



INTERVENTION/DISCIPLINE COMMITTEE MINUTES

DATE: October 4, 2017

SITE: Los Angeles Airport Marriott
 5855 West Century Blvd.
 Los Angeles, California 90045
 (310) 641-5700

MEMBERS PRESENT: Barbara Yaroslavsky – Chair
 Cynthia Klein, RN

MEMBERS NOT PRESENT: Imelda Ceja-Butkiewicz

STAFF PRESENT: Stacie Berumen, Assistant Executive Officer
 Shannon Silberling, Deputy Chief, Discipline, Probation & Diversion
 Joseph Pacheco, Deputy Chief, Complaints and Investigations

The Chair called the meeting to order at approximately 1:00 p.m.

9.0 REVIEW AND APPROVE MINUTES:

Approve/Not Approve: Minutes of August 10, 2017

Motion: Barbara Yaroslavsky to approve the August 10, 2017 minutes			
Second: Cindy Klein			
CK: Y	BY: Y	ICB: Absent	

9.1 Complaint Intake and Investigations Update

As this committee is aware, in 2016 the BRN Enforcement Division underwent a review by the State Auditor. My report will focus on some of the issues occurring prior to the Audit, and the Complaint Intake and Investigation Units’ actions in response to the December 2016 audit report.

Improvement in Data Availability

Although the BRN transitioned to the new BreZE computer system in October 2013, the data reporting capability of the system, at first, was under-developed. Prior to April 2015, BreZE

was unable to report the volume of complaints received by BRN, nor was it able to report our overall disciplinary timelines.

Publicly published BRN Enforcement Performance Reports from Jan-March 2015, Jul-Sept 2016, and Mar-Jun 2017 are attached to this report for comparison purposes.

Prior to and during the Audit of 2016, our Enforcement Division had already begun taking steps to improve workflow, make efficiencies in our business processes, and address Complaint Intake and Investigation case processing timeframes.

After the release of the December 2016 Audit Report, a large number of previously submitted BRN requests for system improvements to the BreEZe system were “fast-tracked” by the DCA Office of Information Technology. Through a renewed partnership with the DCA-OIS, BRN could realize much needed data collection and business process improvements in the BreEZe system. BRN Staff & Management was also given training and access to run customized reports as needed.

By March 2017, DCA-OIS, in partnership with BRN staff, developed more than 30 standardized management information reports which tracked over 50 individual enforcement case processing milestones. Summaries of these data have been provided to the committee in recent committee meetings.

Audit Response

The audit report contained 26 business process improvement recommendations. The BRN Enforcement Division has taken significant, and decisive action on every single recommendation in the audit report. In addition to the data improvements previously mentioned, BRN Audit Response actions have included the following:

- Complaint Intake and Investigation managers have revised or re-written all unit policies and procedures manuals.
- Timeframe guidelines have been established for all critical case processing milestones.
- Management Monitoring Plans have been established for managers to follow. Additionally, these guidelines instruct managers how and when to conduct workload reviews/audits of the workloads under their supervision, and provides instructions in the evaluation and use of the various data reports.
- With a partnership between the Office of the Attorney General, DCA, DOI and BRN created a formal training curriculum for all sworn and non-sworn staff investigating BRN cases. A training manual has also been developed and distributed to all BRN and DOI investigators.
- A successful print, mail, and social media recruitment campaign was developed to hire needed Expert Practice Consultants for the enforcement workload. Our Expert Database has also been updated to capture recruitment data. This data will be utilized to evaluate the most effective recruitment methods for future use.

- The backlog of unassigned investigations has been eliminated. All cases are assigned within 10-days of referral to the investigation unit. This was accomplished by increasing each investigator's average caseload by 25%.
- BRN and DOI management meet on a regular basis to discuss mutual case issues. We have discussed and agreed upon investigation timeline goals of 240 days. Data reports show significant progress toward meeting those goals.

Results of Process Improvements

From March 2015 to September 2016 – The earliest BreEZe reports available through mid-way in the audit.

- Average monthly complaint volume **increased** by 26% (561 vs. 707 per month respectively),
- At the same time, Intake Cycle time, the average time from complaint receipt to investigations, **decreased** by 79% (23 days vs. 4 days).
- Formal Discipline Cycle Time decreased by 156 days (857* vs 701 days)

**-Data entry parameters were not established as BreEZe reports were still being developed.*

From September 2016 to June 2017

- Average monthly complaint volume increased very slightly (701 vs 727 per month)
- Average Intake Cycle Time also increased very slightly (4 vs. 5 days)
- Formal Discipline Cycle time decreased by another 89 days (701 vs 612 days). Since BreEZe began reporting this performance measure in early 2015, BRN disciplinary cycle time has decreased by a total of 245 days.

To increase our efficiency, the Complaint Intake Unit has taken on additional assignments, staff are working overtime, and coming in on weekends. Management has engaged staff, listened to their collective ideas, and have implemented many of the staff recommendations. We have also tasked the Complaint Intake and Investigation Units with a multitude of timeframe improvement goals. Individual investigator's workloads were increased dramatically. Their current pending workload represents nine months of unit productivity.

Our dedicated staff have taken on a plethora of new procedures and workflow changes, and it is our staff who are responsible for these successes. They deserve commendations.

Management continues to evaluate our data and business processes, and there are some opportunities for minor improvements. However, to maintain current levels of productivity, with the goal to continue our improvement to meet the timeframe goals, we need more people. It is my belief the workloads within the Complaint Intake and Investigations units are not sustainable long term.

Public Comment: None

9.2 Discipline and Probation Update

PROBATION UNIT

We have one vacant position in Probation for a Staff Services Analyst/Associate Governmental Program Analyst. This should be filled by mid October 2017. This will increase our analysts to 3 SSA and 7 AGPA's, making the case load per analysts approximately 160 cases, including tolled probationers.

The average case load determined by DCA many years ago was 75 cases per monitor. With the increase in staff we are still more than double that number.

Uniform Standards, once approved, will require a more multifaceted monitoring for anyone that is deemed to meet the criteria for being chemically dependent. An analyst that is monitoring these cases, should have a reduced caseload due to the complexity of these cases.

Since the Board has not been successful in obtaining the additional positions, we have had to reassess our business processes and implement changes to not only reduce our caseloads but streamline the probation process. Some of these new business processes include the following;

- * Forms are now available online for probationers to easily access.
- * Petitioners can now stipulate to early termination of probation allowing the Board to electronically vote. This new process allows for a compliant probationer to be released from probation expeditiously and removes the backlog of cases waiting to be heard by the board.
- * We have begun sending out orientation packets for new probationers via e-mail. This allows the probationer to receive all materials needed within a couple days of becoming effective and giving them time to review the materials prior to their initial meeting with their probation monitor, as well as giving additional time to get employment approved.

We are teaming with SOLID to instruct the Probation Monitoring Module of DCA's SOLID Enforcement Academy.

Probation Information	FY 2014/2015	FY 2015/2016	FY 2016/2017	Current
Active In-State Probationers	1,095	1,189	1,196	1,190
# of Chemical Dependency Probationers	707	785	787	739
Tolled Out of State Probationers	290	345	380	379
Pending Cases at AGO for further discipline of licensure	128	91	130	121
Total Probationers	1,385	1,534	1,576	1,569

CITE AND FINE

We are currently fully staffed with 1 AGPA, 1 SSA and 1 OT.

We began issuing citations for the licensees that have been non-compliant with fingerprints. We have issued anticipate this to be completed by the end of this calendar year. As of 09/26/2017 we have issued 77 fingerprint citations. Of those, we have received full payment on 5 and held 15 appeal conferences.

We currently have only 1 citation case at the Attorney General's Office for a Formal Appeal Hearing.

Citation Information	FY 2015/16	FY 2016/17	Current
Citations Issued	542	366	227
Amount Ordered	\$ 299,638	\$ 266,428	\$202,465
Amount Received	\$ 253,974	\$ 202,614	\$96,215

DISCIPLINE UNIT

We currently have two vacancies for an AGPA position and SSA LT position. We expect to fill the vacancies on or before November 1, 2017. This will give us a total of 5.5 AGPA's and 5 SSA's and 3 OT's.

We have been transmitting FastTrack (Out of State Discipline and Convictions) and Petition cases as of July 20, 2017, to the Attorney General's Office, via the Cloud. We will be providing updates on case aging as well as when a full roll out can be expected.

We are currently running case aging reports on a weekly basis to ensure that all cases are being processed accordingly. As of 9/22/2017 we had referred 290 cases to the AG. This is approximately at 5% increase from the same time last year. If we continue to submit cases at this rate, we will submit over 1,250 cases by end of this fiscal year.

Board Final Decisions	FY 2015/16	FY 2016/17	Current
Petitions to Revoke Probation	87	120	25
EO Signed Surrenders	255	254	17
Withdrawals of SOI	15	9	1
Decisions Adopted	1,641	1,282	214

Public Comment: None

9.3 Intervention Program Update and Statistics

Staffing

We are pleased to report that the unit is fully staffed.

Program Update

On August 17th, 2017, the Intervention program hosted the third in a series of approximately four Mental Health Ad Hoc Committee meetings. The committee members worked effectively to review all current practices and discussed different approaches and potential changes. The purpose of this committee is 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 Intervention Evaluation Committees.

On August 23, 2017, Intervention program staff and Virginia Matthews, MAXIMUS Project Manager provided an Intervention Program presentation to the Citrus Valley Health Partners. Topics that were presented included information about Substance Use Disorder in Nursing and the Intervention Program. Two back to back presentations were conducted, one for new RN staff and the other for RN managers. Attendees communicated that they appreciated the information, specifically how to recognize the signs and symptoms of SUD and learning that there is help and hope for RNs in the form of the Intervention Program.

The Board of Registered Nursing's Intervention program was present at this year's California State Capitol on September 6, 2017, 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 5,000 people together for a day to celebrate recovery.

The Intervention program hosted the annual Intervention Liaison Committee meeting on September 19, 2017, at the San Diego Hilton Garden Inn. Board member and Intervention Discipline Committee Chairperson, Barbara Yaroslavsky, Assistant Executive Officer, Stacie Berumen, Enforcement Chief, Shannon Silberling, the Intervention Program Manager, Don Henry Walker, Intervention Program staff, the Maximus Project Director, Virginia Matthews and case managers, along with representatives from the Intervention Evaluation Committees, two Public Members and one Nurse Support Group Facilitator were in attendance. The Intervention 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 Intervention Program.

On September 20, 2017, Intervention program staff and Virginia Matthews, MAXIMUS Project Manager presented an educational outreach presentation to the Hospital Association of Southern California. There were approximately 33 attendees consisting of Nurse Managers, HR personnel, Pharmacists and a Psychologist. Topics that were presented included What is Substance Use Disorder, Signs and Symptoms, the impact of Substance Abuse in the Workplace and what is the Intervention Program? In addition, we were fortunate to have two former

Intervention Program participants on the panel who spoke about their addictions and participation in the program.

Intervention Evaluation Committees (IEC)

There are currently two physician member vacancies, one in Oakland (IEC 13) and one in San Jose (IEC 7).

Statistics – Intervention

The Statistical Summary Report is attached. As of August 31, 2017, there have been 2,217 successful completions.

Public Comment: None

9.3.1 Request Additional Mental Health Ad-Hoc Committee meeting

The establishment of the Mental Health Ad Hoc Committee was approved by the Board on November 5, 2015, 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 Intervention Evaluation Committees. It was initially reported that there would be a total of four meetings. Three meetings have been conducted and we respectfully ask approval for an additional meeting in order to complete the business of the committee.

Motion: Barbara Yaroslavsky to recommend approval of an additional Mental Health Ad-Hoc Committee meeting		
Second: Cindy Klein		
CK: Y	BY: Y	ICB: Absent

9.4 Public Comment for Items Not on the Agenda

None

The Chair adjourned the committee meeting at approximately 1:45 p.m.

Approved:

