

Intervention Program 9.3 -9.3.2



9.3

Presentation of the Intervention Program (IP) (contracted program vendor; general requirements; legislation, regulations, and Uniform Standards governing the IP; recovery agreements; IEC member appointment, terms, responsibilities, and training; difference between IP and probation; etc.)



Maximus presentation



Intervention Evaluation Committee's



IEC Composition

Three RNs, holding active California licenses, who have demonstrated expertise in the field of chemical dependency or psychiatric nursing.

One physician, holding an active California license, who specializes in the diagnosis and treatment of addictive diseases or mental illness.

One public member who is knowledgeable in the field of chemical dependency or mental illness.



Roles and Responsibilities

Committee Responsibilities

Each committee shall have the following duties and responsibilities:

- To evaluate those registered nurses (RN) who request participation in the program and to make recommendations.
- To review and designate those treatment services needed for recovery
- To receive and review information concerning RN participants
- To consider if participants may with safety continue or resume the practice of nursing.
- To call meetings as necessary and to consider reports regarding RNs participating in a program.
- **To make recommendations to the program manager regarding the terms and conditions for each participant, including treatment, supervision, and monitoring requirements.**



Term limits

- Committee members are appointed to a term of four (4) years.
- There is a grace period after term expiration for up to the sooner of one year or until a successor is appointed.
- Members may serve up to two consecutive full terms.
- It shall require a majority vote of the BRN Board Members to appoint a person to a committee. Each appointment shall be at the pleasure of the board for a term not to exceed four years.

IEC Guide Section 3.4.4
BPC §131, 2770.2(c)



Uniform Standards



Uniform Standards

1. Undergo a clinical diagnostic evaluation
2. Removal from practice
3. Board's ability to communicate with an employer
4. Random drug testing requirements
5. Group meeting attendance
6. Treatment requirement
7. Work requirement
8. Positive drug testing requirement



Uniform Standards

9. Banned substance procedure
10. Major and minor violations
11. Petition to return to full time practice
12. Petition to reinstate to a full unrestricted license
13. Vendor requirements
14. Public Disclosure/confidentiality
15. Audit of private-sector vendor providing monitoring services
16. Criteria for program success, reporting to DCA and the Legislature.



Intervention vs. Probation



Component	Intervention	Probation
Initial Intake Assessment or Orientation	Yes Conducted by a clinical case manager (CCM)	Yes Conducted by a probation monitor
Initial Clinical Assessment	Yes Free - Costs paid by BRN	Yes Fee varies dependent upon the Assessor and typically ranges from \$250 - \$2000
Treatment	Yes Participant paid - May include inpatient, outpatient, aftercare, therapy, etc.	Yes Probationer paid - May include inpatient, outpatient, aftercare, therapy, etc.
Drug Testing	Yes Randomly scheduled tests including:, urine, blood, hair, and nail samples. \$62.50 Per test plus collection fees (\$20 - \$125) *Additional tests, if required, may require higher cost. Adhere to Uniform Standard #4	Yes Randomly scheduled tests including, urine, blood, hair, and nail samples. \$62.50 Per test plus collection fees (\$20 - \$125) *Additional tests, if required, may require higher cost. Adhere to Uniform Standard #4

Nurse Support Group Attendance	Yes \$10-\$40 PER WEEK* (Varies by group.) *Some groups may accept a sliding scale fee	Yes \$10-\$40 PER WEEK* (Varies by group.) *Some groups may accept a sliding scale fee
12-Step Group Attendance	Yes - Free Attendance at community-based, 12-step support groups adhering to complete abstinence from alcohol and narcotics. Approved by Intervention Program	Yes - Free Attendance at community-based, 12-step support groups adhering to complete abstinence from alcohol and narcotics. Approved by Probation Program
Program Administrative Fee	Yes \$25 PER MONTH Participants are billed <u>after</u> formal program acceptance at their first Intervention Evaluation Committee meeting	No However, cost recovery is ordered pursuant to B&P 125.3, for investigation/enforcement of the case.
Confidential	Yes Unless the participant does not complete the program successfully	No Posted to NURSYS and the BRN website for 10 years
Public Record / Discipline	No Alternative to discipline program (voluntary)	Yes Formal disciplinary action (Ordered)

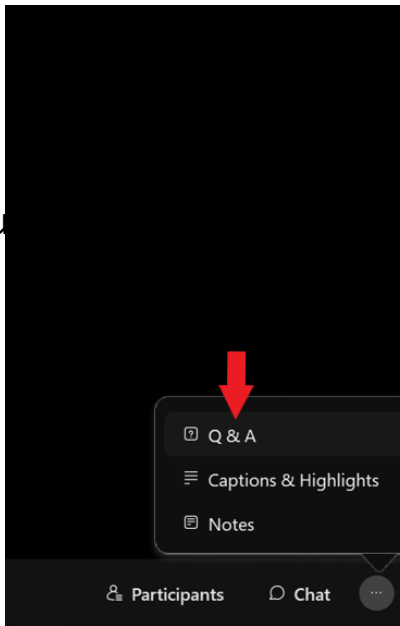
9.3

Board discussion

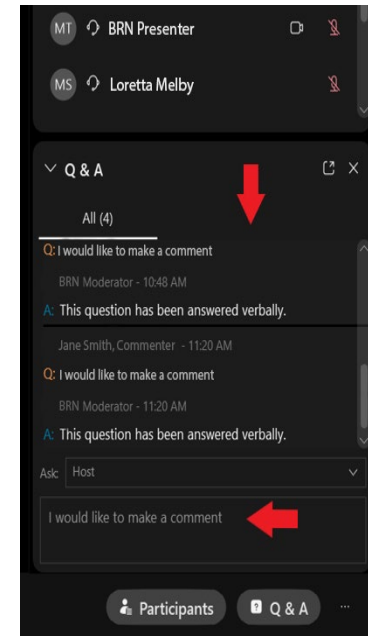


Comment Instructions

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2. The 'Q & A' panel will appear.



3. In the 'Q & A' panel, type "I would like to make a comment" (**NOTE:** If The comment will be in a language other than English, please indicate which language so the moderator can adjust accordingly). You will be identified by the name or moniker you used to join the WebEx session, The line will be opened (**click the 'Unmute me' button**), and you will have **2 minutes** to provide comment. Every effort is made to take comments in the order which they are requested.

NOTE: Please submit a new request for each agenda item on which you would like to comment.



9.3.1

Working as a registered nurse in a position requiring patient care, with or without narcotic access, prior to successful completion of Intervention Program (IP)



Legislative Intent

It is the intent of the Legislature that the Board of Registered Nursing seek ways and means to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness so that registered nurses so afflicted may be rehabilitated and **returned to the practice of nursing in a manner that will not endanger the public health and safety**. It is also the intent of the Legislature that the Board of Registered Nursing shall implement this legislation by establishing an intervention program as a **voluntary** alternative to traditional disciplinary actions. (emphasis added)

BPC § 2770



Uniform Standard #12

The licensee must meet the following criteria to request (petition) for a full and unrestricted license.

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
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.



BPC 2770.7(c)(3)

Disciplinary action with regard to acts committed before or during participation in the intervention program shall not take place unless the registered nurse withdraws or is terminated from the program.



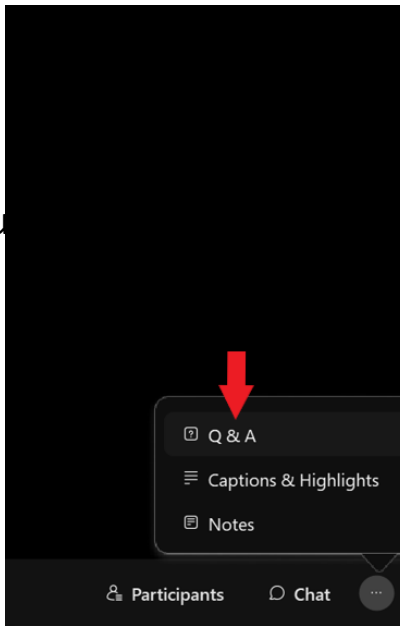
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Board discussion

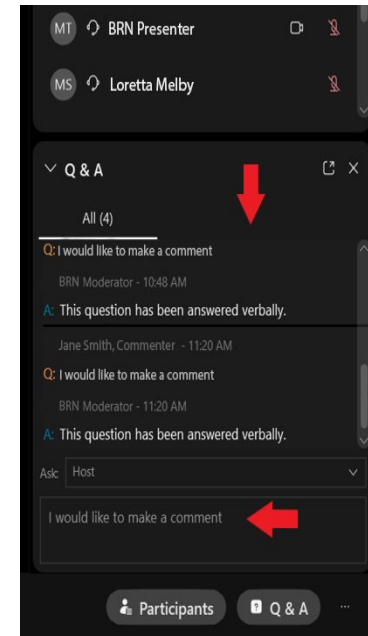


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9.3.1

Possible Board discussion, motion,
and vote



9.3.2 Clinical Evaluations and Assessments

Clinical diagnostic evaluation(s) and reassessment(s) with a focus on the participants' ability to safely return to work in a capacity as a registered nurse during the Intervention Program (IP).



Uniform Standard #1

If a healing arts board orders a licensee who is either in a diversion program or whose license is on probation due to a substance abuse problem to undergo a clinical diagnosis evaluation, the following applies:



Uniform Standard #1 cont'd

The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:

- holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation;
- has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,
- is approved by the board.



Uniform Standard #1 cont'd

The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion:

- whether the licensee has a substance abuse problem;
- whether the licensee is a threat to himself/herself or others; and,
- recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.



Uniform Standard #1 cont'd

- The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.
- If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the board within 24 hours of such a determination.



Uniform Standard #2

The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

- The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.
- While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.



Uniform Standard #2 cont'd

After reviewing the results of the clinical diagnostic evaluation, and the criteria below, the Board's program manager shall determine, whether or not the licensee is safe to return to either part-time or fulltime practice.

- the license type;
- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use
- the scope and pattern of use;
- the treatment history;
- the licensee's medical history and current medical condition;
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to himself/herself or the public



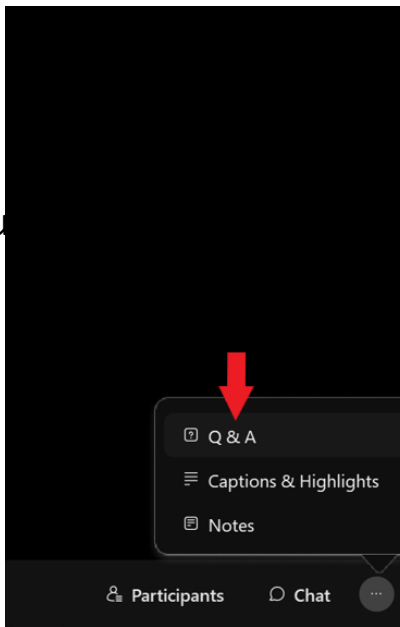
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Board discussion

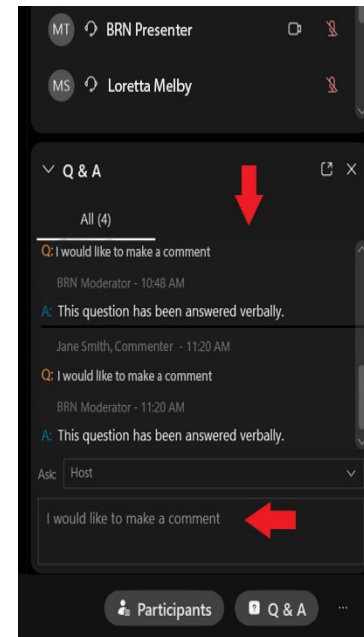


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