MINNESOTA HEALTH PROFESSIONALS SERVICES PROGRAM

1380 Energy Lane, Suite 202
St. Paul, MN 55108
Phone: 651/643-2120
Fax: 651/643-2163 Website:
https://mn.gov/boards/hpsp/

BOARD OF SOCIAL WORK

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MISSION AND GOALS

Mission: Minnesota's Health Professionals Program protects the public by providing monitoring services to regulated health professionals whose illnesses may impact their ability to practice safely. The goals of HPSP are to promote early intervention, diagnosis and treatment for health professionals with illnesses, and to provide monitoring services as an alternative 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 participants' illness management and professional practice, both of which are tied to patient safety. A Participation Agreement may include the participant'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 risk 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 concerning 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 program participants:**
   - 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 licensees, licensing boards, health care employers, practitioners, medical communities, and state policy makers.**

EXAMPLES OF HOW HPSP PROTECTS THE PUBLIC

Employers report practitioners to HPSP for:

- Stealing narcotics
- Appearing intoxicated
- Acting manic or psychotic
- Changes in functioning

Health professionals call HPSP when they are:

- Terminated or put on leave due to symptoms of mania, psychosis, dementia or other medical disorders
- Terminated for diverting drugs or showing up to work intoxicated
- Seeking treatment for a substance use disorder

How HPSP responds:

HPSP intervenes immediately. For example, HPSP may request that practitioners refrain from practice if their illness is active (i.e.: not sober, hasn't been assessed or treated). HPSP requests that practitioners obtain assessments (substance, psychiatric and/or medical) to determine the appropriate level of care needed and whether they are safe to return to practice. After the assessments are completed and when it is determined that the practitioner has an illness that warrants monitoring, HPSP implements Participation Agreements (monitoring contracts) and reviews the practitioners' compliance with the terms of the Participation Agreement, over all illness management and work performance. When exacerbations of symptoms occur, HPSP intervenes as appropriate to protect the public.

UNIQUE CHARACTERISTICS

While health professional monitoring programs are found throughout the United States, HPSP is unique in the following ways:

- Offers a single point of contact for all regulated health professionals, providers, and employers
- Eliminates the duplication of services among boards
- Serves health professionals with substance, psychiatric, and other medical disorders
- Centralizes expertise

BENEFITS

- HPSP's legislation enables health professionals to report their illness to HPSP in lieu of to their licensing board
- HPSP legislation provides permission, confidentiality and immunity for others reporting health professionals
- Protects the public by monitoring and/or restricting the practice of health professionals whose illnesses are not stable
- Provides health professionals with a proactive and structured method to document appropriate illness management
- Ensures licensees are receiving the appropriate level of care

LEGISLATION

HPSP is governed by Minn. Stat. 214.29 to 214.36.

FUNDING

HPSP is funded almost entirely by the health-licensing boards, whose income is generated through licensing fees. Each board pays an annual participation fee of $1,000 and a pro rata share of program expenses based upon number of licensees enrolled. The average annual cost per HPSP participant is approximately $1,000, which is charged to the licensing board. There is no cost to the participant except for evaluations, treatment, and toxicology screens, if required.

ILLNESSES MONITORED

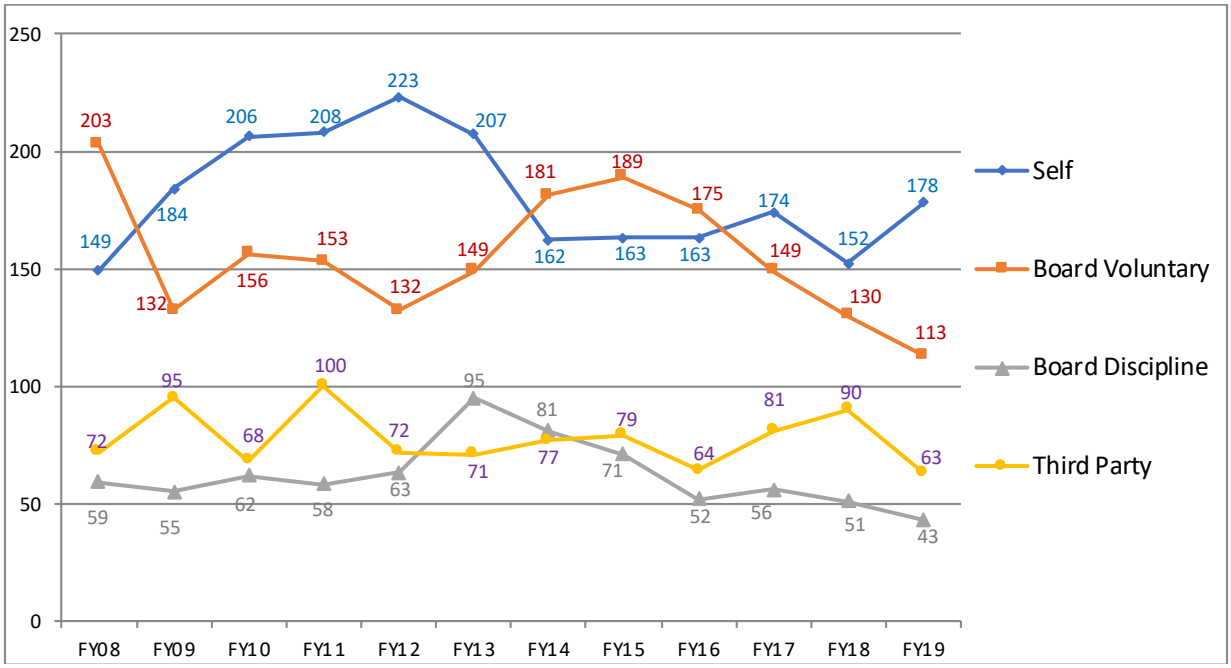
HPSP monitors health care professionals diagnosed with substance, psychiatric and/or other medical disorders. On July 1, 2019, there were 551 health professionals enrolled in HPSP with signed Participation Agreements. The following data identify the illnesses for which they are being monitored.

Illness Category 551 Participants	Number of Participants	Percent of Participants
Substance Use Disorders	458	83%
Psychiatric Disorders	381	69%
Medical Disorders	74	13%

Alcohol is the most commonly abused substance among Americans, including HPSP participants. As of July 1, 2019, 68% of participants reported alcohol as a substance of choice, 22% reported at least one prescription medication and 13% reported an illicit substance as their substance of choice.

REFERRALS

The chart below shows the number of referrals to HPSP by first referral source from fiscal year 2008 through fiscal year 2019. In fiscal year 2019, self-referral was the only referral source that saw an increase. All other referral sources decreased from fiscal year 2018. Board voluntary, board discipline, and third party referrals were the lowest they have been in ten years.

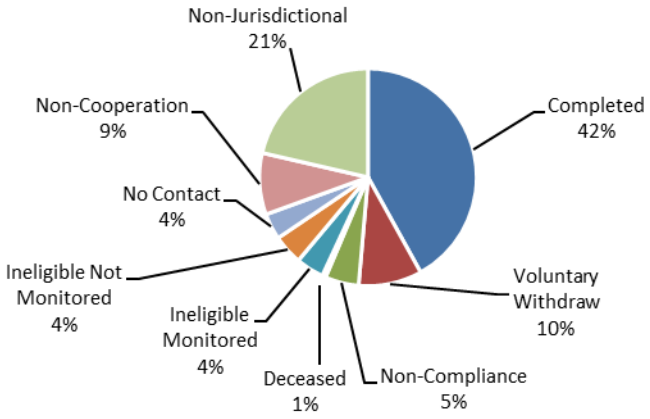


DISCHARGES

From July 1, 2018 to June 30, 2019, 360 licensees were discharged from HPSP. Of those that engaged in monitoring, 68% successfully completed the terms of their Participation Agreements.

Discharges by Category

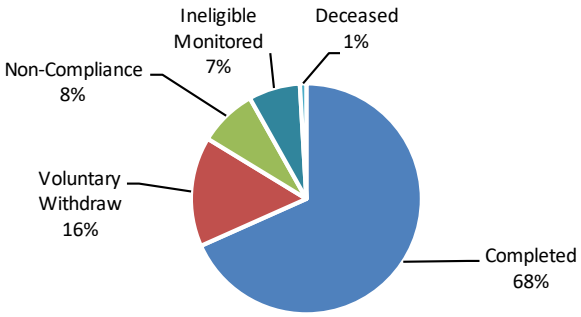
The table below shows the discharge categories for all persons discharged from HPSP in fiscal year 2019.



Of persons discharged in fiscal year 2019, 32% did not engage in monitoring, which is reflected in the table on the left (includes the categories of non-jurisdictional, non-cooperation, no contact, and ineligible-not monitored), which decreases the overall completion rate to 42%. The most common reason, however, for not engaging in monitoring is that HPSP did not identify an illness that warranted monitoring.

Discharges by Category for Those Monitored

The table below shows the discharge categories of persons who engaged in monitoring and were discharged from HPSP in fiscal year 2019.



The completion rate of 68% reflects only persons who engaged in monitoring.

ACTIVE CASELOAD

The chart below shows the number of licensees actively enrolled with HPSP on July 1, 2019, by Board and Profession. It includes persons who are in the enrollment phase as well as those with signed Participation Agreements.

Board	Number of Participants
Board of Behavioral Health & Therapy	32
LPC	1
LPCC	7
LADC	24
Board of Chiropractic Examiners	10
Board of Dentistry	26
Dental Assistants	9
Dental Hygienists	4
Dental Therapists	0
Dentists	13
Department of Health	1
Board of Dietetics and Nutrition Practice	1
Board of Exam. of Nursing Home Admin.	1
Emergency Medical Services Regulatory Board	16
CMPA	1
EMR	5
EMT	4
EMTP	6
Board of Marriage and Family Therapy	6
Board of Medical Practice	105
Physician Assistant	8
Physician	85
Respiratory Care Practitioner	6
Resident	6
Board of Nursing	330
RN	271
LPN	59
Board of Occupational Therapy	7
Occupational Therapist	4
Occupational Therapy Assistant	3
Board of Optometry	0
Board of Pharmacy	18
Pharmacist	12
Technician	6
Board of Physical Therapy	10
Physical Therapist	9
Physical Therapist Assistant	1
Board of Podiatric Medicine	0
Board of Psychology	11
Board of Social Work	26
LGSW	7
LICSW	13
LISW	1
LSW	5
Board of Veterinary Medicine	5
Total	605

Of the 605 active cases on July 1, 2019, 551 had signed Participation Agreements and 54 were in the intake process.

Nurses represent the largest percentage of licensees both eligible for and participating in HPSP (55%).

BOARD OF SOCIAL WORK

The following tables show how persons regulated by the Board of Social Work were referred to and discharged from HPSP over the past four years.

Board of Social Work Referrals by Fiscal Year

Referral Source	Fiscal Years				Sum
	16	17	18	19	
Board Voluntary	8	7	1	3	19 (24%)
Board Discipline	0	1	5	1	7 (9%)
Self	9	9	7	12	37 (47%)
Third Party	2	6	5	3	16 (20%)
SUM	19	23	18	19	79

Board of Social Work Discharges by Fiscal Year

Discharge Category	Fiscal Years				Sum
	16	17	18	19	
Completion	4	6	5	6	21 (46%)*
Voluntary Withdraw	2	2	0	4	8
Non-Compliance	2	3	2	3	10
Deceased	0	0	0	0	0
Ineligible Monitored	2	1	2	1	6
Ineligible Not Monitored	1	1	1	3	6
No Contact	0	1	1	0	2
Non Cooperation	4	1	5	1	11
Non-Jurisdictional	0	6	0	1	7
SUM	15	21	16	19	71

*70% percent of persons regulated by the Board of Social Work who engaged in monitoring, successfully completed the terms of their Participation Agreements.