



Agenda Item 5.0

Report of the Enforcement/Investigation/Intervention Committee (EIIIC)

BRN Board Meeting | February 26-27, 2025

Report of the Enforcement/Investigations/Intervention Committee February 26-27, 2025

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Agenda Item 5.1

Information Only: Presentation by the Executive Officer Regarding Review of Intervention Program Participants Subjected to Requirements of Working in Direct Patient Care and/or Passing Narcotics, and Removal/Imposition of Such Requirements by Intervention Evaluation Committees; Review of Program Extension Beyond Three Years; Intervention Program Statistical Data

BRN Board Meeting | February 26-27, 2025

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 5.1
DATE: February 27, 2025

**ACTION
REQUESTED:**

Information only: Presentation by the Executive Officer regarding review of Intervention Program participants subjected to requirements of working in direct patient care and/or passing narcotics, and removal/imposition of such requirements by Intervention Evaluation Committees; review of program extension beyond three years; Intervention Program statistical data

REQUESTED BY: Patricia Wynne, Esq., Chairperson

BACKGROUND:

During the Board meeting on Thursday August 22, 2024, the Board made a motion that directed Board executive management to provide an update to the EIC regarding Intervention Program participants who had these requirements removed or imposed pursuant to the Board's motion:

1. Suspend the imposition of the requirement that participants work in direct patient care, unless there is additional evidence of patient safety issues.
2. Suspend the imposition of the requirement that participants work passing narcotics, unless there is additional evidence of patient safety issues.
3. If an Intervention Evaluation Committee (IEC) recommendation extends length in the program beyond three years, the Executive Officer must review and examine the evidence.

The Board further directed that, in any cases in which the direct patient care and/or narcotics requirements were the only requirements preventing a participant from successfully completing the program, and where those requirements were removed pursuant to this motion, that board executive management should work with the Intervention Program Manager to have such cases presented to an IEC as soon as practicable for consideration of program completion.

As it relates to the August 21-22, 2024, Board motion above where the IEC is directed to consider program completion, [Uniform Standard](#) Number 12 identifies criteria to petition for a full and unrestricted license:

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable. (This is not applicable to our Intervention Program Participants.)
2. Demonstrated successful completion of recovery program, if required. (This is applicable to our Intervention Program Participants)
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that he or she is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

August 2024 - Board Motion Data

The below reflects data related to the approved Board motion from August 22, 2024, through December 31, 2024. December 12-13, 2024, was the last IEC meeting held in 2024 with the former recovery vendor, Maximus. Premier Health Group became the new recovery vendor as of January 1, 2025.

Successful Completion(s)	Totals
Petitioned for successful completion	68
Granted successful completion	50
Reviews sent to the Executive Officer (EO)	30
EO approved IEC recommendation(s)	7
EO referred to a re-reviewing IEC	23
Intervention Program New Applicant(s)	
Petitioned for acceptance ¹	24
Granted acceptance ²	19
Denied or withdrew request for acceptance ³	5
Program Length	
Intake date greater than three (3) years	22
Program sobriety date greater than three (3) years	12
Program Milestones	
Intake date to IEC acceptance date	5 - 182 / 71 (days)
Intake date to successful completion	3.1 - 7.6 / 3.7 (years)
Program sobriety date to successful completion	3.0 - 4.5 / 3.4 (years)

Definitions:

- Intake date – The date that the recovery vendor conducted the initial intake interview of the IP applicant.
- IEC acceptance date – The date that the IEC accepts the applicant as a participant into the IP.
- Successful completion – the date that the IEC deemed the participant completed based on Uniform Standards.
- Program sobriety date – The first documented negative urine test after participant begins random drug testing with the Board’s recovery vendor. A personal sobriety is not the same as the program sobriety date. The personal sobriety date is the date that the participant reports is their first date of sobriety.

¹ One applicant was deferred to a future IEC and then denied at the next meeting due to ineligibility.

² One participant was accepted but was subsequently terminated from the IP during the same time period.

³ One applicant withdrew their request for acceptance during the IEC review.

The below reflects general IP data for the period of July – December 2024 based on information provided by Maximus:

Maximus Intervention Program Data						
	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Beginning total IP participants	231	229	219	209	191	173
Intake(s) completed by Maximus of RNs requesting admission to the IP regardless of IEC acceptance or denial	4	8	6	6	2	5
Successful completion(s)	5	18	14	18	18	5
Termination(s) for other than successful completion(s)	1	0	2	6	2	3
Ending total number of IP participants	229	219	209	191	173	170
IP participants seen by an IEC (all applicants and participants listed on an IEC agenda regardless of if a recommendation(s) decision was made by the IEC)	67	72	31	85	56	48

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Loretta Melby
Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov



Agenda Item 5.2

Information Only: Enforcement Division Update

BRN Board Meeting | February 26-27, 2025

BOARD OF REGISTERED NURSING
Agenda Item Summary

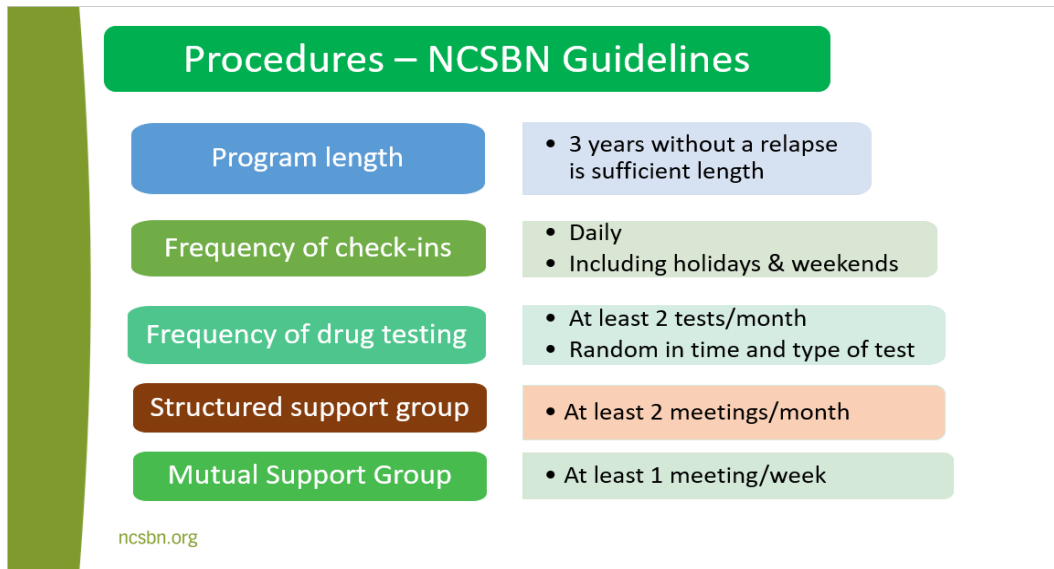
AGENDA ITEM: 5.2
DATE: February 27, 2025

ACTION REQUESTED: Information Only: Enforcement Division Update

REQUESTED BY: Patricia Wynne, Esq., Chairperson

General Information

At the August 2022 Board meeting, the Board voted to join the National Council of State Boards of Nursing (NCSBN) five-year pilot study (study) to test substance use disorder (SUD) monitoring program guidelines for alternative to discipline (ATD) programs for nurses. This study will track participant outcomes from entry into the program through program completion and up to two years immediately following their successful completion through 2027. Data will be provided to NCSBN biannually throughout the study period. Phase I data collection began in 2022 with a focus on program participation. Phase II includes recidivism data. This information will be used to compare programs that align or do not align with NCSBN’s evidence-based guidelines. The results will support, refine, and augment evidence-based guidelines for ATD and monitoring programs to foster uniformity and facilitate nurses’ safe return to practice.



The Board of Registered Nursing (BRN) continues to recruit qualified registered nurses (RN) with professional and educational backgrounds as Expert Practice Consultants (EPC) to review investigative case materials, prepare written opinions, and evaluate whether a RN deviated from the standards of nursing practice. The BRN is in critical need of EPC RNs and Advance Practice Registered Nurses (APRN) in the following areas:

- Long Term Care/Skilled Nursing Facility/Geriatric
- Acute Rehabilitation
- School Nursing
- Medical/Surgical
- Pediatric ICU
- CCU/Telemetry
- Dialysis

For more information about the Expert Practice Consultant program, please visit the BRN website: <http://rn.ca.gov/enforcement/expwit.shtml> or email us at Expert.BRN@dca.ca.gov.

Complaint Intake

The CIU is continuing to use the updated Complaint Prioritization and Referral Guidelines ([CPRG](#)) to triage cases in collaboration with the DOI and BRN Investigations.

CIU continues to triage cases to obtain preliminary documents prior to a field investigation referral.

Discipline

As of December 17, 2024, only 13 percent of our cases have been pending at the OAG for over a year.

Probation

The Probation Unit is currently working on enhancements to the BRN website and is in the final approval stages of creating two different webcasts on the Probation Process and Worksite Monitor role and responsibilities.

Currently, Probation Monitors have an average of 51 cases per monitor.

Board of Registered Nursing Enforcement Process Statistics

Table A – Complaint Intake

Complaint Intake	07/01/20 thru 12/31/20	07/01/21 thru 12/31/21	07/01/22 thru 12/31/22	07/01/23 thru 12/31/23	07/01/24 thru 12/31/24
Public Complaints	1,789	1,847	2,029	2,305	2,514
Convictions/Arrest	466	478	565	607	618
Applicants	1,724	1,524	1,036	876	793
Total Received	3,979	3,849	3,630	3,788	3,925
Complaints Pending	1,434	1,450	1,501	1,546	1,938
>1 year	320	271	386	26	525
Convictions/Arrests Pending	997	1,088	937	726	846
>1 year	341	507	347	12	201
Applicants Pending	235	153	158	89	122
>1 year	16	24	6	2	21
Expert Review Pending Referral	6	64	14	28	7
>1 year	0	0	5	0	0
Expert Review Pending Receipt	19	20	21	9	9
>1 year	0	0	1	0	0

Table B – Citation and Fine

Citation and Fine	07/01/20 thru 12/31/20	07/01/21 thru 12/31/21	07/01/22 thru 12/31/22	07/01/23 thru 12/31/23	07/01/24 thru 12/31/24
Citations Issued	61	66	96	160	24
Informal Conference					
Modified	0	0	0	1	0
Dismissed	2	0	2	4	0
Upheld	0	0	0	0	0
Amount Ordered	\$32,825	\$65,225	\$88,650	\$24,750	\$0.00
Amount Received	\$41,951	\$50,863	\$87,815	\$38,774	\$42,522
Amount Referred to FTB	\$7,050	\$2,500	\$1,500	\$19,600	\$0.00
Amount Received from FTB	\$3,500	\$1,884	\$2,250	\$5,800	\$0.00

Table C – Discipline

Discipline	07/01/20 thru 12/31/20	07/01/21 thru 12/31/21	07/01/22 thru 12/31/22	07/01/23 thru 12/31/23	07/01/24 thru 12/31/24
AG Referrals					
Cases	461	566	578	721	630
Cases Pending					
< 1 Year	603	704	739	881	699
> 1 Year	112	35	118	122	97
> 2 Year	14	12	16	13	11
Cases Pending >1 Year W/O Pleading Filed	*	*	*	*	16
Cases Pending Hearing	*	*	*	*	162
Average Days at AG	358	338	315	313	344
Pending Board Vote	*	*	*	*	52

* BRN is unable to provide historical pending numbers.

Table D – Legal Support

Legal Support	07/01/20 thru 12/31/20	07/01/21 thru 12/31/21	07/01/22 thru 12/31/22	07/01/23 thru 12/31/23	07/01/24 thru 12/31/24
Interim Suspension Orders (ISO)	0	1	0	0	2
PC 23	2	5	7	4	2
Pleadings Served					
Accusations	268	301	317	447	342
Statements of Issues	14	6	6	5	15
Orders to Compel	30	21	22	60	70
Petitions to Revoke Probation	45	37	44	37	39
Withdrawals of Pleadings	34	8	15	19	31
Decisions Adopted					
Surrenders	84	59	95	42	79
Default Revocations	77	84	129	94	112
Ordered Revocations	28	16	15	18	3
Probation	196	189	193	147	216
Public Reprovals	68	40	33	53	61

Table E - Probation

Probation	07/01/20 thru 12/31/20	07/01/21 thru 12/31/21	07/01/22 thru 12/31/22	07/01/23 thru 12/31/23	07/01/24 thru 12/31/24
Active In-State Probationers	*	*	*	*	665
Tolled Probationers	402	420	441	468	496
Revoked	18	16	22	11	18
Surrendered	40	33	23	23	40
Completed	125	104	117	84	125
Subsequent Cases Pending at AG					
<1 Year	49	42	55	56	68
>1 Years	10	6	2	7	10
>2 Years	2	0	0	0	0

* BRN is unable to provide historical pending numbers.

Table F – Total Case Processing Time

Total Case Processing Time	07/01/20 thru 12/31/20	07/01/21 thru 12/31/21	07/01/22 thru 12/31/22	07/01/23 thru 12/31/23	07/01/24 thru 12/31/24
Average Days to Complete	663	663	668	674	744
> 540 Days*	59%	59%	60%	56%	67%
< 540 Days*	41%	41%	40%	44%	33%

* DCA's goal is for Disciplinary cases to be processed within 540 days of receipt for all healing arts boards.

Table G – Performance Measure 4

	Case Volume	Intake	Investigation	Pre-AG Time	Post AG Time	Cycle Time
2024	467	6	373	25	344	747
2023	529	6	349	8	313	676
2022	461	8	336	14	315	672
2021	371	8	312	8	338	666
2020	478	5	294	8	358	666

If you would like more information on our enforcement statistics, please go to https://www.dca.ca.gov/data/enforcement_performance.shtml

NEXT STEPS: Continue to Monitor

PERSONS TO CONTACT: Shannon Johnson, Enforcement Division Chief
Shannon.Johnson@dca.ca.gov
(916) 515-5265

ENFORCEMENT PROCESS STATISTICS

REFERENCE GUIDE

Table A

Complaint Intake

- Public Complaints
 - The total number of complaints received from the public, other state agency, or anything other than a conviction or applicant.
- Convictions/Arrests
 - The total number of complaints received due to an arrest and/or subsequent conviction. These are reported by Criminal Offender Record Information (CORI) from the California Department of Justice (DOJ).
- Applicants
 - The total number of applications received from Board of Registered Nursing (BRN or Board) licensing, in where the applicant disclosed a previous criminal history or discipline by another state board.
- Complaints Received
 - The total number of public complaints received. This includes other state agencies and Boards.
- Complaints Pending
 - The number of complaints that are pending in the Complaint Intake Unit (CIU).
- Convictions/Arrests Pending
 - The number of Convictions/Arrests that are pending in CIU.
- Applicants Pending
 - The number of Applicants that are pending in CIU.
- Public complaints
 - The number of public complaints that are pending in CIU.
- Expert review pending referral
 - The number of cases that are pending to be referred out to an expert practice consultant
- Expert review pending receipt
 - The number of cases that are pending being returned by the expert practice consultant to the Board.

Table B
Citation & Fine

- Citations Issued
 - The total number of citations issued.
- Informal Conference
 - The number of informal conferences conducted after an appeal is made by the Respondent. The results of the informal conference would be either modify, dismiss or uphold the citation.
- Amount Ordered
 - The total fine amount that has been ordered from all citations issued during the Fiscal Year (FY).
- Amount received
 - The total fine amount received by the Board during the FY.
- Amount referred to Franchise Tax Board (FTB)
 - The total amount of fines referred to FTB, in an attempt to retrieve the fines through California Income tax.
- Amount received from FTB
 - The total amount of fines received from FTB from California Income tax.

Table C
Discipline

- Attorney General (AG) referrals
 - The total number of cases referred to the AG.
- Cases pending
 - The total number of cases that are pending a final disposition in the disciplinary process.
- Cases pending hearing
 - The total number of cases that are awaiting a hearing before an ALJ.
- Average days at AGO
 - This is the average number of days that cases are at the AGO for prosecution.
- Pending Board vote
 - The total number of cases that are awaiting a vote by the Board.

Table D
Legal Support

- Interim Suspension Order (ISO) - Granted

- Licenses suspended by an Administrative Law Judge due to the seriousness of the allegations in advance of the filing of an accusation and pending a final determination of the licensee's fitness to practice and provide nursing care.
- Penal Code 23 (PC23) - Granted
 - Licenses suspended from practice as a registered nurse or restricted in how he or she may practice registered nursing ordered by a judge during a criminal proceeding.
- Pleadings served
 - The total number of pleadings that have been served. This includes Accusations, Statements of Issue, Orders to Compel and Petitions to Revoke Probation.
- Withdrawals of pleadings
 - The total number of pleadings that the Board has withdrawn, and no action was taken.
- Decisions adopted
 - The total number of final Decisions that were adopted by the Board. This includes Surrenders, Default Revocations, Ordered Revocations, Probation and

Table E

Probation

- Active in state probationers
 - The total number of current/active in state probationers.
- Tolled probationers
 - The total number of probationers that reside outside of California. These probation cases are placed on hold until the RN returns to California.
- Revoked
 - The total number of probationers that have been revoked.
- Surrendered
 - The total number of probationers that have surrendered their license.
- Completed
 - The total number of probationers that have successfully completed probation.
- Subsequent cases pending at AGO
 - The total number of probationers that have had subsequent discipline and transmitted back to the AG for further disciplinary action.
 - Over 1 year
 - The number of probationary cases that have been pending at the AGO for over 1 years.
 - Over 2 years
 - The number of probationary cases that have been pending at the AGO for over 2 years.

Table F

Total Case Processing Time

- Average days to complete
 - The average days currently taking to complete a case from complaint receipt to final Decision
 - Over 540 days
 - The percentage of cases that BRN **is not** meeting the DCA goal of 540 days for case completion.
 - Under 540 days
 - The percentage of cases that BRN is meeting the DCA goal of 540 days for case completion.
 - *Note – DCA's goal for all healing arts boards **is** to complete on an average of 540 days or less.*

Table G

Performance Measure 4

BRN's Performance Measure 4, FY to date, by month. This is an average of case time from complaint intake to final disposition, broken down by intake, investigation, pre-AG and post AG time.

- Case volume is the total number of cases received in that month.
- Intake is the average time for intake to process and refer to investigation.
- Investigation is the average time for an investigation of the case.
 - This includes desk investigation, BRN investigation and DOI investigation.
- Pre AG time is the average amount of time from the closure of the investigation to AG referral.
- Post AG time is the average time from AG referral to final disposition of the case.
 - This includes the AG time, hearing, Board vote and case processing.
- Average total time is the average of a case from complaint intake to final disposition.

More information on DCA's enforcement reports can be found at <https://www.dca.ca.gov/data/enforcement.shtml>



Agenda Item 5.3

Information Only: Investigations Division Update

BRN Board Meeting | February 26-27, 2025

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 5.3
DATE: February 27, 2025

ACTION REQUESTED: Information Only: Investigations Division Update

REQUESTED BY: Patricia Wynne, Esq., Chairperson

General Information

The Office of Organizational Improvement (OIO) continues working with the Investigations Division (Investigations), assessing and mapping workflows, timeframes, and procedures to streamline and improve internal processes. The OIO team works with Subject Matter Experts (SMEs) from each unit and staffing level. Investigations will continue to report on the progress of this project in future meetings.

On November 19, 2024, Board of Registered Nursing (BRN) and the Office of Attorney General (OAG) conducted the fourth of a four-part and final Deputy Attorney General (DAG) training series. The series included topics about the Administrative Process, General Nursing Practice, Unprofessional Conduct, Report Writing, Advanced Practice Nursing, Records, Evidence, and Med Spas/Nursing Corporations. In attendance were Investigations, Enforcement Division, and Department of Consumer Affairs, Division of Investigation (DOI). It is anticipated, the DAG training series will be conducted annually.

Investigations

Investigations continue to adhere to Recommendation 7 of the 2016-046 audit by the California State Auditor. As of February 12, 2025, the full time Special Investigators have an average of 29 active cases. Due to the high caseloads, the Supervising Special Investigator 1s and the Deputy Chief continue to actively work cases. Investigations received 185 cases in January 2025, which is an increase from the 80 cases received in December 2024. Investigations is exploring multiple options to address the high caseload and continues to actively recruit for one (1) full-time position in the central region and limited-term Investigators statewide.

Table A – Investigations

Investigations	07/01/20 thru 12/31/20	07/01/21 thru 12/31/21	07/01/22 thru 12/31/22	07/01/23 thru 12/31/23	07/01/24 thru 12/31/24
BRN Cases Referred	351	532	533	386	672
BRN Cases Pending	369	470	573	566	821
BRN Cases Completed	471	472	416	459	500
DOI Cases Referred	266	367	238	275	155
DOI Cases Pending	406	543	418	453	510
DOI Cases Completed	313	270	319	210	154

If you would like more information on our investigation statistics, please go to https://www.dca.ca.gov/data/enforcement_performance.shtml

NEXT STEPS: Continue to Monitor

PERSONS TO CONTACT: Nichole Bowles, Investigations Division Deputy Chief
(916) 597-7345

INVESTIGATIONS PROCESS STATISTICS REFERENCE GUIDE

Investigations

- BRN cases referred
 - This is the total number of cases that were referred to BRN Investigations.
- BRN cases pending
 - Total number of cases pending with BRN Investigations.
- BRN cases completed
 - The total number of cases that have been completed by BRN Investigations.
- DOI cases referred
 - This is the total number of cases that were referred to DOI.
- DOI cases pending
 - Total number of cases pending with DOI
- DOI cases completed
 - The total number of cases that have been completed by DOI.

Table A

Investigations statistical data FY to date. See guide above for reference.



Agenda Item 5.4

Information Only: Intervention Division Update

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BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 5.4
DATE: February 27, 2025

ACTION REQUESTED: Information Only: Intervention Program Update

REQUESTED BY: Patricia Wynne, Esq., Chairperson

Intervention

Management has been attending all Intervention Evaluation Committee (IEC) meetings, providing education and support to IEC members and participants, and identifying possible gaps in the regulation for the Intervention Program.

At the February 28-29, 2024, Board meeting, the Board voted to allow board staff to begin drafting regulatory language for revision and/or additions to the [California Code of Regulations \(CCR\), title 16, Article 4.1 Intervention Program Guidelines](#).

The Intervention vendor contract with Maximus expired on December 31, 2024. The Department of Consumer Affairs (DCA) awarded the new Intervention vendor contract to [Premier Health Group](#). Premier Health Group is working with DCA and eight (8) healing arts boards including the Board of Registered Nursing to continue the transition with minimal impact to participants.

The Board continues to recruit IEC members with knowledge and experience in substance use disorder (SUD) treatment, recovery, and mental health. Board staff put forward a request to the EIC Committee that was approved to move forward to this Board meeting regarding the reestablishment of up to five (5) additional IECs. As of February 12, 2025, the Board has over 30 IEC member applications that may be eligible for consideration by the Board.

To apply for an IEC position, you can find the application on our website at <https://rn.ca.gov/intervention>.

If you would like more information on our enforcement statistics, please go to https://www.dca.ca.gov/data/enforcement_performance.shtml.

NEXT STEPS: Continue to Monitor

PERSONS TO CONTACT: Shannon Johnson, Enforcement Division Chief
Shannon.Johnson@dca.ca.gov
(916) 515-5265



Agenda Item 5.5

Discussion and Possible Action: Regarding the Requirements for a Participant in the Intervention Program to be Reinstated to a Full, Unrestricted License, Including but Not Limited to the Requirement that the Participant Demonstrate that He or She is Able to Practice Safely (Uniform Standard 12; Uniform Standards Regarding Substance-Abusing Healing Arts Licensees)

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BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 5.5
DATE: February 27, 2025

ACTION REQUESTED: **Discussion and possible action:** Regarding the requirements for a participant in the Intervention Program to be reinstated to a full, unrestricted license, including but not limited to the requirement that the participant demonstrate that he or she is able to practice safely (Uniform Standard 12; Uniform Standards Regarding Substance-Abusing Healing Arts Licensees)

REQUESTED BY: Patricia Wynne, Esq., Chairperson

BACKGROUND:

The [Intervention Program](#) is an alternative to discipline for California registered nurses (RNs) whose practice may be impaired by a substance use disorder (SUD) and/or mental health illness. The statutory guidelines are found in [Business and Professions Code \(BPC\) sections 2770-2770.14](#).

Uniform standards were created for healing arts boards dealing with substance-abusing licensees and/or mental health illness, pursuant to [BPC 315](#); the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (Uniform Standards) are available on the Department of Consumer Affairs website [here](#).

Uniform Standard 12 delineates what the licensee must do to petition for a full unrestricted license. The criteria are as follows:

The licensee must meet the following criteria to request (petition) for a full and unrestricted license.

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that he or she is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

The focus of this agenda item is Uniform Standard 12, criteria number 4 – the licensee’s demonstration that he or she is able to practice safely. One method of demonstrating the ability to practice safely may be to safely work as a Registered Nurse (RN) while under monitoring as a participant of the Intervention Program. This discussion focuses on other possible alternative means of demonstrating the ability to practice safely as a RN in order to petition for a full and unrestricted license per Uniform Standard 12.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Loretta Melby
Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov



Agenda Item 5.6

Discussion and Possible Action: Regarding the Reestablishment of Up to Approximately Five (5) Intervention Evaluation Committees (IEC) to Meet Program Needs, and Reassign Current IEC Members to Newly Reestablished IECs as Appropriate

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BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 5.6
DATE: February 27, 2025

ACTION REQUESTED: Discussion and possible action regarding the reestablishment of up to approximately five (5) Intervention Evaluation Committees to meet program needs

REQUESTED BY: Patricia Wynne, Esq., Chairperson

BACKGROUND: The [Intervention Program](#) is an alternative to discipline for California registered nurses (RNs) whose practice may be impaired by a substance use disorder (SUD) and/or mental health illness. The statutory guidelines are found in Division 2, Chapter 6, Article 3.1, Business and Professions Code (BPC) [2770-2770.14](#).

A component of the Intervention Program is the Intervention Evaluation Committees (IECs). BPC section [2770.2](#) outlines the authority and composition of the IECs. Each IEC shall have the following composition: three (3) registered nurses (RNs); one (1) physician; and one (1) public member. The IEC committee members must have knowledge in the field of chemical dependency/addiction and/or mental health. BPC section [2770.8](#) identifies the following duties and responsibilities of the IECs:

- (a) To evaluate those registered nurses who request participation in the program according to the guidelines prescribed by the board, and to make recommendations.
- (b) To review and designate those treatment services to which registered nurses in an intervention program may be referred.
- (c) To receive and review information concerning a registered nurse participating in the program.
- (d) To consider in the case of each registered nurse participating in a program whether he or she may with safety continue or resume the practice of nursing.
- (e) To call meetings as necessary to consider the requests of registered nurses to participate in an intervention program, and to consider reports regarding registered nurses participating in a program.
- (f) To make recommendations to the program manager regarding the terms and conditions of the intervention agreement for each registered nurse participating in the program, including treatment, supervision, and monitoring requirements.

Previously the Board had 14 IECs; however, over the past several years, the Board closed five (5) IECs due to decreasing participation in the Intervention Program (the decrease in participation is not limited to California but is generally seen on a national level for other state boards of nursing as well).

The IECs are scheduled to meet a minimum of once every three months. With only nine (9) IECs, it was necessary to hold some of the meetings over a two-day period. Program participants are permitted to attend IEC meetings remotely; however, committee members of the IECs must attend in person to remain in compliance with the Bagley-Keene Open Meeting Act. Due to several factors, the Board experienced the inability to establish or maintain quorum. Quorum issues may result in delays in the evaluation of participants.

After review, it was determined that the proposed additional IECs would allow more frequent meetings and perhaps more active participation by IEC members, enhancing efficiencies in carrying out their roles and responsibilities. Board staff is seeking approval to reestablish up to five (5) IECs, with the following desired goals:

- Reduce number of participants per IEC.
- Reduce cases reviewed at each meeting, allowing the IEC members to thoroughly review and discuss each participant.
- Reduce the need for two-day and special IEC meetings.
- Increase the availability for applicants to be reviewed by an IEC after the completion of their clinical diagnostic evaluation.
- Increase the availability to review potential successful completions, at the next scheduled IEC meeting, once minimum program requirements are met, i.e. 3 years continuous sobriety.
- Increase the availability of meetings such that all participants can be reviewed quarterly or sooner if needed.

As of February 12, 2025, the Board has over 30 IEC member applications that may be eligible for consideration by the Board.

NEXT STEPS:

PERSON(S) TO CONTACT:

Evon Lenerd Tapps
Assistant Executive Officer
California Board of Registered Nursing
Evon.lenerd@dca.ca.gov



Agenda Item 5.7

Discussion and Possible Action: Regarding the Intervention Subcommittee Charter

BRN Board Meeting | February 26-27, 2025

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 5.7
DATE: February 27, 2025

ACTION REQUESTED: Discussion and possible action: Regarding the Intervention Program Subcommittee charter

REQUESTED BY: Patricia Wynne, Esq., Chairperson

BACKGROUND: The [Intervention Program](#) is an alternative to discipline for California registered nurses (RNs) whose practice may be impaired by a substance use disorder (SUD) and/or mental health illness. The statutory guidelines are found in Division 2, Chapter 6, Article 3.1, [Business and Professions Code \(BPC\) 2770-2770.14](#). A component of the Intervention Program is the Intervention Evaluation Committee (IEC).

During the Board meeting on November 20-21, 2024, the Board passed a motion to establish a Board subcommittee to review applications and participate in the interview process of potential IEC members prior to presentation to the Board for consideration of appointment. Board Member Patricia “Tricia” Wynne and Nilu Patel were appointed to the Intervention Program Subcommittee.

The charter was approved by the Enforcement, Investigations and Intervention Committee and is being presented to the full Board for consideration of adoption. As of February 12, 2025, the Board has over 30 IEC member applications that may be eligible for consideration by the Board.

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Evon Lenerd Tapps
Assistant Executive Officer
California Board of Registered Nursing
Evon.lenerd@dca.ca.gov

The California Board of Registered Nursing's Intervention Program Subcommittee Charter

The mission of the California Board of Registered Nursing (Board or BRN) is 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. The Board values include effectiveness, integrity, transparency, collaboration and equity.

Background

During the Board meeting on November 20, 2024, the Board voted to form an Intervention Program subcommittee (Subcommittee) to review applications and interview potential Intervention Evaluation Committee (IEC) members for potential future appointment by the Board.

Subcommittee Purpose/Charge

The [Intervention Program](#) is an alternative to discipline for California registered nurses (RNs) whose practice may be impaired by a substance use disorder (SUD) and/or mental health illness. The statutory guidelines are found in Division 2, Chapter 6, Article 3.1, [Business and Professions Code \(BPC\) 2770-2770.14](#). A component of the Intervention Program is the Intervention Evaluation Committee (IEC). [BPC section 2770.2\(b\)](#) identifies the composition of the IEC as follows:

1. Three (3) RNs, holding active California licenses, who have demonstrated expertise in the field of chemical dependency or psychiatric nursing.
2. One (1) physician, holding an active California license, who specializes in the diagnosis and treatment of addictive diseases or mental illness.
3. One (1) public member who is knowledgeable in the field of chemical dependency or mental illness.

Per [BPC section 2770.2\(c\)](#) a majority vote of the Board is required for an appointment to an IEC. An [overview](#) of the IECs and their role in the Intervention Program is available on the Board's website. A candidate for appointment to an IEC must submit an [application](#) and a curriculum vitae and/or resume.

The application package will be reviewed by Board staff, and if minimum qualifications are met and if there is an IEC vacancy, the package will be presented to the Subcommittee. The Subcommittee will review the application(s) and interview applicant(s), if appropriate. The nominations will be presented to the full Board for review and consideration for appointment to an IEC.

All IEC members shall be for a term of four (4) years, not to exceed two (2) consecutive terms.

Relationship to the Board

The Subcommittee is an advisory subcommittee of the Board and consists of two (2) current Board Members appointed by the Board.

Membership

The Subcommittee members will serve on the Subcommittee until they resign, are removed by the Board, or are no longer a current Board Member.

Meetings

The Subcommittee can meet as frequently as necessary to carry out the charge of the Subcommittee. As the Subcommittee is an advisory body of the Board with fewer than three members, the meetings of the Subcommittee do not need to be noticed or held as public meetings under the Bagley-Keene Open Meeting Act (Bagley-Keene). However, a report of these meetings and the activities will be presented to the Board in a public meeting conducted under the provisions of Bagley-Keene.

For purposes of the Subcommittee, only the two (2) appointed Board Members can meet and discuss the business of the Subcommittee. The Subcommittee members cannot meet with other Board members to discuss the business of the Subcommittee unless done so in a meeting held in compliance with Bagley-Keene.

Board Staff

BRN staff will regularly support the Subcommittee by providing meeting/interview assistance, advice, consultation, reports/presentations and other forms of support, as requested. Such staff include: the Board's Executive Officer (EO), the Assistant EO, the Chief of Enforcement, Intervention Program Manager, and other staff, as needed.

Review of Subcommittee

All advisory committees/subcommittees of the Board are required to engage in a self-evaluation annually. Annual review of the original goals of the subcommittee should be completed to ensure the work of the subcommittee continues to be relevant to the BRN, licensees, and the public.

Additionally, the subcommittee shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, practice of nursing and Intervention Program. At minimum, it will be reviewed and re-approved by the Board at least every four (4) years from the last effective approval date. This document will include a signature page for the Board's President, EO, and the two (2) Subcommittee members with the date once this document is approved by the membership in each review cycle.

DRAFT

Intervention Program Subcommittee
Review and Approval Signature Page

Loretta Melby, RN, MSN
Board Executive Officer

Signature

Date

Dolores Trujillo, RN
Board President

Signature

Date

Patricia Wynne, Esq.
Board Member

Signature

Date

Nilu Patel, RN, DNAP, CRNA, APRN, FAANA
Board Member

Signature

Date