



INTERVENTION/DISCIPLINE COMMITTEE MEETING

AGENDA

Hilton Sacramento Arden West
2200 Harvard Street
Sacramento, CA 95815
(916) 922-4700

January 14, 2016

**THIS MEETING WILL IMMEDIATELY FOLLOW THE CONCLUSION OF THE
EDUCATION/LICENSING COMMITTEE MEETING**

Thursday, January 14, 2016

9.0 Call to Order, Roll Call Establishment of a Quorum

9.0.1 Review and Vote on Whether to Approve the Minutes of:

- August 6, 2015
- October 8, 2015

9.1 Complaint Intake and Investigations Update

9.2 Discipline and Probation Program Update and Statistics

9.3 Intervention Program Update and Statistics

- 9.3.1 Intervention Evaluation Committee Members/ New Appointments, Reappointments, Transfers & Resignations
- 9.3.2 Intervention Program Policy Revisions submitted at September 24, 2015, Diversion Liaison Committee Meeting
- 9.3.3 Intervention Evaluation Committee Applicant Criteria (DIV-F-02)
- 9.3.4 Intervention Program Transition Phase Minimum Monitoring Parameters (DIV-P-06)
- 9.3.5 Intervention Program Criteria for Approval of Nurse Support Group Facilitators/Co-Facilitators (DIV-P-11)
- 9.3.6 Board of Registered Nursing Procedures for Investigation of Complaints Against Nurse Support Group Facilitators/Co-Facilitators (DIV-P-15)



- 9.4 Vote on whether to recommend approval of modified Regulatory Proposal to Modify the Recommended Guidelines for Disciplinary Orders and Conditions of Probation in California Code of Regulations, Article 1, Section 1444.5, Disciplinary Guidelines**
- 9.5 Public Comment for Items Not on the Agenda**
- 9.6 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) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

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 Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market #150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297. Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation. Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote.



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer



DIVERSION/DISCIPLINE COMMITTEE MINUTES

DATE: August 6, 2015

SITE: DoubleTree by Hilton San Francisco Airport
835 Airport Boulevard
Burlingame, CA 94010

MEMBERS PRESENT: Cynthia Klein, RN, Chair
Raymond Mallel
Imelda Ceja-Butkiewicz

MEMBER NOT PRESENT: Raymond Mallel left meeting at 1:45 p.m.

STAFF PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Stacie Berumen, Assistant Executive Officer
Beth Scott, Deputy Chief, Discipline, Probation & Diversion
Shannon Silberling, Deputy Chief, Complaints and Investigations
Ronnie Whitaker, Legislation and Regulation Analyst

The Chair called the meeting to order at approximately 1:34 p.m.

9.0 REVIEW AND APPROVE MINUTES:

Approve/Not Approve: Minutes of March 5, 2015

| | | | |
|--|--------------------|-----------------|--|
| Motion: Imelda Ceja-Butkiewicz to accept the March 5, 2015 DDC meeting minutes. | | | |
| Second: Cynthia Klein | | | |
| CK: Yes | RM: Abstain | ICB: Yes | |

Approve/Not Approve: Minutes of May 7, 2015

| | | | |
|--|----------------|---------------------|--|
| Motion: Raymond Mallel to accept the May 7, 2015 DDC meeting minutes. | | | |
| Second: Cynthia Klein | | | |
| CK: Yes | RM: Yes | ICB: Abstain | |

9.1 Complaint Intake and Investigations Update

PROGRAM UPDATE:

COMPLAINT INTAKE:

Staff

We are currently fully staffed. We will have one case analyst going out on leave for a year beginning in September.

Program

Complaint intake continues to work new complaints, ensuring cases are moving to investigations in a timely manner and that aging cases are worked as a priority.

We have one analyst that is working with the Department of Consumer Affairs (Department) BreZE team and is involved in the Reports User Group, as well as the Enforcement User Group.

The new Controlled Substance Utilization Review & Evaluation System (CURES) had a soft launch July 1, 2015. CURES 2.0 will be rolled out to users in phases over the next several months. The BRN continues to work closely with the Department's Executive team and the Department of Justice (DOJ) to ensure its success.

INVESTIGATIONS:

Staff

Southern California

- We have two (2) vacancies for Special Investigator. Interviews were conducted and we hope to have them filled by end of August.
- We lost our Retired Annuitant Investigator as of June 30, 2015.

Northern California

- We have one Special Investigator out on leave through the end of the year.

Program

Division of Investigation (DOI) has begun the quarterly Managers' Enforcement Consortium and we had our first meeting on April 30, 2015. This is a group of enforcement managers from across the different disciplines that come together to discuss processes, procedures, how to create efficiencies as well as possible barriers that each of us face in processing our cases.

We continue to assign cases based on the Department's Consumer Protection Enforcement Initiative (CPEI). As of July 21, 2015, there were approximately 17 BRN cases over one year old that are still open and there are approximately 48 DOI cases over one year old that are still open.

Investigative staff continues to attend Task Force meetings and develop working relationships with allied agencies.

Statistics

| BRN Investigations | Jan 2015 | Feb 2015 | Mar 2015 | Apr 2015 | May 2015 | June 2015 |
|----------------------------------|----------|----------|----------|----------|----------|-----------|
| Total cases assigned | 333 | 329 | 337 | 344 | 342 | 329 |
| Total cases unassigned (pending) | 134 | 170 | 152 | 162 | 153 | 166 |
| Average days to case completion | 232 | 201 | 212 | 215 | 214 | 247 |
| Average cost per case | \$3,753 | \$2,909 | \$2,779 | \$3,180 | \$3,280 | \$2,810 |
| Cases closed | 43 | 36 | 56 | 57 | 41 | 51 |
| Division of Investigations | Jan 2015 | Feb 2015 | Mar 2015 | Apr 2015 | May 2015 | June 2015 |
| Total cases assigned | 346 | 331 | 316 | 298 | 290 | 311 |
| Total cases unassigned (pending) | 26 | 20 | 33 | 38 | 53 | 36 |
| Average days to case completion | 211 | 270 | 299 | 271 | 271 | 326 |
| Average cost per case | \$4,422 | \$5,365 | \$6,185 | \$5,124 | \$5,896 | \$7,028 |
| Cases closed | 37 | 38 | 36 | 54 | 38 | 40 |

Investigators are focused on clearing all aging cases.

9.2 Discipline, Probation, and Diversion Update

PROGRAM UPDATE

Staffing

Currently the probation Unit is fully staffed.

The Discipline Unit filled the vacant Staff Services Analyst position with a promotion of the Discipline Unit Office Technician (OT). The vacant OT position was filled with an existing OT within the Enforcement Unit.

Program – Discipline

The Discipline Unit is working with the Attorney General's (AG) office to complete our cases in a timely manner and streamline our processes for efficiency.

On July 9, 2015 the BRN began working with the AGs office to fast-track the movement of less complex discipline cases. These cases will be assigned to specific Deputy Attorney General's and a single discipline analyst to give focused attention to these cases. The AGs office will be able to schedule these cases with the Office of Administrative Hearings on a more expedited schedule which will benefit the Registered Nurses and the BRN.

Discipline staff is diligently reviewing past discipline cases to ensure all discipline documents are present on our website. It is anticipated this process will be completed by September 2015.

Statistics - Discipline

Below reflects FY 14/15 (July 1, 2014 – June 30, 2015) discipline statistics:

| | |
|--------------------------------------|------|
| Decisions Adopted | 1578 |
| Pleadings served | 1067 |
| Petitions to Revoke Probation served | 104 |
| Surrenders signed by E. O. | 291 |

Below reflects FY 15/16 (July 1, 2015 – July 22, 2015) discipline statistics:

| | |
|--------------------------------------|-----|
| Decisions Adopted | 146 |
| Pleadings served | 75 |
| Petitions to Revoke Probation served | 6 |
| Surrenders signed by E. O. | 8 |

The BRN continues to work with the DCA BreZE team to verify the accuracy of the performance measures statistics, formally the E19 report.

Program – Probation

Effective July 30, 2015, Sheila Granby, the Probation Program Manager retired from state service after 14 years of service. Sheila was a Probation Monitor for 4 years and the Program Manager for 3.5 years. She will be missed and we wish her continued success in her retirement. The Board of Registered Nursing would like to thank Sheila for her service.

We will advertise and recruit for this position and will fill the position in the near future. Information regarding the new Probation Program Manager will be provided at an upcoming DDC meeting.

Statistics - Probation

Statistics – FY July 1, 2014 to June 30, 2015

| Probation Data | Numbers | % of Active |
|----------------------------|---------|-------------|
| Male | 287 | 27% |
| Female | 808 | 73% |
| Chemical Dependency | 707 | 64% |
| Practice Case | 267 | 25% |
| Mental Health | 5 | 0% |
| Conviction (Non CD) | 116 | 12% |
| Advanced Certificates | 113 | 10% |
| Southern California | 601 | 55% |
| Northern California | 479 | 44% |
| Tolled at the AG | 15 | 1% |
| Pending with AG/Board | 113 | 10% |
| License Revoked YTD | 31 | 3% |
| License Surrendered YTD | 89 | 8% |
| Terminated YTD | 30 | 3% |
| Successfully completed YTD | 98 | 9% |

| | | |
|--|--------------|--|
| Active in-state probationers | 1,095 | |
| Completed/Revoked/Terminated/ Surrendered YTD | 248 | |
| Tolled Probationers | 290 | |
| Active and Tolled Probationers | 1,385 | |

Statistics – July 1, 2015 to July 21, 2015

| Probation Data | Numbers | % of Active |
|--|--------------|-------------|
| Male | 293 | 26% |
| Female | 815 | 74% |
| Chemical Dependency | 720 | 65% |
| Practice Case | 267 | 24% |
| Mental Health | 5 | 0% |
| Conviction (Alcohol/Drug = 109) | 116 | 10% |
| Advanced Certificates | 115 | 10% |
| Southern California | 604 | 55% |
| Northern California | 488 | 44% |
| Tolled at the AG | 16 | 1% |
| Pending with AG/Board | 111 | 10% |
| License Revoked YTD | 1 | 14% |
| License Surrendered YTD | 4 | 57% |
| Terminated YTD | 0 | 0% |
| Successfully completed YTD | 2 | 29% |
| Active in-state probationers | 1,108 | |
| Completed/Revoked/Terminated/ Surrendered YTD | 7 | |
| Tolled Probationers | 292 | |
| Active and Tolled Probationers | 1,400 | |

The case load per probation monitor is approximately 158

Program -Diversion

In a continuous effort to reach out to nurses in need and provide community outreach, the Diversion program has scheduled the following upcoming presentations:

At the request of Dorcas Walton from Kaiser Permanente, the Diversion Program contractor Maximus and BRN staff will be conducting a presentation to the Director of Nursing and

Clinical Practice Peer Group (the ambulatory practice leaders) on August 5, 2015. A second presentation will be conducted on August 6, 2015 for the Chief Nursing Officers Peer group (the hospital/inpatient leaders). Both presentations will be conducted at the Kaiser Regional Offices, 1950 Franklin St. Oakland, CA. The focus of the presentation is to aid front line leaders to develop or hone their ability to recognize, detect and intervene when the subtle and not so subtle signs and indications of potential alcohol and or drug abuse in the work place.

The Board of Registered Nursing's Diversion program will be present at the California State Capitol on September 2, 2015, for the annual Recovery Happens rally. Recovery Happens is the statewide campaign for everyone to celebrate the lives of people who are recovering from alcohol and/or drug addiction. Recovery Happens provides the perfect platform to inform Californians about the positive effects that recovery and treatment have on our communities. The rally brings over 5,000 people together for a day to celebrate recovery.

Due to a consistent increase in probation participants, the BRN is in need of Nurse Support Group facilitators in all geographical areas, specifically in Humboldt, Los Angeles, Orange, and San Francisco counties.

Diversion Evaluation Committees (DEC)

There are currently three physician member vacancies at this time. One vacancy is in Ontario (DEC 9), one is in Oakland (DEC 13) and the third vacancy in north Central (DEC 12). The vacancy in Oakland (DEC 13) will be filled upon approval of the new appointee.

There are currently seven RN member vacancies at this time. One in Sacramento (DEC 1), Two in the Bay Area (DEC 2), one in Orange County (DEC 4), one in Palm Springs (DEC 6), one in San Jose (DEC 7) and one in North Coast Emeryville (DEC 11). Vacancies on DEC 2, 4, 6, and 11 will be filled upon approval of new appointees.

Statistics – Diversion

The Statistical Summary Report for April 1, 2015 through June 30, 2015 is after this update. As of June 30, 2015, there were 1,990 successful completions.

9.2.1 Diversion Evaluation Committee Members

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

NEW APPOINTMENTS

Below are the names of the candidates who are being recommended for appointment to the Diversion Evaluation Committees (DEC). If appointed, their terms will begin on October 1, 2015 and expire September 30, 2019.

| <u>NAME</u> | <u>TITLE</u> | <u>DEC</u> | <u>#</u> |
|--------------------|--------------|------------------------|----------|
| Gail Sims | RN | North Coast Emeryville | 11 |
| Cheryl Janus | RN | Palm Springs | 6 |
| Christine Vourakis | RN | Bay Area | 2 |
| Michelle Buckman | RN | Orange Co | 4 |
| Rodney Collins | MD | Burbank | 8 |
| Melody Law | MD | Oakland | 13 |

| | | | |
|--|-------------------|-----------------|--|
| Motion: Imelda Ceja-Butkiewicz to recommend approval of the new appointments to the Board | | | |
| Second: Cynthia Klein | | | |
| CK: Yes | RM: Absent | ICB: Yes | |

RESIGNATIONS

Below is the name of a DEC member who has resigned.

| <u>NAME</u> | <u>TITLE</u> | <u>DEC</u> | <u>#</u> |
|----------------|--------------|--------------|----------|
| Elaine Bradley | RN | Palm Springs | 6 |

TERMS EXPIRED JUNE 30, 2015

Below are the names of the DEC members whose terms have expired

| <u>NAME</u> | <u>TITLE</u> | <u>DEC</u> | <u>#</u> |
|-----------------|--------------|------------------------|----------|
| Leah Monterrosa | RN | North Coast Emeryville | 11 |
| Inna Zelikman | RN | Bay Area Emeryville | 2 |
| Cynthia Rinde | Public | Sacramento | 1 |
| Rosemary Miller | RN | Oakland | 13 |
| Michael Parr | MD | North Central | 12 |
| Patti Velez | Public | Ontario | 9 |
| William Slavin | Public | Burbank | 8 |

9.3 Update: “Uniform Standards Regarding Substance-Abusing Healing Art Licensees” Business and Professions Code, Section 315

As directed by the Board at its November 2013 meeting, staff conducted a comparative analysis of the Uniform Standards, Diversion Program, and Probation Program, including the potential fiscal impact. Staff met with Legal Counsel to discuss a number of issues related to Uniform Standards, including the specific recommendations from Doreathea Johnson, Deputy Director, DCA Legal Affairs. Legal Counsel advised the Board continue with the regulatory process, although the Attorney General’s Office has not rendered its opinion relative to the Uniform Standards. The Board will be notified if changes are necessary as a result of the opinion.

Staff submitted a report of its findings to the Committee at its March 2014 meeting.

The Medical Board of California has promulgated regulations implementing the Uniform Standards. A comparison was made and was provided for the committee's consideration at the May 2014 meeting.

Staff will continue to facilitate discussion of each standard in conjunction with the attachments.

The committee reviewed the following standards:

| | |
|--|---|
| Standard #1 - Clinical Diagnostic Evaluations | Are the BRN evaluations considered "clinical diagnostic evaluations?" |
| Standard #2 - Temporary Removal of Licensee from Practice due to Clinical Diagnostic Evaluation | Public Comment made by ANA/C who opposes testing two times per week. |
| Standard #3 - Ability to Communicate with Licensee's Employer | No issues identified. |
| Standard #4 - Standards for Required Testing | <ul style="list-style-type: none">* Concerns with number of tests for Diversion Program participants when they are not working and have no income.* Cost of testing is \$62.50 plus collection fee. Total of \$10,000 to test each year.* Mandatory testing each week takes away board's discretion and ability to conduct "random" testing.* Public comment made by ANA/C and SEIU relative to opposition of this uniform standard. |
| Standard #5 - Standards for Required Group Meeting Attendance | No issues identified. |
| Standard #6 - Standards for Type of Treatment | How many additional staff would BRN need with appropriate training in chemical dependency and/or mental health? |
| Standard #7 - Standards for Worksite Monitoring | No issues identified. |
| Standard #8 - Procedures when a licensee tests positive for a banned substance | Standard to immediately cease practice for positive drug test for any banned substance does not allow for due process rights of licensee. No parameter set stating what a positive test result is. Incidental exposure to hand sanitizers can result in a low level positive and the |

| | |
|--|---|
| | licensee will be ordered to cease practice. |
| Standard #9 - Procedures to follow when a licensee is confirmed to have ingested a banned substance | Public comment by ANA/C that there should be verification of use of a banned substance before removing a RN from work. |
| Standard #10 - Consequences for major and minor violations | No issues identified. |
| Standard #11 - Criteria for a licensee to meet in order to petition to return to full-time practice | No issues identified. |
| Standard #12 - Criteria for a licensee to meet in order to petition for an unrestricted license | Public comment by SEIU that is in favor of the way BRN currently handles this process. |
| Standard #13 – Diversion Program private vendor requirement that sets forth vendor reporting time for major and minor violations; approval process and a variety of criteria. | No issues identified. |
| Standard #14 – Diversion Program private vendor requirement to disclose name and practice restrictions for DP participants. | Applicants and participants along with their records are to remain confidential while participating in the program pursuant to B&P code section 2770.12. Disclosure of names and practice restrictions violations this statute. |
| Standard #15 – Diversion Program private vendor requirement to have external independent audit conducted at least once every three years. | No issues identified. |
| Standard #16 – Reporting criteria for Diversion and Probation to determine whether each method appropriately protects patients from. | Concern with ability to obtain requested information for probationers from BreZE. If data is not available from BreZE then this would require manual tracking by staff to report to legislature. |

9.4 Public Comment for Items Not on the Agenda

No public comment for items not on the agenda.

The Chair adjourned the committee meeting at approximately 2:05 p.m.

Approved: _____



DIVERSION/DISCIPLINE COMMITTEE MINUTES

DATE: October 8, 2015

SITE: Embassy Suites Santa Ana
 Orange County Airport North
 1325 E. Dyer Road
 Santa Ana, CA 92705

MEMBERS PRESENT: Raymond Mallel, Acting Chair
 Imelda Ceja-Butkiewicz

MEMBER NOT PRESENT: Cynthia Klein, RN, Chair

STAFF PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
 Beth Scott, Deputy Chief, Discipline, Probation & Diversion
 Shannon Silberling, Deputy Chief, Complaints and Investigations

The Acting Chair called the meeting to order at approximately 1:11 p.m.

9.0 REVIEW AND APPROVE MINUTES:

Approve/Not Approve: Minutes of August 6, 2015

| | | | |
|--|------------|-------------|--|
| Motion: Defer action on August 6, 2015 meeting minutes until January meeting. | | | |
| Second: | | | |
| CK: | RM: | ICB: | |

9.1 Complaint Intake and Investigations Update

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff

We are currently hiring a 12 month limited term analyst position to cover for a leave of absence.

Program

Complaint intake continues to work new complaints, ensuring cases are moving to investigations in a timely manner and that aging cases are worked as a priority.

We have one analyst that is working with the Department of Consumer Affairs (Department) BreZE team and is involved in the Reports User Group, as well as the Enforcement User Group.

The Controlled Substance Utilization Review & Evaluation System (CURES) had a soft launch July 1, 2015. CURES 2.0 is being rolled out to users in phases over the next several months. The BRN continues to work closely with the Department's Executive team and the Department of Justice (DOJ) to ensure its success.

INVESTIGATIONS:

Staff

We are currently fully staffed in both Northern and Southern California.

Program

Division of Investigation (DOI) has begun the quarterly Managers' Enforcement Consortium and we had our second meeting on September 28, 2015, with guest speakers from the AG's office.

We continue to assign cases based on the Department's Consumer Protection Enforcement Initiative (CPEI). As of September 22, 2015, there were approximately 35 BRN cases over one year old that are still open and there are approximately 32 DOI cases over one year old that are still open.

Investigative staff continues to attend Task Force meetings and develop working relationships with allied agencies.

Statistics

| BRN Investigations | Mar 2015 | Apr 2015 | May 2015 | June 2015 | July 2015 | August 2015 |
|----------------------------------|----------|----------|----------|-----------|-----------|-------------|
| Total cases assigned | 337 | 344 | 342 | 329 | 330 | 345 |
| Total cases unassigned (pending) | 152 | 162 | 153 | 166 | 176 | 179 |
| Average days to case completion | 212 | 215 | 214 | 247 | 238 | 232 |
| Average cost per case | \$2,779 | \$3,180 | \$3,280 | \$2,810 | \$2,849 | \$2,632 |
| Cases closed | 56 | 57 | 41 | 51 | 44 | 45 |
| Division of Investigations | Mar 2015 | Apr 2015 | May 2015 | June 2015 | July 2015 | August 2015 |
| Total cases assigned | 316 | 298 | 290 | 311 | 297 | 327 |
| Total cases unassigned (pending) | 33 | 38 | 53 | 36 | 49 | 60 |
| Average days to case completion | 299 | 271 | 271 | 326 | 325 | 253 |
| Average cost per case | \$6,185 | \$5,124 | \$5,896 | \$7,028 | \$6,064 | \$4,801 |
| Cases closed | 36 | 54 | 38 | 40 | 55 | 16 |

Investigators are focused on clearing all aging cases.

9.2 Discipline, Probation, and Diversion Update

Staffing

Recruitment efforts are underway to fill the Probation Manager position.

The diversion unit has one limited term Staff Service Analyst position that will be filled in the near future.

Program – Discipline

The Discipline Unit is working with the Attorney General’s (AG) office to complete our cases in a timely manner and streamline our processes for efficiency.

Statistics - Discipline

Below reflects FY 14/15 (July 1, 2014 – June 30, 2015) discipline statistics:

| | |
|--------------------------------------|------|
| Decisions Adopted | 1578 |
| Pleadings served | 1067 |
| Petitions to Revoke Probation served | 104 |
| Surrenders signed by E. O. | 291 |

Below reflects FY 15/16 (July 1, 2015 – September 23, 2015) discipline statistics:

| | |
|--------------------------------------|-----|
| Decisions Adopted | 426 |
| Pleadings served | 325 |
| Petitions to Revoke Probation served | 21 |
| Surrenders signed by E. O. | 57 |

The BRN continues to work with the DCA BreZE team to verify the accuracy of the performance measures statistics, formally the E19 report.

Program – Probation

The probation unit continues to improve processes and procedures to streamline our cases.

Statistics - Probation

Statistics – July 1, 2015 to September 18, 2015

| Probation Data | Numbers | % of Active |
|---------------------------------|---------|-------------|
| Male | 292 | 27% |
| Female | 799 | 73% |
| Chemical Dependency | 707 | 65% |
| Practice Case | 267 | 24% |
| Mental Health | 6 | 1% |
| Conviction (Alcohol/Drug = 109) | 111 | 10% |
| Advanced Certificates | 109 | 10% |

| | | |
|--|--------------|-----|
| Southern California | 595 | 55% |
| Northern California | 487 | 44% |
| Tolled at the AG | 9 | 1% |
| Pending with AG/Board | 103 | 9% |
| License Revoked YTD | 11 | 14% |
| License Surrendered YTD | 13 | 57% |
| Terminated YTD | 9 | 0% |
| Successfully completed YTD | 48 | 29% |
| Active in-state probationers | 1,091 | |
| Completed/Revoked/Terminated/ Surrendered YTD | 81 | |
| Tolled Probationers | 300 | |
| Active and Tolled Probationers | 1,391 | |

The case load per probation monitor is approximately 155. Currently there are 29 Early Termination and 8 Modification of Probation cases waiting to be heard by the Board.

Program -Diversion

At the request of the Diversion Program manager, in a continuous effort to reach out to nurses in need and provide community outreach, Virginia Matthews, Maximus Project Manager presented information concerning Diversion and the Board of Registered Nursing to Dignity Health Dominican Hospital on September 2, 2015. The presentation was for new graduate nurses working in all areas of the hospital. The attendees were interactive and the presentation was well-received.

The Board of Registered Nursing's Diversion program was present at this year's California State Capitol on September 2, 2015, for the annual Recovery Happens rally. Recovery Happens is a statewide campaign for everyone to celebrate the lives of people who are recovering from alcohol and/or drug addiction. Recovery Happens provides the perfect platform to inform Californians about the positive effects that recovery and treatment have on our communities. The rally brought over 6,000 people together for a day to celebrate recovery.

Diversion

In addition to traditional outreach, the Board of Registered Nursing is now utilizing the Department of Consumer Affairs Facebook page by posting educational information about the Boards Diversion program. The Board is now also using Twitter to send out monthly "Tweets." The Diversion program is looking to leverage Social Media to assist in getting the word out about the Diversion program and recruit dedicated people to serve as Diversion Evaluation Committee members and as Nurse Support Group Facilitators.

Due to a consistent increase in probation participants, the BRN is in need of Nurse Support Group facilitators in all geographical areas, specifically in Humboldt, Los Angeles, Orange, and San Francisco counties.

The Diversion program hosted the annual Diversion Liaison Committee meeting on September 24, 2015, at the Double Tree by Hilton in Downtown San Diego. Board President, Michael Jackson, the Executive Officer, Louise Bailey, the Assistant Executive Officer, Stacie Berumen, Enforcement Chief, Beth Scott, the Diversion Program Manager, Don Henry Walker and staff, the Maximus Project Director, Virginia Matthews and case managers, along with representatives from the Diversion Evaluation Committees, two Public Members and one Nurse Support Group Facilitator were in attendance. There were approximately 29 attendees. The Diversion Liaison Committee meeting is held annually to maintain the continuity and integrity of the program in addition to providing a forum to vote on pertinent policy proposals that support the enhancement of the Diversion Program.

Diversion Evaluation Committees (DEC)

There are currently two physician member vacancies at this time. One vacancy is in Ontario (DEC 9), and the second vacancy is in North Central (DEC 12).

There is currently one RN member vacancies at this time, in Orange County (DEC 4).

There are currently two Public Member vacancies at this time. One vacancy is in Los Angeles (DEC 3), and the second is in Ontario (DEC 9)

Statistics – Diversion

The Statistical Summary Report for July 1, 2015 through August 31, 2015 is after this update. As of August 31, 2015, there were 2,001 successful completions.

9.2.1 Diversion Evaluation Committee Members

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

RESIGNATIONS

Below is the name of a DEC member who has resigned.

| <u>NAME</u> | <u>TITLE</u> | <u>DEC</u> | <u>#</u> |
|----------------|--------------|---------------|----------|
| Sally Barbella | RN | Orange County | 4 |

TRANSFERS

Below are the names of the DEC members who are being recommended for transfer.

| <u>NAME</u> | <u>TITLE</u> | <u>FROM DEC #</u> | <u>TO DEC #</u> |
|--------------|--------------|-------------------|------------------|
| Mihran Ask | MD | Orange County #4 | Ontario #9 |
| Peter Scheid | MD | Burbank #8 | Orange County #4 |

9.2.2 Develop AdHoc Mental Health Committee

On September 24, 2015, voting member attendees at this year’s annual Diversion Liaison Committee meeting unanimously voted in favor of seeking approval to establish a Mental Health Ad Hoc Committee. The purpose of this committee would be to develop best practice strategies to meet the unique needs of nurses with mental illness and to develop a model rehabilitation plan for use by all the Diversion Evaluation Committees.

9.3 Discussion and Possible Action on Petition for Modification of Penalty

The Board and staff are interested in pursuing additional options to handle petitions for reinstatement and modification of penalty workload.

Government Code section 11522 states:

“A person whose license has been revoked or suspended may petition the agency for reinstatement or reduction of penalty after a period of not less than one year has elapsed from the effective date of the decision or from the date of the denial of a similar petition. The agency shall give notice to the Attorney General of the filing of the petition and the Attorney General and the petitioner shall be afforded an opportunity to present either oral or written argument before the agency itself. The agency itself shall decide the petition, and the decision shall include the reasons therefor, and any terms and conditions that the agency reasonably deems appropriate to impose as a condition of reinstatement. This section shall not apply if the statutes dealing with the particular agency contain different provisions for reinstatement or reduction of penalty.”

Business and Professions Code section 2760.1(b) states:

“(b) The board shall give notice to the Attorney General of the filing of the petition. The petitioner and the Attorney General shall be given timely notice by letter of the time and place of the hearing on the petition, and an opportunity to present both oral and documentary evidence and argument to the board. The petitioner shall at all times have the burden of proof to establish by clear and convincing evidence that he or she is entitled to the relief sought in the petition.”

The Board may wish to consider accepting written argument in certain petition for modification of penalty cases where the petitioner was in complete compliance with probation conditions. A stipulated settlement could be negotiated between the Board’s legal representative and the petitioner which could then be considered either through the mail vote or in person closed session process.

9.4 Discussion and Possible Action on Adding Additional Discipline Meeting Dates in 2016

The Board directed staff to contact the Office of the Attorney General and Office of Administrative Hearings to see if they could handle an additional discipline day at a spring and fall 2016 committee meeting to reduce the backlog of petitioners.

Board staff will provide information regarding the board's request.

The AG's office stated a maximum of 12 petitioners per day could be handled by their staff and OAH. A suggestion that the board may need 2-4 Administrative Law Judges was also made.

9.5 Public Comment for Items Not on the Agenda

No public comment for items not on the agenda.

The Chair adjourned the committee meeting at approximately 2:05 p.m.

Approved: _____

DRAFT

**BOARD OF REGISTERED NURSING
Intervention/Discipline Committee
Agenda Item Summary**

**AGENDA ITEM: 9.1
DATE: January 14, 2016**

ACTION REQUESTED: Information Only: Complaint Intake and Investigations Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff

We recently hired a new Limited Term Staff Services Analyst, Robin Matson. She came to us from the Dental Board. She has over 9 years of enforcement and court experience.

This new hire puts us at full staffing levels.

Program

Complaint intake continues to work new complaints, ensuring cases are moving to investigations in a timely manner and that aging cases are worked as a priority.

We have one analyst that continues to work with the Department of Consumer Affairs (Department) BreZE team and involved in the Reports User Group, as well as the Enforcement User Group. There is another roll out scheduled this month for eight additional boards and bureaus to begin using BreZE.

The Controlled Substance Utilization Review & Evaluation System (CURES) had a soft launch July 1, 2015. CURES 2.0 was rolled out to users on January 8, 2016. Prescribers and furnishers are required to register as of July 1, 2016. The BRN continues to work closely with the Department's Executive team and the Department of Justice (DOJ) to ensure its success.

As of December 31, 2015, for the period July 1 through December 31, 2015, we received 3,810 complaints, we have 1,018 pending complaints. Of the 1,018 complaints, 35 cases are 1-2 years old and one case over 2 years old.

INVESTIGATIONS:

Staff

We are currently fully staffed in Northern California.

We have one vacancy in Southern California. Interviews will be conducted this month.

Program

We continue to assign cases based on the Department's Consumer Protection Enforcement Initiative (CPEI). As of December 28, 2015, there were approximately 43 BRN investigative cases over one

year old and there are approximately 38 DOI cases over one year old, that are still open.

Investigative staff continues to attend Task Force meetings and develop working relationships with allied agencies.

Statistics

| BRN Investigations | June 2015 | July 2015 | August 2015 | Sept 2015 | Oct 2015 | Nov 2015 |
|----------------------------------|-----------|-----------|-------------|-----------|----------|----------|
| Total cases assigned | 329 | 330 | 345 | 373 | 379 | 374 |
| Total cases unassigned (pending) | 166 | 176 | 179 | 121 | 106 | 155 |
| Average days to case completion | 247 | 238 | 232 | 275 | 267 | 265 |
| Average cost per case | \$2,810 | \$2,849 | \$2,632 | \$3,448 | \$2,728 | \$2,968 |
| Cases closed | 51 | 44 | 45 | 52 | 58 | 58 |
| Division of Investigations | June 2015 | July 2015 | August 2015 | Sept 2015 | Oct 2015 | Nov 2015 |
| Total cases assigned | 316 | 298 | 290 | 328 | 359 | 328 |
| Total cases unassigned (pending) | 33 | 38 | 53 | 71 | 29 | 30 |
| Average days to case completion | 299 | 271 | 271 | 302 | 220 | 318 |
| Average cost per case | \$6,185 | \$5,124 | \$5,896 | \$5,389 | \$4,155 | \$6,696 |
| Cases closed | 36 | 54 | 38 | 28 | 40 | 33 |

Investigators are focused on clearing all aging cases.

NEXT STEP:

Continue to review and adjust internal processes and work with DCA to create reports to monitor statistics for improvement in case processing time frames. Follow directions given by committee and/or board.

FISCAL IMPACT, IF ANY:

None at this time. Updates will be provided at each IDC meeting for review and possible action.

PERSON TO CONTACT:

Shannon Silberling, Chief
Complaint Intake and Investigations
(916) 515-5265

**BOARD OF REGISTERED NURSING
Intervention/Discipline Committee
Agenda Item Summary**

**AGENDA ITEM: 9.2
DATE: January 14, 2016**

ACTION REQUESTED: Information Only: Discipline and Probation Program update

REQUESTED BY: Cynthia Klein, RN, Chairperson

Staffing

Elizabeth Elias has been appointed to Probation Program Manager effective December 2015. Prior to manager, she was a probation monitor and has been with the Board since 2008.

The Probation Program has a vacancy for a Probation Monitor and the position will be filled soon.

Program – Discipline

The Discipline Unit is working with the Attorney General’s (AG) office to complete our cases in a timely manner and streamline our processes for efficiency.

Statistics - Discipline

Below reflects FY 14/15 (July 1, 2014 – June 30, 2015) discipline statistics:

| | |
|--------------------------------------|-------|
| Decisions Adopted | 1,578 |
| Pleadings served | 1,067 |
| Petitions to Revoke Probation served | 104 |
| Surrenders signed by E. O. | 291 |

Below reflects FY 15/16 (July 1, 2015 – January 4, 2016) discipline statistics:

| | |
|--------------------------------------|-----|
| Decisions Adopted | 666 |
| Pleadings served | 570 |
| Petitions to Revoke Probation served | 44 |
| Surrenders signed by E. O. | 123 |

The BRN continues to work with the DCA BreZE team to verify the accuracy of the performance measures statistics.

Program – Probation

The probation unit recently contributed to the re-design of the DCA-Enforcement Academy which should be available next spring.

Statistics - Probation

Statistics – July 1, 2015 to December 31, 2015

| Probation Data | Numbers | % of Active |
|--|--------------|-------------|
| Male | 309 | 29% |
| Female | 771 | 71% |
| Chemical Dependency | 713 | 66.0% |
| Required Drug-Screening | 573 | 53.1% |
| Practice | 263 | 24.3% |
| Mental Health | 5 | 0.5% |
| Conviction - excluding chemical dependency/alcohol use | 99 | 9.2% |
| Advanced Certificates | 101 | 9% |
| Southern California | 606 | 56% |
| Northern California | 468 | 43% |
| Pending AG - Tolled | 6 | 1% |
| Pending AG | 81 | 8% |
| License Revoked Fiscal YTD | 29 | |
| License Surrendered Fiscal YTD | 45 | |
| Terminated Fiscal YTD | 27 | |
| Successfully Completed Fiscal YTD | 79 | |
| Active In-State Probationers | 1,080 | |
| Completed/Revoked/Terminated/Surrendered YTD | 180 | |
| Tolled Probationers | 311 | |
| Active and Tolled Probationers | 1,391 | |

The average case load per probation monitor is approximately 135. Currently there are 42 Early Termination and 8 Modification of Probation cases waiting to be heard by the Board.

NEXT STEP:

Follow directions given by committee and/or board.

FISCAL IMPACT, IF ANY:

AG's budget line item will be closely monitored for Discipline and Probation.

PERSON TO CONTACT:

Beth Scott, Chief of Discipline, Probation, and Intervention
(916) 574-8187

BOARD OF REGISTERED NURSING
Intervention/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.3
DATE: January 14, 2016

ACTION REQUESTED: Information Only: Intervention Program Update and Statistics

REQUESTED BY: Cynthia Klein, RN, Chairperson

Staffing

The Intervention unit filled the vacant Office Technician position with an internal transfer from the licensing unit.

Program Update

Effective January 1, 2016, Pursuant to Senate Bill 800, the official name of the Diversion program changed to the Intervention Program. In preparation of the name change, Intervention staff worked diligently to update the program's policies, correspondence documents and website to reflect the program's new name.

CPS HR Consulting is conducting a contract and performance audit of MAXIMUS, the Intervention program's contractor. The audit is scheduled to conclude the last week of January, and a draft audit report with findings and recommendations will be submitted to the Department of Consumer Affairs by February 1, 2016.

On November 4, 2015, Intervention staff and Virginia Matthews, MAXIMUS Project Manager provided an educational Intervention Program presentation for the Los Angeles County University of Southern California Medical Center Nursing Leadership's Management Team. The presentation was well attended and the attendees indicated they appreciated the opportunity to learn about the Diversion Program and its role in public protection.

On November 19, 2015, Intervention staff and Virginia Matthews, MAXIMUS Project Manager conducted a presentation for the Association of Kern County Nurse Leaders (AKCNL). An important takeaway to this presentation was that irrespective of one's position in the nursing community whether its management or rank and file, no one is immune to substance use disorders and/or mental illness.

On December 2, 2015, MAXIMUS staff conducted a presentation at California State University of Sacramento (CSUS) to 77 Public Health Nursing students regarding substance use disorders, mental illness and how the Intervention program provides assistance for nurses in need.

Intervention Evaluation Committees (IEC)

There are currently two physician member vacancies at this time. One vacancy is in Burbank (IEC 8), and the second vacancy is in North Central (IEC 12).

There are currently four RN member vacancies at this time, one in Sacramento (IEC 1)*, one in Orange County (IEC 4), one in Burbank (IEC 8) and one in Santa Ana (IEC 14).

There are currently two Public Member vacancies at this time. One vacancy is in Los Angeles (IEC 3)*, and the second is in Ontario (IEC 9)*

***Asterisk denotes pending committee recommendation for Board approval of IEC members included in Agenda Item 9.3.1**

Statistics – Diversion

The Statistical Summary Report for September 1, 2015, through November 30, 2015, is after this update. As of November 30, 2015, there were 2,020 successful completions.

| | |
|-------------------------------|--|
| NEXT STEP: | Follow directions given by Committee and/or Board. |
| FISCAL IMPACT, IF ANY: | None at this time. |
| PERSON TO CONTACT: | Don Henry Walker Intervention Program Manager (916) 574-7619 |

**BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
September 1, 2015 - November 30, 2015**

| | CURRENT MONTHS | YEAR TO DATE (FY) | PROGRAM TO DATE |
|--|-----------------|-------------------|-----------------|
| INTAKES COMPLETED | 37 | 56 | 5,061 |
| INTAKE INFORMATION | | | |
| Female | 26 | 40 | 3,950 |
| Male | 11 | 16 | 1,084 |
| Unknown | 0 | 0 | 27 |
| Average Age | 35-64 | | |
| Most Common Worksite | Unemployed | | |
| Most Common Specialty | Critical Care | | |
| Most Common Substance Abused | Alcohol/Opiates | | |
| PRESENTING PROBLEM AT INTAKE | | | |
| Substance Abuse (only) | 16 | 25 | 3,177 |
| Mental Illness (only) | 3 | 4 | 166 |
| Dual Diagnosis | 16 | 25 | 1,637 |
| Undetermined | 2 | 2 | 81 |
| REFERRAL TYPE* | | | |
| Board | 28 | 45 | 3,724 |
| Self | 9 | 11 | 1,337 |
| *May change after Intake | | | |
| ETHNICITY (IF KNOWN) AT INTAKE | | | |
| American Indian/Alaska Native | 0 | 0 | 39 |
| Asian/Asian Indian | 3 | 4 | 118 |
| African American | 3 | 3 | 163 |
| Hispanic | 2 | 2 | 214 |
| Native Hawaiian/Pacific Islander | 0 | 1 | 28 |
| Caucasian | 26 | 44 | 4,157 |
| Other | 2 | 2 | 76 |
| Not Reported | 0 | 0 | 266 |
| CLOSURES | | | |
| Successful Completion | 19 | 30 | 2,020 |
| Failure to Derive Benefit | 0 | 0 | 121 |
| Failure to Comply | 3 | 4 | 975 |
| Moved to Another State | 0 | 0 | 52 |
| Not Accepted by DEC | 1 | 1 | 59 |
| Voluntary Withdrawal Post-DEC | 0 | 1 | 332 |
| Voluntary Withdrawal Pre-DEC | 2 | 4 | 517 |
| Participant Withdrawn-Failure to sign con | 0 | 0 | 1 |
| Closed Public Risk | 7 | 13 | 337 |
| No Longer Eligible | 1 | 1 | 17 |
| Clinically Inappropriate | 0 | 2 | 32 |
| Client Expired | 0 | 0 | 40 |
| Sent to Board Pre-DEC | 1 | 1 | 2 |
| TOTAL CLOSURES | 34 | 57 | 4,505 |
| NUMBER OF PARTICIPANTS: 429 (as of November 30, 2015) | | | |

BOARD OF REGISTERED NURSING
Intervention/Discipline Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.3.1
DATE: January 14, 2016

ACTION REQUESTED: Intervention Evaluation Committee Members/ New Appointments, Reappointments, Transfers & Resignations

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

In accordance with B & P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Intervention Evaluation Committees. Each Committee for the Intervention Program is composed of three registered nurses, a physician and a public member with expertise in substance use disorders and/or mental health.

APPOINTMENTS

Below are the names of the candidates who are being recommended for appointment to the Intervention Evaluation Committees (IEC). Their applications and résumés are attached. If appointed, their terms will expire June 30, 2020.

| <u>NAME</u> | <u>TITLE</u> | <u>IEC</u> | <u>NO</u> |
|----------------|---------------|-------------|-----------|
| Darryl Levin | Public Member | Los Angeles | 3 |
| Cynthia Schick | Public Member | Ontario | 9 |
| Wendy Prothro | RN | Santa Ana | 14 |

RESIGNATIONS

Below are the names of the IEC members who have resigned.

| <u>NAME</u> | <u>TITLE</u> | <u>IEC</u> | <u>NO</u> |
|----------------|--------------|------------|-----------|
| Tonia Jones | RN | Santa Ana | 14 |
| Bill Frantz | RN | Sacramento | 1 |
| Rodney Collins | MD | Burbank | 8 |

TRANSFERS

Below are the names of the IEC members who are being recommended for transfer.

| <u>NAME</u> | <u>TITLE</u> | <u>FROM IEC #</u> | <u>TO IEC #</u> |
|---------------|--------------|-------------------|-----------------|
| David Aust | RN | Bay Area #2 | Sacramento #1 |
| Sara Cardiner | RN | Burbank #8 | Bay Area #2 |

NEXT STEP:

Continue recruiting efforts.

PERSON TO CONTACT:

Don Henry Walker
Intervention Program Manager
(916) 574-7619

BOARD OF REGISTERED NURSING
Intervention/Discipline Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.3.2

DATE: January 14, 2016

ACTION REQUESTED: Intervention Program Policy Revisions submitted at
September 24, 2015, Diversion Liaison Committee Meeting

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

On September 24, 2015, voting member attendees at last year's annual Diversion Liaison Committee meeting unanimously voted in favor of approving one new policy (*) and revising eight of the existing Intervention program policies. The purposes of the new and revised policies are to strengthen the program, increase administrative flexibility, and provide added consumer protection.

Policies

- Intervention Evaluation Committee Applicant Criteria (DIV-F-02)
- Intervention Program Transition Phase Minimum Monitoring Parameters (DIV-P-06)
- Intervention Program Criteria for Approval of Nurse Support Group Facilitators/Co-Facilitators (DIV-P-11)
- Board of Registered Nursing Procedures for Investigation of Complaints Against Nurse Support Group Facilitators/Co-Facilitators (DIV-P-15)

The following policies will be presented for Discussion at the March 10, 2016, Intervention Discipline Committee meeting:

- Intervention Program Criteria for Successful Completion (DIV-P-08)
- Nurse Support Group Facilitator/Co-Facilitator Procedural Requirements (DIV-P-10)
- Intervention Program Criteria for Successful Completion: Mental Health (DIV-P-13)
- Intervention Program Criteria for Selection of Treatment Providers (DIV-P-17)
- *Consequences for Intervention Program Violations (DIV-P-31)

NEXT STEP: Follow directions given by Committee and/or Board

PERSON TO CONTACT: Don Henry Walker
Intervention Program Manager
(916) 574-7619

BOARD OF REGISTERED NURSING
Intervention/Discipline Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.3.3

DATE: January 14, 2016

ACTION REQUESTED: Discussion and Possible Approval of the revised Intervention Evaluation Committee Applicant Criteria (DIV-F-02/Attached)

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Intervention Program staff proposes revising the Intervention Evaluation Committee applicant criteria to include a five (5) year recovery requirement. There currently is no recovery criteria so this revision will serve to reinforce the integrity of the program and provide a greater level of public safety. In addition, this will be consistent with the current five (5) year recovery requirement of Nurse Support Group Facilitators/Co-Facilitators.

NEXT STEP: Follow directions given by Committee and/or Board

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Don Henry Walker
Intervention Program Manager
(916) 574-7619



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

INTERVENTION EVALUATION COMMITTEES

The Board of Registered Nursing is now accepting applications for its Intervention Evaluation Committees (IECs). These committees, which are composed of registered nurses, physicians and public members, are integral parts of the Board's Intervention Program for chemically dependent and mentally impaired nurses.

In making a determination to apply, the following factors should be considered:

EXPERTISE - Members must have demonstrated expertise in the field of substance use disorders and/or mental health. If in recovery, members must have a minimum of five (5) years recovery.

TIME – A minimum of four days per year in attendance will be required for committee meetings. Committee members must be available for telephone consultation with program staff relative to program participants and other program issues. The appointments are for a term of two to four years.

FINANCIAL REIMBURSEMENT - Committee members will be reimbursed for travel expenses (i.e., transportation, meals and lodging at the prevailing state rate) and will receive \$100/day per diem for attendance at each committee meeting and \$100 for preparation for the meeting.

RESPONSIBILITIES – As part of the committee, evaluate and determine which registered nurses will be admitted to the Program; develop a rehabilitation plan for each participant; determine whether the participant may with safety continue or resume the practice of nursing; and receive and review information pertaining to program participants.

CONFLICT OF INTEREST – DCA's Conflict of Interest Code 16 CCR §3830; Gov. Code §87302(a) requires certain designated employees, including IEC members, to file annual financial disclosure statements (Statements of Economic Interest). All new appointees will be provided with the Fair Political Practices Commission's Statement of Economic Interest Form 700.

IEC members cannot be involved in any other program components of the BRN's Intervention Program. Other program components include Nurse Support Group Facilitator/Co-Facilitator, Expert Witness, Nurse Consultant. The Intervention Program is contracted to a private contractor outside of State service. IEC members cannot be involved with the contractor as staff or Clinical Assessors.

The Intervention Program is contracted to a private contractor outside of State service. IEC members cannot be involved in other program components of the BRN Intervention Program, e.g., Nurse Support Group Facilitator/Co-Facilitator, Expert Witness, Clinical Assessor, Nurse Consultant, Contractor Staff.

EQUIPMENT – It is required that you have a personal laptop/tablet and access to internet in order to obtain confidential participant records.

If you have any questions regarding the application or the Intervention Program, please call the Intervention Unit at (916) 574-7692.

Describe your education or work experience with Substance Use Disorders:

Describe your education or work experience with Mental Health:

Explain your philosophical beliefs relative to the treatment of Substance Use Disorders.

PLEASE INDICATE YOUR FIRST, SECOND AND THIRD IEC LOCATION PREFERENCE:

Sacramento Bay Area Los Angeles Orange County
 Fresno San Jose Burbank Palm Springs
 Ontario San Diego

I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES, TIME COMMITMENTS AND REIMBURSEMENT OF INTERVENTION EVALUATION COMMITTEE MEMBERS.

Signature _____ **Date:** _____

SUBMIT COMPLETED APPLICATION AND RESUME TO:

Intervention Program Manager
Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244-2100



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

~~DIVERSION~~INTERVENTION EVALUATION COMMITTEES

The Board of Registered Nursing is now accepting applications for its **~~DIVERSION~~INTERVENTION** Evaluation Committees (**~~D~~I**E**EC's**). These committees, which are composed of registered nurses, physicians and public members, are integral parts of the Board's **~~DIVERSION~~INTERVENTION** Program for chemically dependent and mentally impaired nurses.

In making a determination to apply, the following factors should be considered:

EXPERTISE - Members must have demonstrated expertise in the field of substance use disorders and/or mental health. If in recovery, members must have a minimum of five (5) years recovery.

TIME – A minimum of four days per year in attendance will be required for committee meetings. Committee members must be available for telephone consultation with program staff relative to program participants and other program issues. The appointments are for a term of two to four years.

FINANCIAL REIMBURSEMENT - Committee members will be reimbursed for travel expenses (i.e., transportation, meals and lodging at the prevailing state rate) and will receive \$100/day per diem for attendance at each committee meeting and \$100 for preparation for the meeting.

RESPONSIBILITIES – As part of the committee, evaluate and determine which registered nurses will be admitted to the Program; develop a rehabilitation plan for each participant; determine whether the participant may with safety continue or resume the practice of nursing; and receive and review information pertaining to program participants.

CONFLICT OF INTEREST – DCA's Conflict of Interest Code 16 CCR §3830; Gov. Code §87302(a) requires certain designated employees, including **~~D~~I**E**EC members, to file annual financial disclosure statements (Statements of Economic Interest). All new appointees will be provided with the Fair Political Practices Commission's Statement of Economic Interest Form 700.**

~~D~~IE**EC members cannot be involved in any other program components of the BRN's **~~DIVERSION~~INTERVENTION** Program. Other program components include Nurse Support Group Facilitator/Co-Facilitator, Expert Witness, Nurse Consultant. The **~~DIVERSION~~INTERVENTION** Program is contracted to a private contractor outside of State service. **~~D~~I**E**EC members cannot be involved with the contractor as staff or Clinical Assessors.****

The **~~DIVERSION~~INTERVENTION** Program is contracted to a private contractor outside of State service. **~~D~~I**E**EC members cannot be involved in other program components of the BRN**

| DiversionIntervention Program, e.g., Nurse Support Group Facilitator/Co-Facilitator, Expert Witness, Clinical Assessor, Nurse Consultant, Contractor Staff.

| **EQUIPMENT** – It is required that you have a personal laptop/tablet and access to internet in order to obtain confidential participant records.

| If you have any questions regarding the application or the DiversionIntervention Program, please call the DiversionIntervention Unit at (916) 574-7692.



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

DIVERSION INTERVENTION EVALUATION COMMITTEE (IDEC) APPLICATION

PLEASE PRINT OR TYPE

NAME: _____

ADDRESS: _____

PHONE: () () ()
 Work Home Cell

_____ () _____
E-Mail Fax

Category for which you are applying: *Nurse *Physician *Public Member

California License Number: _____

**(California license must be active/current and in good standing)*

Area(s) of Expertise: Substance Use Mental Health
 Disorder

Attach a current resume. Please answer the following questions - use extra paper if necessary:
Explain why you are interested in becoming a IDEC member:

Describe your education or work experience with Substance Use Disorders:

Describe your education or work experience with Mental Health:

Explain your philosophical beliefs relative to the treatment of Substance Use Disorders.

PLEASE INDICATE YOUR FIRST, SECOND AND THIRD **DEC** LOCATION PREFERENCE:

_____ Sacramento _____ Bay Area _____ Los Angeles _____ Orange County
_____ Fresno _____ San Jose _____ Burbank _____ Palm Springs
_____ Ontario _____ San Diego

I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES, TIME COMMITMENTS AND REIMBURSEMENT OF **DIVERSION INTERVENTION** EVALUATION COMMITTEE MEMBERS.

Signature _____ Date: _____

SUBMIT COMPLETED APPLICATION AND RESUME TO:

Diversion**Int**er**vention** Program Manager
Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244-2100

BOARD OF REGISTERED NURSING
Intervention/Discipline Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.3.4

DATE: January 14, 2016

ACTION REQUESTED: Discussion and Possible Approval of the revised Intervention Program Transition Phase Minimum Monitoring Parameters (DIV-P-06/Attached)

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Intervention staff proposes revising language in the above listed policy to reflect requirements that participants in the transition phase of the Intervention Program do the following:

- Participants will be in the Transition phase of the program for a minimum of one year (1) as opposed to “a period of time” as currently noted in (DIV-P-06). This will eliminate any confusion and ensure a consistent minimum duration.
- Requiring participants to complete an approved relapse prevention workbook. This was not a requirement, but has been intermittently requested by the Intervention Program Committee (IEC). It is the IEC’s position that a relapse prevention workbook is of great value to the participants and will serve to strengthen the program.
- Submission of quarterly work-site monitors reports. This revision is an update as reports were formerly submitted monthly, but are now required quarterly.
- Attend Nurse Support Group meetings as approved by the IEC. Participants were formerly not required to attend Nurse Support Group in Transition.
- Attend 12-step meetings as approved by the Intervention Evaluation Committee. Participants were formerly not required to attend 12-step meetings in Transition.

NEXT STEP: Follow directions given by Committee and/or Board

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Don Henry Walker
Intervention Program Manager
(916) 574-7619



INTERVENTION PROGRAM TRANSITION PHASE MINIMUM MONITORING PARAMETERS

An Intervention Evaluation Committee (IEC) will place a participant on a minimum monitoring transition phase for a period of time of no less than one year before granting successful completion from the Intervention Program.

The objective of a Transition Phase is to allow the participant to take full responsibility for their own recovery process while still in the Intervention Program. An individual placed in a transition phase should have met all the criteria for successful completion of the Intervention Program, completed an approved relapse prevention workbook and have submitted a "transition packet" acceptable to the Committee.

During the Transition Phase, all limitations on nursing practice and all requirements of the Intervention Program will be removed with the exception of the following:

Minimum monitoring to reasonably assure public safety:

- Random body fluid monitoring
- Quarterly work-site monitor reports
- Nurse support group meeting attendance as approved by the IEC
- 12-step meeting attendance as approved by the IEC
- Monthly self-reports
- Fees



~~DIVERSION~~INTERVENTION PROGRAM TRANSITION PHASE MINIMUM MONITORING PARAMETERS

An ~~Diversion~~Intervention Evaluation Committee (IEC) will place a participant on a minimum monitoring transition phase for a period of time of no less than one year before granting successful completion from the ~~Diversion~~Intervention Program.

The objective of a Transition Phase is to allow the participant to take full responsibility for their own recovery process while still in the ~~Diversion~~Intervention Program. An individual placed in a transition phase should have met all the criteria for successful completion of the ~~Diversion~~Intervention Program, completed an approved relapse prevention workbook and have submitted a "transition packet" acceptable to the Committee.

During the Transition Phase, all limitations on nursing practice and all requirements of the ~~Diversion~~Intervention Program will be removed with the exception of the following:

Minimum monitoring to reasonably assure public safety:

- Random body fluid monitoring
- Quarterly work-site monitor reports, ~~monthly~~
- Nurse support group meeting attendance as approved by the IEC
- 12-step meeting attendance as approved by the IEC
- Monthly self-reports
- Fees

~~Participants should have returned to nursing practice with no restrictions unless the Diversion Evaluation Committee believes that the participant has made a career change from hands-on patient care.~~

BOARD OF REGISTERED NURSING
Intervention/Discipline Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.3.5
DATE: January 14, 2016

ACTION REQUESTED: Discussion and Possible Approval of the revised Intervention Program Criteria for Approval of Nurse Support Group Facilitators/Co-Facilitators (DIV-P-11/Attached)

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Intervention staff proposes revising language in the above listed policy to give the Board flexibility to increase the pool of qualified candidates.

The proposed changes will allow a Registered Nurse or an individual that is certified by the state or other nationally certified organization with three (3) years of stated experience to be considered for appointment.

NEXT STEP: Follow directions given by Committee and/or Board

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Don Henry Walker
Intervention Program Manager
(916) 574-7619



INTERVENTION PROGRAM CRITERIA FOR APPROVAL OF NURSE SUPPORT GROUP FACILITATORS/CO-FACILITATORS

All Facilitators and Co-Facilitators for Nurse Support Groups in the Intervention Program must:

1. Be a registered nurse or certified by the state or other nationally certified organization
2. Have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse and/or mental health
3. Have experience facilitating group process
4. If in recovery, have a minimum of five (5) years recovery

All Facilitators and Co-Facilitators must not:

1. Have a Board accusation pending, or be on Board probation
2. Be a current participant in the Intervention Program



~~DIVERSION~~INTERVENTION PROGRAM **CRITERIA FOR APPROVAL OF NURSE SUPPORT GROUP** **FACILITATORS/CO-FACILITATORS**

All Facilitators and Co-Facilitators for Nurse Support Groups in the ~~Diversion~~Intervention Program must:

1. Be a registered nurse or certified by the state or other nationally certified organization. ~~(If the primary Facilitator is not a registered nurse, the Co-facilitator must be a RN.)*~~
 2. ~~Have a demonstrated expertise in the field of substance use disorders as evidenced by:~~
 - a. ~~Having worked in the area for at least one year within the last three years and having at least two (2) semester units or three (3) quarter units or thirty (30) hours of continuing education in the area of substance use disorders.~~
- ~~Or~~
2. Certification or eligibility for certification in the area. Have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse and/or mental health
3. Have ~~a minimum of six months~~ experience facilitating group process.
 4. If in recovery, have a minimum of five (5) years recovery.

All Facilitators and Co-Facilitators must not:

1. Have a Board accusation pending, or be on Board probation.
2. Be a current participant in the ~~Diversion~~Intervention Program.

~~*Persons who were Nurse Support Group Facilitators at the time these criteria were approved by the Board of Registered Nursing and who were not registered nurses but met all other requirements listed above remained approved.~~

BOARD OF REGISTERED NURSING
Intervention/Discipline Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.3.6

DATE: January 14, 2016

ACTION REQUESTED: Discussion and Possible Approval of the revised Board of Registered Nursing Procedures for investigation of Complaints Against Nurse Support Group Facilitators/Co-Facilitators (DIV-P-15/Attached)

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Intervention staff proposes revising language in the above listed policy to streamline the procedure for investigation of complaints against Nurse Support Group Facilitators/Co-Facilitators. In addition, language has been added outlining causes that may result in the Intervention Program Manager rescinding the approval of the Facilitators/Co-Facilitators.

NEXT STEP: Follow directions given by Committee and/or Board

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Don Henry Walker
Intervention Program Manager
(916) 574-7619



BOARD OF REGISTERED NURSING PROCEDURES FOR INVESTIGATION OF COMPLAINTS AGAINST NURSE SUPPORT GROUP FACILITATORS/CO-FACILITATORS

When a complaint is received about a Board of Registered Nursing (BRN) approved Nurse Support group Facilitator or Co-Facilitator regarding the role as a nurse support facilitator, the following will occur:

- ◆ Intervention Program Contractor or BRN staff will call the Facilitator/Co-Facilitator to inform them about the complaint. (The identity of the complainant will be kept confidential.) The Facilitator/Co-Facilitator will be given an opportunity to address the issues identified in the complaint.
- ◆ Contractor will prepare a report that will include any information obtained from the Facilitator/Co-Facilitator and the complainant. This report will be forwarded to the Board of Registered Nursing's Intervention Program Manager (IPM) for review.
- ◆ The IPM will determine if further inquiries are warranted and make appropriate contacts. If the IPM believes that [the matter has been resolved or the complaint is unfounded and no further action is warranted, the Facilitator/Co-Facilitator will be notified.
- ◆ If the IPM determines that corrective action needs to be taken, the IPM will notify the Facilitator/Co-Facilitator in writing of corrective steps to be taken. If the Facilitator/Co-Facilitator does not agree to resolve the complaint with a corrective action that is amenable to the IPM, approval as a Facilitator/Co-Facilitator will be rescinded. Depending on the seriousness of the complaint, the IPM may immediately rescind the approval of the Facilitator/Co-Facilitator until further notice.
- ◆ Once the corrective action is agreed to in writing, the Facilitator/Co-Facilitator will be closely monitored by the IPM, Contractor, and Intervention Evaluation Committees to ensure that the problem has been corrected.

If the IPM believes the Facilitator/Co-Facilitator has not corrected the situation, the IPM may rescind the approval of the Facilitator/Co-Facilitator permanently. The Facilitator/Co-Facilitator will be notified in writing of the final decision. If this occurs, the Contractor will be notified and participants in the Board of Registered Nursing's Intervention and Probation Programs will no longer be assigned to the group.

Any participants who are currently in the group will be reassigned. (If the Facilitator's approval is rescinded, the Co-Facilitator's may be able to take over the group with BRN approval. If the Co-Facilitator's approval is rescinded, the Facilitator may continue to run the group.)

Approval of Facilitators or Co-Facilitators may be rescinded permanently for any of the following reasons:

1. Inability to competently perform Facilitator or Co-facilitator duties and responsibilities as specified in policy DIV-P-10 (Nurse Support Group Facilitator/Co-Facilitator Procedural Requirements)
2. Current discipline against facilitator's or co-facilitator's license or certificate
3. Conviction of a crime substantially-related to the qualifications, functions, or duties of the facilitator's or co-facilitator's license or certificate
4. Failure to maintain an active license or certificate
5. Relapse of Facilitator or Co-Facilitator
6. Breach of Confidentiality
7. Cause

SOME COMPLAINTS WHICH ARE SERIOUS IN NATURE AND A VIOLATION OF THE NURSING PRACTICE ACT MAY WARRANT FORMAL INVESTIGATION BY THE BRN OR ANOTHER REGULATORY AGENCY.



BOARD OF REGISTERED NURSING PROCEDURES FOR INVESTIGATION OF COMPLAINTS AGAINST NURSE SUPPORT GROUP FACILITATORS/CO-FACILITATORS

When a complaint is received about a Board of Registered Nursing (BRN) approved Nurse Support group Facilitator or Co-Facilitator, regarding the role as a nurse support facilitator, the following will occur:

- ◆ Diversion Intervention Program Contractor or BRN staff will call the Facilitator/Co-Facilitator to inform them about the complaint. (The identity of the complainant will be kept confidential.) The Facilitator/Co-Facilitator will be given an opportunity to address the issues identified in the complaint.
- ◆ Contractor will prepare a report that will include any information obtained from the Facilitator/Co-Facilitator and the complainant. This report will be forwarded to the Board of Registered Nursing's Diversion Intervention Program Manager (DPM/IPM) for review.
- ◆ The DPM/IPM will determine if further inquiries are warranted and make appropriate contacts. If the DPM/IPM believes that [the matter has been resolved or the complaint is unfounded and no further action is warranted, the Facilitator/Co-Facilitator will be notified.
- ◆ If the DPM/IPM determines that corrective action needs to be taken, the DPM/IPM will notify the Facilitator/Co-Facilitator in writing of corrective steps to be taken. If the Facilitator/Co-Facilitator does not agree to resolve the complaint with a the corrective action that is amenable to the IPM, approval as a Facilitator/Co-Facilitator will be rescinded. ~~(Depending on the seriousness of the complaint, in some cases, the DPM/IPM may immediately rescind the approval of the Facilitator/Co-Facilitator until further notice. In those instances, the Contractor will be notified to discontinue sending participants to the group and/or reassign current participants to another group until further notice.)~~
- ◆ Once the corrective action is agreed to in writing, the Facilitator/Co-Facilitator will be closely monitored by the DPM/IPM, Contractor, and Diversion Intervention Evaluation Committees to ensure that the problem has been corrected.

◆ If the ~~DPM~~IPM believes the Facilitator/Co-Facilitator has not corrected the situation ~~or has not agreed to the corrective action~~, the ~~DPM~~IPM ~~will~~may ~~make a recommendation to the Executive Officer for the BRN to~~ rescind the approval of the Facilitator/Co-Facilitator permanently. The Facilitator/Co-Facilitator will be notified in writing of the final decision. If this occurs, the Contractor will be notified and participants in the Board of Registered Nursing's ~~Diversion~~Intervention and Probation Programs will no longer be assigned to the group. Any participants who are currently in the group will be reassigned. (If the Facilitator's approval is rescinded, the Co-Facilitator's may be able to take over the group with BRN approval. If the Co-Facilitator's approval is rescinded, the Facilitator may continue to run the group.)

Approval of Facilitators or Co-Facilitators ~~can~~may be rescinded permanently for any of the following reasons:

1. Inability to competently perform Facilitator or Co-facilitator duties and responsibilities as specified in policy DIV-P-10 (Nurse Support Group Facilitator/Co-Facilitator Procedural Requirements)
2. Current discipline against facilitator's or co-facilitator's license or certificate
3. Conviction of a crime substantially-related to the qualifications, functions, or duties of the facilitator's or co-facilitator's license or certificate
4. Failure to maintain an active license or certificate
- ~~1~~5. Relapse of Facilitator or Co-Facilitator
- ~~2~~6. Breach of Confidentiality
- ~~3~~7. Cause

~~PLEASE NOTE: THE DECISION OF THE BRN IS FINAL. HOWEVER, NOTHING WILL BE DONE WITHOUT GIVING EVERYONE INVOLVED AN OPPORTUNITY TO REFUTE OR EXPLAIN THE CIRCUMSTANCES SURROUNDING THE COMPLAINT.~~

SOME COMPLAINTS WHICH ARE SERIOUS IN NATURE AND A VIOLATION OF THE NURSING PRACTICE ACT MAY WARRANT FORMAL INVESTIGATION BY THE BRN OR ANOTHER REGULATORY AGENCY.

BOARD OF REGISTERED NURSING
Intervention/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.4
DATE: January 14, 2016

ACTION REQUESTED: Vote on whether to recommend approval of modified Regulatory Proposal to Modify the Recommended Guidelines for Disciplinary Orders and Conditions of Probation in California Code of Regulations, Article 1, Section 1444.5, Disciplinary Guidelines

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

The Board of Registered Nursing (BRN) approved a regulatory package to amend the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (Guidelines) at its June 4, 2015 board meeting. The Recommended Guidelines for Disciplinary Orders were last amended in 2003. BRN staff reviewed the Guidelines prior to the overhaul of the board members in 2010 and a regulatory proposal was initiated in March 2011 to incorporate the Uniform Standards as required by SB 1441; however, the board was sunset in December 2011 and the regulatory proposal was not acted upon by the board in time.

The language approved by the board at its June 2015 board meeting was reviewed by DCA Legal Counsel who suggested modifying the language. Attached you will find the suggested language as modified by DCA Legal Counsel for your consideration and approval.

NEXT STEP: Follow directions given by committee and board.

PERSON TO CONTACT: Stacie Berumen
Assistant Executive Officer
Phone: (916) 574-7600

§1444.5. Disciplinary Guidelines.

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the board shall consider the disciplinary guidelines entitled: “Recommended Guidelines for Disciplinary Orders and Conditions of Probation” (10/0205/2015), which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board, in its sole discretion, determines that the facts of the particular case warrant such a deviation -for example: the presence of mitigating factors; the presence of aggravating factors; the age of the case; or evidentiary problems issues.

Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any acts of sexual contact, as defined in subdivision (c) of Section 729 of the Business and Professions Code, with a patient, or has committed an act or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

(b) Notwithstanding subsection (a), the Board shall use the uniform standards for substance-abusing licensees as provided in Section 1445.51, without deviation, for each individual determined to be a substance-abusing licensee.

Authority cited: Section 2715, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 2750, 2759, 2761 and 2762, Business and Professions Code; and Sections 11400.20 and 11425.50(c), Government Code.

HISTORY:

1. New section filed 6-17-97; operative 6-17-97 pursuant to Government Code section 11343.4(d) (Register 97, No. 25).
2. Amendment of "Recommended Guidelines for Disciplinary Orders and Conditions of Probation" (incorporated by reference) and amendment of section filed 6-14-2000; operative 7-14-2000 (Register 2000, No. 24).
3. Amendment of section and Note filed 4-24-2003; operative 5-24-2003 (Register 2003, No. 17).
4. Amendment of section and Note filed 7-23-2014; operative 7-23-2014 pursuant to Government Code section 11343.4(b)(3) (Register 2014, No. 30).

§1444.51. Uniform Standards Related to Substance Abuse.

(a) The board shall also apply, as required, the Department of Consumer Affairs' Substance Abuse Coordination Committee's Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (April 2011) [hereafter "Uniform Standards"], which are hereby incorporated by reference. The "Uniform Standards" describe the mandatory conditions that apply to a substance

abusing licensee, except that the board may impose more restrictive conditions if necessary to protect the public.

(b) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the board finds that the evidence proves that an individual is a substance abusing licensee for the purposes of section 315 of the code, then all relevant terms and conditions contained in the Disciplinary Guidelines and the “Uniform Standards” shall apply as written and be used in the order placing the licensee on probation.

(a) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the government Code (commencing with Sections 11500 et seq.), the Board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions contained in the document entitled “Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders,” New February 2016, which are hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board’s guidelines referenced in Section 1444.5 in any order that the Board determines would provide greater public protection.

Note: Authority cited: Section 2715, Business and Professions Code and Section 11400.20, Government Code. Reference: Sections 315, 315.2, 315.4, 2750, 2759, 2761 and 2762, Business and Professions Code; and Sections 11400.20 and 11425.50(c), Government Code.