MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

FISCAL YEAR 2021 REPORT

Report represents: July 1, 2020 to June 30, 2021

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OVERVIEW

MISSION

The Health Professionals Services Program (HPSP) is a program of the Minnesota health related licensing boards that provides monitoring services to health professionals with illnesses that may impact their ability to practice safely.

FUNCTIONS

HPSP promotes public safety in health care by implementing Participation Agreements that oversee the health professional's illness management and professional practice, both of which are tied to patient safety. A Participation Agreement may include the health professional's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, work site monitoring, and support group participation. HPSP's primary functions are described below.

1. **Provide health professionals with services to determine if they have an illness that warrants monitoring:**
   - Evaluate symptoms, treatment needs, immediate safety and potential risks to patients
   - Obtain substance, psychiatric, and/or medical histories, along with social and occupational data
   - Determine practice limitations, if necessary
   - Secure records consistent with state and federal data practices regulations
   - Collaborate with medical consultants and community providers regarding treatment and monitoring that promotes public safety

2. **Create and implement Participation Agreements:**
   - Specify requirements for appropriate treatment and continuing care
   - Determine illness-specific and practice-related limitations or conditions

3. **Monitor the continuing care and compliance of health professionals:**
   - Communicate monitoring procedures to treatment providers, supervisors and other collaborative parties
   - Review records and reports from treatment providers, supervisors, and other sources regarding the health professional's level of functioning and compliance with monitoring
   - Coordinate toxicology screening process
   - Intervene, as necessary, for non-compliance, inappropriate or inadequate treatment, or symptom exacerbation

4. **Act as a resource for health professionals, licensing boards, health care employers, practitioners, medical communities, and state policy makers.**

PARTICIPATION

REFERRALS

Definitions of Referral Sources

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

1. **Self-Referrals**
   Health professionals refer themselves directly to the program. Health professionals report themselves to HPSP at various points during an illness/recovery. Some call directly from a hospital or treatment center, while others call after they have been sent home from work for exhibiting illness-related symptoms.

2. **Third-Party Referrals**
   Third-party referrals come from persons concerned about a health professional's ability to practice safely by reason of illness. The most common third-party referrals are from treatment providers and employers. The identity of all third-party reporters is confidential. Reports by third-parties are subject to immunity if the report is made in good faith.

3. **Board Referrals**
   Participating boards have three options for referring health professionals to HPSP:

   - **Determine Eligibility** (Board Voluntary): The board refers because there appears to be an illness that warrants monitoring, but a diagnosis is not known.
   - **Follow-up to Diagnosis and Treatment** (Board Voluntary): The board has determined that the health professional has an illness and refers the health professional to HPSP for assessment of the need for monitoring of the illness.
   - **Discipline** (Board Discipline)**:** The board has determined that there is an illness to monitor and refers the health professional to HPSP as part of a disciplinary action (i.e., Stipulation and Order). The Order may dictate monitoring requirements.

For the purposes of this report, the two voluntary board referral sources (*Determine Eligibility* and *Follow-Up to Diagnosis and Treatment*) are combined.

First Referral Source

The term *first referral source* refers to the initial way practitioners are referred to HPSP. For example, a practitioner may self-report (first referral source) and while actively being monitored, HPSP may receive a report from their board,which is considered a *second referral source*. If the practitioner is discharged from HPSP and later referred back to HPSP by a board without discipline, the first referral source for their second admission to the program would be *determine eligibility* or *follow-up to diagnosis and treatment*.

Referrals by First Referral Source and Board

In fiscal year 2021 (July 1, 2020 to June 30, 2021), 414 health professionals were referred to HPSP; 16 fewer than in fiscal year 2020. The greatest changes in referral sources from fiscal year 2020 to 2021 were an increase among board voluntary referrals and a decrease in self-referrals. The table below shows the number of health professionals referred to HPSP by board and first referral source for the past four fiscal years.

Board ▸	**Behavioral Health and Therapy**				**Chiropractic Examiners**				**Dentistry**			
Fiscal Year ▸ Referral Source ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Board Voluntary	15	12	13	13	7	6	5	3	22	12	13	15
Board Discipline	0	1	2	1	2	1	0	1	6	1	2	0
Self	6	8	7	8	0	3	2	1	5	2	6	3
Third Party	8	8	8	4	0	0	0	2	3	5	2	4
Sum	29	29	30	26	9	10	7	7	36	20	23	22
Board ▸	**Department of Health**				**Dietetics and Nutrition**				**Emergency Medical Services**			
Fiscal Year ▸ Referral Source ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Board Voluntary	0	0	0	0	0	0	0	0	17	9	6	0
Board Discipline	0	0	0	0	0	0	0	0	0	0	0	1
Self	0	1	0	0	0	0	0	0	6	7	5	7
Third Party	0	1	0	0	0	0	0	0	3	2	2	1
Sum	0	2	0	0	0	0	0	0	26	18	13	9
Board ▸	**Executives for Long Term Care Services and Supports ***				**Marriage & FamilyTherapy**				**Medical Practice**			
Fiscal Year ▸ Referral Source ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Board Voluntary	3	1	0	0	0	2	2	2	16	18	33	23
Board Discipline	0	0	0	0	0	1	0	0	1	1	5	0
Self	0	0	0	0	1	3	0	3	32	34	39	27
Third Party	0	0	0	0	2	0	0	2	15	12	5	7
Sum	3	1	0	0	3	6	2	7	64	65	82	57
Board ▸	**Nursing**				**Occupational Therapy**				**Optometry**			
Fiscal Year ▸ Referral Source ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Board Voluntary	28	30	51	85	0	7	0	2	0	0	0	0
Board Discipline	34	34	34	50	0	0	1	0	0	0	0	0
Self	82	92	95	67	2	2	1	1	0	1	0	0
Third Party	46	26	35	39	0	0	0	0	1	0	0	0
Sum	190	182	215	241	2	9	2	3	1	1	0	0

*The Board of Long Term Supports and Services was previously the Board of Examiners of Nursing Home Administrators.

Referrals by First Referral Source and Board Continued

Board ▸	Pharmacy				Physical Therapy				Podiatric Medicine			
Fiscal Year ▸ Referral Source ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Board Voluntary	4	3	3	3	10	6	4	8	2	1	0	0
Board Discipline	2	2	4	5	0	0	0	0	0	0	0	0
Self	6	6	8	3	2	2	1	2	0	0	0	0
Third Party	3	1	5	1	0	2	0	0	0	0	0	0
Sum	15	12	20	12	12	10	5	10	2	1	0	0
Board ▸	Psychology				Social Work				Veterinary Medicine			
Fiscal Year ▸ Referral Source ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Board Voluntary	3	0	4	1	1	3	4	4	2	3	1	1
Board Discipline	0	1	0	1	5	1	2	2	1	0	0	1
Self	2	3	0	3	7	12	8	3	1	1	3	0
Third Party	4	2	3	1	5	3	6	1	0	1	0	0
Sum	9	6	7	6	18	19	20	10	4	5	4	2

Referrals by Fiscal Year

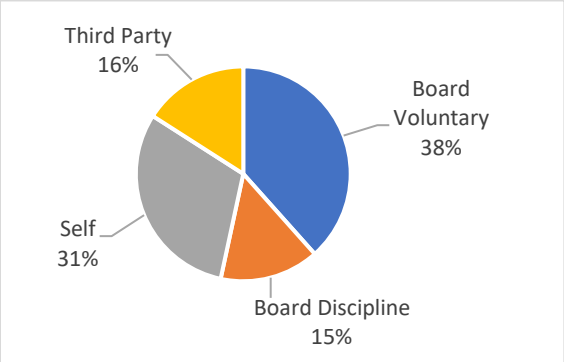
The table below show total referrals to HPSP by referral source over the past four fiscal years.

Fiscal Year ▸ Referral Source ▾	FY18	FY19	FY20	FY21
Board Voluntary	130	113	139	160
Board Discipline	51	43	50	62
Self	152	178	175	128
Third Party	90	63	66	66
Sum	423	397	430	416

In FY 2021, HPSP received five referrals, representing four individuals, who were not regulated in Minnesota and one licensee whose license was suspended during the intake process. They are represented in the above table.

Referrals by First Referral Source

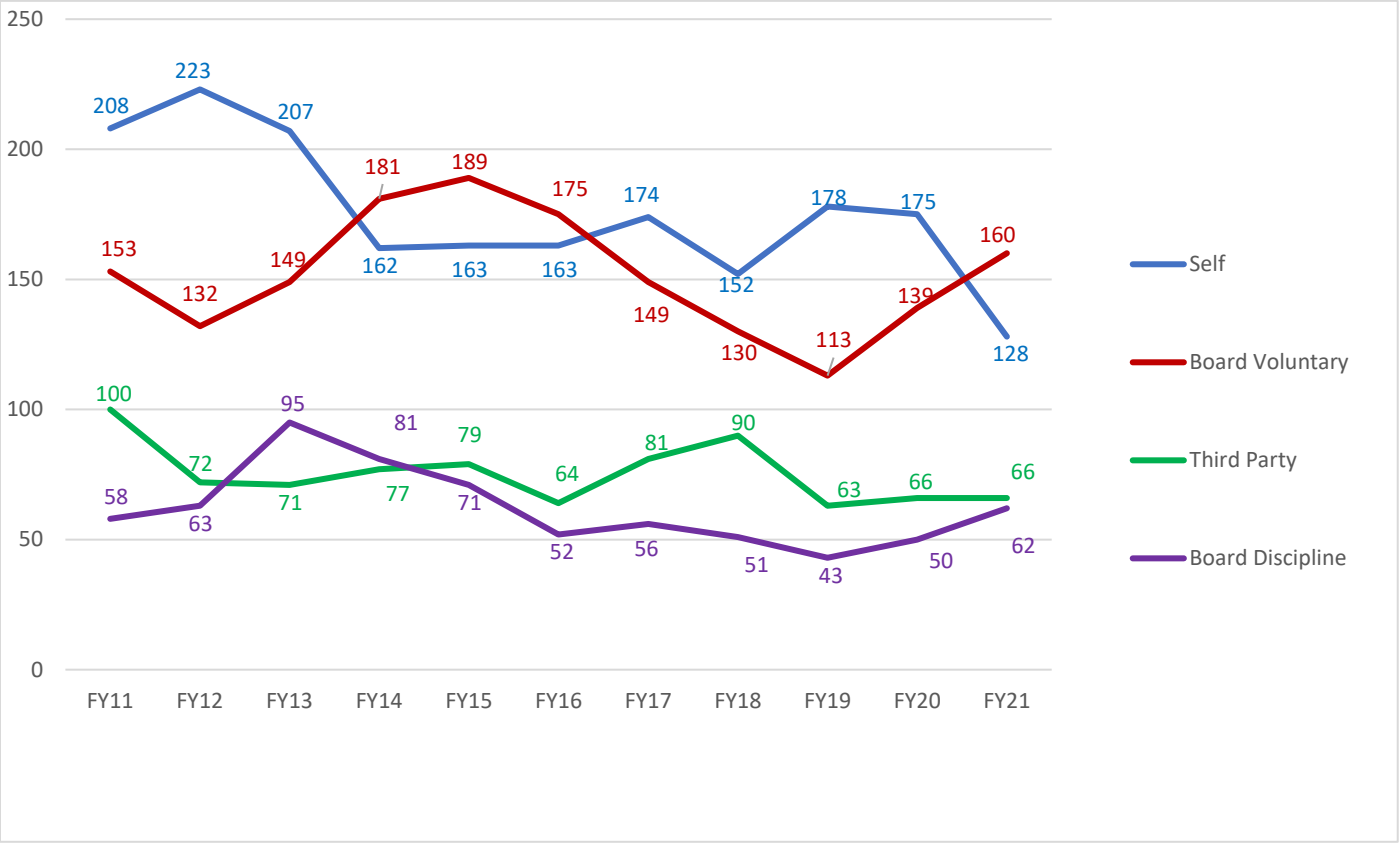
In fiscal year 2021, self and third-party referrals made up 47% of the total referrals while board-referrals made up 53%. This is the first fiscal year since 2016 in which board-referrals outpaced self-referrals. The chart on the right showsthe percentage of referrals to HPSP by first referral source from July 1, 2020 to June 30, 2021.



In FY 2021, HPSP received five referrals, representing four individuals, who were not regulated in Minnesota or whose license was suspended during the intake process. They are not represented in the above chart.

Referral Trends

The chart below shows the number of referrals to HPSP by first referral source from fiscal year 2011 through fiscal year 2021. Over the past two years, board voluntary referrals increased while self-referrals decreased.



In FY 2021, HPSP received five referrals, representing four individuals, who were not regulated in Minnesota or whose license was suspended during the intake process. They are represented in the chart above.

Fiscal Year 2021 Referrals by Referral Source and Decade of Age:

The table below shows the number of referrals to HPSP by first referral source and decade of life for persons referred to HPSP in fiscal year 2021. It is most common for health professionals to be referred in their 30s and 40s.

Referral Category	Decade of Age					
	20's	30's	40's	50's	60's	≥70
Board Voluntary	15	48	44	30	20	1
Board Discipline	2	13	27	14	2	0
Self	11	40	38	26	11	2
Third Party	7	21	14	16	4	0
*Sum	35	124	123	90	37	3

In FY 2021, HPSP received five referrals for four individuals, who were not regulated in Minnesota. They are not included in the table above. A total of 9 regulated health professionals were referred more than once and one health professional's license was suspended during the intake process. They are included in the above table.

Fiscal Year 2021 Referrals by Referral Source and Gender:

The table below shows that women are referred to HPSP more often than men and that men are less likely to be referred with discipline (8% for men and 18% for women). The data includes health professionals referred more than once within the fiscal year, as the referral sources were different.

Referral Category	Gender	
	Female	Male
Board Voluntary	111 (38% female)	49 (40% male)
Board Discipline	52 (18%)	10 (8%)
Self	85 (30%)	43 (35%)
Third Party	41 (14%)	20 (16%)
*Sum	289 (70%)	122 (30%)

In FY 2021, HPSP received five referrals, representing four individuals, who were not regulated in Minnesota. They are not represented in the above table. A total of 9 regulated health professionals were referred more than once. They are included in the above table.

Fiscal Year 2021 Referrals by Referral Source and Geographic Region

The data in the table below represents health professionals referred to HPSP in fiscal year 2021 who reside in Minnesota.

Referral Category	Geographic Region					
	Twin Cities 7 County Metro Area	Northeastern MN	Northwestern MN	CentralMN	Southeastern MN	Southwestern MN
Board Voluntary	68	10	11	22	24	8
Board Discipline	24	6	0	8	13	5
Self	60	9	6	19	25	2
Third Party	36	3	2	9	7	6
Sum	188	28	19	58	69	21

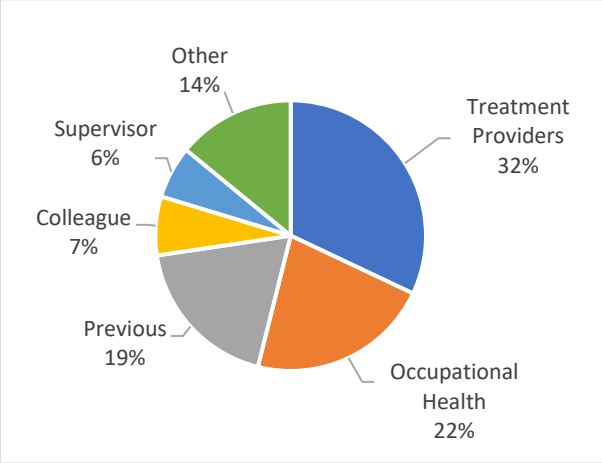
In FY 2021, 33 (8%) of health professionals referred to HPSP lived outside of Minnesota, most commonly in surrounding states. Additionally, 8 were referred more than once within fiscal year 2021 and are not counted twice in the above table.

The chart above and other charts in this report describe six regions of Minnesota. These regions include the following counties:

- **Twin Cities Metro Areas (TC)**: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties
- **Northeastern (NE):** Aitkin, Carlton, Cook, Koochiching, Lake, St. Louis counties
- **Northwestern (NW)**: Becker, Beltrami, Big Stone, Clay, Clearwater, Douglas, Grant, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse, Wadena, Wilkin counties
- **Central MN (CE)** Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine,Sherburne, Stearns, Todd, Wright counties
- **Southeastern (SE)**: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Martin, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan, Winona counties
- **Southwestern (SW)**: Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Mcleod,Meeker, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift, Yellow Medicine counties

Self-Referrals – How did health professionals learn about HPSP?

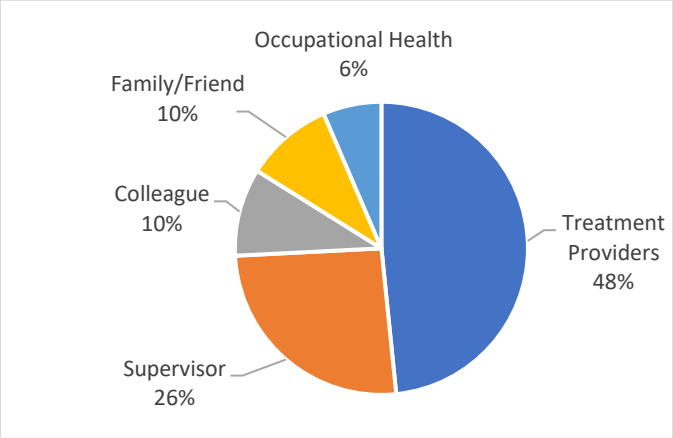
The chart below shows how the 128 health professionals who self-referred to HPSP in fiscal year 2021 learned about the program:



Treatment providers are the most common way health professionals learn about HPSP (32%). This may show the positive perception providers have about the benefits of HPSP services. HPSP appreciates the collaboration it maintains with providers. Also significant, 35% of those who self-referred in fiscal year 2021 learned about HPSP through an employment-related source. Other referral sources include boards (3), attorneys (2), unions (2), HPSP's website (2) and other sources.

Third-Party Referrals – Who refers health professionals to HPSP?

When HPSP receives a third-party report about a health professional, the health professional typically receives a letter directing them to contact HPSP within ten days to follow-up on the report. In cases where immediate public safety is at risk, HPSP calls the health professional upon receipt of the report to complete a phone intake interview. If the health professional does not follow-up on the initial letter, HPSP sends a second letter requesting completion of a phone intake interview and return of enrollment materials within seven days. If the health professional does not contact HPSP after the second deadline, HPSP closes the case as *no contact* and files a report with the Board. If the health professional fails to cooperate with the intake process (i.e. will not obtain requested evaluations or does not sign authorizations), the health professional is discharged for *non-cooperation.* HPSP provides the health professional's board with a redacted copy of the third-party report when HPSP discharges due to *no contact* or *non-cooperation.* HPSP also asks the person who submitted the third-party report to sign an authorization allowing HPSP to forward an unredacted copy of their report to the Board. The chart below shows the sources of third-party reports to HPSP in fiscal year 2021:



Oftentimes when health professionals start the monitoring process, they state their illness did not impact their practice. However, 42% of third-party referrals came from work related sources (supervisor, occupational health and colleagues). As monitoring progresses, health professionals develop insight into their illnesses and are able to identify how their illnesses impacted their practice.

Fiscal Year 2021 Additional Referral Sources

The previous data showed how health professionals were referred to HPSP in fiscal year 2021 by first referral source.The following data shows subsequent referral sources for the same admission:

First Referral Source	Second Referral Source
Board Voluntary (160)	Board Discipline: 7
Self (128)	Board Discipline: 1 Board Voluntary: 4 Third-Party: 9
Third-Party (66)	Self: 5 Third-Party: 3

Self and third-party referrals for the same person often arrive on the same day or within the same week. This may occur when employers or treatment providers recommend health professionals report to HPSP and follow-up by making a third-party report.

Fiscal Year 2021 Re-Referrals

HPSP received 416 referrals in fiscal year 2021. Of these, 107 (26.3%) were health professionals who had previously been referred to and discharged from HPSP; some discharged within the same fiscal year, some more than once in the same fiscal year, and others years earlier. The table below shows the average timeframe from discharge to re-referral and the timeframe range from discharge to re-referral.

First Referral Source	#	% of 416 total referrals	% of 107 re-referrals	Average timeframe from the date of discharge to the date of re-referral	Timeframe
Board Disciplinary	40	9.6%	37%	-	-
Previously Completed (#4)				4 years and 5 months	2 years and 1 months to 7 years and 4 months
Previously Monitored - Did Not Complete (#32)				2 years and 11 months	2 months to 13 years and 9 months
Previously Referred - Not Monitored (#12)				3 years and 10 months	10 months to 7 years and 5 months
Board Voluntary	36	8.6%	33.6%	-	-
Previously Completed (#8)				8 years and 8 months	2 years and 4 months to 15 years and 10 months
Previously Monitored - Did Not Complete (20#)				2 years and 11 months	1 month to 18 years and 4 months
Previously Referred - Not Monitored (16#)				3 years and 10 months	10 months to 15 years and 9 months
Self	26	6.3%	24%	-	-
Previously Completed (#20)				3 years and 6 months	1 month to 12 years and 9 months
Previously Monitored - Did Not Complete (#6)				9 years and 9 months	4 years and 3 months to 10 years and 2 months
Previously Referred - Not Monitored (#7)				4 years and 7 months	7 months to 8 years and 11 months
Third Party	10	2.4%	9.3%	-	-
Previously Monitored - Did Not Complete (2#)				6 years and 8 months	6 years and 7 months to 6 years and 10 months
Previously Referred - Not Monitored (2#)				1 year and 11 months	7 months to 3 years and 6 months

About the data: The data was queried by months and rounded to the closest year except where months are noted. The numbers do not add up to 107 and the percentages listed do not add up to 100% because some health professionals are represented more than once in the data.

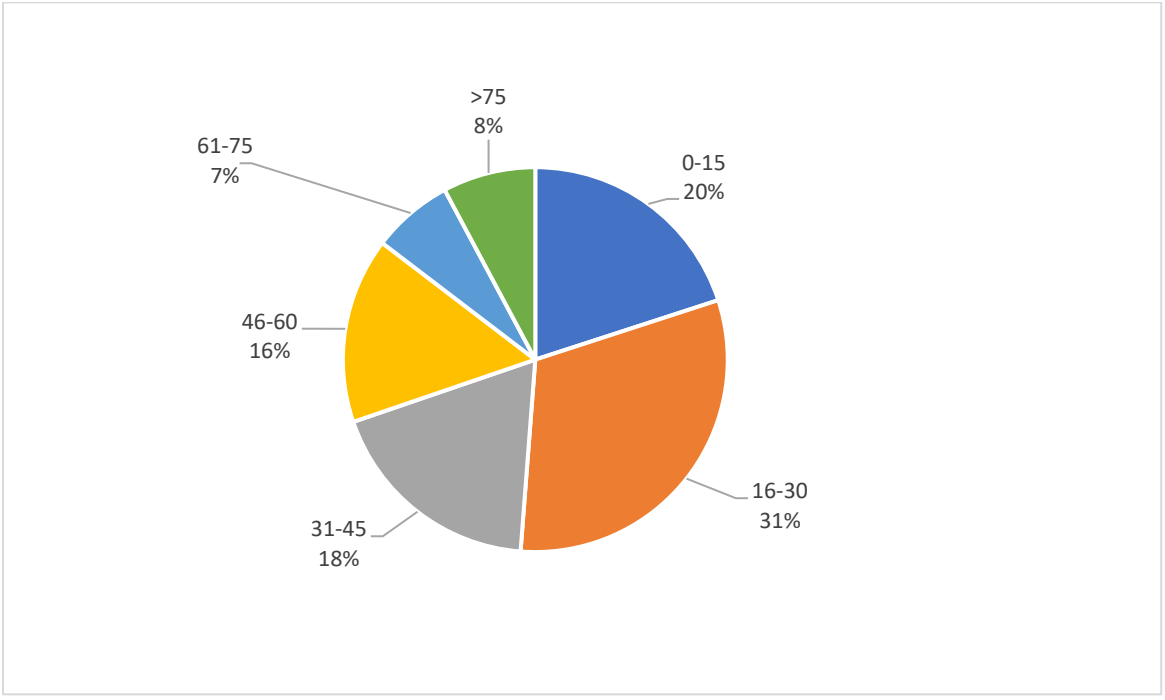
PARTICIPATION AGREEMENTS

HPSP strives to complete the intake process and establish Participation Agreements, when appropriate, within 60 days of the health professionals contact with the program. A case manager's initial contact with a health professional is the first step in the assessment and intervention phase of the intake. Depending on the presenting information and as a means to protect the public, case managers may ask health professionals to voluntarily refrain from practice until they can be assessed.

In fiscal year 2021, 205 Participation Agreements were signed, 20 fewer than in fiscal year 2020. Of these, 85% were signed within 60 days of the health professional's initial contact with the program. The average timeframe was 36 days. Some delays, such as obtaining neuropsychological, neurological and pain management assessments, are common. Practitioner cooperation may also contribute to delays.

COVID-19 created challenges in obtaining records and necessary evaluations in a timely manner. At times, this delayed case managers' ability to determine whether monitoring was warranted and to develop Participation Agreements.

The chart below shows the number of days between the dates health professionals initially contacted the program and the dates on which Participation Agreements were signed.



"I am grateful every day that I was in this program. My life is finally back on track and I can see my future again. Many thanks to my case manager. She was wonderful to work with and always answered my questions."

A former HPSP participant.

DISCHARGES

Definitions of Discharge Categories

When health professionals are discharged from HPSP, the reason for the discharge is listed as one of the following:

1. **Completion -** Program completion occurs when the health professional satisfactorily completes the terms of the Participation Agreement.

2. **Non-Compliance*** - The health professional violates the terms of their Participation Agreement; the case manager closes the case and files a report with the health professional's board. Sub-categories of this include:
   - Non-Compliance – Diversion
   - Non-Compliance – Monitoring
   - Non-Compliance – Positive Screen
   - Non-Compliance – Problem Screens
   - Non-Compliance – Treatment

3. **Voluntary Withdrawal*** - The health professional chooses to withdraw from monitoring prior to completion of the Participation Agreement; the case manager closes the case and files a report with the health professional's board.

4. **Ineligible Monitored*** - During the course of monitoring, it is determined that health professional is not eligible for program services as defined in statute; the case manager closes the case and files a report with the health professional's board. Sub-categories of this include:
   - Ineligible Monitored – Illness too severe
   - Ineligible Monitored – License suspended/revoked
   - Ineligible Monitored – License becomes inactive
   - Ineligible Monitored – License relinquished
   - Ineligible Monitored – Violation of practice act

5. **Ineligible Not Monitored*** - At time of intake, it is determined that the health professional is not eligible for program services as defined in statute; the case manager closes the case and files a report with the health professional's board.Subcategories of this include:
   - Ineligible Not Monitored – Illness too severe
   - Ineligible Not Monitored – License suspended/revoked
   - Ineligible Not Monitored – License inactive
   - Ineligible Not Monitored – No Minnesota license (not reported to board because not regulated in Minnesota)
   - Ineligible Not Monitored – Violation of practice act
   - Ineligible Not Monitored – Previously discharged to the board

6. **No Contact*** - After an initial report received by third-party or board; the health professional fails to contact HPSP; the case manager closes the case and files a report with the health professional's board.

7. **Non-Cooperation*** - The health professional cooperates initially, may sign Enrollment Form and/or releases, but then ceases to cooperate before the Participation Agreement is signed; the case manager closes the case and files a report with the health professional's board.

8. **Non-Jurisdictional** - No diagnostic eligibility established; the case is closed.

**Discharge results in report to board with copy of file.*

Discharges by Discharge Category and Board

The table below shows the number of health professionals discharged from HPSP by board and discharge category over the past four fiscal years.

Board ▸	Behavioral Health and Therapy				Chiropractic Examiners				Dentistry			
Fiscal Year ▸ Discharge Category	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Completion	5	7	8	10	3	0	3	3	8	4	3	10
Voluntary Withdraw	3	0	4	0	0	0	0	2	2	0	1	0
Non-Compliance	4	3	4	4	0	0	0	1	3	1	3	3
Deceased	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible-Monitored	0	1	0	1	0	0	1	0	0	1	1	2
Ineligible Not Monitored	0	1	3	2	0	0	0	0	0	0	0	0
No Contact	5	2	1	4	0	0	0	0	5	3	3	2
Non-Cooperation	10	4	6	4	2	0	1	0	6	4	3	2
Non-Jurisdictional	1	5	7	3	5	4	3	3	12	5	6	7
Sum	28	23	29	28	10	4	8	9	36	18	20	26
Board ▸	Department of Health				Dietetics and Nutrition				Emergency Medical Services			
Fiscal Year ▸ Discharge Category ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Completion	1	0	1	0	0	1	1	0	4	4	4	4
Voluntary Withdraw	0	0	0	0	0	0	0	0	2	1	1	1
Non-Compliance	0	0	0	0	0	0	0	0	1	1	1	1
Deceased	0	0	0	0	0	0	0	0	0	0	1	0
Ineligible-Monitored	1	0	0	0	0	0	0	0	0	0	1	0
Ineligible Not Monitored	0	1	0	0	0	0	0	0	0	1	0	0
No Contact	0	0	0	0	0	0	0	0	5	2	2	0
Non-Cooperation	0	0	0	0	0	0	0	0	4	3	8	1
Non-Jurisdictional	0	0	0	0	0	0	0	0	11	7	3	1
Sum	2	1	1	0	0	1	1	0	27	19	21	8
Board ▸	Executives for Long Term Care Services and Supports *				Marriage & FamilyTherapy				Medical Practice			
Fiscal Year ▸ Discharge Category ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Completion	0	0	0	1	1	1	1	3	21	23	27	31
Voluntary Withdraw	0	0	0	0	1	1	0	0	0	3	3	1
Non-Compliance	1	0	0	0	0	0	2	0	1	0	0	1
Deceased	0	0	0		0	0	0	0	0	0	1	0
Ineligible-Monitored	0	0	0	0	0	0	0	0	8	4	8	2
Ineligible Not Monitored	0	0	0	0	0	0	0	0	5	6	1	2
No Contact	0	0	0	0	0	0	0	1	1	0	4	1
Non-Cooperation	0	0	0	0	0	0	0	0	4	6	3	4
Non-Jurisdictional	1	1	0	0	0	1	0	1	8	21	28	18
Sum	2	1	0	1	2	3	3	5	48	63	75	60

Discharges by Discharge Category and Board Continued

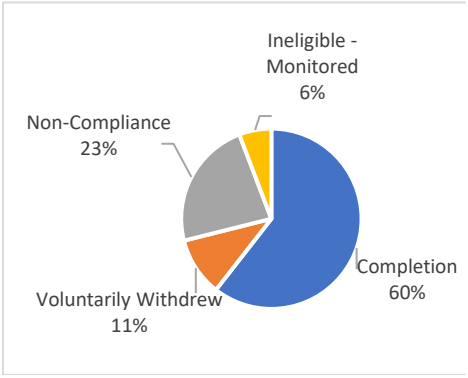
Board ▸	Nursing				OccupationalTherapy				Optometry			
Fiscal Year ▸ Discharge Category ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Completion	88	89	83	93	0	3	1	2	0	0	0	0
Voluntary Withdraw	16	24	17	22	0	0	0	0	0	0	0	0
Non-Compliance	27	7	33	51	0	0	1	1	0	0	0	0
Deceased	0	2	1	1	0	0	0	0	0	0	0	0
Ineligible Monitored	21	8	13	8	0	0	0	1	0	0	0	0
Ineligible Not Monitored	3	3	9	6	1	0	0	0	0	0	0	0
No Contact	7	4	5	11	0	1	0	0	0	0	0	0
Non-Cooperation	18	11	23	21	0	0	0	0	0	1	0	0
Non-Jurisdictional	22	19	16	57	0	3	0	2	1	0	0	0
Sum	202	167	200	270	1	7	2	6	1	1	0	0
Board ▸	Pharmacy				PhysicalTherapy				Podiatric Medicine			
Fiscal Year ▸ Discharge Category ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Completion	4	6	5	4	3	4	2	1	0	0	0	0
Voluntary Withdraw	0	0	1	2	1	0	0	0	0	1	0	0
Non-Compliance	3	2	2	2	3	1	2	1	0	0	0	0
Deceased	1	0	0	0	0	0	0	0	0	0	0	0
Ineligible Monitored	0	0	1	0	1	0	1	0	0	0	0	0
Ineligible Not Monitored	1	0	1	0	0	0	0	0	0	0	0	0
No Contact	1	1	0	0	0	0	0	0	0	0	0	0
Non-Cooperation	1	2	5	1	0	1	1	1	0	0	0	0
Non-Jurisdictional	3	1	0	1	9	5	2	4	3	1	0	0
Sum	14	12	15	10	17	11	8	7	3	2	0	0
Board ▸	Psychology				Social Work				Veterinary Medicine			
Fiscal Year ▸ Discharge Category ▾	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21	FY18	FY19	FY20	FY21
Completion	1	2	0	6	5	6	8	8	4	1	0	2
Voluntary Withdraw	1	0	1	1	0	4	1	2	0	0	0	0
Non-Compliance	2	0	0	0	2	3	2	3	0	0	0	0
Deceased	0	0	1	0	0	0	0	0	0	0	0	0
Ineligible Monitored	0	0	0	0	2	1	0	3	0	0	1	0
Ineligible Not Monitored	0	0	0	0	1	3	1	0	0	0	0	0
No Contact	1	1	0	0	1	0	1	0	0	0	0	0
Non-Cooperation	0	0	2	0	5	1	1	3	0	0	0	0
Non-Jurisdictional	2	0	1	0	0	1	3	1	1	3	0	0
Sum	7	3	5	7	16	19	17	20	5	4	1	2

Discharges by Discharge Category and Fiscal Year

The table below shows discharges from HPSP over the past four fiscal years by discharge category.

Fiscal Year ▸ Discharge Category ▾	FY18	FY19	FY20	FY21
Completion	148	151	147	178
Voluntary Withdraw	26	34	29	31
Non-Compliance	47	18	50	68
Deceased	1	2	4	1
Ineligible Monitored	33	15	27	17
Ineligible Not Monitored	11	16	15	14
No Contact	26	14	16	19
Non-Cooperation	50	33	53	37
Non-Jurisdictional	79	77	69	98
Sum	421	360	410	463

Discharge categories of those who engaged in monitoring:



In FY 2021, HPSP received four third-party referrals for persons not regulated in Minnesota. They are represented in the table above. Eleven health professionals were discharged twice in fiscal year 2021.

Fiscal Year 2021 Discharges by Participant Decade of Age and Discharge Category

In fiscal year 2021, 77% of discharges were for practitioners between the ages of 30 and 59. The table below shows discharges by discharge category and the current age.

Referral Category	Decade of Age					
	20's	30's	40's	50's	60's	≥70
Completion	10	42	54	36	33	3
Voluntary Withdraw	1	6	10	10	4	0
Non-Compliance	6	22	16	19	5	0
Deceased	0	1	0	0	0	0
Ineligible Monitored	1	2	8	4	3	0
Ineligible Not Monitored	1	1	4	3	1	0
No Contact	0	6	3	7	2	0
Non-Cooperation	4	12	10	6	5	0
Non-Jurisdictional	11	32	27	13	10	4
Sum**	33 (7%)	121 (27%)	129 (29%)	95 (21%)	62 (14%)	7 (2%)

In FY 2021, HPSP received four third-party referrals for persons not regulated in Minnesota. They are not represented in the table above.
**The sum percentages by age do not include health professionals discharged more than once in fiscal year 2021.*

"The staff are very helpful and patient with things that come up day to day. Always answer questions without making you feel awkward. If someone really wants help recovering HPSP works!"

A former HPSP participant.

Fiscal Year 2021 Discharges by Gender and Discharge Category

In fiscal year 2021, women made up 69% of health professionals who were discharged from HPSP. The chart below shows more specific information related to gender and discharge category.

Referral Category	Gender	
	Female	Male
Completion	114 (56%*)	64 (71%*)
Voluntary Withdraw	24	7
Non-Compliance	55	13
Deceased	0	1
Ineligible-Monitored	11	6
Ineligible Not Monitored	11	3
No Contact	13	6
Non-Cooperation	25	12
Non-Jurisdictional	67	31
Sum**	313 (69%)	139 (31%)

In FY 2021, HPSP received four third-party referrals for persons not regulated in Minnesota. They are represented in the table above.
**The percentages of completion represent health professionals who engaged in monitoring.*
***The sum percentages removed persons who were discharged from HPSP more than once in fiscal year 2021.*

Fiscal Year 2021 Discharges by Discharge Category and Geographic Region

The table below shows where health professionals discharged from HPSP in fiscal year 2021 were from. It does not include 38 health professionals who lived outside of Minnesota. The data does not include health professionals who were discharged more than once in fiscal year 2021.

Discharge Category	Geographic Region					
	Twin Cities 7 County Metro Area	Northeastern MN	Northwestern MN	Central MN	Southeastern MN	Southwestern MN
Completion	84	8	10	18	32	9
Voluntary Withdraw	11	1	1	7	8	0
Non-Compliance	41	2	3	6	9	1
Deceased	0	0	0	0	1	0
Ineligible-Monitored	9	2	2	1	2	0
Ineligible Not Monitored	11	0	1	0	0	0
No Contact	6	3	1	2	4	1
Non-Cooperation	14	2	6	8	5	1
Non-Jurisdictional	39	5	6	19	15	6
Sum	215	23	30	61	76	18

The data in the table above does not represent health professionals who were discharged from HPSP more than once in fiscal year 2021 or health professionals who live outside of Minnesota.

Discharges Due to Ineligibility for Monitoring (#42):

In fiscal year 2021, 31 health professionals were discharged because they were not eligible for program services; 17 were monitored and 14 were not. More specific information about the reason for their ineligibility is described below.

- **Monitored and discharged as ineligible (#17)**
  - 13: The license was suspended, revoked, surrendered or went inactive
  - 3: Illness was too severe
  - 1: Violation of practice act
- **Not monitored and discharged as ineligible (#14)**
  - 4: Illness too severe
  - 6: No Minnesota license
  - 2: License suspended
  - 2: Violation of practice act

Discharges for Non-Compliance (#68):

In fiscal year 2021, 68 health professionals were discharged due to non-compliance; 18 more than in fiscal year 2020. The data below provides more specific information.

- **32: Non-compliance due to problem screens** - This includes missed specimens not provided on the date requested, dilute specimens, and/or specimens that were tampered with.
- **19: Non-compliance due to positive screen** - In fiscal year 2021 only 6 health professionals were discharged due to positive screens. HPSP continues to work with health professionals who acknowledge use after HPSP's receipt of a positive screen. However, when individuals deny use, it is often not possible for HPSP to continue to work with the health professional.
- **15: Non-compliance with Participation Agreement** - Non-compliance with the Participation Agreement often means more than one area of non-compliance. For example, a health professional may stop providing urine specimens, not comply with treatment and not communicate with HPSP.
- **2: Non-compliance with treatment** – This category represents health professionals who do not follow the recommendations of their treatment team or assessors. It could mean the refusal to enter substance use treatment or to discontinue medications or other forms of treatment non-compliance.

Discharges by first referral source for those monitored:

Referral Category	Board Voluntary	Board Discipline	Self	Third Party
Completion	37 (*57%)	25 (*51%)	96 (*64%)	20 (*60%)
Voluntary Withdraw	8 (*12%)	4 (*8%)	14 (*9%)	5 (*15%)
Non-Compliance	16 (*25%)	14 (*29%)	30 (*20%)	8 (*24%)
Deceased	0 (*0%)	0 (*0%)	1 (*1%)	0 (*0%)
Ineligible Monitored	4 (*6%)	6 (*12%)	7 (*5%)	0 (*0%)
Ineligible Not Monitored	6	0	1	7
No Contact	12	3	0	4
Non-Cooperation	21	1	7	8
Non-Jurisdictional	72	1	14	11
Sum	**176**	**54**	**170**	**63**

** Percentages represent health professionals who engaged in monitoring*

LENGTH OF MONITORING

Successful Completion

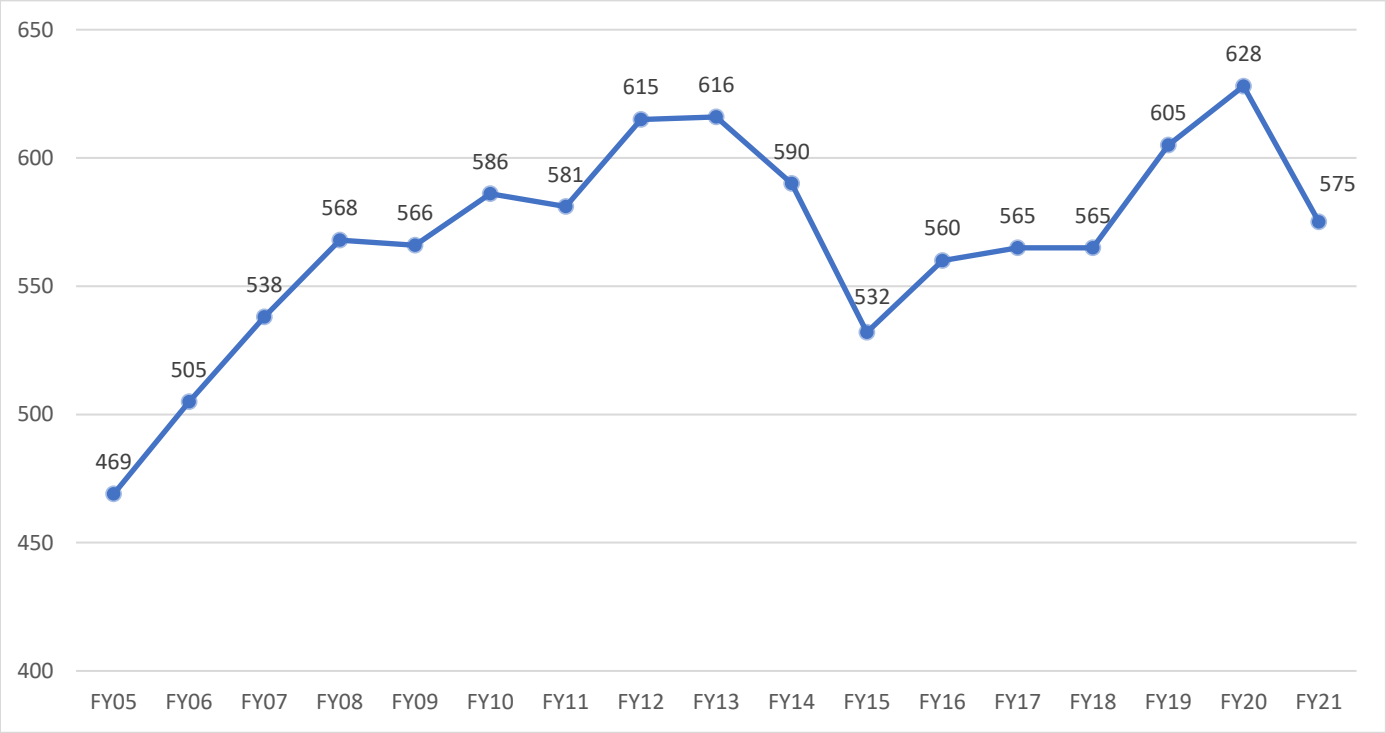
In fiscal year 2021, the average length of monitoring of health professionals who successfully completed monitoring was two years and six months. The shortest length was 5 months and the longest was five years and 1 month. When determining the length of monitoring, HPSP takes multiple factors into consideration, including but not limited to the health professional's illness(es), how the illness(es) impacted their practice, their treatment compliance and risk to the public based on their profession.

HPSP satisfactorily discharges persons based on the following: (1) The individual is in sustained remission after a period of monitoring (usually the case for substance use disorders); (2) there is new information indicating the diagnosis has changed; or (3) the health professional is deemed to be appropriately managing the illness after a period of monitoring (usually the case in chronic health or mental health illnesses).

Unsatisfactory Discharge

In fiscal year 2021, the average length of monitoring for health professionals who were monitored but did not complete monitoring was one year. The shortest length was 23 days, and the longest was four years and six months. Sixty-one percent were discharged in the first year of monitoring, followed by 25% in the second year, 10% in the third year, and 4% percent after three years of monitoring.

OPEN CASES BY FISCAL YEAR



RATE OF BOARD PARTICIPATION

The following table shows the number of persons regulated by board, the number active HPSP on July 1, 2021 and the rate of participation by board.

Board	# Licensed or Regulated	# Active In HPSP	# Active in HPS Pper 1,000 Licensed or Regulated
Board of Behavioral Health & Therapy	7,385	25	3.39
Board of Medical Practice	34,500	115	3.33
Board of Psychology	3,731	12	3.22
Board of Veterinary Medicine	3,296	8	2.43
Board of Nursing	137,577	311	2.26
Board of Chiropractic Examiners	3,352	7	2.09
Board of Marriage and Family Therapy	3,178	6	1.89
Board of Dentistry	17,635	25	1.42
Board of Pharmacy	19,180	25	1.30
Board of Social Work	16,465	19	1.15
Board of Physical Therapy	7,908	8	1.01
Board of Occupational Therapy	5,600	4	0.71
Emergency Medical Services Regulatory Board	29,581	9	0.30
Board of Executives for Long Term Care Services and Supports	2,469	0	0.00
Board of Dietetics and Nutrition Practice	2,000	0	0.00
Department of Health	2,995	0	0.00
Board of Optometry	1,104	0	0.00
Board of Podiatric Medicine	600	0	0.00
Board of Podiatric Medicine	298,556	574	1.92

About the data:

- The number licensed or regulated by board was provided to HPSP by each board within the first two weeks of July 2021.
- *Advanced Practice Registered Nurses (APRNs) are also licensed as Registered Nurses (RNs). They are counted once in the table above.
- The Number Active in HPSP represents the number of open cases by board on July 14, 2021. This includes health professionals in the intake process as well as those with signed Participation Agreements.
- Data regarding persons who are regulated by more than one board, represents the board that referred the individual to HPSP (if applicable) or the profession in which they predominately practice. On July 14, 2021, seven health professionals with signed Participation Agreements were licensed by more than one board.

ACTIVE CASES BY BOARD AND PROFESSION

On July 14, 2021, there were 574 health professionals in HPSP. The chart below shows the number of health professionals by board and profession.

Board	
Board of Behavioral Health & Therapy	25
LPC	1
LPCC	5
LADC	19
Board of Chiropractic Examiners	7
Board of Dentistry	25
Dental Assistants	9
Dental Hygienists	5
Dental Therapists	0
Dentists	11
Department of Health	0
Board of Dietetics and Nutrition Practice	0
Emergency Medical Services Regulatory Board	9
CMPA (Community	0
EMR (Emergency Medical Responder)	0
EMT (Emergency Medical Technician)	1
EMTP (Paramedic)	8
EMTP (Paramedic)	0
Board of Long Term Care Services and Supports	0
Administrators	0
Health Service Executives	0
Assisted Living Directors	0
Board of Marriage and Family Therapy	6
LMFT	6
LAMFT	0
Board of Medical Practice	115
Acupuncturist	1
Athletic Trainer	1
Genetic Counselor	0
Physician Assistant	13
Physician	92
Respiratory Care Practitioner	3
Resident	5

Board	
Board of Nursing	311
LPN	47
RN	264
Board of Occupational Therapy	4
Occupational Therapist	2
Occupational Therapy Assistant	2
Board of Optometry	0
Board of Pharmacy	25
Pharmacist	21
Technician	4
Student	0
Board of Physical Therapy	8
Physical Therapist	7
Physical Therapist Assistant	1
Board of Podiatric Medicine	0
Board of Psychology	12
Board of Social Work	19
LSW	6
LGSW	2
LISW	0
LICSW	11
Board of Veterinary Medicine	8

ILLNESSES MONITORED

GENERAL ILLNESS DATA

HPSP monitors health professionals diagnosed with substance, psychiatric and/or other medical disorders. On July 6, 2021, there were 534 health professionals with signed Participation Agreements. Many were monitored for more than one illness. The data below shows the illnesses monitored on July 6, 2021.

Illness Category	Number of 534 Participants	% of 534 with Signed PA	
Substance Use Disorders	429	81%	
Psychiatric Disorders	414	78%	
Medical Disorders	50	9%	
Substance Use Disorders	**428**	**% of 534**	**% of 429 with a SUD**
Alcohol	347	65%	81%
Prescription	102	19%	24%
Opiate	74	14%	17%
Benzodiazepine	20	4%	5%
Amphetamine	18	3%	4%
Sedative/Hypnotic	9	2%	2%
Barbiturate	1	<1%	<1%
Illicit	71	13%	17%
Cannabis	38	7%	9%
Methamphetamine	27	5%	6%
Cocaine	16	3%	4%
Heroin	8	1%	2%
Other	2	0%	<1%
Psychiatric Disorders	**414**	**% of 534**	**% of 414 with Psych**
Anxiety and/or Depression	363	68%	88%
Post-Traumatic Stress Disorder	57	11%	14%
Attention Deficit Disorder	36	7%	9%
Bipolar Disorder	30	6%	7%
Adjustment Disorder	17	3%	4%
Eating Disorder	9	2%	2%
Obsessive Compulsive Disorder	6	1%	1%
Other	16	3%	4%
Medical Disorders	**50**	**% of 534**	**% of 50 with Medical**
Pain Related	35	7%	70%
Neurological Related	10	2%	20%
Other	9	2%	18%

The substance use data shows that it is common for health professionals to use more than one substance. Alcohol use disorders are most common, and alcohol is often used in conjunction with other substances.

Depression and/or anxiety often co-occur with other psychiatric disorders. Substance use disorders, depression and/or anxiety also co-occur with medical disorders.

Single and Co-Occurring Illnesses	#	%
Substance Only	103	19%
Psychiatric Only	86	16%
Medical Only	11	2%
Substance and Psychiatric	296	55%
Substance and Medical	7	1%
Psychiatric and Medical	10	2%
Substance, Psychiatric and Medical	22	4%

DIVERSION OF CONTROLLED SUBSTANCES

HPSP Definition of Diversion

The HPSP working definition of diversion is *the inappropriate acquisition of controlled or other potentially abusable substances.* Note the term "diversion" is umbrella terminology in which stealing drugs from the workplace is included. Methods of diversion vary greatly, as does the impact and potential impact on patients.

Monitoring Conditions

Standard monitoring conditions for work-related diversion include a minimum of twelve months of no access to, handling of, or responsibility for controlled and mood-altering substances at work. In some professions and work situations, access to drugs must be supervised after the restriction is lifted. The length of monitoring is also extended.

Prescription Drug Abuse and Diversion

On July 6, 2021, a total of 534 health professionals had signed participation agreements. Of the 534 health professionals with signed agreements, 102 (19%) were addicted to prescription medications. Of the 102 addicted to prescription medications, 52 (51%) engaged in diversion.

Diversion by Board

The table below shows the number of health professionals with signed Participation Agreements on July 6, 2021, who diverted medications by board and whether the diversion took place at work. Some health professionals diverted in more than one way. The data is based on health professional self-report of diversion, employer report of diversion and Board data (i.e. data provided to HPSP by the Board via a disciplinary order).

Board	# with Participation Agreement Signed	# who diverted by board	Diversion took place at work	Diversion did not take place at work	% of HPSP's diversion cases	% of board's participants who diverted
Nursing	290	36	26	15	69%	12%
Medical Practice	102	5	5	0	10%	5%
Pharmacy	25	4	4	0	8%	16%
Dentistry	25	4	3	1	8%	16%
Veterinary Medicine	8	2	2	0	4%	25%
Psychology	11	1	0	1	2%	9%
Sum	461	51	39	17	-	-

Methods of Diversion

On July 6, 2021, 52 health professionals with signed participation agreements had engaged in diversion behavior. Of these, 42 engaged in work-related diversion and/or 23 engaged in non-work-related diversion (some used more than one method of diversion). The table below describes methods of diversion.

Work Related	**40**
Took from inventory	17
Took from waste	15
Took out more than patient needed and took remaining	5
Other	5
Non-Work Related	**23**
Took from family or friends	17
Ordered from internet	5
Wrote prescription for self or fake patient	1
Sum	**65**

Referral Sources of Persons Who Diverted by First Referral Source

The following data shows that the boards initially referred 52% of health professionals to HPSP who engaged in diversion. However, 10 health professionals were board referred to HPSP as a secondary referral source, resulting in the boards referring 71% of health professionals who engaged in diversion to HPSP.

- 24: Self-Referrals
    - Seven were later board-referred with discipline
    - Three were later board-referred voluntarily
- 23: Board Disciplinary Referrals
- 4: Board Voluntary Referrals
    - One was later Board-referred with discipline
- 1: Third-Party Referral

Diversion and Addiction to Controlled Substances by Fiscal Year

The table below shows that, since 2014, the number of health professionals enrolling in HPSP who engaged in diversion decreased by 53%. During the same timeframe, HPSP saw a 26% decrease in health professionals with prescription drug substance use disorders. The decrease may be attributed to changes in pain management treatments and prescribing practices (prescribing fewer opiates) and better safeguards in the workplace.

Fiscal Year	Number who diverted	Work-related diversion	Non-work-related diversion	Number addicted to prescription medications
2014	111	82	52	144
2015	64	47	36	117
2016	86	59	46	123
2017	77	49	46	125
2018	65	38	42	118
2019	81	56	36	119
2020	71	63	36	101
2021	52	40	18	106

UPDATES

COVID-19

COVID-19 has impacted society in ways that are still unknown. Its long-term impact on health professionals will unfold over time.

COVID-19 created monitoring challenges that were addressed by a creative, resourceful and resilient staff. Staff adjusted their work schedules, implemented some telework, and initiated thorough disinfecting and social distancing strategies to prevent the possibility of infecting others. At the onset of COVID 19, HPSP adjusted employee schedules, offered telework, and implemented enhanced cleaning to support staff safety. HPSP staff plans to fully return to the office in the first quarter of fiscal year 2022, contingent on the status of the pandemic.

At the start of COVID-19, many of the collection sites used by HPSP health professionals to provide urine toxicology samples closed. HPSP staff researched alternative collection sites and worked with health professionals to identify new collection sites.

Quarantines are appropriate for public health during a pandemic. They also create monitoring challenges because they prohibit health professionals being monitored by HPSP to provide random urine toxicology specimens. HPSP normally utilizes Ethyl glucuronide (EtG) and Ethyl Sulfate (EtS), direct urine biomarkers of alcohol consumption in the three days prior to sample collection. Due to the length of time some health professionals were in quarantines, HPSP required more Phosphatidylethanol (PEth) tests following quarantines. PEth is another alcohol biomarker, found in the blood, reflecting alcohol consumption in the 2-4 weeks prior to sample collection.

Health professionals enrolled in HPSP were challenged by COVID-19 similarly to the public but also in unique ways. Many saw their positions either changed or eliminated. Those working with the public expressed concerns about sharing COVID-19 with family members. Health professionals monitored for a substance use disorder reported gratitude that most groups and treatment programs transformed to virtual groups. At the same time, many reported more social isolation, loneliness, and feelings of disconnectedness.

Health professionals with mental health conditions reported more isolation. While some report enjoying the convenience of virtual appointments, others reported it was difficult to develop rapport with new providers via telehealth.

INCLUSION AND DIVERSITY

HPSP values workforce diversity and inclusion. To this end, HPSP is committed to ensuring staff receive trainings on diversity, equity and inclusion (DEI), and practice with cultural competence. HPSP Program Committee members, James Bialke, Kathy Polhamus, Sara Simons, and Sam Sands are part of a task force, staffed by HPSP Case Manager Kimberly Zillmer, that is charged with developing a DEI policy for HPSP. The expects to develop a DEI policy will be accompanied by a statement of commitment. The task force has been meeting monthly with a plan to finalize a proposed DEI policy, commitment statement and plan by September 2021. Once completed, it will be presented to HPSP staff for suggestions and edits, and to the Program Committee for finalization and approval.

VIOLENCE PREVENTION

Members of the HPSP Program Committee and Advisory Committee were invited to participate on a task force to address violence prevention. This was initiated due to an increase in health professional and health professional-related sources using verbally abusive and threatening language and behavior toward HPSP staff. HPSP reviewed its current policy, *Commitment to a Safe and Productive Workplace*, and determined that it does not align with current state policies. HPSP will implement recommendations from the Minnesota Department of Labor and Industry as well as the Occupational Safety and Health Administration (OSHA) to create a policy and process that promotes workplace safety, support and accountability. Kathy Polhamus and Jack Rusinoff from the Program Committee and Daniel Miesle, Susan Anderson and Niki Gjere, from the Advisory Committee will work with Monica Feider to establish an updated policy. Daniel Miesle is chairing the task force.

DATABASE ENHANCEMENTS

HPSP continues to work with MNIT and a contractor to update HPSP's database. The updates will enable HPSP to provide online services to health professionals, their treatment providers and work site monitors. HPSP currently receives over 2,200 reports by mail, facsimile and email each quarter. These reports are manually logged into the database, distributed to case managers to review and filed in paper files. These cumbersome processes are impacted human error. Online services will enable health professionals, their treatment providers and work site monitors to confidentially upload their reports directly to the HPSP database and notify case managers that reports are ready for their review. It will also produce alternative methods of communication with health professionals.

OUTREACH

COVID 19 extremely limited HPSP's ability to provide outreach. In fiscal year 2019, HPSP connected with 731 people through presentations to employers, schools, occupational health departments, professional associations and other groups compared to contacts with 117 people through virtual presentations in fiscal year 2021. To address outreach limitations, HPSP created informational posters and sent them to program stakeholders to post.

"Honestly, the urine toxicology screening was most beneficial. After I got a little further into the program and meetings, the meetings became super helpful, especially the professional ones."

"Accountability is a big part of HPSP. Being accountable for screens, meetings and other things are very important to a person's recovery."

Two former HPSP participants.

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 related 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 to HPSP's administering board based on the number of the board's health professionals in the program at the end of each month. No additional fees are collected by HPSP from health professionals for program participation. Health professionals are responsible for paying for costs associated with evaluations, treatment and toxicology screens (if warranted).

HPSP's base budget for the fiscal years 2020-2021 biennial budget was $2,025,000; $1,023,000 in fiscal year 2020 and $1,002,000 in fiscal year 2021. HPSP's spending was within its allocated budget.

HPSP's fiscal year 2022-2023 budget for fiscal years 2022-2023 biennial budget is $2,004,000; $1,002,000 in both fiscal year 2022 and 2023.

EXPENSES

Similar to the health related licensing boards, the majority of HPSP's expenses are directed toward salaries and benefits (approximately 85%). The next largest expense is rent. HPSP has consistently spent within its appropriation. Unspent appropriations for fiscal year 2020 were carried forward to fiscal year 2021 and directed primarily toward database enhancements.

PROGRAM COMMITTEE GOALS

In 1999, the Program Committee worked with a consultant to develop five goals to outline the Committee's responsibilities. These goals have remained consistent since that time. HPSP staff is committed to meeting these goals. Many quantifiable measures of how HPSP is addressing its goals are outlined throughout this document. Additional examples are listed below.

GOAL 1: ENSURE THE PUBLIC IS PROTECTED

HPSP's protection of the public is multifaceted. HPSP works collaboratively with board staff to ensure monitoring is consistent with board expectations, national norms established by the American Society of Addiction Medicine, the National Council of State Boards of Nursing, the Federation of State Medical Boards, the Federation of State Physician Health Programs and emerging science.

- Self and third-party reporting of illness made up 47% of referrals in fiscal year 2021
- HPSP implements practice restrictions when appropriate to protect the public
- HPSP refers health professionals for appropriate assessments and evaluations
- HPSP requires health professionals follow treatment recommendations
- HPSP tracks health professionals' compliance with treatment and monitoring requirements
- HPSP intervenes when health professionals have exacerbations of symptoms
- HPSP serves as a liaison between employers and treatment providers
- HPSP reports health professionals who are not compliant with Participation Agreements to their licensing boards
- HPSP educates employers and the medical community about professional impairment
- HPSP encourages early intervention through its outreach to schools, professional associations and other groups

GOAL 2: ENSURE INDIVIDUAL CLIENTS ARE TREATED WITH RESPECT

Showing respect in a complex interaction that is essential when providing any type of service. Beyond HPSP's day to day involvement with health professionals, these HPSP processes and activities demonstrate respect for clients:

- Ensuring staff receive ongoing training about cultural intelligence, inclusion, and diversity
- Ensuring staff receive ongoing training regarding substance and psychiatric disorders
- Maintaining a simple process for reporting to the program
- Developing and utilizing monitoring guidelines that are based on research and national standards
- Providing a consistent service to all health professionals
- Maintaining motivated, competent staff who are proficient in substance and psychiatric disorders as well as case management
- Collecting and reviewing feedback from health professionals on a regular basis
- Incorporating health professional feedback as deemed appropriate
- Finding accessible collection sites for health professionals and posting them on the HPSP website

GOAL 3: ENSURE THE PROGRAM IS WELL MANAGED

Identifying how well HPSP is managed includes the above items in addition to a broad range of actions, including:

- HPSP follows the health licensing boards' Continuity of Operations Plan
- HPSP follows all State guidelines for managing COVID-19
- HPSP follows human resource and administrative procedures established by the Department ofAdministration, facilitated by the Small Agency Resource Team (SmART)
- HPSP collaborates with board staff and seeks input regarding the monitoring process and guidelines
- HPSP holds regular meetings with board staff to review program processes and board concerns

- HPSP completes the Department of Management and Budget's (MMB) Internal Control Self-Assessment tool annually to identify program strengths and vulnerabilities
- HPSP utilizes MN.IT for computer security, database development, and other electronic technology (i.e. phones, printers, email)
- HPSP is staffed with competent employees who are invested in the program's mission
- HPSP maintains up to date position descriptions
- The program manager assures that case managers provide quality intake and case management monitoring services
- The program manager performs annual performance reviews of employees and undergoes a performance evaluation by the administering board
- The program manager surveys executive directors annually to obtain input on program services
- The program manager submits monthly billing reports to the SmART on a timely basis
- The program manager sends board executive directors monthly referral, discharge and cost allocation reports
- The program manager meets with the Administering Board Executive Director to review program operations and spending on a regular basis
- The program manager ensures that all staff review relevant state policies upon hire and annually(i.e. data practices, code of ethics, respectful workplace, electronic communications and others)
- The program manager seeks legal advice from the Office of the Attorney General when needed
- HPSP is recognized nationally as a quality program
- HPSP utilizes specialized consultants to assist in developing the terms of Participation Agreements in complex situations
- The program is developing policies related to violence prevention and diversity, equity and inclusion.

GOAL 4: ENSURE THE PROGRAM IS FINANCIALLY SECURE

The funding source of HPSP is defined in statute and is appropriated by the Legislature on a biennial basis. HPSP has sought funding increases when deemed necessary to address program growth and needs. Similarly to the health related licensing boards, the majority of HPSP's costs are related to staffing.

HPSP consistently spends within its allotted budget. HPSP has regular budget meetings with the Administering Board Executive Director. Spending is tracked through HPSP and confirmed with spending and budget reports from SmART.

All expenses are tracked and reconciled with reports from SmART. SmART also performs accounting audits.

GOAL 5: ENSURE THE PROGRAM IS OPERATING CONSISTENT WITH ITS STATUTE

HPSP understands and appreciates the benefits and constraints of its enabling legislation. HPSP consistently operates within the parameters of its enabling legislation. HPSP utilizes the Office of the Attorney General as legal questions arise regarding the program's authority. Additionally, HPSP has made strong efforts to:

- Maintain a user-friendly website that includes health professional, treatment provider and work site monitor information and forms
- Expand electronic options for submitting quarterly compliance reports
- Promote teamwork and staff development

COMMITTEE MEMBERS AND STAFF

PROGRAM COMMITTEE MEMBERS

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

- The public is protected;
- Individual clients are treated with respect;
- The program is well-managed;
- The program is financially secure; and
- The program is operating consistent with its statute.

These goals are as relevant today as they were in 1997.

Board	Member Name	Term Expires
Behavioral Health and Therapy	Rebecca Lund	1/1/2021 to 12/31/2021
Chiropractic Examiners	Nestor Riano	1/1/2021 to 12/31/2021
Dentistry	Ruth Dahl (alt. Bridgett Anderson)	1/1/2021 to 12/31/2021
Department of Health	Debbie Thao	1/1/2021 to 12/31/2021
Dietetics and Nutritionists	Margaret Schreiner	1/1/2021 to 12/31/2021
Emergency Medical Services	Matthew Simpson	1/1/2021 to 12/31/2021
Marriage and Family Therapy	Jennifer Mohlenhoff	1/1/2021 to 12/31/2021
Medical Practice	Allen Rasmussen	1/1/2021 to 12/31/2021
Nursing	Sarah Simons (alt. Rhonda Johnson)	1/1/2021 to 12/31/2021
Nursing Home Administrators	Randy Snyder	1/1/2021 to 12/31/2021
Occupational Therapy	Jessica Engman (alt. Daniella Filardo)	1/1/2021 to 12/31/2021
Optometry	Randy Snyder	1/1/2021 to 12/31/2021
Pharmacy	James Bialke (alt: Mary Phipps)	1/1/2021 to 12/31/2021
Physical Therapy	Kathy Polhamus, Vice Chair	1/1/2021 to 12/31/2021
Podiatric Medicine	Margaret Schreiner	1/1/2021 to 12/31/2021
Psychology	Jack Rusinoff (Alt: Samuel Sands)	1/1/2021 to 12/31/2021
Social Work	Lori Thompson	1/1/2021 to 12/31/2021
Veterinary Medicine	Jody Groat	1/1/2021 to 12/31/2021

ADMINISTERING BOARD

HPSP is not an independent State agency. By statute, the Program Committee designates one of the participating health related licensing boards to administer the program. The Board of Medical Practice currently serves as HPSP's Administering Board. HPSP is grateful to the Board of Medical Practice for accepting the responsibility to serve as HPSP's Administering Board.

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:

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

Professional Association	Member	Term
MN Acupuncture Association	Aaron L Schlindler	1/15/2020 to 1/14/2022
MN Academy of Nutrition and Dietetics	Andrew Pfaff	1/15/2020 to 1/14/2022
MN Academy of Physician Assistants	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 Naturopathic 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 Medical Association	Stephanie Lindgren (Alt: Janet Silversmith)	1/15/2020 to 1/14/2022
MN Nurse Peer Support Group	Hillary Harrison	1/15/2020 to 1/14/2022
MN Nurses Association	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 Society of Health Systems Pharmacists	S. Bruce Benson	1/15/2020 to 1/14/2022
MN Veterinary Assoc.	Marcia Brower	1/15/2020 to 1/14/2022
National Assoc. of Social Workers, MN Chap.	Judy Parr	1/15/2020 to 1/14/2022
Pharmacists Recovery Network	Jim Alexander	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 11/9/2022

HPSP STAFF

Staff Person	Position
Monica Feider, MSW, LICSW	Program Manager
Tracy Erfourth, BA	Case Manager
Marilyn Miller, MS, LICSW	Case Manager
Laura Carlisle, MA, LADC	Case Manager
Lisa Solberg, BS, LADC	Case Manager
Kimberly Zillmer, BA, LADC	Case Manager
Eldaa Delgado	Case Management Assistant
Patricia Rogers	Office and Records Administrator

HPSP appreciates the support of Mark Chu from MNIT and Ruth Martinez, the Executive Director of the Board of Medical Practice and HPSP's administering board for their support in the development of this document.