MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

FISCAL YEAR 2022 REPORT

JULY 1, 2021 TO JUNE 30, 2022

REPORT SUBMITTED TO THE
HEALTH LICENSING BOARDS AND THE
HEALTH PROFESSIONALS SERVICES PROGRAM'S
PROGRAM AND ADVISORY COMMITTEES
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OVERVIEW

The Health Professionals Services Program (HPSP) is a program of the Minnesota Health Licensing Boards. HPSP was created in 1994 to protect the public by offering health professionals and others the opportunity to report themselves or other health professionals with potentially impairing illnesses to HPSP in lieu of licensing boards. HPSP serves as the alternative to discipline program for all Minnesota Health Licensing Boards. HPSP also monitors health professionals with illnesses pursuant to board orders.

Most states have an alternative to discipline program for physicians and another program for nurses. HPSP is one of a handful of programs nationally that offers services to all health licensing boards and, therefore, all regulated health professionals. This enables all regulated health professionals with potentially impairing illnesses to access services that promote early intervention, diagnosis, and treatment. Early intervention is essential for public safety. Monitoring is proven to enhance long-term illness management and recovery.

Having one program work with all regulated health professionals has additional benefits. HPSP staff are familiar with occupational health programs, treatment programs and providers throughout the state and vice versa. If a concern is identified, regardless of profession, there is one number to call. Expertise is centralized and this simplifies reporting.

HPSP is pleased to provide this 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 fiscal year 2022.

MISSION

HPSP 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.

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.**

A quote from a former HPSP participant:

I don't know if I would have made it through the first year of sobriety without the accountability of HPSP. Three years seemed like an eternity in the beginning but now that it is over it feels like it went by so much faster. My case manager was so great to work with and she always made me feel like she was there to help. I'm excited to feel like I have my life back. Thank you for all your support.

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 Fiscal Year, First Referral Source and Board

In fiscal year 2022 (July 1, 2021 to June 30, 2022), 382 health professionals were referred to HPSP; 34 fewer than in fiscal year 2021. 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 ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Board Voluntary	12	13	13	7	6	5	3	4	12	13	15	9
Board Discipline	1	2	1	1	1	0	1	0	1	2	0	3
Self	8	7	8	8	3	2	1	0	2	6	3	1
Third Party	8	8	4	6	0	0	2	0	5	2	4	1
Sum	29	30	26	22	10	7	7	4	20	23	22	14
Board	Department of Health				Dietetics and Nutrition				Emergency Medical Services			
Fiscal Year ▸ Referral Source ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Board Voluntary	0	0	0	0	0	0	0	0	9	6	0	11
Board Discipline	0	0	0	0	0	0	0	0	0	0	1	3
Self	1	0	0	0	0	0	0	0	7	5	7	6
Third Party	1	0	0	0	0	0	0	0	2	2	1	2
Sum	2	0	0	0	0	0	0	0	18	13	9	22
Board	Executives of Long-Term Care Services & Supports*				Marriage and Family Therapy				Medical Practice			
Fiscal Year ▸ Referral Source ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Board Voluntary	1	0	0	23	2	2	2	2	18	33	23	29
Board Discipline	0	0	0	0	1	0	0	0	1	5	0	1
Self	0	0	0	3	3	0	3	0	34	39	27	34
Third Party	0	0	0	1	0	0	2	2	12	5	7	6
Sum	1	0	0	27	6	2	7	4	65	82	57	70
Board	Nursing				Occupational Therapy				Optometry			
Fiscal Year ▸ Referral Source ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Board Voluntary	30	51	85	57	7	0	2	1	0	0	0	0
Board Discipline	34	34	50	34	0	1	0	0	0	0	0	0
Self	92	95	67	60	2	1	1	1	1	0	0	0
Third Party	26	35	39	35	0	0	0	1	0	0	0	0
Sum	182	215	241	186	9	2	3	3	1	0	0	0

*The Board of Executives of Long-Term Care Services and Supports was formerly the Board of Executives of Nursing Home Administrators.

Referrals by Fiscal Year, First Referral Source and Board – Continued

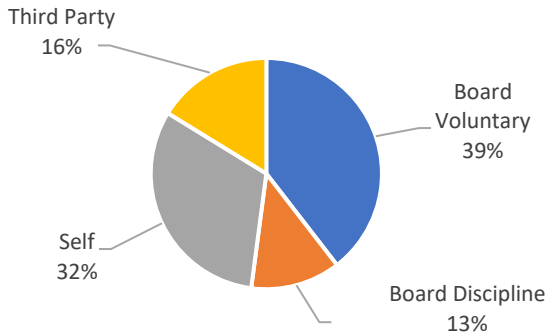
Board	Pharmacy				Physical Therapy				Podiatric Medicine			
Fiscal Year ▸ Referral Source ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Board Voluntary	3	3	3	1	6	4	8	3	1	0	0	0
Board Discipline	2	4	5	3	0	0	0	1	0	0	0	0
Self	6	8	3	3	2	1	2	1	0	0	0	0
Third Party	1	5	1	1	2	0	0	0	0	0	0	1
Sum	12	20	12	8	10	5	10	5	1	0	0	1
Board	Psychology				Social Work				Veterinary Medicine			
Fiscal Year ▸ Referral Source ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Board Voluntary	0	4	1	0	3	4	4	1	3	1	1	3
Board Discipline	1	0	1	0	1	2	2	0	0	0	1	2
Self	3	0	3	0	12	8	3	4	1	3	0	0
Third Party	2	3	1	0	3	6	1	1	1	0	0	1
Sum	6	7	6	0	19	20	10	6	5	4	2	6

All Referrals by First Referral Source and Fiscal Year

Fiscal Year ▸ Referral Source ▾	FY19	FY20	FY21	FY22
Board Voluntary	113	139	160	151
Board Discipline	43	50	62	48
Self	178	175	128	121
Third Party	63	66	66	62
Sum	397	430	416	382

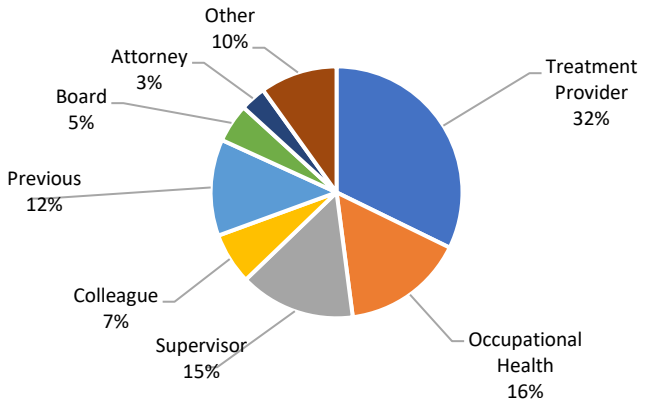
Referrals from all referral sources decreased from fiscal year 2021 to fiscal year 2022. The greatest decrease was among board disciplinary referrals.

Fiscal Year 2022 Referrals by First Referral Source



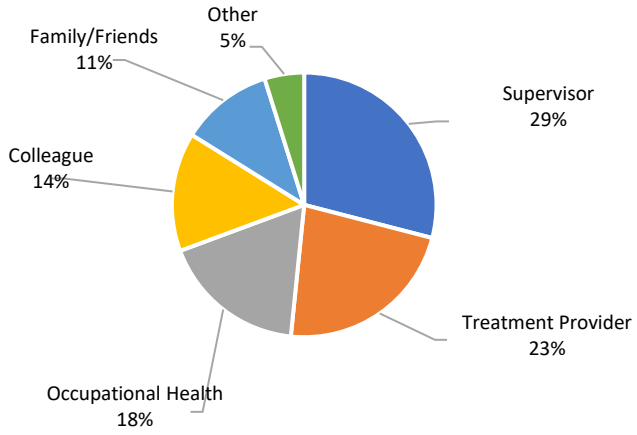
Fiscal Year 2022 Self-Referrals – How did health professionals learn about HPSP?

In fiscal year 2022, 121 health professionals self-referred to HPSP. Of these, 38% learned about HPSP from a work-related source (a supervisor, occupational health or a colleague). Another 32% learned about HPSP from a treatment provider. This is similar to past fiscal years and demonstrates an understanding of the benefits of monitoring by employers and treatment providers.



Fiscal Year 2022 Third Party Referrals – Where did they come from?

In fiscal year 2022, 62 health professionals were referred to HPSP by third parties. Of these, 61% were referred by a work-related source (a supervisor, occupational health, or a colleague). An additional 23% were referred by treatment providers. Employment related referrals and referrals from treatment providers are instrumental in getting health professionals the help they need.

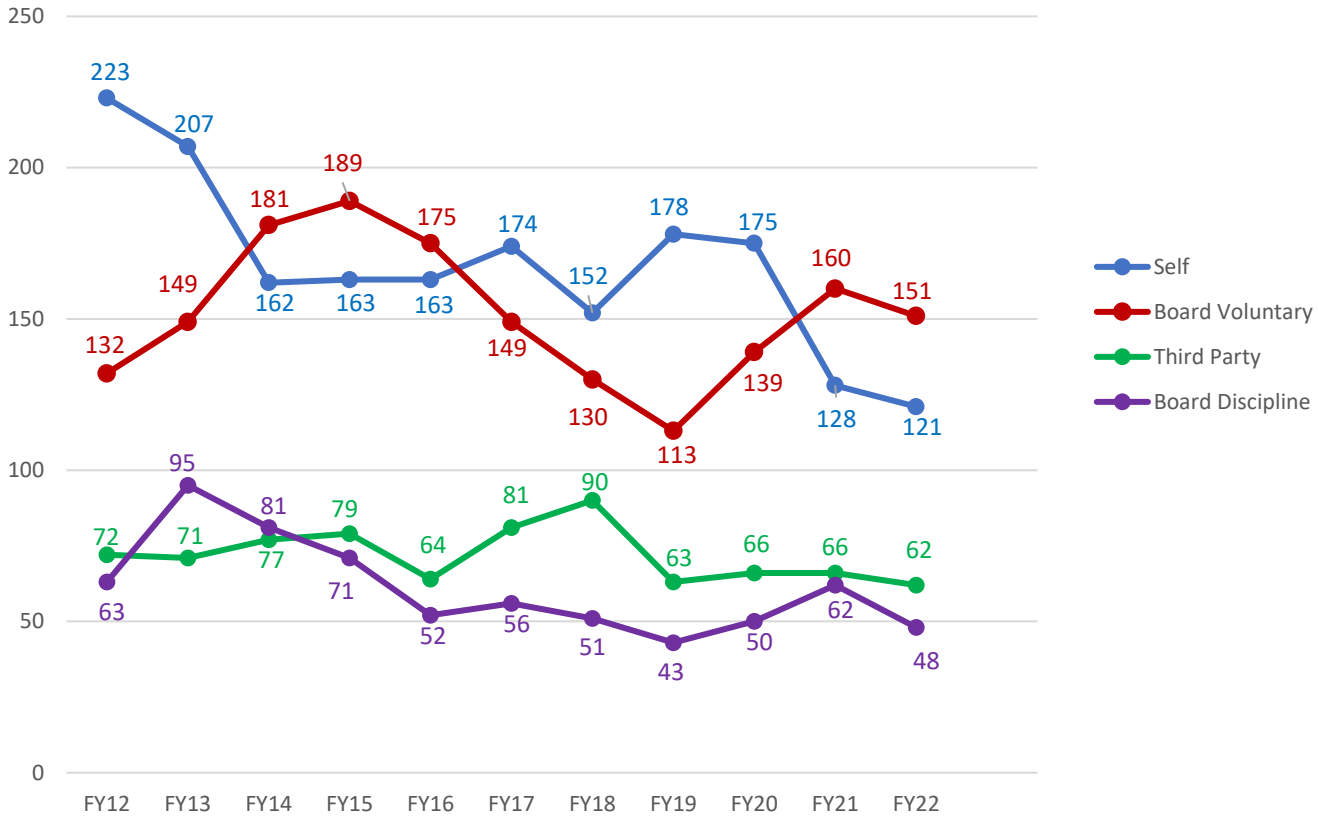


A quote from a former HPSP participant:

The random UA's certainly kept me accountable, my case manager was terrific and empathetic even when I screwed up. HPSP allowed me to continue my practice.

Referral Trends

The chart below shows the number of referrals to HPSP by first referral source from fiscal year 2012 through fiscal year 2022. Self referrals continue to decrease. The reasons for this are unclear.



Fiscal Year 2022 Referrals – Additional Referral Sources

- Of the 121 health professionals who originally self-referred to HPSP:
  - 11 were later referred by a third party
  - 5 were later voluntarily referred by their board
  - 2 were later referred pursuant to a board disciplinary order
- Of the 62 health professionals who were first referred to HPSP by a third party, 1 was later voluntarily referred by their board
- Of the 151 health professionals whose first referral source to HPSP was a board voluntary referral, 1 was later referred pursuant to a disciplinary order

Fiscal Year 2022 Referrals by Decade of Age and Gender

The table below shows the decades of age and genders of health professionals who were referred to HPSP in fiscal year 2022 by first referral source. HPSP's current database allows for female and male genders. HPSP is in the process of developing a new database that will have additional gender options.

Referral Source	Decade of Age					Gender	
	20s	30s	40s	50s	60+	Female	Male
Board Voluntary	24	50	45	22	10	93	58
Board Discipline	1	22	15	7	3	35	13
Self	7	48	30	27	9	69	52
Third Party*	5	17	16	12	7	53	9
Sum	37 (10%)	137 (36%)	106 (28%)	68 (18%)	29 (8%)	250 (65%)	132 (35%)

*The data above does not include the ages of 5 persons referred by third parties whose date of birth was not known by the reporter and they did not engage in monitoring.

Fiscal Year 2022 Referrals by Referral Source and Geographic Region

The data in the table below represents health professionals who reside in Minnesota who were referred to HPSP in fiscal year 2022.

Referral Category	Geographic Region					
	Twin Cities 7 County Metro Area	Northeastern MN	Northwestern MN	Central MN	Southeastern MN	Southwestern MN
Board Voluntary	67	5	14	12	21	8
Board Discipline	26	4	1	4	5	2
Self	69	5	4	14	20	6
Third Party	37	2	1	10	4	3
Sum	199 (58%)	16 (5%)	20 (6%)	40 (12%)	50 (15%)	19 (6%)

The chart above and other geographic 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 and 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 and Wilkin counties
- **Central MN (CE)** Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd and Wright counties
- **Southeastern (SE)**: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Martin, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan and Winona counties
- **Southwestern (SW)**: Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Mcleod, Meeker, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swiftand Yellow Medicine counties

The above data does not represent 37 health professionals residing outside of Minnesota.

Fiscal Year 2022 Re-Referrals by First Referral Source

Of the 382 health professionals referred to HPSP in fiscal year 2022, 86 (23%) had previously been referred to and discharged from HPSP. The timeframe from discharge to re-referral ranged from 1-month to over 20-years. The table below shows the average timeframe from discharge to re-referral and the timeframe range from discharge to re-referral based on most recent referral source.

First Referral Source	#	% of total referrals	% of re-referrals	Average timeframe from the date of discharge to the date of re-referral	Timeframe Range
Board Disciplinary	29	8%	34%	-	-
Previously Completed (4)				7 years and 1 month	2 months to 15 years and 2 months
Previously Monitored - Did Not Complete (17)				2 years and 9 months	5 months to 12 years
Previously Referred - Not Monitored (8)				2 years and 8 months	1 month to 13 years and 10 months
Board Voluntary	34	9%	40%	-	-
Previously Completed (5)				7 years and 8 months	21 months to 19 years and 1 month
Previously Monitored - Did Not Complete (17)				1 year and 10 months	1 month to 10 years and 10 months
Previously Referred - Not Monitored (12)				1 year and 11 months	1 month to 7 years and 2 months
Self	22	6%	26%	-	-
Previously Completed (14)				5 years and 9 months	1 month to 20 years and 7 months
Previously Monitored - Did Not Complete (5)				9 years and 6 months	6 years and 2 months to 15 years and 8 months
Previously Referred - Not Monitored (3)				5 years and 8 months	10 months to 12 years
Third Party	9	3%	11%	-	-
Previously Monitored - Completed (3)				2 years	12 months to 3 years and 11 months
Previously Monitored - Did Not Complete (5)				2 years and 3 months	7 months to 4 years
Previously Referred - Not Monitored (1)				1 year and 5 months	1 year and 5 months

A quote from a former HPSP participant:

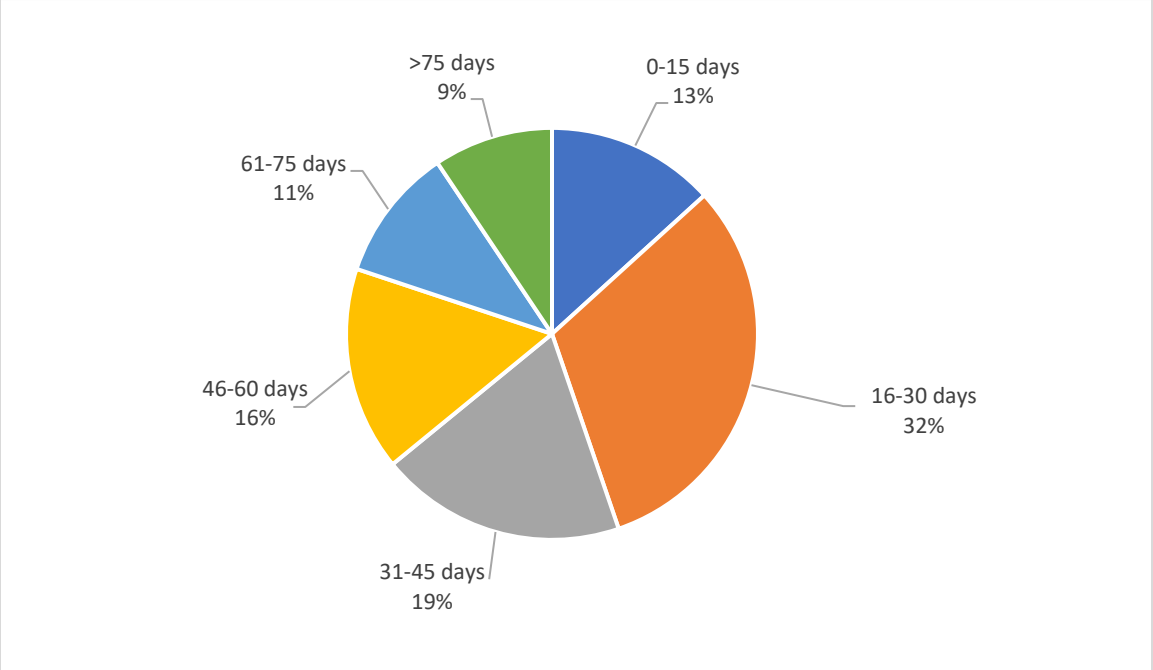
I sincerely hope I never need HPSP again; however, it was a godsend for me. It's well run, provides excellent guidance and protection, and gave me the guardrails I needed in early recovery. Case manager was excellent, cool headed, clear in all directions and always acting in the best interest of her clients; I will miss her.

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 and monitoring is established.

In fiscal year 2022, 195 Participation Agreements were signed. Of these, 80% were signed within 60 days of the health professional's initial contact with the program. The average timeframe was 39 days. Some delays, such as obtaining neuropsychological, neurological and pain management assessments, are expected. The cooperation of health professionals may also contribute to delays.

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



DISCHARGES

Definitions of Discharge Categories

1. **Completion:**
   Participant satisfactorily completes the terms of the Participation Agreement.
2. **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
3. **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.
4. **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
5. **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
6. **No Contact*:**
   Health care professional fails to contact HPSP following initial report received from third-party or board; case manager closes case and files a report with health care professional's regulatory board.
7. **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.
8. **Non-Jurisdictional:**
   No diagnostic eligibility established; the case is closed.

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

Discharges by Fiscal Year, Discharge Category and Board

Board	Behavioral Health and Therapy				Chiropractic Examiners				Dentistry			
Fiscal Year ▸ Discharge Category ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Completion	7	8	10	8	0	3	3	2	4	3	10	7
Voluntarily Withdrew	0	4	0	3	0	0	2	0	0	1	0	3
Non-Compliance	3	4	4	1	0	0	1	0	1	3	3	2
Deceased	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	1	0	1	0	0	1	0	0	1	1	2	1
Ineligible – Not Monitored	1	3	2	1	0	0	0	0	0	0	0	0
No Contact	2	1	4	3	0	0	0	0	3	3	2	1
Non-Cooperation	4	6	4	2	0	1	0	0	4	3	2	4
Non-Jurisdictional	5	7	3	1	4	3	3	2	5	6	7	1
Sum	23	29	28	19	4	8	9	4	18	20	26	19
Board	**Department of Health**				**Dietetics and Nutrition**				**Emergency Medical Services**			
Fiscal Year ▸ Discharge Category ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Completion	0	1	0	0	1	1	0	0	4	4	4	3
Voluntarily Withdrew	0	0	0	0	0	0	0	0	1	1	1	2
Non-Compliance	0	0	0	0	0	0	0	0	1	1	1	0
Deceased	0	0	0	0	0	0	0	0	0	1	0	0
Ineligible - Monitored	0	0	0	0	0	0	0	0	0	1	0	0
Ineligible – Not Monitored	1	0	0	0	0	0	0	0	1	0	0	0
No Contact	0	0	0	0	0	0	0	0	2	2	0	4
Non-Cooperation	0	0	0	0	0	0	0	0	3	8	1	7
Non-Jurisdictional	0	0	0	0	0	0	0	0	7	3	1	3
Sum	1	1	0	0	1	1	0	0	19	21	8	19
Board	**Executives of Long-Term Care Services & Supports**				**Marriage and Family Therapy**				**Medical Practice**			
Fiscal Year ▸ Discharge Category ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Completion	0	0	1	1	1	1	3	2	23	27	31	33
Voluntarily Withdrew	0	0	0	1	1	0	0	0	3	3	1	4
Non-Compliance	0	0	0	1	0	2	0	0	0	0	1	0
Deceased	0	0		0	0	0	0	0	0	1	0	1
Ineligible - Monitored	0	0	0	0	0	0	0	0	4	8	2	3
Ineligible – Not Monitored	0	0	0	0	0	0	0	1	6	1	2	0
No Contact	0	0	0	8	0	0	1	1	0	4	1	1
Non-Cooperation	0	0	0	1	0	0	0	0	6	3	4	3
Non-Jurisdictional	1	0	0	12	1	0	1	2	21	28	18	17
Sum	1	0	1	24	3	3	5	6	63	75	60	62

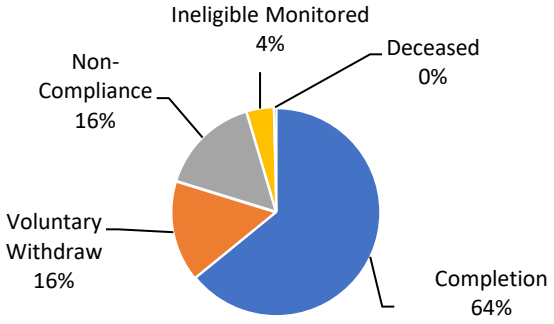
Discharges by Fiscal Year, Discharge Category and Board – Continued

Board	Nursing				Occupational Therapy				Optometry			
Fiscal Year ▸ / Discharge Category ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Completion	89	83	93	88	3	1	2	2	0	0	0	0
Voluntarily Withdrew	24	17	22	18	0	0	0	0	0	0	0	0
Non-Compliance	7	33	51	28	0	1	1	0	0	0	0	0
Deceased	2	1	1	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	8	13	8	7	0	0	1	0	0	0	0	0
Ineligible – Not Monitored	3	9	6	3	0	0	0	0	0	0	0	0
No Contact	4	5	11	13	1	0	0	0	0	0	0	0
Non-Cooperation	11	23	21	20	0	0	0	0	1	0	0	0
Non-Jurisdictional	19	16	57	16	3	0	2	1	0	0	0	0
Sum	167	200	270	193	7	2	6	3	1	0	0	0
Board	Pharmacy				Physical Therapy				Podiatric Medicine			
Fiscal Year ▸ / Discharge Category ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Completion	6	5	4	9	4	2	1	4	0	0	0	0
Voluntarily Withdrew	0	1	2	2	0	0	0	0	1	0	0	1
Non-Compliance	2	2	2	3	1	2	1	0	0	0	0	0
Deceased	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	1	0	0	0	1	0	0	0	0	0	0
Ineligible – Not Monitored	0	1	0	0	0	0	0	0	0	0	0	0
No Contact	1	0	0	0	0	0	0	1	0	0	0	0
Non-Cooperation	2	5	1	1	1	1	1	3	0	0	0	0
Non-Jurisdictional	1	0	1	0	5	2	4	1	1	0	0	0
Sum	12	15	10	15	11	8	7	9	2	0	0	1
Board	Psychology				Social Work				Veterinary Medicine			
Fiscal Year ▸ / Discharge Category ▾	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22	FY19	FY20	FY21	FY22
Completion	2	0	6	3	6	8	8	6	1	0	2	0
Voluntarily Withdrew	0	1	1	1	4	1	2	6	0	0	0	0
Non-Compliance	0	0	0	1	3	2	3	2	0	0	0	3
Deceased	0	1	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	1	0	3	0	0	1	0	0
Ineligible – Not Monitored	0	0	0	0	3	1	0	0	0	0	0	0
No Contact	1	0	0	0	0	1	0	2	0	0	0	1
Non-Cooperation	0	2	0	0	1	1	3	2	0	0	0	0
Non-Jurisdictional	0	1	0	0	1	3	1	0	3	0	0	2
Sum	3	5	7	5	19	17	20	18	4	1	2	6

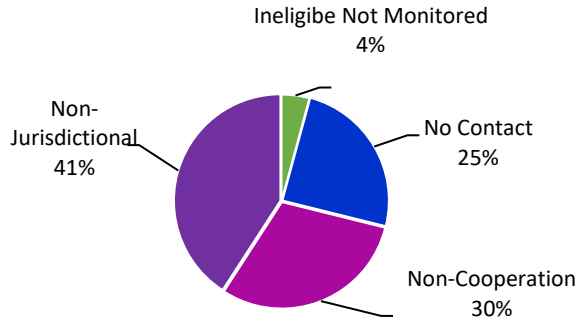
Discharges by Fiscal Year and Discharge Category

Fiscal Year ▸ / Discharge Category ▾	FY19	FY20	FY21	FY22
Completion	151	147	178	168
Voluntarily Withdrew	34	29	31	41
Non-Compliance	18	50	68	41
Deceased	2	4	1	1
Ineligible - Monitored	15	27	17	11
Ineligible – Not Monitored	16	15	14	6
No Contact	14	16	19	35
Non-Cooperation	33	53	37	43
Non-Jurisdictional	77	69	98	58
Sum	360	410	463	404

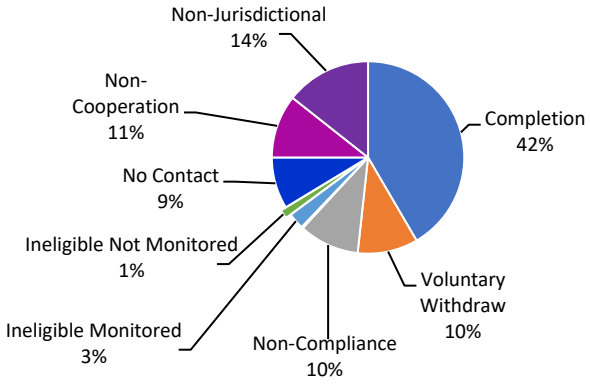
Fiscal Year 2022 Discharges of those Monitored



Fiscal Year 2022 Discharges of those Not Monitored



ALL Fiscal Year 2022 Discharges



Fiscal Year 2022 Unsatisfactory Discharge Details

The table below provides detailed information about health care professionals who engaged in monitoring in fiscal year 2022 and were discharged due to non-compliance, voluntarily withdrawing from HPSP or because they became ineligible for continued participation.

Discharge Category	Number
Non-Compliance – Positive Screens	17
Non-Compliance – Problem Screens	11
Non-Compliance – Participation Agreement	9
Non-Compliance – Treatment	4
Ineligible Monitored - License Suspended, Revoked or Inactive	9
Ineligible Monitored – Violation of Practice Act	1
Ineligible Monitored – Illness too Severe	1
Voluntarily Withdrew	41
Total Number Monitored & Discharged Unsatisfactorily	93

In fiscal year 2022, providing positive toxicology specimens or having otherwise problematic toxicology screen results were the most common forms of non-compliance resulting in discharge. Discharges due to positive screens take place when health professionals do not acknowledge use or do not comply with additional treatment and monitoring recommendations. Discharges due to problematic toxicology results most frequently take place when health professionals do not provide toxicology specimens as requested.

Fiscal Year 2022 Discharges by First Referral Source

Discharge Category	First Referral Source			
	Board Voluntary	Board Action	Self	Third-Party
Completion	34	22	91	21
Voluntary Withdraw	12	8	14	7
Non-Compliance	8	13	14	6
Deceased	0	0	1	0
Ineligible-Monitored	2	4	3	2
Subtotal (%) Monitored	*56*	*47*	*123*	*36*
Ineligible-Not Monitored	1	0	0	5
No Contact	18	4	0	13
Non-Cooperation	23	4	8	8
Non-Jurisdictional	39	0	11	8
Subtotal (%) Not Monitored	*81*	*8*	*19*	*34*
Sum	137	55	142	70

In fiscal year 2022, 404 health professionals were discharged from HPSP. Of these, 262 (65%) engaged in monitoring. Of those who self-referred and engaged in monitoring, 74% completed the terms of their participation agreements, compared to 61% of board voluntary referred, 58% of third party referred and 47% of board action (disciplinary) referred.

Fiscal Year 2022 Discharges by Decade of Age and Gender

The table below provides age and gender data about health care professionals who were discharged from HPSP in fiscal year 2022. As noted earlier, females are referred to HPSP at a higher rate than males. Similarly, more females than males are discharged from HPSP. Of males who engaged in monitoring, 69% successfully completed the terms of their participation agreements compared to 62% of females.

Discharge Category	Decade of Age					Gender	
	20's	30's	40's	50's	60+	Female	Male
Completion	10	38	55	45	19	113	55
Voluntary Withdraw	3	10	13	10	5	27	14
Non-Compliance	3	13	16	6	3	34	7
Deceased	0	0	0	0	1	0	1
Ineligible-Monitored	0	4	2	3	2	8	3
Subtotal (%) Monitored	*16*	*65*	*86*	*64*	*30*	*182*	*80*
Ineligible-Not Monitored	0	3	0	2	1	5	1
No Contact	3	15	12	0	1	26	9
Non-Cooperation	7	12	13	6	5	28	15
Non-Jurisdictional	12	15	16	8	7	32	26
Subtotal (%) Not Monitored	*22*	*45*	*41*	*16*	*14*	*91*	*51*
Sum	38 (10%)	110 (28%)	127 (32%)	80 (20%)	44 (11%)	273 (68%)	131 (32%)

*The ages of five health professionals who were third party referred are not reflected in the above data as they were not included in the referral information and they did not contact HPSP in response to referral.

A quote from a former HPSP participant:

I had excellent care while at HPSP. Case manager provided excellent care while I was juggling many tasks and distraught. Case manager's communication was effective, efficient, gentle but got a point across without being hurtful. Case manager went above and beyond the call of duty.

Fiscal Year 2022 Discharges by Discharge Category and Geographic Region

The data in the table below represents health professionals discharged from HPSP in fiscal year 2022 who reside in Minnesota.

Discharge Category	Geographic Region					
	Twin Cities 7 County Metro Area	Northeastern MN	Northwestern MN	Central MN	Southeastern MN	Southwestern MN
Completion	93	11	6	14	23	6
Voluntary Withdraw	22	2	0	4	2	6
Non-Compliance	25	3	3	5	2	0
Deceased	0	1	0	0	0	0
Ineligible-Monitored	3	2	1	3	0	1
Subtotal of Monitored 239 (%)	143 (60%)	19 (8%)	10 (4%)	26 (11%)	27 (11%)	13 (5%)
Ineligible-Not Monitored	3	0	0	1	0	0
No Contact	19	0	2	4	5	2
Non-Cooperation	20	1	2	6	8	1
Non-Jurisdictional	31	2	3	3	7	3
Subtotal Not Monitored #123 (%)	73 (59%)	3 (2%)	7 (6%)	14 (11%)	20 (16%)	6 (5%)
Sum # (%)	216 (60%)	22 (6%)	17 (5%)	40 (11%)	47 (13%)	19 (5%)

The geographic areas identified in the chart above are defined on page 9.

A quote from a former HPSP participant:

My case manager made facilitating my recovery manageable with support and professionalism.

ACTIVE CASE DATA

Active Cases by Board and First Referral Source

On July 10, 2022, there were 551 health professionals active in HPSP; representing those in the enrollment phase of monitoring (60, 11%) as well as those who are actively engaged in monitoring (491, 89%). The table shows how these health professionals were referred to HPSP by first referral source and board.

Board	Number	Percent of Caseload	Board Voluntary	Board Discipline	Self	Third Party
Behavioral Health and Therapy	30	5%	11	1	14	4
Chiropractic Examiners	7	1%	3	0	2	2
Dentistry	21	4%	6	2	8	5
Department of Health	0	0%	0	0	0	0
Dietetics and Nutrition	0	0%	0	0	0	0
Emergency Medical Services Regulatory Board	10	2%	1	2	6	1
Execs. for Long Term Services & Supports	3	1%	3	0	0	0
Marriage and Family Therapy	5	1%	2	0	1	2
Medical Practice	118	21%	28	5	70	15
Nursing	305	55%	58	75	135	37
Occupational Therapy	4	1%	2	0	1	1
Optometry	0	0%	0	0	0	0
Pharmacy	18	3%	2	4	10	2
Physical Therapy	6	1%	2	0	4	0
Podiatric Medicine	0	0%	0	0	0	0
Psychology	6	1%	1	1	2	2
Social Work	10	2%	1	1	7	1
Veterinary Medicine	8	1%	3	0	4	1
Sum (%)	551	-	123 (22%)	91 (17%)	264 (48%)	73 (13%)

Active Cases by Additional Referral Sources

Some health professionals are referred to HPSP in more than one way and at different points in time during the same enrollment period. The table below shows the number of health professionals active in HPSP on July 10, 2022, by first and subsequent referral sources.

	First Referral Source			
	Board Discipline: 91	Board Voluntary: 123	Self: 264	Third Party: 73
Second Referral Source	6 Board Discipline 1 Third Party	4 Board Discipline 1 Board Voluntary	24 Board Discipline 30 Board Voluntary 6 Third Party	2 Board Discipline 1 Board Voluntary 17 Third Party
Third Referral Source	1 Board Discipline		4 Board Discipline 7 Third Party	2 Board Discipline 4 Board Voluntary 4 Third Party

Active Cases by Board, Gender and Age

The table below shows the number of health professionals active in HPSP by gender and decade of age on June 10, 2022. HPSP's database is currently limited to two gender options.

Board	Number	20's	30's	40's	50's	60+	Female	Male
Behavioral Health and Therapy	30	2	4	11	10	3	17	14
Execs. for Long Term Services & Supports	3	0	0	3	0	0	3	0
Chiropractic Examiners	7	1	3	1	2	0	1	6
Dentistry	21	3	5	8	5	0	14	7
Department of Health	0	0	0	0	0	0	0	0
Dietetics and Nutrition	0	0	0	0	0	0	0	0
EMSRB	10	1	6	2	1	0	2	8
Marriage and Family Therapy	5	0	3	1	1	0	4	1
Medical Practice	118	4	27	32	34	21	30	88
Nursing	305	14	106	97	62	26	252	53
Occupational Therapy	4	0	2	2	0	0	4	0
Optometry	0	0	0	0	0	0	0	0
Pharmacy	18	0	5	9	3	1	9	9
Physical Therapy	6	0	4	2	0	0	3	3
Podiatric Medicine	0	0	0	0	0	0	0	0
Psychology	6	0	2	1	1	2	4	2
Social Work	10	1	1	3	4	1	8	2
Veterinary Medicine	8	0	1	4	2	1	5	3
Sum #(%)	551	26 (5%)	169 (31%)	176 (32%)	125 (23%)	55 (10%)	355 (64%)	196 (36%)

Active Cases by First Referral Source and Geographic Region

The data in the table below represents health professionals referred to HPSP in fiscal year 2022 who reside in Minnesota.

Referral Category	Geographic Region					
	Twin Cities 7 County Metro Area	Northeastern MN	Northwestern MN	Central MN	Southeastern MN	Southwestern MN
Board Voluntary	42	7	4	7	13	2
Board Discipline	37	3	2	7	19	7
Self	137	13	8	27	38	7
Third Party	33	4	2	10	6	2
Sum	249 (57%)	27 (6%)	16 (4%)	51 (12%)	76 (17%)	18 (4%)

The geographic areas identified in the chart above are defined on page 9.

Rate of Participation by Board

The table below show the number of health professionals regulated, by board, the number active in HPSP on July 10, 2022, and the rate of participation, by board, per 1,000 health professionals regulated.

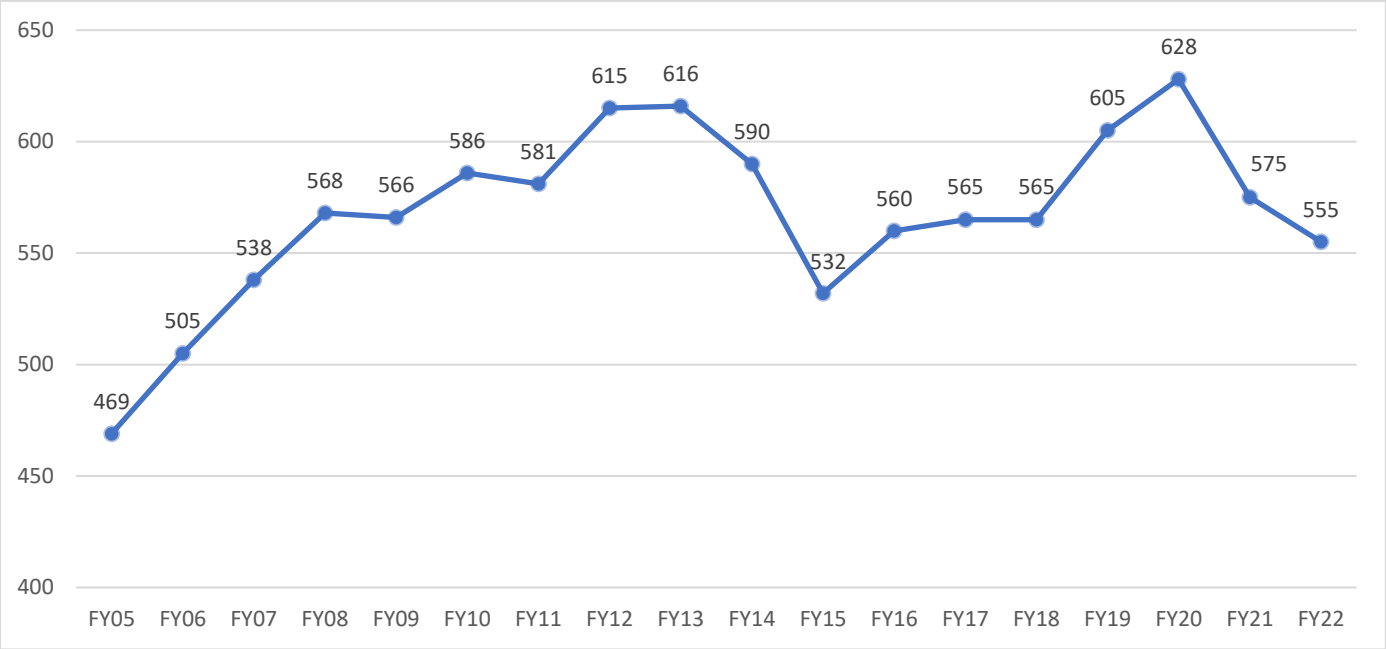
Board	# Licensed or Regulated	# Active In HPSP	# Active in HPSP per 1,000 Licensed or Regulated
Board of Behavioral Health & Therapy	7,779	30	3.86
Board of Medical Practice	38,159	118	3.09
Board of Veterinary Medicine	3,295	8	2.43
Board of Nursing	148,329	305	2.06
Board of Chiropractic Examiners	3,214	7	2.18
Board of Marriage and Family Therapy	3,056	5	1.64
Board of Psychology	3,682	6	1.63
Emergency Medical Services Regulatory Board	8,063	10	1.24
Board of Dentistry	17,632	21	1.19
Board of Pharmacy	25,880	18	0.70
Board of Social Work	17,424	10	0.57
Board of Executives for Long Term Care Services and Supports	5,685**	3	0.53
Board of Physical Therapy	25,880	6	0.23
Board of Occupational Therapy	17,089*	4	0.23
Board of Dietetics and Nutrition Practice	2,130	0	0
Department of Health	2,995	0	0
Board of Optometry	1,215	0	0
Board of Podiatric Medicine	601	0	0
Sum	332,108	551	

*Represents active and temporary license holders

**Reflects numbers provided by the Department of Health in 2021

The number of health professionals regulated by each board was obtained directly from the boards between June 21, 2022 and August 1, 2022

Open Cases by Fiscal Year



ILLNESSES MONITORED

HPSP monitors health professionals diagnosed with substance, psychiatric and/or other medical disorders. On July 10, 2022, there were 492 health professionals with signed Participation Agreements being monitored by HPSP. Many were monitored for more than one illness. The data below shows the illnesses of health professionals monitored on July 10, 2022.

Illness Category	Number of Participants	% of 492 with a Signed PA	
Substance Use Disorders	412	84%	
Psychiatric Disorders	395	80%	
Medical Disorders	28	10%	
Substance Use Disorders	**412 (84%)**	**% of 492**	**% of 412 with a SUD**
Alcohol	340	70%	83%
Prescription	90	18%	22%
Opiate	67	14%	16%
Amphetamine	16	3%	4%
Benzodiazepine	13	3%	3%
Sedative/Hypnotic	8	2%	2%
Illicit	73	15%	18%
Cannabis	39	8%	9%
Methamphetamine	28	6%	7%
Cocaine	12	2%	3%
Heroin	8	2%	2%
Other	1	<1%	<1%
Psychiatric Disorders	**395 (80%)**	**% of 492**	**% of 395 with a Psych**
Anxiety and/or Depression	358	73%	91%
Post-Traumatic Stress Disorder	60	12%	15%
Attention Deficit Disorder	36	7%	9%
Bipolar Disorder	28	6%	7%
Adjustment Disorder	16	3%	4%
Eating Disorder	8	2%	2%
Obsessive Compulsive Disorder	7	1%	2%
Other	14	3%	4%
Medical Disorders	**28 (6%)**	**% of 492**	**% of 28 with Medical**
Pain Related	17	3%	61%
Neurological Related	6	1%	21%
Other	6	1%	21%

Over the past five years, the misuse of prescription medications decreased among HPSP participants (125 to 90) and the use of illicit substances increased (58 to 73). Use of methamphetamine more than doubled.

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

Depression and/or anxiety often co-occur with other psychiatric disorders and substance use disorders.

Single and Co-Occurring Illnesses *	#	%
Substance Only	93	19%
Psychiatric Only	68	14%
Medical Only	2	<1%
Substance and Psychiatric	304	62%
Substance and Medical	2	<1%
Psychiatric and Medical	7	1.4%
Substance, Psychiatric and Medical	16	3.3%

*The data regarding single and co-occurring illnesses was collected on July 31, 2022

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 an umbrella term in which stealing drugs from the workplace is included. Methods of diversion vary greatly, as do 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 10, 2022, a total of 492 health professionals had signed participation agreements. Of the 492 health professionals with signed agreements, 90 (18%) were addicted to prescription medications. Of the 90 health professionals addicted to prescription medications, 42 (47%) engaged in diversion.

Diversion by Board

The table below shows the number of health professionals with signed Participation Agreements on July 31, 2022, 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	274	30	23	10	71%	11%
Medical Practice	103	4	4	0	10%	4%
Veterinary Medicine	7	3	3	0	7%	43%
Pharmacy	18	2	2	0	5%	11%
Dentistry	18	2	2	1	5%	11%
BELTSS	3	1	0	1	2%	33%
Sum	423	42	34	12	-	-

Diversion data is based on August 1, 2022 caseload.

Methods of Diversion

On July 31, 2022, 42 health professionals with signed participation agreements had engaged in diversion behavior. Of these, 34 engaged in work-related diversion and 12 engaged in non-work-related diversion (some used more than one method of diversion). The table below describes the methods of diversion.

Work Related	34
Took from waste	14
Took from inventory	12
Took out more than patient needed and took remaining	5
Wrote prescription for a patient and filled for self	3
Other	5
Non-Work Related	12
Took from family or friends	12
Ordered from internet	1

Referral Sources of Persons Who Diverted by First Referral Source

Of the health professionals who engaged in diversion:

- 19 self-referred and, of these, 8 of were later board referred with discipline
- 19 were board referred with discipline
- 3 were board voluntary referrals, with 1 later referred with discipline
- 1 was third party referred

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 62%. During the same timeframe, HPSP saw a 38% decrease in health professionals with substance use disorders associated with prescription medications. 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
2022	42	34	11	90

BUDGET

As a program of the Minnesota health licensing boards, HPSP is committed to providing cost-effective quality monitoring services that meet its mission and goals. HPSP values 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 health professionals who are 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 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 2022 was $1,002,000. The budget for fiscal year 2023 is also $1,002,000.

EXPENSES

The majority of HPSP's expenses are directed toward salaries and benefits. The next largest expense is rent, followed by technological and consultation services.

In December 2017, the Department of Administration extended HPSP's lease agreement through January 21, 2023. HPSP is working with the Department of Administration regarding a lease extension.

UPDATES

COVID-19

COVID-19 continues to impact health professionals and, in turn, HPSP monitoring. HPSP staff are committed to working with health professionals to ensure they obtain appropriate care during this challenging time.

DATABASE UPDATES

HPSP is working collaboratively with MN.IT staff and a contractor to develop an interactive portal and a new database that will improve program efficiency in multiple areas. Submitting reports and documentation to HPSP will be easier for health professionals, treatment providers, employers, and other parties. HPSP's data management system will be more efficient. Improvements in HPSP's ability to gather and study data will also improve.

DIVERSITY, EQUITY, AND INCLUSION

HPSP staff engage in diversity, equity, and inclusion activities on an annual basis as part of the State of Minnesota's Enterprise Learning Management. HPSP staff seek additional trainings and learning opportunities that address racism and other forms of inequality and share what they have learned with their peers. HPSP is committed to being anti-racist while maintaining an inclusive work environment that is free from judgement and promotes inclusivity.

At the February 8, 2022, Program Committee meeting, HPSP adopted the following Diversity, Equity and Inclusion policy:

> At the Health Professionals Services Program (HPSP) we believe in One Minnesota, where all people are valued and respected for their backgrounds, knowledge, abilities, and experiences. We recognize the importance of supporting diversity and fostering inclusion both within the agency, for our participants and community. We commit to making diversity, equity, and inclusion part of our daily work by intentionally listening to one another and taking purposeful action.
>
> HPSP recognizes that diversity, equity, and inclusion require ongoing and evolving efforts. Such efforts will be identified, reviewed, and implemented on an ongoing basis.

HPSP will continue to work to integrate this policy into meaningful action.

OUTREACH

COVID-19 limited HPSP outreach opportunities in fiscal year 2022. HPSP staff reached out to schools, associations, and other groups that it met with in the past to identify new ways to provide outreach. Many associations agreed to put a link to HPSP on their website.

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. The HPSP Program Committee and Advisory Committee understand that HPSP monitoring is consistent with 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. While having consistent processes, monitoring is individualized to protect the public and meet each health professional's unique situation. The following demonstrate HPSP's commitment to public protection:

- Self and third-party reporting of illness made up 48% of referrals in fiscal year 2022
- HPSP implements practice restrictions when appropriate to protect the public
- HPSP refers health professionals for appropriate assessments and evaluations
- HPSP requires health professionals to follow treatment recommendations
- HPSP tracks health professionals' compliance with treatment and monitoring requirements
- HPSP intervenes when health professionals experience 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 versus illness
- HPSP encourages early intervention through outreach to schools, professional associations and other groups

GOAL 2: ENSURE INDIVIDUAL CLIENTS ARE TREATED WITH RESPECT

HPSP staff are committed to treating health professionals and all persons with respect. This is done through interactions with health professionals as well as ensuring program processes and documents are easy to understand and implement. Beyond HPSP's day to day involvement with health professionals, these HPSP processes and activities demonstrate respect for clients:

- Maintaining motivated, competent staff who are proficient in substance and psychiatric disorders as well as case management
- Ensuring staff receive ongoing training about cultural humility, inclusion, and diversity
- Ensuring staff receive ongoing training about substance and psychiatric disorders
- Maintaining a simple process for reporting to the program
- Establishing monitoring based on research and national standards
- Providing a consistent service to all health professionals
- Collecting and reviewing feedback from health professionals on a regular basis and incorporating this feedback as 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:

- The program manager and HPSP staff are committed to diversity, equity and inclusion
- HPSP holds weekly team meetings to address administrative issues
- HPSP holds weekly case management team meetings to address a variety of case management issues
- 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 questions
- HPSP follows the health licensing boards' Continuity of Operations Plan
- HPSP follows State guidelines for managing COVID-19
- HPSP follows human resource and administrative procedures established by the Department of Administration, facilitated by the Small Agency Resource Team (SmART)
- 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 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

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. 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

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	1/15/2022 to 1/14/2023
Chiropractic Examiners	Nestor Riano (alt: Kimberly Hill)	1/15/2022 to 1/14/2023
Dentistry	Ruth Dahl (alt: Bridgett Anderson)	1/15/2022 to 1/14/2023
Department of Health	Debbie Thao	1/15/2022 to 1/14/2023
Dietetics and Nutritionists	Ruth Grendahl	1/15/2022 to 1/14/2023
Emergency Medical Services	Amber Lage	1/15/2022 to 1/14/2023
Marriage and Family Therapy	Jennifer Mohlenhoff	1/15/2022 to 1/14/2023
Medical Practice	Shaunequa B. James	1/15/2022 to 1/14/2023
Nursing	Sarah Simons	1/15/2022 to 1/14/2023
Execs. for Long Term Services & Supports	Randy Snyder	1/15/2022 to 1/14/2023
Occupational Therapy	Jessica Engman	1/15/2022 to 1/14/2023
Optometry	Britt Heglund	1/15/2022 to 1/14/2023
Pharmacy	James Bialke	1/15/2022 to 1/14/2023
Physical Therapy	Kathy Polhamus, Chair	1/15/2022 to 1/14/2023
Podiatric Medicine	Judith Swanholm (alt: Paul Bakken)	1/15/2022 to 1/14/2023
Psychology	Jack Rusinoff (alt: Samuel Sands)	1/15/2022 to 1/14/2023
Social Work	Kate Goodman	1/15/2022 to 1/14/2023
Veterinary Medicine	Jody Grote (Vice-Chair)	1/15/2022 to 1/14/2023

ADMINISTERING BOARD

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

ADVISORY COMMITTEE

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	1/15/2022 to 1/14/2024
MN Academy of Physician Assist.	Tracy Keizer	1/15/2022 to 1/14/2024
MN Assoc. of Neuropathic Physicians	Crystalin Montgomery	1/15/2022 to 1/14/2024
MN Chiropractic Assoc.	Lisa Hellerud	1/15/2022 to 1/14/2024
MN Dental Assoc.	Stephen Gulbrandsen (Chair)	1/15/2022 to 1/14/2024
MN Health Systems Pharmacists	S. Bruce Benson	1/15/2022 to 1/14/2024
MN Medical Assoc.	Stephanie Lindgren	1/15/2022 to 1/14/2024
National Assoc. of Addiction Professionals, MN Affiliate	Sandy Clark	5/17/2022 to 1/14/2024
National Assoc. of Social Workers, MN Chapter	Michael Arieta (Vice Chair)	1/15/2022 to 1/14/2024
MN Nurse Peer Support Network	Deborah Matthias Anderson	1/15/2022 to 1/14/2024
MN Nurses Assoc.	Mary Kay Borgstrom	1/15/2022 to 1/14/2024
MN Occupational Therapy Assoc.	Karen Sames	1/15/2022 to 1/14/2024
MN Optometric Assoc.	Georgiann Jensen Bohn	1/15/2022 to 1/14/2024
MN Organization of Leaders in Nursing	Lucy Furlog	1/15/2022 to 1/14/2024
MN Organization of Registered Nurses	Niki Gjere	1/15/2022 to 1/14/2024
MN Pharmacists Assoc.	Sue Anderson	1/15/2022 to 1/14/2024
MN Podiatric Medicine Assoc.	Kari Prescott	1/15/2022 to 1/14/2024
MN Psychological Assoc.	Lois Cochrane-Schlutter	1/15/2022 to 1/14/2024
MN Veterinary Medicine Assoc.	Marcia Brower	1/15/2022 to 1/14/2024
Physicians Serving Physicians	Jeff Morgan	1/15/2022 to 1/14/2024
Public Member	Hafsa Mohamed	1/15/2022 to 1/14/2024

HPSP STAFF

Laura Carlisle	Case Manager
Eldaa Delgado	Case Management Assistant
Tracy Erfourth	Case Manager
Monica Feider	Program Manager

Marilyn Miller	Case Manager
Patricia Rogers	Office and Records Administrator
Lisa Solberg	Case Manager
Kimberly Zillmer	Case Manager

Gratitude for contributions to this report are extended to Mark Chu from MNIT, Ruth Martinez, Executive Director of the Board of Medical Practice and HPSP staff.