

Health Professionals Services Program

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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.

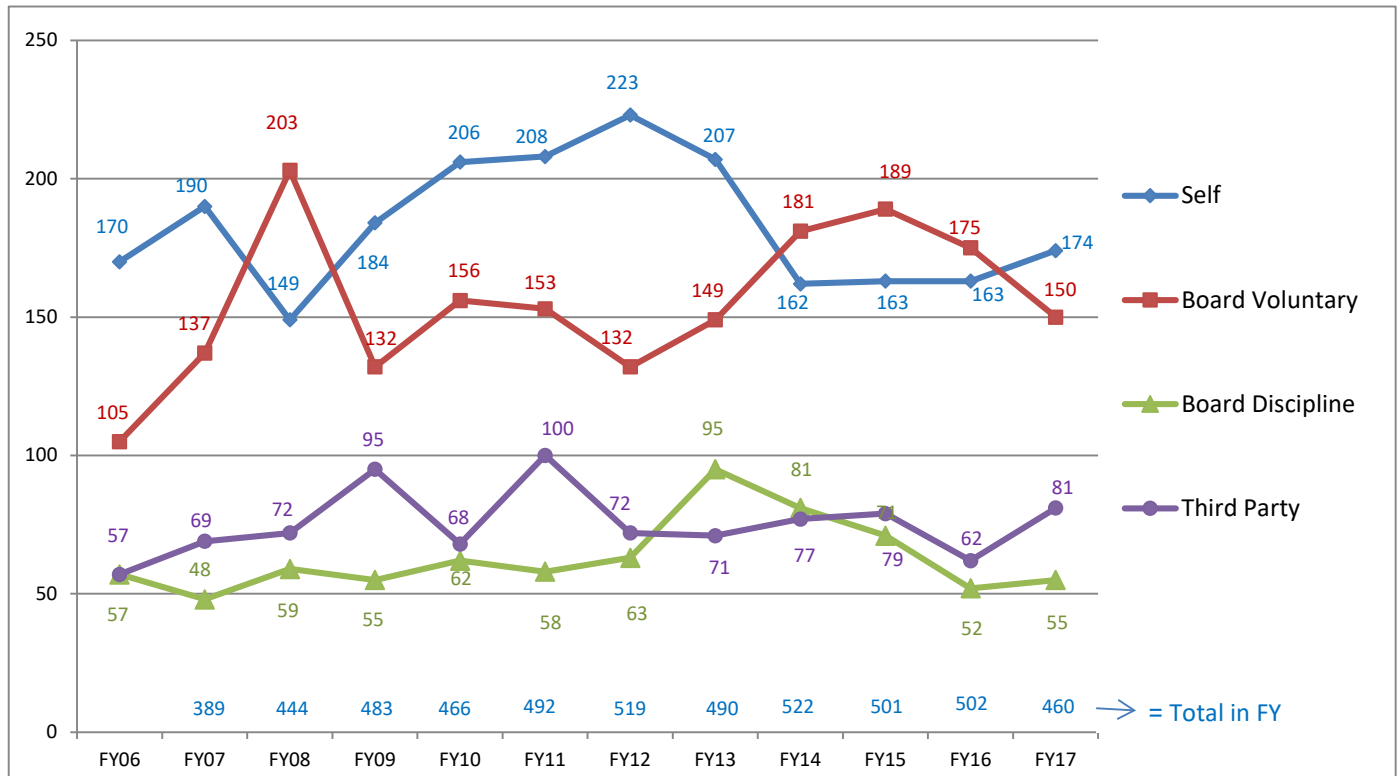
ILLNESSES MONITORED

HPSP monitors health care professionals diagnosed with substance, psychiatric and/or other medical disorders. On July 14, 2017, there were 515 health professionals enrolled in HPSP with signed Participation Agreements. The following data identify the illnesses for which they are being monitored.

Illness Category 515 Participants	Number of Participants	% of Participants
Substance Use Disorders	436	85%
Psychiatric Disorders	365	71%
Medical Disorders	57	11%

REFERRALS

The chart below shows the number of referrals to HPSP by first referral source from fiscal year 2006 through fiscal year 2017.

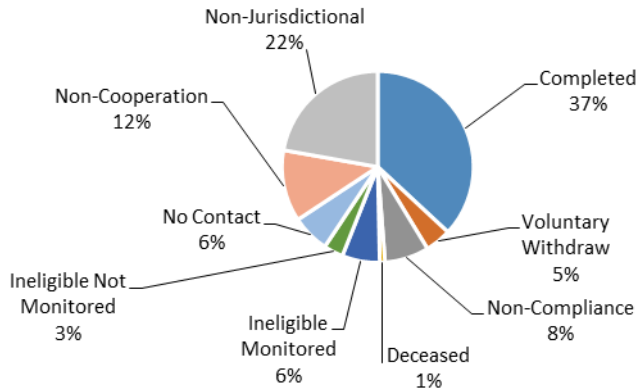


DISCHARGES

From July 1, 2016 to June 30, 2017, 455 licensees were discharged from HPSP. Of those that engaged in monitoring, 66% 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.

Discharges by Category

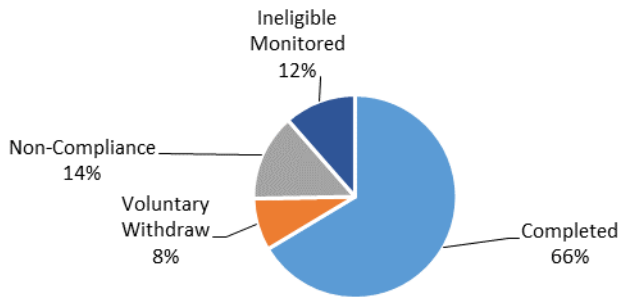
The table below shows the discharge categories for all persons discharged from HPSP in fiscal year 2017.



Of persons discharged in fiscal year 2017, 43% 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 skews the overall completion rate to 33%. The most common reason that persons did not engage 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 2017.



The completion rate of 66% reflects only persons that engaged in monitoring.

ACTIVE CASELOAD

On July 12, 2017, there were 565 licensees had active cases with HPSP; 518 had signed Participation Agreements and 47 were in the intake process.

Board	Number of Participants
Board of Behavioral Health & Therapy	26
LPC	1
LPCC	3
LADC	22
Board of Chiropractic Examiners	4
Board of Dentistry	23
Dental Assistants	7
Dental Hygienists	6
Dentists	10
Department of Health	6
Occupational Therapists	5
Occupational Therapy Assistant	1
Board of Dietetics and Nutrition Practice	2
Board of Exam. of Nursing Home Admin.	0
Emergency Medical Services Regulatory Board	12
CMPA	1
EMT1	9
EMTP	7
Board of Marriage and Family Therapy	2
Board of Medical Practice	84
Physician Assistant	7
Physician	67
Respiratory Care Practitioner	7
Resident	3
Board of Nursing	329
RN	268
LPN	61
Board of Optometry	0
Board of Pharmacy	18
Pharmacist	13
Technician	5
Board of Physical Therapy	16
Physical Therapist	11
Physical Therapist Assistant	5
Board of Podiatric Medicine	2
Board of Psychology	6
Board of Social Work	24
LGSW	11
LICSW	6
LISW	1
LSW	6
Board of Veterinary Medicine	5
Total	565

BOARD OF SOCIAL WORK PARTICIPATION

On September 25, 2017 there were 25 persons regulated by the Board of Social Work enrolled in HPSP. They were licensed in the following ways:

- LGSW: 11
- LICSW: 8
- LSW: 5
- LISW: 1

Board of Social Work Referrals by Fiscal Year

Referral Source	Fiscal Years				Sum
	14	15	16	17	
Board Voluntary	10	6	8	7	31 (42%)
Board Discipline	0	3	0	1	4 (5%)
Self	4	5	9	9	27 (37%)
Third Party	1	3	1	6	11 (15%)
SUM	15	17	18	23	73

Board of Social Work Discharges by Fiscal Year

Discharge Category	Fiscal Years				Sum
	14	15	16	17	
Completion	6	2	4	6	18 (50%)*
Voluntary Withdraw	2	0	2	2	6 (17%)*
Non-Compliance	2	1	2	3	8 (22%)*
Deceased	1	0	0	0	1 (3%)*
Ineligible Monitored	0	0	2	1	3 (8%)*
Ineligible Not Monitored	1	2	1	1	5
No Contact	1	1	0	1	3
Non Cooperation	1	2	4	1	8
Non-Jurisdictional	1	6	0	6	13
SUM	15	14	15	21	65

*The discharge category percentages are based on the 36 persons regulated by the Board of Physical Therapy that engaged in monitoring.