

9.3 Intervention Program Presentation



Roles and Responsibilities – IEC Members

Committee Composition

Three RNs, 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.

- Each IEC shall elect from its committee a Chair and a Vice Chair and which will be reelected every two years.



Roles and Responsibilities – IEC Members

Tenure

- Committee members are appointed to a term of four (4) years.
- There is a grace period after term expiration for up to the sooner of one year or until a successor is appointed.
- Members may serve up to two consecutive full terms.
- It shall require a majority vote of the BRN Board Members to appoint a person to a committee. Each appointment shall be at the pleasure of the board for a term not to exceed four years.

BPC §131, 2770.2(c)



Roles and Responsibilities – IEC Members

Expected Time Commitment

- In accepting an appointment to the IEC, members make a commitment to dedicate the time necessary to attend the meetings, participate and complete the business of the IEC.
- IECs meet four times annually. This time commitment includes the actual meeting attendance as well as reviewing meeting materials in advance.
- Members are required to travel as necessary for committee business.



Roles and Responsibilities – IEC Members

Committee Responsibilities

Each committee shall have the following duties and responsibilities:

- To evaluate those registered nurses (RN) who request participation in the program and to make recommendations.
- To review and designate those treatment services needed for recovery
- To receive and review information concerning RN participants
- To consider if participants may with safety continue or resume the practice of nursing.
- To call meetings as necessary and to consider reports regarding RNs participating in a program.
- To make recommendations to the program manager regarding the terms and conditions for each participant, including treatment, supervision, and monitoring requirements.

BPC § 2770.8, CCR § 1447.1



Roles and Responsibilities – Maximus

Maximus Roles

- **Program Director.** The Program Director is an RN with experience in SUD and psychiatry; responsible for the overall program operations and clinical activities.
- **Operations Manager.** The Operations Manager is responsible for oversight of the program operations.
- **Clinical Case Manager.** The CCMs are licensed RNs who are trained and experienced in working in psychiatric and substance abuse settings.



Roles and Responsibilities – Board Staff

Program Manager

Each IEC operates under the direction of the BRN Program Manager (PM). The PM has the primary responsibility of reviewing and evaluating recommendations of the IEC. The PM also is responsible for determining whether an RN, who is denied admission into the program or terminated from the program, presents a threat to the public or to their own health and safety.



Uniform Standard Requirements

1. Undergo a clinical diagnostic evaluation
2. Removal from practice
3. Board's ability to communicate with an employer
4. Random drug testing requirements
5. Group meeting attendance
6. Treatment requirement
7. Work requirement
8. Positive drug testing requirement
9. Banned substance procedure
10. Major and minor violations
11. Petition to return to full time practice
12. Petition to reinstate to a full unrestricted license
13. Vendor requirements

Uniform Standards



Component	Intervention	Probation
Initial Intake Assessment or Orientation	Yes Conducted by a clinical case manager (CCM)	Yes Conducted by a probation monitor
Initial Clinical Assessment	Yes Free - Costs paid by BRN	Yes Fee varies dependent upon the Assessor and typically ranges from \$250 - \$2000
Treatment	Yes Participant paid - May include inpatient, outpatient, aftercare, therapy, etc.	Yes Probationer paid - May include inpatient, outpatient, aftercare, therapy, etc.
Drug Testing	Yes Randomly scheduled tests including: urine, blood, hair, and nail samples. \$62.50 Per test plus collection fees (\$20 - \$125) *Additional tests, if required, may require higher cost.	Yes Randomly scheduled tests including: urine, blood, hair, and nail samples. \$62.50 Per test plus collection fees (\$20 - \$125) *Additional tests, if required, may require higher cost.

Nurse Support Group Attendance	Yes \$10-\$40 PER WEEK* (Varies by group.) *Some groups may accept a sliding scale fee	Yes \$10-\$40 PER WEEK* (Varies by group.) *Some groups may accept a sliding scale fee
12-Step Group Attendance	Yes - Free Attendance at community-based, 12-step support groups adhering to complete abstinence from alcohol and narcotics. Approved by Intervention Program	Yes - Free Attendance at community-based, 12-step support groups adhering to complete abstinence from alcohol and narcotics. Approved by Probation Program
Program Administrative Fee	Yes \$25 PER MONTH Participants are billed <u>after</u> formal program acceptance at their first Intervention Evaluation Committee meeting	No However, cost recovery is ordered pursuant to B&P 125.3, for investigation/enforcement of the case.
Confidential	Yes Unless the participant does not complete the program successfully	No Posted to NURSYS and the BRN website for 10 years
Public Record / Discipline	No Alternative to discipline program	Yes This is a formal disciplinary action

Q & A

