MINNESOTA HEALTH PROFESSIONALS SERVICES PROGRAM

2026 YEAR END REPORT

2026 YEAR END REPORT
COVERING: JULY 1, 2025 - JUNE 30, 2026

WHAT'S INSIDE

Who We Are

Our mission, values, goals, teams and committees



Trends

Referral, participation and discharge trends



Budget

Funding, expenses and our goals for the fiscal year ahead



REPORT SUBMITTED TO:
THE HEALTH LICENSING BOARDS
THE HEALTH PROFEESIONALS SERVICES'
PROGRAM'S PROGRAM AND ADVISORY COMMITTEES
AND THE PUBLIC

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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 has been proven to enhance long-term illness management and recovery. More states have started to add professionals to their programs in past year. The Federation of State Physician Health Programs and National Organization for Alternative Programs bring together the organizations across the country to set standards and provide support. HPSP continues to learn from national programs. Having one program that works 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 2026.

MISSION

HPSP protects the public by providing monitoring services to regulated health care professionals whose illnesses may impact their ability to practice safely.

GOAL

The goal of HPSP is 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.

VALUES

INTEGRITY We live our values. People and organizations with integrity are dependable, honest, and trustworthy. They have an uncompromising commitment to honor, moral, and ethical values and can be counted on to behave honorably. We are honest, trustworthy, and transparent in all we do. We strive to do the right thing to achieve the best possible outcomes.

RESPECT We uphold a standard of conduct that recognizes and values the contributions of people with different perspectives, different cultures and different backgrounds. We foster a working environment in which listening to and understanding our differences is encouraged. It's a commitment to seek to understand before seeking to be understood. It's a commitment to generously apply our experience, skill, and knowledge to help improve the experience and quality of life of our coworkers, program participants and everyone we engage with.

INFORMED We use the best data and methods available to guide our processes and actions to promote the best possible outcomes. We rely on objective facts of evidence-based data to build a strong foundation of effective monitoring.

ACCOUNTABILITY The assumption of responsibility for our actions and decisions. As a core value of the program, accountability reflects our willingness to keep our commitments, to honestly assess our strengths and liabilities, and to acknowledge and learn from our mistakes and actions.

EXCELLENCE We challenge ourselves to do our best and set high standards of professionalism and competence in our work. Striving for Excellence reflects passion for our work because what we do matters, and it matters that we do it the best way possible.

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 toxicology 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:**
    a. Evaluate symptoms, treatment needs, immediate safety, and potential risks to patients
    b. Obtain substance, psychiatric, and medical histories, along with social and occupational data
    c. Determine practice limitations due to safety concerns and with treating provider expertise, if applicable
    d. Secure records consistent with state and federal data practices regulations
    e. Collaborate with medical consultants and treating providers regarding treatment and monitoring that promotes public safety

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

3. **Monitor the continuing care and compliance of health professionals:**
    a. Communicate monitoring procedures to treatment providers, supervisors/worksite monitors, and other collaborative parties
    b. Review records and reports from treatment providers, supervisors, and other sources regarding the health professional's level of functioning and compliance with monitoring
    c. Coordinate toxicology screening process
    d. 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.**

QUOTE FROM A FORMER HPSP PARTICIPANT

I think about how we have dealt with addiction historically in society and in professions, and I'm grateful and proud to have been a participant in HPSP.

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 determining 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, an individualized Participation Agreement is developed, and monitoring is initiated.

Health professionals can be referred to HPSP in the following ways:

First Referral Source Explained

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.

1. **Self-Referrals:** Health professionals refer themselves directly to the program. Health professionals report themselves to HPSP at various points during illness(es). 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, as well as for other reasons.

2. **Third-Party Referrals:** Third-party referrals come from persons concerned about a health professional's ability to practice safely because of illness. The most common

third-party referrals are from employers including, but not limited, to employee health systems, supervisors, and colleagues. 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:

    a. **Determine Eligibility (Board Voluntary):** The board refers because there appears to be information that supports the possibility of an illness that warrants monitoring, but a diagnosis is not known to the board.

    b. **Follow-up to Diagnosis and Treatment (Board Voluntary):** The board has determined or been informed that the health professional has an illness and refers the health professional to HPSP for assessment of the need for monitoring of the illness(es).

    c. **Discipline (Board Discipline):** The board has determined that there is illness(es) to monitor and then 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.*

Referrals by Fiscal Year, Primary Referral Source, Board and Occupation

Referral Data for the Board of Behavioral Health and Therapy by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 39
(**21** Licensed Alcohol and Drug Counselor (LADC), **5** Alcohol and Drug Counselor–Trainee (ADC-T), **2** Licensed Professional Counselor (LPC), **11** Licensed Professional Clinical Counselor (LPCC))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LADC	3	4	9	4
ADC-T	2	0	3	0
LPC	0	0	2	0
LPCC	1	3	7	0

Referral Data for the Board of Behavioral Health and Therapy (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025
Total Referrals for FY25: 46
(26 LADC, 5 ADC-T, 2 LPC, 13 LPCC)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LADC	7	5	10	4
ADC-T	1	3	1	0
LPC	2	0	0	0
LPCC	4	3	5	1

Fiscal Year 2024
Total Referrals for FY24: 37
(21 LADC, 5 ADC-T, 0 LPC, 11 LPCC)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LADC	7	6	6	2
ADC-T	3	0	1	1
LPC	0	0	0	0
LPCC	2	2	7	0

Referral Data for the Board of Executives for Long Term Services and Supports
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 26
(**24** Licensed Assisted Living Director (LALD), **2** Admin)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LALD	2	0	22	0
Admin	0	0	2	0

Referral Data for the Board of Executives for Long Term Services and Supports (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025
Total Referrals for FY25: 24
(21 LALD, 3 Admin)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LALD	0	0	21	0
Admin	0	0	3	0

Fiscal Year 2024
Total Referrals for FY24: 20
(16 LALD, 4 Admin)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LALD	0	0	16	0
Admin	0	0	4	0

Referral Data for the Board of Chiropractic Examiners
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 6

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
All licenses	1	0	5	0

Fiscal Year 2025
Total Referrals for FY25: 6

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
All licenses	1	0	5	0

Fiscal Year 2024
Total Referrals for FY24: 10

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
All licenses	0	0	6	4

Referral Data for the Dentistry
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 29
(**14** Dentist, **4** Dental Assistant, **9** Dental Hygienist, **2** Dental Therapist)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Dentist	1	1	10	2
Dental Assistant	1	1	1	1
Dental Hygienist	1	0	3	5
Dental Therapist	0	0	2	0

Fiscal Year 2025
Total Referrals for FY25: 26
(11 Dentist, 12 Dental Assistant, 3 Dental Hygienist, 0 Dental Therapist)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Dentist	2	2	6	1
Dental Assistant	1	0	9	2
Dental Hygienist	0	0	2	1
Dental Therapist	0	0	0	0

Fiscal Year 2024
Total Referrals for FY24: 20
(10 Dentist, 7 Dental Assistant, 2 Dental Hygienist, 0 Dental Therapist, Radio Registrant)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Dentist	4	1	1	4
Dental Assistant	0	1	6	0
Dental Hygienist	0	0	1	1
Dental Therapist	0	0	0	0
Radio Registrant	0	0	1	0

Referral Data for the Department of Health
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 0

Fiscal Year 2025
Total Referrals for FY25: 0

Fiscal Year 2024
Total Referrals for FY24: 0

Referral Data for the Dietetics & Nutrition
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026 Total Referrals for FY26: 0				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	0	0
Fiscal Year 2025 Total Referrals for FY25: 2				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	1	0	1	0
Fiscal Year 2024 Total Referrals for FY24: 1				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	1	0	0	0

Referral Data for the Office of Emergency Medical Services
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026 Total Referrals for FY26: 18 (**4** Paramedic, **3** Emergency Medical Responder (EMR), **11** Emergency Medical Technician (EMT))				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Paramedic	1	2	1	0
EMR	0	1	2	0
EMT	0	0	7	4
Fiscal Year 2025 Total Referrals for FY25: 32 (10 Paramedic, 6 EMR, 16 EMT)				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Paramedic	4	3	1	2
EMR	0	0	6	0
EMT	4	2	8	2

Referral Data for the Office of Emergency Medical Services (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2024
Total Referrals for FY24: 23
(7 Paramedic, 4 EMR, 12 EMT)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
Paramedic	1	1	2	3
EMR	0	0	3	1
EMT	2	2	4	4

Referral Data for the Board of Marriage and Family Therapy
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 6
(**5** Licensed Marriage and Family Therapist (LMFT), **1** Licensed Associate Marriage and Family Therapist (LAMFT))

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LMFT	2	2	1	0
LAMFT	0	1	0	0

Fiscal Year 2025
Total Referrals for FY25: 3
(3 LMFT, 0 LAMFT)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LMFT	3	0	0	0
LAMFT	0	0	0	0

Fiscal Year 2024
Total Referrals for FY24: 1
(1 LMFT, 0 LAMFT)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
LMFT	1	0	0	0
LAMFT	0	0	0	0

Referral Data for the Board of Medical Practice
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 75
(**3** Acupuncturist, **3** Athletic Trainer, **9** Physician's Assistant (PA), **8** Respiratory Care Practitioner (RCP), **2** Resident, **50** Physician)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Acupuncturist	0	0	3	0
Athletic Trainer	0	0	3	0
PA	0	1	8	0
RCP	0	1	7	0
Resident	0	2	0	0
Physician	16	10	21	3

Fiscal Year 2025
Total Referrals for FY25: 60
(2 Acupuncturist, 0 Athletic Trainer, 7 PA, 5 RCP, 1 Resident, 44 Physician, 1Traditional Midwife)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Acupuncturist	0	0	2	0
Athletic Trainer	0	0	0	0
PA	2	1	4	0
RCP	0	0	5	0
Resident	0	1	0	0
Physician	5	10	28	1
Traditional Midwife	0	0	1	0

Fiscal Year 2024
Total Referrals for FY24: 50
(2 Acupuncturist, 1 Athletic Trainer, 10 PA, 4 RCP, 2 Resident, 29 Physician)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
Acupuncturist	0	0	2	0
Athletic Trainer	0	0	1	0
PA	3	0	7	2
RCP	0	0	4	0
Resident	2	0	0	0
Physician	14	2	12	1

Referral Data for the Board of Nursing
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 286
(**13** Advanced Practice Registered Nurse (APRN)/Certified Nurse Practitioner (CNP), **234** Registered Nurse (RN), **39** Licensed Practical Nurse (LPN))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
APRN/CNP	5	5	2	1
RN	52	22	109	51
LPN	4	3	20	12

Fiscal Year 2025
Total Referrals for FY25: 292
(12 APRN/CNP, 223 RN, 57 LPN)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
APRN/CNP	3	2	4	3
RN	50	35	78	60
LPN	8	3	29	17

Fiscal Year 2024
Total Referrals for FY24: 223
(4 APRN/CNP, 177 RN, 42 LPN)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
APRN/CNP	1	1	1	1
RN	49	23	75	30
LPN	11	3	23	5

Referral Data for the Board of Occupational Therapy
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 2
(**2** Occupational Therapist Assistant (OTA), **0** Occupational Therapist (OT))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
OTA	0	0	2	0
OT	0	0	0	0

Referral Data for the Board of Occupational Therapy (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025 **Total Referrals for FY25:** 4 (2 OTA, 2 OT)				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
OTA	0	0	2	0
OT	1	1	0	0
Fiscal Year 2024 **Total Referrals for FY24:** 3 (2 OTA, 1 OT)				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
OTA	0	0	1	1
OT	1	0	0	0

Referral Data for the Board of Optometry
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026 **Total Referrals for FY26:** 1				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Optometrist	1	0	0	0
Fiscal Year 2025 **Total Referrals for FY25:** 0				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Optometrist	0	0	0	0
Fiscal Year 2024 **Total Referrals for FY24:** 1				
Referral Source ▸ Occupation ▾	**Self**	**Third**	**Eligibility**	**Board Order**
Optometrist	0	0	1	0

Referral Data for the Board of Pharmacy
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 20
(**5** Intern, **11** Pharmacy Technician, **4** Pharmacist)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
Intern	1	0	3	1
Pharmacy Technician	2	6	2	1
Pharmacist	3	1	0	0

Fiscal Year 2025
Total Referrals for FY25: 20
(2 Intern, 10 Pharmacy Technician, 8 Pharmacist)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
Intern	0	0	1	1
Pharmacy Technician	3	3	2	2
Pharmacist	5	1	1	1

Fiscal Year 2024
Total Referrals for FY24: 15
(1 Intern, 8 Pharmacy Technician, 6 Pharmacist)

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
Intern	1	0	0	0
Pharmacy Technician	3	3	1	1
Pharmacist	2	2	0	2

Referral Data for the Board of Physical Therapy
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 8
(**2** Physical Therapy Assistant (PTA), **6** Physical Therapist (PT))

Referral Source ▶ Occupation ▼	Self	Third	Eligibility	Board Order
PTA	0	0	2	0
PT	3	1	2	0

Referral Data for the Board of Physical Therapy (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025 **Total Referrals for FY25:** 5 (1 PTA, 4 PT)				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
PTA	0	0	1	0
PT	1	0	3	0
Fiscal Year 2024 **Total Referrals for FY24:** 8 (2 PTA, 6 PT)				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
PTA	0	0	2	0
PT	2	0	1	3

Referral Data for the Board of Podiatric Medicine
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026 **Total Referrals for FY26:** 0				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	0	0
Fiscal Year 2025 **Total Referrals for FY25:** 0				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	0	0
Fiscal Year 2024 **Total Referrals for FY24:** 1				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	0	1

Referral Data for the Board of Psychology
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 5
(**5** Licensed Psychologist (LP), **0** Licensed Behavior Analyst (LBA))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LP	0	4	0	1
LBA	0	0	0	0

Fiscal Year 2025
Total Referrals for FY25: 2
(1 LP, 1 LBA)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LP	0	0	1	0
LBA	0	0	1	0

Fiscal Year 2024
Total Referrals for FY24: 3
(3 LP, 0 LBA)

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LP	1	1	1	0
LBA	0	0	0	0

Referral Data for the Board of Social Work
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2026
Total Referrals for FY26: 35
(**15** Licensed Independent Clinical Social Worker (LICSW), **11** Licensed Graduate Social Worker (LGSW), **9** Licensed Social Worker (LSW))

Referral Source ▸ Occupation ▾	Self	Third	Eligibility	Board Order
LICSW	4	6	3	2
LGSW	1	1	8	1
LSW	1	1	4	3

Referral Data for the Board of Social Work (continued)
by Fiscal Year, Occupation and Referral Source

Fiscal Year 2025 **Total Referrals for FY25:** 23 (8 LICSW, 6 LGSW, 8 LSW, 1 Licensed Independent Social Worker (LISW))				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
LICSW	1	1	5	1
LGSW	0	3	3	0
LSW	2	0	6	0
LISW	1	0	0	0
Fiscal Year 2024 **Total Referrals for FY24:** 25 (11 LICSW, 10 LGSW, 4 LSW)				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
LICSW	6	4	1	0
LGSW	8	1	1	0
LSW	1	0	3	0

Referral Data for the Board of Veterinary Medicine
by Fiscal Year, Occupation* and Referral Source

Fiscal Year 2026 **Total Referrals for FY26:** 3				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
Veterinarian	2	0	1	0
Fiscal Year 2025 **Total Referrals for FY25:** 1				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	1	0
Fiscal Year 2024 **Total Referrals for FY24:** 3				
Referral Source ▸ **Occupation ▾**	**Self**	**Third**	**Eligibility**	**Board Order**
All licenses	0	0	3	0

**FY27 Veterinary Medicine's board will also license Veterinary Technicians*

All Referrals by First Referral Source and Fiscal Year

Fiscal Year ▸ Referral Source ▾	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	**FY26**
Self	156	181	179	128	121	94	110	110	**110**
Third Party	102	77	73	66	63	61	54	82	**81**
Eligibility	146	138	161	160	152	201	197	254	**277**
Board Order	82	61	68	62	48	40	65	94	**91**
Sum	404	396	413	354	336	356	361	446	**468**

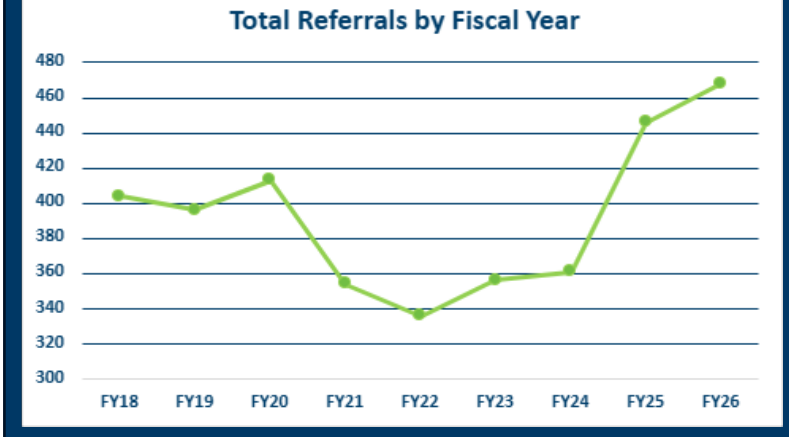
TAKE A CLOSER LOOK...

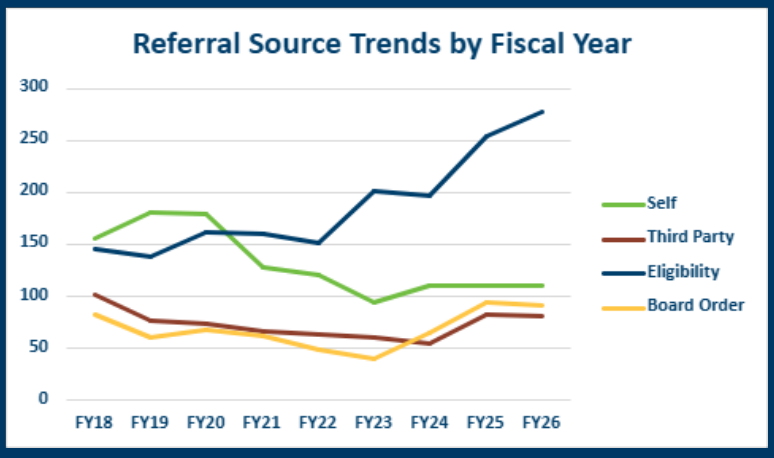
Over the past 8 years, HPSP has seen a...

57%
INCREASE IN ELIGIBILITY REFERRALS

22%
INCREASE IN REFERRALS

18%
DECREASE IN SELF REFERRALS



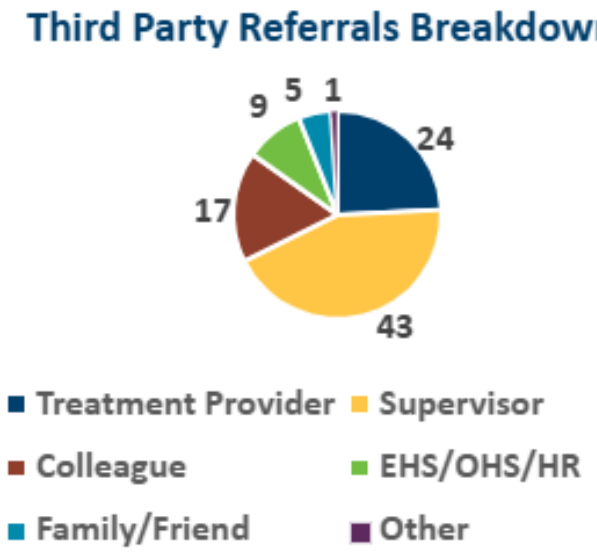


Quote from HPSP Participant

As unhappy as I was in the beginning, and along the way, now on the other side of it, I am forever grateful. It was a pain, adjusting foods I ate to make sure I wouldn't test positive, the inconvenience of testing when I wanted to travel or just have a day off...all those things made me resentful and angry at times through the process. But ALL those things held me accountable.

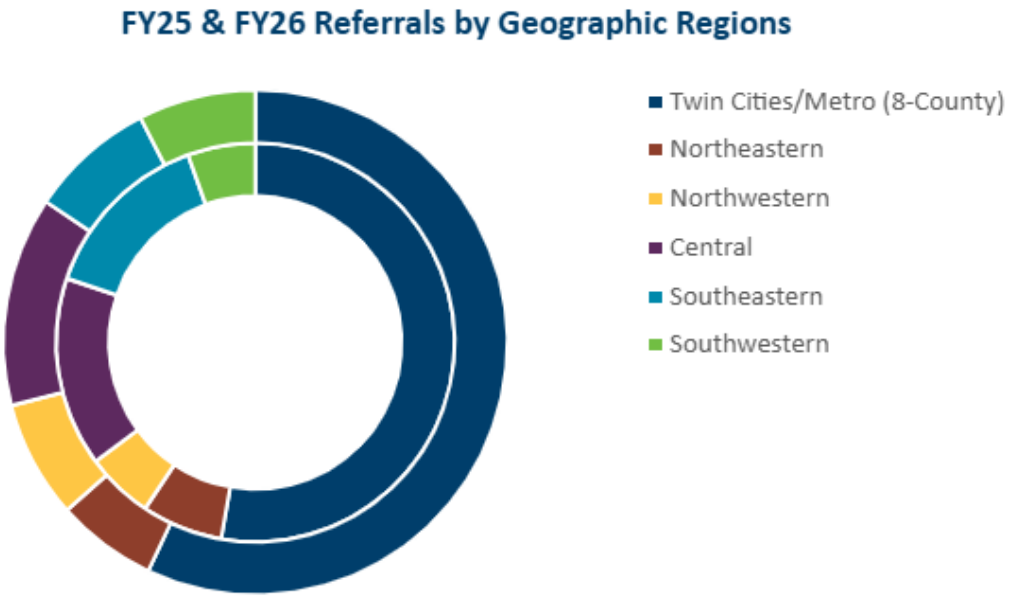
Fiscal Year 2026 Third Party Referrals Sources

In Fiscal Year 2026, HPSP experienced a 25% increase in third-party referrals compared to the average of the previous three years. While we did not see a significant uptick from FY25—which had already shown a substantial rise—we are pleased that third-party reporting has remained stable this fiscal year. Supervisor reports accounted for 43% of all referrals, up from 29% last year. All other referral sources followed similar patterns to previous years.



FY26 Referrals by Geographic Regions

The chart below illustrates referrals to HPSP for Minnesota-licensed health professionals in fiscal years 2025 (inner circle) and 2026 (outer circle). Overall, the data shows a steady and consistent trend across both years.



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
Twin Cities Metro Areas (TC): Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington, and Wright 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
Central MN (CE): Benton, Chisago, Douglas, Grant, Isanti, Kanabec, Kandiyohi, Meeker, Mille Lacs, Morrison, Pine, Pope, Sherburne, Stearns, Stevens, Swift, Todd, and Traverse counties

PARTICIPATION

PARTICIPATION AGREEMENTS

HPSP continues to focus on meeting its goal of completing the intake process and establishing Participation Agreements (PA), when appropriate, within 60 days of a health professional's initial contact with the program. The initial contact by a case manager begins the assessment and intervention phase of intake. As in prior years, case managers may ask health professionals to voluntarily refrain from practice when needed to protect the public until appropriate assessments and monitoring can be arranged.

Fiscal Year ▸ Days to Sign ▾	FY23	FY24	FY25	FY26
0-7	6	12	6	2
8 14	15	18	20	10
15-30	36	52	48	37
31-60	71	88	111	108
61-90	29	32	49	51
91+	43	18	28	27
Total # of PAs Signed	**200**	**220**	**262**	**235**

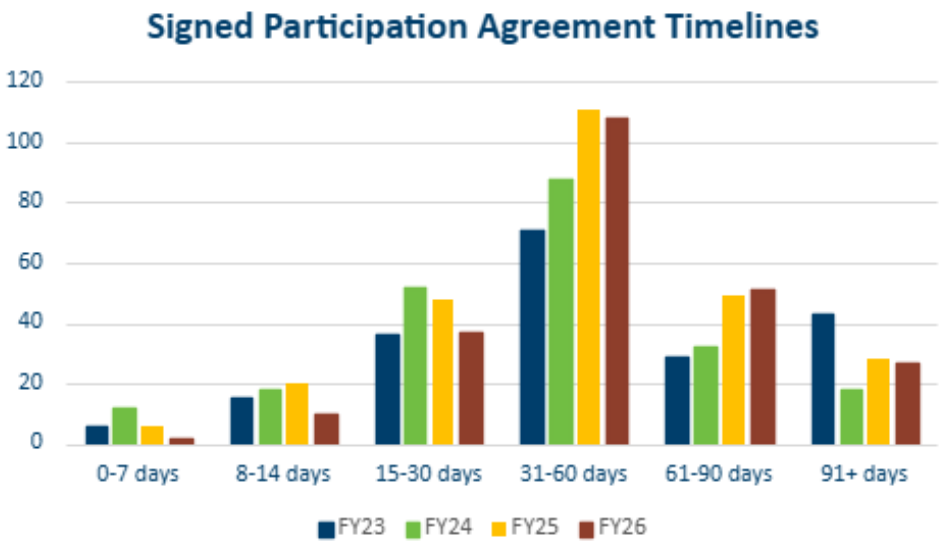
Despite the reduction in total agreements, the distribution of days-to-sign shows a meaningful shift in several time categories. The most significant change was a reduction in the number of Participation Agreements signed within the first 30 days. FY26 saw fewer agreements completed in the 0–7, 8–14, and 15–30-day ranges compared to FY25.

The program largely maintained its performance in the 31–60-day timeframe, which continues to represent most agreements. The number of agreements signed within this window remained relatively stable.

There was also a slight increase in agreements requiring 61–90 days, while agreements extending beyond 91 days decreased minimally. These shifts suggest that although some cases required additional time, fewer extended into the longest completion range compared to last year.

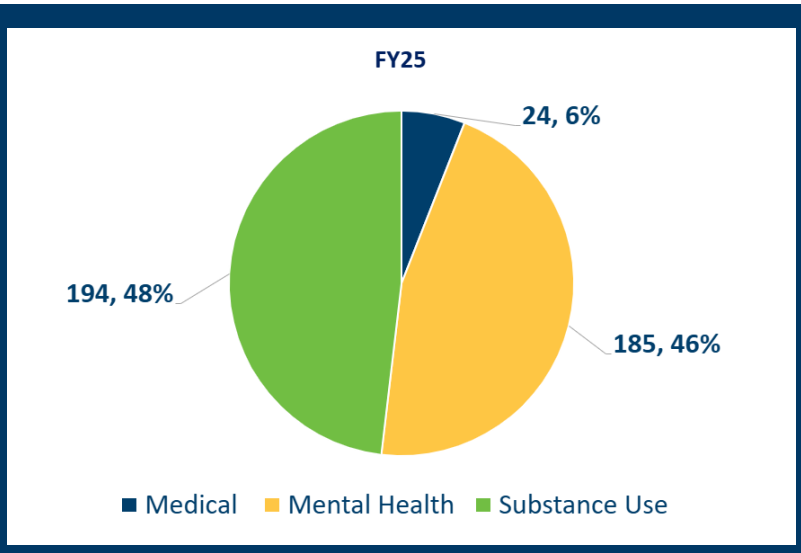
As in previous years, factors such as obtaining medical records, arranging specialized assessments, and variability in participant cooperation contributed to delays. These elements continue to influence the time from referral to signed Participation Agreement.
HPSP remains committed to timely, thorough intake processes that balance public protection with effective participant engagement.

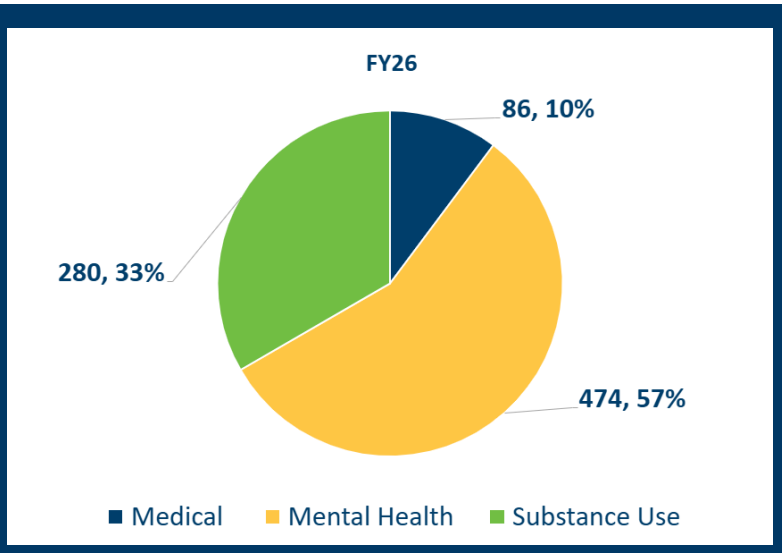
PARTICIPATION AGREEMENTS (continued)



ILLNESSES MONITORED

In Fiscal Year 2026, the distribution of illnesses monitored by HPSP shows a clear shift from the prior year. Mental health conditions make up a larger share of monitored cases this year, increasing to over half of all participants. Participants may be monitored for multiple conditions simultaneously, including mental health, medical, substance use, or co-occurring disorders within the same category.





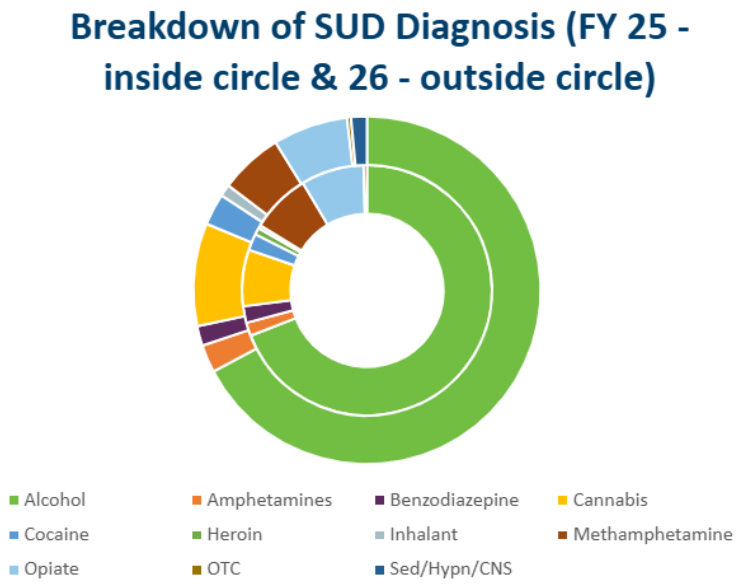
Substance use concerns, while still a substantial portion, represent a smaller percentage than in FY25. Medical conditions also grew proportionally, moving from a very small segment to a more noticeable share of participants.

Overall, the trend in FY26 reflects a continued rise in mental health-related monitoring, a proportional decline in substance-use cases, and steady growth in medical conditions. This shift highlights changing participant needs and the increasing prominence of mental health concerns within the program.

Illnesses By Diagnosis

Substance Use Disorder Diagnosis	Number of Participants in Fiscal Year 25	Number of Participants in Fiscal Year 26
Alcohol	161	183
Amphetamines	4	7
Benzodiazepine	5	5
Cannabis	17	26
Cocaine	5	8
Heroin	2	3
Inhalant	1	0
Methamphetamine	18	16
Opiate	19	19
OTC	1	1
Sed/Hypn/CNS	0	4

In summary, FY26 reflects a modest rise in diversity across substance use diagnoses, with alcohol maintaining its strong majority and several smaller categories becoming slightly more prominent.



Quote from a former HPSP Participant

When I started with HPSP my plan was to do what I had to do, say what I had to say to complete the requirements and then return to my drinking when I was finished. Somewhere along the way I realized I could do recovery and be happy – it wasn't impossible like I thought. I am forever grateful to HPSP and my employer for encouraging participation.

Illnesses By Diagnosis (continued)

Mental Health Diagnosis	Number of Participants in Fiscal Year 25	Number of Participants in Fiscal Year 26
Adjustment	10	11
Anxiety	28	146
ADHD	21	48
Bipolar	18	27
Depression	25	139
Anxiety/Depression*	108	0
Eating Disorder	5	5
Gambling	2	0
OCD	4	5
Personality	3	6
PTSD	40	64
Schizoaffective	1	2
Sexual Disorders	2	0
Other (MH)	7	9
Panic	0	8
Postpartum	0	1

*HPSP is moving away from Anxiety/Depression as a Diagnosis in our reporting

In FY26, HPSP transitioned away from using the combined Anxiety/Depression diagnosis, instead categorizing conditions separately. This change is reflected clearly in the data and helps explain several of the year-over-year shifts.

As a result of this reclassification, anxiety and depression diagnoses make up a much larger share in FY26. Anxiety becomes the most prominent diagnosis, followed by depression—together capturing the participants who previously fell under the combined category. ADHD,

bipolar disorder, PTSD, and several smaller diagnostic categories also show proportional upward movement, indicating broader growth across a range of mental health concerns.

With the combined Anxiety/Depression category no longer in use, its proportional decline to zero is expected and reflects a change in reporting practice rather than a reduction in participant needs. Other categories that show slight growth—such as OCD, personality disorders, panic, and postpartum disorders—contribute to a more diversified mental health profile.

Overall, the FY26 distribution highlights both the reporting transition and the increasing complexity of mental health presentations, with the most notable shifts occurring among diagnoses that now stand alone rather than being grouped together. Let me know if you'd like this in a more formal, narrative, or bullet-point format for your report.

HPSP saved my life. It was a very difficult journey. I have heard very scary stories about other states' monitoring programs- and I cannot be more thankful for Minnesota's program.

Quote from a former HPSP Participant

DISCHARGES

DEFINITIONS OF DISCHARGE CATERGORIES ***Represents discharges that will result in a report to the licensing board***
Completion
Participant satisfactorily completes the terms of the Participation Agreement.

DEFINITIONS OF DISCHARGE CATERGORIES (continued)

Represents discharges that will result in a report to the licensing board

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 Screens
- Non-Compliance – Problem Screens
- Non-Compliance – Treatment

Voluntary Withdrawal*

Participant chooses to withdraw from the program prior to completion of the Participation Agreement; case manager closes case and files a report with the health care professional's regulatory board.

Ineligible, Monitored*

During 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 (continued)

- Ineligible Monitored – Illness too severe
- Ineligible Monitored – License suspended/surrendered/revoked
- Ineligible Monitored – No active Minnesota license
- Ineligible Monitored – Violation of practice act

DEFINITIONS OF DISCHARGE CATERGORIES (continued)

Represents discharges that will result in a report to the licensing board

Ineligible, Not Monitored*

At time of intake, if the program determines that the health care professional is not eligible for program services as specified in statute, case manager files report with health care professional's regulatory board. Subcategories of this include:

- Ineligible Not Monitored – Illness too severe
- Ineligible Not Monitored – License suspended/surrendered/revoked
- Ineligible Not Monitored – No active Minnesota license
- Ineligible Not Monitored – Violation of practice act
- Ineligible Not Monitored – Previously discharged to the regulatory board

No contact*

Health care professional fails to contact HPSP following initial report received from third-party or board; case manager closes case and files a report with health care professional's regulatory board.

Non-Cooperation*

Health care professional cooperates initially but then ceases to cooperate before the Participation Agreement is signed; case manager closes case and files a report with health care professional's regulatory board.

Non-Jurisdictional

No diagnostic eligibility established; the case is closed. This can include no illness(es) or management of illness(es).

Discharges by Fiscal Year, Discharge Category and Board

Board	BBHT			BELTSS			CHIROPRACTIC		
Fiscal Year ▸ / Discharge Category ▾	FY24	FY25	FY26	FY24	FY25	FY26	FY24	FY25	FY26
Complete	9	11	12	1	0	3	2	2	0
Ineligible Monitored	1	1	1	0	0	0	0	0	0
Ineligible Not Monitored	0	2	1	0	0	1	1	1	0
No Contact	3	2	4	3	1	3	1	1	0
Non-Compliance	5	5	9	1	0	0	0	0	0
Non-Cooperative	6	7	9	1	3	2	2	2	0
Non-Jurisdictional	6	4	5	13	13	15	6	6	2
Voluntary Withdrawal	2	4	1	0	2	2	0	0	1
Deceased	0	0	0	0	0	0	0	0	0
Totals	**32**	**36**	**42**	**19**	**19**	**26**	**12**	**12**	**3**

Board	DENTISTRY			DEPT OF HEALTH			DIETETICS & NUTRITION		
Fiscal Year ▸ / Discharge Category ▾	FY24	FY25	FY26	FY24	FY25	FY26	FY24	FY25	FY26
Complete	7	6	2	-	-	-	0	0	0
Ineligible Monitored	0	0	1	-	-	-	0	0	0
Ineligible Not Monitored	0	0	1	-	-	-	0	0	0
No Contact	2	5	0	-	-	-	0	0	0
Non-Compliance	5	6	5	-	-	-	0	0	0
Non-Cooperative	3	4	5	-	-	-	0	1	0
Non-Jurisdictional	4	3	8	-	-	-	1	0	0
Voluntary Withdrawal	0	1	3	-	-	-	0	0	0
Deceased	0	0	0	-	-	-	0	0	0
Totals	**21**	**25**	**25**	**-**	**-**	**-**	**1**	**1**	**0**

Board	OFFICE OF EMS			MFT			MEDICAL PRACTICE		
Fiscal Year ▸ / Discharge Category ▾	FY24	FY25	FY26	FY24	FY25	FY26	FY24	FY25	FY26
Complete	3	0	9	1	0	2	27	39	29
Ineligible Monitored	2	2	1	0	0	0	2	3	2
Ineligible Not Monitored	0	0	0	0	0	0	1	1	1
No Contact	3	5	4	0	0	2	4	2	3

Non-Compliance	4	2	2	0	0	0	0	1	0
Non-Cooperative	5	4	5	0	0	0	1	9	6
Non-Jurisdictional	8	5	6	1	0	1	24	25	21
Voluntary Withdrawal	3	3	3	0	0	0	2	2	6
Deceased	0	0	0	0	0	0	0	0	0
Totals	**28**	**21**	**30**	**2**	**0**	**5**	**61**	**82**	**68**

Board	**NURSING**			**OCCUPATIONAL THERAPY**			**OPTOMETRY**		
Fiscal Year ▸ / **Discharge Category ▾**	**FY24**	**FY25**	**FY26**	**FY24**	**FY25**	**FY26**	**FY24**	**FY25**	**FY26**
Complete	84	77	93	1	1	0	0	0	2
Ineligible Monitored	10	13	8	0	0	0	0	0	0
Ineligible Not Monitored	6	6	5	0	0	0	0	0	0
No Contact	17	8	12	0	0	0	0	0	0
Non-Compliance	35	29	47	0	0	0	0	0	0
Non-Cooperative	31	26	35	1	0	2	0	0	0
Non-Jurisdictional	73	53	85	1	1	1	0	0	1
Voluntary Withdrawal	14	12	10	1	0	0	0	0	0
Deceased	3	2	2	0	0	0	0	0	0
Totals	**273**	**236**	**297**	**4**	**2**	**3**	**0**	**0**	**3**

Board	**PHARMACY**			**PHYSICAL THERAPY**			**PODIATRIC MEDICINE**		
Fiscal Year ▸ / **Discharge Category ▾**	**FY24**	**FY25**	**FY26**	**FY24**	**FY25**	**FY26**	**FY24**	**FY25**	**FY26**
Complete	4	3	6	3	1	3	0	0	0
Ineligible Monitored	0	0	1	0	0	0	0	0	0
Ineligible Not Monitored	1	2	0	0	0	0	0	0	0
No Contact	2	0	3	1	0	0	0	0	0
Non-Compliance	1	2	3	2	2	0	0	0	0
Non-Cooperative	1	1	4	1	1	0	1	0	0
Non-Jurisdictional	3	3	3	4	1	6	0	0	0
Voluntary Withdrawal	1	2	1	0	1	0	0	0	0
Deceased	1	0	0	0	0	0	0	0	0
Totals	**14**	**13**	**21**	**11**	**6**	**9**	**1**	**0**	**0**

Board	PSYCHOLOGY			SOCIAL WORK			VET MED		
Fiscal Year ▸ / Discharge Category ▾	FY24	FY25	FY26	FY24	FY25	FY26	FY24	FY25	FY26
Complete	1	3	1	6	4	6	4	0	1
Ineligible Monitored	0	0	0	0	1	1	0	0	0
Ineligible Not Monitored	0	0	1	0	1	2	0	1	1
No Contact	0	0	0	4	0	3	0	1	0
Non-Compliance	1	0	0	4	2	5	0	0	0
Non-Cooperative	0	1	1	2	5	2	0	2	1
Non-Jurisdictional	1	1	0	5	8	3	1	3	0
Voluntary Withdrawal	0	0	0	2	2	2	0	1	0
Deceased	0	0	0	0	0	1	0	0	0
Totals	**5**	**3**	**3**	**23**	**23**	**25**	**8**	**5**	**3**

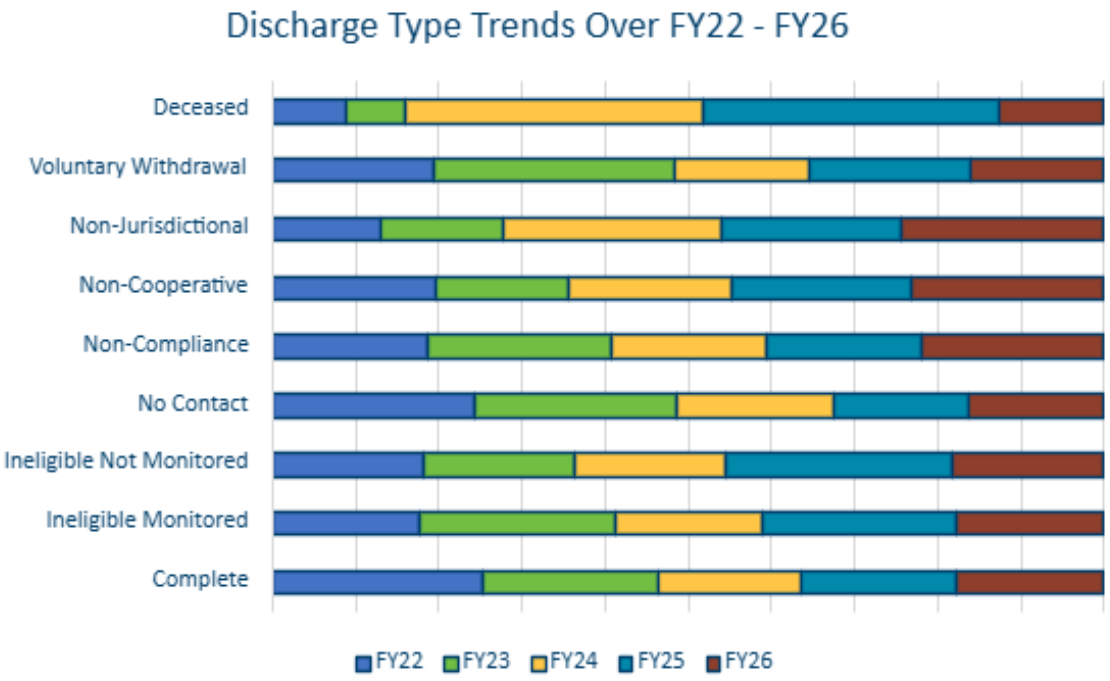
Quote from a former HPSP Participant

I had reached the point where my stress level was unmanageable. I was exhausted and could not bring myself to stop and examine what I needed to do to meet my needs. I am not sure I would have ever dealt with my life stressors and mental health without having an external brain, HPSP, gently pressuring me.

Overall Discharges by Discharge Category for FY22-FY26

Across the five fiscal years, the proportion of Complete discharges declines from 43% in FY22 to 30% in FY26, though it remains the most frequent discharge type. Ineligible categories remain relatively stable, while No Contact decreases slightly over time. Non-Compliance and non-cooperative discharges show modest increases, each rising to 13% in FY26. The most notable shift occurs in non-jurisdictional discharges, which grew from 15% in FY22 to 28% in FY26. Voluntary Withdrawals fluctuate but remain low overall, and Deceased cases stay minimal across all years.

DISCHARGES	FY22	FY23	FY25	FY24	FY26
Complete	168	166	149	148	**169**
Ineligible Monitored	11	17	19	15	**15**
Ineligible Not Monitored	6	10	13	11	**13**
No Contact	35	39	26	37	**34**
Non-Compliance	41	61	53	57	**71**
Non-Cooperative	44	43	58	58	**72**
Non-Jurisdictional	58	79	117	154	**157**
Voluntary Withdrawal	24	41	29	26	**28**
Deceased	1	0	3	4	**2**
Total Discharges in the FY	**388**	**456**	**467**	**510**	**562**



PARTICIPANT FEEDBACK

HPSP includes a Participant Survey in discharge letters and emails sent to participants upon both successful and unsuccessful discharge. The survey is also available on our website for participants to complete at any time. In FY26, 5.5% of discharged participants completed the survey.

While the survey covers a variety of topics, several key findings include:

- 65% completely agreed that HPSP staff were timely and professional.
- 64% completely agreed that HPSP helped them.
- 68% said they would recommend HPSP to others.

Beginning in FY27, we made changes to the survey to gather more comprehensive feedback about the participant's experience. We also plan to survey Treatment Providers and Worksite Monitors to better understand their experiences and gather feedback on their roles in the monitoring process.

BUDGET

HPSP is funded through a combination of annual board fees and board contributions based on program participation. Each participating licensing board pays an annual fee of $1,000, which equates to approximately $83.33 per month. In addition, each board contributes a proportional share of HPSP expenditure based on the number of HPSP enrollees and participants licensed with that board.

In FY26, the Board of Nursing and Board of Medical Practice accounted for 68.5% of HPSP funding due to the larger numbers of licensees. Behavioral Health and Therapy (BBHT), Social Work, Pharmacy, and Dentistry, collectively accounted for approximately 19% of program expenditures.

Total HPSP expenditures for FY26 were $1,295,739.76, representing an increase of $180,770.40 compared to FY25. Personnel costs continue to comprise the majority of the program budget, with 86% of expenditures dedicated to HPSP staff. Other significant expenses included lease costs (4%), MNIT/ALIMS technology and information systems support (4%), employee development and training (1.7%), and medical consultant services (1%).

The FY26 expenditure distribution reflects HPSP's continued commitment to public protection through effective participant monitoring, case management, and program oversight.

COMMITTEE MEMBERS AND STAFF

ADMINISTERING BOARD

The Board of Psychology and their Executive Director Sam Sands has served as the administering board for HPSP since FY24.

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.

REPRESENTING THE…	NAME
Board of Behavioral Health and Therapy	Bharati Acharya
Board of Chiropractic Examiners	Mary Noble (CHAIR)
Board of Dentistry	Samuel Ankrah
Board of Dietetics and Nutrition Practice	Susan Estes
Office of EMS	Amber Lage
Board of Occupational Therapy	Christine Hoepner
Board of Executives for Long Term Services and Supports	Deb Stock
Department of Health	Robert Dehler/Daphne Ponds
Board of Marriage and Family Therapy	Jennifer Mohlenhoff
Board of Medical Practice	Averi M. Turner
Board of Nursing	Tracy Sonterre-Rieger
Board of Optometry	Britt Heglund
Board of Pharmacy	Ben Maisenbach
Board of Physical Therapy	Allen Rasmussen
Board of Podiatric Medicine	Cyndee Fields

REPRESENTING THE…	NAME
Board of Psychology	Michael Thompson
Board of Social Work	Linda Gustafson
Board of Veterinary Medicine	Jody Grote (VICE CHAIR)

2025-2027 ADVISORY COMMITTEE

The Advisory Committee appointments are renewed on the odd numbered years beginning on February 1st. The Advisory Committee consists of people appointed by various health-related professional associations and two public members appointed by the Chair of the Program Committee.

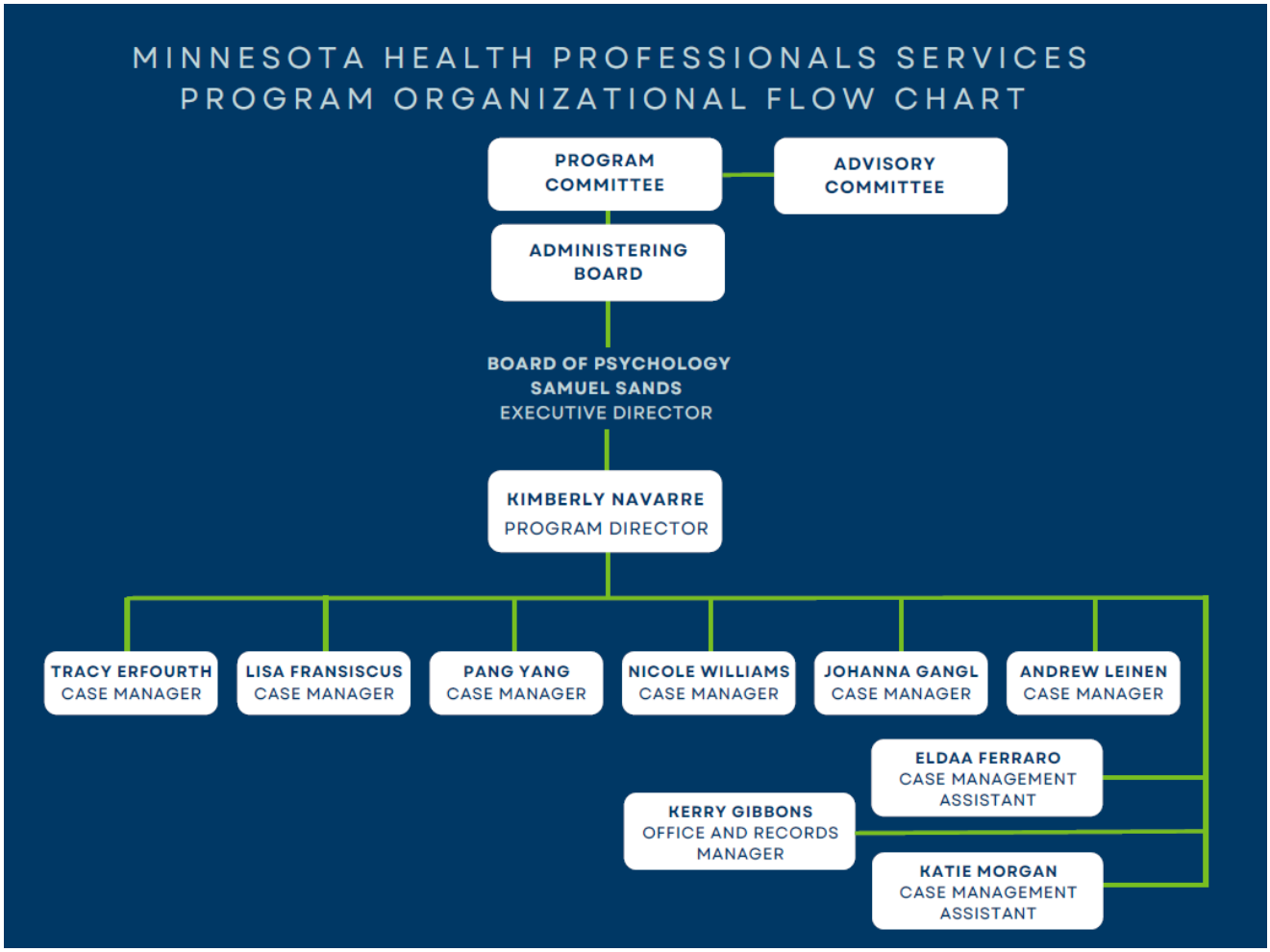
The Advisory Committee established the following goals:

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	NAME
Dentist Concerned for Dentists	Charles Wilkinson
MN Academy of Nutrition and Dietetics	Lindsay Heidelberger
Minnesota Academy of Physician Assistants	Tracy Keizer
MN Acupuncture Association	Zuobiao Yuan
Minnesota Ambulance Association	Joe Newton
Minnesota Association of Marriage and Family Therapy	Calvin Hauer
Minnesota Association of Naturopathic Physicians	Dr. Aidanne MacDonald-Milewski
MN Chap. of National Assoc. of Social Workers	Michael Arieta
Minnesota Association of Veterinary Technicians	Jenny Glock
MN Chiropractic Association	Dr. Jake Dalbec
Minnesota Dental Association	Dr. James Omlie

ASSOCIATION	NAME
MN Society of Health Systems Pharmacists	S. Bruce Benson
Minnesota Licensed Practical Nurse Association (LPN)	Trisha Jensen
MN Medical Association	Stephanie Lindgren
Minnesota Nurses Association	OPEN
MN Occupational Therapy Association	Karen Sames
Minnesota Optometric Association	Georgiann Jensen Bohn
MN Organization of Leaders in Nursing	Lucy Furlong
MN Organization of Registered Nurses	Niki Gjere
Minnesota Pharmacists Association	Sue Anderson
Pharmacy Recovery Network	Laura Mahlendorf
Minnesota Podiatric Medicine Association	Dr. Kari Prescott
Minnesota Psychological Association	Ann Schissel
Minnesota Society of Addiction Medicine	Sandy Clark
MN Veterinary Association	Dr. Marcia Brower
MN Nurse Peer Support Network	Katy Callaway
Public Member	Joanne Kronstedt
Public Member	OPEN

HPSP STAFF



PROGRAM GOALS

In FY27, HPSP will focus on strengthening its team, enhancing the participant experience, and improving program operations. Priorities include pursuing staff expansion, supporting employee development through training and professional conferences, and improving caseload management practices.

To better support participants, HPSP will increase transparency through website enhancements, including FAQ page, resources, and how-to guides designed to improve understanding of various program aspects. Additional efforts will focus on improving portal access and use and advancing collection site accessibility initiatives.

Program goals include exploring committee operations, developing resources for new committee members, reviewing policies and workflows, and maintaining responsible fiscal stewardship. Together, these efforts support HPSP's commitment to its mission and values (integrity, excellence, accountability, respect, informed).