

State of California
Department of Consumer Affairs

**Board of Vocational Nursing and
Psychiatric Technicians**

2012 Strategic Plan



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EXECUTIVE SUMMARY

The California Board of Vocational Nursing and Psychiatric Technicians (Board) was established in 1951 (Vocational Nursing Program) and 1959 (Psychiatric Technician Program) to regulate and enforce the laws related to the practice of licensed vocational nurses (LVNs) and psychiatric technicians (PTs).

Public protection is the Board's highest priority in exercising its licensing, regulatory and disciplinary functions. Whenever protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (Assembly Bill 269, Chapter 107, Statutes of 2002).

To ensure that it effectively meets its mandate to protect the public interest, the Board:

- Annually reviews and revises its Strategic Plan to ensure that the Board's highest priority of public protection is present in all regulatory functions;
- Actively enforces regulations governing the practice of LVNs and PTs, including standards of practice in accordance with established professional standards;
- Develops pertinent statutory or regulatory changes that benefit public protection;
- Ensures that only qualified persons are LVNs and PTs by establishing minimum requirements for licensure and by ensuring psychometrically sound and legally defensible licensure examinations;
- Utilizes creative solutions to mitigate enormous and increasing workload;
- Vigorously ensures that VN and PT programs are in compliance with the requirements of Articles 5 of the Vocational Nursing and Psychiatric Technicians Rules and Regulations;
- Energetically engages the attention of consumers, licensees and other interested parties for the purposes of educating them about our consumer protection priority, our regulatory authority, public forums, meetings and to establish meaningful partnerships; and,
- Maintains a dynamic work environment that enhances and supports employee success, which in turn benefits the consumers and facilitates growth and achievement.

MISSION STATEMENT

The mission of the California Board of Vocational Nursing and Psychiatric Technicians (Board) is to protect the public. Public protection is paramount to the Board and its highest priority in exercising its licensing, regulatory and disciplinary functions. Toward this end, the Board ensures that only qualified persons are licensed vocational nurses and psychiatric technicians by enforcing education requirements, standards of practice and by educating consumers of their rights.

CORE BELIEFS

The Board believes:

- Consumer protection is its highest priority.
- Discipline of applicants and licensees who endanger the health and safety of the consumer is swift and ensures due process.
- LVNs and PTs are integral members of the health care delivery system and their entry into practice must be without barriers.
- An active leadership role in evaluating trends and shaping the development of educational and professional standards promotes the Board's success in protecting the public and preparing licensees for safe and ethical practice.
- Our licensure examinations are regularly evaluated to ensure their legal defensibility and psychometric soundness for accurate measurement of entry-level competencies.
- Continuous education and outreach to consumers increases awareness of their rights and of the significant roles performed by LVNs and PTs in California's health care.
- Investment in staff development and training, as our budget permits, provides the skills necessary for successful interaction with our diverse constituency and serves the public interest.
- Dynamic and visionary leadership promotes best practices to improve organizational processes and strives for ongoing partnership with the Department of Consumer Affairs (DCA), the Executive and Legislative branches of government, other state agencies, the health care community, and consumers.

AGENCY DESCRIPTION

The Senate Interim Committee on Nurse Problems was appointed by the Legislature in 1950 to study the shortage of nurses and problems with nursing education and licensure. As a result of the Committee's study, Senate Bill 1625 was introduced in 1951. This bill provided for licensure and regulation of LVNs and the appointment of a Board of Vocational Nurse Examiners.

In 1959, the Psychiatric Technicians Law was enacted and provided for a voluntary "certification program" for PTs. Responsibility for the program was placed with the Board of Vocational Nurse Examiners. The PT program was placed under this Board's jurisdiction due to the unique mental health and nursing care functions performed by PTs for the treatment of clients with mental disorders and developmental disabilities.

During the 1968 legislative session, Senate Bill 298 established a "licensure program" for PTs beginning January 1, 1970. Current certificate holders and any person performing PT services for at least two years within the previous five years prior to January 1, 1970, were granted licensure. Thereafter, all applicants for a PT license were required to complete an accredited PT program and pass the licensure examination.

In 1971, the name of the Board was changed to the Board of Vocational Nurse and Psychiatric Technician Examiners. In 1998, the name was changed to the Board of Vocational Nursing and Psychiatric Technicians. These two distinct licensure programs are under the oversight of one Board, with each program having its own statutes and regulations, budget authority, curriculum requirements, examinations, and staff.

In 1988, emergency legislation required the Board to issue a "restricted VN license" (one time only) to medical technical assistants (MTAs) employed by the Department of Corrections and the Department of the Youth Authority. The holder of a restricted VN license can be employed only by those two agencies. To obtain a non-restricted license, the MTA was required to pass the licensing examination administered by the Board. This is no longer valid as it was for one time only, as stated above.

In 2007, due to a legislative mishap, the Assembly adjourned without considering SB 797 which contained the statutory language required to extend the sunset date for the Board and three other licensing boards within the DCA. As a result, the Board became a Bureau operating under DCA for six months from July 1, 2008 through December 31, 2008. Two legislative bills were signed into law to re-establish the board (i.e., SB 797 and AB 1545) and became effective January 1, 2009.

The Board currently regulates the practice of approximately 122,555 LVNs and 13,425 PTs, the largest groups of LVNs and PTs in the nation. The Board also approves and pre-approves 202 VN Programs and 16 PT Programs.

Board members serve a critical role as the policy and final decision makers in reinstatement hearings, proposed disciplinary actions, approval of new schools, school survey visits, follow up reports on programs, examination development, contracts, budget issues, legislation, and

regulatory proposals.

The Board is composed of 11 members: two LVNs; two PTs; one registered nurse educator or LVN educator; and six public members that meet four times each year. At present, there are one (1) LVN board member and two (2) public board member positions vacant.

Six members of the board constitute a quorum for transaction of business at any meeting and to take action on any pending disciplinary actions via mail ballots.

INTERNAL ASSESSMENT SUMMARY

An internal assessment is one element in the building of a comprehensive Strategic Plan. An internal assessment highlights an organization's operational strengths, identifies opportunities for operational improvement, and serves as an indicator of how well positioned an organization is to carry out the strategic goals it sets. The Board periodically conducts an analysis of the Board's internal operations.

Board leadership is committed to strengthening its internal operations, and believes in the ability of Board staff to share responsibility for operational improvement including office morale and team spirit. To the extent that it is financially feasible, Board leadership will continue to invest in staff's growth and development which ensures their ability to meet the Board's strategic goals.

With this shared commitment to serve our consumers and working collaboratively in 2012, Board leadership and staff are well positioned to carry out the mission and strategic goals set forth in this plan.

EXTERNAL ASSESSMENT SUMMARY

STAKEHOLDER SURVEYS

A. Program Survey

In October 2011, the Board conducted a survey of all accredited and approved programs. Surveys were disseminated to 219 active programs (203 VN programs and 16 PT programs). The goal of the survey was identification of issues and trends effecting the education of LVNs and PTs.

Programs were canvassed relative to the following areas: numbers of program graduates; projected applicant and student populations; utilization of technological innovations in education and clinical practice; trends in healthcare; utilization of psychiatric technicians in healthcare; strategies to increase employability of psychiatric technicians.

Data from the surveys assists the Board in the development of future examinations. Additionally, this information assists the Board in addressing pertinent issues related to examination, licensure, and practice.

ANALYSIS OF RESPONDENT DATA

Respondents reported an increasing number of applicants seeking program admission. Primarily, respondents attributed the increase to the poor economy and limited job market. Additionally, respondents cited applicants' need for income and the difficulty obtaining admission into registered nursing (RN) programs as factors contributing to the increased candidate population.

Respondents reported a decrease in the amount of public funding for education. That decrease resulted in a reduction in program size. Some publicly funded programs reported they were forced to close. Others are seeking grant assistance and other sources of revenue. Conversely, the number of privately funded programs has escalated.

31% of VN respondents and 20% of PT respondents reported a shortage of available clinical rotations as a critical factor inhibiting their ability for program expansion. Other respondents reported no shortage of clinical rotations. Reduced placement was identified in acute care facilities, however, adequate clinical rotations were identified in other types of facilities.

Respondents reported most graduates were able to find employment within three (3) to twelve (12) months. Respondents reported that employers increasingly require graduates to have a minimum of one (1) year of clinical experience prior to being hired as a LVN or PT.

B. Clinical Facility Survey

In October 2011, the Board conducted a survey of California clinical facilities. The Board disseminated surveys to 912 clinical facilities. The sample population was identified from a master list of clinical facilities provided by the Office of Statewide Health Planning and Development. The sample population included Acute Hospitals; Long Term Care Facilities; Primary Care Facilities; Specialty Clinics; Home Health and Hospice Facilities; Professional Providers.

The goal of the survey was identification of current trends in health care and the utilization of LVNs and PTs. Facilities were canvassed relative to the following areas: numbers of employees, including RNs, LVNs, PTs, certified nursing assistants (CNAs), medical assistants (MAs); numbers of vacancies, including RNs, LVNs, PTs, CNAs, MAs; utilization of LVNs and PTs; identification of knowledge, skills, and abilities impacting utilization of LVNs and PTs.

ANALYSIS OF RESPONDENT DATA

1. LICENSED VOCATIONAL NURSES

Utilization

Respondents reported that hiring practices for LVNs in most facilities are based on levels of patient census, skills required to care for the facility's patients, regulatory requirements and financial concerns. More institutions report that they have increased the number of LVN positions than decreased them, with the exception of acute care facilities who report generally converting their LVN positions to RN positions in order to meet state mandates for patient care ratios. As reported, the primary determining factors are the patient census, patient acuity, required nurse - patient ratio, and the shortage of available nurses.

Patient census varies, but many facilities projected an increased census in the coming year. As a result, those facilities report plans to hire more LVNs, as long as LVNs are able to offer the care appropriate to the facility's patients. LVNs are still seen as the most cost effective nursing care entity. In some cases, specifically, skilled nursing facilities and long term care facilities, respondents reported that Medicare and HMO reimbursements for care have decreased so utilization of the most cost effective staffing mix is imperative.

LVN Skills

Respondents voiced concerns about the insufficient amount of clinical experience students received in their LVN programs. Employers must conduct extensive training for new graduates. Respondents also voiced concerns about licensees' need for critical thinking, physical examination, recognition/reporting of changes in a patient's condition, and documentation.

2. PSYCHIATRIC TECHNICIANS

Utilization

Respondents reported that PTs continue to be utilized primarily in psychiatric facilities and in facilities caring for the developmentally disabled. There appears to be a trend for them to be used less in acute care psychiatric facilities. Respondents reported that RNs are being hired to replace PTs because the RNs can offer complete care for the acute patients, including advanced medical-surgical nursing skills. Additionally, the Department of Developmental Services reports a projected decrease in the utilization of PTs due to decreasing patient census and projected facility closures.

Minimal numbers of PTs are being utilized in skilled nursing facilities and in home health. Conversely, utilization of PTs has increased in correctional facilities.

PT Skills

Respondents suggested improvement of licensee skills by strengthening medical-surgical nursing skills. Such improved skills would allow PTs to offer more complete care to patients.

CUSTOMER SERVICE SURVEYS

In 2011, the Board distributed and mailed out approximately 3,750 Customer Service Surveys (i.e., distributed at Board Meetings and at the Board's Public Counter; and mailed to the Board's General Mailing List, Accredited Schools and to Examination Result recipients). The respondents were asked to rate the Board's services regarding specific performance categories. The rating scale ranged from Very Satisfied, Satisfied, Marginally Satisfied, Dissatisfied and Very Dissatisfied. The performance categories were:

1. Meetings informative and actions clear.
2. Meetings conducted efficiently.
3. Staff are courteous and helpful.
4. Staff are knowledgeable and competent.
5. Staff delivers services promptly.
6. Website license verification is useful.
7. Website is accurate and pertinent.
8. Website is easy to navigate.
9. Website brochures and newsletters are useful.
10. Applications are processed efficiently.
11. Test site accommodations are satisfactory.
12. Licensing and Renewal processes are efficient.
13. Enforcement inquiries are answered clearly.
14. Complaint filing information is clear.
15. School accreditation information is clear.
16. Scope of practice interpretations are clear.
17. Director Forums are useful.
18. Overall satisfaction with the Board's service.

A total of 638 survey responses, or 17% of the surveys distributed, were received. Survey results revealed that 93% of the respondents were either very satisfied or satisfied with the Board's performance; 5% were marginally satisfied with the Board's performance; and 2% were either dissatisfied or very dissatisfied with the Board's performance.

GOALS & OBJECTIVES

To achieve its mission, the Board established six major goals to realize within the next three to five years. Due to the current economic condition of the State, potential hiring freezes, and the lack of staff, some of these goals may take longer to accomplish.

- A. **Enforcement** – The Board will enforce its consumer protection priority through timely execution of its disciplinary powers and by achieving the expressed intent of Consumer Protection Enforcement Initiative (CPEI). This is an ongoing goal.
- B. **Legislation & Regulation** – The Board will propose and support legislation that strengthens its consumer protection priority by hastening the Board's ability to act and enhancing the Board's regulatory power and assuring budgetary integrity. This is an ongoing goal.
- C. **Education** – The Board will ensure that the theory and clinical education of our LVN and PT programs are in concert with our current practice by conducting thorough reviews and analyses of proposed and current approved program curricula as staff and resources permit. The Board will complete review of all proposed programs by 2013.
- D. **Administration** – The Board will sustain and execute the Board's consumer protection through critical oversight of its programs, creative problem solving, visionary leadership, and maintaining significant partnerships with DCA and influential entities/persons. This is an ongoing goal.
- E. **Examinations and Licensing** – The Board will continually ensure the licensure of safe and competent practitioners by establishing minimum entry-level requirements for licensure and ensuring that licensure examinations are legally defensible, psychometrically sound, and consistent with current practice for LVNs and PTs. This is an ongoing goal.
- F. **Automation** – The Board will promote automated systems to serve licensees, consumers, staff and Board members through use of electronic devices when resources permit. Breeze is proposed for Board implementation in March 2013.

A. ENFORCEMENT

The Board will enforce its consumer protection priority through timely execution of its disciplinary powers and by achieving the expressed intent of Consumer Protection Enforcement Initiative (CPEI). This is an ongoing goal.

Objectives:

1. Prioritize actions in order of importance based on the criticality and nature of complaint.
2. Investigate complaints in an objective, timely and cost-effective manner.
3. Take disciplinary action as warranted by law and by the timelines prescribed.
4. Collaborate with the Office of the Attorney General, Office of Administrative Hearings, DCA Enforcement and Compliance Division, and DCA Division of Investigation to establish mutual goals for efficiency, effectiveness, and expeditious processing of actions.
5. Utilize innovative disciplinary techniques designed to protect the public from unprofessional, incompetent and negligent practitioners.
6. Ensure disciplinary information is reported to the Healthcare Integrity and Protection Data Bank as required by federal regulations.
7. Expand the Board's Expert Witness Program by recruiting and training additional experts to review enforcement cases, provide quality expert opinions, and testify at administrative hearings.
8. Seek and utilize creative solutions to mitigate enormous and increasing workload.
9. Establish procedures for actions based on managerial assessment.
10. Provide staff training to enhance their knowledge, skills, and abilities in this specialty.
11. Work with the DCA Office of Human Resources to fill Enforcement vacancies.

B. LEGISLATION AND REGULATION

The Board will propose and support legislation that strengthens its consumer protection priority by hastening the Board's ability to act and enhancing the Board's regulatory power and assuring budgetary integrity. This is an ongoing goal.

Objectives:

1. Legislative Proposals
 - a. VN/PT Fund Merger Proposals – Develop proposed legislation to merge the VN and PT funds.
2. Regulatory Proposals – Exercise the Board's authority to adopt, amend or repeal the following regulations:
 - a. Licensing Eligibility Requirements – Develop regulations to clarify theory requirements for applicants applying through the equivalency method.
 - b. Permissive Site Visits – Develop regulations to allow for “permissive” site visits of new or existing programs.
 - c. Mandatory Reporting Requirements (SB 539, Chapter 338, Statutes of 2011) – Adopt regulations to implement new mandatory reporting requirements for employers of VNs and PTs to also report resignation in lieu of suspension or termination for cause, as defined, and for employment agencies or nursing registries to report to the Board the rejection from assignment of an LVN or PT.
 - d. Sponsored Health Care Events (AB 2699, Chapter 270, Statutes of 2010) – Adopt and implement regulations to allow for health care professionals licensed in other states to participate in volunteer, no-charge, health care events sponsored by local governments or nonprofits, serving uninsured and under-insured people. (Effective September 24, 2010 through January 1, 2014.)
 - e. Continuing Education (CE) – Adopt and implement regulations to improve the quality of CE courses and enhance the requirements.
 - f. Implementation of CPEI – Complete the rulemaking process to adopt regulations to implement provisions of CPEI.
 - g. Uniform Standards Regarding Substance-Abusing Healing Arts Licensees and Disciplinary Guidelines – Complete the rulemaking process to adopt regulations to implement the Uniform Standards for Substance-Abusing Licensees established by the Substance Abuse Coordinating Committee (SACC) and revise the Board's Disciplinary Guidelines.

C. EDUCATION

The Board will ensure that the theory and clinical education of our VN and PT programs are in concert with current practice by conducting thorough analyses of proposed and current approved program curricula as staff and resources permit. The Board will complete an analysis of all proposed programs by 2013, as staff and resources permit. This goal is ongoing.

Objectives:

1. Interpret VN and PT statutes and regulations for programs, health care practitioners, educators, and consumers.
2. Continue to optimize and expand the use of information technology for data collection relative to the education, practice, and discipline of LVNs and PTs.
3. Implement effective strategies to assist programs in the development, implementation, and maintenance of quality VN and PT programs.
4. Educate program directors relative to their responsibilities as specified in the statutes and regulations as follows:
 - a. Continue to provide New Director Orientation for all new directors of VN and PT programs.
 - b. Present Director Forums annually to update directors, faculty, administrators, and other interested parties of statutory and regulatory changes that impact VN and PT programs and to provide a forum for discussion of critical program issues impacting the education of safe and competent practitioners.
5. Evaluate and refine Education Division processes to identify and eliminate redundancy and improve utilization of available human and physical resources.
6. Conduct stakeholder surveys at least annually.
7. Inform stakeholders of new statutes and regulations impacting VN and PT practice.
8. Inform VN and PT programs of the results of the Board's stakeholder surveys and develop strategies to address identified issues.
9. Conduct outreach activities with educators, legislators, employers, licensees, consumers, and other interested parties relative to the education, practice, and discipline of LVNs and PTs.
10. Continue to work with advisory committees, legislators, professional organizations, and other interested parties to encourage the inclusion of LVNs and PTs in methods and means to resolve or reduce California's nursing shortage.

11. Maximize the use of limited resources, and follow travel restrictions, when pursuing outreach activities.
12. Continue collaboration with program directors to evaluate and maintain VN and PT programs that comply with the VN and PT laws.
13. Continue advising directors on the development and implementation of strategies to improve student comprehension in VN and PT programs as evidenced by improved student achievement and improved program performance statistics on licensure examinations.

D. ADMINISTRATION

The Board will sustain and execute the Board's consumer protection through critical oversight of its programs, creative problem solving, visionary leadership, and maintaining significant partnerships with DCA and influential entities/persons. This is an ongoing goal.

Objectives:

1. Assure that the consumer protection priority of the Board is in the forefront of Board programs and activities.
2. Actively promote general consumer education/patient rights awareness and consumer protection through brochures, events, outreach, institutions, licensees, web site, and professional association activities.
3. Evaluate the Strategic Plan annually and develop realistic and achievable goals and objectives.
4. Identify, develop, and implement the best practices for meeting our goals and staff implementation of effective procedures.
5. Evaluate and follow-up on the Board's performance of its regulatory functions through the use of targeted surveys, and feedback from professional, health care, and consumer organizations.
6. Implement cost-effective mechanisms to track employee satisfaction and develop cost-effective incentives to help increase employee morale.
7. Continue to follow-up with the DCA Office of Human Resources and the Department of Personnel Administration, keeping the need for filling the vacant NEC positions in their sight.
8. Network with DCA and other agencies to discern trends in the future of health care.
9. Maintain communication with the Senate Business, Professions & Economic Development Committee consultants and members, and likewise with Assembly Members, to alert them of Board issues and progress and to remain abreast of legislative priorities.

E. EXAMINATIONS AND LICENSING

The Board will continually ensure the licensure of safe and competent practitioners by establishing minimum entry-level requirements for licensure and ensuring that licensure examinations are legally defensible, psychometrically sound, and consistent with current practice for LVNs and PTs. This is an ongoing goal.

Objectives:

1. Continue collaboration with the National Council of State Boards of Nursing, Inc. to develop, implement, and evaluate the NCLEX/PN®.
2. Continue collaboration with DCAs' Office of Professional Examination Services to develop, implement, and evaluate the performance of the PT Licensure Examination.
3. Evaluate the licensing examination process for effectiveness, defensibility, and accessibility.
4. Evaluate the minimum qualifications for licensure to ensure that they remain relevant and consistent with the standard of practice; seek legislative amendments when necessary.
5. Educate VN and PT program directors relative to the examination application process.
6. Continue to utilize creative solutions to mitigate tremendous and increasing workload due to lack of staff.
7. Ensure timely issue of post-licensure certifications (intravenous therapy and blood withdrawal) as staffing permits.
8. Place information on the Board's website regarding the post-licensure certification process, including the timeframe involved as staffing permits.

F. AUTOMATION

The Board will promote automated systems to serve licensees, consumers, staff, and Board members through the use of electronic devices when resources permit. BrEZe is scheduled for Board implementation March, 2013. This is an ongoing goal.

Objectives:

1. Continuing Education (CE) – Continue placement of program information on our website. Include CE provider information on the Board's Intranet webpage to alert internal staff of inactive or unauthorized Continuing Education schools.
2. DCA BreEZe Project (formerly iLicensing) – Continue collaboration with the DCA, OIS, to develop and implement BrEZe, to allow applications for licensure and renewal to be submitted via the internet.
3. Electronic Data Management System (EDMS) – Continue collaboration with DCA, OIS, to implement an EDMS to facilitate the conversion of paper records to electronic records.
4. Expansion of Online Forms – Continue to develop forms that can be filled out online.
5. Paperless Meetings – Implement paperless Board meeting packets. Accomplishment of this goal is dependent on the resources available. It is gradually being implemented.
6. Technological Enhancements – Use technology to enhance customer service for external and internal customers (e.g. iLicensing, Ad-Hoc Reporting Tool).
7. Telephone Tree – Continue development and implementation of an automated telephone answering system for internal and external customers that will answer frequently asked questions, thereby reducing the number of calls answered by Board staff. Board staff will answer calls for all other types of questions.

RESOURCE ASSUMPTIONS

These are current and future budget issues that could have a possible effect on the Board's resources.

Fiscal Year 2011/2012

- A. 5% Workforce Reduction** – On January 8, 2010 the former Governor issued Executive Order S-01-10 which required state agencies to ensure an additional 5% salary savings in FY 2010/11. On October 28, 2010, the Board was advised that the 5% Salary Savings was converted to a 5% workforce cap that required permanent staff reductions in FY 2011/12. The final impact was as follows:
- FY 2010/11 – The Board submitted its proposed reduction plan totaling \$197,000 (VN) and \$40,000 (PT). The Board used the salaries from the unfilled CPEI investigator positions [i.e., 4 investigators (VN) and 1 investigator (PT)] to meet the salary savings quotas for both the VN and PT Programs.
 - FY 2011/12 – The Board had to identify “permanent” positions to cut to meet the 5% workforce cap in FY 2011/12. On August 3, 2011, the DCA Budget Office indicated that \$27,505 (VN) and \$38,870 (PT) were the final amounts required for the workforce cap. The Board submitted its Workforce Cap Plan to reflect the permanent loss of .50 Special Investigator positions (VN) and a .75 loss of special investigator position (PT) in FY 2011/12.
- B. Statutory Fee Range Change Proposal** – Due to the State Hiring Freeze, both the VN and PT Programs did not spend a substantial amount of its expenditure authority for FY 2010/11 and are projected to not spend a substantial amount of its expenditure authority for FY 2011/12. Consequently, a large reversion occurred in FY 2010/11 and another is anticipated in FY 2011/12. However, the PT Program is facing a fund deficit in FY 2014/15 and the Board will need to pursue statutory amendments to ensure the Program's solvency.
- C. Vacancies Due to State Hiring Freeze** – Effective August 31, 2010, former Governor Schwarzenegger ordered a State Hiring Freeze that continued with Governor Brown's Administration. On November 22, 2011, the DCA announced that the hiring freeze was lifted for DCA and hiring freeze exemptions were no longer necessary. The Board immediately began recruitment efforts to fill all of its vacancies. However, the Board continues to experience a high vacancy rate.
- D. Implementation of New Investigation Unit Authorized for CPEI** - As a result of the hiring freeze, the Board was unable to begin filling the 15.5 new positions authorized for the CPEI until a freeze exemption request was approved on June 7, 2011 to fill eight (8) investigator positions. Currently, eight (8) of the 15.5 positions are filled. Recruitment efforts are ongoing. Once all of these positions are filled, it is anticipated that both the VN Program and PT Program will spend most, if not all, of its expenditure authority.

Budget Year 2012/13

A. BreEZe Information Technology Project & Credit Card Processing Costs – In 2009, the DCA decided to abandon the iLicensing Project that was underway to replace the department’s existing licensing and enforcement database systems. The decision was made to move forward with the BreEZe Project. A departmental BCP was approved in FY 2010/11 to redirect iLicensing funding authority to BreEZe and beginning in FY 2011/12 and ongoing an augmentation was approved to support the procurement, solution and implementation of the integrated BreEZe licensing and enforcement system. On April 5, 2011, the DCA reported that the bid proposal for BreEZe came in at over twice the amount anticipated. DCA submitted another departmental BCP to fund this effort. Currently, the Board’s “overall” contribution to this project is projected to be approximately \$1,662,995 [\$1,492,875 (VN) and 170,120 (PT)]. On September 8, 2011, the Board was advised that it will be in the second rollout to implement BreEZe. Actual implementation is tentatively scheduled for March 2013.

FINANCIAL & STAFF POSITION INFORMATION

The Board is a Special Fund agency. It derives all of its operating revenue from its licensees and applicants. No money is received from the General Fund. The following are summaries of the Board’s budget information and staffing totals:

FINANCIAL INFORMATION

	VN Program			PT Program		
	2010/11 Budget	2011/12 Budget	2012/13 Gov. Budget	2010/11 Budget	2011/12 Budget	2011/12 Gov. Budget
Expenditures	\$12,024,398	\$11,686,000	\$11,686,000	\$2,901,934	\$2,588,000	\$2,588,000
Reimbursements	\$352,000	\$352,000	\$352,000	\$22,000	\$22,000	\$22,000
Internal Cost Recovery	\$37,000	\$37,000	\$37,000	\$0	\$0	\$0
Total Net Expenditures	\$11,635,398	\$11,297,000	\$11,297,000	\$2,879,934	\$2,566,000	\$2,566,000

STAFF POSITION INFORMATION

	VN Program			PT Program		
	2010/11 Budget	2011/12 Budget	2012/13 Gov. Budget	2010/11 Budget	2011/12 Budget	2012/13 Gov. Budget
Authorized Staff Positions	69.3	65.8	65.8	13.4	12.5	12.5
Note: The authorized staff number includes all permanent and blanket positions, excluding salary savings.						

(04/25/12)



2011 Strategic Plan Accomplishments

Enforcement Division

- The Enforcement Division filled eight (8) of the 15.5 positions approved for the Special Investigations Units.

Legislation & Regulation

- The Board's Sunrise Bill, SB 539, was approved extending the Board's authority until January 1, 2016.

Education Division

- Two Director Forums were conducted.
- Stakeholder and customer service surveys were conducted.

Administration Division

- Customer service surveys were conducted.

Examinations & Licensing

- Multiple conferences were conducted regarding item development and review. A Committee of Content Experts conference was also conducted.
- The 2012 psychiatric technician examination items were developed.

Automation

- On-line license renewal was implemented.
- The Board began webcasting Board meetings.

(4/26/12)

