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Board of Psychology

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<https://mn.gov/boards/psychology/>

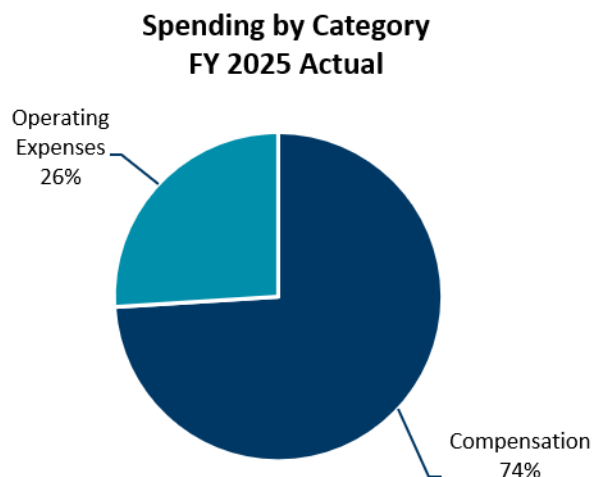
AT A GLANCE

- Maintained an active registry of 3,668 psychologists.
- Received 175 Psychologist applications for licensure.
- Licensed 166 psychologists.
- Screened education requirements and admitted 133 applicants to the national licensure examination.
- Received 120 complaints alleging violations of the Psychology Practice Act.
- Maintained an active registry of 720 behavior analysts.
- Received 784 Behavior Analyst applications for licensure.
- Licensed 720 Behavior Analysts.
- Received 15 complaints alleging violations of the Behavior Analyst Practice Act.

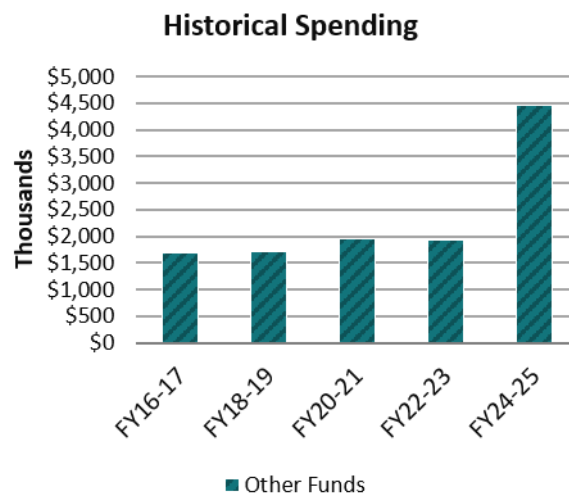
PURPOSE

The mission of the Minnesota Board of Psychology is to protect the public through licensure, regulation, and education to promote access to safe, competent, and ethical psychological services. The Board ensures psychologists and behavior analysts have the minimum training, education, and experience to practice psychology and behavior analysis. The Board receives, investigates, and resolves complaints on psychologists and behavior analysts. The Board offers educational conferences, seminars, and trainings to educate licensees and the public on the rules and laws governing their practice.

BUDGET



Source: Budget Planning & Analysis System (BPAS)



Source: Consolidated Fund Statement

The Board is funded by licensure fees and receives no general fund dollars. Minnesota Statutes section 214.06, subdivision 1(a) compels the Board to collect fees in the amount sufficient to cover direct and indirect expenditures. Funds are deposited as non-dedicated revenue into the state government special revenue fund. From this fund, the Board receives a direct appropriation to pay for agency expenses such as salaries, rent, costs associated with disciplinary/contested cases, and operating expenditures. It also pays statewide indirect costs through an open appropriation.

In addition to Board operations, licensure fees fund activities that support multiple boards and/or other agencies, including the Administrative Services Unit, Health Professionals Services Program, Office of the Attorney General for legal services, and the Criminal Background Check Program.

STRATEGIES

To accomplish its mission, the Board of Psychology uses the following strategies:

Administrative Strategies

- Research best practices for regulatory bodies to support agency decision-making.
- Analyze the organization and allocate resources according to mission and vision on an ongoing basis.
- Use communication tools to improve and maintain communication internally and externally.
- Ensure continuous professional development for staff and Board members.
- Use technology effectively to support licensure, complaint resolution, and educational responsibilities.
- Build connections with stakeholders through educational offerings, direct stakeholder meetings, and a social media communication plan.
- Educate stakeholders by sponsoring continuing education seminars, workshops, and developing and distributing educational materials on the minimum standard of acceptable and prevailing practice in psychology.

Licensure Strategies

- Review applications for licensure to ensure proper educational, training, and experience requirements are met prior to issuing a license.
- Review applicants' background information and histories to determine moral fitness for the practice of psychology or behavior analysis.
- Engage applicants and supervisors about supervision requirements for post-doctoral supervision.
- Educate applicants about the requirements for licensure and the type of documentation that is needed to satisfy statutory requirements.

Regulatory Strategies

- Investigate and resolve complaints regarding the conduct of applicants or licensees in the field of psychology.
- Issue discipline or corrective action to deter future misconduct, to rehabilitate and educate, to recoup costs, or to put the public on notice of a licensee's problematic conduct.
- Educate applicants and licensees on the most frequently occurring ethical pitfalls within the practice of psychology and the Board's complaint resolution process.
- Engage the public through education, board participation, and regulatory strategies that improve the quality of services provided to Minnesotans.

RESULTS

Part A: Performance Data – Psychologists and Behavior Analysts

Measure	Measure type	Measure data source	Historical trend	Most recent data
Number of psychologist applications for licensure approved.	Quantity	Number of initial, reciprocity and mobility applications the Board approved for licensure.	In FY24, the Board approved 122 applications for licensure.	In FY25, the Board approved 166 applications for licensure.
Percentage of psychologist license applications approved in three weeks or less.	Quality	Percentage of license applications, for initial, reciprocity and mobility, approved in three weeks or less.	In FY24, 80% of license applications were approved in three weeks or less.	In FY25, 85% of license applications were approved in three weeks or less.
Average days for psychologist license to be granted.	Result	Average days for license to be granted, upon completion of all application materials.	In FY24, the average days for licensure to be granted was 21 days.	In FY25, the average days for licensure to be granted was 16 days.
Number of psychologist complaints received.	Quantity	Number of complaints received online, email, by phone or in person to the Board.	In FY24, the Board received 90 complaints.	In FY25, the Board received 120 complaints.
Percentage of psychologist complaints closed without discipline.	Quality	Percentage of investigations the Board reviewed and dismissed without disciplinary action.	In FY24, the Board closed 82% of investigations without disciplinary action.	In FY25, the Board closed 70% of investigations without disciplinary action.
Number of psychologist complaints closed with corrective or disciplinary action.	Result	Investigations the Board closed and issued corrective or disciplinary action.	In FY24, the Board closed 13 investigations with corrective or disciplinary action.	In FY25, the Board closed 17 investigations with corrective or disciplinary action.
Number of educational programming events conducted.	Quantity	Number of educational programming events conducted through workshops and trainings to stakeholders.	In FY24, the Board conducted 3 educational programming events.	In FY25, the Board conducted 4 educational programming events.
Percentage of behavior analyst license applications approved in three weeks or less.	Quality	Percentage of license applications, for initial, reciprocity and mobility, approved in three weeks or less.	Pursuant to MN Statute 148.9986, the Board was delegated legislative authority to license and regulate the practice of behavior analysis on January 1, 2025.	In FY25, 100% of license applications were approved in three weeks or less.

Measure	Measure type	Measure data source	Historical trend	Most recent data
Average days for behavior analyst license to be granted.	Result	Average days for license to be granted, upon completion of all application materials.	Pursuant to MN Statute 148.9986, the Board was delegated legislative authority to license and regulate the practice of behavior analysis on January 1, 2025.	In FY25, the average days for licensure to be granted was 2 days.
Number of behavior analyst complaints received.	Quantity	Number of complaints received online, email, by phone or in person to the Board.	Pursuant to MN Statute 148.9986, the Board was delegated legislative authority to license and regulate the practice of behavior analysis on January 1, 2025.	In FY25, the Board received 19 complaints.
Percentage of behavior analyst complaints closed without discipline.	Quality	Percentage of investigations the Board reviewed and dismissed without disciplinary action.	Pursuant to MN Statute 148.9986, the Board was delegated legislative authority to license and regulate the practice of behavior analysis on January 1, 2025.	In FY25, the Board closed 93% of investigations without disciplinary action.
Number of behavior analyst complaints closed with corrective or disciplinary action.	Result	Investigations the Board closed and issued corrective or disciplinary action.	Pursuant to MN Statute 148.9986, the Board was delegated legislative authority to license and regulate the practice of behavior analysis on January 1, 2025.	In FY25, the Board closed 1 investigation with corrective or disciplinary action.

Part B: Evidence of Effectiveness

The Board delivers services that have not yet been evaluated using randomized controlled trials or quasi-experimental methods. While the public protection functions of professional licensing boards are not typically subject to randomized controlled trials, substantial evidence supports the underlying theory that regulatory oversight reduces the risk of harm by establishing minimum qualifications, requiring continuing education, investigating complaints, and imposing corrective action when practitioners fail to meet professional standards.

Minnesota Statutes Section 148.88 to 148.98 (<https://www.revisor.mn.gov/statutes/?id=148.88>) and Minnesota Rules Chapter 7200.0100 through 7200.6105 (<https://www.revisor.mn.gov/rules/?id=7200>) and Minnesota Statute 148.9981 through 148.9995 serve as the legal authority for the Minnesota Board of Psychology.

Program: Board of Psychology**Activity: Health Professionals Services Program**<https://mn.gov/boards/hpsp/>**AT A GLANCE**

- Serves the 16 health regulatory boards, Office of Emergency Medical Services, the Department of Health, and the practitioners they regulate
- Over 550 health practitioners referred annually
- Over 550 health practitioners discharged annually
- An average of 550 health practitioners are actively enrolled in Health Professionals Services Program (HPSP)

NOTE: HPSP is a program providing services on behalf of the State agencies that regulate healthcare professionals. HPSP's structure requires that its budget and oversight be assigned to one of the participating Boards. The Board of Psychology is designated as the administering board and fiscal agent for HPSP.

PURPOSE AND CONTEXT

The Health Professionals Services Program's (HPSP) mission is to protect the public by monitoring regulated health professionals whose illnesses may impair their ability to practice safely. HPSP achieves its mission by promoting early intervention, diagnosis, and treatment as an alternative to board discipline. Early intervention improves the chances for successful treatment before clinical skills are compromised and patients may be harmed.

HPSP provides services to all of the health licensing boards in Minnesota. This enables all boards to access the same service while eliminating the need for duplicative services. It also enables health practitioners, their employers, and treatment providers easy access to program services and expertise.

SERVICES PROVIDED

Health practitioners self-refer or are referred to HPSP for the monitoring of their substance, psychiatric, and/or other medical disorders which may impair their ability to practice safely. HPSP protects the public by immediately intervening with health practitioners who are unsafe to practice, which directly contributes to the statewide outcome that people in Minnesota are safe. Additionally, HPSP's enabling legislation allows some practitioners to report to HPSP without board involvement, allowing them to benefit from HPSP monitoring outside of board disciplinary processes.

To accomplish its mission, HPSP provides the following services to regulated health practitioners in Minnesota:

- Determine whether health practitioners have potentially impairing illnesses that warrant monitoring and implement immediate practice restrictions if appropriate (HPSP interventions start even before monitoring contracts are signed).
- Create and implement monitoring contracts for health practitioners with potentially impairing illnesses.
- Monitor health practitioners' professional practice, continuing care, and compliance with monitoring contracts.
- Report practitioners who are unsafe to practice or who violate the conditions of their monitoring contracts to their regulatory board.
- Provide outreach and education to professional schools, health care employers, treatment programs, and other stakeholders about HPSP services.

RESULTS

Part A: Performance Data

HPSP protects the public by implementing monitoring contracts that require accountability and provide structure for practitioners to manage their illnesses, while also monitoring their work performance. HPSP protects the public by identifying and addressing non-compliance with treatment and monitoring or performance issues. This includes reporting or discharging practitioners to their regulatory boards where they may face disciplinary action. The measurements below do not show factors that contribute to practitioner non-compliance with monitoring (i.e., financial resources, insurance, stable support system).

Measure	Measure type	Measure data source	Historical trend	Most recent data
Number of practitioners referred	Quantity	Utilizing the reports filter and search features within the HPSP Database with ALIMIS	Referrals continue to increase by more than 100 annually in the past three fiscal years.	559
Number of practitioners discharged	Quantity	Utilizing the reports filter and search features within the HPSP Database with ALIMIS	Discharges have increased, however the increase is less than the increase in referrals. This can be attributed to more referrals, as well as increased oversight and accountability of practitioners by case managers.	561
Number of practitioners who successfully completed the terms of monitoring	Quantity	Utilizing the reports filter and search features within the HPSP Database with ALIMIS	Successful completions remained fairly steady from FY23 to FY24, rose notably in FY25, and then increased again in FY26. This can likely be attributed to increased oversight and accountability.	169
Number of practitioners discharged to their board due to non-compliance with monitoring*	Quantity	Utilizing the reports filter and search features within the HPSP Database with ALIMIS	The increase in discharges for non-compliance could be related to challenges such as caseload growth with increased referrals and/or participant engagement and lack of awareness to the impact of an illness or willingness to engage in supports for the illness.	121
Percent of practitioners who successfully met the terms of monitoring*	Quality	Utilizing the reports filter and search features within the HPSP Database with ALIMIS	Looking at successful discharge rates over time, FY23 and FY24 were relatively steady in the mid-60% and high-50% range, followed by a notable spike in FY25 before dropping back down in FY26. Overall, the long-term trend shows a peak in FY25 but a decline, back towards baseline, in success rates moving into FY26.	59%

Measure	Measure type	Measure data source	Historical trend	Most recent data
Percent of practitioners reported to their board for not completing monitoring*	Quality	Utilizing the reports filter and search features within the HPSP Database with ALIMS	As noted in the statements above the trend suggests increasing difficulty maintaining higher successful discharge rates, likely due to complexity of illness, challenges in accountability and acceptance of participants.	41%
Percent of monitoring contracts signed within 60 days	Quality	Utilizing the reports filter and search features within the HPSP Database with ALIMS	This number decreased. . There are noted barriers that are unavoidable for HPSP staff, including waiting for medical records and assessments/evaluations that impact this measurement. In addition, individual practitioners utilizing legal representation which can extend timelines.	64%

Represents practitioners who engaged in monitoring

Part B: Evidence of Effectiveness

Evidence-based practice:	Source:	FY 26-27 Expenditures
Monitoring Programs for Healthcare Professionals and Evidence for Programming	https://onlinelibrary.wiley.com/doi/10.1111/ajad.70106	n/a
Monitoring Nurses and Evidence for Programming	https://www.ncsbn.org/event-video-view/guidelines-for-monitoring-substance-use-disorders-in-nurses	n/a
Monitoring Programs and Evidence For Programming	https://onlinelibrary.wiley.com/doi/10.1111/acer.13604	n/a

M.S. 214.31 to M.S. 214.37 <https://www.revisor.mn.gov/statutes/cite/214.31> provides the legal authority for HPSP.