

BRN

/// report

THE OFFICIAL PUBLICATION OF THE
**CALIFORNIA BOARD OF
REGISTERED NURSING**



 **FALL 2021**

DEPARTMENT OF CONSUMER AFFAIRS

IN THIS ISSUE



**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES
NURSING LEADERSHIP AND
HEPATITIS C VIRUS**



**MENTAL HEALTH NURSING
IN A CORRECTIONAL
SETTING**



**PUBLIC HEALTH NURSING
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Frequently asked questions and
fax and email information for each

BRN unit are available on the
Board's website.

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DOES BRN HAVE YOUR EMAIL ADDRESS?

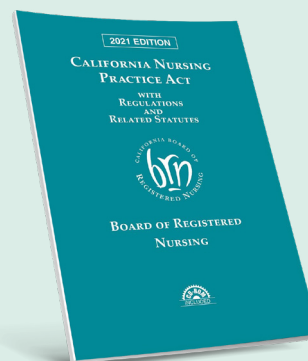
On May 15, 2019, BRN implemented an electronic process that sends courtesy email notifications to R.N.s regarding their license renewal. Email notifications will be sent 90, 45, and 15 days prior to license expiration. R.N.s are encouraged to log into their BreZE account and ensure their correct email address is on file.



NAME AND ADDRESS CHANGES

It is very important that the Board has accurate name and address information on file should the Board need to contact its licensees or applicants. Instructions for submitting name and address changes are available on the **BRN website**.

Licensees are required by law to notify the BRN within 30 days if they change their name or address of record. The Enforcement Division cites and fines nurses who fail to comply with this requirement.



PURCHASING THE NURSING PRACTICE ACT REFERENCE MANUAL

The 2021 edition of the *California Nursing Practice Act (NPA) with Regulations and Related Statutes* is available for online purchase through **LexisNexis**. In addition to the laws and regulations that relate to nursing, this book also contains sections from other codes that may affect the practice of nursing. This edition, which also includes a CD, is \$40.

The NPA laws and regulations, not including the related statutes from other codes, are available on the **BRN website**.

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BEGIN YOUR CAREER HERE. THE OPPORTUNITIES ARE ENDLESS.

The California Board of Registered Nursing Is Hiring.



BENEFITS INCLUDE:

COMPETITIVE SALARY



**WORK HOURS
8 A.M.—5 P.M.
MONDAY-FRIDAY
WEEKENDS
OFF AND PAID
HOLIDAYS**



**GREAT STATE
RETIREMENT AND
MEDICAL/DENTAL
PLANS**



**OPPORTUNITIES
FOR CAREER
ADVANCEMENT**



**FREE ON-SITE
PARKING AND
CLOSE TO PUBLIC
TRANSPORTATION**



**FLEXIBLE SPENDING
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DEPENDENT CARE
AND HEALTH CARE
EXPENSES**





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WE HAVE A NEW PHONE SYSTEM

The Board of Registered Nursing (BRN) launched the first phase of a new phone system in March that includes a callback feature. This allows callers to enter their phone number and receive a callback from a BRN agent without losing their place in the queue or having to stay on hold. The new phone system has many more features that BRN hopes to put in place in the near future. When reaching a BRN staff member, you still call (916) 322-3350 and listen to our menu options. When you enter your number for a callback, the callback number will reference BRN at the (916) 322-3350 number. Callers should listen to the recorded message, as the menu options have changed. Current menu options are:

- **Press 1 to Reach Complaint Intake**—You may use this option to file a complaint against a registered nurse. You may also do this online at: www.breeze.ca.gov and click the “File a Complaint” button.
- **Press 2 to Reach the Public Information Unit**—This is for any licensing application inquiries and should be used to check on the status of an application for licensure, including renewal applications. This includes initial RN licensure by exam or endorsement, as well as advance-practice certifications. You may also use this option to inquire about the application processes for military members, their spouses, or application processes for refugees, asylees, and holders of SIVs. The

processing timeframes for initial reviews of an application submitted to BRN can be found here: <https://rn.ca.gov/times.shtml>.

- **Press 3 to Reach Enforcement**—You may use this option to reach our Probation Unit, Discipline Unit, or Enforcement Unit. More information on what services these units can assist you with are here: <https://rn.ca.gov/enforcement/index.shtml>.
- **Press 4 to Reach Intervention**—The BRN Intervention Program for Registered Nurses (formerly Diversion Program) offers voluntary and confidential service to help nurses recover from substance-use disorders or mental illness. The program is also offered as an alternative to discipline. If you

would like to enroll or refer a nurse to the program, contact Maximus at (800) 522-9198 or email RecoveryProgramAssistance@maximus.com.

- **Press 5 to Reach Nurse Education Consultants**—Nurse education consultants will be able to assist you with questions regarding scope of practice and California-based nursing education programs.
- **Press 6 to Reach Staff in Our Continuing Education Unit**—This unit provides information on continuing education provider (CEP) application status, assistance with updating your current CEP number, or if you have questions about your continuing education audit.



GLOSSARY OF TERMS

An explanation of terms that may appear throughout the *BRN Report*:

APRN stands for advanced practice registered nurse.

Board refers collectively to the nine appointed members and is the Board of Registered Nursing's policy-making body responsible for the interpretation and enforcement of the Nursing Practice Act.

BreEZe is the online licensing and enforcement system for the Department of Consumer Affairs (DCA). It allows licensees and license applicants to do business with DCA electronically and allows greater access for consumers to interact with DCA.

BRN stands for the Board of Registered Nursing. This is the state agency within DCA responsible for the implementation of Board policies and programs.

CCHCS stands for California Correctional Health Care Services, which provides care including medical, dental, and mental health services to California's prison inmate

population at all 35 California Department of Corrections and Rehabilitation institutions statewide.

CNA is the acronym for certified nurse assistant.

DCA stands for the Department of Consumer Affairs. This agency supports many of the regulatory licensing entities in California, including the Board of Registered Nursing.

EMR stands for emergency medical response.

HCV is the acronym for hepatitis C virus.

LVN stands for licensed vocational nurse.

Live Scan is a digital fingerprinting process. Fingerprints are securely transmitted to a government agency for criminal history background checks. It is often required by statute for certain types of state-issued licenses, employment, and volunteer work.

NCLEX-RN refers to the National Council Licensure Examination for Registered Nurses.

NCSBN stands for the National Council of State Boards of Nursing. The NCSBN is an independent, not-for-profit organization through which nursing boards act and counsel together on matters of common interest and concern that affect public health, safety, and welfare, including the development of nursing licensure examinations.

NPA stands for the Nursing Practice Act. The NPA contains the statutes and regulations that govern the practice of registered nurses in California.

MH stands for mental health.

P.T. stands for psychiatric technician.

R.N. is the acronym for registered nurse.

SUD is the acronym for substance use disorder.



INTERVENTION PROGRAM

The Intervention Program is a voluntary and confidential monitoring program for R.N.s whose competency may be impaired by substance use disorder or mental illness. The program protects the public by providing R.N.s access to effective treatment services, monitoring their recovery through an individualized plan, and returning them to safe practice.

For more information about the Intervention Program:

- Watch the video at <https://www.youtube.com/watch?v=OPDuXi9s2vg>. *Note: This video was produced in 2018 prior to the COVID-19 pandemic.*
- Visit www.rn.ca.gov and click the "Intervention" tab.
- Or call the Intervention Program at (916) 574-7692.

THE BRN INTERVENTION PROGRAM IS SEEKING NURSE SUPPORT GROUP FACILITATORS AND CO-FACILITATORS

BRN is actively recruiting dedicated individuals to become nurse support group facilitators or co-facilitators. To qualify, the applicant must:

- Be a registered nurse.
- Have expertise in the field of substance use disorders/mental illness.
- Have a minimum of six months experience facilitating groups.
- Have a minimum of five years recovery, if in recovery.
- Not be a current participant in the Intervention Program.
- Not have any Board accusations or be on Board probation.

If you are interested in becoming a nurse support group facilitator or co-facilitator, please submit a completed Application for Nurse Support Group Facilitator/Co-Facilitator form found at "How to Get Involved" on our website under "Intervention."

For more information regarding nurse support groups, click the "Intervention" tab at <https://rn.ca.gov>.



CHANGES TO BRN EVALUATION OF APPLICANTS WITH CRIMINAL CONVICTIONS

ENFORCEMENT DIVISION STAFF

As of July 1, 2020, new legislation changes how BRN evaluates applicants for licensure with prior criminal convictions and/or prior formal discipline against other professional licenses. For most applicants, BRN will only review convictions and prior discipline that occurred within seven years of application. Some of the key July 2020 changes in the law are as follows:

- The Board will not consider criminal convictions or other license discipline older than seven years from the application date. The seven-year limitation does not apply to “serious felony” crimes as specified by law and any crimes requiring sex offender registration.

- Regardless of when the conviction occurred, BRN will not consider any criminal conviction later dismissed, vacated, or expunged pursuant to Penal Code sections 1203.4, 1203.4a, 1203.41, or 1203.42, or a comparable dismissal or expungement.
- BRN will not consider an arrest that resulted in any disposition other than a conviction, including arrests resulting in an infraction, citation, or juvenile adjudication.

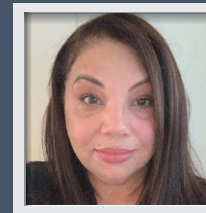
Applicants will not be required to disclose any information or documentation regarding their criminal history; this includes police arrest records and court records. When the applicant’s

fingerprint results reveal a criminal conviction history, BRN’s Enforcement Division will request and obtain certified court and arrest records prior to making a licensing determination. This process may be very lengthy. Applicants may voluntarily provide certified arrest and certified court records for board consideration, which may significantly reduce the amount of time to receive a decision.

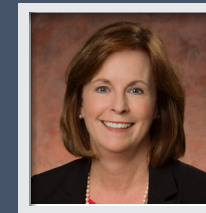
For more information on the changes to law, please use the “Quick Bill Search” (enter “AB 2138”) and check applicable Business and Professions Codes at <http://leginfo.legislature.ca.gov>.

BOARD MEMBERS

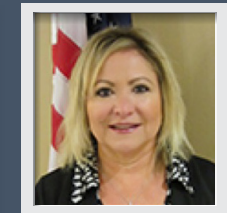
Nine members serve as the policy-setting body for the Board. Seven of the members are appointed by the Governor, one by the Senate President Pro-Tempore, and one by the Assembly Speaker. Board members include five registered nurses and four public members. The current board members are:



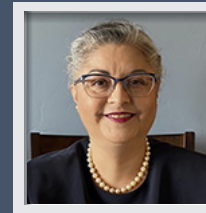
PRESIDENT
Dolores Trujillo, R.N.
Appointed by: Governor



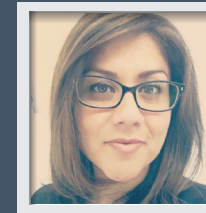
VICE PRESIDENT
Mary Fagan, PhD, R.N., NEA-BC
Appointed by: Governor



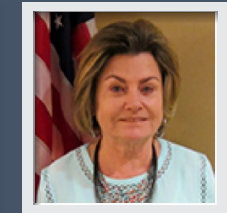
Imelda Ceja-Butkiewicz
Appointed by: Governor



Jovita Dominguez, R.N.
Appointed by: Governor



Susan Naranjo
Appointed by: Speaker of the Assembly



Elizabeth (Betty) Woods, R.N., FNP, MSN
Appointed by: Governor



*Two Board positions are currently vacant.



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COMPLAINTS

ANONYMOUS COMPLAINTS

CAMILLE FILLMORE

In our previous issue, the *BRN Report* published an article titled “What Happens After a Complaint is Filed?” It detailed BRN’s complaint process from initial review to the resulting closure or discipline. It also noted that, while BRN receives more than 9,000 complaints per year, not all of them result in investigation of the registered nurse in question. A common reason complaints are closed without investigation is because they are submitted anonymously.

The Board offers this reminder to complainants or individuals submitting a complaint on its website:

“In filing your complaint, the information you provide will determine the action the Board will take. The most effective complaints are those that contain firsthand, verifiable information. Therefore, please provide a statement, in your own words, which describes the nature of your complaint. Please include as many specific details as possible, including

dates and times, as well as any documentary evidence related to your complaint. The emphasis should be on providing necessary factual information. ***While anonymous complaints will be reviewed, they may be impossible to pursue unless they document evidence of the allegations made*** [emphasis added].”

When a complaint is sent for investigation, the investigator will start with interviews. Often, the first interview is with the complainant to clarify allegations. The investigator will then interview any other witnesses and request documentation related to the allegations. If a complaint is submitted anonymously with no witness names provided, the only person the investigator could contact for information is the accused R.N., who may be likely to deny the allegations. For this reason, anonymous complaints often do not contain enough information to give BRN cause for a disciplinary investigation.

If a complaint must be submitted anonymously, it may still be investigated if enough information is provided. This information can include date of incident, a location where the incident took place, and the names of multiple witnesses. Additionally, if you as the complainant do not wish to be identified as the complainant, you may name yourself as a witness. As a witness, you make yourself available to an investigator if they require an interview.

BRN believes that registered nurses in California should be held to the highest standards. We understand that complainants believe this, too. Therefore, in order to assist BRN in fulfilling its charge to protect the public, be sure to submit a complaint with as much information as the Board needs to initiate an investigation.

For more information on filing a complaint, visit www.rn.ca.gov or call (916) 322-3350.



CREATING THE FUTURE BY LEADING THE WAY

The California Nursing Students’ Association (CNSA) is a constituent chapter of the National Student Nurses’ Association (NSNA).

CNSA is composed of over 5,000 members who are committed to seeking optimal educational, developmental, and professional growth within today’s various health care settings.

Membership in CNSA is automatic when you join NSNA. Your membership strengthens the voice of nursing students on the state and national levels.

JOIN CASA/NSNA TODAY!

VISION

California nursing students: creating the future by leading the way.

MISSION

California Nursing Students’ Association, Inc., is a statewide community advancing the transition of the student to professional nurse through leadership development, education, mentorship, advocacy, activism, and stewardship.

For more information, visit <https://cnsa.org>.





DID YOU KNOW YOU CAN ADD ADDITIONAL NURSE PRACTITIONER SPECIALTIES TO YOUR CALIFORNIA NURSE PRACTITIONER LICENSE?

CHRISTINA SPRIGG AND NANCY VANVOOREN

The Board of Registered Nursing (BRN) has updated online BreEZe activities. A new function allows an individual to submit an online request to have BRN staff add an additional specialty, category, or qualification to their California nurse practitioner license details page that is displayed through the DCA license search.

their nurse practitioner certificate number and then select “Additional NP Specialty” from the drop-down menu.

- (3) Neonatal.
- (4) Pediatrics, primary care or acute care.
- (5) Women’s health/gender-related.
- (6) Psychiatric-mental health across the lifespan.

The following information is displayed on the introductory tab:

If you have a current and active California nurse practitioner certificate, completed additional nurse practitioner education, and obtained professional certification through an appropriate national organization/association based on the additional education, then you are able to request the California Board of Registered Nursing to add an additional specialty/qualification to your existing California nurse practitioner certificate.

The following documents will need to be submitted to the Board:

1. An official transcript from the school reflecting the completed nurse practitioner coursework, degree and degree conferral date, or a postgraduate certificate with date of completion.
2. A verification from an appropriate national organization/association documenting your additional specialty/qualification.

Official transcripts from the school, or third-party vendor if the school uses one, and the verification from a national organization or association can be submitted electronically to BRN at **BRN.eTranscripts@dca.ca.gov**.

Documents received from the licensee to this email address will not be accepted by BRN. Upon receipt of both items, the additional specialty/category/qualification will be added to the licensee’s nurse practitioner licensing details page that is displayed through the DCA license search at **<https://search.dca.ca.gov>**.



OUT-OF-STATE U.S. GRADUATES CAN SUBMIT ELECTRONIC TRANSCRIPTS

CHRISTINA SPRIGG

BRN is now accepting electronic transcripts for out-of-state U.S. nursing programs. Transcripts must be sent by either your school of nursing or a third-party vendor such as Parchment, National Student Clearing House, etc.

Electronic transcripts must be sent directly from the school or third-party vendor to **BRN.eTranscripts@dca.ca.gov**.

Electronic transcripts sent from applicants to this email address will not be accepted. Please have your transcripts sent electronically to BRN only after you have submitted your application for licensure, not before.

The Board requires transcripts from all colleges and/or universities attended that reflect courses required for a degree in nursing. This includes general education course requirements (anatomy, physiology, microbiology, general psychology, social sciences, oral and written communications) and all nursing courses.

For additional information, visit BRN’s website at **www.rn.ca.gov** and click on the “Applicants” tab at the top of the page.



SECTION 1481. CATEGORIES OF NURSE PRACTITIONERS.

(a) Categories of nurse practitioners include:

- (1) Family/individual across the lifespan.
- (2) Adult-gerontology, primary care, or acute care.

In a BreEZe account at **www.breeze.ca.gov**, go to the “Quick Start Menu.” The new function is under the “Manage Your License Information” section. Licensees will locate



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CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES NURSING LEADERSHIP AND HEPATITIS C VIRUS

NYREITH ADEYEMI AND CINDY CHAMBERS

California Correctional Health Care Services (CCHCS) nursing is challenging the perception that the inmate patient is a difficult patient for hepatitis C virus (HCV) treatment. CCHCS nursing leadership and oversight by the statewide chief nurse executive (CNE) have inspired nurses to tackle one of the leading chronic liver diseases with vigor.

CNE is addressing this public health priority identified by the Centers for Disease Control and Prevention (CDC). The director of CDC's Division of Viral Hepatitis, John W. Ward, M.D., declared, "We must act now to prevent and diagnose, and treat hidden infections before they become deadly."

The CCHCS nursing leadership team has equipped its statewide nursing work force with the expert training needed to provide health care to incarcerated patients. HCV is a leading cause of death by infectious disease and has a higher prevalence in correctional institutions. CDC surveillance data indicates the current wave of HCV infections are primarily among young people who inject drugs. These infected individuals may unknowingly pass the virus to the community.

CCHCS has also identified inmate transferring as the point in HCV care with the highest risk for patient lapse in care. That can be in the form of missed doses of HCV medication, missed labs, or a delay in follow-up provider care. In addition, formal studies have identified transfers as a point of risk at all correctional programs studied in the United States.

CCHCS nurses have recognized the staggering health effects and the impact to patients living with this chronic disease. Great advances have been made in the successful treatment of HCV. These new treatment findings greatly improved the quality of life and have increased the rate of survival for patients diagnosed with HCV. Early diagnosis and treatment of HCV can reduce future liver disease cases throughout the system.

The improvement of treatment modalities has necessitated a rapid update in treatment guidelines. Studies have shown nurse-directed HCV treatment programs are one of the best placed providers for this challenge. Treatment for HCV can be delivered safely, efficiently, and in high

numbers in the prison setting using a nurse-led model of care.

In response to this knowledge, under the oversight of CNE, the Uber Nurse program was initiated. The Uber Nurse Program utilizes surveillance software alerts to quickly identify near-misses or gaps in real time to ensure the patient does not miss a dose and to prevent any gaps in care. The program collaborates closely with institutional nursing leadership, nursing workforce, pharmacy, and others as appropriate to ensure policy and procedures are in place and adhered to. The program mentors nursing staff and serves as an HCV subject matter expert for statewide nursing staff.

Hepatitis is a leading cause of death by infectious disease and has a higher prevalence in correctional institutions.

This is an exciting time to have a nursing career at CCHCS. The nursing force is making a lasting difference in the lives of their patients, families, and communities. The complementary Integrated Substance Use Disorder Treatment program will support the patient in the self-determination to avoid reinfection and achieve better health outcomes.



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NURSE PRACTITIONER AND PUBLIC HEALTH NURSE FEES

Did you know that nurse practitioner certificates and public health nurse certificates now have a renewal fee? Effective October 15, 2018, BRN's proposed regulations were approved. The regulations were the result of Senate Bill 1039 (Hill, Chapter 799, Statutes of 2016). This bill added statutory language that imposed new statutory fee ranges and required BRN to set fees within the prescribed ranges. This bill affected many advanced practice nurses as many of them now must pay a renewal fee.

The tables below outline the nurse practitioner and public health nurse fees.

NURSE PRACTITIONER	PREVIOUS FEE	CURRENT FEE
Nurse Practitioner Renewal Fee	No fee	\$150
Nurse Practitioner Delinquent Renewal Fee	No fee	\$225
Nurse Practitioner Furnishing Renewal Fee	\$42	\$162
Nurse Practitioner Furnishing Delinquent Renewal Fee	\$57	\$237
PUBLIC HEALTH NURSE	PREVIOUS FEE	CURRENT FEE
Public Health Nurse Renewal Fee	No fee	\$125
Public Health Nurse Delinquent Renewal Fee	No fee	\$187.50

The increase in fees was necessary to support BRN's functions to ensure public protection through licensure and enforcement of the *Nursing Practice Act* and BRN's regulations.

To see a full BRN fee schedule, go to <https://rn.ca.gov/consumers/fees.shtml>.



ARE YOU A FURNISHER?

The Controlled Substance Utilization Review and Evaluation System (CURES) was certified for statewide use by the Department of Justice on April 2, 2018. The mandate to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II-IV controlled substance became effective on October 2, 2018. Additionally, all active furnishes are assessed a \$12 CURES fee which is incorporated into your active certificate renewal fee.

When renewing online, be sure to mark that you would like to renew your license "active." This will ensure that the correct fees will be associated to your furnishing license. If you mark you want to renew your license inactive, the processing time to have your license status returned to active is two to four weeks.

As always, we recommend renewing your license as soon as possible to prevent any lapses with licensure.

For more information, visit our website at www.rn.ca.gov or call us at (916) 322-3350.

ACTIVE





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CORRECTIONAL HEALTH CARE AND LOCAL 1000 VOCATIONAL NURSE TO REGISTERED NURSE APPRENTICESHIP PROGRAMS

AMANDA CHACON AND SONYA CARRILLO

California foresees a shortage of RNs that is anticipated to increase as the boomer generation ages and the need for health care continues to grow. Nursing schools nationwide are struggling to expand capacity to meet these increasing demands. California Correctional Health Care Services (CCHCS) was invited to participate in an opportunity with the Service Employees International Union (SEIU) Local 1000 to address staffing issues with the support of a \$20 million grant for apprenticeship programs through the California Apprenticeship Initiative (CAI) program.

SEIU Local 1000, which represents state workers, recognized the need to address these nursing shortage issues as well as those around mandatory overtime and the high demand of RN staff. SEIU Local 1000, CCHCS and Stockton's San Joaquin Delta College successfully submitted a grant to implement the first LVN to RN apprenticeship program sponsored by a state agency. The LVN to RN apprenticeship program started at a

small handful of California Department of Corrections and Rehabilitation (CDCR) facilities, including Duel Vocational Institute and Mule Creek State Prison. Additionally, with the assistance of the Division of Apprenticeship Standards support, CCHCS and SEIU Local 1000

established the Joint Apprenticeship Committee (JAC) to oversee the program. The committee is comprised of labor representatives, management, and the local education agency. It is working to develop a sustainability plan to continue funding LVNs through the program with a reduced number of apprentices.

The LVN to RN apprenticeship grant's intent is to provide funding for 50 LVNs to become RNs over the next few years. This program provides CCHCS

LVNs an opportunity to dramatically change their socioeconomic status by increasing their current yearly salary earnings from up to \$54,000 as an LVN to \$93,000 as an RN. Data show the majority of the LVN workforce population are minorities and women who are single heads of households.

“**Data show the majority of the LVN workforce population are minorities and women who are single heads of households.**”

Due to the success of the apprenticeship program at Delta, the California Community Colleges Chancellor's Office, CAI, and DAS were

eager to continue its collaboration with SEIU Local 1000 and CCHCS to extend opportunities to other colleges and CDCR institutions. In May of 2017, the program's first two graduates who received an associate's degree in nursing, were from CHCF. Since then, 27 more students have graduated with an associate's degree from CHCF,

DVI, MCSP, and Sierra Conservation Center. In March 2018, Sacramento City College agreed to the New and Innovative Grant Program with the goal of graduating 25 students with an associate's degree. The first cohort started in June 2019. Additionally, CCHCS and SEIU developed a program in Southern California at Riverside City College for the Rural Communities LVN to RN Apprenticeship Program that encompasses the use of technology to assist students in receiving an opportunity to expand their career. This innovative grant was developed to provide LVNs residing in rural communities greater educational and socioeconomic opportunity. The first cohort began in August 2020 with the anticipation of graduating 25 apprentices in the next three to five years. CCHCS and SEIU Local 1000's objective is to grow and expand this program statewide to create career ladders for current employees and to fill vacancies within the CCHCS.



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RNRN NURSES IN BUTTE COUNTY RESPONDING TO THE CAMP FIRE.

BECOMING AN RNRN VOLUNTEER

ELEANOR GODFREY

Nurses care deeply for their patients, so it's not surprising that, when disaster strikes, nurses are eager to help. In fact, more than 27,000 nurses around the world have signed up to volunteer through the Registered Nurse Response Network (RNRN), a disaster-relief program of the California Nurses Foundation and National Nurses United (NNU). RNRN is the first disaster-relief organization that is run by and for registered nurses and has sent nurses around the world to provide hands-on care in the wake of hurricanes, earthquakes, wildfires, and other emergencies.

If you are interested in being an RNRN volunteer, it is simple and free to sign up. Just go to the volunteer page and fill out a detailed application:

www.RNResponseNetwork.org. You will be asked to provide detailed information about your clinical background, your certifications, which languages you speak, if you have a

current passport, whether you have any physical restrictions, and so on.

Once you sign up, you will be added to RNRN's volunteer list and start receiving email alerts. After a disaster strikes, RNRN finds out what is needed on the ground and figures out the logistics of getting volunteers there. For example, a hospital may need Spanish-speaking ER and pediatric nurses who can get the appropriate vaccinations and supplies, such as steel-toed boots, in 24 hours. When there is a need for volunteers, RNRN sends out an email alert with a questionnaire in order to match potential volunteers. If your availability, languages, and skill set are a match, you will receive a call with more information.

Be honest when answering questions about the deployment. You may be going into a disaster area with few resources. Once you arrive, you likely cannot leave the area until your scheduled date to depart. You could be asked questions such as, "Do you sleepwalk or are you claustrophobic?"

If you are deployed on a ship, you don't want to sleepwalk and then need an ocean rescue. Ships have bunks with so little space between the beds that sailors refer to them as "coffins." Deployments vary but are usually 10 to 14 days long. You must be able to stay for the duration, otherwise you are taking the place of another nurse who could be helping others.

There is very short notice for a deployment. Nurses typically have to depart 24 to 72 hours after they get a call from RNRN. This is not a lot of time to make personal arrangements as well as getting released from work (some California Nurses Association [CNA]/NNU members have contract language that releases them for RNRN deployments, which makes it easier).

Travel and lodging expenses are covered by RNRN because the leadership of CNA/NNU wanted to ensure RNRN could send nurses who were the best match, not just who could afford to go. All volunteers are

responsible for acquiring any additional items, such as mosquito nets or recommended vaccines.

Once you sign up, patience and flexibility are key—both before and during a deployment! Due to the large pool of volunteers, you may not be contacted even if you seem very qualified. Don't take it personally and keep signing up when you are interested and available.

Being an RNRN volunteer is not for everyone. The working conditions can be very austere—limited or no electricity, potable water, or phone service—depending on the situation. But there are other valuable ways R.N.s can contribute, such as covering another RNRN volunteer's shift or making a tax-deductible donation to RNRN via the "RNRN" tab at **www.nationalnursesunited.org**. For additional information, contact **info@rnresponsenetwork.org**.

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NURSES AS MANDATED REPORTERS

BRENT FARRAND

As registered nurses are frequently the first contact a patient has in accessing medical care, nurses are needed to identify cases of suspected patient neglect and abuse. As mandated reporters, nurses receive training to recognize the signs of abuse and neglect and are required by law to report their findings.

What must be reported:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

If abuse is suspected by a nurse, their initial reaction should be to

report the abuse to a physician, nurse practitioner, physician assistant, or a designated individual within that facility. Depending on the workplace policy, they may also be required to notify a supervisor. If the suspected abuser is present, the patient should be examined without them being in the same room. The patient examination should be comprehensive with attention paid to signs of physical abuse. A witness or health care representative should be present during the exam, if possible. Patient statements and behavior, as well as the statements and behavior of the suspected abuser, should be included in the examination report. The nurse should assess the patient

constantly for signs of physical abuse, mental anguish, fear, financial abuse, or unusual behavior. The nurse should document his or her observations and conversations pursuant to the facility or agency's policy and required forms.

Nurses should immediately, or as soon as possible, report the suspected abuse to child welfare services, adult protective services, and/or to a police or sheriff's department. The mandated reporter must only have a reasonable suspicion that a child or adult has been mistreated; no further evidence or proof is required prior to making a report. The case will be further investigated by law enforcement or social welfare services. The mandated reporter has immunity

from civil, criminal, and licensure actions so long as the reporter acts in good faith and has a reasonable suspicion. Abuse reports carry with them a presumption of good faith. Reports are confidential and the mandated reporter's identity is not made public; however, the reporter's identity may be revealed in official investigative reports.

Failure on the part of a mandated reporter to report suspected abuse is a misdemeanor under California law punishable by six months in jail and/or up to a \$1,000 fine. Additionally, mandated reporters who fail to report suspected abuse may face disciplinary action against their license.



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MILITARY APPLICATION PROCESSING

PAUL JOHNSEN

The Board of Registered Nursing (BRN) is proud to honor veterans and military spouses by providing an expedited path toward licensure, per California Business and Professions Code sections 115.4 and 115.5. There are many bumps in the road for military families: relocations, gaps in employment, and the under-employment of the honorably discharged and of military spouses, which all can have a fiscal effect on military families. The important skillsets of individuals coming from military experience are under-acknowledged, and the funneling of professionals to rural areas where many military bases are located are a few great reasons BRN strives to assist this population with a faster path to registered nurse (R.N.) licensure and employment in their chosen vocation.

Currently, the Department of Consumer Affairs (DCA) agencies with the largest military-related populations are the Bureau of Security and Investigative Services, BRN, and the Board of Vocational Nursing and Psychiatric Technicians. Each program has developed processes to accommodate the different needs of their military-related applicants and licensees.

All of the DCA programs tracked on the BreEZe system including BRN were, on average, 2.5 weeks faster in processing military-expedited

applications when compared to the processing times for regular applicants. In fact, all surveyed BreEZe programs processed over 25,000 applications for military members, veterans, and military spouses (source: *Analysis and Improvement of the Licensure Assistance for Military Members and Their Families*, Gibson/Oakley, 2019). BRN alone over fiscal years 2017-2019 processed 1,430 examination and endorsement applications.

You can find a link to a military resources/information webpage on many board and bureau websites. Look for the blue “Military Resources” button directing visitors to more detailed information or to services such as veterans’ organizations and transitional services groups.

At BRN, expedited processing is available for applications for R.N. licensure via examination or endorsement. Post-licensure certifications are not under the purview of the related legislation. The term “expedite” (found in sections 115.4 and 115.5 of the California Business and Professions Code) should, in the case of BRN, be interpreted as “prioritized review.” This means that an application qualifying for expedited processing is placed before, or sent ahead, of other current applications to the licensing unit for review.

Upon review, the licensing evaluator immediately approves the application if it is complete or issues a deficiency letter for items found missing. If a deficiency letter is issued, the licensing evaluator will prioritize the processing of missing items as they are received. When deficiencies exist, it is outside of the licensing evaluator’s control how quickly these missing items are provided or fulfilled. The completeness of the application upon its initial review dictates how quickly it can be processed and approved, and for that reason, there is no set timeframe for processing of military-related applications.

It bears mentioning that “expedite” does not mean a license must be issued, but simply requires the process to be accelerated to the extent feasible; and also, that no fees, nor any other requirements, are waived at this time for military-related applications for

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The important skillsets of individuals coming from military experience are under-acknowledged, and the funneling of professionals to rural areas where many military bases are located are a few great reasons BRN strives to assist this population with a faster path to registered nurse (R.N.) licensure and employment in their chosen vocation.

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initial licensure. Scholarships exist and some licensing fee reimbursements are offered by the Department of Defense or other agencies, which can be explored if interested.

For licensees who hold a current and active license when they are called to duty by the U.S. armed forces or the California National Guard, renewal requirements can be waived by placing the license on a modified status while on active-duty service. Timely notice is required from the service member, and during a period of service the R.N. cannot engage in private practice requiring an R.N. license. If you are to provide R.N. services as a part of

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your active duty, however, the license must be converted to a “military active” status. At the end of active duty service, notification must be provided to BRN within 60 days of discharge. Additionally, an R.N. license must be brought current within six months of the discharge date. Note: Some branches of the military do not accept the “military active” status; verify with the command what status is required of your California R.N. license.

For all online applications, files of required documents (best saved as PDF or JPG) can be uploaded through BreZE with the application at the time of application. Copies of the same documents should be attached to the paper application if applying by mail.

The applicant should try to provide the clearest copies of forms possible. Any photocopy or electronic scan provided to BRN should be high resolution and readable. If supplying a DD-214, make sure it isn’t modified (Social Security number obscured, etc.) and that it includes Block 24. If supplying a marriage certificate, also provide official transfer orders. Sending any of these items after the fact will do little toward achieving the desired effect on the application processing.

	HONORABLY DISCHARGED	MILITARY SPOUSE OR DOMESTIC PARTNER
Licensure by Examination	DD-214	n/a
Licensure by Endorsement	DD-214	Marriage Certificate, etc. + Official Transfer Orders
Temporary R.N. License	DD-214	Marriage Certificate, etc. + Official Transfer Orders
License Renewal	n/a	n/a

HONORABLY DISCHARGED	MILITARY SPOUSE OR DOMESTIC PARTNER
Copy of DD-214* submitted with application must be clear and unaltered and contain the following:	Copy of Marriage Certificate, etc., and Official Transfer Order submitted with application must be clear and unaltered and contain the following:
Name of applicant— Block 1	Certificate of Marriage or Partnership or Other Legal Union , etc.: Contains names of applicant and service member.
Social Security number— Block 3	
Date of birth— Block 5	Transfer: Contains name of service member.
Authorization by commanding officer— Block 22a	Places service member in California.
Anything other than Dishonorable— Block 24	Contains authorization from commanding officer.

*DD-214 pages SERVICE 2 and MEMBER 4 contain the required information. Page MEMBER 1 and other discharge forms (including discharge certificate DD-256, and other decorative wall certificates) do not contain the required fields listed above and cannot be accepted. How to get a copy of your DD-214: Visit <https://militarybenefits.info> and search for “How to Get a DD-214.”

APPLICATION

After confirming the qualifying documents (see chart), an evaluator will immediately review for completeness of the application. An incomplete application can cause processing times to become inflated. Therefore, it is in an applicant’s best interest to prepare for the process, understand the requirements, and take care to submit a complete application:

1. Request transcripts to be sent to BRN ahead of submitting an application. The Request for Transcript form—found by searching at www.rn.ca.gov—may help if previous names exist. R.N.s should also have license verifications sent by state boards or by Nursys (www.nursys.com) at this time.

2. Supply military documents and current contact information with an application, as well as any applicable backup documentation.
3. Provide a fingerprint submission once your application fees are paid. Contact BRN to request a Live Scan form (fingerprinting done in-state) or fingerprint cards (used by out-of-state applicants).

As previously mentioned, if an application is complete, including clearances from the Department of Justice and Federal Bureau of Investigation, it can be approved upon its initial review. If deficiencies exist, an applicant may be contacted by letter, by email, or by phone. Valid contact information is crucial, especially in a time of transition.

It should be noted that BRN educational requirements are higher than many other states and that all schools

format their transcripts somewhat differently. It might be prudent to request a second set of transcripts for personal review should the school of nursing transcript not reflect all required coursework. The good news is that official transcripts are now being accepted electronically. Visit www.rn.ca.gov for details. And don’t forget, the most up-to-date status of an application can be found on BreZE: www.breeze.ca.gov.

BRN and DCA seek to smooth the barriers to licensure and employment for all of our R.N.s—especially our population of military applicants and R.N.s. We hope the information provided here brings you closer to preparing a successful application and to understanding the expectations of BRN and our commitments to our stakeholders.



MENTAL HEALTH NURSING IN A CORRECTIONAL SETTING

Mental health nursing shares many components with other nursing specialties, even in a correctional setting. It is often misunderstood and may even be disregarded over some confusion about who a mental health nurse is and what they do.

Mental health nurses in corrections are an essential component of the primary care team. Like other nursing professionals, California Correctional Health Care Services (CCHCS) mental health nurses attend to the patient's full spectrum, including mind, body, and psychosocial aspects. These aspects may impede or affect the patient's current state of well-being. The mental health nurse's role in the correctional setting is unique. They provide psychiatric nursing care to patients by performing assessments, evaluations, crisis intervention, medication administration, and address various psychiatric conditions such as depression, anxiety, drug or alcohol addiction, grief and loss, personality disorders, and psychotic disturbances.

In the California Department of Corrections and Rehabilitation (CDCR), mental health nurses are a vital part of the interdisciplinary team, which includes psychiatrists, psychologists, social workers, psychiatric technicians, and recreational therapists. They interview patients to gain an understanding of the patient's baseline physical, mental, social, and emotional states of well-being. They also identify knowledge deficiencies pertaining to the patient's disease processes, etiology, prescribed medications, and skills in managing self-care. The nurses create individualized care plans that address psychiatric issues and other aspects of the patient's life. Mental health nursing duties include facilitating psychoeducational groups, assisting with problem-solving, behavior management, medication management, promotion of health maintenance, utilizing therapeutic communication, and performing crisis prevention and intervention.

MARCIE FLORES, SHANTE KUMAR,
KIRANDEEP HUNDAL, AND LUCINDA MCGILL

CCHCS Nursing Services created the Nursing-Led Therapeutic Group (NLTG) Program, which is comprised of over 200 therapeutic groups spanning seven broad categories. This program aims to have greater patient outcomes and improve the quality of life for the patient population.

The NLTG curriculum includes groups educating the patients about:

- Physical and mental health and wellness (schizophrenia, anxiety, diabetes, hypertension, etc.).
- Life skills (mindfulness, assertiveness, etc.).
- Understanding emotions and expressing them appropriately (guided imagery, music and emotions, etc.).
- Transitional skills to successfully navigate within CDCR and the community (how to find a shelter, how to access health care in CDCR, etc.).
- Substance abuse (opioids, methamphetamine, etc.).

CDCR and CCHCS partnered with the Division of Adult Institutions to provide a fantastic opportunity for all incarcerated persons to receive Rehabilitative Achievement credits through participation in the NLTG Program. Through this innovative partnership, inmates get increased and improved access to psychoeducational groups on topics and skills that increase their quality of life both inside and outside the correctional setting. Participants earn credits that allow for time off of their sentence. With this amazing accomplishment, patients report an improvement in their sense of self-efficacy, increased self-confidence, self-empowerment, and a strong sense of hope that their past lives and behaviors do not dictate what their futures look like.

5 KEY POINTS FOR CONTINUING EDUCATION PROVIDER APPLICANTS

DR. ALEXANDRA DUKE



LEARNING

Course content should be relevant to the practice of registered nursing and enhance knowledge above that required for licensure (16 CCR § 1456).



COURSES

Course description, objectives, and outline should clearly describe how the course enhances knowledge.



OUT-OF-STATE

Courses offered in California by out-of-state organizations must have a continuing education provider number.



PROVIDER

Non-nurse instructors must be licensed or certified in the area of expertise and show evidence of specialized training in the content area.



FUTURE PLAN

The comprehensive plan for approving and disapproving continuing education opportunities can be viewed on our website: www.rn.ca.gov.



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PUBLIC HEALTH NURSING OPPORTUNITIES IN CORRECTIONAL HEALTH CARE

NYREITH ADEYEMI

Public Health Nurses (PHN) are an integral and invaluable part of the health care team in California Correctional Health Care Services (CCHCS). According to the American Public Health Association, they use nursing, public health, and social science skills to protect populations at risk and promote health within the communities where they live.

For those individuals living in the correctional setting, the PHN is the subject matter expert for illness prevention, outbreak management, and promotion of wellness within the prison community. These nurses organize and implement broad public health programs, such as immunizations, communicable diseases awareness, policy review and adherence, as well as offer expert consultation to CCHCS staff and leadership on disease prevention. Many times, through their leadership, surveillance, communication and expertise, PHNs are heroes within CCHCS.

The 10 Essential Public Health Services is adapted and modeled into correctional public health nursing to protect and promote the health of the population while ensuring the population have a fair and just

opportunity to achieve optimal health and well-being. The nurses are strong advocates of patient education to promote healthy lifestyle changes to reduce the burden of disease. Inmates are more likely to suffer from physical and mental issues than the general population. These individuals are at greater risk than the general public for trauma, asthma, hypertension, hepatitis C, HIV, tuberculosis, and other infectious and chronic diseases. Their role includes collaborating with our partner stakeholders both internally (custody, mental health, medical, etc.) and externally (Centers for Disease Control and Prevention, California Department of Public Health, etc.) to ensure updated, researched, evidence-based information is communicated with sustainable strategic interventions such as policy updates and registry matrix for oversight.

The PHN assumes a lead role to conduct surveillance and collaborate with institutional leadership to report gaps, and to provide education and resources to support corrective actions in outbreak decision-making to promote health in our vulnerable population.

“These individuals are at greater risk than the general public for trauma, asthma, hypertension, hepatitis C, HIV, tuberculosis, and other infectious and chronic diseases.”

CCHCS offers an exceptional opportunity for public health nurses to improve the health of the prison community, and thus make a dramatic difference in the lives of our most vulnerable population. The work of the public health nurses is very rewarding as they work tirelessly to reduce illness, promote the adoption of healthy lifestyle practices, reduce morbidity, save money, and improve the quality of life for the incarcerated population, their families, and the staff who care for them. The impact of the public health nurse is felt far outside the prison walls, and the nurses are empowered to provide vital services that are respected throughout the system.



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