xSTATE OF MINNESOTA

Health Professionals Services Program

1380 Energy Lane, Suite 202, St. Paul, MN 55108 Phone: 651/643-2120 Fax: 651/643-2163 Website: www.hpsp.state.mn.us

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.

SERVICES

HPSP provides monitoring services by developing and implementing individualized Monitoring Plans. Monitoring Plans establish illness and practice related provisions that assist participants in documenting appropriate illness management. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation.

FUNCTIONS

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 medical histories along with social, and occupational data
- Determine practice limitations, if necessary
- Secure records consistent with state and federal data practice regulations
- Collaborate with medical consultants and community providers concerning treatment

Create and implement monitoring contracts:

- Specify requirements for appropriate treatment and continuing care
- Determine illness-specific and practice-related limitations or conditions

Monitor the continuing care and compliance of health 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 treatment, or symptom exacerbation

Act as a resource for licensees, licensing boards, health employers, practitioners, and medical communities

EXAMPLES OF HOW HPSP PROTECTS THE PUBLIC

Employers report practitioners to HPSP for:

- Stealing narcotics
- Being intoxicated
- Being manic or psychotic
- Being unable to function due to brain damage

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, HPSP implements monitoring contracts and reviews the practitioners' compliance with the monitoring contract.

It is the experience of HPSP and other PHPs around the country that a process that allows referral to HPSP protects the public. HPSP is able to intervene immediately whereas a regulatory entity must build a case capable of withstanding court challenge. This later route can be time consuming, placing the public at risk, and is expensive.

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

BENEFITS

- HPSP 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 impaired health professionals
- Protects the public by monitoring and/or restricting the practice of impaired health professionals
- 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 (99%) 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 toxicology screens, if required.

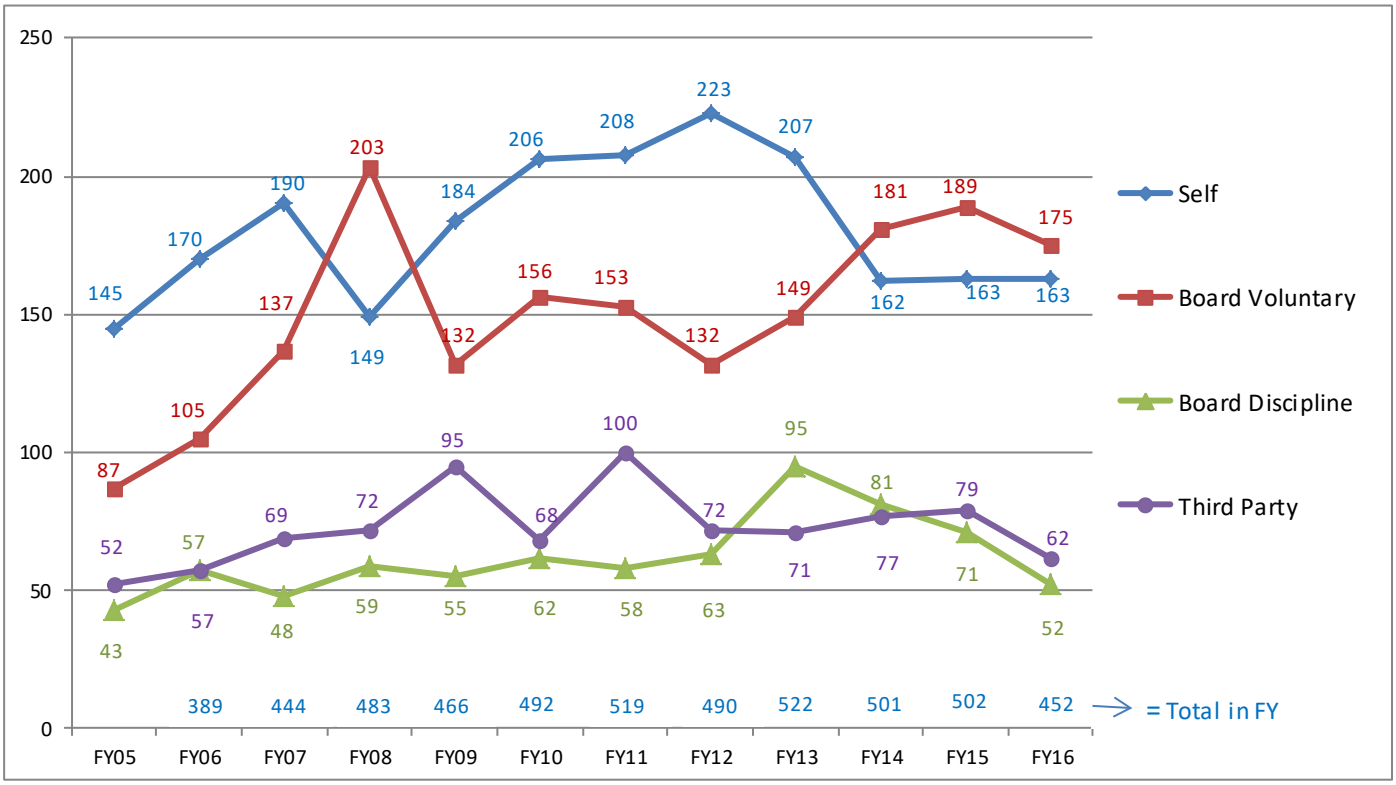
ILLNESSES MONITORED

HPSP monitors health care professionals diagnosed with substance, psychiatric and/or other medical disorders. On June 30, 20185, there were 483 health professionals enrolled in HPSP with signed Participation Agreements. The following data identify the illnesses for which they are being monitored.

Illness Category 523 Participants	Number of Participants	% of Participants
Substance Use Disorders	404	81%
Psychiatric Disorders	346	70%
Medical Disorders	68	14%

REFERRALS

The chart below shows the number of referrals to HPSP by first referral source from fiscal year 2005 through fiscal year 2016.

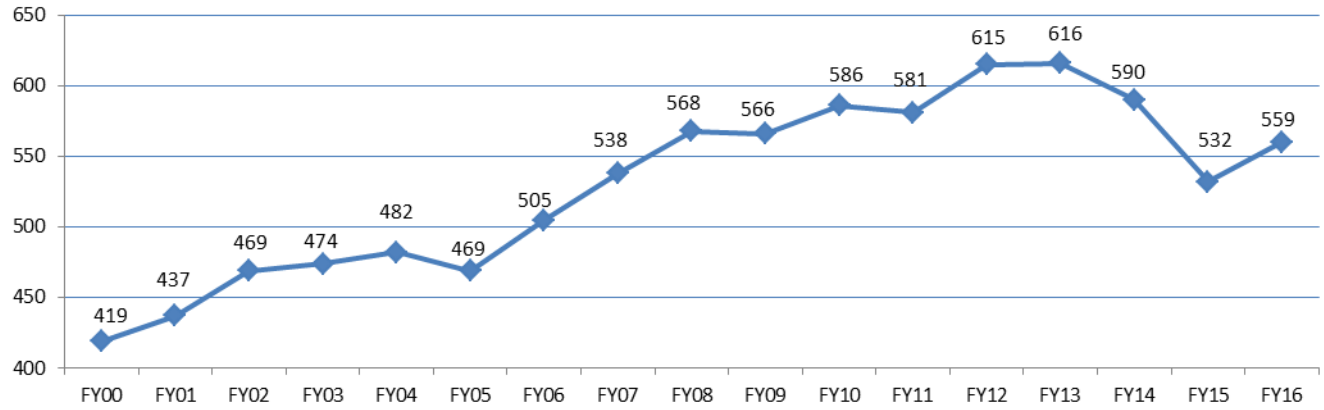


DISCHARGES

From July 1, 2015 to June 30, 2016, 424 licensees were discharged from HPSP. Of those that engaged in monitoring, 54% successfully completed the conditions of their monitoring contracts. Discharge rates vary considerably by profession. Persons in professions with higher incomes tend to complete the program at a higher rate than those with lower incomes.

OVERALL PARTICIPATION BY FISCAL YEAR

The graph below depicts HPSP's growth by fiscal year:



RATE OF PARTICIPATION BY BOARD

The following table shows the number of persons regulated by each board, the number of persons active in HPSP on July 12, 2016, and the ratio of persons monitored by board per 1,000 regulated. The number active in HPSP represents persons in the enrollment phase as well as those with signed Participation Agreements.

Board	Number Licensed or Regulated	Number Active in HPSP	Number Active in HPSP per 1,000 Licensed or Regulated
Board of Behavioral Health & Therapy	4,619	23	4.98
Board of Podiatric Medicine***	256	1	3.91
Board of Medical Practice	29,919	90	3.01
Board of Chiropractic Examiners	3,044	8	2.63
Board of Nursing	124,732	306	2.45
Board of Dietetics and Nutrition Practice***	1,735	4	2.31
Board of Physical Therapy	6,849	13	1.90
Board of Veterinary Medicine	3,822	7	1.83
Board of Psychology	3,850	7	1.82
Board of Dentistry	17,313	29	1.68
Board of Social Work	**14,429**	**20**	**1.39**
Board of Pharmacy*	16,718	23	1.38
Department of Health**	7,167	7	0.98
Board of Marriage and Family Therapy	2,417	2	0.83
Emergency Medical Services Regulatory Board	29,405	12	0.41
Board of Optometry	1,084	0	0
Board of Exam. of Nursing Home Admin.	837	0	0
Total	268,196	552	2.06

The data for the Number Licensed or Regulated were gathered from Board websites or office managers from June to July 2016 unless otherwise noted.

*Pharmacy licensee number is based on number of pharmacists and pharmacy techs that live in Minnesota.

** Does not include unlicensed complementary and alternative health care practitioners (CAP). CAPs are subject to investigation and discipline but because they are not licensed, they are not required to register. The Dept. of Health estimates over 3,000 CAPs.

***Based on number licensed per last year's report.

BOARD OF SOCIAL WORK PARTICIPATION

On August 25, 2016, there were 22 persons regulated by the Board of Social Work enrolled in HPSP. Twenty had signed Participation Agreements and two were in the intake process.

The following table shows the referral sources (by first referral source) of social workers enrolled in HPSP on August 25, 2016, for the past four fiscal years, and a total of all social workers referred:

Time Frame	9/25/16	FY 13	FY 14	FY 15	FY 16	Total
Board Non-Disciplinary Referrals	8	2	10	6	8	73 (35%)
Board Disciplinary Referral	1	0	0	3	0	19 (9%)
Self-Referrals	12	6	4	5	9	86 (41%)
Third Party	1	2	1	3	1	32 (15%)
Sum	22	10	15	17	18	210

The table below shows the discharges of social workers from HPSP for the past four fiscal years as well as the total discharged by discharge category:

Time Frame	FY 13	FY 14	FY 15	FY 16	Total
Completion	3	6	2	4	57 (50%)
Voluntary Withdraw	0	2	0	2	19 (17%)
Non-Compliance	0	2	1	2	21 (19%)
Deceased	0	1	0	0	1 (1%)
Ineligible Monitored	1	0	0	2	15 (13%)
Ineligible Not Monitored	1	1	2	1	17
No Contact	0	1	1	0	9
Non Cooperation	3	1	2	4	25
Non-Jurisdictional	0	1	6	0	24
Sum	8	15	14	15	188

Of the 188 social worker discharged from HPSP, 113 engaged in monitoring. The percentages on the left reflect those that engaged in monitoring.

Note: The above data represents 210 referrals and 188 discharges that correspond to 172 social workers, as some were referred or discharged more than once.

The following tables show the illnesses of 20 social workers with signed Participation Agreements on August 25, 2016:

Illness	#
Substance Use Disorders:	*17*
• Alcohol	15
• Opiates (Rx)	3
• Amphetamines (Rx)	1
• Benzodiazepines (Rx)	1
• Cannabis	3
• Cocaine	2
• Hallucinogens	1

Illness	#
Psychiatric Disorders	*17*
• Depression &/or Anxiety	16
• PTSD	5
• Eating Disorder	2
• Other	2
Medical Disorders	*0*

Five (25%) social workers listed a prescription medication as a substance of choice.