. Termination of a contract/agreement
- C. Referral for disciplinary action

Definition of **Minor** Non-compliance

- 1 Late submission of papers
- 2 Unexcused group absence

Consequences of **Minor** Non-compliance

- A. Cease Practice
- B. Practice limitations

⁵³ [Uniform Standards](#), Standard #4, pages 8-11.

⁵⁴ [Uniform Standards](#), Standard #10, page 18.

Definition of **Minor** Non-compliance

- 3 Missed check-ins
- 4 Any other non-compliances that do not present an immediate threat to the licensee or the public

Consequences of **Minor** Non-compliance

- C. Required supervision
- D. Increased documentation
- E. Issuance of a warning notice
- F. Required re-evaluation/testing

6.6 Successful Completion or Termination

The Committee may terminate a participant from the Program for any of the following reasons:

- **Successful completion.** Licensee must meet the following criteria:
 - 3-5 years of continuous verified sobriety.
 - Demonstrated ability to practice safely.
 - Demonstrated successful completion of a recovery program.
 - Consistent and sustained participation in recovery-support activities such as therapy, counseling, support meetings, relapse prevention plan, and community activities.
- **Failure to comply with program.** As determined from [Evaluating Non-Compliance](#).
- **Failure to maintain eligibility requirements.** As determined from [Admission Criteria](#).
- **Failure to substantially benefit from program participation.** Examples: Lack of improvement in condition despite complying with agreement.
- **Has violated NPA unrelated to substance use.** As determined from reviewing a completed investigation report that substantiates such violations. Examples include but are not limited to sexual abuse or misconduct involving a patient or breach of patient confidentiality.⁶⁴

6.7 Program Records

When a participant is terminated from the Intervention Program for successful completion, all records pertaining to the nurse's participation are purged, and any remaining board or committee records are kept confidential and not subject to public disclosure.

When a participant is terminated from the Intervention Program for any reason other than successful completion, only the nurse's name and license number are sent to the Board. However, if the Program manager determines the nurse to be a risk to the public or themselves, the complete intervention program record is also provided to the BRN Enforcement Program.

⁶⁴ Cal. Code of Reg., tit 16, § [1448](#), [DCA Uniform Standards](#), Standard #12, page 21.

The Program Contractor retains all related records for at least three years after the last service date. After that period and any required audit, the Program Contractor may destroy the records.⁶⁵

⁶⁵ Bus. and Prof. Code §§[156.1](#), [2770.11](#), [2770.12](#); Cal. Code of Reg., tit 16, §[1449](#).

7 Member Time and Travel

Committee members receive per diem compensation as well as reimbursement for travel and related expenses necessarily incurred while carrying out official responsibilities.⁶⁶

Within 5 days after each Committee meeting, members should submit their time and travel expenses to staff at brn-intervention@dca.ca.gov.

7.1 Per Diem Compensation

Generally, members are eligible to receive \$100 for each day performing official duties. However, members who receive regular state employee pay on the same day may not be eligible for the \$100 per diem⁶⁷.

BRN staff will report all members' time as a monthly batch process by the 10th of each month.

7.2 DCA Travel Guide: Key Highlights

Committee members may be required to travel to attend IEC meetings, depending on their proximity to the IEC meeting location. Travel status begins when the member leaves home and ends upon return. Travel expenses are reimbursable only if they comply with State travel policies as outlined in the [DCA Travel Guide](#).

Key highlights from the Guide are provided below.

- **Eligibility for reimbursement.** To qualify for reimbursement, travel must:
 - Be for official state business, such as attending scheduled IEC meetings.
 - Cover at least 50 miles one-way from the member's home.
 - Fall within in-state rates.
- **Booking Travel.** All travel arrangements, including airfare, car rental, and lodging, must be booked through CI Azumano Travel, which is the State's authorized travel agency:
 - Website: <https://caltravel.ciazumano.com/>
 - Phone: (877) 454-TRVL.
- **Lodging.** Members are eligible for reimbursement of actual lodging expenses, provided they do not exceed the maximum allowable rates. For example, **Sacramento: up to \$150 per night**, excluding taxes; **Orange: up to \$191 per night**, excluding taxes. Rates are subject to seasonal adjustments, so members should verify the current rates at [CalHR Lodging Rates](#). Lodging must be at a commercial establishment (e.g., hotel or motel). Itemized receipts must show the name and address of the establishment, dates of stay,

⁶⁶ Bus. and Prof. § [2770.3](#).

⁶⁷ Bus. and Prof. § [103](#).

nightly rate, and any taxes or fees. If a member anticipates that lodging costs will exceed the allowable rate for the destination, they must obtain **prior approval** by submitting an [Excess Lodging Rate Request \(STD 255c\)](#). Members will be responsible for any costs in excess of allowable rates that are not approved for reimbursement.

- **Meals & Incidentals.** Committee members may be reimbursed for actual meal and incidental costs when attending scheduled IEC meetings.
 - Full day (24 hours): Up to **100%** of total daily maximum.
 - First/last day (12-24 hours): Up to **75%** of total daily maximum.
 - Partial day (Under 12 hours): Committee members are eligible for meal reimbursement, typically covering lunch. Breakfast may be reimbursed if the trip begins before 6:00 AM, and dinner may be reimbursed if the trip ends after 7:00 PM.⁶⁸
- **Meal Maximums (no receipts required):**
 - Breakfast: \$16
 - Lunch: \$19
 - Dinner: \$28
 - Incidentals: \$5/day
- **Transportation & Mileage.** Members may be reimbursed for travel to and from meeting location.
 - Personal vehicle mileage is reimbursed at \$0.70 per mile (2025 rate), and prior authorization is required for personal vehicle use.
 - Other reimbursable transportation options include airfare, rental cars, taxis, rideshare services (e.g., Uber or Lyft), and parking fees. These transportation expenses require itemized receipts.
- **Claim Submission and Approval.** Travel expense claims must be submitted within **5 days** of each IEC meeting, regardless of who paid the costs. Unit staff will submit claims via the CalATERS Global System using information provided by member.⁶⁹

Claims must include the trip's purpose, dates, and destination, along with required receipts for lodging, transportation, and business-related expenses. Members must provide their trip start and end times to clarify and support meal reimbursements. Receipts under \$25 are not required.

For further travel guidance, members should refer to [DCA Travel Guide](#) or contact Unit Staff.

⁶⁸ DCA Travel Guide (2024), page 12.

⁶⁹ Members with an existing CalATERS account through their regular state employment may be required to complete and sign a [Travel Expense Claim \(STD 262\)](#) form. Reach out to Unit staff for guidance on this alternate submission method.

8 Appendices

- A. [IEC Meeting Schedule](#)
- B. [California Business and Professions Code - Article 3.1:](#)
Intervention Program (§ 2770-2770.14).
- C. [California Code of Regulations - Article 4.1:](#)
Intervention Program Guidelines (§ 1446-1449).
- D. [Uniform Standards Regarding Substance-Abusing Healing Arts Licensees](#). (2021).
California Department of Consumer Affairs, Substance Abuse Coordination Committee.
- E. [Bagley-Keene Act Open Meeting Act Guide](#). (2026).
California Department of Justice.
- F. [DCA Travel Guide](#), (2024).
California Department of Consumer Affairs.
- G. [Electronic Filing of Statement of Economics Interests - Form 700](#)
- H. BRN Intervention Recovery Program Meeting Notes
- I. Time and Expense Sheet
- J. Acronyms and Abbreviations

MOST CURRENT APPENDICES AVAILABLE UPON REQUEST at brn-intervention@dca.ca.gov