



FISCAL YEAR 2021 MID-YEAR REPORT

July 1 to December 31, 2020

REPORT SUBMITTED TO THE
HEALTH LICENSING BOARDS AND THE
HEALTH PROFESSIONALS SERVICES PROGRAM'S
PROGRAM AND ADVISORY COMMITTEES
BY MONICA FEIDER, MSW, LICSW, PROGRAM MANAGER
AND HPSP STAFF
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REPORT CONTENT

- INTRODUCTION 2**
- MISSION AND GOALS..... 2**
 - MISSION 2
 - GOALS..... 2
- PROGRAM PARTICIPATION 2**
 - DEFINITIONS OF REFERRAL SOURCES..... 2
 - MID-YEAR REFERRALS BY FIRST REFERRAL SOURCE AND BOARD 3
 - MID-YEAR REFERRALS BY FIRST REFERRAL SOURCE..... 4
 - MID-YEAR SELF-REFERRALS – HOW DID LICENSEES LEARN ABOUT HPSP? 4
 - MID-YEAR THIRD PARTY REFERRALS – WHERE DID THEY COME FROM? 4
 - MID-YEAR REFERRALS BY AGE 5
 - MID-YEAR REFERRALS BY GENDER 5
 - MID-YEAR SECOND REFERRAL SOURCES 5
 - DEFINITIONS OF DISCHARGE CATEGORIES..... 6
 - MID-YEAR DISCHARGES BY CATEGORY AND BOARD..... 7
 - MID-YEAR DISCHARGES BY CATEGORY 8
 - MID-YEAR DISCHARGES OF THOSE MONITORED 8
 - MID-YEAR TOTAL DISCHARGES 8
 - MID-YEAR UNSATISFACTORY DISCHARGE DETAILS..... 9
 - MID-YEAR DISCHARGES BY REFERRAL SOURCE..... 9
 - MID-YEAR DISCHARGES BY AGE 10
 - MID-YEAR DISCHARGES BY GENDER 10
 - ACTIVE CASES 11
- BUDGET 12**
 - FUNDING 12
 - EXPENSES 12
- UPDATES..... 13**
 - COVID-19..... 13
 - DATABASE UPDATES 13
 - DIVERSITY AND INCLUSION 14
 - OUTREACH 14
- COMMITTEE MEMBERS AND STAFF 15**
 - PROGRAM COMMITTEE MEMBERS..... 15
 - ADMINISTERING BOARD 15
 - ADVISORY COMMITTEE MEMBERS 16
 - HPSP STAFF..... 16

INTRODUCTION

The Health Professionals Services Program (HPSP) is pleased to provide our mid-year report to the Health Licensing Boards, the HPSP Program Committee and Advisory Committee, legislators and the citizens of Minnesota. The document provides information about program participation and activities that took place in the first half of fiscal year 2021 (July 1, 2020 to December 31, 2020).

MISSION AND GOALS

MISSION

Minnesota's Health Professionals Services Program protects the public by providing monitoring services to regulated health care professionals whose illnesses may impact their ability to practice safely.

GOALS

The goals of HPSP are to promote early intervention, diagnosis, and treatment for health care professionals with illnesses, and to provide monitoring services as an alternative to board discipline or pursuant to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised.

PROGRAM PARTICIPATION

DEFINITIONS OF REFERRAL SOURCES

HPSP's intake process is consistent, regardless of how health care professionals are referred for monitoring. The program is responsible for evaluating the health care professional's eligibility for services and whether the present illness warrants monitoring. If it is determined that a health care professional has an illness that warrants monitoring, a Participation Agreement is developed and monitoring is initiated. Health care professionals can be referred to HPSP in the following ways:

- **Self-Referrals:** Health care professionals may contact the program directly.
- **Third-Party Referrals:** The most common referrals from third parties are from employers and treatment providers. The identity of all third-party reporters is confidential.
- **Board-Referrals:** Participating boards have three options for referring health care professionals to HPSP:
 - **Determine Eligibility** (Board Voluntary): The board refers the health care professional because there appears to be an illness to be monitored, but a diagnosis is not known.
 - **Follow-up to Diagnosis and Treatment** (Board Voluntary): The board has determined that the health care professional has an illness and refers the health care professional to HPSP to determine whether the illness needs to be monitored.
 - **Action** (Board Discipline): The board has determined that there is an illness to monitor and refers the health care professional to HPSP as part of a disciplinary action (i.e.: Stipulation and Order). The Board Action may also dictate specific monitoring requirements.

MID-YEAR REFERRALS BY FIRST REFERRAL SOURCE AND BOARD

The table below compares the number of health care professionals referred to HPSP in the first halves of fiscal years 2020 and 2021 by first referral source.

Referral Source	Execs. for Long Term Services & Supports		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Department of Health		Dietetics & Nutrition		Emergency Services		Marriage & Family Therapy		Medical Practice	
	20	21	20	21	20	21	20	21	20	21	20	21	20	21	20	21	20	21
Board Voluntary	0	0	8	8	1	0	4	6	0	0	0	0	6	0	1	0	13	12
Board Discipline	0	0	1	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0
Self	0	0	2	4	2	1	4	3	0	0	0	0	2	4	0	3	25	12
Third-Party	0	0	4	2	0	1	0	2	0	0	0	0	2	1	0	1	3	5
Sum	0	0	15	15	3	2	9	11	0	0	0	0	10	6	1	4	42	29

Referral Source	Nursing		Occupational Therapy		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine	
	20	21	20	21	20	21	20	21	20	21	20	21	20	21	20	21	20	21
Board Voluntary	10	57	0	1	0	0	3	2	1	6	0	0	4	1	3	1	1	1
Board Discipline	20	28	1	0	0	0	1	2	0	0	0	0	0	1	1	1	0	1
Self	51	33	1	1	0	0	5	1	1	0	0	0	0	2	5	2	2	0
Third-Party	20	18	0	0	0	0	0	1	0	0	0	0	1	0	2	1	0	0
Sum	101	136	2	2	0	0	9	6	2	6	0	0	5	4	11	5	3	2

Referral Source	Sum	
	FY20	FY21
Board Voluntary	55	95
Board Discipline	26	35
Self	100	66
Third-Party	32	36
Sum	213	232

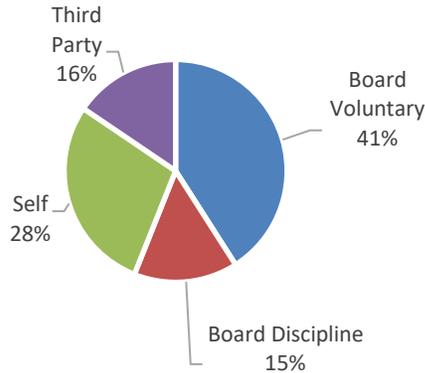
In the first half of fiscal year 2021, HPSP received four third party referrals about individuals not regulated by a health regulatory board or the Department of Health. They are included in the table on the left but are not represented above. All were discharged as ineligible-not monitored.

HPSP infrequently receives third party reports about health care professionals who are not regulated by a health regulatory board or the Department of Health, such as x-ray technicians. They are not eligible for HPSP services and are discharged as ineligible-not monitored.

COVID-19 significantly decreased outreach activities, which may have impacted the number of self-referrals. In response, HPSP created posters that are being mailed to stakeholders.

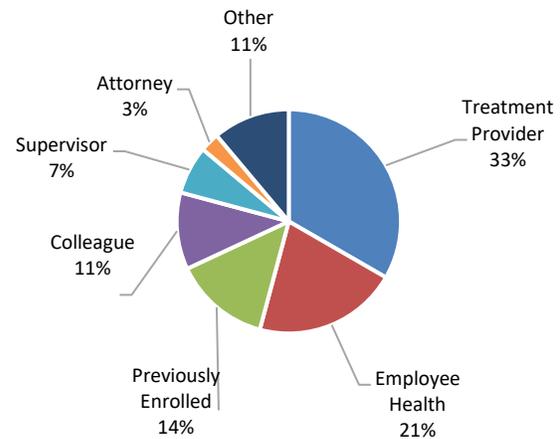
MID-YEAR REFERRALS BY FIRST REFERRAL SOURCE

The chart below shows the percentage of referrals to HPSP in the first half of fiscal year 2021 by first referral source. Self-referrals declined from 100 in the first half of fiscal year 2020 to 66 in the first half of fiscal year 2021.



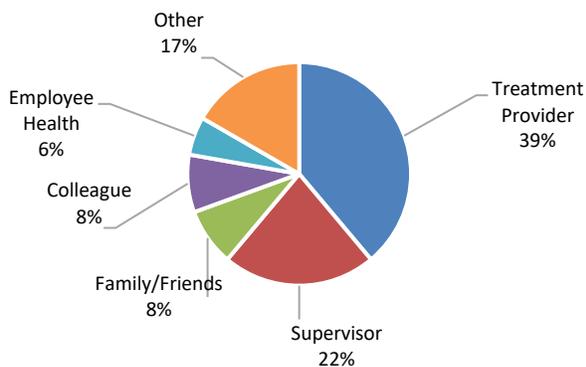
MID-YEAR SELF-REFERRALS – HOW DID LICENSEES LEARN ABOUT HPSP?

The chart below shows how the 66 health care professionals who self-referred to HPSP in the first half of fiscal year 2021 learned about the program. Health professionals learned about HPSP services through occupation-related sources 39% of the time.



MID-YEAR THIRD PARTY REFERRALS – WHERE DID THEY COME FROM?

In the first half of fiscal year 2021, 36 health care professionals were referred to HPSP by third parties. The chart below shows the relationship between the referent and the health care professional. Treatment providers and employment-related sources represent the most common type of third party referrals, at 39% and 36% respectively. Employment related sources include supervisors, colleagues and employee health programs.



MID-YEAR REFERRALS BY AGE

The average age of health care professionals referred to HPSP in the first half of fiscal year 2021 is 44; the youngest is 22 and the oldest is 71.

Referral Source	Age by Decade				
	20s	30s	40s	50s	60+
Board Voluntary	7	28	27	22	11
Board Discipline	2	5	18	9	1
Self	7	27	13	10	9
Third-Party	4	16	2	9	1
Sum	20	76	60	50	22

Note: The data on the left does not include four third-party referred individuals who were not regulated by a health regulatory board or the Department of Health and subsequently discharged as ineligible-not monitored.

MID-YEAR REFERRALS BY GENDER

Of the 228 health care professionals referred to HPSP in the first half of fiscal year 2021, the majority were female (68%).

Referral Source	# (%) Female	# (%) Male
Board Voluntary	63 (41%)	32 (43%)
Board Discipline	28 (18%)	7 (9%)
Self	43 (28%)	23 (31%)
Third-Party	20 (13%)	12 (16%)
Sum	154 (68%)	74 (32%)

Note: The data on the left does not include four third-party referred individuals who were not regulated by a health regulatory board or the Department of Health and subsequently discharged as ineligible-not monitored.

MID-YEAR SECOND REFERRAL SOURCES

It is not uncommon for health care professionals to be referred to HPSP by more than one source. *The first referral source* refers to how HPSP initially learned about the health care professional during enrollment. This should not be confused with health care professionals who were referred and discharged and later referred again (these are two separate cases for the same health care professional). For example, the program often receives self-referrals followed almost immediately by third-party referrals or vice versa. Whichever referral came first is considered the *first referral source*.

There were 228 health care professionals referred to HPSP in the first half of fiscal year 2021.

- Of the 66 who initially self-referred, 1 was later referred pursuant to a disciplinary order and 4 were later referred by third parties
- Of the 36 who were initially referred by third parties, 2 were later referred by additional third parties
- Of the 95 initially board referred without board discipline, 1 was later referred with discipline

DEFINITIONS OF DISCHARGE CATEGORIES

- **Completion:**
Participant satisfactorily completes the terms of the Participation Agreement.
- **Non-Compliance*:**
Participant violates the conditions of the Participation Agreement; case manager closes case and files a report with health care professional's regulatory board. Sub-categories of this include:
 - Non-Compliance – Diversion
 - Non-Compliance – Monitoring
 - Non-Compliance – Positive Screen
 - Non-Compliance – Problem Screens
 - Non-Compliance – Treatment
- **Voluntary Withdrawal*:**
Participant chooses to withdraw from the program prior to completion of the Participation Agreement; case manager closes case and files a report with the health care professional's regulatory board.
- **Ineligible Monitored*:**
During the course of monitoring, if the program determines that the health care professional is not eligible for program services as specified in statute; case manager files report with health care professional's regulatory board. Sub-categories of this include:
 - Ineligible Monitored – Illness too severe
 - Ineligible Monitored – License suspended/surrendered/revoked
 - Ineligible Monitored – No active Minnesota license
 - Ineligible Monitored – Violation of practice act
- **Ineligible Not Monitored*:**
At time of intake, if the program determines that the health care professional is not eligible for program services as specified in statute; case manager files report with health care professional's regulatory board. Subcategories of this include:
 - Ineligible Not Monitored – Illness too severe
 - Ineligible Not Monitored – License suspended/surrendered/revoked
 - Ineligible Not Monitored – No active Minnesota license
 - Ineligible Not Monitored – Violation of practice act
 - Ineligible Not Monitored – Previously discharged to the regulatory board
- **No Contact*:**
Health care professional fails to contact HPSP following Initial report received by third-party or board; case manager closes case and files a report with health care professional's regulatory board.
- **Non-Cooperation*:**
Health care professional cooperates initially, but then ceases to cooperate before the Participation Agreement is signed; case manager closes case and files a report with health care professional's regulatory board.
- **Non-Jurisdictional:**
No diagnostic eligibility established; the case is closed.

**Represents discharges that result in a report to the regulatory board.*

MID-YEAR DISCHARGES BY CATEGORY AND BOARD

The table below compares the number of health care professionals discharged from HPSP in the first half of fiscal years 2019 and 2020 by Board.

Discharge Category	Execs. for Long Term Services & Supports		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Dept. of Health		Dietetics & Nutrition		Emergency Services		Marriage & Family Therapy		Medical Practice	
	20	21	20	21	20	21	20	21	20	21	20	21	20	21	20	21	20	21
Completion	0	1	2	5	2	0	3	3	0	0	1	0	1	1	0	2	15	15
Voluntary Withdraw*	0	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance*	0	0	1	3	0	0	2	2	0	0	0	0	1	0	1	0	0	1
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Ineligible-Monitored*	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	8	0
Ineligible-Not Monitored*	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Contact*	0	0	0	3	0	0	2	1	0	0	0	0	2	0	0	0	1	0
Non-Cooperation*	0	0	4	4	0	0	0	0	0	0	0	0	5	1	0	0	2	2
Non-Jurisdictional	0	0	4	1	0	0	1	2	0	0	0	0	2	0	0	1	17	12
Sum	0	1	13	17	3	1	8	9	0	0	1	0	12	2	1	3	43	30

Discharge Category	Nursing		Occupational Therapy		Optometry		Pharmacy		Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine	
	20	21	20	21	20	21	20	21	20	21	20	21	20	21	20	21	20	21
Completion	44	44	1	1	0	0	2	0	2	0	0	0	0	1	4	7	0	0
Voluntary Withdraw*	7	13	0	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0
Non-Compliance*	14	24	0	1	0	0	2	1	0	0	0	0	0	0	1	2	0	0
Deceased	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible-Monitored*	8	5	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
Ineligible-Not Monitored*	4	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No Contact*	2	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Cooperation*	11	10	0	0	0	0	3	1	1	0	0	0	1	0	1	3	0	0
Non-Jurisdictional	6	38	0	0	0	0	0	1	0	0	0	0	1	0	1	1	0	0
Sum	97	143	1	2	0	0	8	3	3	0	0	0	2	1	8	16	0	0

*Represents discharges that result in a report to the regulatory board.

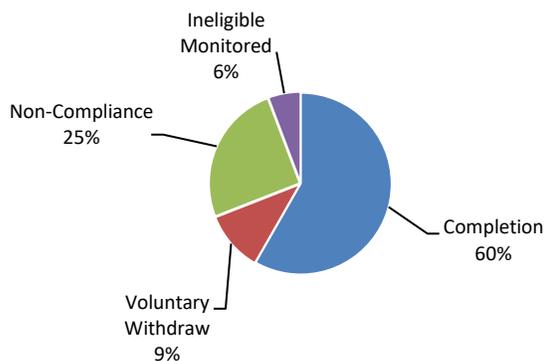
Note: The above table does not include four persons who were discharged as ineligible-not monitored, because they were not regulated by a health regulatory board or the Department of Health.

MID-YEAR DISCHARGES BY CATEGORY

Discharge Category	Sum	
	20	21
Completion	77	81
Voluntary Withdraw	11	15
Non-Compliance	22	35
Deceased	2	0
Ineligible-Monitored	17	8
Ineligible-Not Monitored	4	7
No Contact	7	10
Non-Cooperation	28	21
Non-Jurisdictional	32	57
Sum	200	234

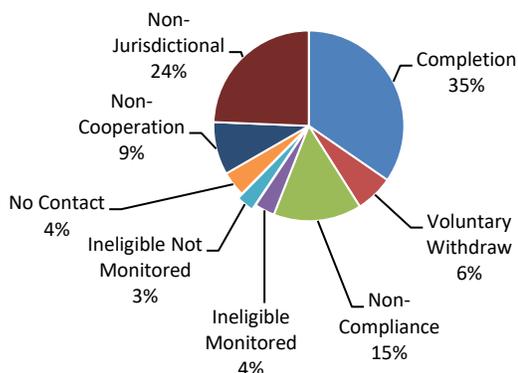
The table on the left shows all discharges from HPSP in the first half of fiscal years 2020 and 2021. The greatest areas of change are discharges due to non-compliance (22 to 35 respectively) and non-jurisdictional (32 to 57 respectively).

MID-YEAR DISCHARGES OF THOSE MONITORED



The chart on the left shows the discharge categories of health care professionals who engaged in monitoring in the first half of fiscal year 2021.

MID-YEAR TOTAL DISCHARGES



The chart on the left shows the discharge categories of all discharges from HPSP in the first half of fiscal year 2021.

MID-YEAR UNSATISFACTORY DISCHARGE DETAILS

The table below provides detailed information about health care professionals who, in the first half of fiscal year 2021, engaged in monitoring and were discharged due to non-compliance, voluntary withdrawal from monitoring, or because they became ineligible for continued participation.

Discharge Category	Number
Non-Compliance – Problem Screens	17
Voluntarily Withdrew from Monitoring	15
Non-Compliance – Monitoring Plan	9
Non-Compliance – Positive Screens	8
Non-Compliance – Treatment	1
Ineligible Monitored - License Suspended/Revoked/Inactive	6
Ineligible Monitored – Violation of Practice Act	1
Ineligible Monitored – Illness too Severe	1
Total Number Monitored & Discharged Unsatisfactorily	58

Unsatisfactory discharges for non-compliance were primarily related to problem screens. Problem screens refer to:

- Specimens not provided on the date requested
- Specimens suspect of dilution
- Specimens with a temperature out of range
- Specimens that were substituted
- Specimens that were adulterated

HPSP cannot protect the public when health care professionals do not comply with the toxicology screening process. Therefore, those health care professionals are unsatisfactorily discharged.

MID-YEAR DISCHARGES BY REFERRAL SOURCE

The following table shows the number of health care professionals discharged from HPSP in the first half of fiscal year 2021 by first referral source and discharge category.

Discharge Category	Referral Source			
	Board Voluntary	Board Action	Self	Third-Party
Completion	16	10	43	12
Voluntary Withdraw	3	1	9	2
Non-Compliance	7	5	19	4
Deceased	0	0	0	0
Ineligible-Monitored	1	3	4	0
<i>Subtotal Monitored</i>	<i>27</i>	<i>19</i>	<i>75</i>	<i>18</i>
Ineligible-Not Monitored	1	0	0	6
No Contact	6	2	0	2
Non-Cooperation	11	1	5	4
Non-Jurisdictional	42	0	10	5
Sum	87	22	90	35

In the first half of fiscal year 2021, 139 (59%) of health care professionals discharged from HPSP had engaged in monitoring. Of these 67% were referred by third parties and completed monitoring, compared to 59% of board voluntary referred, 57% of self-referred and 53% of board-disciplinary referred.

Board voluntary referrals resulted in the greatest number and percent of non-jurisdictional discharges; 42 and 48% respectively.

MID-YEAR DISCHARGES BY AGE

The table below shows discharges by category and age. The average age of health care professionals discharged from HPSP is 44.

Discharge Category	Age by Decade				
	20s	30s	40s	50s	60+
Completion	8	22	24	16	11
Voluntary Withdraw	1	2	6	5	1
Non-Compliance	4	12	10	6	3
Deceased	0	0	0	0	0
Ineligible-Monitored	0	3	3	1	1
Ineligible-Not Monitored	0	1	0	2	0
No Contact	1	3	0	5	1
Non-Cooperation	1	9	5	4	2
Non-Jurisdictional	7	20	13	11	6
Sum	22	72	61	50	25

Of health care professionals who engaged in monitoring, those with the highest completion rate were in their 60s at 69%, followed by those in their 20s at 62%. Those in their 30s, 40s, and 50s had similar completion rates at 56%, 56% and 57% respectively.

Note: The above table does not include four individuals referred by third parties who were not regulated by a health regulatory board or the Department of Health and were subsequently discharged as ineligible-not monitored.

MID-YEAR DISCHARGES BY GENDER

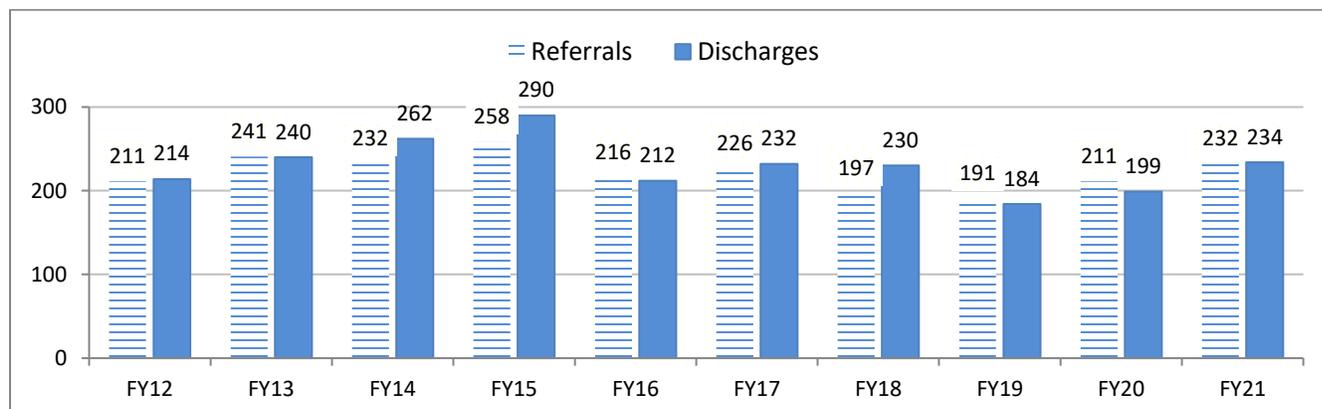
The table below shows discharges by discharge category and participant gender. Most health care professionals discharged from HPSP in the first half of fiscal year 2021 were female (70%). Males who engaged in monitoring successfully completed monitoring at a higher rate than females; 65% to 56% respectively.

Discharge Category	Gender	
	Females # (%)	Males # (%)
Completion	55 (34%)	26 (37%)
Voluntary Withdraw	11 (7%)	4 (6%)
Non-Compliance	28 (17%)	7 (10%)
Deceased	0	0
Ineligible-Monitored	5 (3%)	3 (4%)
Ineligible-Not Monitored	3 (2%)	0
No Contact	6 (4%)	(6%)
Non-Cooperation	14 (9%)	7 (10%)
Non-Jurisdictional	38 (24%)	19 (27%)
Sum	160 (70%)	70 (30%)

Note: The above table does not include four individuals referred by third parties who were not regulated by a health regulatory board or the Department of Health and were subsequently discharged as ineligible-not monitored.

REFERRAL AND DISCHARGE TRENDS

The chart below shows the number of referrals and discharges in the first half of each fiscal year since 2012. Both referrals and discharges increased during the first half of fiscal year 2020 and the first half of fiscal year 2021. This is related to the high number of referrals that resulted in non-jurisdictional discharges.



ACTIVE CASES

A total of 623 health care professionals were active participants in HPSP as of January 1, 2021. The term *active* refers to persons in the intake process as well as those being monitored. The table below provides the number and percent of active cases by Board.

Board	Number	Percent of Caseload
Behavioral Health and Therapy	29	4.65
Execs. for Long Term Services & Supports	0	0.00
Chiropractic Examiners	10	1.61
Dentistry	31	4.98
Department of Health	0	0.00
Dietetics and Nutrition	0	0.00
EMS	12	1.93
Marriage and Family Therapy	6	0.96
Medical Practice	111	17.82
Nursing	338	54.25
Occupational Therapy	7	1.12
Optometry	0	0.00
Pharmacy	26	4.17
Physical Therapy	9	1.44
Podiatric Medicine	0	0.00
Psychology	16	2.57
Social Work	18	2.89
Veterinary Medicine	10	1.61
Sum	623	-

Participant Ages

On January 1, 2021, the average age of 623 health care professionals enrolled in HPSP was 45. The youngest was 22 and the oldest was 74. The following represents ages by decade:

- 20s: 43
- 30s: 177
- 40s: 194
- 50s: 137
- 60s: 67
- 70s: 5

BUDGET

HPSP is committed to providing cost-effective quality monitoring services that contribute to public safety in health care. HPSP appreciates the boards' recognition that adequate funding is essential to HPSP's success.

FUNDING

The health licensing boards and the Department of Health fund HPSP. Each board pays an annual \$1,000 fee and a pro-rata share of program expenses based on the number of the board's participants in the program at the end of each month. No additional fees are collected by HPSP from health care professionals for program participation. Health care professionals are responsible for costs associated with evaluations, treatment and toxicology screens (if warranted).

HPSP's budget is appropriated to the administering board. HPSP's appropriation for fiscal year 2021 is \$1,002,000.

EXPENSES

Like the health licensing boards, the majority of HPSP's expenses are directed toward salaries and benefits (87%). The next largest expense is rent. HPSP also budgeted for technological improvements that will take place in the second half of fiscal year 2021. HPSP is spending within its appropriated budget.

In December 2017, the Department of Administration extended HPSP's lease agreement. HPSP's upcoming lease rates are listed in the chart below:

Timeframe	Cost
FY 2021 (7/1/20 to 6/30/21)	\$40,779.38
FY 2022 (7/1/20 to 6/30/22)	\$41,524.33
FY 2023 (7/1/22 to 1/31/23)	\$24,480.33

UPDATES

COVID-19

To mitigate the risk of staff exposure to COVID-19 in the workplace, HPSP implemented enhanced disinfecting practices, required social distancing and the use of masks in shared spaces, and followed State and Federal guidelines. Additionally, HPSP implemented staggered work schedules, which limit the amount of time staff are concurrently in the office. These efforts have been effective in preventing the transmission of COVID-19 in the workplace.

At the November 18, 2020 Advisory Committee meeting, members shared challenges their professions face due to COVID-19. The impact varies broadly based on profession. For example, many dentists in solo practice were forced to close their clinics while many nurses have been required to work additional shifts. Additional challenges include but are not limited to:

- Limited in-person support groups have led to feelings of isolation for some. Professional support groups are available online. For some, the proliferation of online support groups made attending support groups easier.
- Limited in-person assessments impact the quality of assessments. For example, in the past it was routine for drug screens to be performed as part of substance use assessments. As assessments are now commonly virtual, this is not possible. Participants report added convenience in scheduling online assessments.
- Limited in-person treatment and the transfer to virtual treatment has not been effective for many. Many participants report that it is difficult to engage in virtual treatment and express concerns about confidentiality. Others find it easier to attend but miss the social support they obtained in in-person treatment.
- Several collection sites closed at the start of COVID-19. Some have since reopened and HPSP staff are working to identify additional collection sites.
- Many participants reported an increase in social isolation, such as not visiting family members or friends due to COVID-19. Health care professionals directly treating COVID-19 patients express a fear of transmitting the virus to family members.

DATABASE UPDATES

Participants and reporting parties have requested a more user-friendly method to submit reports. In fiscal year 2021 HPSP will continue working with MN.IT and a contractor to develop a process for participants, treatment providers and employers to directly upload reports to HPSP's database, rather than mailing or faxing them. The development work is in process and the development team has created many of the requirements and security measures necessary for the project.

DIVERSITY AND INCLUSION

The Program Committee's diversity and inclusion task force recommended increased staff training about diversity and inclusion. This has been implemented through formal (i.e. professional conferences) and informal (i.e. listening to podcasts about diversity and inclusion) trainings. The next goal of the task force is to develop HPSP's diversity and inclusion statement. Members of the task force include James Bialke representing the Board of Pharmacy, Kathy Polhamaus representing the Board of Physical Therapy and Samuel Sands representing the Board of Psychology. HPSP case manager Kimberly Zillmer will work with Program Manager Monica Feider to create proposed diversity and inclusion statements for the task force to consider and bring to the Program Committee for further review, modification, and approval.

OUTREACH

HPSP's outreach activities were significantly curtailed due to COVID-19. To address HPSP's inability to provide in-person presentations, staff have provided online presentations to multiple student/resident programs. HPSP also created posters about program services for posting by various stakeholders.

COMMITTEE MEMBERS AND STAFF

PROGRAM COMMITTEE MEMBERS

The Program Committee consists of one member from each participating board. By law, the Program Committee provides HPSP with guidance to ensure that the direction of HPSP is in accordance with its statutory authority. In 1997 the Program Committee established the following five goals to meet this responsibility:

1. The public is protected;
2. Individual clients are treated with respect;
3. The program is well-managed;
4. The program is financially secure; and
5. The program is operating consistently within its statutory authority.

Board	Member Name	Term
Behavioral Health and Therapy	Rebecca Lund	1/15/2021 to 1/14/2022
Chiropractic Examiners	Nestor Riano (alt: Kimberly Hill)	1/15/2021 to 1/14/2022
Dentistry	Ruth Dahl (alt: Bridgett Anderson)	1/15/2021 to 1/14/2022
Department of Health	Debbie Thao	1/15/2021 to 1/14/2022
Dietetics and Nutritionists	Margaret Schreiner	1/15/2021 to 1/14/2022
Emergency Medical Services	Matthew Simpson	1/15/2021 to 1/14/2022
Marriage and Family Therapy	Jennifer Mohlenhoff	1/15/2021 to 1/14/2022
Medical Practice	Allen Rasmussen, Chair	1/15/2021 to 1/14/2022
Nursing	Sarah Simons	1/15/2021 to 1/14/2022
Execs. for Long Term Services & Supports	Randy Snyder	1/15/2021 to 1/14/2022
Occupational Therapy	Jessica Engman	1/15/2021 to 1/14/2022
Optometry	Randy Snyder	1/15/2021 to 1/14/2022
Pharmacy	James Bialke	1/15/2021 to 1/14/2022
Physical Therapy	Kathy Polhamus, Vice Chair	1/15/2021 to 1/14/2022
Podiatric Medicine	Margaret Schreiner	1/15/2021 to 1/14/2022
Psychology	Jack Rusinoff (alt: Samuel Sands)	1/15/2021 to 1/14/2022
Social Work	Lori Thompson	1/15/2021 to 1/14/2022
Veterinary Medicine	Jody Grote	1/15/2021 to 1/14/2022

ADMINISTERING BOARD

The Board of Medical Practice, under the leadership of Executive Director Ruth Martinez, serves as the Administering Board for HPSP.

ADVISORY COMMITTEE MEMBERS

The Advisory Committee consists of one person appointed by various health-related professional associations and two public members appointed by the Governor. The Advisory Committee established the following goals:

1. Promote early intervention, diagnosis, treatment and monitoring for potentially impaired health care professionals;
2. Provide expertise to HPSP staff and Program Committee; and
3. Act as a liaison with membership.

Association	Member Name	Term
MN Academy of Nutrition and Dietetics	Andrew Pfaff	1/15/2020 to 1/14/2022
MN Academy of Physician Assist.	Tracy Keizer	1/15/2020 to 1/14/2022
MN Ambulance Assoc.	Patrick Egan (Alt: Debbie Gillquist)	1/15/2020 to 1/14/2022
MN Assoc. of Marriage & Family Therapy	Eric Hansen	1/15/2020 to 1/14/2022
MN Assoc. of Neuropathic Physicians	Crystalin Montgomery	1/15/2020 to 1/14/2022
MN Dental Assoc.	Stephen Gulbrandsen (Vice Chair)	1/15/2020 to 1/14/2022
MN Health Systems Pharmacists	S. Bruce Benson	1/15/2020 to 1/14/2022
MN Medical Assoc.	Stephanie Lindgren	1/15/2020 to 1/14/2022
MN Nurse Peer Support Network	Linda Halcon (Alt: Marie Manthey)	1/15/2020 to 1/14/2022
MN Nurses Assoc.	Mary Kay Borgstrom	1/15/2020 to 1/14/2022
MN Occupational Therapy Assoc.	Karen Sames (Chair)	1/15/2020 to 1/14/2022
MN Organization of Leaders in Nursing	Stephanie Johnson	1/15/2020 to 1/14/2022
MN Organization of Registered Nurses	Tracey Armstrong (Alt: Niki Gjere)	1/15/2020 to 1/14/2022
MN Pharmacists Assoc.	Sue Anderson	1/15/2020 to 1/14/2022
MN Podiatric Medicine Assoc.	Kari Prescott	1/15/2020 to 1/14/2022
MN Psychological Assoc.	Lois Cochrane-Schlutter	1/15/2020 to 1/14/2022
MN Veterinary Assoc.	Marcia Brower	1/15/2020 to 1/14/2022
Physicians Serving Physicians	Jeff Morgan	1/15/2020 to 1/14/2022
Ad Hoc Member	Rose Nelson	1/15/2020 to 1/14/2022
Public Member	Daniel Miesle	11/10/2020 to 1/14/2022
Public Member	Vacant	

HPSP STAFF

Eldaa Delgado	Case Management Assistant
Patricia Rogers	Office and Records Administrator
Monica Feider	Program Manager
Laura Carlisle	Case Manager

Tracy Erfourth	Case Manager
Marilyn Miller	Case Manager
Lisa Solberg	Case Manager
Kimberly Zillmer	Case Manager

Questions about the content of this report should be directed to Monica Feider at 612-317-3060 or monica.feider@state.mn.us. HPSP staff, Ruth Martinez and Elizabeth Huntley from the Board of Medical Practice and Mark Chu from MN.IT were instrumental in the development of this report. Thank you.