



BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | TTY (800) 326-2297 | www.rn.ca.gov



NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Intervention Evaluation Committee of the California Board of Registered Nursing will be held, and will be accessible both in person and via a teleconference platform, in accordance with Government Code section 11123.2:

INTERVENTION EVALUATION COMMITTEE (IEC 10) MEETING

Wednesday, September 17, 2025

8:30 am – 5:00 pm

(or until completion of business)

In-Person Location: Dental Board of California, Basement Conference Room, 333 South Anita Drive, Orange, CA 92868

Instructions For Remote Participation:

For all those who wish to participate or observe the meeting remotely on Wednesday, September 17, 2025, please access the meeting as follows:

By Computer: Please log on to WebEx via this website: Click [here](#) to join meeting.

If you are experiencing issues joining the meeting, please copy and paste the link text below into an internet browser:

dca-meetings.webex.com/dca-meetings/j.php?MTID=m75b9253ce65b0b1b4f719a7283f81025

Webinar information should auto-populate; if not, enter the following webinar number: 2487 107 4193 and webinar password: BRNIEC101747

By Phone: call toll free at 1-415-655-0001

Access code: 248 710 74193

Passcode: 27643210

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting.

Additional instructions on how to participate in public comment may be provided at the beginning of the committee meeting. Public comments will be limited to two minutes unless, in the discretion of the Committee Chairperson, circumstances require a shorter period. Members of the public will not be permitted to “yield” their allotted time to other members of the public to make comments.

AGENDA

Action may be taken on any item listed on this agenda, including information-only items.

Wednesday, September 17, 2025, 8:30 am

- 1.0 Call to order, roll call, and establishment of a quorum**
- 2.0 General instructions for public participation in the meeting via WebEx**
- 3.0 Public comment for items not on the agenda; items for future agendas**
Please Note: The Committee may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. (Gov. Code §§ 11125 & 11125.7, subd. (a).)
- 4.0 Discussion and possible action:** Approve draft minutes from prior meeting.
 - March 12, 2025
- 5.0 Information only:** Intervention Program updates
- 6.0 Information only:** Regarding requirements for participation and completion of the Intervention Program, including possible requirements of working in positions involving direct or indirect patient care and/or furnishing or administering narcotics to patients; update from Executive Officer on review of individual program participant requirements.
- 7.0 Discussion and possible action:** Review IEC Member Guide and Intervention Program Regulations (California Code of Regulations, Title 16, sections 1446-1449) and provide recommendations to the Board
- 8.0 Discussion and possible action:** Approve proposed 2026 IEC meeting schedule
- 9.0 Closed session**
The Committee will meet in closed session pursuant to Business and Professions Code section 2770.10 and Government Code section 11126, subdivision (c)(2), to discuss and vote on matters related to Intervention Program applicants and participants.

10.0 Adjournment

NOTICE: All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7692, email brn-intervention@dca.ca.gov, or access the Board's Web Site at <http://www.rn.ca.gov>. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Committee are open to the public, with the exception of portions of the meeting conducted in closed session. Board and committee members, who are not members of this Committee, may attend meetings as observers only and may not participate or vote.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Intervention Program at (916) 574-7692, or email brn-intervention@dca.ca.gov, or send a written request to the Board of Registered Nursing office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing-Impaired: 711, or (800) 735-2929 (TTY) California Relay Service: (800) 735-2929 (Voice).) Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

**BOARD OF REGISTERED NURSING
Intervention Evaluation Committee
Agenda Item Summary**

AGENDA ITEM: 4.0
DATE: September 17, 2025

ACTION REQUESTED: **Discussion and possible action:** Approve draft minutes from prior meeting.

REQUESTED BY: Maureen Gatt, RN, Committee Chairperson

BACKGROUND:

Members are asked to approve the draft minutes from the March 12, 2025, Intervention Evaluation Committee (IEC) meeting and authorize BRN staff to make non-substantive corrections to any name misspellings or typographical errors found in the document.

ATTACHMENTS: Minutes from IEC Meeting held March 12, 2025.

NEXT STEPS: Board staff will obtain signature of the Committee chairperson on approved minutes and then file minutes in Board records.

PERSON TO CONTACT: Jaspreet Pabla
Intervention Program Manager
brn-intervention@dca.ca.gov

State of California
Department of Consumer Affairs
Board of Registered Nursing

**INTERVENTION EVALUATION COMMITTEE 10 MEETING
MINUTES**

Date: March 12, 2025

Start Time: 9:00 am

Location: Dental Board of California
333 South Anita Drive, Basement Conference Room
Orange, CA 92868

The meeting was accessible to public at above location and by remote access via teleconference platform.

Members: Maureen Gatt, Public Member, Chair
Elizabeth Barrera, MD, Physician Member
Stephanie Evangelista, RN, Nurse Member
Lori Berkemer, RN, Nurse Member
Liberty Macias, RN, Nurse Member

BRN Staff: Shannon Johnson, Enforcement Division Chief
Jaspreet Pabla, Program Manager
Patrice Quinn, Intervention Analyst

1.0 Call to Order/Roll Call/Establishment of a Quorum

Maureen Gatt, RN, Chair, called the meeting to order at: 9:00 am. Quorum was established at 9:00 am

2.0 General instructions for public participation in the meeting via Webex

3.0 Discussion and possible action: Election of the chair and vice chairperson

Discussion: Maureen has most experience for chair

Motion: Stephanie Evangelista, to appoint Maureen Gatt as committee chair.

Second: Liberty Macias, second to appoint Maureen Gatt as committee chair.

Discussion: No discussion

Motion: Liberty Macias, nominate Stephanie Evangelista for vice chair.

Second: Maureen Gatt second the motion for vice chair.

Public

Comment: No public comment for item 3.0

Vote:	LM	LB	SE	MG	EB
	Y	Y	Y	Y	Y

KEY Y: Yes | N: No | A: Abstain | AB: Absent from vote.

4.0 Review and Vote on Whether to Approve Previous Meeting Minutes

Discussion: Board staff presented minutes for approval.

Motion: Dr. Barerra approved previous minutes

Second: Maureen Gatt second

Public

Comment: No public comment for item 4.0.

Vote:	MG	LM	SE	EB	LB
	Y	Y	Y	Y	Y

KEY Y: Yes | N: No | A: Abstain | AB: Absent from vote.

5.0 Public comment for items not on the agenda; items for future agendas

Discussion: No request for future agenda items.

Public Comment: No public comment for item 5.0.

6.0 Information only: Intervention Program Updates

Discussion: Board staff presented program updates.

Public Comment: No public comment for item 6.0.

7.0 Discussion and possible action: Review IEC Member Guide and Intervention Program Regulations (California Code of Regulations, Title 16, sections 1446-1449) and provide recommendations to the Board

Discussion: No discussion for Item 7.0.

Public Comment: No public comment for item 7.0

8.0 Closed Session

The Committee convened in closed session at 9:16 am to discuss and vote on matters related to Intervention Program applicants and participants pursuant to Business and Professions Code section 2770.10 and Government Code section 11126, subdivision (c)(2).

9.0 Reconvene in open session at 4:52 pm

10.0 Meeting adjourned at 4:53 pm

Submitted by:

**Jaspreet Pabla
Intervention Program Manager**

Accepted by:

Maureen Gatt, Chair

**BOARD OF REGISTERED NURSING
Intervention Evaluation Committee
Agenda Item Summary**

AGENDA ITEM: 5.0
DATE: September 17, 2025

ACTION REQUESTED: **Information Only:** Intervention Program Updates

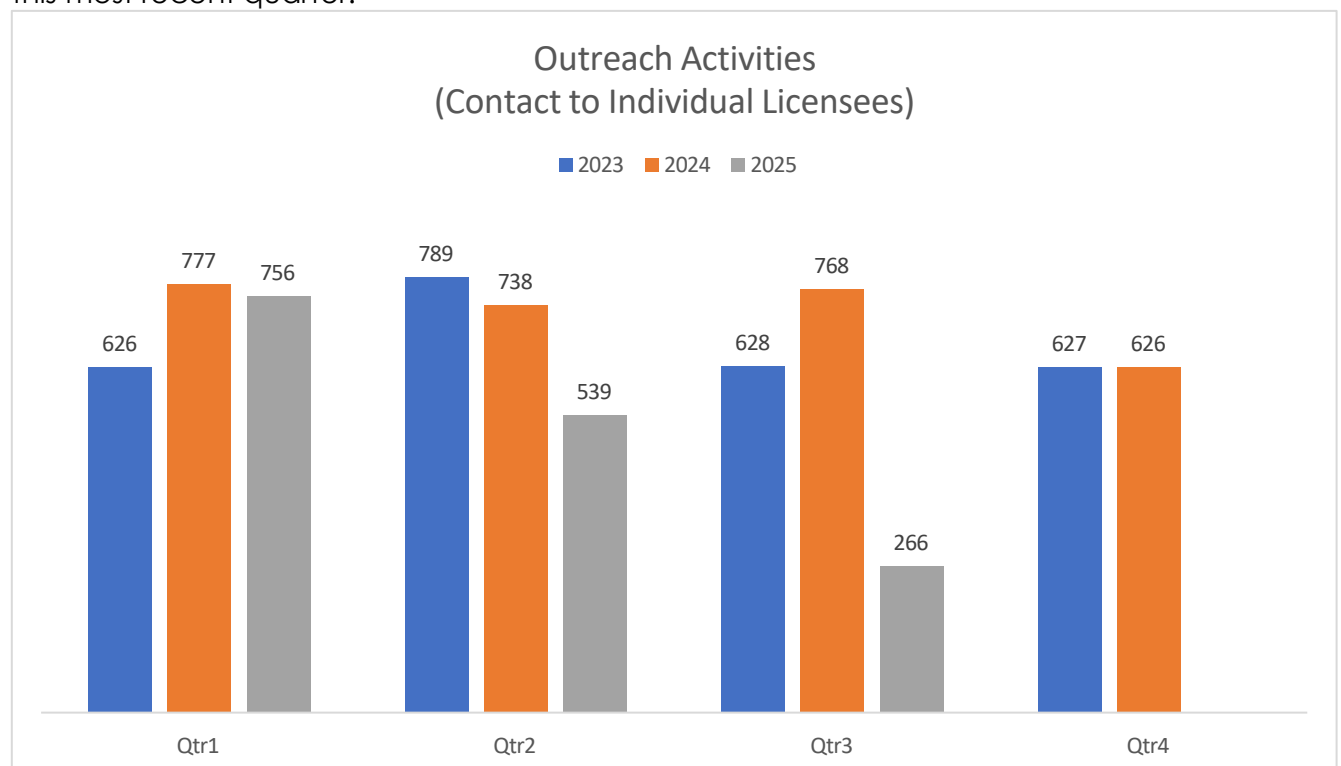
REQUESTED BY: Board of Registered Nursing Board

BACKGROUND:

General. Management continues to work with Premier Health Group, attending all Intervention Evaluation Committee (IEC) meetings, providing education to IEC members, and identifying possible gaps in regulation for the Intervention Program.

IEC Vacancies and Recruitment. The Board continues to recruit IEC members with knowledge and experience in treatment of substance use disorder treatment or mental illness. To apply for an IEC position, interested parties can find the application on our website at <https://rn.ca.gov/intervention>.

Program Outreach. Board staff in collaboration with Premier staff is in the process of updating its outreach brochures and posters. The Board emailed 266 outreach materials to individual nurses this most recent quarter.



NEXT STEPS: Continue discussions

PERSON TO CONTACT: Jaspreet Pabla
Intervention Program Manager
brn-intervention@dca.ca.gov

BOARD OF REGISTERED NURSING
Intervention Evaluation Committee
Agenda Item Summary

AGENDA ITEM: 6.0
DATE: September 17, 2025

ACTION REQUESTED: **Information Only:** Regarding requirements for participation and completion of the Intervention Program, including requirements of working in positions involving direct or indirect patient care and/or furnishing or administering narcotics to patients; update from Executive Officer on review of individual program participant requirements

REQUESTED BY: Board of Registered Nursing Board

BACKGROUND:

In 1984, state law established the Diversion Program (now Intervention Program) as an alternative to discipline. Business and Professions Code (BPC) Section [2770](#) states: "It is the intent of the Legislature that the Board of Registered Nursing seek ways and means to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness so that registered nurses so afflicted may be rehabilitated and returned to the practice of nursing in a manner that will not endanger the public health and safety. It is also the intent of the Legislature that the Board of Registered Nursing shall implement this legislation by establishing an intervention program as a voluntary alternative to traditional disciplinary actions."

BPC [2770.2](#) creates the Intervention Evaluation Committees (IEC) made up of three RNs, one Physician, and one public member. BPC [2770.8\(f\)](#) states that each committee has the responsibility to evaluate the RNs request to participate in the program, review and designate treatment services for referral, receive and review information concerning an RN participating in the program, consider whether the RN may safely continue or resume the practice of nursing, and to make recommendations to the program manager regarding the terms and conditions of the intervention agreement for each RN in the program on treatment, supervision, and monitoring requirements. This committee can also deny an applicant or terminate a participant.

The IP program manager, who is a BRN staff member, has the primary responsibility to review and evaluate the recommendations of the committees. The IP program manager also determines if an RN who is denied admission or is terminated from the IP, for reason(s) other than successful completion, whether they present a threat to the public or their own health and safety. If a public safety or threat is determined then the name, license number, and a copy of all intervention program records for that RN is turned over to the Board's Enforcement Division. If the IEC and the program manager, in their discretion, determines the RN has successfully completed the intervention program then all records pertaining to the RN's participation in the IP is purged.

When a RN participant returns to work they are assigned a [Worksite Monitor](#) (WSM). This WSM assist the RN to return to work in a controlled and safe manner, supporting the mission of the IP, which is to protect the public. The role of the WSM is to assist the RN to reenter the workforce in a safe manner by providing an open line of communication between the workplace, the current IP vendor and the BRN, watch for changes in behaviors and signs of relapse or return to alcohol or drug use, observe the participant at the workplace at least one time per week, or more

frequently if required by the IEC/Board, interview coworkers as necessary to ensure the participant is practicing safely, and agree to notify the vendor within one hour of noticing any signs of relapse or suspicious behavior and complete and submit monthly or quarterly reports to the vendor, as required by the IEC/Board.

BPC [315](#) is the statutory authority for uniform standards that is used by healing arts boards in dealing with substance-abusing licensees. There are 16 uniform standards. These standards establish criteria for clinical diagnostic evaluations, temporary removal of the licensee from practice, set ability to for the licensing board to communicate with the employer, for required testing and group meeting attendance, determining what type of treatment is necessary, worksite monitoring, procedures when a licensee tests positive for a banned substance, procedure to be followed when a licensee has a confirmed use of a banned substance, specific consequences of major and minor violations, for return to practice on a full time basis, for the use of a private-sector vendor that provides intervention services, and measurable criteria and standards to determine if the program protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

During the June 21, 2024, Board Meeting, Board President Dolores Trujillo requested Executive Officer (EO) Loretta Melby in collaboration with Board Legal Counsel Reza Pejuhesh to conduct a review of individual program participant requirement(s). Additionally, at the August 22, 2024, Board Meeting the motion below was made and the Executive Officer has been reviewing as directed.

Motion: Direct the Executive Officer to work with Executive Management Team and the Intervention Program Manager to:

- 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 IEC recommendation extends length in the program beyond three years, the Executive Officer must review and examine the evidence.*

In any cases in which either and/or both of those requirements were the only requirements preventing a participant from successfully completing the program, and where those requirements are removed pursuant to this motion, direct board executive management to work with the Intervention Program Manager to have such cases presented to an Intervention Evaluation Committee (IEC) as soon as practicable for consideration of program completion.

and

Direct board executive management to provide an update to the EIC at the last annual (October, November or December) regarding cases in which these requirements were removed or imposed pursuant to this motion.

Resources:

[Intervention Brochure](#)

[Uniform Standards Regarding Substance-Abusing Healing Arts Licensees](#)

[BPC 315](#)

[BPC Article 3. Intervention Program 2770-2770.14](#)

[16 CCR Article 4.1 Intervention Program Guidelines 1446-1449](#)

NEXT STEPS:

Continue discussions

PERSON TO CONTACT:

Loretta Melby, Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov

**BOARD OF REGISTERED NURSING
Intervention Evaluation Committee
Agenda Item Summary**

AGENDA ITEM: 7.0
DATE: September 17, 2025

ACTION REQUESTED: **Discussion and possible action:** Review IEC Member Guide and Intervention Program Regulations (California Code of Regulations, Title 16, sections 1446-1449) and provide recommendations to the Board.

REQUESTED BY: Jaspreet Pabla, Intervention Program Manager

BACKGROUND:

Board staff requests Intervention Evaluation Committees (IEC) members to review the IEC Guide on ongoing basis and offer feedback to staff regarding any areas where information could be developed further.

Board is responsible for onboarding and training of all IECs to ensure members are successful in their role.

The Board is seeking feedback from its IECs on regulatory changes that would help the Board better fulfill its legislative mandate.

IECs are responsible for evaluating registered nurses in the Intervention Program (Program) according to the guidelines prescribed by the Board. Those guidelines, which can be found under California Code of Regulations, Title 16, §§ 1446-1449, currently pertain to admission criteria, procedure to review Program applicants, causes for denial of admission, causes for termination from the Program as well as other requirements.

ATTACHMENT(S): IEC Guide and California Code of Regulations, Title 16, Article 4.1. Intervention Program Guidelines.

NEXT STEPS: As determined by Committee.

PERSON TO CONTACT: Jaspreet Pabla
Intervention Program Manager
brn-intervention@dca.ca.gov



Intervention Evaluation Committee Guide

This page
intentionally
left blank

About this Guide

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

Revisions and Guide Maintenance

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

Connect with BRN



This page
intentionally
left blank

Table of Contents

1	Introduction	1
1.1	About the Board of Registered Nursing (BRN)	1
1.2	Mission, Vision, Values	1
1.3	Priority of the Board; Public Protection	1
2	General Information	2
2.1	Public Protection Through Traditional Discipline.....	2
2.2	Public Protection Through the Intervention Program	2
2.3	Legislative Mandate	2
3	Intervention Evaluation Committees.....	3
3.1	Purpose.....	3
3.2	Committee Composition	3
3.3	Establishment	4
3.4	Member Responsibilities	4
3.5	Tenure.....	5
3.6	Vacancies	5
3.7	Committee Leadership	5
4	BRN Intervention Staff	6
5	Maximus, California Recovery Program for Health Professionals	6
6	Meetings	8
6.1	Bagley-Keene Open Meeting Act	8
6.2	Open Session and Public Participation	8
6.3	Closed Session	8
6.4	Meeting Location.....	8
6.5	Public Notice of the Meeting Agenda	9
6.6	Roll Call and Quorum.....	9
6.7	Voting	9
6.8	Recusals	9
6.9	Recording of Votes and Discussion	9
6.10	Adjournment	10
6.11	Communication Limitations	10

7	Program: Admission Process	10
7.1	Referral	10
7.2	Requesting Admission	10
7.3	Eligibility Screening.....	10
7.4	Intake Assessment.....	11
7.5	Clinical Assessment	11
8	Program: Recovery Components	13
8.1	Treatment.....	13
8.2	Drug Testing.....	13
8.3	Community Support Groups.....	15
8.4	Nurse Support Groups.....	15
8.5	Return to Practice.....	15
9	Program: Successful Completion	17
9.1	Successful Completion.....	17
10	Program: Non-Compliances and Termination	17
10.1	Major Non-compliances: Definition and Consequences.....	18
10.2	Minor Non-compliances: Definition and Consequences.....	18
10.3	Terminations.....	18
11	Member Appointments	19
11.1	Recruitment.....	19
11.2	Conflict of Interest.....	19
11.3	Initial Appointment Process	20
11.4	Reappointment Process	20
11.5	Separation Process	20
12	Required Forms	21
12.1	Due Upon Initial Appointment	21
12.2	Annual/Biannual Forms.....	21
12.3	Due Upon Separation from Office.....	22
13	Travel and Expenses	22
13.1	Committee Member Travel	22
13.2	Travel Expense Reimbursement.....	23
13.3	Per Diem Compensation.....	23

13.4 Board Enforcement Intervention Committee (EIC)..... 23

14 List of Appendices..... 25

This page
intentionally
left blank

1 Introduction

1.1 About the Board of Registered Nursing (BRN)

The Board of Registered Nursing (BRN) is a regulatory entity under the Department of Consumer Affairs (DCA). BRN is responsible for protecting the public by implementing and enforcing the California Nursing Practice Act (NPA) – a body of laws related to registered nurse (RN) education, licensure, practice, and discipline.

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

Nine board members serve as the policy-setting body for the Board, including seven members appointed by the Governor, one appointed by the Senate Committee on Rules, and one appointed by the Assembly Speaker. Board members include five RNs and four public members.

More information about the BRN can be found at <https://www.rn.ca.gov/consumers/about>

1.2 Mission, Vision, Values

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

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

Our Values: Effectiveness • Integrity • Transparency • Collaboration • Equity

1.3 Priority of the Board; Public Protection

Public protection is BRN's highest priority in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.¹

¹ Bus. and Prof. Code § [2708.1](#)

2 General Information

2.1 Public Protection Through Traditional Discipline

To fulfill its public protection mandate, BRN may take disciplinary action against an RN license for unprofessional conduct, including – as defined by the NPA – an RN’s use of controlled substances or alcohol:

- To an extent or manner dangerous or injurious to themselves, any other person, or the public or
- To the extent that use impairs their ability to practice registered nursing safely.²

State law also provides for BRN to take action against any RN whose ability to practice safely is determined to be impaired due to mental illness.³

The recommended disciplinary action for a nurse unable to practice safely due to SUD or mental health illness is license suspension, revocation or probation based on the Board’s [Recommended Guidelines for Disciplinary Orders and Conditions of Probation](#).⁴

2.2 Public Protection Through the Intervention Program

Through the support of nurse advocates and the BRN, legislation⁵ was signed into law that provided for BRN to establish the Diversion Program, now referred to as the Intervention Program, as a voluntary alternative to discipline to help protect the public.

Through the Intervention Program (Program), BRN can protect the public by intervening when an RN is identified to have substance use disorder (SUD) and/or mental illness.

RNs that enroll in the Program benefit from recovery through encouragement, support, and guidance.

Further information about the Program requirements will be detailed starting on Page 10: PROGRAM: ADMISSION PROCESS.

2.3 Legislative Mandate

The Legislation’s intent is for BRN to:

² Bus. and Prof. Code §§ [2761](#), [2762](#).

³ Bus. and Prof. Code § [820](#) et seq.

⁴ Cal. Code of Regs., tit. 16, § [1444.5](#).

⁵ AB 2674 (Agos, 1984)

- Seek ways and means to identify and rehabilitate RNs whose competency may be impaired due to abuse of alcohol or other drugs, or due to mental illness so that RNs so afflicted may be rehabilitated and returned to the safe practice of nursing.
- To establish the Program, as a voluntary alternative to discipline.⁶

Laws and regulations specific to the Program can be found in:

- **Program Related Statutes:** Business and Professions Code §§ [2770-2770.14](#).
- **BRN Program Guidelines:** California Code of Regulations, title 16, §§ [1446-1449](#).

More information about the Program, including admission process and recovery components, can be found in this guide starting on page [10](#).

3 Intervention Evaluation Committees

3.1 Purpose

The IEC is created with the following purpose:

- Evaluate those RNs who request participation in the Program according to the guidelines prescribed by the Board, and make recommendations.
- Review and designate those treatment services to which RNs in a Program may be referred.
- Receive and review information concerning the RNs participating in the Program.
- Determine whether the RNs may continue or resume the practice of nursing safely.
- Meet to consider the requests of RNs participating in the Program, and to consider reports regarding their participation.
- Make recommendations to the Program Manager regarding the terms and conditions of the intervention agreement for each RN participating in the Program, including treatment, supervision, and monitoring requirements.⁷

3.2 Committee Composition

Each IEC is comprised of five members, including:

Three RNs, holding active California licenses, who have demonstrated expertise in the field of chemical dependency or psychiatric nursing.

⁶ Bus. and Prof. Code § [2770](#).

⁷ Bus. & Prof. Code § [2770.8](#).

One physician, holding an active California license, who specializes in the diagnosis and treatment of addictive diseases or mental illness.

One public member who is knowledgeable in the field of chemical dependency or mental illness.

All members must reside in California.

3.3 Establishment

BRN has authority to establish one or more IECs based on existing program needs. There are multiple IECs established serving all areas of California.

3.4 Member Responsibilities

Committee members are responsible for carrying out the requirements set forth by the Legislature (**APPENDIX C**) and as set by the BRN through state regulations (**APPENDIX D**).

3.4.1 Expected Time Commitment

In accepting an appointment to the IEC, members make a commitment to dedicate the time necessary to attend the meetings, participate and complete the business of the IEC.

IECs meet four times annually. Meetings are eight (8) hours each day, up to two (2) days. This time commitment includes the actual meeting attendance as well as reviewing meeting materials in advance.

Members are required to travel as necessary for committee business.

3.4.2 Meeting Attendance and Participation

Members are expected to attend all regularly scheduled meetings so that the IEC can effectively carry out business.

3.4.3 Reviewing Report Materials

Members are expected to review all meeting materials including, but not limited to, the files of participants scheduled for review prior to each meeting.

3.4.4 Maintaining Confidential Records

Members are expected to maintain confidentiality of all IEC records relating to application to and participation in the Program, even when a member receives a subpoena.⁸

⁸ Bus. and Prof. Code § [2770.12](#); Cal. Code of Regs., tit. 16, § [1449](#).

Members may receive subpoenas occasionally. If a subpoena is received, members must seek direction from the BRN Program Manager. The Program Manager will determine whether information may be released.⁹

Members are also responsible for protecting DCA-provided information as outlined in the Information Security Awareness Fundamental.

Members should not print any part of the participant files.

3.5 Tenure

Committee members are appointed to a term of four (4) years. There is a one-year grace period after term expiration. Members may serve up to two consecutive full terms.¹⁰

3.6 Vacancies

A committee member's position becomes vacant prior to term expiration when a member:

- Submits their written resignation to the Board.
- Ceases to reside in California.

3.7 Committee Leadership

Each IEC shall elect from its committee a Chair and a Vice Chair.¹¹

Any IEC member of that committee may serve as a Chair or Vice Chair. Election for Chair and Vice Chair will be held at the first meeting of that committee each calendar year.

The Chair and Vice Chair may be reelected by the committee without limitation.

The Chair and Vice-Chair are entrusted with leadership of the committee and are responsible for ensuring that the committee meets its statutory requirements, and the committee meetings follow the Bagley-Keene Open Meeting Act.

3.7.1 Chair Duties

- To work with the Program Manager and CCM to create the agenda for the IEC meetings.
- Leads IEC meetings
 - a. call the meeting to order
 - b. conduct roll call and establish quorum
 - c. initiates the questioning of participants

⁹ Bus. and Prof. Code § [2770.12](#)

¹⁰ Bus. and Prof. Code § [2770.2](#), [105.5](#), [131](#).

¹¹ Bus. and Prof. Code § [2770.5](#).

- d. ensure that IEC meetings begin and end on time
 - e. initiate voting by roll call
- Represent the IEC at Intervention Liaison Committee meetings and report on these meetings to their committee.

3.7.2 Vice-Chair Duties

- Act in the absence of the Chair

4 BRN Intervention Staff

Program Manager. Each IEC operates under the direction of the BRN Program Manager (PM). The PM has the primary responsibility of reviewing and evaluating recommendations of the IEC. The PM also is responsible for determining whether an RN, who is denied admission into the program or terminated from the program, presents a threat to the public or to their own health and safety.¹²

Analyst. The analyst(s) may attend meetings as a consultant to the IEC regarding Board policies and procedures based on statutes and regulations, and reviews referrals to ensure the RN meets the criteria for admission into the Program.

Support Staff. Office technician is primarily responsible for supporting various unit functions throughout the Intervention Unit including assisting with IEC per diem compensation and travel expense reimbursements.

Contact information for staff liaisons can be found in [APPENDIX A: STAFF LIAISONS – BOARD OF REGISTERED NURSING, INTERVENTION UNIT](#).

5 Maximus, California Recovery Program for Health Professionals

Maximus is under contract with BRN to implement and manage the Program.

Program Director. The Program Director is an RN with experience in SUD and psychiatry; responsible for the overall program operations and clinical activities including resolving concerns regarding the Program, and acts as the Clinical Case Manager (CCM) in the CCM's absence.

¹² Bus. and Prof. §§ [2770.8](#), [2770.11](#).

Operations Manager. The Operations Manager is responsible for oversight of the program operations and is available to resolve issues and act as a team member in the absence of the Program Director.

Clinical Case Manager. The CCMs are licensed clinicians in the State of California. Currently, all CCMs are RNs who are trained and experienced in working in psychiatric and substance abuse settings. CCMs provide guidance to the participants, coaching and oversight of their recovery plan and program compliance, monitoring of drug testing results, communication with support group facilitators and treatment providers, and assistance with the participants' relapse prevention planning. The CCM is the point of contact between the participant and the IEC consultant.

Compliance Monitor (CM). The CMs are responsible for entering and analyzing the data that comes from multiple sources regarding the participants' compliance. The CM may contact participants for updates or to request specific information regarding their case. The CMs may also conduct the monthly check-ins when the CCM has determined there are no significant clinical issues related to the participant's case.

Administrative Assistant (Admin). The Administrative Assistants answer phones, provide help desk functions for MAXCMS, process mail and faxes, and provide general office support.

For more about Maximus, check out: <https://www.californiarecoveryprogram.com/>

Outreach Specialist (OS). The OS is an RN who is responsible for conducting marketing and outreach, and providing educational presentations to hospitals, professional schools, networking organizations and other groups as requested. The OS also is responsible for overseeing the Nurse and Health Support Group Facilitators and Clinical Assessors. The OS is required to visit each support group at least once each calendar year. The OS may fill in for an absent CCM and is the initial point of contact for all program applicants.

Compliance Specialist (CS). The CS is a Compliance Monitor who is specifically responsible for organizing, training, and monitoring Worksite Monitors (WSM). The CS ensures all documentation is complete and ensures the WSM understands the program rules and expectations of the WSM role before a participant is permitted to begin working. The CS may fill in for a Compliance Monitor when absent or needs assistance to complete their workload and meet their deadlines.

Contact information for staff liaisons can be found in [APPENDIX B: STAFF LIAISONS – MAXIMUS CA RECOVERY PROGRAM FOR HEALTH PROFESSIONALS](#).

6 Meetings

6.1 Bagley-Keene Open Meeting Act

All meetings of state bodies, which includes IECs, are subject to the Bagley-Keene Open Meeting Act (OMA).¹³ Each state body subject to the OMA has a number of duties under the OMA. First, they must give sufficient public notice of meetings to be held, at least 10 days in advance. Second, they must provide an opportunity for public comment. Third, they must conduct such meetings in open session, except where a closed session is specifically authorized.

6.2 Open Session and Public Participation

The IEC shall allow public participation during an open session of the IEC meeting. This includes public comment for each open session discussion topic as well as any items not on the agenda. Each closed session of the IEC must be held only during a properly noticed meeting of the committee, and must be preceded by a disclosure in open session of the general nature of the items to be discussed in closed session (typically by reference to the item(s) as they are listed by number or letter on the agenda).¹⁴

6.3 Closed Session

IECs are authorized to convene in closed session for committee business specific to Program participants. A committee shall only convene in closed session to the extent that it is necessary to protect the privacy of such a licensee.¹⁵

6.4 Meeting Location

Meetings may be held in person in various regions of the state. Meetings may also be held by teleconference provided compliance is maintained with OMA requirements.

All meetings of a state body, whether held in person or by teleconference, must meet the protections and prohibitions contained in the Americans with Disabilities Act (ADA).¹⁶

¹³ Gov. Code §§ [11120-11133](#), summarized in the DCA GUIDE TO THE BAGLEY-KEENE OPEN MEETING ACT (APPENDIX [F](#)).

¹⁴ Gov. Code §§ [11126.3](#), [11128](#).

¹⁵ Bus. and Prof. Code § [2770.10](#).

¹⁶ Gov. Code § [11123.1](#).

6.5 Public Notice of the Meeting Agenda

For each meeting, a public notice of the IEC's meeting agenda must be made available to the public on the BRN website no less than 10 days prior to the meeting date.¹⁷

6.6 Roll Call and Quorum

At the beginning of each meeting, the committee Chair shall take a roll call, to establish a quorum of the committee. Before the committee may take any action on agenda items, a quorum must be established. Three members shall constitute a quorum of the IEC.¹⁸

6.7 Voting

The Chair shall call for a vote on any matter for which the committee will act. A motion passes based on the majority votes of the established quorum.

For topics discussed during the open session of the IEC (such as voting for Chair) and before proceeding with member votes, the Chair must first allow for public comment where members of the public are in attendance.

All votes taken shall be by roll call.¹⁹

After each motion, a roll call will be taken by the Chair.

6.8 Abstentions

A committee member shall abstain from discussing or voting on an issue for any actual or perceived conflict of interest. See Appendix H for further information.

6.9 Recording of Votes and Discussion

Maximus shall be responsible for attending and maintaining a minute book of topics discussed and decisions made at a meeting. This will include a recording of each member's vote or abstention. The minute book made shall be kept confidential and is not subject to inspection pursuant to the Public Records Act request.²⁰

¹⁷ Gov. Code § [11125](#).

¹⁸ Bus. and Prof. Code § [2770.4](#).

¹⁹ Gov. Code § [11123](#).

²⁰ Gov. Code § [11126.1](#).

6.10 Adjournment

The committee Chair will adjourn the meeting in accordance with the OMA. If adjournment of the meeting is immediately after closed session, the meeting will be reconvened into open session prior to adjournment.²¹

6.11 Communication Limitations

OMA restricts members of a state body such as the IECs from discussing matters “within the subject matter jurisdiction” of the state body outside of a noticed meeting. Thus, IEC members may not discuss program participants or other matters within the IEC’s jurisdiction outside of a noticed meeting; an IEC member may discuss matters that are not within the jurisdiction of the IEC with other members of the IEC or with others.²²

7 Program: Admission Process

7.1 Referral

RNs may enter the Program voluntarily by requesting admission in the Program.

7.2 Requesting Admission

To request admission into the Program and schedule an intake assessment with a CCM, an RN must contact Maximus at 1-800-522-9198 or RecoveryProgramAssistance@maximus.com. Staff are available 24/7 to respond to crisis calls and, as necessary, make emergency referrals.

7.3 Eligibility Screening

RNs who request admission are initially screened for eligibility. To be admitted into the program, applicants must meet the following criteria:

- Must be licensed as a California RN.
 - Must reside in California.
 - Must be mentally ill or abuse alcohol and/or drugs in a manner which may affect the applicant's ability to safely perform the duties of an RN.
 - Must voluntarily request admission to the program.
 - Must agree to undergo reasonable medical and/or psychiatric examinations necessary for evaluation for participation in the program.
-

²¹ Gov. Code § [11126.3](#).

²² Gov. Code § [11122.5](#).

- Must cooperate by providing such medical information, disclosure authorizations and releases of liability as may be requested by the committee.
- Must agree, in writing, to comply with all elements of the program.
- Must not have had her/his license previously disciplined by the Board for substance abuse or mental illness.
- Must not have been terminated from this or any other Program for non-compliance.²³

7.4 Intake Assessment

The following procedures shall be used to review applicants for admission to the program:

1. The program director and a nurse or physician consultant shall interview each applicant. They shall recommend such medical and/or psychiatric examinations as may be necessary to determine the applicant's eligibility for the program and shall request such other information, authorizations and releases as may be necessary for participation in the program. The IEC shall advise the applicant that the applicant is responsible for costs incurred for the examinations and rehabilitation aspects of the program.
2. The program director and the nurse or physician consultant shall each make a recommendation to the committee as to whether the applicant should be admitted to the program.
3. The committee shall review each application and make its decision on admission of the applicant based upon its evaluation and the recommendations from the program director and the nurse or physician consultant.
4. The IEC's decision on admission of an applicant shall be final.

As part of the program entry agreement, an RN agrees to voluntarily place their license on inactive status and stop practicing. The RN must also agree to undergo comprehensive clinical assessments (also referred to as clinical diagnostic evaluation) and any recommended treatment before being permitted to return to practice.

7.5 Clinical Assessment

A comprehensive clinical assessment is the critical beginning to the treatment and recovery process. It is important that the clinical assessment be conducted by a practitioner who has

²³ Cal. Code Regs., tit. 16, § [1447](#).

three (3) years of experience in providing evaluations of health professionals with substance abuse disorders and/or mental illness.

The clinical assessment shall be in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations. The clinical assessment report shall include whether the licensee has a SUD or mental health issue, is a threat to themselves or others, and recommendations for treatment, practice restrictions, or other recommendations related to rehabilitation and safe practice.²⁴

7.5.1 Consideration of History Profile Reports and Recommendations

- The IEC is provided a comprehensive history and profile (H&P) report for each RN in the Program by Maximus.
- The IEC will be provided a recommendation by both the program director and nurse or physician consultant as to whether the applicant should be admitted to the Program.
- The IEC shall review each H&P and make its decision on admission of the applicant based upon its evaluation and the recommendations from both the program director and the nurse or physician consultant.²⁵

7.5.2 Causes for Denial of Admission

The committee may deny an applicant admission to the Program for any of the following reasons:

- The applicant does not meet eligibility screening criteria.
- Information is received by the Board which, after investigation, indicates that the applicant may have violated a provision of the NPA not related to a substance related- transgression.
- The applicant is diverting controlled substances for sale.
- The committee determines that the applicant will not substantially benefit from participation in the Program or that the applicant's participation in the Program creates too great a risk to the public health, safety or welfare.²⁶

7.5.3 Recovery Terms and Conditions Agreement (RTCA)

The committee makes recommendations to the program manager regarding the terms and conditions of the intervention agreement, including treatment, supervision, and monitoring requirements. In developing a RTCA, the committee should consider the standards set forth in the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (Uniform Standards) (APPENDIX E).

²⁴ Bus. and Prof. Code § [315](#), subd. (c)(1); Uniform Standards, page 4, #1.

²⁵ Cal. Code of Regs., tit. 16, § [1447.1](#).

²⁶ Cal. Code of Regs., tit. 16, § [1447.2](#).

8 Program: Recovery Components

8.1 Treatment

In determining whether inpatient, outpatient, or another type of treatment is necessary, the following criteria shall be considered:

- recommendation of the clinical diagnostic evaluation,
- license type,
- licensee's history,
- documented length of sobriety/time that has elapsed since substance abuse,
- scope and pattern of substance use,
- licensee's treatment history,
- licensee's medical history and current medical condition,
- nature, duration, and severity of substance abuse, and
- threat to themselves or the public.²⁷

8.2 Drug Testing

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for RNs recovering from substance use disorder:

8.2.1 Testing Frequency

The Program may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	Segments of Program	Minimum Range of Number of Tests
I	Year 1	52-104 per year
II	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II, is for the second year of the Program, and each year thereafter, up to five (5) years; thereafter, administration of one (1) time per month, if there have been no positive drug tests in the previous five (5) consecutive years of the Program.

Nothing precludes the Program from increasing the number of random tests for any reason. Any committee who finds or has suspicion that a licensee has committed a violation of the Program's testing program or who has committed a Major Violation, as identified in Uniform

²⁷ Bus. and Prof. Code § [315](#), subd. (c)(6); DCA Uniform Standards, page 13, #6.

Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

8.2.2 Exceptions to Testing Frequency Schedule

Prior testing/sobriety. In cases where the board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to testing by the Program, consideration may be given to give credit for the purpose of altering the testing frequency schedule so that it is equivalent to this standard.

Not employed in healthcare field. The board may reduce testing frequency to a minimum of 12 times per year for any licensee who is not practicing OR working in any health care field. Prior to returning to any health care employment, the licensee shall notify the Program and be subject to level I testing frequency for at least 60 days. At such time the licensee returns to employment (in a health care field), if the licensee has not previously met the level I testing frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

Licensed supervision during practice. A board may reduce testing frequency to a minimum of 24 times per year if the licensee receives a minimum of 50% supervision per day by a supervisor licensed by the board.

8.2.3 Other Drug Standards

Drug testing may be required on any day, including weekends and holidays. The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back-to-back testing as well as numerous different intervals of testing.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the board.

Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation. Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines. Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

Collection of specimens shall be observed. Prior to vacation or absence, any alternative to the licensee's drug testing requirements (including frequency) must be approved by the board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

The Program may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

8.3 Community Support Groups

Participants are required to attend abstinence-based self-help community support groups, such as 12-step, SMART recovery, and Life Ring. During the admission phase of the Intervention process, RN applicants are directed to immediately attend daily meetings (90 meetings in the first 90 days) at the recommendation of the CCM. This is a critical part of their program participation. After the first 90 meetings, the frequency of attendance is determined by the IEC.

8.4 Nurse Support Groups

A Nurse Support Group (NSG) is comprised of peers who share experiences, and provides support in addressing issues related to SUD and professional issues including re-entry into the workforce. There are several NSGs located around California. NSGs are attended only by RNs enrolled in Intervention and Probation.

8.5 Return to Practice

8.5.1 Demonstrated Ability to Return to Full Time Practice

To successfully complete the Program, a nurse participant must demonstrate that they are able to practice safely. ²⁸ For this reason, it is important that IEC ensures the recovery plan provides for sufficient monitoring of the RN to demonstrate they can practice safely.

8.5.2 Criteria for Requesting Return to Full Time Practice

A participant shall meet the following criteria before submitting a request to return to full time practice:

1. Demonstrated sustained compliance with the current recovery program.

²⁸ Bus. and Prof. Code § [315](#), subd. (c)(12); DCA Uniform Standards, page 21.

2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse.
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.²⁹

8.5.3 Criteria for Considering Request to Return to Practice

After reviewing the results of the clinical diagnostic evaluation and the factors below, the IEC shall make a recommendation to the Program Manager as to whether the licensee is safe to return to practice:

- the license type,
- the licensee's history,
- the documented length of sobriety/time that has elapsed since substance use,
- the scope and pattern of use,
- the treatment history,
- the licensee's medical history and current medical condition,
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to themselves or the public.³⁰

Licensees must have 30 days of negative drug test results before returning to practice.

8.5.4 Worksite Monitor Requirements

The worksite monitor (WSM) shall meet the following requirements:

- The WSM shall not have a financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the WSM, this requirement may be waived by the board; however, under no circumstances shall a licensee's WSM be an employee of the licensee.
- The WSM's license scope of practice shall include the same scope of practice of the licensee that is being monitored; the WSM shall be another health care professional, if no monitor with like practice is available, or, as approved by the board, be a person in a position of authority who can monitor the licensee at work.
- If the WSM is a licensed healthcare professional, he or she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

²⁹ Bus. and Prof. Code § [315](#), subd. (c)(11); DCA Uniform Standards, page 20.

³⁰ Bus. and Prof. Code § [315](#), subd. (c)(2); DCA Uniform Standards, page 6.

- The WSM shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee’s disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
- The WSM must adhere to the following required methods of monitoring the licensee: a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the IEC, at least once per week. b) Interview other staff in the work environment regarding the licensee’s behavior, if applicable. c) Review the licensee’s work attendance.³¹

9 Program: Successful Completion

9.1 Successful Completion

Participation in the Program may end when the RN has successfully completed the Program as designated by the IEC.³²

The IEC should ensure that the RN has met the following:

- Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
- Demonstrated successful completion of recovery program, if required.
- 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.
- Demonstrated safe nursing practice.
- Maintained continuous sobriety for three (3) to five (5) years.³³

10 Program: Non-Compliances and Termination

When a licensee has committed violation, the Program may impose consequences based on non-compliance type.³⁴

³¹ Bus. and Prof. Code § [315](#), subd. (c)(7); DCA Uniform Standards, page 14.

³² Cal. Code of Reg., tit 16, § [1448](#).

³³ Bus. and Prof. Code § [315](#), subd. (c)(12); DCA Uniform Standards, page 21.

³⁴ DCA Uniform Standards, page 18.

10.1 Major Non-compliances: Definition and Consequences

10.1.1 Definition

- Failure to enter or complete treatment
- Failure to complete clinical assessment
- Multiple minor violations
- Treating patients while under the influence of drugs/alcohol
- Any drug/alcohol-related act which would constitute a violation of the practice act or state/federal laws
- Failure to drug test
- Testing positive and confirmation for substance abuse
- Defrauding or attempting to defraud a drug test

10.1.2 Consequences

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

10.2 Minor Non-compliances: Definition and Consequences

10.2.1 Definition

- Cease Practice
- Practice limitations
- Required supervision
- Increased documentation (e.g. essays)
- Issuance of a warning notice
- Required re-evaluation/testing

10.2.2 Consequences

- Late submission of papers
- Unexcused group absence
- Missed check-ins
- Any other non-compliances that do not present an immediate threat to the licensee or the public

10.3 Terminations

The IEC shall notify the board within 30 days of the termination of a participant from the Program for any reason other than successful completion. The notification shall consist solely of the nurse's name and license number unless the nurse is deemed to present a threat to the

public or themselves. If the participant presents a threat to the public or their own health and safety, the program manager shall additionally provide a copy of their complete intervention program record to the BRN enforcement program.³⁵

10.3.1 Causes for Termination

The IEC may terminate a participant for the following reasons:

- Failure to comply with the rehabilitation program designated by the IEC.
- Failure to comply with any of the requirements set forth in the eligibility criteria.
- Failure to substantially benefit from the Program.
- IEC receives information by the board which, after investigation, indicates that the participant may have violated a provision of the NPA not related to a substance-related transgression.³⁶

10.3.2 Determination of Public Risk Closure

If the IEC determines that the participant presents a threat to the public, or his or her own health and safety, the IEC may recommend that the program manager deem the RN a “public risk termination.” The written closure notification will be submitted by Maximus to the PM for review and approval. It is the responsibility of the PM to make the final determination as to the type of closure.³⁷

11 Member Appointments

11.1 Recruitment

BRN continually recruits new members and evaluates existing IECs to ensure each is appropriately staffed with a diverse set of knowledge, skills, and abilities to perform the IEC’s duties and responsibilities effectively. Information is maintained on the BRN [website](#) for individuals seeking to get involved as an IEC member. IEC members are allowed to encourage qualified colleagues to consider service as an IEC member.

11.2 Conflict of Interest

The Department of Consumer Affairs’ (DCA) Conflict of Interest (COI) Regulations³⁸ require designated employees, board, and committee members to submit a Statement of Economic

³⁵ Bus. and Prof. Code § [2770.11](#).

³⁶ Cal. Code Regs., tit. 2, § [1448](#).

³⁷ Bus. and Prof. Code § [2770.11](#).

³⁸ Cal. Code Regs., tit. 2, § [3830](#).

Interests, also known as a Form 700 (see APPENDIX G: REQUIRED APPOINTMENT PAPERWORK). Form 700 provides transparency and ensures accountability in two ways:

1. It provides necessary information to the public about an official's personal financial interests to ensure that officials are making decisions in the best interest of the public and not enhancing their personal finances.
2. It serves as a reminder to the public official of potential conflicts of interest so the official can abstain from making or participating in governmental decisions that are deemed conflicts of interest.

The Form 700 must be filed:

- Within 30 days of assuming office,
- Annually by April 1, and
- Within 30 days of leaving office.

DCA utilizes [NetFile](#), an electronic filing system, for the completion and submission of the Form 700. [NetFile](#) is available 24/7 from any computer with internet access. Once online filing is completed, no further action is required.

11.3 Initial Appointment Process

1. Staff will evaluate applications and review to determine that the applicant meets the criteria as an IEC member (including that they meet the qualifications for the specific type of vacancy applied for, i.e. RN, physician, or public).
2. This review process will only occur when there is a vacancy.
3. The PM will evaluate application review packages and make recommendations to the board for appointment.
4. All recommendations are presented to the full board for review and approval of appointment.

11.4 Reappointment Process

1. Approximately 3 to 6 months before a member's term expiration, BRN staff will inquire if that member is interested in reappointment to the IEC, if eligible for reappointment.
2. The PM will evaluate the reappointment package and make recommendations to the Board for consideration of reappointment.

11.5 Separation Process

Once a member position becomes vacant, BRN staff will notify all parties (IEC Chair, Program Contractor, DCA Human Resources, and Conflict of Interest Officer).

12 Required Forms

12.1 Due Upon Initial Appointment@

12.1.1 Required Forms

Upon appointment, IEC members will receive a package of materials, including forms that must be completed and returned to the BRN prior to participating in committee business. These are listed below and can be found in APPENDIX G: REQUIRED APPOINTMENT PAPERWORK.

1. [Employment Eligibility Verification \(Form I-9\)](#). * Include copies of supporting documents
2. [Employee Action Request \(Std. 686\)](#)
3. [Payee Data Record \(Std. 204\)](#)
4. [Designation of Person\(s\) Authorized to Receive Warrants \(Std. 243\)](#) (original required)
5. [Non-Discrimination Policy and Complaint Procedures](#) (Acknowledgement on [Attachment A](#) of policy) **
6. [Sexual Harassment Prevention Policy](#) (Acknowledgement on [Attachment A](#) of policy) **
7. [Workplace Violence Prevention Policy](#) (Acknowledgement on Page 14 of policy) **
8. [Incompatible Work Activity Policy Acknowledgement](#) (Acknowledgement on last page of policy) **
9. [DCA Emergency Information \(HR-40\)](#)
10. [Notice of Exclusion from CalPERS Membership \(PERS-EAMD-139\)](#) *
11. [Form 700 - Statement](#). Due within 30 days of assuming office
12. [Direct Deposit Enrollment Authorization \(Std. 699\)](#) (Optional)
13. [State Employee Race/Ethnicity Questionnaire \(CalHR 1070\)](#)
14. [CalHR Disability Survey](#) * (Complete online)
15. [Authorization to Use Privately Owned Vehicles on State Business \(Std. 261\)](#)
(Due prior to travelling for committee business)

* Not required if already employed with any state agency

** Not required if already employed with DCA

12.2 Annual/Biannual Forms

12.2.1 Annual/Biannual Forms

- [Form 700 - Annual Statement](#). Due every year by April 1.
- Information Security Policy. Due every two years.
- Sexual Harassment Prevention Policy. Due every two years.
- Non-discrimination Policy and Complaint Procedures.
Due every two years.

12.3 Due Upon Separation from Office

12.3.1 Documents

- Written letter of resignation (for resignations only)
Please provide in writing to BRN staff prior to separation. Please include effective date of resignation.
- [Form 700 - Leaving Office Statement](#). *Due within 30 days of separation.*

13 Travel and Expenses

Each IEC member shall receive per diem and expenses as provided in Business and Professions Code Section [103](#).³⁹

Further information related to travel arrangements and expense reimbursements are located in the DCA Travel Guide (**APPENDIX K**).

13.1 Committee Member Travel

All travel arrangements for official State business (air, car rental, and lodging) must be made through Concur CalTravelStore – the authorized travel agency for the State of California.

More information regarding CalTravelStore can be found at: <http://www.caltravelstore.com>.

The BRN travel liaison will assist setting up a committee member's Concur account using their personal email address and a temporary password. All subsequent travel arrangements and account management of Concur is the responsibility of the IEC member.

IEC members must use the most economic source of lodging and transportation available. To ensure full reimbursement of travel costs, requests for using a less economical mode of lodging and transportation should be submitted to the BRN staff **at least 15 days prior to travel**.

Approximately four weeks before a committee meeting, members will be notified of the upcoming meeting location (or platform for remote participation).

³⁹ Bus. and Prof. § [2770.3](#).

13.2 Travel Expense Reimbursement

As soon as possible following the IEC meeting, members must complete a travel expense claim form (**APPENDIX M**) and return it to the BRN travel liaison along with any required receipts to allow staff to process your travel expense reimbursement.

- Please make sure to complete the time section of the travel expense claim. Entitlement to reimbursement for breakfast, lunch, dinner, and incidental payments is based on the time the traveler's trip begins and ends.
- To complete a travel expense claim, the IEC member must submit the original copy of all receipts, with the exception of meals. This includes a copy of the airline itinerary and hotel receipt. The hotel receipt submitted must have a zero balance. DCA will NOT pay any receipts that show a balance due.
- When requesting reimbursement for personal vehicle mileage, the IEC member must include where the trip originated from, where it ended, and the vehicle license plate number. For example, enter From: Home, 123 Main Street, Sacramento, CA 95814 To: BRN Office, 1747 N. Market Blvd, Suite 150, Sacramento, CA 95834, Plate Number: 123X456
- Committee members shall have BRN pre-approval for all travel and per diem reimbursement.

13.3 Per Diem Compensation

Members must complete the BRN Per Diem Form (**APPENDIX N**) and return it to the BRN travel liaison no later than the end of the month.

13.4 Board Enforcement Intervention Committee (EIC)

13.4.1 Purpose.

Advises the Board on matters related to laws and regulations pertaining to the Enforcement and Intervention Units, establishing new IECs, and appointing individuals as IEC members.

13.4.2 Members

The EIC is comprised of four (4) members of the Board. Current members can be found listed at <https://www.rn.ca.gov/consumers/committees.shtml#eic>.

13.4.3 Meeting Frequency

The Board EIC generally meets every quarter.

This page
intentionally
left blank

14 List of Appendices

- A. Staff Liaisons – Board of Registered Nursing, Intervention Unit
- B. Staff Liaisons – Maximus CA Recovery Program for Health Professionals
- C. California Statutes – Intervention Program
- D. California Regulations – Intervention Program Guidelines
- E. Department of Consumer Affairs Uniform Standards Regarding Substance-Abusing Healing Arts Licensees
- F. DCA Guide to the Bagley-Keene Open Meeting Act
- G. Required Appointment Paperwork
 - 1. Employment Eligibility Verification (I-9)
 - 2. Employee Action Request Form (STD. 286)
 - 3. Payee Data Form (STD. 204)
 - 4. Designation of Person(s) Authorized to Receive Warrants (STD. 243)
 - 5. Non-Discrimination Policy
 - 6. Sexual Harassment Prevention Policy
 - 7. Workplace Violence Prevention Policy
 - 8. Incompatible Work Activities
 - 9. Emergency Information (HR-40)
 - 10. Notice of Exclusion from CalPERS Membership
- H. Conflict of Interest Information (Form 700)
 - 1. Conflict of Interest Overview
 - 2. Form 700 Reference Pamphlet
 - 3. Form 700 Statement of Economic Interest Requirements
- I. Maximus Participant Handbook
- J. Maximus Case Management Guide
- K. DCA Travel Guide
- L. DCA Pocket Travel Guide
- M. Travel Expense Form
- N. BRN Per Diem Form
- O. Acronyms and Abbreviations

MOST CURRENT APPENDICES AVAILABLE UPON REQUEST

at brn-intervention@dca.ca.gov

California Code of Regulations

Title 16 (Professional and Vocational Regulations), Division 14 (Nursing) Article 4.1 Intervention Program Guidelines

Section	
1446.	Definitions.
1447.	Criteria for Admission.
1447.1.	Procedure for Review of Applicants.
1447.2.	Causes for Denial of Admission.
1448.	Causes for Termination from the Program.
1448.1.	Notification of Termination.
1449.	Confidentiality of Records.

§ 1446. Definitions.

As used in this article:

- (a) “Program” means the alcohol and drug abuse and mental illness intervention program for registered nurses authorized pursuant to Article 3.1 (commencing with Section 2770) of Chapter 6 of Division 2 of the Business and Professions Code.
- (b) “Committee” means intervention evaluation committee consisting of the following members: Three registered nurses, one physician and one public member all of whom have expertise in the area of chemical dependency.
- (c) “Board” means Board of Registered Nursing.

§ 1447. Criteria for Admission.

An applicant shall meet the following criteria for admission to the program:

- (a) Is a registered nurse licensed in this state.
- (b) Resides in California.
- (c) Is mentally ill or abuses alcohol and/or drugs in a manner which may affect the applicant’s ability to safely perform the duties of a registered nurse.
- (d) Voluntarily requests admission to the program.
- (e) Agrees to undergo reasonable medical and/or psychiatric examinations necessary for evaluation for participation in the program.
- (f) Cooperates by providing such medical information, disclosure authorizations and releases of liability as may be requested by the committee.
- (g) Agrees in writing to comply with all elements of the intervention program.
- (h) Has not had her/his license previously disciplined by the Board for substance abuse or mental illness.
- (i) Has not been terminated from this or any other intervention program for non-compliance.

§ 1447.1. Procedure for Review of Applicants.

The following procedures shall be used to review applicants for admission to the program:

- (a) The program director and a nurse or physician consultant shall interview each applicant. They shall recommend such medical and/or psychiatric examinations as may be necessary to

California Code of Regulations

Title 16 (Professional and Vocational Regulations), Division 14 (Nursing)

Article 4.1 Intervention Program Guidelines

determine the applicant's eligibility for the program and shall request such other information, authorizations and releases as may be necessary for participation in the program. The IEC shall advise the applicant that the applicant is responsible for costs incurred for the examinations and rehabilitation aspects of the program.

(b) The program director and the nurse or physician consultant shall each make a recommendation to the committee as to whether the applicant should be admitted to the program.

(c) The committee shall review each application and make its decision on admission of the applicant based upon its evaluation and the recommendations from the program director and the nurse or physician consultant.

(d) The committee's decision on admission of an applicant shall be final.

§ 1447.2. Causes for Denial of Admission.

The committee may deny an applicant admission to the program for any of the following reasons:

(a) The applicant does not meet the requirements set forth in Section 1447.

(b) Information is received by the board which, after investigation, indicates that the applicant may have violated a provision of the laws governing the practice of nursing, Chapter 6 (commencing with Section 2700) of Division 2 of the Code, excluding Section 2762.

(c) The applicant is diverting controlled substances for sale.

(d) The committee determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety or welfare.

§ 1448. Causes for Termination from the Program.

The committee may terminate a nurse's participation in the program for any of the following reasons:

(a) Successful completion of the program designated by the committee.

(b) Failure to comply with the rehabilitation program designated by the committee.

(c) Failure to comply with any of the requirements set forth in Section 1447.

(d) Failure to substantially benefit from participation in the program.

(e) Receipt of information by the board which, after investigation, indicates the participant may have violated a provision of the laws governing the practice of nursing, Chapter 6 (commencing with Section 2700) of Division 2 of the Code, excluding Section 2762.

§ 1448.1. Notification of Termination.

Whenever a nurse's participation is terminated for any reasons other than successful completion of the program, the committee shall, within thirty days, report such fact to the board in writing. The committee's written notification to the board shall consist solely of the participant's name and license number.

California Code of Regulations

Title 16 (Professional and Vocational Regulations), Division 14 (Nursing)

Article 4.1 Intervention Program Guidelines

§ [1449](#). Confidentiality of Records.

(a) All board, committee and program records relating to application to and participation in the program shall be kept confidential pursuant to Section 2770.12 of the Code. Such records shall be purged when a nurse's participation in the program is terminated.

(b) Information or records received by the board prior to the acceptance of the applicant into the program or which do not relate to application for the program may be utilized by the board in any disciplinary or criminal proceedings instituted against the participant.

BOARD OF REGISTERED NURSING
Intervention Evaluation Committee
Agenda Item Summary

AGENDA ITEM: 8.0
DATE: September 17, 2025

ACTION REQUESTED: **Discussion and possible action:** Approve proposed 2026 meeting schedule

REQUESTED BY: Jaspreet Pabla, Intervention Program Manager

BACKGROUND:

Each Intervention Evaluation Committee (IEC) meeting must have a quorum to comply with requirements of the [Bagley-Keene Open Meeting Act](#) and to review registered nurses in the Intervention Program (Program).

Historically, IEC meetings have been held quarterly. To better meet Program needs, staff propose increasing number of meetings to six in 2026. The proposed schedule considers upcoming Board and Committee meetings as well as state holidays.

Staff request that the IEC review and adopt the proposed 2026 IEC 10 meeting schedule.

Meeting Date	Location
Tue 02/24/26	Dental Board, Orange
Tue 04/21/26	Dental Board, Orange
Tue 06/23/26	Dental Board, Orange
Tue 08/25/26	Dental Board, Orange
Tue 10/27/26	Dental Board, Orange
Tue 12/15/26	Dental Board, Orange

NEXT STEPS: Staff to manage meeting logistics and member travel.

PERSON TO CONTACT: Jaspreet Pabla
Intervention Program Manager
brn-intervention@dca.ca.gov