MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

FISCAL YEAR 2023 REPORT

JULY 1, 2022 TO JUNE 30, 2023

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

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 2023.

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.**

Quotes from a former HPSP participant:

"I would not have attended outpatient or meetings if it wasn't for HPSP. It helped me build a solid foundation of recovery and a large base of support."

"The toxicology screens kept me honest, and the recovery meetings were essential – thank you!"

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 professional 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 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, Primary Referral Source and Board

In fiscal year 2023 (July 1, 2022 to June 30, 2023), 392 health professionals were referred to HPSP; this is 10 more than in fiscal year 2022. The table below shows the number of health professionals referred to HPSP by board and primary referral source for the past four fiscal years.

Board	Behavioral Health and Therapy				Chiropractic Examiners				Dentistry			
Fiscal Year ▸ Referral Source ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Board Voluntary	13	13	7	10	5	3	4	4	13	15	9	7
Board Discipline	2	1	1	4	0	1	0	2	2	0	3	2
Self	7	8	8	6	2	1	0	0	6	3	1	1
Third Party	8	4	6	7	0	2	0	0	2	4	1	4
Sum	30	26	22	27	7	7	4	6	23	22	14	14
Board	**Department of Health**				**Dietetics and Nutrition**				**Emergency Medical Services**			
Fiscal Year ▸ Referral Source ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Board Voluntary	0	0	0	0	0	0	0	0	6	0	11	12
Board Discipline	0	0	0	0	0	0	0	0	0	1	3	3
Self	0	0	0	0	0	0	0	1	5	7	6	3
Third Party	0	0	0	0	0	0	0	0	2	1	2	5
Sum	0	0	0	0	0	0	0	0	13	9	22	23
Board	**Executives of Long-Term Care Services & Supports***				**Marriage and Family Therapy**				**Medical Practice**			
Fiscal Year ▸ Referral Source ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Board Voluntary	0	0	23	12	2	2	2	3	33	23	29	28
Board Discipline	0	0	0	1	0	0	0	0	5	0	1	3
Self	0	0	3	0	0	3	0	1	39	27	24	26
Third Party	0	0	1	0	0	2	2	1	5	7	6	13
Sum	0	0	27	13	2	7	4	5	82	57	70	70
Board	**Nursing**				**Occupational Therapy**				**Optometry**			
Fiscal Year ▸ Referral Source ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Board Voluntary	51	85	57	102	0	2	1	0	0	0	0	1
Board Discipline	34	50	34	20	1	0	0	0	0	0	0	0
Self	95	95	60	59	1	1	1	1	0	0	0	0
Third Party	35	67	35	26	0	0	1	0	0	0	0	0
Sum	215	241	186	207	2	3	3	1	0	0	0	1

*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, Primary Referral Source and Board Continued

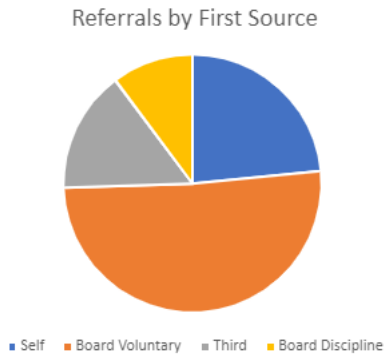
Board	Pharmacy				Physical Therapy				Podiatric Medicine			
Fiscal Year ▸ Referral Source ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Board Voluntary	3	3	1	4	4	8	3	5	0	0	0	0
Board Discipline	4	5	3	2	0	0	1	0	0	0	0	1
Self	8	3	3	7	1	2	1	3	0	0	0	0
Third Party	5	1	1	2	0	0	0	0	0	0	1	0
Sum	20	12	8	15	5	10	5	8	0	0	1	1
Board	Psychology				Social Work				Veterinary Medicine			
Fiscal Year ▸ Referral Source ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Board Voluntary	4	1	0	2	4	4	1	6	1	1	3	4
Board Discipline	0	1	0	0	2	2	0	1	0	1	2	2
Self	0	3	0	0	8	3	4	7	3	0	0	1
Third Party	3	1	0	3	6	1	1	5	0	0	1	1
Sum	7	6	0	5	20	10	6	19	4	2	6	8

All Referrals by First Referral Source and Fiscal Year

Fiscal Year ▸ Referral Source ▾	FY20	FY21	FY22	FY23
Board Voluntary	139	160	151	200
Board Discipline	50	62	48	40
Self	175	128	121	92
Third Party	66	66	62	60
Sum	430	416	382	392

Referrals from all referral sources increased from fiscal year 2022 to fiscal year 2023. The greatest increase was among board eligibility referrals. The greatest decrease was self-referrals.

Fiscal Year 2023



Fiscal Year 2023 Third Party Referrals – Where did they come from?

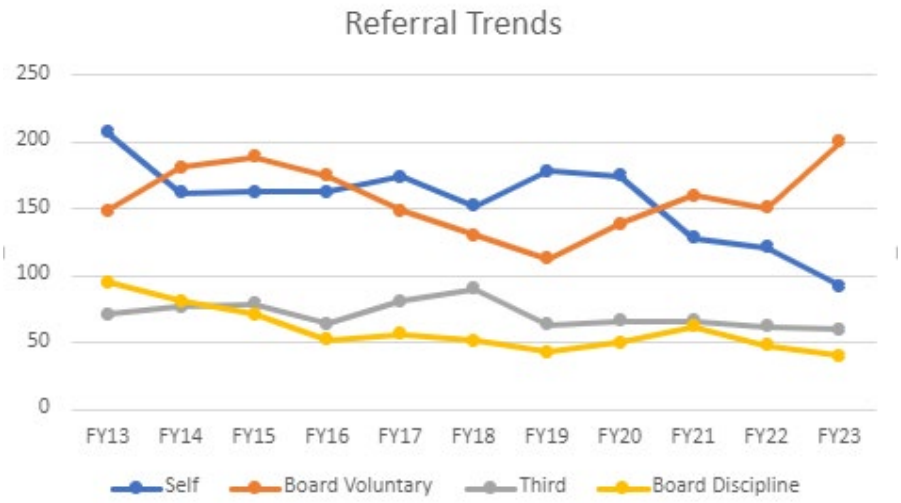
In fiscal year 2023, 81 health professionals were referred to HPSP by third parties. This was an increase of 19 referrals over the previous fiscal year. Of these, 70% were referred by a work-related source (a supervisor, occupational health, or a colleague). In addition, 17% were referred by treatment providers and 9% by family/friends. Employment related referrals are instrumental in getting health professionals the help they need.

A quote from a former HPSP participant:

"I wish I had known about HPSP sooner! My case manager was instrumental in my recovery and sobriety (even though I was reluctant at first.)"

Referral Trends

The chart below shows the number of referrals to HPSP by first referral source from fiscal year 2013 through fiscal year 2023. Self-referrals continue to decrease. The reasons for this are unclear. HPSP will be doing more outreach in fiscal year 2024 to increase self-referrals over other types of referrals.



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.

Geographic Region					
Twin Cities 8 County Metro Area	Northeastern MN	Northwestern MN	Central MN	Southeastern MN	Southwestern MN
57%	8%	7%	10%	13%	4%

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

The chart above does not include participants residing outside of Minnesota.

31 participants lived in other states within the United States.

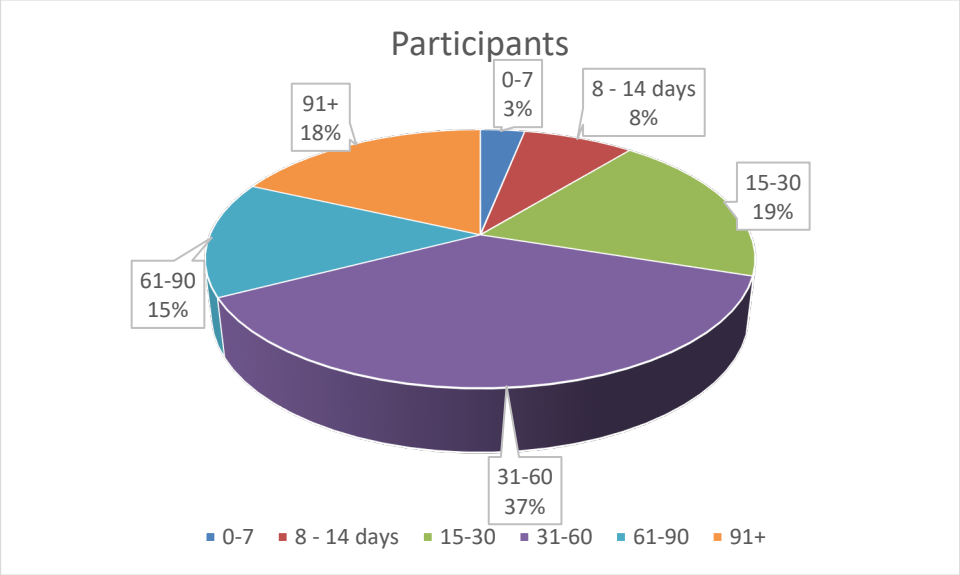
State	Number of Participants	State	Number of Participants
Wisconsin	12	Montana	1
Alabama	1	North Carolina	2
Colorado	1	North Dakota	3
Hawaii	1	Ohio	1
Illinois	2	South Carolina	1
Iowa	3	South Dakota	1
Kentucky	1	Texas	1

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 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 2023, 193 Participation Agreements were signed; this is three less than the previous fiscal year. Of these, 67% (130) were signed within 60 days of the health professional's initial contact with the program. Some delays, such as obtaining any medical records, and 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 ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Completion	8	10	8	7	3	3	2	3	3	10	7	8
Voluntarily Withdrew	4	0	3	3	0	2	0	0	1	0	3	0
Non-Compliance	4	4	1	4	0	1	0	1	3	3	2	2
Deceased	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	1	0	3	1	0	0	1	1	2	1	0
Ineligible – Not Monitored	3	2	1	0	0	0	0	0	0	0	0	1
No Contact	1	4	3	5	0	0	0	0	3	2	1	1
Non-Cooperation	6	4	2	3	1	0	0	0	3	2	4	3
Non-Jurisdictional	7	3	1	5	3	3	2	3	6	7	1	1
Sum	29	28	19	30	8	9	4	8	20	26	19	17

Discharges by Fiscal Year, Discharge Category and Board

Board	Department of Health				Dietetics and Nutrition				Emergency Medical Services			
Fiscal Year ▸ Discharge Category ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Completion	1	0	0	0	1	0	0	0	4	4	3	4
Voluntarily Withdrew	0	0	0	0	0	0	0	0	1	1	2	1
Non-Compliance	0	0	0	0	0	0	0	0	1	1	0	3
Deceased	0	0	0	0	0	0	0	0	1	0	0	0
Ineligible - Monitored	0	0	0	0	0	0	0	0	1	0	0	0
Ineligible – Not Monitored	0	0	0	0	0	0	0	0	0	0	0	0
No Contact	0	0	0	0	0	0	0	0	2	0	4	11
Non-Cooperation	0	0	0	0	0	0	0	0	8	1	7	3
Non-Jurisdictional	0	0	0	0	0	0	0	0	3	1	3	5
Sum	1	0	0	0	1	0	0	0	21	8	19	27
Board	Executives of Long-Term Care Services & Supports				Marriage and Family Therapy				Medical Practice			
Fiscal Year ▸ Discharge Category ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Completion	0	1	1	2	1	3	2	3	27	31	33	34
Voluntarily Withdrew	0	0	0	0	0	0	0	0	3	1	4	2
Non-Compliance	0	0	0	0	2	0	0	1	0	1	0	1
Deceased	0	0	0	0	0	0	0	0	1	0	1	0
Ineligible - Monitored	0	0	0	0	0	0	0	0	8	2	3	4
Ineligible – Not Monitored	0	0	0	0	0	0	1	0	1	2	0	3
No Contact	0	0	8	2	0	1	1	0	4	1	1	6
Non-Cooperation	0	0	1	2	0	0	0	1	3	4	3	4
Non-Jurisdictional	0	0	12	8	0	1	2	2	28	18	17	28
Sum	0	1	24	14	3	5	6	7	75	60	62	82

Discharges by Fiscal Year, Discharge Category and Board Continued

Board	Nursing				Occupational Therapy				Optometry			
Fiscal Year ▸ Discharge Category ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Completion	83	93	88	95	1	2	2	1	0	0	0	0
Voluntarily Withdrew	17	22	18	14	0	0	0	1	0	0	0	0
Non-Compliance	33	51	28	45	1	1	0	0	0	0	0	0
Deceased	1	1	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	13	8	7	4	0	1	0	0	0	0	0	0
Ineligible – Not Monitored	9	6	3	5	0	0	0	0	0	0	0	0
No Contact	5	11	13	11	0	0	0	0	0	0	0	0
Non-Cooperation	23	21	20	23	0	0	0	1	0	0	0	0
Non-Jurisdictional	16	57	16	21	0	2	1	0	0	0	0	0
Sum	200	270	193	218	2	6	3	3	0	0	0	0

Discharges by Fiscal Year, Discharge Category and Board

Board	Pharmacy				Physical Therapy				Podiatric Medicine			
Fiscal Year ▸ Discharge Category ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Completion	5	4	9	9	2	1	4	3	0	0	0	0
Voluntarily Withdrew	1	2	2	0	0	0	0	0	0	0	1	0
Non-Compliance	2	2	3	1	2	1	0	1	0	0	0	0
Deceased	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	1	0	0	2	1	0	0	0	0	0	0	0
Ineligible – Not Monitored	1	0	0	0	0	0	0	0	0	0	0	0
No Contact	0	0	0	1	0	0	1	0	0	0	0	0
Non-Cooperation	5	1	1	2	1	1	3	0	0	0	0	0
Non-Jurisdictional	0	0	0	1	2	4	1	1	0	0	0	0
Sum	15	10	15	16	8	7	9	5	0	0	1	0
Board	Psychology				Social Work				Veterinary Medicine			
Fiscal Year ▸ Discharge Category ▾	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23	FY20	FY21	FY22	FY23
Completion	0	6	3	3	8	8	6	5	0	2	0	3
Voluntarily Withdrew	1	1	1	0	1	2	6	3	0	0	0	0
Non-Compliance	0	0	1	0	2	3	2	0	0	0	3	2
Deceased	1	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	2	0	3	0	1	1	0	0	0
Ineligible – Not Monitored	0	0	0	0	1	0	0	0	0	0	0	1
No Contact	0	0	0	1	1	0	2	0	0	0	1	2
Non-Cooperation	2	0	0	0	1	3	2	2	0	0	0	0
Non-Jurisdictional	1	0	0	1	3	1	0	2	0	0	2	1
Sum	5	7	5	7	17	20	18	13	1	2	6	9

Discharges by Fiscal Year and Discharge Category

Fiscal Year ▸ Discharge Category ▾	FY20	FY21	FY22	FY23
Completion	147	178	168	166
Voluntarily Withdrew	29	31	41	24
Non-Compliance	50	68	41	61
Deceased	4	1	1	0
Ineligible - Monitored	27	17	11	17
Ineligible – Not Monitored	15	14	6	10
No Contact	16	19	35	39
Non-Cooperation	53	37	43	44
Non-Jurisdictional	69	98	58	79

ACTIVE CASE DATA

Active Cases by Board and First Referral Source

On November 6, 2023, there were 546 health professionals active in HPSP; representing those in the enrollment phase of monitoring (84, 15%) as well as those who are actively engaged in monitoring (462, 85%). The table shows how these health professionals were referred to HPSP by first referral source and board.

Board	Number	Board Voluntary	Board Discipline	Self	Third Party
Behavioral Health and Therapy	36	12	3	16	5
BELTSS	2	2	0	0	0
Chiropractic Examiners	4	2	1	1	0
Dentistry	24	7	8	4	5
Department of Health	0	0	0	0	0
Dietetics and Nutrition	1	0	0	1	0
Emergency Medical Services	17	4	6	5	2
Marriage and Family Therapy	1	1	0	0	0
Medical Practice	107	22	18	56	11
Nursing	292	88	61	115	28
Occupational Therapy	2	0	0	1	1
Optometry	1	1	0	0	0
Pharmacy	23	3	4	13	3
Physical Therapy	8	4	0	4	0
Podiatric Medicine	1	0	1	0	0
Psychology	6	1	0	2	3
Social Work	19	2	1	12	4
Veterinary Medicine	7	1	2	3	1

ILLNESSES MONITORED

HPSP monitors health professionals diagnosed with substance, psychiatric and/or other medical disorders. The data below is gathered from fiscal year 2023.

Treatment Disorder	Count
Medical Disorder	17
Psychiatric Disorder	186
Substance Use Disorder	198
Total	**401**

Psychiatric Disorder Breakdown	Count
Adjustment Disorder	4
Anxiety	37
Attention Deficit Disorder	25
Bipolar Disorder	17
Depression	38
Depression and/or Anxiety	93
Eating Disorder	4
Obsessive Compulsive Disorder	5
Other (Psychiatric)	3
Personality Disorder	3
Post Traumatic Stress Disorder	34
Schizoaffective Disorder	1
Total	**264**

Substance Use Disorder Breakdown	Count
Alcohol abuse	37
Alcohol dependence	131
Amphetamine abuse	2
Amphetamine dependence	3
Benzodiazepine abuse	1
Benzodiazepine dependence	4
Cannabis abuse	6
Cannabis dependence	12
Cocaine abuse	1
Cocaine dependence	7
Hallucinogen abuse	1
Heroin Dependence	3
Methamphetamine abuse	3
Methamphetamine dependence	10
Opiate abuse	6
Opiate dependence	24
OTC Abuse	1
OTC Dependence	1
Other (Substance)	1
Total	**254**

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, and relocation costs, followed by technological and consultation services.

On July 1, 2023, HPSP relocated to a new building and started a new lease agreement for 7 years with Wellington Management. The new location gives the opportunity for each staff to have their own office, in addition to a space for participants to meet with case managers/staff, and a conference space to do team trainings, workshops, and team building.

UPDATES

DATABASE UPDATES

HPSP is working collaboratively with MN.IT staff and a contractor to continue the development an interactive portal and database that will improve program efficiency in multiple areas. The database was rolled out on December 21, 2022. Participants, treatment providers, and worksite monitors can submit reports and documentation to HPSP. HPSP's data management system has become more efficient, in addition we are now 85% paperless.

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.

OUTREACH

A goal of HPSP is to increase outreach in fiscal year 2024. In fiscal year, 2023, all but one Board and the Department of Health received presentations on HPSP from HPSP Staff. We spoke with small groups through North Memorial EMS, attended the Pharmacy Health Systems mid-year meeting, Pharmacy assistances mid- year meeting, school representatives for dental hygienists, St. Mary's Marriage and

Family Therapy students, as well as a few larger mental health agencies. We are open to any connects that we can make to increase our outreach to the public and healthcare professionals.

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:

- 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 staff holds weekly team meetings to address administrative and case management needs
- 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 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 by SmART and HPSP. 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	Dean Gilbertson	1/15/2022 to 1/14/2024
Chiropractic Examiners	Mary Noble	1/15/2022 to 1/14/2024
Dentistry	Ruth Dahl	1/15/2022 to 1/14/2024
Department of Health	Debbie Thao	1/15/2022 to 1/14/2024
Dietetics and Nutritionists	Sue Estes	1/15/2022 to 1/14/2024
Emergency Medical Services	Amber Lage	1/15/2022 to 1/14/2024
Marriage and Family Therapy	Jennifer Mohlenhoff	1/15/2022 to 1/14/2024
Medical Practice	Averi Turner	1/15/2022 to 1/14/2024
Nursing	Sarah Simons	1/15/2022 to 1/14/2024
Execs. for Long Term Services & Supports	Steve Jobe	1/15/2022 to 1/14/2024
Occupational Therapy	Jessica Engman	1/15/2022 to 1/14/2024
Optometry	Britt Heglund	1/15/2022 to 1/14/2024
Pharmacy	James Bialke/Ben Maisenbach	1/15/2022 to 1/14/2024
Physical Therapy	Kathy Polhamus, Chair	1/15/2022 to 1/14/2024
Podiatric Medicine	Ryan Peterson	1/15/2022 to 1/14/2024
Psychology	Jack Rusinoff	1/15/2022 to 1/14/2024
Social Work	Kate Goodman	1/15/2022 to 1/14/2024
Veterinary Medicine	Jody Grote (Vice-Chair)	1/15/2022 to 1/14/2024

ADMINISTERING BOARD

The Board of Medical Practice, under the leadership of now retired Executive Director Ruth Martinez, and currently under leadership by Elizabeth Huntley served as the administering board for HPSP in fiscal year 2023. In fiscal year 2024, Board of Psychology, under the leadership of Executive Director Sam Sands, now 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
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 Naturopathic 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	Marc Myer	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

Kimberly Navarre	Program Director
Eldaa Delgado	Case Management Assistant
Kerry Gibbons	Office and Records Manager
Tracy Erfourth	Case Manager
Lisa Franciscus	Case Manager

Valerie Bashiri	Case Manager
Charlotte Duke	Case Manager
Pang Yang	Case Manager
Nichole Williams	Case Manager

Gratitude for contributions to this report are extended to the LynMark Team.