



# Enforcement, Investigations and Intervention Committee

## MEETING MATERIALS

February 11, 2026

# Enforcement, Investigations and Intervention Committee

## February 11, 2026

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## Agenda Item 4.0

### **REVIEW AND VOTE ON WHETHER TO APPROVE PREVIOUS MEETING'S MINUTES**

BRN Enforcement, Investigations and Intervention Committee |  
February 11, 2026

STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
BOARD OF REGISTERED NURSING  
ENFORCEMENT, INTERVENTION, AND INVESTIGATIONS COMMITTEE  
MEETING MINUTES

DRAFT

**Date:** October 21, 2025

**Start Time:** 1:00 p.m.

**Location:** The Enforcement, Intervention, and Investigations Committee meeting was held via remote access in accordance with Government Code section 11123.5. All Committee members joined the meeting remotely.

1:00 p.m.	1.0	<b>Call to order, roll call, and establishment of a quorum</b>  Chairperson Patricia Wynne, called the meeting to order at 1:00 p.m. A quorum was established at 1:01 p.m., with all members present.  <b>Committee Members:</b> Patricia “Tricia” Wynne, Esq., Chair David Lollar Alison Cormack  <b>BRN Staff:</b> Loretta (Lori) Melby, RN, MSN – Executive Officer Reza Pejuhesh – DCA Legal Affairs Division, Attorney Shannon Johnson – Enforcement Division Chief, Staff Liaison
1:03 p.m.	2.0	<b>Public comment for items not on the agenda</b>  <b>Public Comment for Agenda Item</b> <b>2.0:</b> No public comments requested.
1:04 p.m.	3.0	<b>Review and vote on whether to approve previous meeting minutes</b> <b>3.1</b> April 17, 2025  <b>Committee Discussion:</b> <b>Alison Cormack:</b> Apologized for technical difficulties she had to deal with during the last meeting.  <b>Motion:</b> <b>Alison Cormack</b> Motion to <u>Accept</u> EIIC Meeting Minutes from April 17, 2025, and allow BRN staff to make non-substantive

changes to correct name misspellings and/or typos that may be discovered in the document.

**Second: David Lollar**

**Public Comment  
for Agenda Item**

3.1: No public comments requested.

**Vote:**

	PW	AC	DL
	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

**Motion Passed**

**1:06 p.m. 4.0 Information and Discussion Only:** Enforcement Division updates

**Committee**

**Discussion:** **Patricia Wynne:** Asked staff how oral fluid testing is working.

**Shannon Johnson:** Stated oral fluid testing works well as a supplemental or emergency test, particularly in rural areas, but should not be used routinely. She noted discussions with Vault regarding whether to wait for the current contract expiration on June 30, 2026, to incorporate oral fluid testing, or to amend it sooner.

**Alison Cormack:** Asked about Table A for complaint intake, noting a substantial increase in public complaints that is not offset by a reduction in applicants. She emphasized this should be considered in preparation for sunset review.

**Shannon Johnson:** Explained that complaints increased due to specific issues, including FBI Operation Nightingale cases. Many complaints do not result in disciplinary action, as most are resolved during complaint intake and do not impact the enforcement unit. She will attempt to separate these numbers for clarity.

**Alison Cormack:** Appreciated the context and noted media-driven complaint spikes will likely continue in the digital era.

**Loretta Melby:** Agreed, noting social media can drive high complaint volumes. She asked Shannon Johnson to clarify what constitutes applicant complaints.

**Shannon Johnson:** Explained applicant complaints arise when background history issues require enforcement review. Some applicants are reviewed under AB 2138 guidelines and returned to licensing if appropriate. The numbers on the chart reflect applicants pending enforcement review for more than one year, some connected to the FBI Operation Nightingale cases.

**Loretta Melby:** Clarified that increases in RN licenses are separate from applicant complaints and are not comparable. Public complaints, convictions, and arrest applications reflect total numbers, not a comparison.

**Shannon Johnson:** Clarified that the number of pending applicants has decreased substantially, from 3,086 to 1,627, reflecting more efficient handling under AB 2138.

**Alison Cormack:** Requested a reminder of exclusions under AB 2138 and how the law changed board review processes.

**Shannon Johnson:** Explained criminal history older than seven years is excluded unless cases are egregious. All applicants with criminal cases are reviewed by enforcement, though many do not remain in enforcement.

**Loretta Melby:** Added that AB 2138 removed questions about criminal history from applications; applicants may voluntarily submit information. Background checks now rely on fingerprinting through DOJ and FBI. Enforcement review occurs after applicants take the NCLEX, so licensing may be delayed even if the exam is passed.

**Patricia Wynne:** Suggested some data be flagged or footnoted, with dropdowns showing drivers behind increases, to help the committee and public understand the numbers.

**Shannon Johnson:** Agreed this could be added if time allows before the next board meeting.

**Patricia Wynne:** Clarified this is not a directive for the next board meeting but noted it would provide useful context.

**1:21 p.m.      Public Comment  
for Agenda Item**

**4.0:** No public comments requested.

**1:22 p.m.      5.0      Information and Discussion Only: Investigations Division  
updates**

## Committee

**Discussion:** **Patricia Wynne:** Noted that this was the fourth consecutive meeting reflecting high caseloads with supervisors actively working cases. She asked whether there was any indication the situation would improve.

**Nichole Bowles:** Explained that supervisors balance managerial responsibilities with limited casework and do not carry full caseloads. Supervisors typically handle cases without direct patient harm and refer cases requiring expedited investigation to special investigators. They also assist investigators by completing preliminary tasks, including file setup and background research.

**Patricia Wynne:** Requested an update on the pilot triage process.

**Nichole Bowles:** Stated she did not yet have data on the pilot but believed it was beneficial. She described enhanced complaint analysis performed by AGPA staff, including development of case chronologies, identification of RNs, obtaining medical releases, and contacting complainants. Feedback from FBI-related cases has been incorporated into the enhanced triage process.

**Alison Cormack:** Asked about the 37% increase in cases referred to investigation and whether this workload level is expected to continue.

**Nichole Bowles:** Clarified that social media–driven cases are handled at intake and do not impact investigation workload statistics.

**Alison Cormack:** Asked whether investigation trends are changing, including cases involving medical spas or improper compounding.

**Nichole Bowles:** Reported an increase in IV hydration therapy cases, noting the industry's rapid growth. She explained that the BRN participates in a multi-board IV hydration therapy task force due to concerns about mobile and non-traditional settings administering IV therapies. These cases also arise in medical spa settings involving injections and IV wellness treatments.

**Alison Cormack:** Expressed concern that the public may not understand IV hydration as a medical procedure requiring appropriate training and supervision.

**Loretta Melby:** Provided additional clarification regarding compounding medications used in IV therapies.

**Alison Cormack:** Asked whether a continuing education course could be highlighted to address best practices.

**Loretta Melby:** Responded that the BRN cannot recommend specific CE courses due to conflict-of-interest concerns and does not hold a CEP license. She stated the BRN works proactively with nursing programs and updates its website to clarify distinctions between compounding and administration. She noted that case volumes are expected to continue rising due to licensee growth and audit findings, and she does not foresee a near-term resolution.

**David Lollar:** Asked whether staffing could be increased to address the higher case volume.

**Loretta Melby:** Explained that hiring additional staff is complex and requires legislative action.

**Patricia Wynne:** Thanked David Lollar for continuing to raise the staffing concern.

**David Lollar:** Asked about public risk associated with pending investigations.

**Loretta Melby:** Explained that complaints vary in public risk and all must be investigated under due process principles. Complaints are triaged and appropriately assigned to DOI or BRN investigators.

**Nichole Bowles:** Emphasized investigators' dedication to consumer protection, noting low turnover despite high caseloads. She acknowledged staff burnout and expressed a desire for additional resources, voicing support for her team.

**Patricia Wynne:** Expressed appreciation for highlighting the need for investigation staffing.

**David Lollar:** Commended investigation staff for their efforts despite being significantly outnumbered and stressed the need for additional support to prevent burnout.

**Public Comment  
for Agenda Item**

**5.0:** No public comments requested.

**1:49 p.m.**      **6.0**      **Information and Discussion Only:** Intervention Program updates

**Committee  
Discussion:**

**Patricia Wynne:** Asked about intake numbers shown in Table A (page 41), questioning whether fewer individuals are participating due to reluctance or fear of entering the program.

**Shannon Johnson:** Responded that multiple factors affect participation, including lack of awareness of the program, cost considerations, and the program's rigor.

**Patricia Wynne:** Noted a significant increase in the number of RNs referred.

**Shannon Johnson:** Explained that, historically, only alcohol- and mental health-related complaints received referral letters. Currently, referral letters are sent for all complaints. She stated that additional outreach is still needed.

**Alison Cormack:** Requested a high-level assessment of what is working well with Premier and what still needs improvement after more than nine months of implementation.

**Shannon Johnson:** Reported that Premier's clinical case managers and compliance monitors have been highly effective and responsive. She stated she and the Deputy Chief meet multiple times weekly with Premier to provide feedback. She noted the absence of a participant and IEC portal and explained that packets are currently prepared and distributed manually. Testing is underway to determine readiness for IEC member access.

**Alison Cormack:** Thanked staff for the update.

**Loretta Melby:** Noted that public comment is one avenue for feedback, but staff also receive comments through other channels. She stated that participants and probationers continue to provide feedback and that staff, particularly Shannon Johnson and her team, are actively addressing concerns. She emphasized the Board's interest in program success.

**Alison Cormack:** Commented that it is a positive sign that participants and probationers feel comfortable contacting staff with questions.

**Loretta Melby:** Emphasized transparency, noting that even when public comment is limited, staff continue to address concerns. She stated that enforcement and investigations management remain diligent and responsive.

## Public Comment for Agenda Item

**6.0:** **Public Comment (K):** Requested clarification regarding an email sent to Intervention Program participants requesting sensitive personal health information, including health insurance

type and member ID. She stated the email, sent by Premier, appeared to require mandatory disclosure and indicated the information was also needed by the BRN. Upon follow-up, she learned the request was optional but expressed concern that new participants might feel compelled to provide the information. She asked whether any follow-up had occurred.

**Loretta Melby and Shannon Johnson:** Stated they were not aware of the email. Dale Osborn (Premier Health) was invited to address the concern.

**Dale Osborn (Premier):** Stated the request for health insurance information is not mandatory. She committed to reviewing the email template to ensure the optional nature of the request is clearly stated. She explained the request serves two purposes:

1. To assist in situations where participants may require imminent or urgent treatment and are unable to communicate effectively, allowing staff to facilitate timely referrals; and
2. To understand the percentage of participants with health insurance, which informs program planning and efforts to reduce financial barriers to participation.

She stated this information helps identify areas for improvement and better support participant treatment and rehabilitation needs.

**Loretta Melby:** Thanked Dale Osborn for the clarification and response.

**Chris Else (Nursing Support Group Facilitator):** Acknowledged having previously raised concerns about the Board and program but stated there have been fewer complaints regarding Premier. He noted Premier's contracts are shorter, clearer, and the process more streamlined. He reported receiving fewer referrals, reiterated the importance of developing a portal, and commended staff and Premier for their efforts.

2:12 p.m.

7.0

**Information and Discussion Only:** Presentation by the Executive Officer regarding cases affected by the motion during the August 2024 Board meeting in which the Board directed:

1. Suspend the imposition of the requirement that 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 IEC recommendation extends length in the program beyond three years, the Executive Officer must review and examine the evidence

#### **Committee**

**Discussion:** **Patricia Wynne:** Thanked Loretta Melby and expressed appreciation that she will be stepping away from this process soon.

**Alison Cormack:** Stated she had hoped to hear that this response was coming to an end and appreciated the update. She indicated she had no issue with February as an endpoint and would not oppose November.

**Loretta Melby:** Noted that the upcoming holidays should be taken into consideration.

**Alison Cormack:** Responded that Loretta Melby, as staff, should also be able to observe the holidays.

**Loretta Melby:** Expressed appreciation and noted November would mark one year.

**Alison Cormack:** Recommended that the transition to step away be added as an agenda item for the November meeting.

**David Lollar:** Agreed that the item should be added to the November meeting agenda.

#### **Public Comment for Agenda Item**

**7.0:** **Chris Else (Nursing Support Group Facilitator):** Thanked Loretta Melby for her work and stated that, following his request a year ago for the Board to take a lighter approach with nurses on this issue, it appears the process is working effectively.

**Public Comment (Written – N):** Respectfully requested that the Board reevaluate the protocol for publicly posting the names of nurses under investigation on the monthly list of pleadings, citing persistent and disruptive solicitation from legal representatives.

**Loretta Melby:** Requested that the commenter submit the question directly to her so staff could review the process.

**Reza Pejuhesh:** Explained that the list includes individuals against whom an accusation has been filed, which is public information. He noted that even if the Board did not publish the list, the information would still be subject to public records requests. He acknowledged that attorney solicitation can be overwhelming and frustrating, and stated the process could be reviewed, though options are limited. He advised that complaints

regarding inappropriate or misleading attorney advertisements should be directed to the State Bar.

**Break at 2:29 – 2:45 p.m.**

**Quorum reestablished at 2:45 p.m.**

<b>2:45 p.m.</b>	<b>8.0</b>	<b>Discussion and Possible Action:</b> Presentation by Birchwood Solutions on services available in connection with Nursing Support Group Management; presented by Elizabeth Temple, M.Ed., Chief Executive Officer, Birchwood Solutions
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**Committee**

**Discussion:** **Patricia Wynne:** Stated that the BRN system is inconsistent regarding fees and structure and expressed a need for change. She questioned whether a regulatory change or use of a vendor might be necessary and asked whether other vendors exist.

**Loretta Melby:** Responded that it is unclear how many vendors are available and noted Premier had no prior experience offering an intervention program before bidding through DCA. She explained that regulations are statute-based and that Premier contracts out for drug screening. She stated oversight of Nurse Support Group Facilitators (NSGFs) could potentially be addressed through contract rather than regulation, though the BRN may want regulatory authority. She emphasized the model is evidence-based per NCSBN. She noted there is no clear path forward and that BRN could not assume this role internally under the current structure.

**Alison Cormack:** Appreciated additional time to review the issue and slides before a presentation. She noted inconsistencies she observed in NSGF termination letters and questioned training standards for facilitators, particularly given the significantly larger probation population compared to intervention participants. She asked about facilitator training and whether there is an annual conference.

**Elizabeth Temple (Birchwood):** Described Birchwood's facilitator training model, including monthly meetings for the first two years, facilitator evaluations, peer review, policy review, and eventual transition to annual meetings. She emphasized consistency, engagement, and respect while acknowledging group dynamics.

**Alison Cormack:** Asked whether facilitator evaluations affect compensation.

**Elizabeth Temple:** Explained compensation is based on years of service and education, with step increases. Compensation also considers number of groups facilitated, participants, and preparation work.

**Alison Cormack:** Asked about overall costs and referenced BRN budget reserves. She questioned whether a consistent, low- or no-cost model could be created for probationers and intervention participants and viewed this as a potential opportunity for the Board.

**Loretta Melby:** Explained that probation and intervention are governed by separate contracts and would remain separate even if Premier expanded services. She cautioned that cost figures are not fully accurate and discussed broader budget constraints, including prior sweeps of salary savings and vacant positions. She stated BRN would need allocated funds to take this on.

**Elizabeth Temple:** Suggested the Board might partially subsidize costs rather than fully fund the program.

**David Lollar:** Thanked Alison Cormack for raising the issue and encouraged exploring creative funding options. He emphasized the importance of designing any new program with flexibility and lessons learned from prior vendors.

**Patricia Wynne:** Expressed appreciation for the discussion and questions raised.

**Loretta Melby:** Noted that Nursing Support Groups' costs vary widely, including zero-cost groups, and that some facilitators refuse to disclose fees.

**Motion:** **Patricia Wynne** to Recommend the Board explore contracting the oversight of the Nurse Support Group Facilitators to a company with the expectation that the Board will cover the administrative costs and 50% of the costs for the participants/probationers to participate in the group meetings.

**Second:** **David Lollar**

**Public Comment  
for Agenda Item**

**8.0:** **Chris Else (Nursing Support Group Facilitator):** Stated he was unaware the Committee was discussing costs, noting this was not addressed in the presentation. He expressed concern

about potential costs to individual nurses, particularly given that facilitator fees vary. He noted he does not charge fees and was concerned that nurses currently in no-cost groups could be required to pay under a new model. He supported exploring options for the Board to cover costs or ensure minimal fees for participants.

He emphasized the importance of maintaining locally based nurse support groups, noting that facilitators and participants often share knowledge of local recovery communities, employment opportunities, and resources. He expressed concern about losing this local connection under a centralized model and encouraged retaining geographically based groups.

He stated facilitator training is currently insufficient, noting he has received only one training in three years. He described modeling his facilitation approach after a prior facilitator who also charged no fees. He cited evidence that nurse support groups improve outcomes but noted some nurses are dissatisfied with certain facilitators and are unaware they have a choice. He expressed concern that high fees (e.g., \$80 per session) could be possible.

He suggested exploring enhanced facilitator training requirements through an accredited vendor and certification process. While acknowledging both advantages and drawbacks of a vendor-based model, including increased availability of support, he emphasized cost as the primary concern. He suggested the Board consider whether available funds could instead support in-state training and oversight of facilitators rather than contracting with out-of-state entities.

**Loretta Melby:** Requested that discussion of specific monetary figures be deferred, noting that cost considerations would be addressed through the formal contract process.

**Additional Committee**

**Discussion:** **Patricia Wynne:** Requested staff explore vendor options to improve Nursing Support Group consistency, fairness, and cost transparency.

**David Lollar:** Agreed and stated this would be a reasonable recommendation to the Board.

**Alison Cormack:** Supported exploration but urged caution. She recommended surveying NSGFs, current participants, and other boards using similar services to gather data before proceeding.

**Patricia Wynne:** Asked whether this should return to committee before going to the Board and stated she prefers a single, consistent model for both probation and intervention.

**Loretta Melby:** Clarified that direction could be given directly to staff without repeated committee review. She explained existing contracts for investigations, probation, and intervention do not preclude additional contracting. She reiterated staffing and resource constraints and noted a budget change proposal would take at least a year.

**David Lollar:** Supported giving staff direction to proceed.

**Alison Cormack:** Asked for clarification on what recommendation was being requested.

**Loretta Melby:** Clarified she was seeking a committee recommendation to the Board.

**Alison Cormack:** Asked whether the recommendation would include partial or full Board payment.

**Loretta Melby:** Stated costs cannot yet be defined, and multiple contract variations are possible.

**Alison Cormack:** Suggested the Board cover administrative costs and 50% of participant meeting costs.

**Patricia Wynne:** Supported this approach and requested staff develop an RFP proposal to bring back to committee.

**Loretta Melby:** Restated the proposed recommendation: that the Board explore contracting oversight of NSGFs to a vendor, with the expectation that the Board would cover administrative costs and 50% of participant meeting costs.

Vote:	PW	AC	DL
	Y	Y	Y

Key: Yes: Y | No: N | Abstain: A | Absent for Vote: AB

**Motion Passed**

3:58 p.m.

9.0

**Adjournment**

- Patricia Wynne, Chairperson, adjourned the meeting at 3:58 p.m.

**Submitted by:**

**Loretta Melby, MSN, RN**  
Executive Officer  
California Board of Registered Nursing

**Accepted by:**

**Patricia Wynne**  
Chairperson, EIIC  
California Board of Registered Nursing



## Agenda Item 5.0

### **INFORMATION ONLY: ENFORCEMENT DIVISION UPDATE**

BRN Enforcement, Investigations and Intervention Committee |  
February 11, 2026

## BOARD OF REGISTERED NURSING Agenda Item Summary

**AGENDA ITEM: 5.0**  
**DATE:** February 11, 2026

**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. NCSBN has entered Phase II of the data collection. 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.

**Procedures – NCSBN Guidelines**

- Program length**
  - 3 years without a relapse is sufficient length
- Frequency of check-ins**
  - Daily
  - Including holidays & weekends
- Frequency of drug testing**
  - At least 2 tests/month
  - Random in time and type of test
- Structured support group**
  - At least 2 meetings/month
- Mutual Support Group**
  - At least 1 meeting/week

ncsbn.org

At the May 29, 2025, Board meeting, the Board voted to allow oral fluid testing to be added to the acceptable methods of random drug testing for probationers and the Intervention program participants. The current drug testing vendor is [Vault a First Advantage company](#) and that contract expires June 30, 2026. The BRN and Vault are in discussions to include oral fluid testing as an option. However, the Board will likely need to go through the Request for Bid process, as it may be a change in scope to the existing contract. Also, as of January 2026, Vault was sold and will become part of the

Affinity Health Group. This is early in the process and Board staff will do everything they can to support a smooth transition.

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 Advanced Practice Registered Nurses (APRN) in the following areas:

- Long Term Care/Skilled Nursing Facility/Geriatric
- Dialysis
- Corrections (NPF)
- Hospice
- Advice Nurse
- Urgent Care
- PACU/Recovery Room
- OP/Ambulatory/Clinic (NPF)

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](mailto:Expert.BRN@dca.ca.gov).

### **Complaint Intake Unit (CIU)**

The CIU continues to utilize the updated Complaint Prioritization and Referral Guidelines ([CPRG](#)) to triage cases in collaboration with the DOI and BRN Investigations. In accordance with CPRG, CIU is triaging all category 2H cases with DOI prior to investigation referral.

### **Discipline Unit**

As of January 20, 2026, 19% of our cases have been pending at the Office of the Attorney General (OAG) for over a year.

### **Probation Unit**

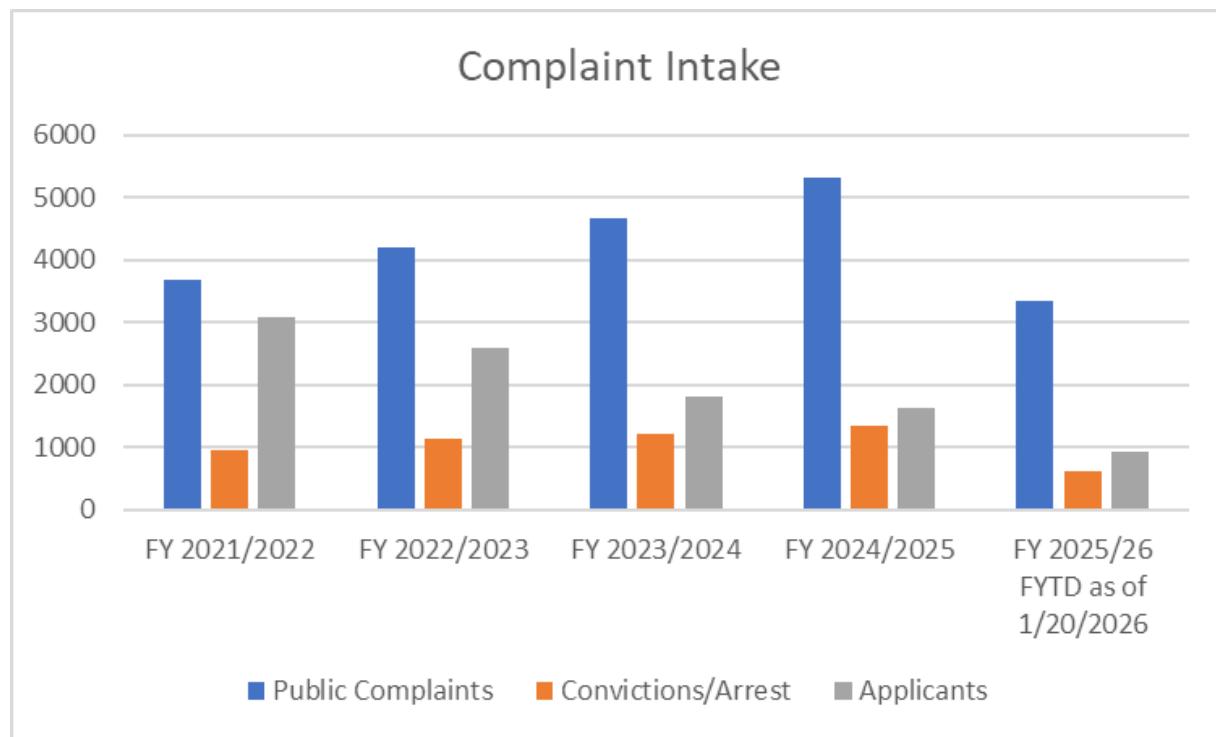
The Probation Unit is currently working on enhancements to the BRN website and collaborating with DCA to prepare video presentations on the Probation process and the worksite monitor's role and responsibilities. The presentations are in the final approval process before being posted to our website. The Probation Frequently Asked Questions document was approved and posted to our website and is available [here](#).

Currently, monitors have an average of 55 active cases.

## Board of Registered Nursing Enforcement Process Statistics

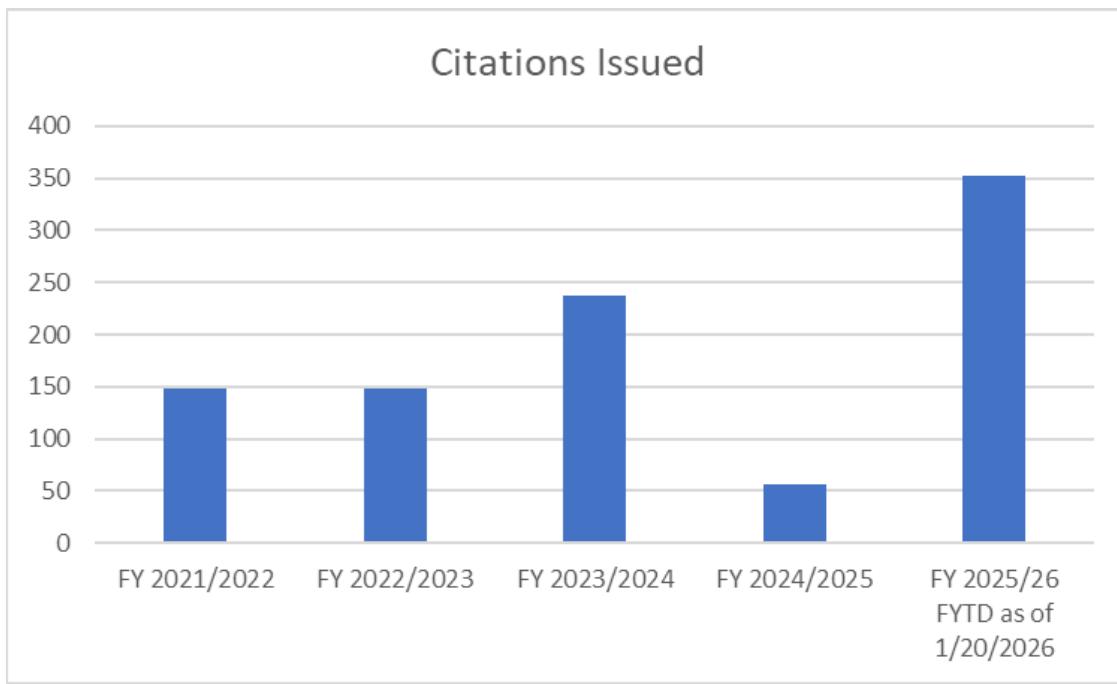
**Table A – Complaint Intake**

Complaint Intake	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 1/20/2026
Public Complaints	3682	4214	4674	5,330	3,361
Convictions/Arrest	971	1128	1215	1,360	619
Applicants	3086	2605	1816	1,627	927
<b>Total Received</b>	<b>7739</b>	<b>7947</b>	<b>7705</b>	<b>8,317</b>	<b>4,907</b>
Complaints Pending	1324	1599	1800	2,060	2,366
>1 year	379	330	433	587	560
Convictions/Arrests Pending	1020	842	785	875	768
>1 year	427	290	185	173	145
Applicants Pending	151	130	96	91	123
>1 year	12	10	9	11	17
Expert Review Pending Referral	22	29	0	16	57
>1 year	2	8	0	0	0
Expert Review Pending Receipt	43	20	3	34	32
>1 year	0	0	0	0	0



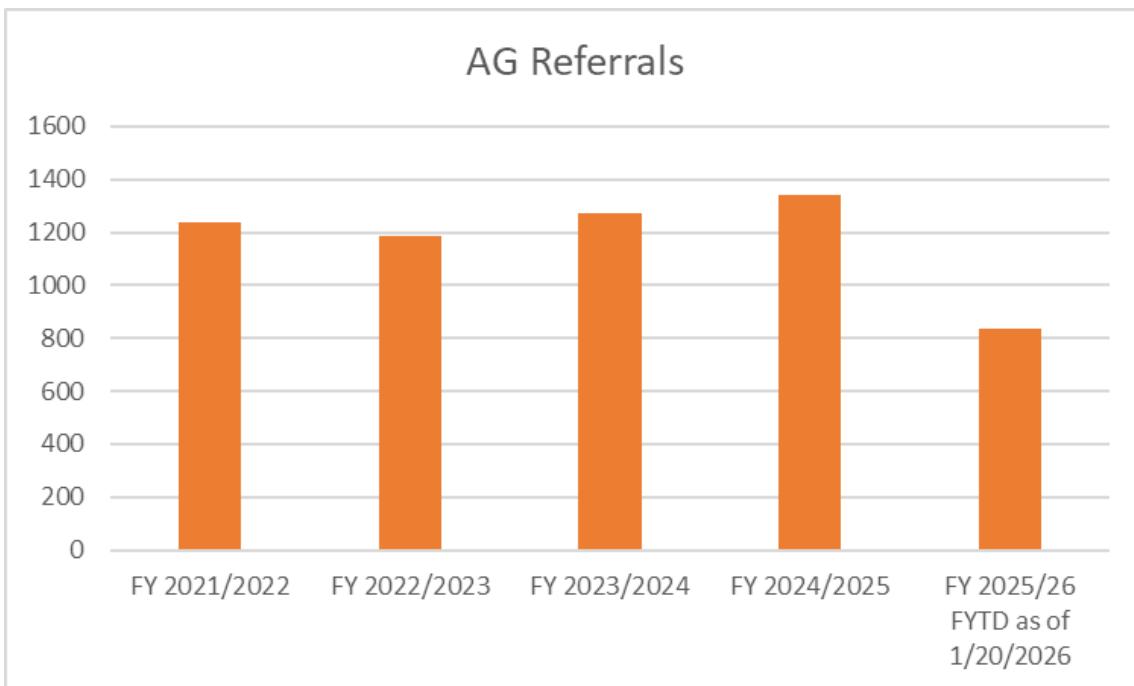
**Table B – Citations**

Citation and Fine	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 1/20/2026
Citations Issued	149	149	237	57	352
Informal Conference					
Modified	3	1	1	0	2
Dismissed	2	2	4	0	2
Upheld	0	0	0	0	3
Amount Ordered	\$118,900.00	\$148,750.00	\$24,750.00	\$0.00	\$0.00
Amount Received	\$182,405.00	\$161,505.00	\$56,336.00	\$15,612.50	\$14,697.00
Amount Referred to FTB	\$11,000.00	\$6,250.00	\$57,475.00	\$0.00	\$0.00
Amount Received from FTB	\$7,610.00	\$11,000.00	\$11,531.00	\$0.00	\$0.00



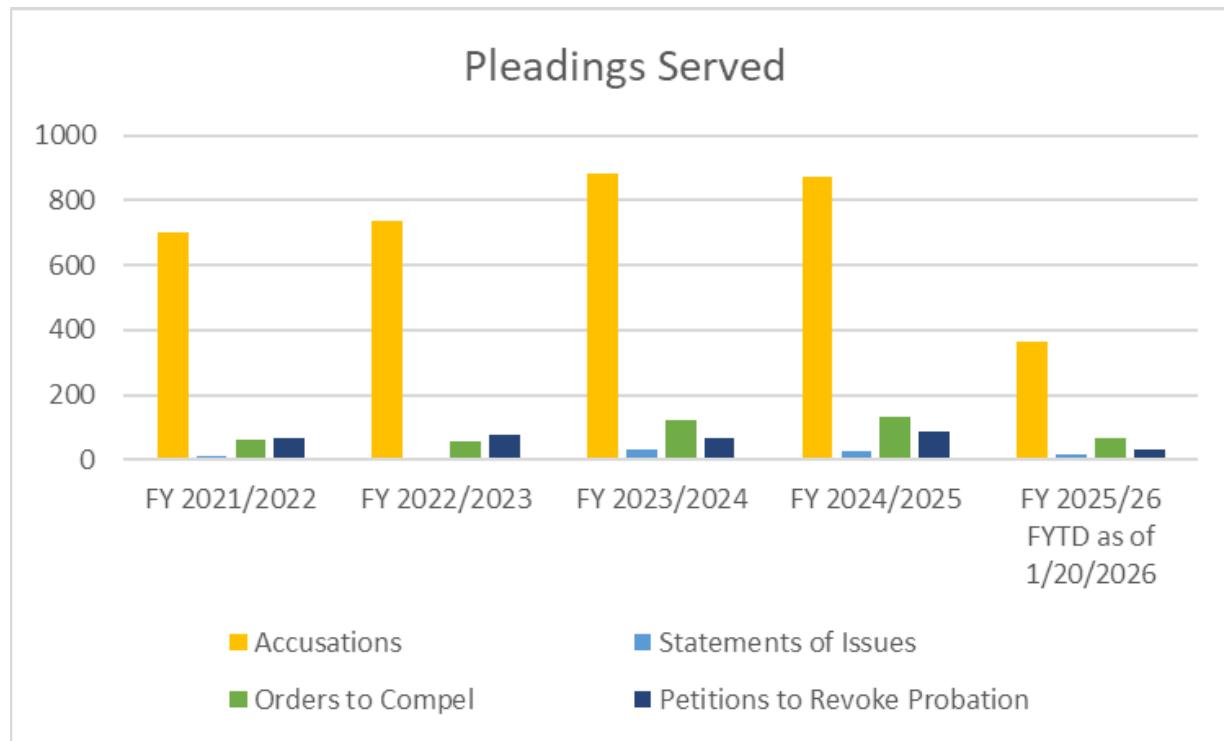
**Table C – Discipline**

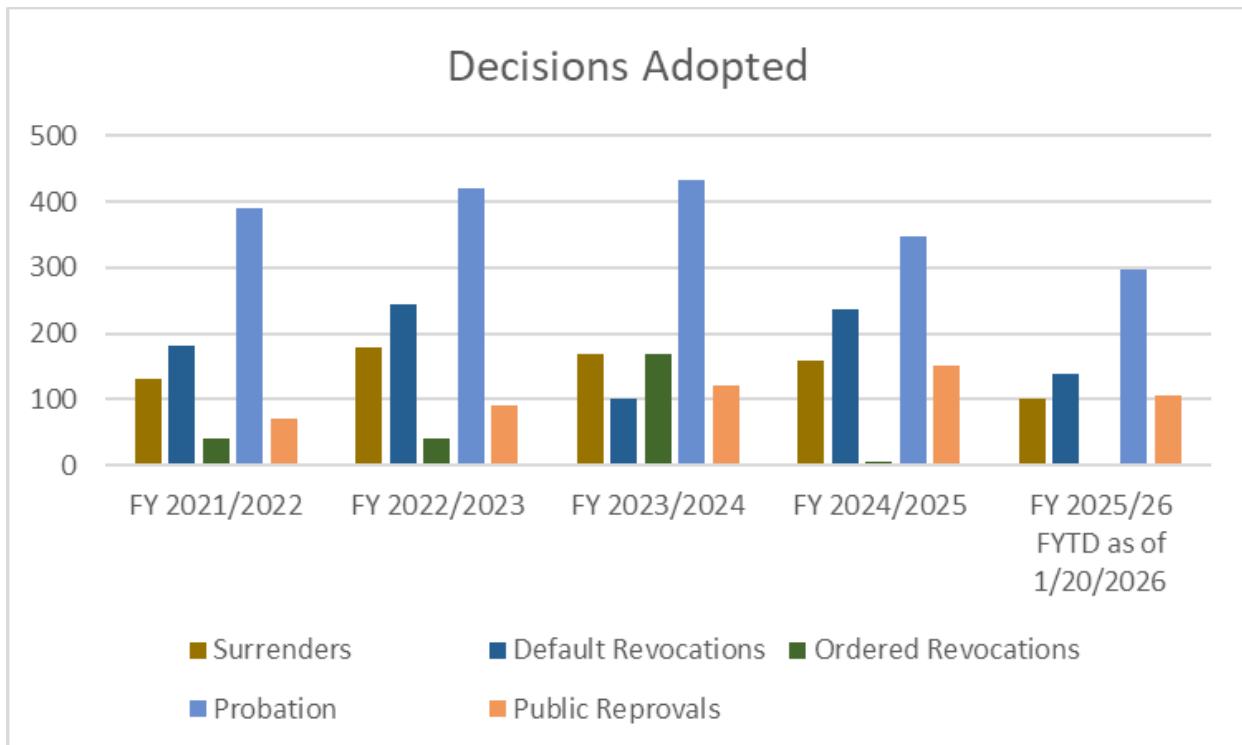
Discipline	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 1/20/2026
AG Referrals					
Cases	1240	1185	1271	1342	834
Cases Pending					
< 1 Year	529	677	602	740	568
> 1 Year	46	56	76	122	100
> 2 Year	2	7	9	14	9
Cases Pending >1 Year W/O Pleading Filed	13	12	23	19	6
Cases Pending Hearing	133	116	161	217	263
Average Days at AG	321	325	313	352	340
Pending Board Vote	24	69	40	99	58



**Table D – Legal Support**

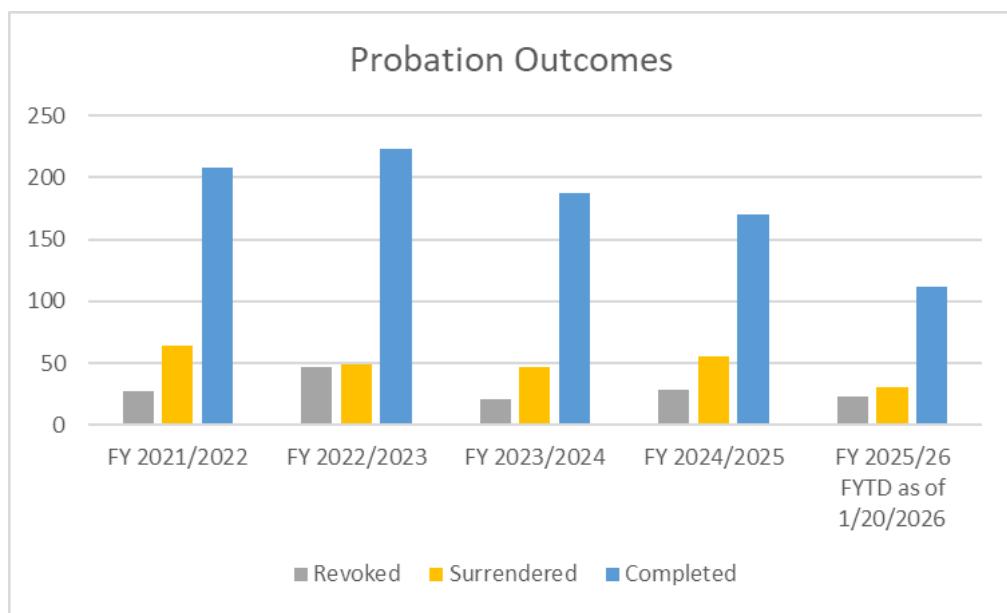
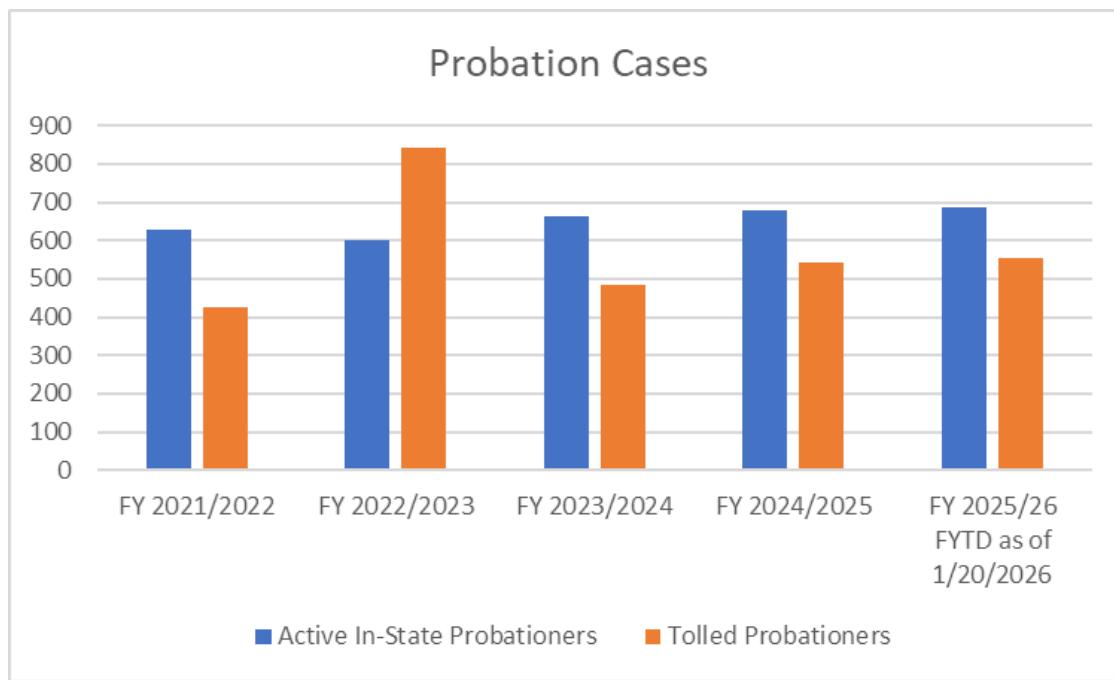
Legal Support	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 1/20/2026
Interim Suspension Orders (ISO)	4	0	0	2	1
PC 23	12	10	9	2	6
Pleadings Served					
Accusations	699	737	881	871	366
Statements of Issues	14	8	33	27	19
Orders to Compel	64	58	123	135	70
Petitions to Revoke Probation	69	80	69	86	33
Withdrawals of Pleadings	20	30	42	62	29
Decisions Adopted					
Surrenders	132	178	169	160	102
Default Revocations	181	243	102	237	138
Ordered Revocations	41	40	170	5	2
Probation	389	420	433	347	298
Public Reprovals	70	90	120	151	106





**Table E - Probation**

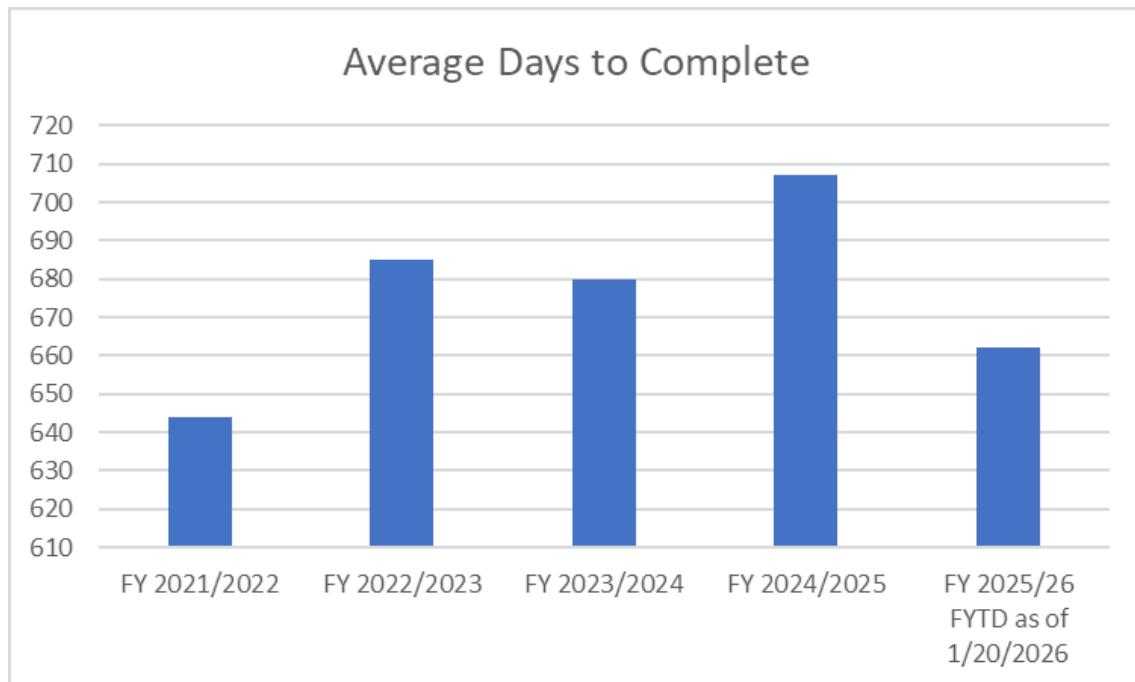
Probation	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 1/20/2026
Active In-State Probationers	627	602	664	677	685
Tolled Probationers	426	841	485	542	555
Revoked	27	47	21	28	23
Surrendered	64	49	47	55	31
Completed	208	223	187	170	112
Subsequent Cases Pending at AG					
<1 Year	53	63	59	60	83
>1 Years	4	4	6	9	10
>2 Years	2	0	1	1	1



**Table F – Total Case Processing Time**

Total Case Processing Time	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 1/20/2026
Average Days to Complete	644	685	680	707	662
> 540 Days*	44%	57%	58%	62%	56%
< 540 Days*	56%	43%	42%	38%	44%

\* 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**

	<b>Case Volume</b>	<b>Intake</b>	<b>Investigation</b>	<b>Pre-AG Time</b>	<b>Post AG Time</b>	<b>Cycle Time</b>
<b>FY 2025/26 as of 1/20/2026</b>	673	5	310	10	340	665
<b>FY 2024/25</b>	1000	5	330	20	352	707
<b>FY 2023/24</b>	1064	6	351	13	313	682
<b>FY 2022/23</b>	934	7	341	12	325	685
<b>FY 2021/22</b>	759	9	334	10	325	677

If you would like more information on our enforcement statistics, please go to

[https://www.dca.ca.gov/data/enforcement\\_performance.shtml](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](mailto: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 (either in queue to be sent out or waiting for the voting period to conclude).

**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 6.0

### **INFORMATION ONLY: INVESTIGATIONS DIVISION UPDATE**

BRN Enforcement, Investigations and Intervention Committee |  
February 11, 2026

**BOARD OF REGISTERED NURSING**  
**Agenda Item Summary**

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**AGENDA ITEM: 6.0**  
**DATE: February 11, 2026**

**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 from each unit and staffing level. Investigations will continue to report on the progress of this project in future meetings.

In 2025, the Board submitted a [Budget Change Proposal](#) (BCP) through the Department of Consumer Affairs to the Department of Finance requesting eight additional Special Investigator positions. On January 9, 2026, the Governor released the proposed [2026-27 Governor's Budget](#), which includes the Board's request. The proposed budget now goes to the California Legislature for review. Lawmakers in the Assembly and Senate will hold public hearings to discuss funding priorities for each department. In May, the Governor will issue the "May Revision," an updated version of the budget that reflects the latest economic data. This is an important stage where changes can be made to the original proposal. After the May Revision, the Legislature will negotiate and make adjustments. Once approved, the Governor can sign the budget, make changes to specific items, or return it with recommendations. The final budget must be in place by July 1, the start of the new fiscal year. After the budget is signed, state departments and agencies begin implementing the approved programs and funding allocations.

### **Investigations**

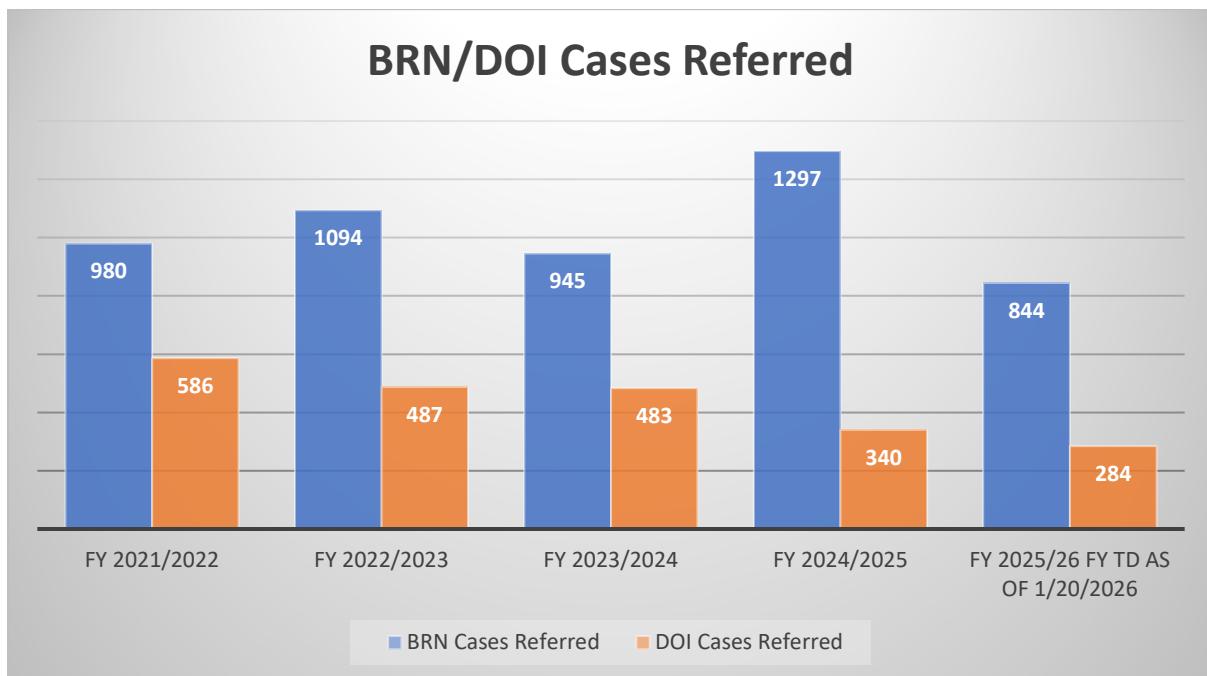
On June 10, 2025, Investigations launched the Enhanced Triage and Preliminary Case Work Pilot. The Board worked closely with the DCA to develop the Pilot in which the Associate Governmental Program Analyst (AGPA) is assigned more than 30 investigations at a time to perform preliminary case work and enhanced triage prior to formal assignment to the Special Investigators (SI). The Pilot is set to end in February 2026. On December 10, 2025, Board staff, under the request of the Executive Officer resumed having a Nursing Education Specialist review complaints to check for scope-of-practice violations. This helps sort cases and recommend next steps. The process will be monitored for efficiency and unintended consequences.

As of January 3, 2025, the full time SIs have an average of 29 active cases. Due to the high caseloads, the Supervising Special Investigator's and the Deputy Chief continue to actively work cases. Investigations continues to identify and explore multiple options to

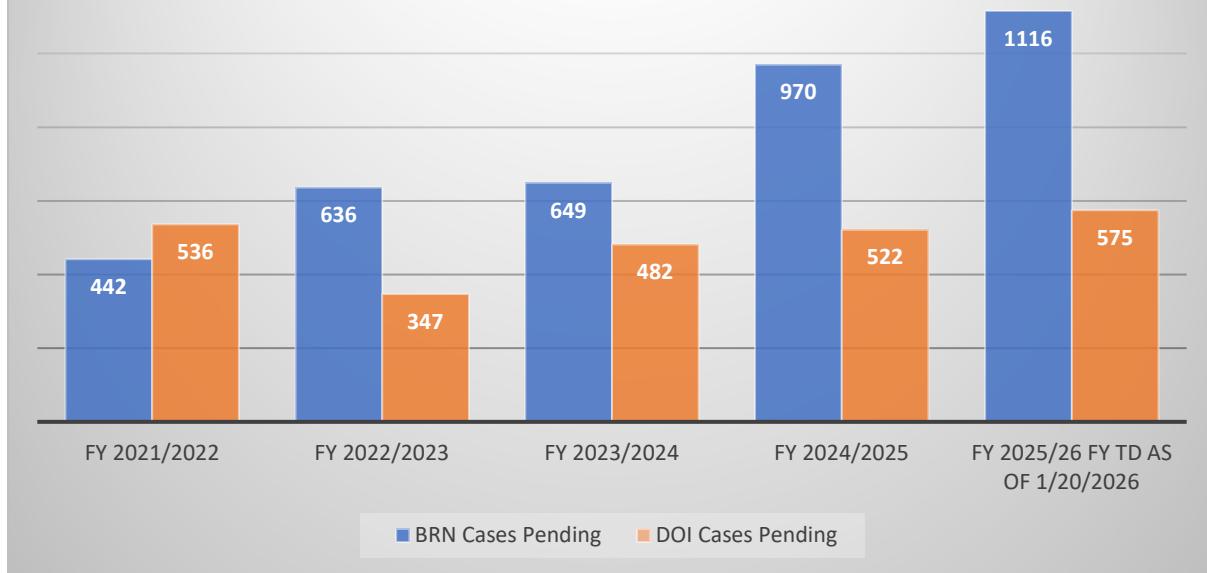
address the high caseload and is recruiting for (1) full-time position in the southern region.

**Table A – Investigations**

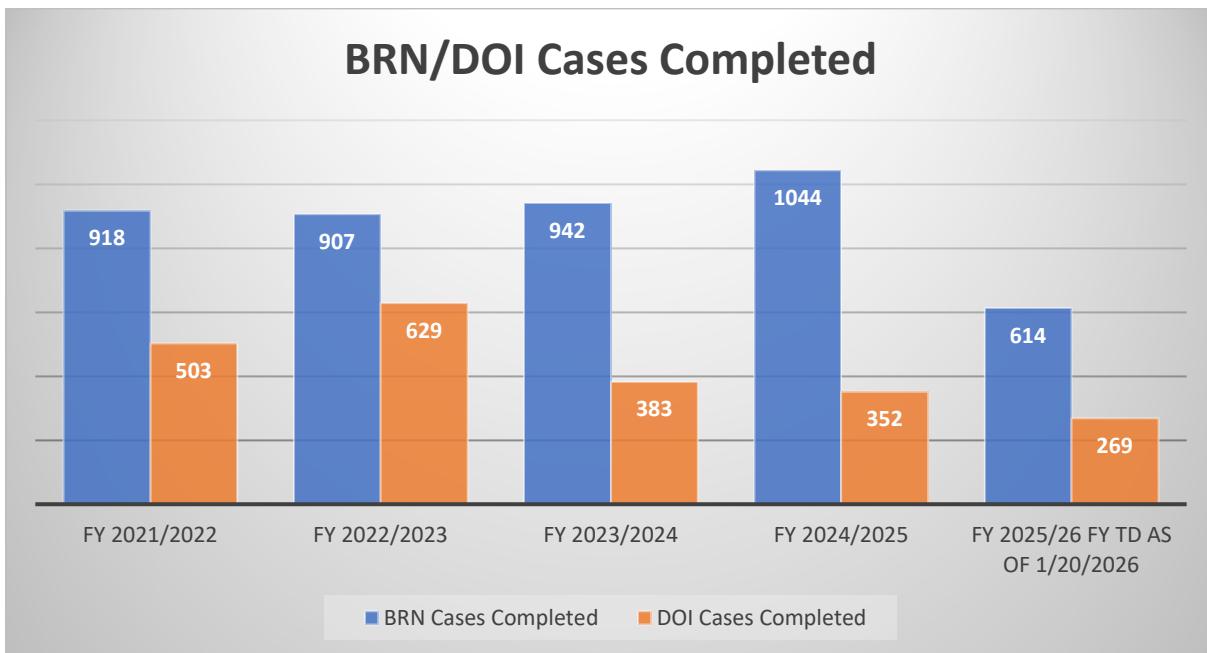
Investigations	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FY TD as of 1/20/2026
BRN Cases Referred	980	1094	945	1297	844
BRN Cases Pending	442	636	649	970	1116
BRN Cases Completed	918	907	942	1044	614
DOI Cases Referred	586	487	483	340	284
DOI Cases Pending	536	347	482	522	575
DOI Cases Completed	503	629	383	352	269



## BRN/DOI Cases Pending



## BRN/DOI Cases Completed



If you would like more information on our investigations statistics, please go to  
[https://www.dca.ca.gov/data/enforcement\\_performance.shtml](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 7.0

### **INFORMATION ONLY: INTERVENTION PROGRAM UPDATE**

BRN Enforcement, Investigations and Intervention Committee |  
February 11, 2026

**BOARD OF REGISTERED NURSING**  
**Agenda Item Summary**

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**AGENDA ITEM: 7.0**  
**DATE: February 11, 2026**

**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. Beginning August 2<sup>6</sup>, 2025 the Executive Officer (EO) began attending open session of the IECs to provide education to the members related to the IP and the role of the Board and its committee. The open sessions of the IEC meetings are now recorded and are available in the archive section of the board's website [here](#).

Education was delivered to all IECs from August 26, 2025 to present; reinforcing the August 2024 Board motion, covering the committees role, general work requirements and conditional recommendations. The EO will continue to provide ongoing education covering various topics at each IEC. The current training focus for IECs is on Intervention program participants whose competency has been affected by a Mental Health condition and has been delivered to one of nine IECs.

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 Premier Health Group has completed their first year working with DCA and eight (8) healing arts boards, including the Board of Registered Nursing. They continue to grow into their role of administering the IP incorporating all common laws as well as the individual legal requirements of each healing arts board.

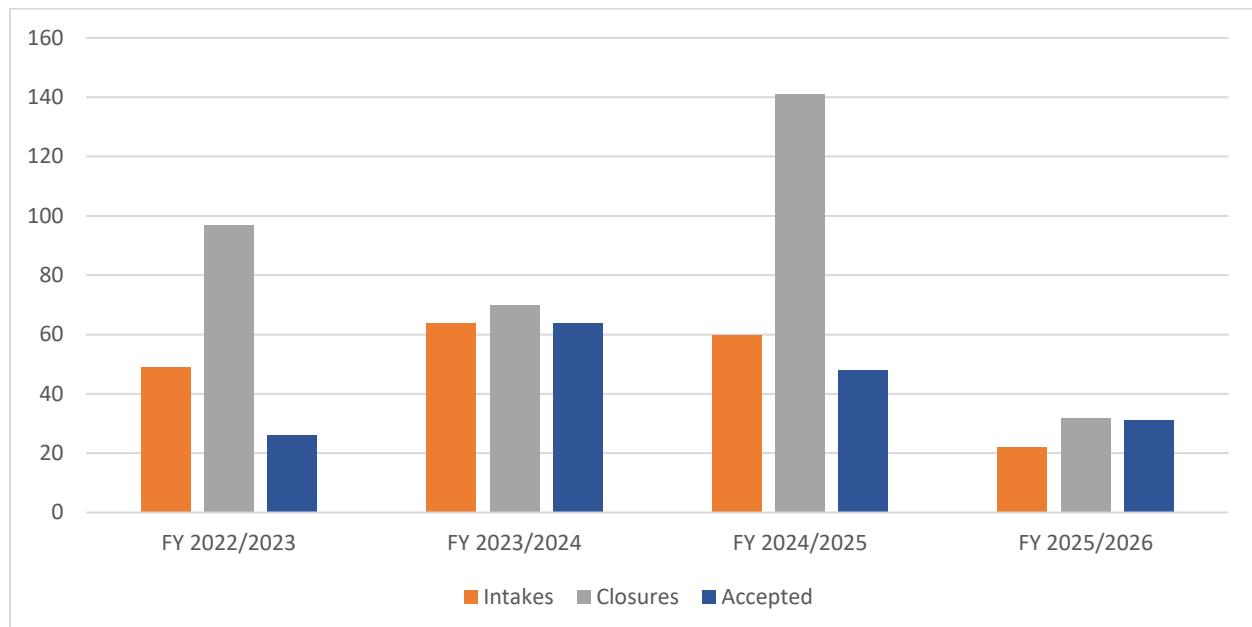
Historically, IEC's have met four (4) times per year. To provide more support to the participants, board staff have requested the IEC to increase the frequency of meetings to six (6) times a year. This request was brought to each IEC and schedules were considered and voted on. Beginning in 2026, IEC's are scheduled to meet six (6) times per year. There are currently five (5) vacancies, one (1) Physician and four (4) RN's.

The Board continues to recruit IEC members with knowledge and experience in substance use disorder (SUD) treatment, recovery, and mental health. At the February 28-29, 2025, Board meeting, the Board voted to allow Board staff to reestablish up to five (5) additional IECs and established a subcommittee of Board members to interview potential IEC member appointees. On August 14-15, 2025, interviews for IEC member vacancies were conducted by the Board's subcommittee.

## Intervention Program Statistics

**Table A**

Info	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/2026
Total Participants	236	231	150	140
Intakes	49	64	60	22
Closures	97	70	141	32
Successful	71	43	120	27
Not Successful	26	27	21	5
RNs Referred*	1213	2770	2689	737
Accepted	26	64	48	31



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](https://www.dca.ca.gov/data/enforcement_performance.shtml).

**NEXT STEPS:** Continue to Monitor

**PERSONS TO CONTACT:** Jaspreet Pabla, Enforcement Deputy Chief & Intervention Program Manager  
[Jaspreet.Pabla@dca.ca.gov](mailto:Jaspreet.Pabla@dca.ca.gov)  
(916) 574-8988



## Agenda Item 8.0

**INFORMATION ONLY:**  
**PRESENTATION BY THE EXECUTIVE OFFICER ON**  
**EDUCATION PROVIDED TO THE INTERVENTION**  
**EVALUATION COMMITTEES AND REPORT OUT ON ANY**  
**FEEDBACK FROM BOARD STAFF, BOARD VENDOR**  
**AND STAKEHOLDERS RECEIVED**

BRN Enforcement, Investigations and Intervention Committee |  
February 11, 2026

**BOARD OF REGISTERED NURSING**  
**Agenda Item Summary**

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**AGENDA ITEM: 8.0**  
**DATE:** February 11, 2026

**ACTION REQUESTED:**

**Discussion and Possible Action:**

Presentation by the Executive Officer on education provided to the Intervention Evaluation Committees and report out on any feedback from Board staff, Board vendor and stakeholders received.

**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 EIIC regarding Intervention Program participants. Specifically, the Board requested information on recommendations made by the IECs that in order to demonstrate that they are able to practice safely as a condition of completion, that they work in direct patient care and/or have access to passing narcotics. The motion also directed the EO to review any extensions in the program beyond the three years to ensure there was supporting evidence to justify the recommendations. While completing this process it was requested that the Board provide education on various Intervention Program topics to the public, committee members, board staff and vendor. This occurs at the beginning of each IEC committee meeting in open session prior to the committee entering closed session.

Topics covered to date:

- August 24 Board motion
- Conditional Recommendations

Topics currently being presented/in progress:

- Mental Health

Topics for future discussion and education:

- Failure to derive benefit

## August 2024 - Board Motion Data

The below reflects data related to the approved Board motion from Aug. 22, 2024, through Dec. 31, 2025.

<b>Successful Completion(s)</b>	<b>Totals</b>
Petitioned for successful completion	123
Granted successful completion	121
Reviews sent to the Executive Officer (EO)	57
EO approved IEC recommendation(s)	28
EO referred to a re-reviewing IEC	29
<b>Intervention Program New Applicant(s)</b>	<b>Totals</b>
Petitioned for acceptance	89
Granted acceptance	69
Denied or withdrew request for acceptance	15
<b>Program Length</b>	<b>Totals</b>
Intake date greater than three (3) years	7
Program sobriety date greater than three (3) years	1
<b>Program Milestones</b>	<b>Low - High / Average</b>
Intake date to IEC acceptance date	5 – 320 / 72 (days)
Intake date to successful completion	3 – 7.6 / 3.5 (years)
Program sobriety date to successful completion	3.0 - 4.5 / 3.2 (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.

## General Intervention Stats:

	<b>N ov</b>	<b>D e c</b>	<b>J a n</b>	<b>F e b</b>	<b>M a r</b>	<b>A pr</b>	<b>M ay</b>	<b>J u n</b>	<b>J u l</b>	<b>A ug</b>	<b>Se pt</b>	<b>Oc t</b>	<b>No v</b>	<b>De c</b>
	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>20</b>
	<b>24</b>	<b>24</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>	<b>25</b>
Beginning total IP participants	19 1	17 3	17 0	16 9	16 4	16 0	15 7	15 5	15 0	14 0	14 2	14 2	14 0	14 2
Intake(s) completed regardless of IEC acceptance or denial	2	5	6	4	2	3	8	6	2	5	3	3	6	3
Successful completion(s)	18	5	7	7	5	6	6	6	10	3	2	5	4	4
Termination(s) for other than successful completion(s)	2	3	0	2	1	0	4	5	3	0	1	0	0	1
Ending total IP participants	17 3	17 0	16 9	16 4	16 0	15 7	15 5	15 0	14 0	14 2	14 2	14 0	14 2	14 0
IP participants seen by an IEC	56	48	33	28	44	39	44	27	46	27	35	36	30	34

## RESOURCES:

**NEXT STEPS:**

Place on agenda

**FISCAL IMPACT, IF ANY:**

None

**PERSON(S) TO CONTACT:**

Loretta Melby  
Executive Officer  
California Board of Registered Nursing  
[Loretta.Melby@dca.ca.gov](mailto:Loretta.Melby@dca.ca.gov)



## Agenda Item 9.0

### **DISCUSSION AND POSSIBLE ACTION: FUTURE ROLES AND RESPONSIBILITIES OF THE ENFORCEMENT, INVESTIGATIONS AND INTERVENTION COMMITTEE**

BRN Enforcement, Investigations and Intervention Committee |  
February 11, 2026

**BOARD OF REGISTERED NURSING**  
**Agenda Item Summary**

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**AGENDA ITEM: 9.0**  
**DATE:** February 11, 2026

**ACTION REQUESTED:** **Discussion and possible action:** Future committee roles and responsibilities

**REQUESTED BY:** Loretta Melby, RN, MSN  
Executive Officer

**BACKGROUND:**

The Committee will discuss and clarify future committee roles, responsibilities, and expectations, as well as establish a clear and consistent process for information sharing between committees and Board. As committee work continues to evolve, there is a need to ensure that roles are clearly defined and that information is communicated efficiently, accurately, and in a timely manner. Establishing clear expectations will support effective decision-making, reduce duplication of efforts, and promote transparency and consistency across committees.

**RESOURCES:**

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** McCaulie Feusahrens  
Chief of the Licensing Division  
California Board of Registered Nursing  
[Mccaulie.feusahrens@dca.ca.gov](mailto:Mccaulie.feusahrens@dca.ca.gov)