Enforcement, Investigations, and Intervention Committee Meeting Materials

BRN Enforcement, Investigations, and Intervention Committee |
October 21, 2025

Enforcement, Investigations, and Intervention Committee
October 21, 2025

Table of Contents

Agenda Item 3.0

Review and vote on whether to approve previous meeting minutes

BRN Enforcement, Investigations, and Intervention Committee | October 21, 2025

DRAFT

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

Date: April 17, 2025

1:17 p.m. **Start Time:** 1:17 p.m.

Location: **NOTE:** Pursuant to the provisions of Government Code section 11133 a physical meeting location was not being provided.

The Board of Registered Nursing held a public meeting via a teleconference platform.

Thursday, April 17, 2025 – 1:15 p.m. BRN Enforcement, Intervention, and Investigations Committee Meeting

1:17 p.m. **1.0** **Call to order, roll call, and establishment of a quorum**

Patricia Wynne, Esq., Chairperson, called the meeting to order at: 1:17 p.m. All members present. Quorum was established at 1:17 p.m.

Committee Members:
Patricia "Tricia" Wynne, Esq. - Chair
David Lollar
Alison Cormack

BRN Staff:
Loretta (Lori) Melby, RN, MSN – Executive Officer
Reza Pejuhesh – DCA Legal Attorney
Shannon Johnson, Enforcement Division Chief - Staff Liaison

1:18 p.m. **2.0** **Public comment for items not on the agenda; items for future agendas**

Public Comment for Agenda Item 2.0: No public comments in any location.

1:21 p.m. **3.0** **Review and vote on whether to approve previous meeting minutes**
3.1 January 22, 2025

Committee Discussion: No comments or questions.

Motion: **Alison Cormack**: Motion to accept EIIC meeting minutes from January 22, 2025 and allow BRN staff to make non-substantive changes to correct name misspellings and/ or typos that may be discovered in the document.

Second: **David Lollar**

Public Comment for Agenda Item 3.1: No public comments in any location

Vote:

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

Motion Passed

Agenda reordered to 9.0

2:21 p.m. **4.0** **Information Only: Enforcement Division updates**

Committee Discussion: Alison Cormack said the charts are great. She said the convictions are increasing over the past number of years while applicants are decreasing. She spoke about other data points and thinks this is useful.

Loretta Melby asked about adding growth of RNs in comparison to the discipline data as a percentage.

Alison Cormack said that would be the one additional item to be added to this.

Shannon Johnson asked how often it should be included and where.

Alison Cormack thinks it should be the total and the percentage.

Shannon Johnson said she can come up with something for presentation at board.

Alison Cormack asked about probation too. She asked about the probation video, if it is still coming soon?

Shannon Johnson said the slides are done and DCA is creating the video. They are also working on a FAQ.

Alison Cormack asked if the public will be able to provide feedback after watching the video and reading the FAQ.

Shannon Johnson said the enforcement email is included everywhere. The emails are reviewed all the time and responded to each day, except weekends. The intervention email is also available.

Patricia Wynne said the numbers are presented well and completely.

		David Lollar said it is much easier to read and comprehensive. He likes the percentages. He looks forward to the perspective being added. Shannon Johnson does not think it will be shown in the licensee process. She said there was a backlog in citations that they have now caught up on.
	Public Comment for Agenda Item 4.0:	No public comments in any location.
2:36 p.m.	**5.0**	**Information Only:** Investigations Division updates
	Committee Discussion:	No comments or questions.
	Public Comment for Agenda Item 5.0:	No public comments in any location.
2:46 p.m.	**6.0**	**Information Only:** Intervention Program updates
	Committee Discussion:	No comments or questions.
	Public Comment for Agenda Item 6.0:	No public comments in any location.
2:57 p.m.	**7.0**	**Information Only:** Presentation by the Executive Officer regarding cases affected by the motion during the August 2024 Board meeting in which the Board directed: 1. Suspend the imposition of the requirement that participants work in direct patient care, unless there is additional evidence of patient safety issues.

2. Suspend the imposition of the requirement that participants work passing narcotics, unless there is additional evidence of patient safety issues.
3. If an IEC recommendation extends length in the program beyond three years, the Executive Officer must review and examine the evidence.)

Committee Discussion: Alison Cormack said this has been a team effort to work to resolve this. It seems like the ship has steadied. She asked about the number of participants who were seen by vendor going down substantially in the first quarter which could be based on a new vendor, being scheduled during the last quarter of 2024.

Loretta Melby said it was staff who worked to get the meetings scheduled at the end of 2024. She said they're trying to get them on a quarterly schedule where they don't have to be back-to-back or two days. She said they are scheduling about 13 to be seen at each meeting versus the 20 being seen before based on the complaints from participants. The number seen will go down each month. She said participant assignment to specific IECs versus being seen by the next available IEC will be brought to the next board meeting.

David Lollar appreciates the collaborative effort to right the ship. He thinks this is very positive and encouraging. He asked about AB 408 and if there is any fallout or consequence to the Medical Board pulling out of the Uniform Standards. He thinks this is great based on the issues experienced with the vendor.

Loretta Melby said Alison Cormack dropped off. She came back on again but cannot be heard yet. (3:10 p.m.)

Loretta Melby said the Medical Board had public outcry on their program and that during sunset they were told to stop using the program and to develop a new one. This is her understanding and interpretation of the situation. AB 408 is a Med Board sponsored bill. She spoke about the uniform standards and

working with DCA and the vendor. She also said sunset is coming up and may be an option going forward. She believes that the program is good and only getting better. The outcomes are great. The participants do well in the program as designed today.

Patricia Wynne would like to wait and see. She asked to go to public comment.

Alison Cormack returned at 3:14 p.m.

Public Comment for Agenda Item 7.0: I – Does the board have a committee for petitioners for reinstatement? She hears a lot about intervention and probation but not petitioners.

Reza Pejuhesh said there is no committee but there is a process to seek reinstatement. The process adjudicates the petitioner, and the decision gets in front of the board. He said BPC section 2760.1 outlines the process. A petition is submitted that includes rehabilitation and is routed to the board. If you search on the board's website the information should be there.

3:20 p.m. **8.0** **Discussion and Possible Action:** Regarding the *Policy on Internet Discipline Document Retention* (Policy) for discipline decisions being posted on the Board's website, opportunities for revisions to the Policy, and reporting and retention requirements for the National Practitioner Data Bank (NPDB) and Nursys.

Committee Discussion: Patricia Wynne said the public commenter spoke of an offense when she was 18 or 19 and was completely unrelated to being a nurse. She doesn't understand why this would be on a nurse's record indefinitely and doesn't think it's fair. This is an older policy that maybe should be looked at.

Shannon Johnson said AB 2138 went into effect some years ago that changed this.

Patricia Wynne said the commenter had this before the bill.

Shannon Johnson said if she applied after 2138 went into effect then her license might not have been denied.

A discussion was had about updating the policy between Reza Pejuhesh and Loretta Melby. She said any decision by the board can only affect California law not any of the federal laws. She spoke about reporting disciplinary information to Nursys. Removal of documents based on the policy only does so from the California BRN website. She spoke about the comments made for documents on the National Practitioner Data Bank.

Reza Pejuhesh spoke about Public Records Act requirements that all records are public regardless of the policy. Reporting to the National Practitioner Data Bank is under federal regulations and there is no discretion or wiggle room there. Searching the Nursys site is easier than searching DCA's. He said the issue with this particular case isn't really the publishing of the document, but the decision made about the application. He spoke about employers making employment decisions. The information is put out for the public to do what they feel is appropriate. The employer might also complain that this information is not available to them if it was removed.

Patricia Wynne appreciates the information from Loretta Melby and Reza Pejuhesh. She spoke about DUIs falling off a person's record and feels it is unfair.

Reza Pejuhesh said it isn't necessarily a DUI but are there concerns about this person treating me or my family as a nurse.

Patricia Wynne said a 40 year old offense seems like a hard thing.

Reza Pejuhesh gave additional context about this.

Loretta Melby said this is substantial relationship to nursing and maybe a change could be made for a first time DUI with no mitigating factors. Set out specific requirements for a type of DUI and level and what the discipline outcome could be.

Reza Pejuhesh said CCR section 1441 has some substantial relationship criteria and there is case law about alcohol related stuff being substantially related. He spoke about ways to differentiate the policy to post specific types of cases with certain convictions.

Alison Cormack said they might want to step back to look at this. She spoke to the different types of cases that are posted. Most seem right but they might look at the 10 years for probation, tolled probation, and other. She spoke about those who are put on probation and then put on probation again.

Shannon Johnson spoke about punitive discipline that is discussed in closed session and all disciplinary action comes before the board.

Patricia Wynne went back to the public commenter and her specific case about 40-year-old cases.

Shannon Johnson reminded the members that sometimes you may not get all the facts of the actual case, and some details may be left out.

Patricia Wynne said thank you.

Loretta Melby shared her screen about e-notify on Nursys and how it is used. She spoke about the license denial process now. It is minimal when compared to the number of applicants.

Alison Cormack wonders if the 10-year number is the right one. Is there another category of a minor offense that could be added to the chart. She spoke about citations being posted and whether they are based on DUI.

Shannon Johnson said citations are not published to the website. She said some type of code is added to the website to show a citation was issued.

Alison Cormack said she doesn't think the policy will resolve the issue originally brought up.

David Lollar said he doesn't think there is anything that can be done about the policy since there are laws both state and federal that limit what can be done. He is willing to consider the idea of the unlicensed line. He spoke about examples of conviction that might occur while young and still be on a nurse's license when they are much older.

After Public Comment:
Loretta Melby asked for direction about whether this should go to board or not.

Patricia Wynne said a report out could be done that there was a good discussion, but hands are tied based on Nursys.

Public Comment for Agenda Item 8.0:

Never the less she will persist – She appreciates the discussion. She thinks the document can be amended but the difference for advance practice nursing and the national provider database makes a big difference. She thinks things have changed in the last 15 years since she became an advance practice nurse. She thinks the nurses should help educate each other. Any discipline can cause her not to be able to get her certification back. She is ill and cannot be a nurse right now. Her certification exam is no longer in practice. She doesn't think people should be able to see these things forever. The president is a very big criminal.

1:24 p.m.	**9.0**	**Discussion and Possible Action:** Regarding the use of oral fluid (saliva) testing in addition to other current methods of random drug and alcohol testing for probationers and/or Intervention Program participants, and related considerations including access to in-person test sites, validity of alternative testing methods, relative costs, etc.; presentation by Vault Health

Committee Discussion:

David Lollar asked if there is so little an amount in the specimen is there a second test that is not oral fluid to confirm if there is a false negative or positive. He asked if there is a way to induce fluid in the mouth for those with shy mouth.

Dr. Ferguson said there is lemon that can remedy that. Dr. Ferguson said there is a 10-minute deprivation period before collecting. He said they are suggested to drink water prior to collection. This should resolve dry mouth. He said when the blue dot lights up there is enough fluid to complete the testing. All testing involves split specimens in the event there is a mistake for retesting and to verify accuracy. The split specimen can be sent to another lab if needed. He said oral fluid also has split specimen. He said the feds have approved oral fluid testing. He said there are a bunch of different oral food collection devices on the market and when the labs get certified to the testing, they have to make there is more than one lab certified to test that device.

Alison Cormack thought this was a swab test. She would like to see what the device looks like.

Dr. Ferguson does not have a device and can email a picture of them after the presentation.

Alison Cormack's camera turned off and there was a discussion about turning it back on and whether or not there is a technical issue.

Reza Pejuhesh wants to set the context for this. He spoke about public comments made due to access to testing sites due to being rural or distant from

a test center for consideration. The issue would be if the tests could be mailed out.

Alison Cormack returned.

Loretta Melby said she doesn't think it was clear why this was added to the agenda. She said there was public comment from probationers at the last few meetings about being able to access oral fluid testing since the intervention program participants can do so. A staff member found that this could be done by probationers in the contract with Vault. That's why this was added to the agenda for a presentation.

Alison Cormack asked about false negatives and positives and what those rates are versus the other methodologies.

Dr. Ferguson said point of contact testing has these issues and not in lab testing. They have the split specimen process to avoid that and means two certified labs have gotten the same result from the same specimen which rules false positive and negatives. Dilution of urine can lead to false positives due to lower concentration or urine. There is no gold standard to answer all the questions.

Alison Cormack said those who are in remote areas must travel more than an hour to a facility. She would like his professional opinion if he would suggest having the oral fluid as part of a suite of tests as opposed to the sole test for someone who is in a remote area.

Dr. Ferguson always suggests a suite of tests for remote people. There are other matrices that can be collected virtually. Blood spot testing for alcohol ethanol can be collected virtually as well as nail testing which is like hair testing panels.

Alison Cormack asked if there is a cost difference.

Shawn O'Neil said oral fluid is the cheapest of the three tests (blood, fingernail). It is around the same price as what you see. Nail and blood tests tend to be higher. Blood spot tends to be the same price as blood test done in clinic. Virtual and in person are even across the board.

Patricia Wynne said this testing is different than using a swab and putting it in an envelope.

Shawn O'Neil said it is close to that. He said they send out a number of kits for five tests which would be ten specimen tubes for collection because they do split specimen. If a person is selected for testing and it is oral fluid, they have approval to do a virtual collection. He explained the live collection process that takes about 20 minutes to complete. It is put in a Fed Ex envelope and tracked while in transit.

Loretta Melby asked about DNA testing to ensure the specimen belongs to the participant.

Shawn O'Neil said they do not do DNA testing.

Dr. Ferguson said DNA testing is not properly witnessed collection then you may not know how the DNA got into the test. He spoke about synthetic urine being very good and a person could spit into urine to have DNA. There is no substitute for a properly monitored collection.

There was a discussion about participants having oral fluid test kits to do them when selected.

Loretta Melby asked about the time frames for detection in the various tests.

Dr. Ferguson said 24-36 hours for oral fluids, some drugs stay in urine for a long period but generally 3-5 days for the substances being tested, nail and hair is 90

days. Colored hair has issues. Nails, fingernails roughly six months. Toenails can be nine months. Peth is approximately 2-4 weeks.

Loretta Melby spoke about testing per the uniform standards and rotation of fluid collection. She said she spoke to the Montana Board of Nursing about their reliance on oral fluid testing. She would like to strike a balance to make sure due diligence is being done.

Dr. Ferguson said they recommend a random matrix of testing to confirm or validate testing results and add perspective. He spoke about different tests and their use.

Loretta Melby asked if the blood spot test can be a home-based collection.

Dr. Ferguson said it can be.

Loretta Melby asked about adherence to US DOT specimen collection guidelines to satisfy uniform standards.

Dr. Ferguson said blood is not. He said there have been issues with Montana people purposefully messing with the blood spot while putting it on the card making the test no good.

Loretta Melby said there are 373 testing sites for Vault that are in 49 of the 58 counties in California. She listed the counties that do not have testing sites. She asked if they are looking to get contracts in those areas. She spoke about the stories from nurses about testing difficulties.

Shawn O'Neil said they are looking into collection sites and last year they were acquired by a larger company and one of the projects they are doing is to compare collection sites to fill the gaps while continuing to do research in the other counties if there are collection sites available and if they are willing to work with a third party to fill the gaps.

Patricia Wynne asked about possible action but doesn't hear anybody talking about action. She's inclined to bring this to the board meeting.

Loretta Melby said there are various things that can be done and gave options.

Alison Cormack said intervention program participants use this, and they haven't heard any issues. She asked if anything has been learned that would cause the board not to want to use it in probation.

Shannon Johnson said Tim Buntjer met with Vault to get more information on this testing. She said that if this test is used in conjunction with the other types of testing and it is random, meaning not just using oral fluid, but with other types of tests to ensure randomness. Tim Buntjer is working to finalize things needed for probation.

<u>After Motion</u>:
David Lollar agrees with Alison Cormack. He thinks there should be equity between the two groups. He would like a recommendation from the committee to the board, so this doesn't have to be done again next month.

Patricia Wynne isn't trying to get out of making a recommendation but there is so much information about the tests, costs, etc. She thinks alternatives should be explored and there should be equity for probationers and intervention participants.

David Lollar said this isn't a silver bullet, but it is one more and it is the cheapest. He's against testing in other environments and industries but it's a good approach to add it to the probationers.

Motion: **Alison Cormack**: Motion to include oral fluid testing as part of the testing suite for the probation program to align with the intervention program.

Second: **David Lollar**

Public Comment for Agenda Item 9.0: No public comments in any location.

Vote:

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

Motion Passed

Agenda reordered to 4.0

4:00 p.m. **10.0** **Adjournment**

- **Patricia Wynne, Chairperson, adjourned the meeting.**

Submitted by:

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

Accepted by:

Patricia Wynne
Chairperson
California Board of Registered Nursing

Agenda Item 4.0

Information Only: Enforcement Division updates

BRN Enforcement, Investigations, and Intervention Committee |
October 21, 2025

BOARD OF REGISTERED NURSING
Agenda Item Summary

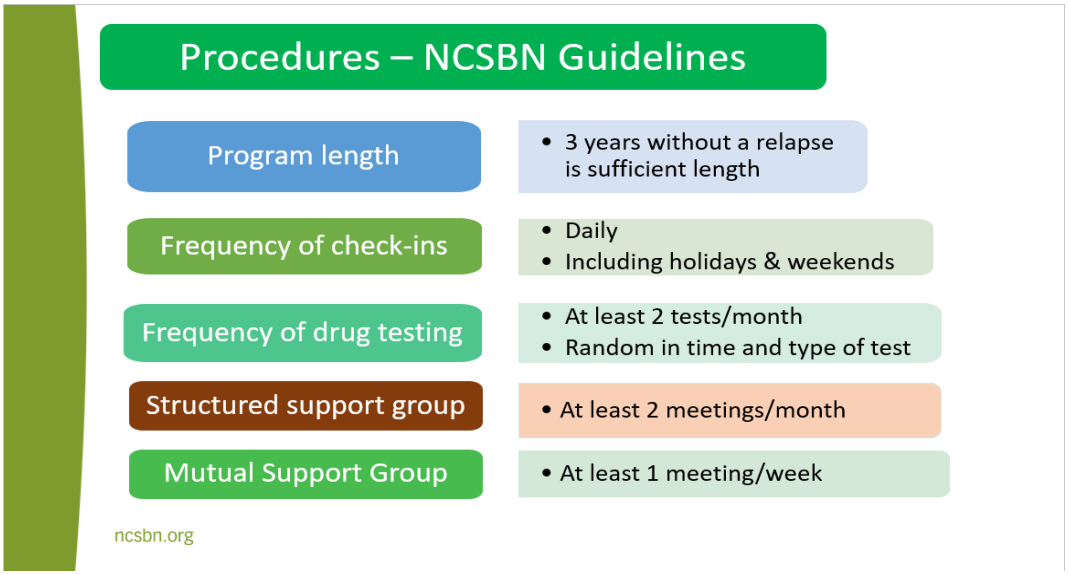
AGENDA ITEM: 4.0
DATE: October 21, 2025

ACTION REQUESTED: Information Only: Enforcement Division Update

REQUESTED BY: Patricia Wynne, Esq., Chairperson

General Information

At the August 2022 Board meeting, the Board voted to join the National Council of State Boards of Nursing (NCSBN) five-year pilot study (study) to test substance use disorder (SUD) monitoring program guidelines for alternative to discipline (ATD) programs for nurses. This study will track participant outcomes from entry into the program through program completion and up to two years immediately following their successful completion through 2027. Data will be provided to NCSBN biannually throughout the study period. Phase I data collection began in 2022 with a focus on program participation. Phase II includes recidivism data. NCSBN has entered Phase II of the data collection. This information will be used to compare programs that align or do not align with NCSBN's evidence-based guidelines. The results will support, refine, and augment evidence-based guidelines for ATD and monitoring programs to foster uniformity and facilitate nurses' safe return to practice.



At the May 29, 2025, Board meeting the Board voted to direct staff to investigate the feasibility of a nurse support group management solution and bring a proposal to the next Enforcement Intervention and Intervention Committee (EIIC) meeting. This item is included on today's agenda for the EIIC meeting.

At the May 29, 2025, Board meeting, the Board voted to allow oral fluid testing as an acceptable method of random drug testing for probationers and the Intervention Program participants, at the discretion of the probation monitor or Intervention Program manager. The implementation of this process is dependent on the Vault contracts. Oral fluid testing has been implemented in the Intervention Program. To implement the Probation oral fluid testing the contract with Vault will need to be amended. Board staff continue to work to implement this process.

The Board of Registered Nursing (BRN) continues to recruit qualified registered nurses (RN) with professional and educational backgrounds as Expert Practice Consultants (EPC) to review investigative case materials, prepare written opinions, and evaluate whether a RN deviated from the standards of nursing practice. The BRN is in critical need of EPC RNs and Advance Practice Registered Nurses (APRN) in the following areas:

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

For more information about the Expert Practice Consultant program, please visit the BRN website: http://rn.ca.gov/enforcement/expwit.shtml or email us at Expert.BRN@dca.ca.gov.

Complaint Intake Unit (CIU)

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

Discipline Unit

As of September 30, 2025, 17% of our cases have been pending at the Office of the Attorney General (OAG) for over a year.

Probation Unit

The Probation Unit is currently working on enhancements to the BRN website and collaborating with DCA to prepare video presentations on the Probation process and the worksite monitor's role and responsibilities. The presentation and the Frequently Asked Questions document have been completed and are in the final approval process before being posted to our website. Currently, monitors have an average of 53 active cases.

Board of Registered Nursing Enforcement Process Statistics

Table A – Complaint Intake

Complaint Intake	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 10/1/2025
Public Complaints	3682	4214	4674	5,330	1,416
Convictions/Arrest	971	1128	1215	1,360	289
Applicants	3086	2605	1816	1,627	387
Total Received	**7739**	**7947**	**7705**	**8,317**	**2,092**
Complaints Pending	1324	1599	1800	2,060	2,129
>1 year	379	330	433	587	619
Convictions/Arrests Pending	1020	842	785	875	841
>1 year	427	290	185	173	176
Applicants Pending	151	130	96	91	99
>1 year	12	10	9	11	15
Expert Review Pending Referral	22	29	0	16	44
>1 year	2	8	0	0	0
Expert Review Pending Receipt	43	20	3	34	37
>1 year	0	0	0	0	0

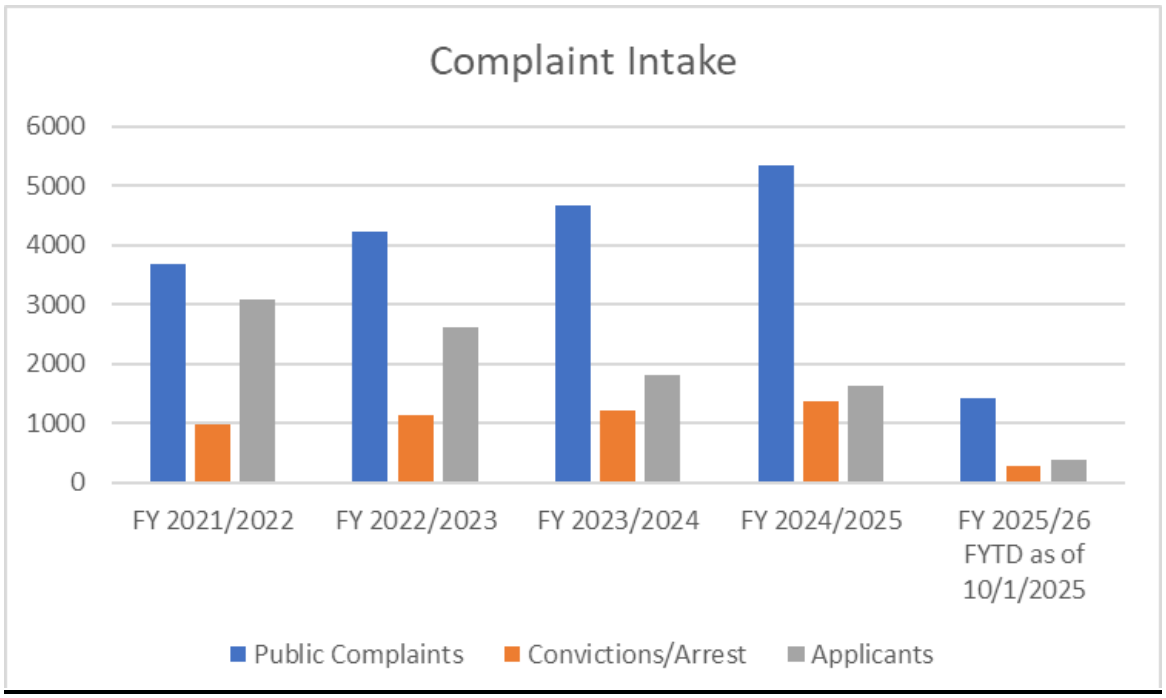


Table B – Citations

Citation and Fine	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 10/1/2025
Citations Issued	149	149	237	57	149
Informal Conference					
Modified	3	1	1	0	0
Dismissed	2	2	4	0	2
Upheld	0	0	0	0	0
Amount Ordered	$118,900.00	$148,750.00	$24,750.00	$0.00	$0.00
Amount Received	$182,405.00	$161,505.00	$56,336.00	$15,612.50	$4,741.00
Amount Referred to FTB	$11,000.00	$6,250.00	$57,475.00	$0.00	$0.00
Amount Received from FTB	$7,610.00	$11,000.00	$11,531.00	$0.00	$0.00

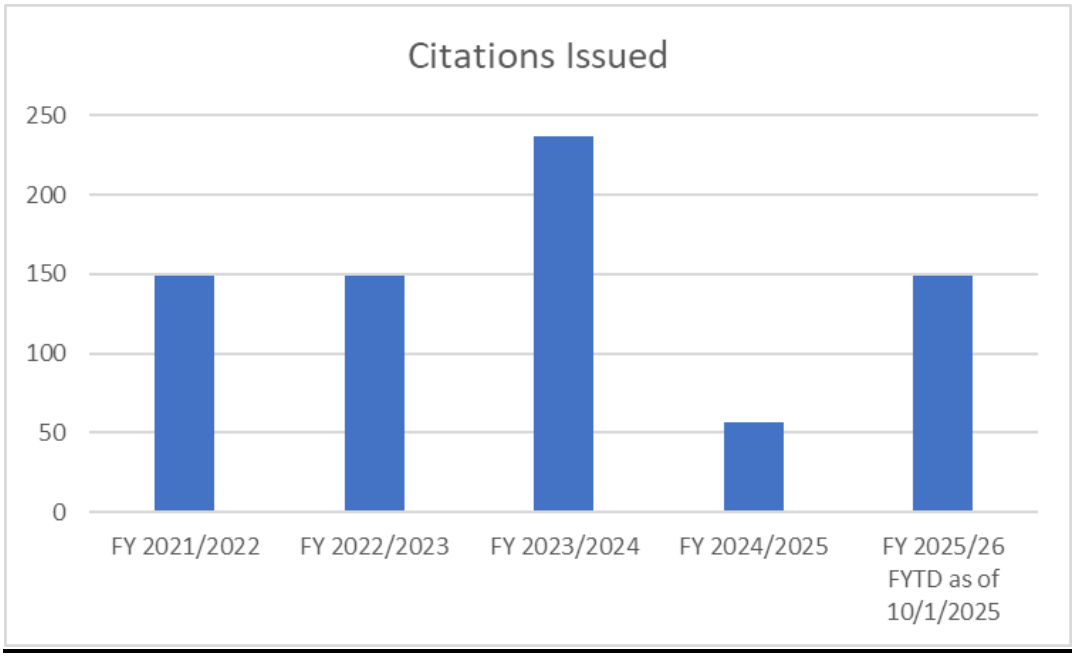


Table C – Discipline

Discipline	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 10/1/2025
AG Referrals					
Cases	1240	1185	1271	1342	382
Cases Pending					
< 1 Year	529	677	602	740	676
> 1 Year	46	56	76	122	114
> 2 Year	2	7	9	14	13
Cases Pending >1 Year W/O Pleading Filed	13	12	23	19	8
Cases Pending Hearing	133	116	161	217	244
Average Days at AG	321	325	313	352	
Pending Board Vote	24	69	40	99	76

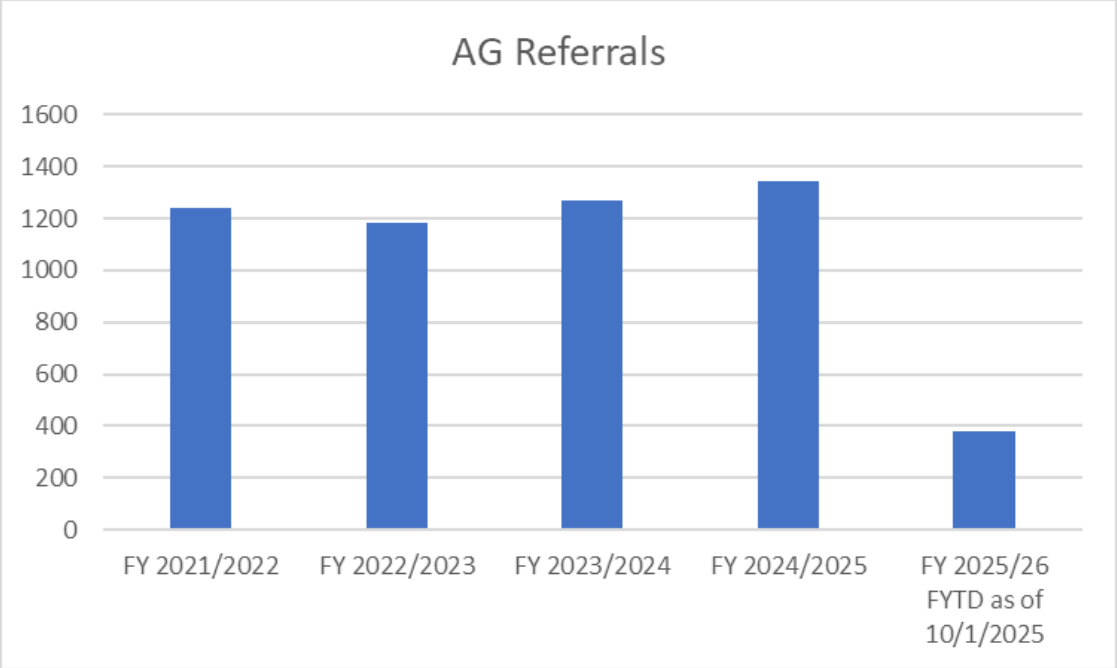
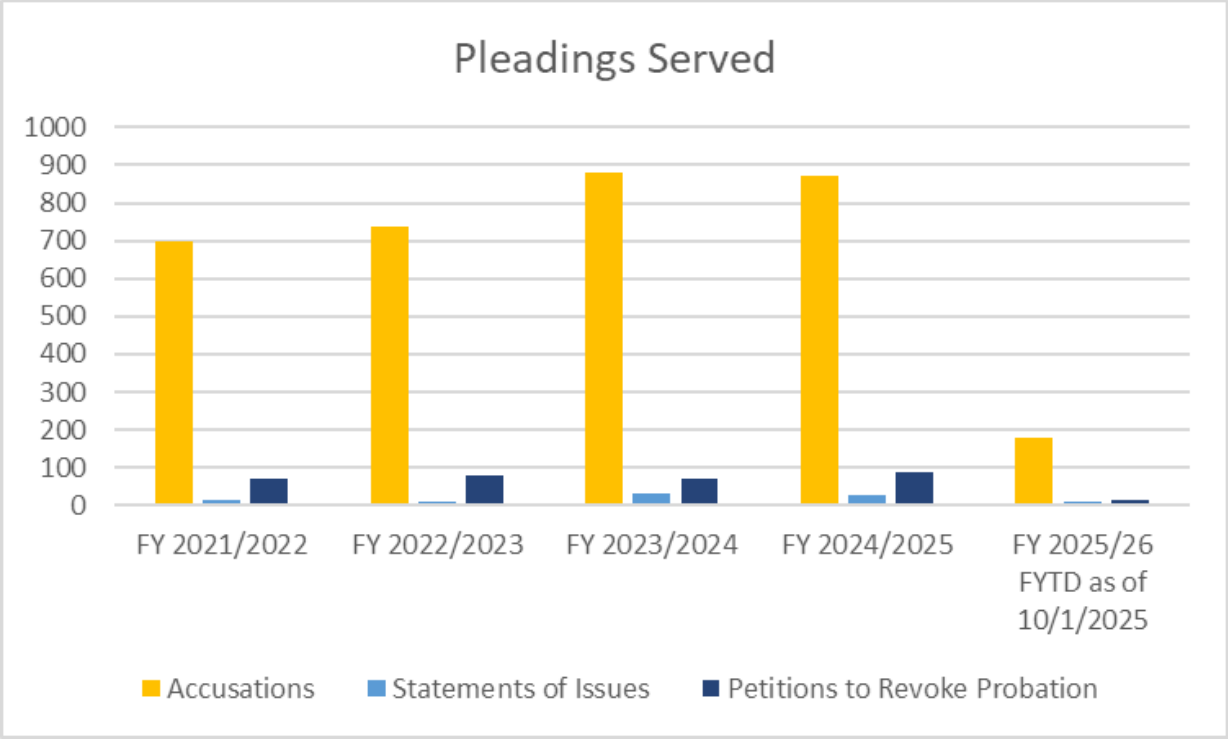


Table D – Legal Support

Legal Support	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 10/1/2025
Interim Suspension Orders (ISO)	4	0	0	2	1
PC 23	12	10	9	2	4
Pleadings Served					
Accusations	699	737	881	871	177
Statements of Issues	14	8	33	27	8
Orders to Compel	64	58	123	135	33
Petitions to Revoke Probation	69	80	69	86	15
Withdrawals of Pleadings	20	30	42	62	16
Decisions Adopted					
Surrenders	132	178	169	160	57
Default Revocations	181	243	102	237	0
Ordered Revocations	41	40	170	5	60
Probation	389	420	433	347	117
Public Reprovals	70	90	120	151	38



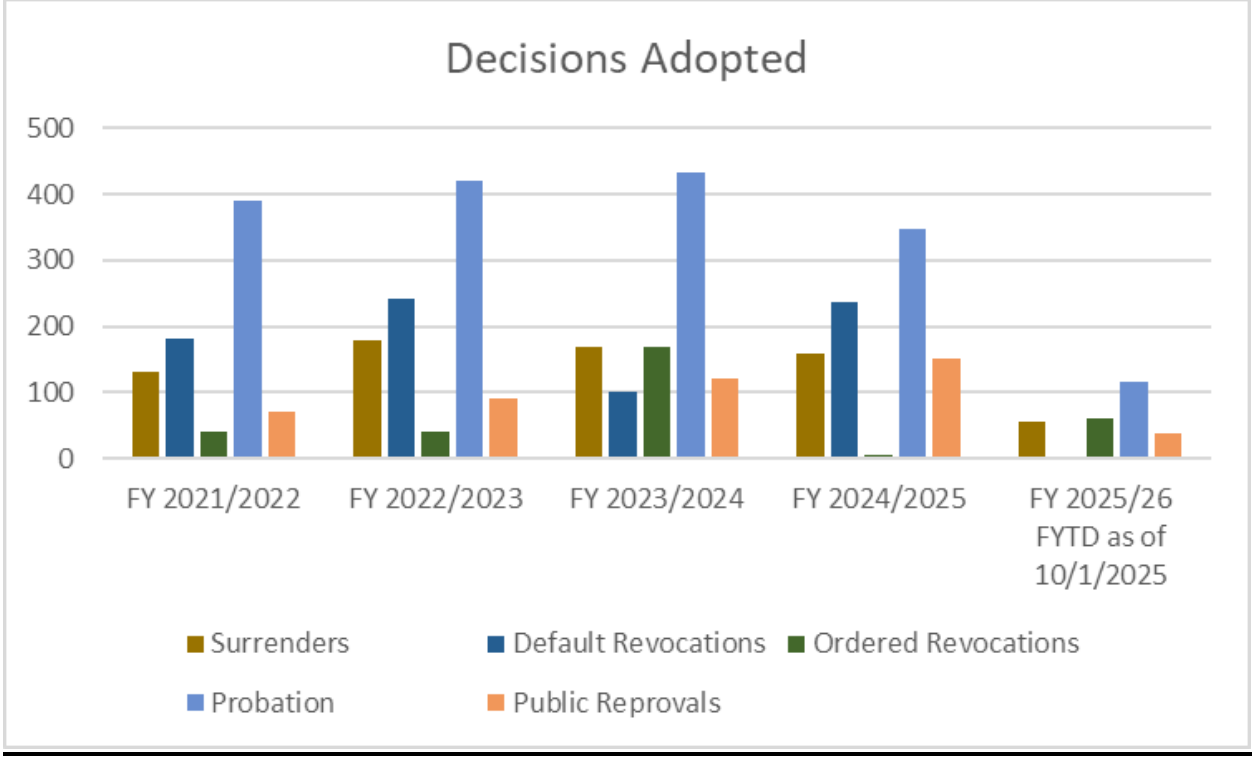
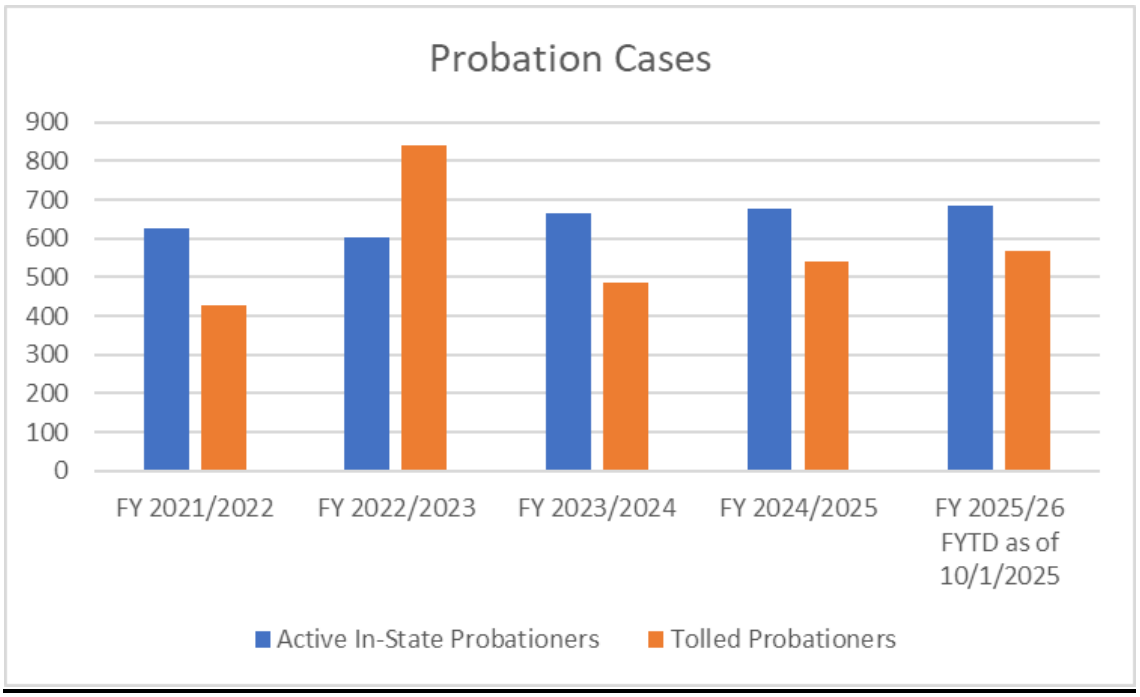

Decisions Adopted
500
400
300
200
100
0
FY 2021/2022
FY 2022/2023
FY 2023/2024
FY 2024/2025
FY 2025/26 FYTD as of 10/1/2025
Surrenders
Default Revocations
Ordered Revocations
Probation
Public Reprovals

Table E - Probation

Probation	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 10/1/2025
Active In-State Probationers	627	602	664	677	685
Tolled Probationers	426	841	485	542	569
Revoked	27	47	21	28	8
Surrendered	64	49	47	55	16
Completed	208	223	187	170	46
Subsequent Cases Pending at AG					
<1 Year	53	63	59	60	15
>1 Years	4	4	6	9	8
>2 Years	2	0	1	1	3



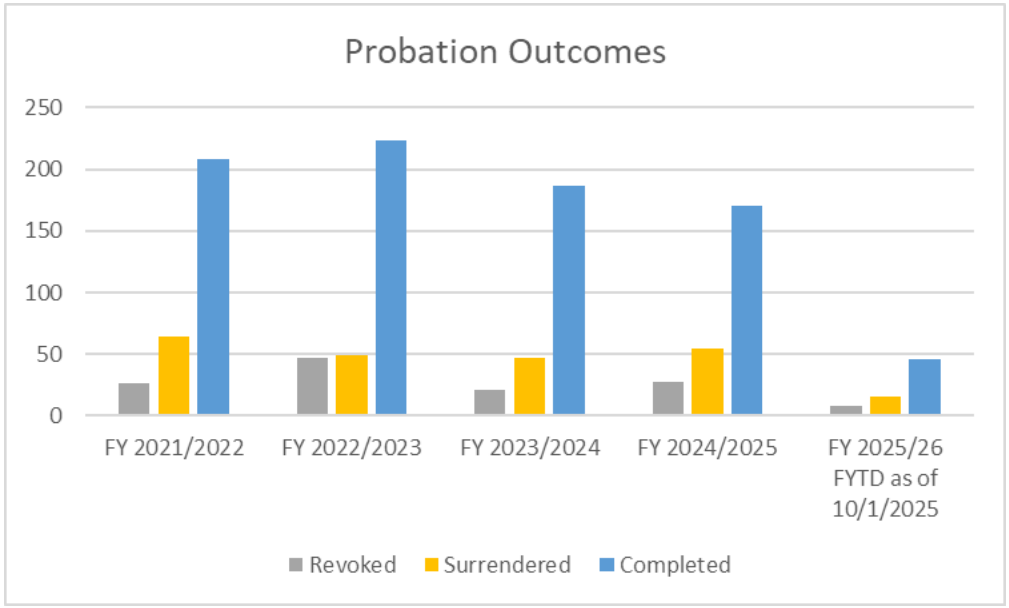


Table F – Total Case Processing Time

Total Case Processing Time	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 10/1/2025
Average Days to Complete	644	685	680	707	291
> 540 Days*	44%	57%	58%	62%	56%
< 540 Days*	56%	43%	42%	38%	44%

* DCA's goal is for Disciplinary cases to be processed within 540 days of receipt for all healing arts boards.

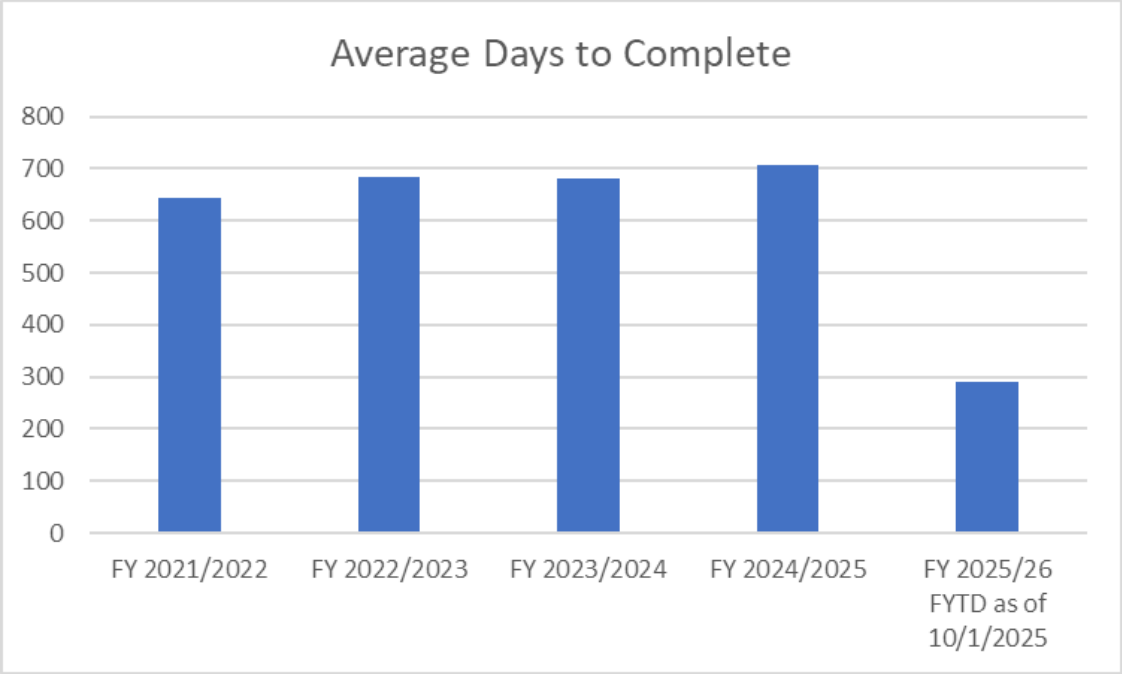


Table G – Performance Measure 4

	Case Volume	Intake	Investigation	Pre-AG Time	Post AG Time	Cycle Time
FY 2025/26 as of 9/30/2025	1525	14	118	4	353	657
FY 2024/25	1000	5	330	20	352	707
FY 2023/24	1064	6	351	13	313	682
FY 2022/23	934	7	341	12	325	685
FY 2021/22	759	9	334	10	325	677

If you would like more information on our enforcement statistics, please go to https://www.dca.ca.gov/data/enforcement_performance.shtml

NEXT STEPS: Continue to Monitor

PERSONS TO CONTACT: Shannon Johnson, Enforcement Division Chief
Shannon.Johnson@dca.ca.gov
(916) 515-5265

ENFORCEMENT PROCESS STATISTICS

REFERENCE GUIDE

Table A

Complaint Intake

- Public Complaints
  - The total number of complaints received from the public, other state agency, or anything other than a conviction or applicant.
- Convictions/Arrests
  - The total number of complaints received due to an arrest and/or subsequent conviction. These are reported by Criminal Offender Record Information (CORI) from the California Department of Justice (DOJ).
- Applicants
  - The total number of applications received from Board of Registered Nursing (BRN or Board) licensing, in where the applicant disclosed a previous criminal history or discipline by another state board.
- Complaints Received
  - The total number of public complaints received. This includes other state agencies and Boards.
- Complaints Pending
  - The number of complaints that are pending in the Complaint Intake Unit (CIU).
- Convictions/Arrests Pending
  - The number of Convictions/Arrests that are pending in CIU.
- Applicants Pending
  - The number of Applicants that are pending in CIU.
- Public complaints
  - The number of public complaints that are pending in CIU.
- Expert review pending referral
  - The number of cases that are pending to be referred out to an expert practice consultant
- Expert review pending receipt
  - The number of cases that are pending being returned by the expert practice consultant to the Board.

Table B

Citation & Fine

- Citations Issued
  - The total number of citations issued.
- Informal Conference
  - The number of informal conferences conducted after an appeal is made by the Respondent. The results of the informal conference would be either modify, dismiss or uphold the citation.
- Amount Ordered
  - The total fine amount that has been ordered from all citations issued during the Fiscal Year (FY).
- Amount received
  - The total fine amount received by the Board during the FY.
- Amount referred to Franchise Tax Board (FTB)
  - The total amount of fines referred to FTB, in an attempt to retrieve the fines through California Income tax.
- Amount received from FTB
  - The total amount of fines received from FTB from California Income tax.

Table C

Discipline

- Attorney General (AG) referrals
  - The total number of cases referred to the AG.
- Cases pending
  - The total number of cases that are pending a final disposition in the disciplinary process.
- Cases pending hearing
  - The total number of cases that are awaiting a hearing before an ALJ.
- Average days at AGO
  - This is the average number of days that cases are at the AGO for prosecution.
- Pending Board vote
  - The total number of cases that are awaiting a vote by the Board (either in queue to be sent out or waiting for the voting period to conclude).

Table D

Legal Support

- Interim Suspension Order (ISO) - Granted

    - Licenses suspended by an Administrative Law Judge due to the seriousness of the allegations in advance of the filing of an accusation and pending a final determination of the licensee's fitness to practice and provide nursing care.
- Penal Code 23 (PC23) - Granted
    - Licenses suspended from practice as a registered nurse or restricted in how he or she may practice registered nursing ordered by a judge during a criminal proceeding.
- Pleadings served
    - The total number of pleadings that have been served. This includes Accusations, Statements of Issue, Orders to Compel and Petitions to Revoke Probation.
- Withdrawals of pleadings
    - The total number of pleadings that the Board has withdrawn, and no action was taken.
- Decisions adopted
    - The total number of final Decisions that were adopted by the Board. This includes Surrenders, Default Revocations, Ordered Revocations, Probation and

Table E

Probation

- Active in state probationers
    - The total number of current/active in state probationers.
- Tolled probationers
    - The total number of probationers that reside outside of California. These probation cases are placed on hold until the RN returns to California.
- Revoked
    - The total number of probationers that have been revoked.
- Surrendered
    - The total number of probationers that have surrendered their license.
- Completed
    - The total number of probationers that have successfully completed probation.
- Subsequent cases pending at AGO
    - The total number of probationers that have had subsequent discipline and transmitted back to the AG for further disciplinary action.
        - Over 1 year
            - The number of probationary cases that have been pending at the AGO for over 1 years.
        - Over 2 years
            - The number of probationary cases that have been pending at the AGO for over 2 years.

Table F

Total Case Processing Time

- Average days to complete
    - The average days currently taking to complete a case from complaint receipt to final Decision
        - Over 540 days
            - The percentage of cases that BRN **is not** meeting the DCA goal of 540 days for case completion.
        - Under 540 days
            - The percentage of cases that BRN is meeting the DCA goal of 540 days for case completion.
    - ***Note*** *– DCA's goal for all healing arts boards is to complete on an average of 540 days or less.*

Table G

Performance Measure 4

BRN's Performance Measure 4, FY to date, by month. This is an average of case time from complaint intake to final disposition, broken down by intake, investigation, pre-AG and post AG time.

- Case volume is the total number of cases received in that month.
- Intake is the average time for intake to process and refer to investigation.
- Investigation is the average time for an investigation of the case.
    - This includes desk investigation, BRN investigation and DOI investigation.
- Pre AG time is the average amount of time from the closure of the investigation to AG referral.
- Post AG time is the average time from AG referral to final disposition of the case.
    - This includes the AG time, hearing, Board vote and case processing.
- Average total time is the average of a case from complaint intake to final disposition.

More information on DCA's enforcement reports can be found at https://www.dca.ca.gov/data/enforcement.shtml

Agenda Item 5.0

Information Only: Investigations Division updates

BRN Enforcement, Investigations, and Intervention Committee |
October 21, 2025

AGENDA ITEM: 5.0
DATE: October 21, 2025

ACTION REQUESTED: Information Only: Investigations Division Update

REQUESTED BY: Patricia Wynne, Esq., Chairperson

General Information

The Office of Organizational Improvement (OIO) continues working with the Investigations Division (Investigations), assessing and mapping workflows, timeframes, and procedures to streamline and improve internal processes. The OIO team works with Subject Matter Experts from each unit and staffing level. Investigations will continue to report on the progress of this project in future meetings.

The Department of Consumer Affairs (DCA) consisting of 36 boards and bureaus that regulate over 3.4 million licenses in more than 250 various professions and occupations is working to align as many processes as possible. In support of that initiative, the BRN initiated a collaborative effort with the Medical Board of California for assessing, mapping, and sharing workflows. This partnership aims to promote alignment, enhance efficiency, and support the identification and sharing of best practices across both organizations.

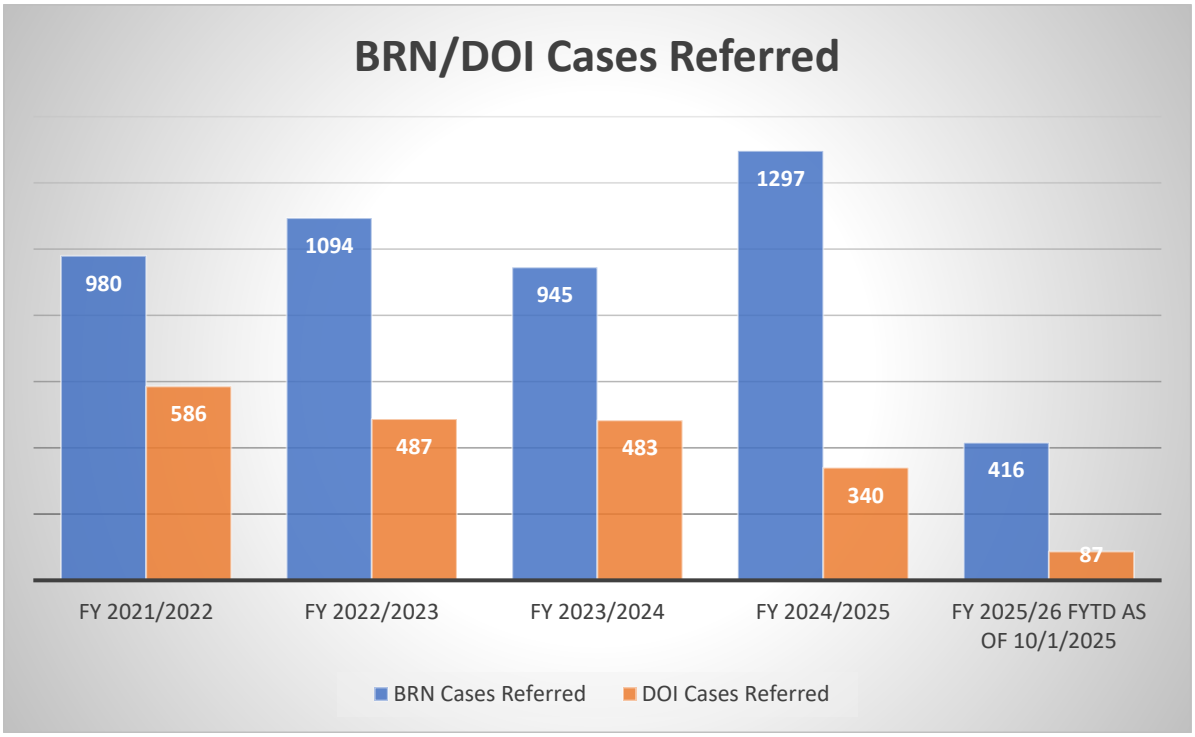
Investigations

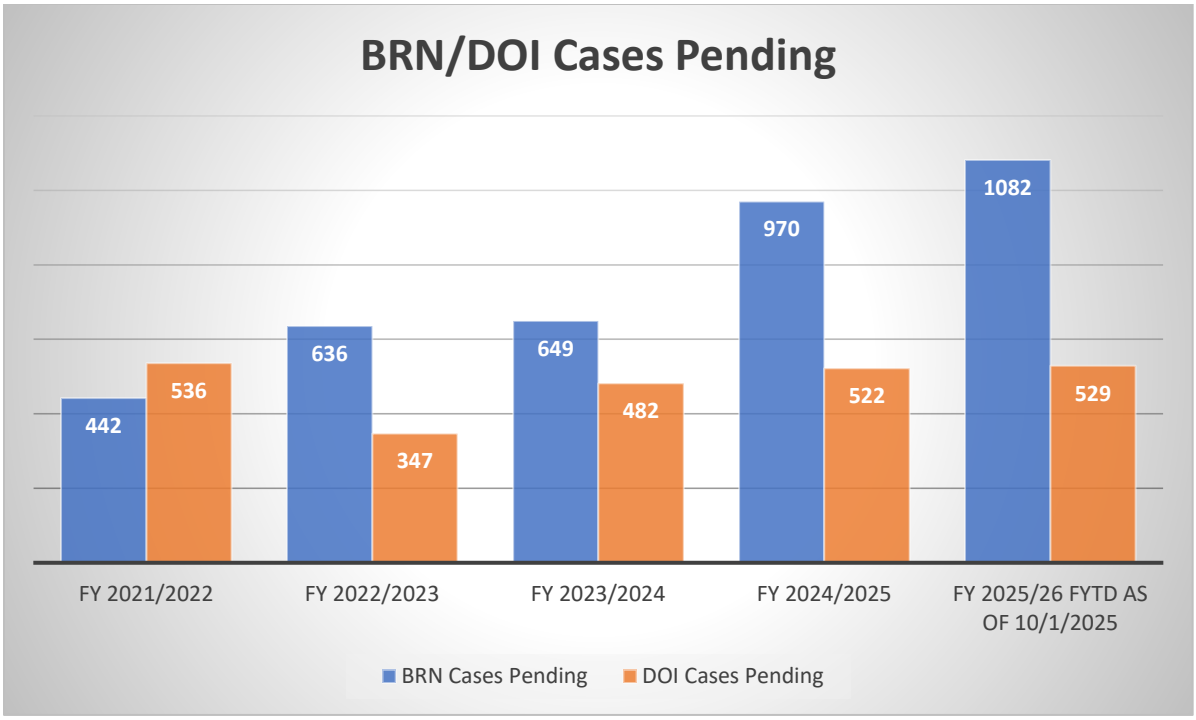
On June 10, 2025, Investigations launched the Enhanced Triage and Preliminary Case Work Pilot (Pilot). The Board worked closely with the DCA to develop the Pilot in which the Associate Governmental Program Analyst (AGPA) is assigned more than 30 investigations at a time to perform preliminary case work and enhanced triage prior to formal assignment to the Special Investigators (SI). The Pilot, originally scheduled to conclude on October 8, 2025, was extended by an additional 120 days to allow for the continued collection and analysis of data. This extension ensures that future decisions are evidence based and supported by measurable outcomes.

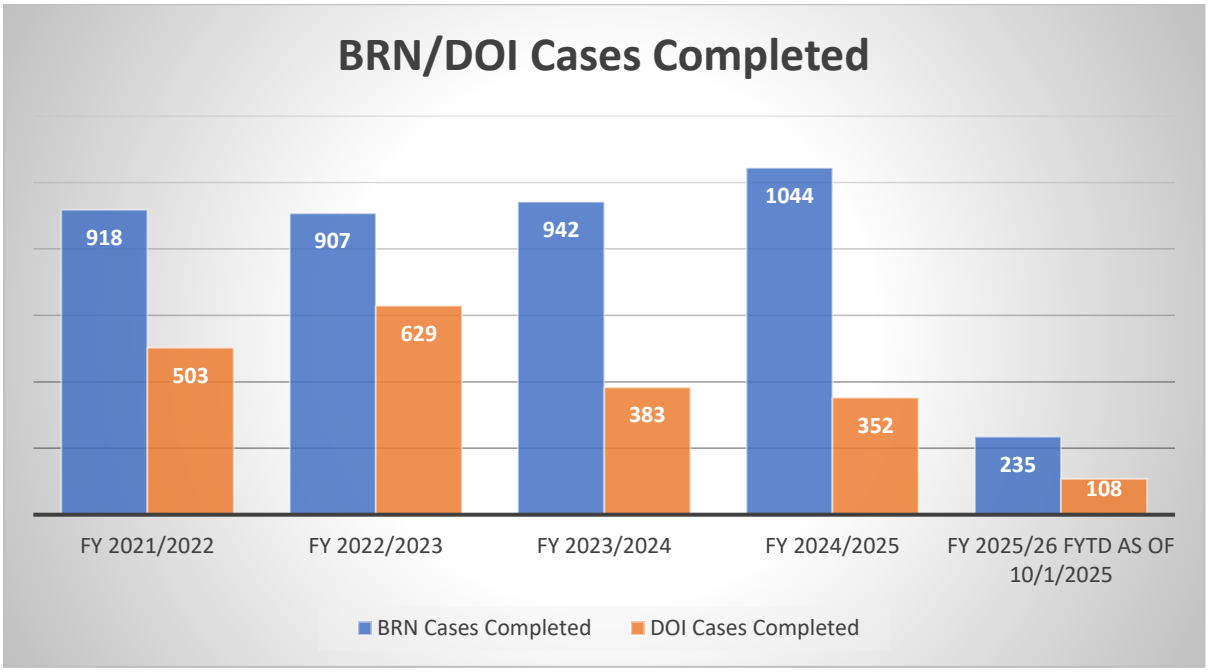
As of October 3, 2025, the full time SIs have an average of 29 active cases. Due to the high caseloads, the Supervising Special Investigator's and the Deputy Chief continue to actively work cases. Investigations continues to identify and explore multiple options to address the high caseload.

Table A – Investigations

Investigations	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025	FY 2025/26 FYTD as of 10/1/2025
BRN Cases Referred	980	1094	945	1297	416
BRN Cases Pending	442	636	649	970	1082
BRN Cases Completed	918	907	942	1044	235
DOI Cases Referred	586	487	483	340	87
DOI Cases Pending	536	347	482	522	529
DOI Cases Completed	503	629	383	352	108







If you would like more information on our investigations statistics, please go to https://www.dca.ca.gov/data/enforcement_performance.shtml

NEXT STEPS: Continue to Monitor

PERSONS TO CONTACT: Nichole Bowles, Investigations Division Deputy Chief
(916) 597-7345

INVESTIGATIONS PROCESS STATISTICS

REFERENCE GUIDE

Investigations

- BRN cases referred
  - This is the total number of cases that were referred to BRN Investigations.
- BRN cases pending
  - Total number of cases pending with BRN Investigations.
- BRN cases completed
  - The total number of cases that have been completed by BRN Investigations.
- DOI cases referred
  - This is the total number of cases that were referred to DOI.
- DOI cases pending
  - Total number of cases pending with DOI
- DOI cases completed
  - The total number of cases that have been completed by DOI.

Table A

Investigations statistical data FY to date. See guide above for reference.

Agenda Item 6.0

Information Only: Intervention Program updates

BRN Enforcement, Investigations, and Intervention Committee |
October 21, 2025

AGENDA ITEM: 6.0
DATE: October 21, 2025

ACTION REQUESTED: Information Only: Intervention Program Update

REQUESTED BY: Patricia Wynne, Esq., Chairperson

Intervention

Management has been attending all Intervention Evaluation Committee (IEC) meetings, providing education and support to IEC members and participants, and identifying possible gaps in the regulation for the Intervention Program. Beginning August 26th, the Executive Officer began attending open session of the IEC to provide education to the members related to the IP and the role of the Board and its committee. The open session of the IECs are now recorded and are available in the archive section of the board's website here.

Initial education provided:
8/26/2025 – IEC #3
9/12/2025 – IEC #12
9/17/2025 – IEC #10
9/24/2025 – IEC #4
10/8/2025 – IEC #1

At the February 28-29, 2024, Board meeting, the Board voted to allow board staff to begin drafting regulatory language for revision and/or additions to the California Code of Regulations (CCR), Title 16, Article 4.1 Intervention Program Guidelines.

The new Intervention vendor Premier Health Group continues to work with DCA and eight (8) healing arts boards, including the Board of Registered Nursing, to transition into their role of administering the IP incorporating all common laws as well as the individual legal requirements of each healing arts board.

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

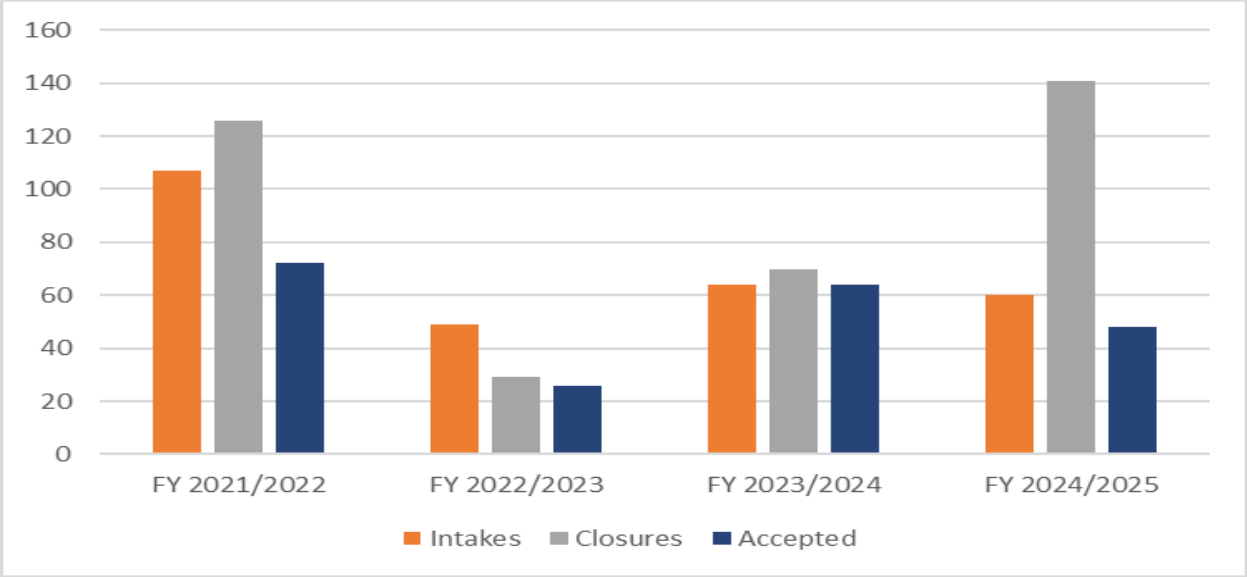
Historically, IEC's have met four (4) times per year. To provide more support to the participants, board staff have requested the IEC to increase the frequency of meetings to six (6) times a year. This request was brough to each IEC and schedules were

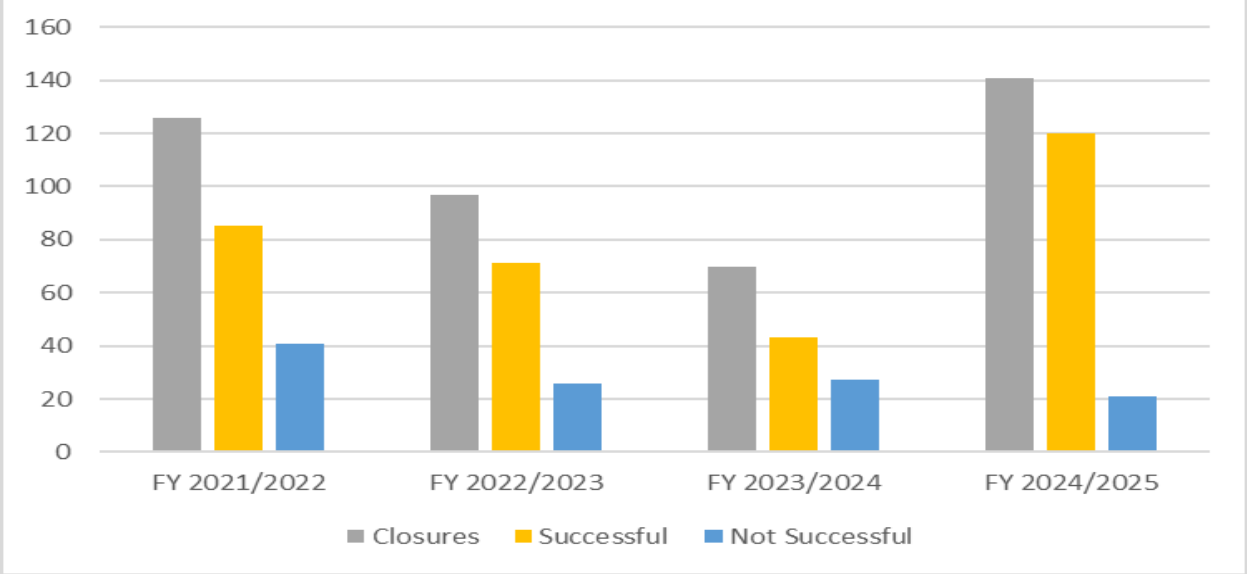
considered and voted on. Beginning in 2026, IEC's are scheduled to meet six (6) times per year. There are currently five (5) vacancies, one (1) Physician and four (4) RN's.

Board of Registered Nursing Intervention Program Statistics

Table A

	FY 2021/2022	FY 2022/2023	FY 2023/2024	FY 2024/2025
Total Participants	**284**	**236**	**231**	**150**
Intakes	107	49	64	60
Closures	126	97	70	141
Successful	85	71	43	120
Not Successful	41	26	27	21
RNs Referred*	1013	1213	2770	2689
Accepted	72	26	64	48





To apply for an IEC position, you can find the application on our website at https://rn.ca.gov/intervention.

If you would like more information on our enforcement statistics, please go to https://www.dca.ca.gov/data/enforcement_performance.shtml.

NEXT STEPS: Continue to Monitor

PERSONS TO CONTACT: Shannon Johnson, Enforcement Division Chief
Shannon.Johnson@dca.ca.gov
(916) 515-5265

Agenda Item 7.0

Information Only: Presentation by the Executive Officer regarding cases affected by the motion during the August 2024 Board meeting

BRN Enforcement, Investigations, and Intervention Committee | October 21, 2025

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: October 21, 2025

ACTION REQUESTED: **Information only:** Presentation by the Executive Officer (EO) regarding cases affected by the motion during the August 2024 Board meeting

REQUESTED BY: Patricia Wynne, Esq., Chairperson

BACKGROUND:

During the Board meeting on Thursday August 22, 2024, the Board made a motion that directed Board executive management to provide an update to the EIIC regarding Intervention Program participants who had these requirements removed or imposed pursuant to the Board's motion:

1. Suspend the imposition of the requirement that participants work in direct patient care, unless there is additional evidence of patient safety issues.
2. Suspend the imposition of the requirement that participants work passing narcotics, unless there is additional evidence of patient safety issues.
3. If an Intervention Evaluation Committee (IEC) recommendation extends length in the program beyond three years, the Executive Officer must review and examine the evidence.

The Board further directed that, in any cases in which the direct patient care and/or narcotics requirements were the only requirements preventing a participant from successfully completing the program, and where those requirements were removed pursuant to this motion, that board executive management should work with the Intervention Program Manager to have such cases presented to an IEC as soon as practicable for consideration of program completion.

As it relates to the August 21-22, 2024, Board motion above where the IEC is directed to consider program completion, Uniform Standard Number 12 identifies criteria to petition for a full and unrestricted license:

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable. (This is not applicable to our Intervention Program Participants.)
2. Demonstrated successful completion of recovery program, if required. (This is applicable to our Intervention Program Participants)
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that he or she is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

August 2024 - Board Motion Data

The below reflects data related to the approved Board motion from August 22, 2024, through September 30, 2025.

Successful Completion(s)	Totals
Petitioned for successful completion	112
Granted successful completion	107
Reviews sent to the Executive Officer (EO)	57
EO approved IEC recommendation(s)	28
EO referred to a re-reviewing IEC	29
Intervention Program New Applicant(s)	**Totals**
Petitioned for acceptance	86
Granted acceptance	52
Denied or withdrew request for acceptance	15
Program Length	**Totals**
Intake date greater than three (3) years	18
Program sobriety date greater than three (3) years	3
Program Milestones	**Low - High / Average**
Intake date to IEC acceptance date	5 – 203 / 71 (days)
Intake date to successful completion	3 – 7.6 / 3.5 (years)
Program sobriety date to successful completion	3.0 - 4.5 / 3.2 (years)

Definitions:

- Intake date – The date that the recovery vendor conducted the initial intake interview of the IP applicant.
- IEC acceptance date – The date that the IEC accepts the applicant as a participant into the IP.
- Successful completion – the date that the IEC deemed the participant completed based on Uniform Standards.
- Program sobriety date – The first documented negative urine test after participant begins random drug testing with the Board's recovery vendor. A personal sobriety is not the same as the program sobriety date. The personal sobriety date is the date that the participant reports is their first date of sobriety.

Intervention Program Data - FY 2024/2025

	Sep 2024	Oct 2024	Nov 2024	Dec 2025	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Aug 2025
Beginning total IP participants	219	209	191	173	170	169	164	160	157	155	150	140	142
Intake(s) completed regardless of IEC acceptance or denial	6	6	2	5	6	4	2	3	8	6	2	5	3
Successful completion(s)	14	18	18	5	7	7	5	6	6	6	10	3	2
Termination(s) for other than successful completion(s)	2	6	2	3	0	2	1	0	4	5	3	0	1
Ending total IP participants	209	191	173	170	169	164	160	157	155	150	140	142	142
IP participants seen by an IEC	31	85	56	48	33	28	44	39	44	27	46	27	35

RESOURCES:

NEXT STEPS: Place on agenda

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT:
Loretta Melby
Executive Officer
California Board of Registered Nursing
Loretta.Melby@dca.ca.gov

Agenda Item 8.0

Discussion and Possible Action: Presentation by Birchwood Solutions on services available in connection with Nursing Support Group Management; presented by Elizabeth Temple, M.Ed., Chief Executive Officer, Birchwood Solutions

BRN Enforcement, Investigations, and Intervention Committee | October 21, 2025

BOARD OF REGISTERED NURSING
Agenda Item Summary

AGENDA ITEM: 8.0
DATE: October 21, 2025

ACTION REQUESTED:	**Discussion and Possible Action**: Presentation by Birchwood Solutions on services available in connection with Nursing Support Group Management; presented by Elizabeth Temple, M.Ed., Chief Executive Officer, Birchwood Solutions
REQUESTED BY:	Patricia Wynne, Esq., Chairperson

BACKGROUND:

During a National Council State Boards of Nursing 2025 Discipline Case Management conference provided to all Boards of Nursing on April 29-30, 2025, Birchwood Solutions presented on Enhancing Compliance with Peer Assistance Services (PAS) and Recovery Trek, LLC,. This compliance presentation shared new ideas and tools that could assist in the oversite of various parts of the alternative to discipline programs provided throughout the nation by state boards of nursing. The Board staff in attendance requested to share this information with the Board to begin exploring possible improvements in compliance with our Board processes.

Birchwood Solutions delivers specialized support group management services tailored to the specific requirements of state licensing boards. Each program is carefully aligned with the standards and expectations of the board being served, ensuring participant accountability and full regulatory compliance. Birchwood's team of experienced and newly onboarded Support Group Facilitators undergoes targeted training, equipping them to guide board-referred individuals with empathy, structure, and professionalism, all with a focus on long-term success and personal development.

Beyond expert facilitation, Birchwood offers complete administrative and operational tools to support organizations and licensing boards. These include scheduling, secure virtual meeting platforms, attendance tracking, progress reporting, and more. This integrated system ensure that every aspect of support group management is handled with efficiency, confidentiality, and a high standard of care.

Uniform Standard #5

Uniform Standard #5 refers to the standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

If a board requires a licensee to participate in group support meetings, the following shall apply: When determining the frequency of required group meeting attendance, the board shall give consideration to the following:

- The licensee's history;
- The documented length of sobriety/time that has elapsed since substance use;
- The recommendation of the clinical evaluator;
- The scope and pattern of use;
- The licensee's treatment history; and,
- The nature, duration, and severity of substance abuse.

Group Meeting Facilitator Qualifications and Requirements:

1. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.
3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
4. The facilitator shall report any unexcused absence within 24 hours**.**

Disciplinary Guidelines (Probation only)

Condition 15 – Participate in Treatment/Rehabilitation Program for Chemical Dependence

Based on Board recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation.

NEXT STEPS: Continue to monitor

PERSONS TO CONTACT: Shannon Johnson, Enforcement Division Chief
Shannon.Johnson@dca.ca.gov
(916) 515-5265

BIRCHWOOD Solutions LLC
taking root

CALIFORNIA BOARD OF REGISTERED NURSING

October 21, 2025
PRESENTED BY: ELIZABETH TEMPLE

WELCOME!

Birchwood Solutions' CEO, Elizabeth Temple, began her collaboration with alternative-to-discipline (ATD) programs in 2011 by addressing a critical need: providing healthcare professionals with reliable, secure, and accessible care to meet monitoring requirements. At a time when online services were just emerging in healthcare, Elizabeth pioneered a model offering professionally facilitated, secure, online support groups.

Since then, Elizabeth and Birchwood Solutions have expanded these services to five state programs, supporting participants across multiple licensure types, regulatory boards, and alternative programs. Birchwood's growth reflects its role as a leader in solving complex challenges through innovative and effective program design. Our network of professionals enables us to leverage diverse skills, strengths, and expertise to drive meaningful change in this industry. By partnering with boards and programs, we have successfully enhanced, repaired, and streamlined systems and processes, creating real, sustainable improvements.

BIRCHWOOD SOLUTIONS

FROM OUR FOUNDER

It is an honor to address you today and reflect on our collaboration to enhance nursing support systems. As the demands on nurses continue to evolve, the need for structured, effective support programs has never been greater. Birchwood Solutions is committed to guiding programs through transitions, ensuring they have the resources and strategies needed to strengthen their nursing communities without the added burden of operational challenges.

One of my greatest joys is working with new programs, helping them navigate the complexities of change. Birchwood Solutions takes on the logistical and strategic challenges so that the board and programs can focus on their mission. Our partnership is key to driving meaningful improvements for nursing professionals across California, and I look forward to continuing this important work together.

Elizabeth Temple
Founder

BIRCHWOOD SOLUTIONS

COMPANY OVERVIEW

At Birchwood Solutions, collaboration is at the heart of what we do. We actively listen to the needs of each organization, engage stakeholders, and build customized plans that draw on their unique strengths. This collaborative approach fosters innovative solutions and transforms organizations into true teams, united by shared goals and vision.

Organizations turn to Birchwood Solutions when they need trusted expertise, creative innovation, and measurable results. Our ability to deliver effective administrative and operational solutions has consistently exceeded expectations.

Partnering with Birchwood Solutions isn't just about solving today's challenges—it's about building a sustainable future together by driving meaningful progress, fostering innovation, and creating systems that truly support healthcare professionals and organizations alike.

BIRCHWOOD SOLUTIONS

COMPANY OVERVIEW

We believe in fostering an environment that promotes growth to the organizations, individuals and communities that we embrace.

Company Mission

Birchwood Solutions is committed to helping transform lives by offering exceptional programs and services that will empower our clients and professionals
to take root.

Company Vision

It is our Vision to provide distinguished educational support and management services that will uphold our position of respect and take root within the community of professionals that we serve.

Core Values

- **I**ntegrity with pride and confidence in our abilities and services
- **G**uidance with respect for our clients, professionals, and staff
- **N**urturing relationships with dignity
- **I**nitiative with distinction for quality
- **T**ransforming lives through accountability
- **E**thical business is a priority

SUPPORT GROUP MANAGEMENT SERVICES

Bringing program communities together with support, accountability, collaboration

Professionally Facilitated Support Groups

Professionally facilitated support groups for nurses in recovery provide a structured, confidential space to share experiences, receive guidance, and build a supportive community. Led by trained professionals, these groups offer evidence-based strategies, peer support, and accountability to help nurses maintain sobriety while managing their professional and personal well-being.

Facilitator and Participant Compliance

Birchwood ensures both facilitators and participants comply with clear expectations and consistent follow-up. This compliance fosters a safe, supportive environment where individuals are motivated to actively engage and make meaningful progress in their recovery journey.

Data Analytics & Auditing

Birchwood conducts regular data analysis and audits to ensure compliance and effectiveness by having an auditing team review all facilitator documentation against group sign-in logs. Facilitators are provided with a process to correct any documentation errors, ensuring accuracy and consistency in all records.

Reporting

Birchwood generates weekly non-compliance reports, monthly or quarterly attendance reports, and an annual report that provides comprehensive program statistics. These reports serve as a valuable resource for case managers and programs, helping to demonstrate participant compliance and address any non-compliance issues that may arise.

EVOLUTION OF OUTSOURCED SUPPORT GROUP MANAGEMENT

PROGRAM GROUP TYPES

Program Support groups have been in-person until 2011, when TnPAP piloted online groups.

NO SUPPORT GROUPS

The program did not require any support groups for their participants. Usually only required AA/NA or equivalent.

PEER SUPPORT GROUP

The program allowed volunteer peers (nurses or completed participants) to host a support group for program participants.

FACILITATED SUPPORT GROUP

The program maintained a list of facilitators that may be peers, mental health providers, etc. The facilitator may be a volunteer or charge a fee at their discretion.

OUTSOURCED SUPPORT GROUP MGMT

Began in 2011 with TnPAP. This structure allowed for the program to turn the management of the support group structure to the outsourced organization.

TYPES OF CHALLENGES

Our company culture is the foundation of everything we do. It shapes our values, guides our decisions, and fosters an environment where everyone can thrive. Our culture is built on the principles of collaboration, innovation, and a shared commitment to making a positive impact in the world. Here are some key aspects that define our company culture:

Program Challenges

- Lack of Reporting
- Lack of Quality Data
- Facilitator Qualifications & Professionalism
- Facilitator Training & Accountability
- Management of Support Group Process was Time Consuming

Participant Challenges

- Scheduling Changes & Challenges
- Cost of gas, time off, child care, etc.
- Limited Group Options
- Quality of Group Meetings
- Group safety

Facilitator Challenges

- Responsible for finding meeting spaces
- Little to no support or supervision
- Responsible for collecting fees from participants
- Limited to no coverage options - cancel groups

TIMELINE OF OUTSOURCED SG MANAGEMENT

This timelines show the implementation of the outsourced support group management model and the evolution of the online group enrollments.

Spring 2011

Trial of online groups with TnPAP. Was this going to be a viable option. A number of challenges were discovered surrounding the consistency of support groups.

Fall 2011

TnPAP requested a full Support Group Management option. Online groups were successful based on feedback and participation. Realized challenges existed to require all online. Management consisted of both online and local.

2012

Initial Implementation of complete Support Group Management model January 2012. Participants got to choose which group they wanted to attend. By June 2012, there were 24 online groups and 25 local groups. 153 participants elected to go online and 188 chose to remain in local groups.

EOY 2013

EOY Reports show there were 25 Online groups and 20 local groups. 184 participants were online and 154 remained in local groups.

2019-20

By the end of 2019, there were only 3 local groups in TnPAP. We collectively made the decision to move all groups online beginning Jan 2020. By the time of the COVID-19 shutdowns, TnPAP groups had fully transitioned to online only. All other programs were moved to online groups during COVID.

2021

All groups remained online only. Facilities were still not allowing outside non-essential individuals or groups to enter the premises.

Today

All groups remain online due to the surveys strongly indicating the preference.

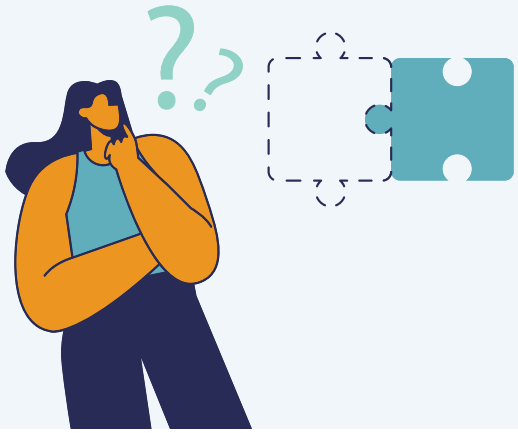
You can't connect to other people online.

You will lose the ability to see how a person is actually doing.

You need to be able to physically touch someone to show empathy.

Participants won't feel safe sharing online.

Sure...Online is more convenient, but what will we be losing or trading?



You will lose the personalization.

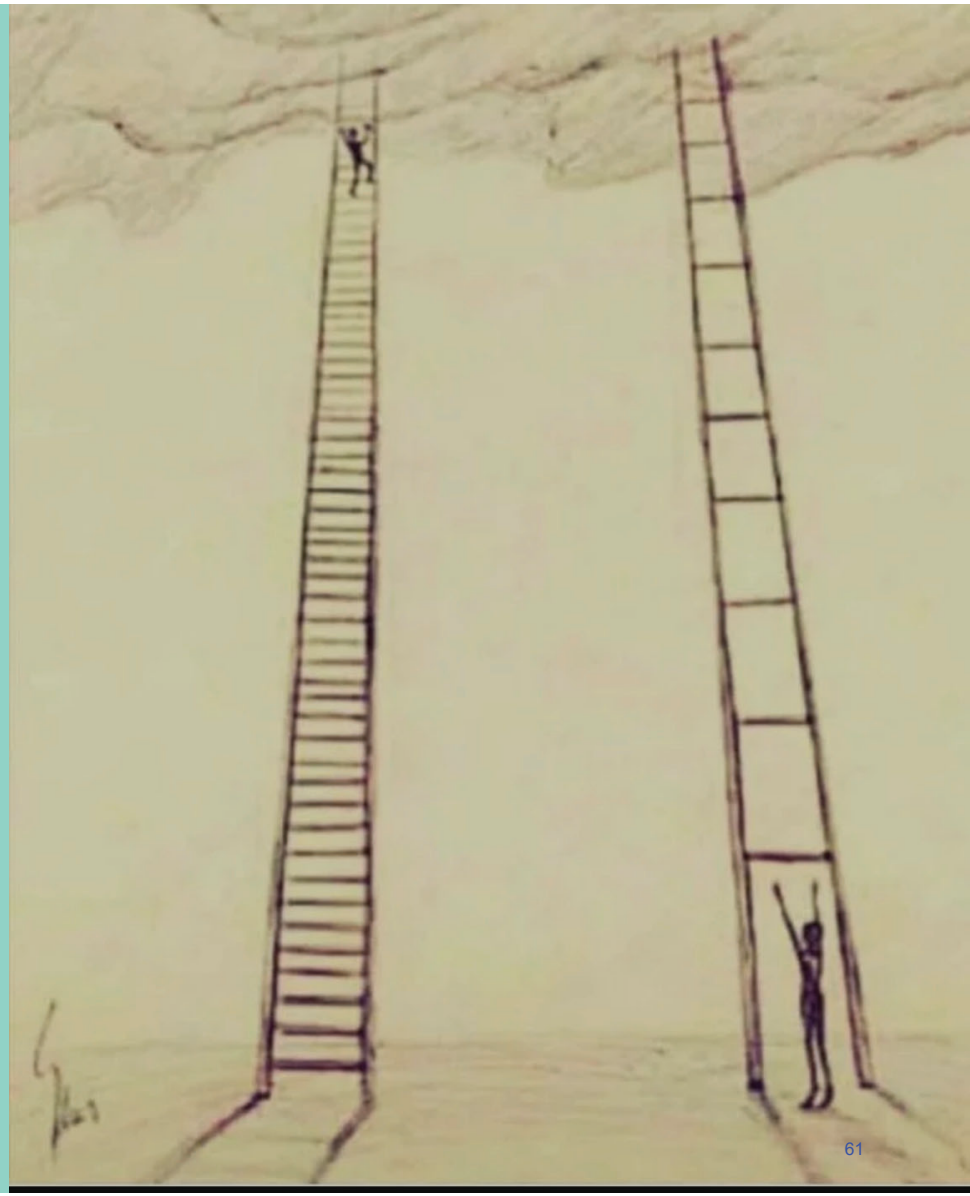
I just don't see the value in online groups.

Groups will not be able to feel connected.

This just won't work.

WHAT IS THE GOAL?

BIRCHWOOD SOLUTIONS

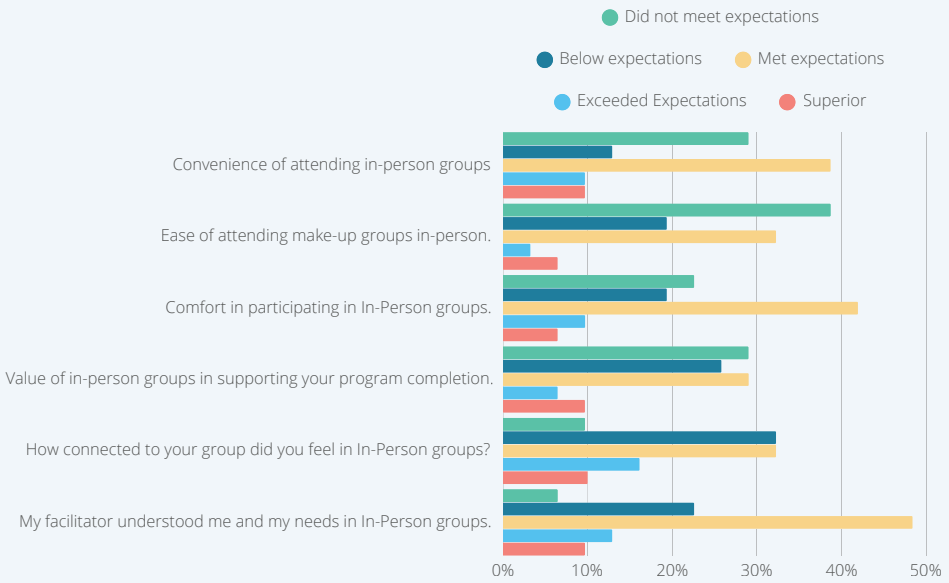


THE SURVEYS

1. Rate these factors of attending In-Person Group and Online Groups
2. Rank the following program requirements in order of impact on your recovery or sucessful completion (if applicable).
3. Participant satisfaction surveys

SIDE BY SIDE COMPARISON OF IN-PERSON AND ONLINE: ACTIVE PARTICIPANTS

In-Person Groups

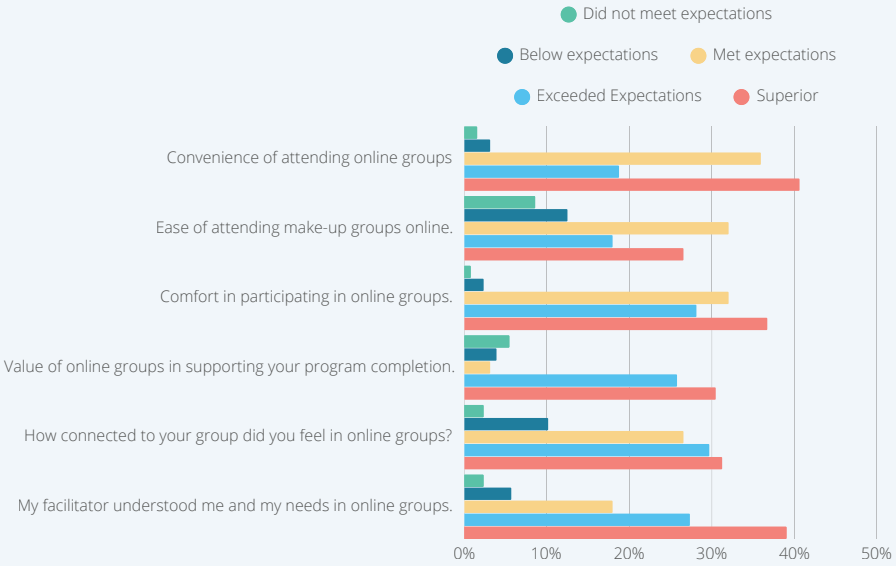


Weighted Average

Convenience of attending in-person groups	2.58
Ease of attending make-up groups in-person.	2.10
Comfort in participating in In-Person groups.	2.52
Value of in-person groups in supporting your program completion.	2.42
How connected to your group did you feel in In-Person groups?	2.84
My facilitator understood me and my needs in In-Person groups.	2.87

Convenience of attending online groups	3.94
Ease of attending make-up groups online.	3.44
Comfort in participating in online groups.	3.98
Value of online groups in supporting your program completion.	3.73
How connected to your group did you feel in online groups?	3.83
My facilitator understood me and my needs in online groups.	4.10

Online Groups



"Online is more convenient and you're able to be more relaxed because you're in your own home"

"Online is infinitely better than in person"

"Do not go back to in person!!!! Virtual is so much more convenient and just as effective"

"Offering online sessions lessens stress levels and this is crucial to recovery."

"When [we] went online, it was truly a blessing. The cost of being a participant is extremely high, so not having to add gad, transportation, and child care is a huge help"

8.5 OUT OF 10

Would NOT return to local groups, if the opportunity existed.

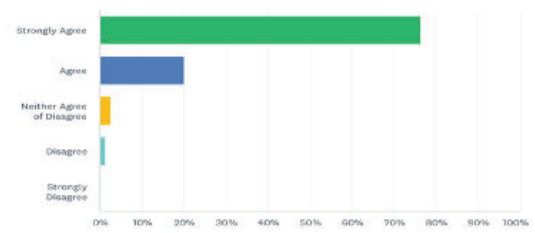
"Online meetings are really convenient and attending doesn't add any stress to my already busy schedule"

"I had a great experience with online meetings and still keep in touch with several participants"

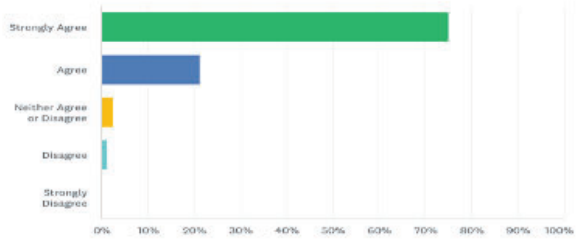
"My in person group was twenty years ago, and that was a different world then. I very much appreciate and enjoy the online meetings for convenience and actually personal interaction. It is more relaxed when you can have such a quality group in your home or wherever you may be."

PROGRAM SURVEYS FOR ACTIVE PARTICIPANTS

My facilitator demonstrates empathy to calm members who are struggling (personally or professionally).

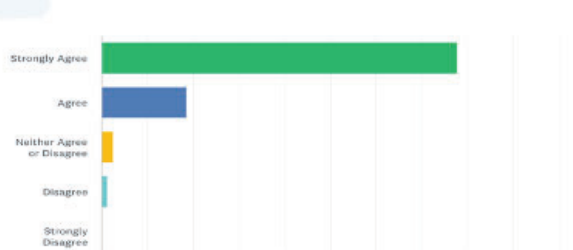


I'm comfortable expressing my feelings and know the group members respect confidentiality.

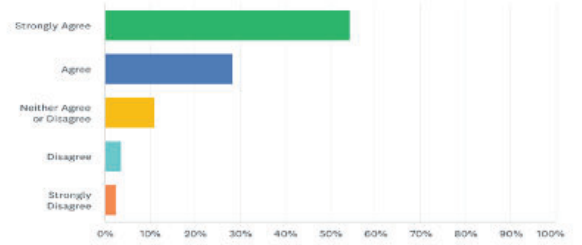


Safety

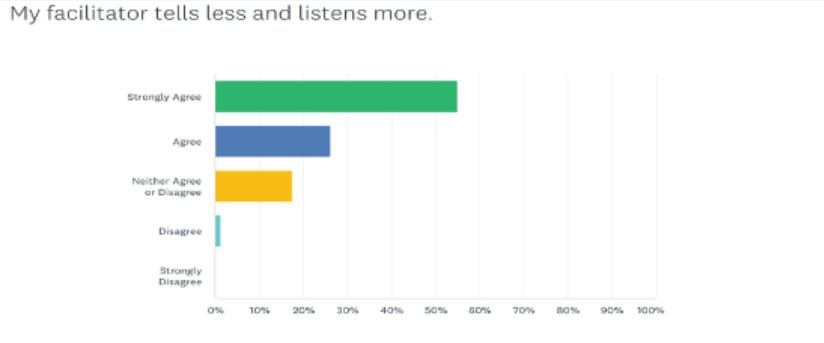
I feel support and encouragement from members of my group.

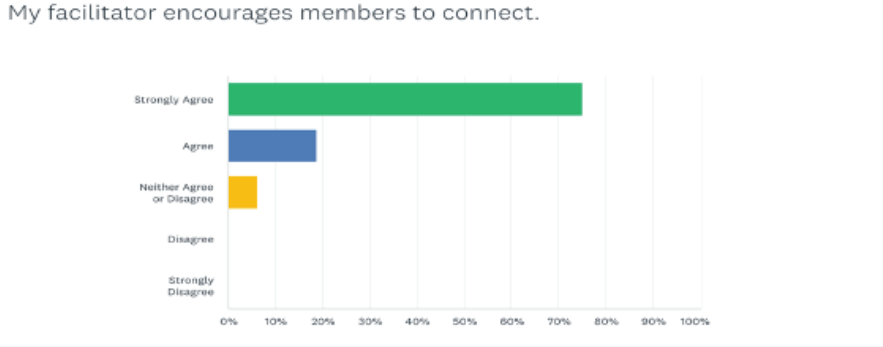


My support group is enjoyable, rewarding and is an integral part of my recovery plan.

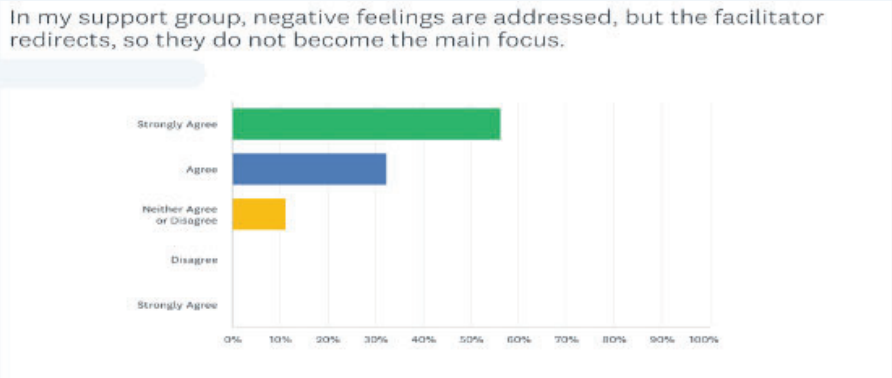


PROGRAM SURVEYS FOR ACTIVE PARTICIPANTS





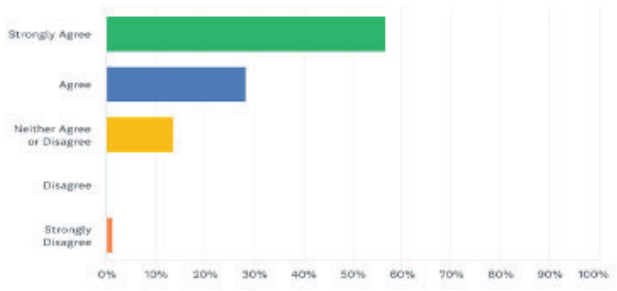
Professionalism



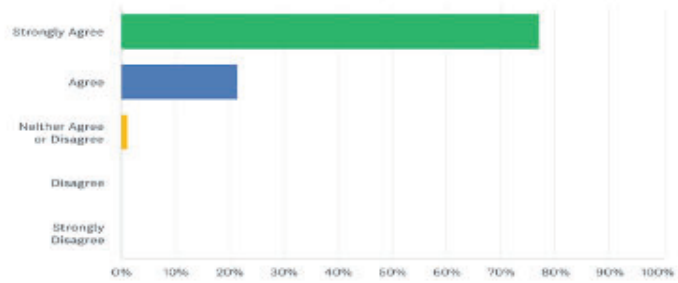
PROGRAM SURVEYS FOR ACTIVE PARTICIPANTS

Perceived Effectiveness

In the group, I am learning to cope and handle difficult situations positively and better understand myself.



In the group, members have an opportunity to share equally.



PARTCIPANT ATTENDANCE COMPLIANCE

COVID-19

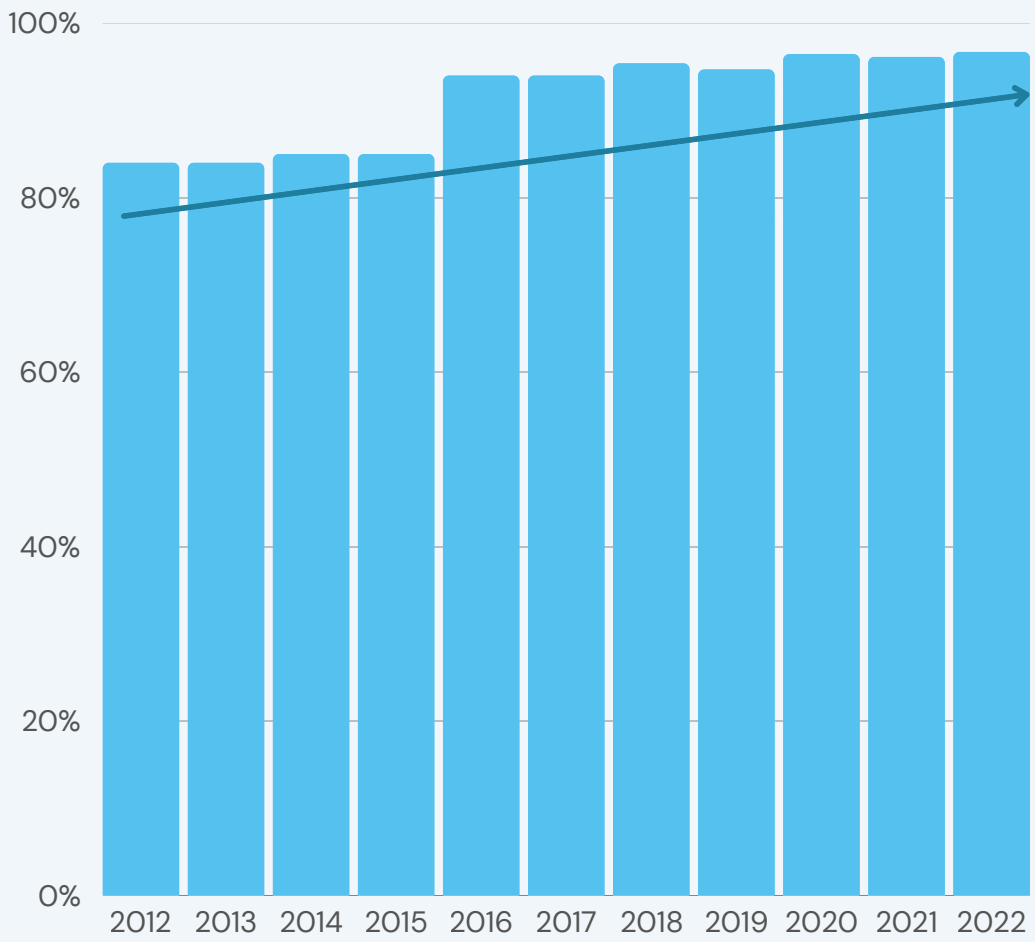
2020 showed an interesting parallel to moving online and compliance. It continued to increase throughout the entire year, even after shut-downs were lifted.

ONLINE TRENDS

Original video conferencing tools were inconsistent with connectivity. 2013-14 was when the scale tipped to more online groups. 2016 signaled a move to the an improved platform.

MAKE-UP PROTOCOL & TRACKING

In 2018, a new make-up group process and tracking was implemented.



WHAT DOES IMPLEMENTATION LOOK LIKE?

ONBOARDING PROCESS

Birchwood's onboarding process for Support Group Management Services for ATD programs emphasizes the importance of collaboration to ensure a seamless integration with the program's unique vision and mission. During onboarding, Birchwood works closely with program administrators and stakeholders to gain a deep understanding of the program's objectives, culture, and participant needs.

This collaborative approach allows Birchwood to tailor their services and processes to align with the specific goals of the program, ensuring that support is personalized and effective. By capturing the essence of the program's mission, Birchwood can enhance the experience for both facilitators and participants, fostering greater success and positive outcomes for all involved.

IMPLEMENTATION PROCESS

IMPLEMENTATION MEETING	FACILITATORS	PARICIPANTS	REPORTING	IMPLEMENTATION
• After both parties have completed a zero-dollar agreement outlining the responsibilities of Birchwood, there will be an implementation meeting with program directors and key stakeholders. • Birchwood will provide program with a draft implementation outline with important dates and necessary steps. Once the program has approved, BWS will get to work!	• Birchwood will provide current facilitators and/or seek out qualified facilitators in your area. • Facilitators will complete an onboarding training conducted by Birchwood.	• Participants will be provided an opportunity to attend a virtual Q&A Session with Birchwood to answer any questions they may have. • BWS will provide the program with a draft of all communication to be sent to the participants. Our goal is to reduce the workload for the program.	• Birchwood will provide the program with incremental written reports regarding the implementation progress. • Birchwood will work with the program's case management software provider to begin collaborating on streamlined reporting, if available by the provider.	• Participants will complete an online enrollment form, signup for payment plan, and be assigned to a support group based on their preferences (when at all possible). • Groups will begin by the designated start date on the implementation plan.

COST TO PARTICIPANTS

THERE IS TYPICALLY NO COST TO THE BOARD OR PROGRAM

There are options for Boards to partially or fully subsidize

Birchwood is committed to keeping costs minimal for program participants. In addition, Birchwood provides an excellent financial assistance program for those who can demonstrate a need, ensuring that cost is not a barrier to receiving crucial support. This approach reflects Birchwood's dedication to making recovery resources available to as many individuals as possible, regardless of financial circumstances.

THIS COST IS AROUND $27 DOLLARS A WEEK!

- Most people spend an average of $11-20 a week on Starbucks
- The average cost of gas for roundtrip to a meeting is $8.40 ($33.60/mo)
- Smoking 10 cigarettes a day for a month could cost roughly $98 to $196
- The average cost of a meal eating out is between $15-20

BENEFITS OF BWS SUPPORT GROUP MANAGEMENT SERVICES

Program Benefits

- Detailed, Consistent, and Tailored Reporting
- Quality Data
- Vetted Facilitator Qualifications & Professionalism Standards
- Facilitator Training & Accountability
- Full Management reduces time required by Board Staff
- Established Policies & Procedures
- Turn-key & Tailored Program Management

Participant Benefits

- Group Availability and Flexibility with Guidelines
  - Cost of gas, time off, child care, etc.
  - Variety of Group Options
- Group Meetings Standards
- Safe Group Expectations that are monitored
- Consistent Communications
- Secure, Online Portal Access
- Quality Groups with Educational Topics
- Financial Assistance Available

Facilitator Benefits

- Competitive Compensation
- HIPPA Compliant Zoom Account Provided by BWS
- HIPPA Compliant Email Provided by BWS
- Facilitator Support & Accountability
  - Monthly Support Meetings
  - Monthly/Quarterly Administrative Meetings
  - Annual Evaluations
  - Annual Professional Development Plans
- No exchange of money with participants
- Coverage Options so groups are not cancelled

Q&A

BIRCHWOOD SOLUTIONS


BIRCHWOOD
Solutions
LLC.
taking root