

**CALIFORNIA BOARD OF REGISTERED NURSING**

**SUNSET REVIEW REPORT:  
ADDENDUM**

**2010**

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**Submitted to the Senate Committee on Business, Professions and  
Economic Development and the Assembly Committee  
on Business, Professions and Consumer Protection**



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## EXECUTIVE SUMMARY

The mission of the Board of Registered Nursing (BRN) is to protect the health and safety of consumers by promoting quality registered nursing care in the State of California. In completing the 2010 Sunset Report submitted on October 1, 2010, and considering this mission, the BRN realized a need to scrutinize the current staffing levels. Over the past decade, the BRN has faced many impediments to obtaining adequate staffing levels to provide the most effective public protection and consumer services, and has found a significant lack in staffing to complete many tasks. This review allowed the BRN to determine the areas that are in most need of additional staffing to ensure the BRN has the resources to accomplish its mission of public protection as effectively as possible.

The BRN has had a significant increase in workload over the past decade as more nurses have been educated and licensed, more prelicensure nursing programs have opened, and enforcement and diversion enhancements have been implemented. This Sunset Report Addendum focuses on workload and staffing resources in seven critical program areas at the BRN. The numbers of staff discussed in the different program areas throughout this report do not include all staffing in that program, just the areas or staffing levels with the most critical needs.

The following table identifies the program areas and summarizes the BRN's staffing requests. Details regarding the staffing needs are presented throughout this report.

<b>Program Area</b>	<b>Current number of staff* (all classifications)</b>	<b>Projected number of staff needed (all classifications)</b>	<b>Number of staff requested (all classifications)</b>
Administration/Support Services	17	25.5	<b>8.5</b>
Continuing Education	1	4	<b>3</b>
Nursing Education and Consultation	8	12	<b>4</b>
Legislation/Regulations	0	1	<b>1</b>
Licensing Program	6	7	<b>1</b>
Enforcement Division	31.5	58	<b>26.5</b>
Diversion Program	6	9	<b>3</b>

\* "Current number of staff" includes only those performing duties in the targeted areas with the most critical need as discussed throughout this report, it does not account for all staff in these program areas.

It is essential that the request for additional staff needed for the BRN programs and the ability to hire these staff be addressed so the BRN can effectively provide required program oversight and meet its primary role and legislative mandate to protect California consumers.

## INTRODUCTION

The mission of the Board of Registered Nursing (BRN), and the reason for its existence as stated in its 2006 Strategic Plan, is “to protect the health and safety of consumers by promoting quality registered nursing care in the State of California.” The Strategic Plan goes on to outline four goals and related objectives. Although the Strategic Plan was completed in 2006, the mission, goals, and objectives are still applicable today in 2010. The BRN Strategic Plan is included in Attachment 1 and is referenced throughout this report.

Over the past decade, multiple hiring freezes, denial at different departmental levels for staff positions requested in Budget Change Proposals (BCPs), mandatory staff reductions, and furloughs have all impeded BRN efforts in obtaining adequate staffing to provide the most effective public protection and consumer services. Even though the BRN is a special fund agency that does not receive any monies from the general fund, it is currently under a Governor’s Directive for a hiring freeze that began on August 31, 2010, as well as a 5% staff reduction directive from the Department of Finance on October 26, 2010. Prior to this staff reduction, on March 1, 2010, the Governor directed a 5% workforce reduction. At that time, the BRN was able to achieve the reduction due to vacancies; however, to meet the most current 5% staff reduction directive, the BRN had to reduce and re-classify some of the 37 previously approved positions through the Consumer Protection Enforcement Initiative (CPEI) BCP. The BRN had not been able to hire for the positions. The decision to use the enforcement positions was very difficult; however, the alternative would have been to layoff existing staff or not fill currently vacant critical positions.

Mandatory two or three day furloughs per month from February 2009 through October 2010 impacted the productivity of existing BRN staff. A total of approximately 49,859 BRN staff hours, an equivalent of 27.5 positions, were lost due to the furloughs during this time period. As of November 1, 2010, BRN staff are still mandated to take one personal leave day per month through October 21, 2011 and are required to use them by June 2013.

In 2005, Governor Arnold Schwarzenegger implemented the California Nurse Education Initiative to increase the number of registered nurses (RNs) in California. The initiative was successful in more than doubling the number of RN graduates from California’s prelicensure nursing programs since 2000/01. While this was critical to assist in relieving California’s nursing shortage, it has also resulted in an increased workload at the BRN to license, monitor, and manage additional applicants, licensees, and prelicensure nursing programs. Recently, there has been national emphasis on expanding RN and Advanced Practice Registered Nurse (APRN) roles in health care which requires additional oversight and collaboration with other agencies to collect and share information and impacts RN legislation and regulation in California.

In completing the 2010 Sunset Review Report submitted on October 1, 2010, and reviewing the goals and objectives of its Strategic Plan, the BRN has realized a need to closely review the staffing resources currently available and determine the areas that are in need of additional staffing to ensure the BRN has the resources to accomplish its mission of public protection as effectively as possible. This Sunset Report Addendum focuses on workload and staffing resources in seven critical program areas at the BRN: Administration/Support Services; Continuing Education; Nursing Education and Consultation; Legislation/Regulations; Licensing; Enforcement; and Diversion. BRN staffing recommendations are included. Attachment 2 provides a table which summarizes the current staffing level and positions needed by these program areas.

## **ADMINISTRATION/SUPPORT SERVICES**

Administration/support services are essential components of the BRN's infrastructure and are necessary for effective and efficient implementation of all BRN programs and services. Adequate staffing is crucial to enable the BRN to fulfill its mandate and mission of public protection and consumer services and directly relates to Objectives A1 and A2 of the Strategic Plan.

Administration/support services include the Mailroom, and the Public Information Unit, which are generally the first points of public contact with the BRN, Cashiering, and Computer/Technology Support. Over the course of the last several years, the workload in each of these areas has increased and is projected to increase even further as a result of Enforcement Division enhancements, licensing requirements, addition of approved nursing programs, and public demand for services. The BRN submitted BCPs to augment staff in these areas; each was denied by the Consumer Services Agency. Following is a brief description of each area and justification for increased staffing.

### **Mailroom**

The BRN mailroom processed 168,237 pieces of mail in fiscal year 2008/09 and 196,623 pieces in fiscal year 2009/10, a 17% increase. The majority of mail is time sensitive. Fifty-five percent (55%) of the mail received included a check, money order, or cash. The State Administrative Manual (SAM) requires that checks and money orders be endorsed for deposit no later than the end of the working day, and specifies additional requirements for processing cash (Chapters 8000, 8021, 8023). At least 90% of the remaining 88,778 pieces of mail were addressed to the BRN's Licensing and Enforcement Programs and were date sensitive. Many of these pieces of mail are legal documents, e.g., proposed and default decisions, public records requests, etc., that require immediate attention from BRN staff. Delays in the mail distribution has a direct impact not only on the timely processing of monies but also on the issuing of RN licenses in a timely manner, and processing of consumer complaints, which require investigation.

There are currently four full-time office assistants (OAs) in the mailroom. At times, the delivery of the mail can be up to one week behind schedule. A continued 17% annual increase could result in up to ten days of backlog. Not only will the BRN be out of compliance with SAM requirements, it is unacceptable to have date sensitive mail delivered to the proper staff after a deadline date. The BRN submitted a BCP for fiscal year 2011/12 which included one position to be added to the mailroom. The BCP request was denied.

**BRN Recommendation: BRN be approved for one additional OA to be added to the mailroom to ensure the timely processing of mail and compliance with the SAM requirements.**

### **Cashiering**

The Cashiering Unit depends on the mailroom for its workflow. Cashiering staff duties include processing all payments for applications, cost recovery, citation and fine receivables, dishonored checks, verification requests, duplicate license requests, fingerprint cards, and refunds. BRN Cashiering Unit staff must also process documents received without proper payment and any non-routine renewal requests that would ordinarily be handled by Department of Consumer Affairs (DCA's) Central Cashiering Unit (CCU). In fiscal year 2009/10, the BRN received almost 108,000 pieces of mail with checks, money orders, or cash, which accounted for 55% of incoming mail.

In order to comply with the SAM requirements (Chapter 8000, Section 8032.1) which state that accumulated receipts of any amount must be deposited within 10 working days, staff frequently work overtime to meet this deadline, especially during peak graduation season. In fiscal year 2008/09, the BRN required the assistance of DCA's CCU to process renewal checks due to the extensive backlog of 5,000 renewals received that had to be processed manually. The BRN must use two computer systems to cashier and track applicants and licensees' incoming mail with monies and must comply with SAM requirements (Chapters 8000 and 8080) regarding separation of duties within these two systems which requires that one staff person process the monies and another staff person update the record.

Currently, there are three full-time office technicians (OTs) in the BRN Cashiering Unit who process these checks for an average of over 656 checks per person per week in addition to their other duties. In order to comply with SAM requirements, cashiers cannot let checks accumulate in the safe. The longer it takes in cashiering, the longer it will take to issue licenses to RNs. The BRN submitted a BCP for fiscal year 2011/12 which included one position to be added to the Cashiering Unit. The BCP request was denied.

**BRN Recommendation: BRN be approved for one additional OT to be added to the Cashiering Unit in order to ensure the timely processing of monies and compliance with the SAM requirements.**

### **Public Information Unit**

**BRN Call Center:** The BRN received an average of 38,362 calls per month in fiscal year 2009/10, an increase of 9,016 calls per month from fiscal year 2008/09. Of the calls received in 2009/10, only an average of 9,987 (26%) were answered. 15,868 (41%) were terminated with a polite disconnect informing the caller that the call could not be answered due to the high volume and to please try again later. 12,506 (33%) were abandoned, i.e., the caller disconnected. DCA has begun receiving complaints from persons unable to reach the BRN by phone. This is clearly unacceptable customer service and is inconsistent with the BRN's goal to maximize consumer service (Goal A, Objectives A1 and A2, BRN Strategic Plan).

The BRN attributes the increased call volume, in large part, to the implementation of the fingerprint requirement for all licensees and the addition of 11 positions in 2009/10 to address the workload increases (DCA Fingerprinting BCP #1110-30). Based on this, the BRN anticipates a significant increase in call volume due to the addition of 28 staff over the next two years to augment the Enforcement Division (CPEI-BCP #1110-1A); thus further exacerbating the problem.

The BRN estimates that an additional four staff answering an average of 18 calls per hour could answer an additional 12,672 calls per month. As a result, 80% of the 15,868 which received a polite disconnect would be answered and handled by BRN staff. The BRN's 2011/12 BCP request for the four additional staff was denied.

**BRN Recommendation: BRN be approved for four additional technician level staff to be added to the Public Information Unit – Call Center in order to be more responsive to the public and provide better customer service by answering and responding to more telephone calls.**

**BRN E-mail Correspondence:** The BRN has seen a significant increase in the number of e-mail correspondence over the past four years. On the BRN Web site, the public is provided direct e-mail addresses for questions or assistance in different program areas which include: Licensing and Examination; Licensee Services and General Information; Enforcement; Nursing Education; and Technical Problems. Currently, staff in each unit respond to e-mail correspondence. With the exception of the Enforcement and Nursing Education areas, the BRN is planning to assign this function to the Public Information Unit; trained staff members will then respond to the e-mail correspondence along with the telephone calls. Having dedicated staff to answer e-mails will allow for more consistent responses and tracking of responses. If an e-mail requires research or consultation from another staff person or unit, the dedicated e-mail staff would be responsible for follow-up and ensuring a prompt and accurate response, thereby, better serving the public.

The e-mails received in the areas other than Enforcement and Nursing Education showed a 49% increase in e-mail correspondence from fiscal year 2007/08 to fiscal year 2009/10. In just the first four months of the current fiscal year 2010/11, the BRN has received more than half (62%) the number that was completed in the previous entire fiscal year. The chart below outlines this data:

<b>E-mails</b>	<b>FY 2007/08</b>	<b>FY 2008/09</b>	<b>FY 2009/10</b>	<b>Jul-Oct 2010/11</b>
<b>Number</b>	14,993	19,704	22,329	13,838
<b>% Increase</b>	N/A	+31%	+49%	N/A

Some e-mails can be answered very quickly, while others can take much longer to research. Taking this into consideration, the BRN estimates an average of four minutes to respond to an e-mail.

<b>Fiscal Year</b>	<b>Average number of e-mails per month</b>	<b>Estimated time to answer per e-mail</b>	<b>Total hours</b>	<b>Total positions needed*</b>
2009/2010	1,860	4 minutes	1,488	<b>0.84</b>
2010/2011	3,459	4 minutes	2,767	<b>1.56</b>

\*Recommended positions needed are based on 1,776 hours for one full-time staff person for a year.

**BRN Recommendation:** BRN be approved for 1.5 additional technical level staff to be added to the Public Information Unit in order to be more responsive to the public's e-mail correspondence by answering in a timely, consistent, and accurate manner.

### **Computer/Technology Support**

The addition of 28 staff as a result of the CPEI BCP will impact the existing IT analyst workload, especially with the increase in the additional computers, laptops, BlackBerrys, printers, and technology to support the internal IT infrastructure. Currently, two IT staff provide technical support and maintain equipment for the BRN's nine Board members and 111 staff members, including five in southern California. Staff continue to work with DCA on the BreEZE automation system planning. When implemented the system will be a department-wide integrated licensing and enforcement system. As the implementation continues over the next few years, BRN staff time is continued to be needed to consult as an end-user and assist in trouble-shooting and refinement.

The IT analysts are also responsible for maintaining and updating information on the BRN Web site. To better serve the public, the BRN has steadily increased the services and information that is



available on its Web site, [www.rn.ca.gov](http://www.rn.ca.gov). Staff organize and update the Web site daily to ensure that the most current information is available. In order to maintain this level of service, a dedicated staff person is needed. The BRN is also aware of the current force to begin social networking (i.e., real time online communication) and an additional staff person would enable the BRN to begin investigating how it could best meet the public's need in this area. This would not replace the BRN's interactive, updated Web site, but would be an enhancement. This relates to the BRN Strategic Plain, Objective A4.

**BRN Recommendation: BRN be approved for one additional IT staff position to be added for computer/technology support due to the increase in BRN staffing, consulting on the BreEZE project planning and implementation, maintenance of the BRN Web site, and the investigation of real-time online communication.**

## CONTINUING EDUCATION

Upon license renewal, RNs are required to verify on the renewal application that they have completed the required 30 hours of Board-approved continuing education (CCR Sections 1450-1459). They verify this by signing a statement under penalty of perjury, indicating compliance and agreeing to supply supporting documents on request. The BRN performs audits of the RN renewal applications by requesting randomly selected RNs to provide certificates or grade slips of their continuing education (CE) during the preceding renewal period. Requiring RNs to complete CE on an ongoing basis is directly related to Objective C3 in the BRN Strategic Plan.

As discussed in the 2010 Sunset Report, the number of audits of RNs for compliance with statutory and regulatory requirements has significantly declined since 2002 due to lack of staffing for this area. Currently, there is one OT who handles the CE responsibilities. Prior to 2002, there was another OT dedicated to completing the random RN renewal CE audits. In 2002, this position was transferred to the Public Information Unit – Call Center due to the high volume of calls being received. Due to understaffing in various areas, the BRN has been forced to make such decisions as to which areas are higher priority in terms of public protection and consumer service. Doing so often leaves other critical tasks such as this undone.

The one OT that is currently in the CE unit works to review and approve/deny new Continuing Education Provider (CEP) applications, assists the call center in the Public Information Unit when necessary, and responds to the daily incoming Renewals e-mail from the BRN's Web site. As stated above, the e-mail responsibility will be removed from this desk and added to the Public Information Unit. The OT will then be able to resume the task of auditing already approved CEPs. Additionally, there is a Nursing Education Consultant (NEC) liaison for the CE Unit who reviews CEP applications and handles CEP complaints from the public.

To determine the staffing needed to complete random audits of RN renewals for CE compliance, the number of RN renewals received annually and the amount of time it takes for staff to complete an audit were reviewed. The BRN renews half of the licensee population per year on a two year cycle. The current annual renewal population is approximately 181,073 RNs. The average length of time to process an audit that is in compliance with the requirements is 35 minutes. The average length of time to process an audit that is not in compliance and thus requires follow-up is estimated at an additional 20 minutes. In determining what percentage of the total annual licensee population should be audited, the BRN considered a realistic number of staff and obtained input from our DCA's legal office which indicated 3% to 5% is generally the standard. The following table

indicates the amount of time and staff that would be necessary to audit various percentages of the RN renewing population each year:

<b>% of Annual Licensee Population to audit (35 min per audit)</b>	<b># of Annual Licensee Renewal Population</b>	<b>2% Non-Compliance with Audit (add'tl 20 min per audit)</b>	<b>Total Hours to process audits</b>	<b>Total Positions Needed</b>
100%	181,073	3,621	106,833	<b>60.2</b>
50%	90,536	1,810	53,416	<b>30.1</b>
25%	45,268	905	26,708	<b>15.0</b>
10%	18,107	362	10,683	<b>6.0</b>
5%	9,054	181	5,342	<b>3.0</b>
3%	5,432	109	3,205	<b>1.8</b>

**BRN Recommendation:** The BRN recommends that three additional OT positions be added to the CE unit to consistently randomly audit at least 5% of the annual licensee renewal population for compliance with continuing education requirements.

#### **NURSING EDUCATION AND CONSULATATION**

NECs play multi-faceted roles and must be knowledgeable in the regulation of RN nursing practice in an electronic environment. They work as Board Committee liaisons, often are invited to present and represent the BRN at various health care related activities, respond to public inquiries, conduct research, and consult with Board members and BRN staff in all program areas. Currently, four NECs spend a combined time of approximately 35 to 40 hours per week on enforcement related activities. Two NECs assist the Licensing Unit in reviewing international and Advanced Practice Registered Nursing (APRN) applications. One NEC assists the CE Unit. Business and Professions (B&P) Code Sections 2786 and 2788 require approval of prelicensure nursing programs and continued inspection of approved programs. Nursing Education Consultants (NECs) at the BRN inspect and monitor the increasing number of approved nursing programs. They work with the many proposed new schools that wish to begin a prelicensure nursing program. These schools must submit letters of intent, feasibility studies and self studies as part of the approval process. Often times schools are unaware of the mandated regulatory requirements, thus a considerable amount of time is dedicated to explaining the regulatory process.

Over the last decade, there has been an emphasis on educating more RNs to address the acute nursing shortage. Concurrently, technological advancements and requirements continue to be made in health care (e.g., Medicare requirement for electronic medical records). As a result, the number of programs has increased dramatically, nursing curricula have become more complex, and innovative teaching strategies have developed. Changes in health care management are requiring nurses to become more technically competent in their clinical practice. This, combined with teaching net-generation students, has challenged faculty to incorporate technology into the nursing education curriculum as their budgets and technical skills allow. Thus, the NECs need to be current with technological changes. NECs have been challenged more than ever to assist nursing programs to comply with regulatory requirements utilizing new educational methods. Curriculum reviews today require a considerable amount of time, as creative ideas have emerged that may or may not comply with regulatory requirements.

NECs respond daily to e-mails, phone calls, and consumers that have direct access to the NEC. Because of the diversity of the inquiries, the NEC must have sound knowledge in a variety of areas and requires that the NEC be prepared as a generalist. The NECs often serve as a critical point of contact to the public as they assist with inquiries related to nursing regulation. Many of their duties relate to Objectives C1, C2, C3, C4, D2 and D6 in the BRN Strategic Plan.

Following are additional major activities in which the NECs engage in order to serve consumers who are the recipients of care provided by the graduates of nursing programs.

- **Initial and Continuing Nursing Program Approvals:** NECs review and monitor nursing programs to ensure they are in compliance with the statutory and regulatory requirements necessary to meet the BRN's mission of public protection. The approval process is necessary to ensure nursing programs are adequately preparing nurses to provide competent and safe care that will not cause patient harm. BRN regulations, although similar in some aspects, are not the same as the standards used by national accrediting bodies of nursing education, such as the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accreditation Commission (NLNAC). The BRN's specific regulations emphasize consumer protection, which cannot be ensured by the national accreditation standards alone.

As of June 30, 2010, the BRN has 148 approved prelicensure nursing programs, 22 Nurse Practitioner Programs, and four Nurse-Midwifery programs. Since 2006, the BRN has approved 28 new prelicensure nursing programs. Many existing programs have increased their number of campuses and student enrollments, which results in additional need for faculty, clinical facilities, and other resources at the schools which must be reviewed and approved by the NEC.

In addition to the increase in newly approved prelicensure nursing programs, the BRN has received an increased number of letters of intent, feasibility studies, and self-studies for initial program approvals. In the past four years, the BRN has received 85 Letters of Intent from schools interested in starting an RN prelicensure nursing program and accepted 35 feasibility studies. A majority of the letters of intent and the feasibility study reports received were submitted by private, postsecondary, for-profit schools, in which the RN program might be the first academic degree program that the school would be offering. The review process for initial approval takes a considerable amount of time and effort from the assigned NECs. This is true especially for the schools with no prior experience with RN education as these schools lack the experience and knowledge of institutions of higher education such as community colleges or universities. The BRN is in the process of seeking an author for a Legislative Bill to obtain authority for the BRN to assess fees for NEC services from schools seeking prelicensure RN program approvals.

Oversight during the initial phase of starting a prelicensure nursing program requires many hours of the NEC's time answering questions about the nursing curriculum and faculty before the program receives the Board's approval. This initial approval process may take from less than one year to two or, in some cases, more than two years from the initial letter of intent to the final Board approval. During this time, before any students are admitted to the nursing program, the NECs are working alongside the school assisting and ensuring that the new program meets the Board rules and regulations. It is imperative that there is an

adequate number of NECs to permit working closely with each school to ensure that quality education is being provided for future RN's to ensure they are equipped to provide safe, quality health care.

- **Monitoring and Assisting with Nursing Programs:** The number of approved nursing programs is expected to continue to grow, thus increasing the number of programs assigned to each NEC. The NEC's play a major role in responding to consumer needs. For example, when there is a consumer complaint against a prelicensure nursing program, it is the assigned NEC who investigates the complaint and responds to the consumer. The turnover of nursing program directors has increased due to resignations and retirements. Many replacement directors are coming from outside of California and are not familiar with the rules and regulations. This increases the demand on the NEC's time and workload.
- **Out-of-State Nursing Programs:** With improved technology, more schools are offering on-line nursing programs. Most of these programs are post-licensure and are unrelated to the Board's rules and regulations. However, in a few instances, it has been unclear whether the school is offering a prelicensure or post-licensure program. This jeopardizes students who sign up for such a program as well as places consumers at risk because there may not be appropriate supervision of students practicing nursing as part of their clinical experience in an online, out-of-state program. NECs answer consumer questions and educate the public about these programs.
- **Advanced Practice Registered Nursing (APRN) Program Approvals:** APRN Program approvals are voluntary. The BRN encourages APRN programs to obtain the CCNE accreditation and apply for the BRN's approval. Having BRN's approval facilitates the graduate's certification process and allows Nurse Practitioners (NPs) to obtain California certification without having to first obtain national certification. The BRN conducts approval visits to APRN Programs every eight years. NECs are assigned to APRN Programs similar to prelicensure programs. It is expected that with the National Health Care Reform Act, the need for APRNs, particularly NPs, will increase. The BRN anticipates increases in APRN programs and thus approval visits. Some of the existing NP programs have already started adding new tracks or are offering the program at extended campus sites.

In order to prevent additional workload on already overloaded NECs, and to ensure the work is completed, the BRN has been able to hire retired annuitants. These experienced retirees have supported the current NECs by performing many of the NEC duties as outlined above as well as completing special projects. Without the use of the NEC retired annuitants, the BRN NECs would be unable to perform all of the required duties. For example, one retired annuitant spends most of her time completing feasibility study reviews, communicating with the proposed new programs, and assists with school approval visits. Another retired annuitant has primary responsibility for the BRN's regulatory activities, provides consultation to the Enforcement and Diversion Programs, and reviews employment requests for probationers. An NEC will also be required to assist with Legislation/Regulations as discussed in the next section.

Currently, there are eight permanent, full-time NECs that have nursing program assignments. Each NEC has approximately 18 or 19 already approved prelicensure nursing programs assigned to them (148/8) and three or four APRN programs (26/8). This workload continues to rise as the number of approved nursing programs continues to grow. In the past, NECs generally had approximately 15

prelicensure programs and two or three APRN programs each. The BRN estimates this to be a more reasonable number considering all of the other duties required of the NECs. To continue to implement the BRN rules and regulations with public safety as the primary goal, additional NECs are needed to review feasibility studies and other reports, communicate with potential new programs and perform other BRN activities that require RN expertise.

**BRN Recommendation: BRN be approved for four additional NEC positions who will assume prelicensure and APRN program assignments, work with new programs, respond to public inquiries, and work with the Licensing Unit, Enforcement Division, Probation Unit, Continuing Education Unit, and Legislation/Regulations as well as consult with BRN staff when needed.**

## **LEGISLATION/REGULATIONS**

The number and complexity of legislative bills introduced and signed into law that relate to nursing and health care that impact the BRN has continued to increase over recent years. It is essential that BRN staff attend Legislative Committee hearings; correspond and attend meetings with nursing organizations, legislative sponsors, and legislative staff to articulate and clarify issues that impact registered nursing and the BRN's public protection mandate; create and send correspondence to senators, assemblypersons, and the Governor regarding the Board's position on bills; and respond to public inquiries concerning the bills.

The BRN's active participation, monitoring, and input are critical in assisting with meeting California's nursing and health care-related needs. These functions are directly related to Objectives C2, C6, D1, and D3 in the BRN Strategic Plan. Currently, legislation is monitored by the BRN's Executive Officer who has been performing this task since she began at the BRN as an NEC. These legislative related activities take approximately 20 hours per week of staff time. Legislation related to BRN activities often requires the promulgation of regulations by the BRN. This is a critical and labor intensive process which requires the BRN to follow a structured process in which it is necessary to have trained staff. Currently, regulations are done by a retired annuitant NEC. The NEC spends approximately eight hours per week on regulation-related activities. The BRN is in need of more permanent staffing to complete legislative and regulation activities.

On a national level, the National Health Care Reform Act and the recent report from the Institute of Medicine (IOM) with the Robert Wood Johnson Foundation are emphasizing the expansion of RN's and APRN's roles in the health care delivery system. These are national movements which will require BRN input into future Legislation and regulation in California. This further emphasizes the need for analytical as well as NEC BRN staffing dedicated to this program area.

**BRN Recommendation: The BRN be approved for one Associate Governmental Program Analyst (AGPA) position to complete legislative and regulatory activities on a consistent basis.**

## **LICENSING PROGRAM**

The Licensing Program is responsible for initial RN licensure and issuance of specialty certificates. The Licensing Program evaluators review RN application packets to ensure applicants meet the statutory and regulatory licensure requirements. The primary objective of the licensure requirements is to ensure consumer protection by determining that applicants possess the

knowledge and qualifications necessary to competently and safely practice as an RN. This is addressed in Objective C3 in the BRN Strategic Plan.

As part of the application process, the BRN requires educational transcripts to verify the successful completion of the required RN educational requirements. Nursing program transcripts are received from schools all over the world. Nursing requirements and programs vary widely from country to country. From January 1, 2010, to October 26, 2010, the Licensing Unit received 5,672 applications from applicants educated outside of the United States. When a transcript is received by the BRN that raises a question (e.g., unclear whether course content meets BRN requirements, authenticity questioned, looks different from what the school has provided in the past, etc.), or is from a new school that the BRN has not dealt with, the evaluator must research the matter further by contacting the school and/or government entity charged with overseeing the approved programs in that country. This can take a considerable amount of time and puts other applications on hold while the evaluator deals with the one in question. In addition, this can lead to multiple evaluators having to establish contact with the various entities.

There are currently six evaluators (Staff Services Analysts) that review applications and transcripts from international nursing programs. Each evaluator has handled approximately 945 new applications thus far in 2010. In order to make the evaluation process more efficient and to address the increase in the number of questionable international nursing programs, the BRN recommends that the Licensing Program obtain an additional analyst position. The analyst would be responsible for researching the schools and nursing programs and for corresponding with the schools and government entities charged with overseeing approved programs in that specific country. This would allow for one dedicated staff person to work on these applications, establish a working relationship with the agencies and schools, and be able to more readily identify possible fraud ensuring that only qualified graduates are being found eligible for the licensing examination (NCLEX-RN). This will allow the other analysts to complete other application evaluations in a timelier manner.

**BRN Recommendation: BRN be approved for one additional Staff Services Analyst (SSA) position to be added in the Licensing Program to review questionable documents or documents received from new international programs and correspond with the schools and governmental agencies as appropriate.**

## **ENFORCEMENT DIVISION**

The BRN places high priority on protecting the public through an effective Enforcement Division which relates to Objective C1 and C3 in the BRN Strategic Plan. The main focus of the Enforcement Division has been to improve case processing timeframes so that cases are completed in an average of 12 to 18 months as outlined in the CPEI. However, the BRN has encountered many staffing-related challenges which impact these timeframes. In 2009, the BRN initially requested 63 new positions through the BCP process for the Enforcement Division to carry out the necessary functions for public protection. Thirty-three new positions were approved and four existing limited-term positions were made permanent. Five of these positions have been reduced as a result of the October 26, 2010, Department of Finance's 5% staff reduction directive. Five of the positions are limited-term. This leaves the Enforcement Division with 23 new permanent positions. The current hiring freeze, which became effective August 31, 2010, has not allowed the BRN to fill any of these positions to date. The reduction of requested staff, the imposed hiring freezes, and staff reduction directives have significantly impacted the BRN's ability to complete cases in the

targeted timeframes. The BRN needs the authority to fill approved positions to begin to impact these timeframes.

The Enforcement Division includes multiple units which are responsible for various aspects of the enforcement process. The following summarizes some of the work in the Enforcement Division and emphasizes the areas that require additional staffing to ensure efficiency and allow for continued protection from RN applicants and licensees who may be endangering California consumers.

**Complaint Intake Unit**

Complaints are received from a variety of sources including RN licensees, other governmental agencies, employers, and the public. The largest source of complaints, by far, is from subsequent arrest notifications. Arrest or conviction notifications are received from the Department of Justice (DOJ) and must be entered into the BRN computer system. The goal of the BRN is to make record requests within one to three days of receipt of the complaint.

Completing record requests was only recently undertaken by the BRN staff, and thus additional support staff is needed in this unit to assist in the timely processing. In the past, record requests were made by the Division of Investigation (DOI) during the investigative process which could be anywhere from six months to up to three years after the complaint was received by the BRN. It is imperative that record requests be made as quickly as possible after receipt of the complaint so that a much timlier response rate is achieved. Problems in obtaining complaint related documents and medical records is the number one complaint from DOI that leads to the delay in completing BRN investigations. Staff time to obtain arrest and court documents for one complaint can range from 30 minutes to five hours.

<b>Fiscal Year</b>	<b>Conviction complaints (legal/court records)</b>	<b>Average time per complaint</b>	<b>Total hours</b>	<b>Total positions needed</b>
2008/2009	4,577	2 hours	9,154	<b>5.15</b>
2009/2010	5,309	2 hours	10,618	<b>5.98</b>

When consumer complaints are received by the BRN, medical documents are often needed and must be requested. In September 2009, an employee was temporarily assigned to the BRN from a DCA bureau and now requests documents for all incoming consumer complaints. This is the only staff person now responsible for almost 700 complaints with the result that the complaints are unable to be processed as timely as desired. Record requests can take staff from 15 minutes to two hours.

<b>Fiscal Year</b>	<b>Consumer complaints (medical records)</b>	<b>Average time per complaint</b>	<b>Total hours</b>	<b>Total positions needed</b>
2008/2009	1,902	1 hour	1,902	<b>1.07</b>
2009/2010	2,203	1 hour	2,203	<b>1.24</b>

All consumer complaints received are acknowledged by the BRN within ten days of receipt at the BRN office. This process takes approximately 30 minutes per incoming complaint.

Fiscal Year	Consumer complaints (correspondence)	Average time per complaint	Total hours	Total positions needed
2008/2009	1,902	30 minutes	951	<b>0.54</b>
2009/2010	2,203	30 minutes	1,101.5	<b>0.62</b>

Another area of complaint processing are “applicant complaints” which are applicant files transferred from the Licensing Program to the Enforcement Division when an arrest or conviction report is received from DOJ or the FBI as a result of the applicant fingerprint submission. It is important that applicants for licensure receive the same close scrutiny as the licensees who have come to the attention of the BRN. To ensure the review of licensing applicant files runs smoothly, the support staff create and maintain complaint records, and initiate correspondence to local law enforcement, courts, and other state licensing agencies to request certified records. Most files are reviewed quickly as the applicants provide all needed information. The amount of time it takes to prepare the file for the analyst review can range from 15 minutes to three hours depending on the information that has been received and the decision on the application. A case can take up to six hours or more if the license is denied and a settlement or hearing is involved.

The number of applications which have been denied has increased dramatically. Fifty-eight have been denied thus far in fiscal year 2010/11 compared to 36 denied during the entire 2009/10 fiscal year.

Fiscal Year	Complaints (applicants)	Average time per complaint	Total hours	Total positions needed
2008/2009	2,111	1 hour	2,111	<b>1.25</b>
Denied	19	6 hours	114	
2009/2010	2,248	1 hour	2,248	<b>1.39</b>
Denied	36	6 hours	216	
July-November 2010	763	1 hour	763	<b>N/A</b>
Denied	58	6 hours	348	

When all positions needed are added from the above charts, the totals are:

Fiscal Year	Total positions needed
2008/2009	<b>8.01</b>
2009/2010	<b>9.23</b>

Currently, the BRN has 3.5 OT staff that complete the above duties.

**BRN Recommendation:** BRN be approved for 5.5 additional OT positions to be added to the Complaint Intake Unit to make record requests within one to three days of complaint receipt which will assist in the case processing timeframe and more timely case resolution.

### Investigation Unit

To meet the Department of Finance requirement for an additional 5% staff reduction, the BRN had to identify positions within the CPEI BCP. It was determined that five investigator positions out of



the 14 new positions from the CPEI BCP be identified to meet the reduction. While the BRN is committed to meeting the CPEI average 12 to 18 month enforcement case completion timeframe, it was determined that nine investigators would not be sufficient. As a result, these positions are being re-classified and re-directed. The BRN has returned to the process of sending cases to DOI for formal investigations. The BRN currently has approximately 674 cases awaiting investigation and is in the process of transitioning older cases back to DOI for completion as quickly as possible. The return of files to DOI impacts the ability of the BRN to meet the average case completion timeframe.

**Investigative Workload:** The Medical Board of California and DOI have stated that to conduct effective and efficient investigations, an investigator should not have any more than 25 cases at any one time. Of course, some cases are completed more quickly than others. Beginning in September 2010, DOI has sent the BRN individual case billing information. Since this data has not been received by the BRN prior to this time, it is not known exactly how many average hours are necessary to complete a BRN case. DOI has been approved up to 44 hours to complete a case without seeking additional approval from the BRN. If this is used as an average, then the following can be calculated to determine the number of investigators that would be needed to complete the 674 backlogged cases as well as the average workload of 45 cases per month for BRN investigation that have been received since January 2010:

Investigative Workload	Number of cases	Time per complaint	Total hours	Total positions needed
Ongoing (annually)	540	44 hours	23,760	13.38
Current backlog	674	44 hours	29,656	16.70

It would take 17 trained investigators to complete the current backlog immediately and 13 to keep up with the investigative workload on a regular basis with the current workload.

**BRN Recommendation:** It is essential that the BRN and/or DOI have adequate staffing levels to complete investigations in the six-month timeframe to provide public protection by more timely investigation and resolution of complaints against applicants and licensees who have the potential for causing public harm. The BRN recommends that 17 investigator positions be added to either the BRN or DOI to adequately handle the continually increasing investigative workload.

BRN staff must track, monitor, and follow-up on cases which are sent to DOI. Currently, one management services technician (MST) at the BRN is assigned to these tasks. The MST spends 30 minutes to two hours on each case.

Fiscal Year	Cases to DOI (includes cases closed)	Average time per case	Total hours	Total positions needed
2008/2009	1,325	1 hour	1,325	0.75
2009/2010	1,480	1 hour	1,480	0.83

**BRN Recommendation:** At this time the BRN is not in need of staffing in this area.

**Nurse Education Consultants (Enforcement):** As discussed in the 2010 Sunset Review Report, the goal of the BRN is to have NECs perform triage of incoming complaints, create investigative

case plans, determine if an expert opinion is needed, and make recommendations about disposition of cases. The BRN plans to have four NECs performing these tasks. In addition, the BRN plans to hire six NECs on a part-time basis to serve as nurse experts to review cases, provide expert opinions, and testify at hearings if necessary. Working part-time for the BRN will allow them to continue to work in active practice as a clinician. The BRN can then draw upon their current experience for case reviews.

**BRN Recommendation: Staffing for this area has already been approved through the CPEI BCP.**

**Discipline Unit**

The case analysts in the Discipline Unit monitor cases pending at the Attorney General’s (AG’s) Office and are focused on working with the AG’s Office to move cases through the administrative process as quickly as possible. The time it takes for follow-up and review during this process for each case can be from six to 20 hours. The goal of the BRN is to have each analyst handle between 100 and 150 cases at a time; currently, each analyst has between 125 and 225 cases.

Fiscal Year	Cases at AG’s Office	Avg hours per case	Total hours	Total positions needed
2008/2009	692	12 hours	8,304	<b>4.68</b>
2009/2010	838	12 hours	10,056	<b>5.66</b>

The BRN currently has four permanent AGPAs who handle these cases. Three additional AGPAs, two permanent and one limited-term, are being added as a result of the CPEI BCP staff re-organization.

**BRN Recommendation: Convert the one limited-term AGPA position to a permanent position to monitor the number of increasing cases pending at the AG’s Office.**

The goal is to refer cases to the AG’s Office within seven days of receipt from complaint intake or investigation completion. Support staff prepare and transmit information to the AG’s Office. The process takes approximately five hours per case as information is copied and prepared.

Fiscal Year	Cases referred to AG’s Office	Avg hours per case	Total hours	Total positions needed
2008/2009	515	5 hours	2,575	<b>1.45</b>
2009/2010	766	5 hours	3,830	<b>2.16</b>

Three OT positions, two permanent and one limited-term are being added to complete these tasks as a result of the CPEI BCP and the BRN re-organization.

**BRN Recommendation: Convert the one limited-term OT position to a permanent position to ensure the continued timeliness in preparing and transmitting cases to the AG’s Office.**

Cases at the AG’s Office that result in discipline, whether from a stipulated settlement, default decision, or proposed decision, must be sent to the Board members for a mail vote to accept, reject,

or hold a decision. The number of these cases continues to increase with a 43% increase from fiscal year 2008/09 to 2009/10. For the first five months of the 2010/11 fiscal year, the BRN has processed more than half (57%) of those completed in the entire 2009/10 fiscal year. Materials must be prepared and mailed on a weekly basis as they must be sent out for a mail vote within seven days of receipt. Decisions must be processed in a timely manner as applicants and licensees await decisions. The Board needs to take swift action against those who may pose a danger to the public. These tasks can take between 30 minutes and three hours per case depending upon the amount of materials, and whether all materials have been received from the appropriate agencies.

<b>Fiscal Year</b>	<b>Discipline Cases</b>	<b>Avg time per case</b>	<b>Total hours</b>	<b>Total positions needed</b>
2008/2009	368	2 hours	736	<b>0.41</b>
2009/2010	526	2 hours	1,052	<b>0.59</b>
July-November 2010	299	2 hours	598	<b>N/A</b>

An analyst level staff at the BRN handles these tasks, and another position has been added through the CPEI BCP.

**BRN Recommendation: At this time the BRN is not in need of staffing in this area.**

**Probation Unit**

SSAs and AGPAs work as probation monitors at the BRN and are assigned licensees (probationers) who are being monitored due to violation of the Nursing Practice Act, e.g. gross negligence, incompetence, criminal convictions, chemical dependency, etc. Terms of probation vary by case and may include conditions for: mental health, physical, and/or chemical dependency evaluations; meeting attendance; quarterly reports from the licensee and the employer; drug testing; education requirements; cost recovery, etc. Probation monitors schedule face-to-face meetings with licensees on a regular basis. If a licensee violates any of the probationary requirements, the probation monitor must notify the probationer, in writing, and depending upon the violation, may transmit the case to the AG’s Office for further disciplinary action.

The probation monitor must ensure that all probationers are in complete compliance with all probation requirements at all times. When a probation monitor has too many cases to handle, it can lead to delays in dealing with violations which may cause public harm. Probation terms are initially between two and five years. Violations of probation may result in an extension of this time. A probation monitor will spend between 15 and 80 hours per year on each case. In order to be the most effective, probation monitors should have no more than 50 to 75 cases at one time.

<b>Fiscal Year</b>	<b>New Probationers</b>	<b>Avg time per case</b>	<b>Ongoing Probationers</b>	<b>Avg time per case</b>	<b>Total hours</b>	<b>Total positions needed</b>
2008/2009	286	25 hours	460	20 hours	16,350	<b>9.21</b>
2009/2010	322	25 hours	450	20 hours	17,050	<b>9.60</b>

It is the goal of all probation monitors to facilitate the successful completion of probation of licensees. However, if the conditions are violated, the monitors must notify the licensees and/or employers immediately in order to protect the public from possible harm. It is imperative that all probation violations be dealt with swiftly (within one business day) and efficiently when they occur.

If probationers do not rectify their violations, the probation monitor may refer the case back to the AG's Office for further disciplinary action. By handling violations quickly, it is made clear that probation and its requirements are extremely important and are taken seriously by the BRN. Handling violations can take from 15 to 30 minutes. Referring a case to the AG's Office can take one to five hours of processing time depending upon the case.

Fiscal Year	Violations	Avg time per case	AG Referrals	Avg time per case	Total hours	Total positions needed
2008/2009	150	30 min	100	3 hours	375	0.21
2009/2010	225	30 min	150	3 hours	562.5	0.32

When the positions needed are added from the two charts above, the totals are:

Fiscal Year	Total positions needed
2008/2009	9.42
2009/2010	9.92

Currently, there are six probation monitors at the BRN. One additional position has been added as a result of the CPEI BCP re-organization.

**BRN Recommendation:** BRN be approved for three additional SSA or AGPA positions to monitor the number of licensees on probation and effectively protect the public from potential harm.

Workload requiring additional probation monitoring will also increase the amount of work for support level staff. OTs are responsible for providing support to probation monitors. These support tasks include mailing out legal documents and decision packets via certified mail; processing of required paperwork (quarterly reports from employers, probationers, health care providers, meeting attendance, etc); data entry; and answering phone calls from probationers, employers, and the public. OTs spend approximately ten hours per probationer on support related tasks.

Fiscal Year	Ongoing Probationers	Avg time per case	Total hours	Total positions needed
2008/2009	460	10 hours	4,600	2.59
2009/2010	450	10 hours	4,500	2.53
2010/2011 (As of 12/8/10)	498	10 hours	4,980	N/A

There are currently two OTs supporting six probation monitors, one permanent and one limited-term. With the addition of one SSA/AGPA as a result of the CPEI and this report requesting three additional SSA/AGPAs to monitor probationers, the workload generated will require an additional OT to provide necessary support and to convert the limited-term OT position to permanent status.

**BRN Recommendation:** BRN be approved for one additional OT position and to convert the one limited-term OT position to a permanent position to provide monitoring support for the number of licensees on probation.

## DIVERSION PROGRAM

The BRN Diversion Program was established in 1985. One of its primary obligations and its legislative mandate is to protect the consumers of the State of California by removing unsafe nurses from practice, restricting and monitoring practice, and promoting recovery. This relates to Objective C1 as stated in the BRN Strategic Plan. Over the past five years, there has been steady growth in the program in several areas. New legislative requirements have been imposed as well as a new contract with Maximus which began January 1, 2010, and requires more oversight by staff.

The number of complaints received and participants entering the Program have increased. Approximately one-half of the RN's referred enter the program. Program staff must process all incoming complaints and create and maintain case files on all participants.

Fiscal Year	New Cases*	Avg time per case	Total hours	Total positions needed
2008/2009	447	2 hours	894	<b>0.50</b>
2009/2010	597	2 hours	1,194	<b>0.67</b>
Projected 2010/2011	657	2 hours	1,314	<b>0.74</b>

\*Cases may be counted more than once when different tasks are completed by more than one staff person.

The provisions outlined in the contract for monitoring the participants have become more complex with stricter timelines and additional requirements. In many instances the Program staff must now review all cases and not just a random sample, making the monitoring of the contractor by the BRN more complex and time consuming. This includes reviewing all drug testing results (not just random cases) and dealing with positive tests immediately. Staff estimates it takes five minutes to review each lab result and 45 minutes to handle approximately 3% of those that indicate a positive result. Staff must also now extensively review all participant closure reports.

Fiscal Year	Review of all lab results	Avg time per review	Review of positive results	Avg time per review	Total hours	Total positions needed
2008/2009	9,800	5 min	294	45 min	1,037	<b>0.58</b>
2009/2010	11,000	5 min	330	45 min	1,164	<b>0.66</b>
Projected 2010/2011	12,750	5 min	383	45 min	1,350	<b>0.76</b>

Fiscal Year	Review of closure reports	Avg time per report	Total hours	Total positions needed
2008/2009	250	2 hours	500	<b>0.28</b>
2009/2010	350	2 hours	700	<b>0.39</b>
Projected 2010/2011	385	2 hours	770	<b>0.43</b>

The number of Diversion Evaluation Committees (DECs) for the Program continues to increase. There are currently 14 DECs across the state. The Program staff is responsible for ensuring that each DEC has the statutorily mandated composition of three RNs, one physician, and one public member. Each member is allowed to serve four years. This requires continuous interviewing, recruitment, processing payroll paperwork, and participating in new DEC member orientation by the Program staff.

<b>Fiscal Year</b>	<b>Interviews with DEC members</b>	<b>Avg time per interview</b>	<b>Total hours</b>	<b>Total positions needed</b>
2008/2009	22	1.5 hours	33	<b>0.02</b>
2009/2010	38	1.5 hours	57	<b>0.03</b>
Projected 2010/2011	42	1.5 hours	63	<b>0.04</b>

<b>Fiscal Year</b>	<b>DEC Payroll paperwork</b>	<b>Avg time per transaction</b>	<b>Total hours</b>	<b>Total positions needed</b>
2008/2009	111	2 hours	222	<b>0.13</b>
2009/2010	222	2 hours	444	<b>0.25</b>
Projected 2010/2011	244	2 hours	488	<b>0.27</b>

<b>Fiscal Year</b>	<b>DEC Orientation meetings</b>	<b>Avg time per mtg</b>	<b>Total hours</b>	<b>Total positions needed</b>
2008/2009	3	6 hours	18	<b>0.01</b>
2009/2010	4	6 hours	24	<b>0.01</b>
Projected 2010/2011	4	6 hours	24	<b>0.01</b>

According to a recent legal decision, DEC meetings must comply with the Bagley-Keene Open Meeting Act (Act) which requires that the meetings be noticed ten days prior to the date of the meeting with the agenda posted on the BRN Web site. While the majority of the meeting will be in closed session, the BRN must begin the meeting in open session and allow for public comment before convening the closed session. It has also been recommended by DCA's legal counsel that a BRN staff person be in attendance at every DEC meeting to take minutes and provide BRN Diversion Program expertise and input. The 14 DECs meet quarterly for one to two days at a time. The DECs may be meeting simultaneously in different parts of the state, thus requiring availability of more than one staff member.

<b>Current # of Program Participants</b>	<b>14 DECs x 4 mtgs per year x 2 days each</b>	<b># of DEC travel hours per year</b>	<b>Total positions needed (25% travel time for each position)</b>
505	112 days	896	<b>2.02</b>

SB1441 requires the BRN Diversion Program staff to take on more responsibility for reviewing all of the DEC recommendations. Program participants are reviewed by a DEC approximately four times per year. In order for the Diversion Program staff to meet this requirement and prepare for the meetings, files will need to be reviewed prior to each DEC meeting.

Current # of Program Participants	History and Profiles review per year (avg 4times per year)	Avg time per review	Total Hours	Total positions needed
505	2,020	75 minutes	2,525	1.42

Diversion Program staff have a variety of duties including responding to inquiries regarding the Program; maintaining paper and computer files; providing consultation and presentations to health care professionals, BRN staff and the public; and development and implementation of Program policies and procedures. Program staff provide consultation to RNs, other health care professionals, and the public regarding RNs who may be impaired, and also assist with crisis intervention where necessary. They provide consultation and direction to the contractor's case managers regarding monitoring of participants and training for contractor staff regarding the Diversion and Enforcement Programs so that the contractor may better address participants' general questions regarding Board protocol and policies on a continual basis. The time for these additional tasks is estimated below:

Fiscal Year	Total hours of ongoing duties	Total positions needed
2008/2009	4,324	2.43
2009/2010	6,082	3.42
Projected 2010/2011	6,675	3.75

When all positions needed are added from the above charts, the totals are:

Fiscal Year	Total positions needed
2008/2009	7.39
2009/2010	8.87
Projected 2010/2011	9.44

The BRN Diversion Program staff currently consists of a Program Manager, one AGPA, and one OT. A retired annuitant also works to assist the program. It is apparent from this discrepancy between workload and staffing that some of the duties are not able to be completed on a consistent and timely basis. Three additional staff, one permanent AGPA, one limited-term AGPA, and one permanent OT are being added to the Diversion Program as a result of the CPEI BCP and re-organization.

**BRN Recommendation:** BRN be approved for three additional AGPA positions and to convert the limited-term position to permanent for the Diversion Program to meet additional monitoring requirements. This is essential for the BRN to protect the consumers of California from potential harm by restricting and monitoring the practice of RNs who are mentally or chemically impaired.

## CONCLUSION

The BRN is a special fund agency that does not receive monies from the general fund. It is essential that the request for additional staff needed for the BRN programs and the ability to hire these staff be addressed to provide required program oversight. This is needed for the BRN to meet its primary role and legislative mandate to protect consumers in the State of California and to provide timely and effective services.

Following is a summary of the BRN staffing recommendations made throughout this report:

**Mailroom:** BRN be approved for one additional OA to be added to the mailroom to ensure the timely processing of mail and compliance with the SAM requirements.

**Cashiering:** BRN be approved for one additional OT to be added to the Cashiering Unit in order to ensure the timely processing of monies and compliance with the SAM requirements.

**Call Center:** BRN be approved for four additional technician level staff to be added to the Public Information Unit – Call Center in order to be more responsive to the public and provide better customer service by answering and responding to more telephone calls.

**E-Mail Correspondence:** BRN be approved for 1.5 additional technical level staff to be added to the Public Information Unit in order to be more responsive to the public's e-mail correspondence by answering in a timely, consistent, and accurate manner.

**Computer/Technology Support:** BRN be approved for one additional IT staff position to be added for computer/technology support due to the increase in BRN staffing, consulting on the BreEZE project planning and implementation, maintenance of the BRN Web site, and the investigation of real-time online communication.

**Continuing Education:** The BRN recommends that three additional OT positions be added to the CE unit to consistently randomly audit at least 5% of the annual licensee renewal population for compliance with continuing education requirements.

**Nursing Education & Consultation:** BRN be approved for four additional NEC positions who will assume prelicensure and APRN program assignments, work with new programs, respond to public inquiries, and work with the Licensing Unit, Enforcement Division, Probation Unit, Continuing Education Unit, and Legislation/Regulations as well as consult with BRN staff when needed.

**Legislation/Regulations:** The BRN be approved for one Associate Governmental Program Analyst (AGPA) position to complete legislative and regulatory activities on a consistent basis.

**Licensing Program:** BRN be approved for one additional Staff Services Analyst (SSA) position to be added in the Licensing Program to review questionable documents or documents received from new international programs and correspond with the schools and governmental agencies as appropriate.



**Enforcement Division – Complaint Intake Unit:** BRN be approved for 5.5 additional OT positions to be added to the Complaint Intake Unit to make record requests within one to three days of complaint receipt which will assist in the case processing timeframe and more timely case resolution.

**Enforcement Division – Investigative Unit:** It is essential that the BRN and/or DOI have adequate staffing levels to complete investigations in the six-month timeframe to provide public protection by more timely investigation and resolution of complaints against applicants and licensees who have the potential for causing public harm. The BRN recommends that 17 investigator positions be added to either the BRN or DOI to adequately handle the continually increasing investigative workload.

**Enforcement Division – Discipline Unit:** Convert the one limited-term AGPA position to a permanent position to monitor the number of increasing cases pending at the AG’s Office.

Convert the one limited-term OT position to a permanent position to ensure the continued timeliness in preparing and transmitting cases to the AG’s Office.

**Enforcement Division – Probation Unit:** BRN be approved for three additional SSA or AGPA positions to monitor the number of licensees on probation and effectively protect the public from potential harm.

BRN be approved for one additional OT position and to convert the one limited-term OT position to a permanent position to provide monitoring support for the number of licensees on probation.

**Diversion Program:** BRN be approved for three additional AGPA positions and to convert the limited-term position to permanent for the Diversion Program to meet additional monitoring requirements. This is essential for the BRN to protect the consumers of California from potential harm by restricting and monitoring the practice of RNs who are mentally or chemically impaired.

# **ATTACHMENTS**

# Board of Registered Nursing

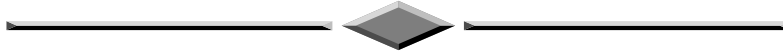


# Strategic Plan

JUNE 2006

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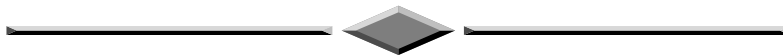
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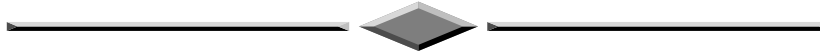


## **MISSION STATEMENT**

The Board of Registered Nursing protects the health and safety of consumers by promoting quality registered nursing care in the State of California. We accomplish this through:

- Licensing registered nurses.
- Approving nursing education programs.
- Establishing and upholding competency standards.
- Intervening with discipline and rehabilitation.
- Serving as the final authority in the interpretation and enforcement of the Nursing Practice Act.





## **CORE VALUES**

### **QUALITY...**

Deliver an accessible and seamless system of services that exceeds expectations. Continually evaluate and improve performance.

### **COMMITMENT...**

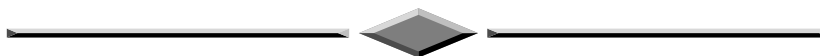
Take responsibility and be accountable to the public.  
Advocate for consumer health and safety.

### **COLLABORATION...**

Foster the public's trust through open communication.  
Promote teamwork, value diversity, and act with sensitivity to the needs of others. Work in a cooperative, respectful, and courteous manner.

### **VISION...**

Take a leadership role in shaping future trends.  
Value innovation and creativity.



# GOALS AND OBJECTIVES

## **Goal A: Maximize effectiveness in consumer protection and customer service.**

*Be responsive to customers' needs for improved services, consumer protection, and public outreach. Evaluate BRN effectiveness in terms of quality of outcomes, customer satisfaction, timeliness, efficiency, and other key measures.*

- Objective A1:** Identify customer expectations for services and meet or exceed them.
- Objective A2:** Increase public access to services, increase consumer awareness of BRN services, and expand public outreach and educational efforts.
- Objective A3:** Address the increasing diversity and changing needs of the population (e.g., aging population, increased diversity of language and culture).
- Objective A4:** Increase program effectiveness and innovation including use of effective technology.
- Objective A5:** Evaluate effectiveness of all BRN programs on an ongoing basis through a meaningful performance measurement system, including automated data collection and analysis.
- Objective A6:** Coordinate activities with other governmental agencies to improve consumer protection and services.
- Objective A7:** Plan and allocate resources to effectively fulfill mission.

## **Goal B: Create a work environment that promotes employee success in order to better serve the public.**

*Recognize that human resources are key to the success of the BRN in fulfilling its mission. To that end, create a well-managed organization that fosters employee competence, initiative, innovation, achievement and job satisfaction. Create an environment of trust, and value diversity and individual differences.*

- Objective B1:** Develop staff at all levels to allow them to succeed through education, training, cross-training, coaching, mentoring, communicating expectations, providing feedback, and recognizing achievement.

- Objective B2:** Continually improve and evaluate leadership and managerial skills of managers and supervisors.
- Objective B3:** Increase internal communication vertically, horizontally, cross-functionally, and geographically.
- Objective B4:** Establish organizational principles and core values which create a sense of purpose, inspire commitment from staff, contribute to higher morale, and foster outstanding public service.
- Objective B5:** Continue to evaluate the internal organizational structure to ensure that it serves the mission and goals.
- Goal C:** Provide proactive leadership in structuring the changing role of nursing in the 21<sup>st</sup> century.

*Research has established that the quality of nursing care has a direct impact on public health, safety, and well-being. In the changing health care environment, the BRN must advocate for consumers by promoting the significance of the role of RNs in providing quality patient care.*

**Objective C1:** *Promote a safe working environment to enhance patient protection and continuity of care.*

- Objective C2:** Actively participate in shaping health care policy on behalf of consumers of nursing services.
- Objective C3:** Ensure that RNs are competently prepared for their role in health care delivery.
- Objective C4:** Educate the public, agencies, and other health care workers on the varied roles, practices, and responsibilities of RNs.
- Objective C5:** Collect and analyze nursing data on a continuous basis, identify key trends and issues from the data, and use the results to set policy and to act in the public's interest.
- Objective C6:** Identify, shape, and drive legislative and regulatory change pertaining to nursing practices.



**Goal D:** Promote sound workforce planning to address the nursing shortage in California.

*California ranks next to last in the U. S. for its per capita number of RNs. There must be an adequate supply of qualified RNs in order to protect the health and safety of consumers and to promote quality nursing care.*

- Objective D1:** Participate in creating funding mechanisms to increase the capacity for nursing school programs to educate additional RNs at entry and advanced levels to meet the need for additional RNs at all levels, including additional faculty.
- Objective D2:** Facilitate approval of new and expanding nursing school programs that are qualified to educate competent RNs.
- Objective D3:** Lead efforts to reform nursing education by eliminating artificial barriers to admission and completion of programs, standardizing curricula, and creating greater articulation between programs.
- Objective D4:** Conduct research related to nursing workforce issues including surveys of current RNs, inactive RNs, and employers.
- Objective D5:** Continue to collaborate with the California Institute for Nursing & Health Care on nursing workforce and education issues.
- Objective D6:** Work with other agencies to conduct an outreach campaign to recruit future RNs, encourage re-entry of inactive RNs, retain current RNs, and to enlist the assistance of current RNs in recruiting future RNs.

# ***EXECUTIVE SUMMARY***

Strategic planning is an ongoing process at the Board that started in 1994, and the plan continues to be implemented and to evolve as new issues arise. Staff have participated in working committees to implement the objectives set out in the strategic plan, and the Board members and management team continue to regularly review and update the plan.

The Board contracted with experts in strategic planning (The Results Group) to guide the initial process in 1994. The contractor structured an objective evaluation process, which included the following elements:

- Involvement of a representative task force of staff, management, and Board Members.
- External surveys of all key “stakeholders” or customers to determine current satisfaction with Board services and needs and expectations for improvement.
- Internal survey of employee satisfaction to create an effective work environment to serve the public.
- Environmental scan of trends and factors for which the Board must prepare.
- Identification of strengths, weaknesses, opportunities, and threats facing the Board.
- Development of mission/vision, core values, goals, objectives, and strategies.
- Performance measures as reflected in the Board’s Report to the Joint Legislative Sunset Review Committee, which was approved in 2003, and in annual reports of accomplishments by sub-committees of the Board.

The Board’s strategic plan provides a dynamic framework to achieve the following:

- 1.) Anticipate and prepare for future trends and issues affecting nursing regulation.
- 2.) Set a direction for effective and responsive service to the public.
- 3.) Inspire and guide employees and stakeholders.
- 4.) Plan allocation of resources to meet primary goals.

# ***DESCRIPTION OF BOARD***

## **Board Mandate**

The Board of Registered Nursing regulates the practice of registered nursing and certified advanced practice nursing in order to protect the public health, safety, and welfare. The Board exists to protect the health and safety of consumers and to promote quality registered nursing care in California. This mission is accomplished by the following mandated activities:

- Establish and enforce sound licensing standards.
- Prosecute violations of the Nursing Practice Act through an effective enforcement program.
- Intervene promptly with chemically dependent or mentally ill nurses through the diversion program.
- Establish and enforce educational standards in nursing school programs.
- Promote continuing competence of nurses.
- Educate the public and interpret the Nursing Practice Act.

The Nursing Practice Act is the body of California law that establishes the authority for the Board and sets out the scope of practice for RNs. The Practice Act is located in the Business and Professions Code starting with Section 2700. Regulations to implement the law appear in Title 16, Division 14, of the California Code of Regulations.

As nursing practice and health care evolve, the public relies on the Board in its role as patient advocate to ensure that registered nursing activities are performed in a safe manner by qualified individuals.

## **Public Served**

The Board is responsible for regulating the practice of the following population (statistics as of 5/31/05):

317,500	Registered Nurses
45,700	Public Health Nurses
13,000	Nurse Practitioners
9,500	Nurse Midwife/Practitioner Furnishing Numbers
1,800	Nurse Anesthetists
1,150	Nurse Midwives
400	Psychiatric/Mental Health Nurses
2,000	Clinical Nurse Specialists

Approximately 37,200 applicants seek licensure or certification with the Board annually. Initial RN licensure requires completion of education, a national computerized examination, and a criminal background check. RNs licensed in other states can apply for endorsement in California.

The Board also regulates and approves 131 pre-licensure and advanced practice nursing education programs, and it registers and approves 3,400 continuing education providers.

In addition to its licensees, certificate-holders, and registrants, the Board's customers include consumers, employers, health care organizations, and other agencies and groups interested in nursing regulation. The Board strives to educate the public through wide dissemination of information. In March 1999, the Board's Web site went "live" at [www.rn.ca.gov](http://www.rn.ca.gov). In July 2001 the Board was able to provide online license verifications for RNs and Continuing Education Providers. If additional information is needed on a disciplinary action, the requestor is able to contact the office during regular business hours. The information is updated on a daily basis on business days to reflect any status changes. The Board also developed Nurse Web site, [www.nurse.ca.gov](http://www.nurse.ca.gov), which assists in the recruitment and retention of registered nurses and links to other sites providing information about the profession of registered nursing.

The Board continues to provide brochures and videos, and a toll free 24-hour telephone license verification system. Additionally, 3,000 complaints about licensees are received and investigated each year, with the public readily accessing the complaint unit by telephone, mail, and computer or in person.

In January 2001 the Board became the first California licensing agency to offer online professional license renewal and pay the renewal fee with a credit card through the Internet. Since that time this system has been updated and an RN can now change their address of record, renew advance practice certificates, request duplicate licenses, and begin the application process for endorsing their license from another state to California.

### **Board Structure and Sunset Status**

The Board of Registered Nursing is one of several professional licensing boards that exist within the Department of Consumer Affairs. As a special-fund agency, the Board's annual budget is fully funded through licensee fees.

Nine board members serve as the policy-setting body for the Board. Seven of the members are appointed by the Governor, one by the Senate President Pro Tempore, and one by the Assembly Speaker. Board members include five registered nurses, one physician, and three public members.

The Joint Legislative Sunset Review Committee completed its review of the Board of Registered Nursing in April 2003 and recommended continuation of the Board and extension of the next sunset review until July 2008. That recommendation was enacted into law effective January 2004.

# **EXTERNAL/ INTERNAL ASSESSMENT**

To build a sound foundation for its strategic planning, the Board conducted a comprehensive assessment of internal and external factors that the Board faces. Following is a summary of the steps taken.

## **Environmental Scan of Trends and Factors**

The staff task force conducted extensive research and interviewed experts to identify the key issues that are likely to affect the success and direction of the Board in the next three to five years. Managers and Board Members were included in this process.

This external scan yielded key trends and factors that the Board must anticipate and address in its strategic plan. These trends and factors represent the issues that may become opportunities, threats, or a basis for needed action for the Board. Eight categories emerged for the environmental scan: Demographic/Socioeconomic, Technology, Enforcement, Political and Regulatory, Nursing Shortage, Nursing Practice, Nursing Education, and Advanced Practice Nursing.

## **Stakeholder Identification and Feedback**

The Board identified the various groups, organizations, and individuals that are affected by the Board, have a vested interest in the Board, have expectations of the board, or could affect the ability of the Board to succeed in its mission. Feedback from stakeholders is obtained on a continuing basis through periodic surveys, telephone interviews, meetings, liaison activities, and public forums. This exchange of information provides information concerning the Board's effectiveness, satisfaction with services, improvements needed, and future trends anticipated.

Stakeholder identification and feedback is fundamental to creating a meaningful and complete assessment of external issues and expectations. A listing of key stakeholders appears on the next page.

## **Internal Assessment**

To be prepared to fulfill its mission, the Board must have a strong and effective work force. To that end, the Board conducted confidential surveys of employees in 1994, 1997, and 2004 to learn their level of satisfaction and recommendations for improvements. The results were positive overall, and very constructive feedback was obtained. The management team continues to solicit employee feedback as a basis for changes and improvement.

# **BOARD OF REGISTERED NURSING KEY STAKEHOLDERS**

## **Individuals:**

Consumers  
Registered Nurses  
Registered Nurse students and applicants  
Employers of RNs  
Health care practitioners  
BRN Employees

## **Organizations:**

Nursing organizations and associations  
Health care related organizations  
National Council of State Boards of Nursing  
Nursing education programs  
Colleges and Universities  
Contractors providing services to the Board

## **Government Entities:**

Governor's Office  
Legislature  
Department of Consumer Affairs  
State Oversight Agencies  
Division of Investigation (DCA)  
Office of Attorney General  
Office of Administrative Hearings  
Health-related Governmental agencies

## ***PERFORMANCE MEASURES***

### **Performance Appraisal Through Sunset Review**

Extensive performance measures were established by the Legislature for the Board pursuant to a mandated sunset review process.\* The Board submitted its second Sunset report to the Legislature setting out its quantified results for the previous six fiscal years. The measures covered all Board services including licensure, certification, examination, continuing education, enforcement, and diversion programs. The Joint Legislative Sunset Review Committee evaluated and approved the Board's performance report in April 2003, and recommended extension of the next sunset review until July 2008. That recommendation was enacted into law effective January 2004.

This performance review through the sunset process served as an important component of the Board's strategic planning process. All of the performance measures that were set out in the Legislative mandate were reflected in the Board's strategic goals and objectives. Those performance measures continue to serve as benchmarks for the Board.

### **Addition Performance Appraisal**

Key indicators of Board accomplishments are reported annually in the Departmental Agency Statistical Profile. This invaluable tool permits the Board to measure its progress against prior years in critical areas such as enforcement outcomes and public outreach. All boards and programs employ common definitions, which standardizes the data for comparative purposes.

Another important way that the Board tracks its performance is through the annual reports of accomplishments that each Board sub-committee presents at public Board meetings. The committees cover all Board program areas: Diversion/Discipline, Education/Licensing, Nursing Practice, and Legislative. The Board will track and monitor outcomes, update and refine performance measures, and modify its strategic plan on a continuous basis.

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\* Business and Professions Code Sections 101.1 and 473

## **BUDGET AND STAFFING**

The Board of Registered Nursing is a self-supporting special fund agency which does not receive any general funds, federal funds, or other funds. Budgeted funding (prior to reimbursements) for the Board is as follows:

2003/2004	17,293,000	(actual expenditure)
2004/2005	19,060,000	(projected expenditure)
2005/2006	20,350,000	(Governor's Budget)

Staffing totals are presented below in terms of full-time equivalent (FTE) positions:

2003/2003	81.4	FTE
2004/2005	91.2	FTE
2005/2006	91.2	FTE

### ***RESOURCE ASSUMPTIONS***

The Board of Registered Nursing intends to accomplish its strategic plan's goals, objectives, and performance targets within its existing fee structure and fund condition.

The Board's resource allocation is in keeping with its primary mission to protect the health and safety of consumers. To that end, over 70% of the Board's budget is devoted to enforcement activities.

The BRN has maintained fiscal viability and stability while performing its functions and maintaining fees at the minimum statutory levels. In 2001/02 the Board had a sufficient reserve fund of 13.8 months. However, as a result of a \$12 million loan to the General Fund to assist in offsetting the General Fund shortfall, the reserve declined dramatically to 5.0 months in fiscal year 2003/04. A partial loan payment of \$5.8 million is scheduled for 2005/2006 and our reserve projected to be 4.4 months.

In fiscal year 2004/05 the Department of Finance approved the following BRN budget change proposals:

- Restoration of the 14.7 positions that were lost in FY 2002/2003 during the Personnel Service Reduction Plan. In light of California's nursing shortage, the restoration of positions was necessary to resolve backlogs in licensing registered nurses and opening new nursing school programs.
- Increase in Attorney General (AG) expenditure authority in the amount of \$645,000, and Evidence/Witness fees expenditure authority in the amount of \$80,000 beginning FY 2005/2006 and ongoing. The augmentation was necessary to support ongoing AG workload, as well as to maintain the AG backlog at an acceptable level.
- Increase in Diversion Program expenditure authority in the amount of \$168,000 beginning FY 2005/2006 and ongoing. The increase was necessary to support an unforeseen increase in number of participants in the Diversion Program.



Summary of Current and Needed BRN Staffing

Program/Unit	# of Staff Prior to July 1, 2010	# of Staff Added By CPEI BCP as shown in the Sunset Report	Total # of Staff July 1, 2010	# of Staff Added By Re-org Due to 5% Reduction October 2010	Revised Current Total # of Staff	Projected Total # of Staff Needed	Total # of new Staff Requested
<b>Admin/Support Services</b>							
Mailroom	OA - 4	0	OA - 4	0	OA - 4	OA - 5	OA - 1
Cashiering	OT -3	0	OT - 3	0	OT - 3	OT - 4	OT -1
Public Information Unit (phone & e-mail)	PT/OT -8	0	PT/OT -8	0	PT/OT -8	PT/OT -13.5	PT/OT - 5.5
Computer/Technology Support	AISA -2	0	AISA -2	0	AISA -2	AISA -3	AISA - 1
<b>Continuing Education</b>							
	OT -1	0	OT - 1	0	OT - 1	OT - 4	OT -3
<b>Nursing Education &amp; Consultation</b>							
	NEC - 8	0	NEC - 8	0	NEC - 8	NEC -12	NEC - 4
<b>Legislation/Regulations</b>							
	0	0	0	0	0	AGPA - 1	AGPA - 1
<b>Licensing Program</b>							
International Evaluators	SSA - 6	0	SSA - 6	0	SSA - 6	SSA - 7	SSA - 1
<b>Enforcement Division</b>							
Complaint Intake Unit	OT - 3.5	0	OT - 3.5	0	OT - 3.5	OT - 9	OT - 5.5
<b>Investigation Unit/Case Management*</b>	SI - 0 MST - 1 NEC - 1	SI -14 MST - 0 NEC - 5	SI -14 MST - 1 NEC - 6	SI -0 MST - 0 NEC - 2	SI -0 MST - 1 NEC - 8	SI - 17/13** MST - 1 NEC - 8	SI - 17 MST - 0 NEC - 0
<b>Discipline Unit</b>	AGPA - 4 OT -0	AGPA - 0 OT (LT) - 1	AGPA - 4 OT (LT) - 1	AGPA - 2 AGPA (LT) -1 OT - 2	AGPA - 6 AGPA (LT) - 1 OT - 2 OT (LT) -1	AGPA - 7 OT - 3	AGPA - 0*** OT - 0***
<b>Probation Unit</b>	SSA/AGPA -6 OT -1	0	SSA/AGPA -6 OT - 1	SSA - 1 OT (LT) -1	SSA/AGPA -7 OT - 1 OT (LT) - 1	SSA/AGPA - 10 OT - 3	SSA/AGPA -3 OT - 1***
<b>Diversion Program</b>	SSM - 1 AGPA - 1 OT -1	AGPA (LT) -1	SSM - 1 AGPA - 1 AGPA (LT) - 1 OT - 1	SSM - 0 AGPA - 1 AGPA (LT) -0 OT - 1	SSM - 1 AGPA - 2 AGPA (LT) - 1 OT - 2	SSM -1 AGPA - 6 OT - 2	SSM -0 AGPA - 3*** OT -0

\*The Investigation Unit was created with the CPEI BCP and due to 10/26/10 Department of Finance 5% staff reduction directive is being reorganized into a NEC Case Management Unit with no SI positions.

\*\*The BRN estimates that 17 Special Investigators would be necessary to complete the current backlog of cases and 13 to handle the ongoing workload. The BRN is recommending 17 ongoing investigative positions be added as the workload continues to increase. BRN is working on an MOU with DOI to provide them four investigator positions to work exclusively on BRN cases.

\*\*\*Requesting to convert LT positions to permanent so an additional new position is not being requested.

**Chart Legend**

OA - Office Assistant

OT - Office Technician

PT - Program Technician

AISA - Associate/Assistant Information Systems Analyst

NEC - Nurse Education Consultant

AGPA - Associate Governmental Program Analyst

SSA - Staff Services Analyst

SSM - Staff Services Manager

SI - Special Investigator

(LT) - Limited Term