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Board of Psychology

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

AT A GLANCE

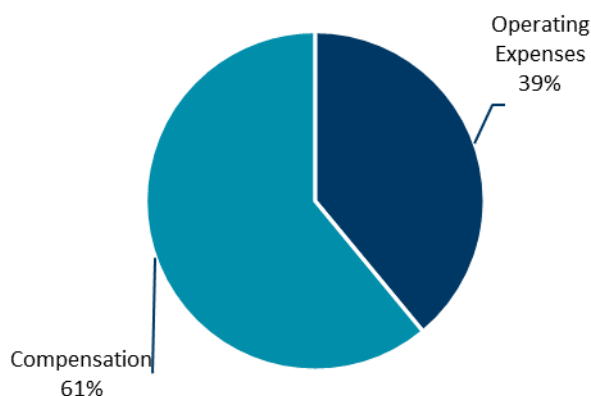
- Maintained an active registry of 3,676 psychologists.
- Received 168 applications for licensure.
- Licensed 146 psychologists.
- Screened education requirements and admitted 135 applicants to the national licensure examination.
- Received 133 complaints alleging violations of the Psychology Practice 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 have the minimum training, education, and experience to practice psychology. The Board receives, investigates, and resolves complaints on psychologists. The Board offers educational conferences, seminars, and trainings to educate psychologists and the public on the rules and laws governing their practice.

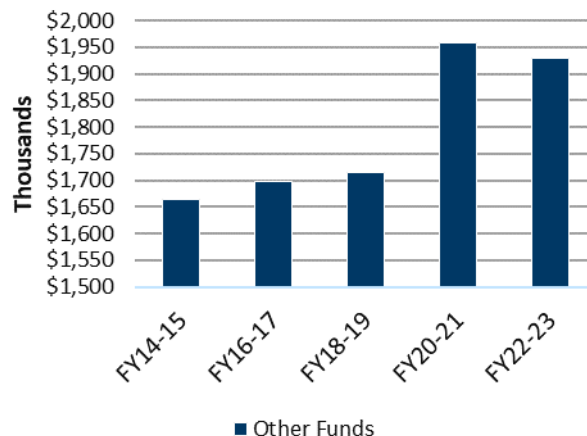
BUDGET

**Spending by Category
FY 2023 Actual**



Source: Budget Planning & Analysis System (BPAS)

Historical Spending



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.
- Engage applicants and supervisors about supervision requirements for post-doctoral supervision.
- 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

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Number of applications for licensure approved.	Quantity	Number of initial, reciprocity and mobility applications the Board approved for licensure.	In FY21, the Board approved 150 applications for licensure.	In FY22, the Board approved 144 applications for licensure.
Percentage of 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 FY21, 89% of license applications were approved in three weeks or less.	In FY22, 80% of license applications were approved in three weeks or less.

Measure name	Measure type	Measure data source	Historical trend	Most recent data
Average days for license to be granted.	Result	Average days for license to be granted, upon completion of all application materials.	In FY21, the average days for licensure to be granted was 16 days.	In FY22, the average days for licensure to be granted was 21 days.
Number of complaints received.	Quantity	Number of complaints received online, email, by phone or in person to the Board.	In FY21, the Board received 179 complaints.	In FY22, the Board received 133 complaints.
Percentage of complaints closed without discipline.	Quality	Percentage of investigations the Board reviewed and dismissed without disciplinary action.	In FY21, the Board closed 68% of investigations without disciplinary action.	In FY22, the Board closed 78% of investigations without disciplinary action.
Number of complaints closed with corrective or disciplinary action.	Result	Investigations the Board closed and issued corrective or disciplinary action.	In FY21, the Board closed 15 investigations with corrective or disciplinary action.	In FY22, the Board closed 4 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 FY21, the Board conducted 5 educational programming events.	In FY22, the Board conducted 4 educational programming events.

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

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base		Governor's Recommendation	
					FY26	FY27	FY26	FY27

Expenditures by Fund

1201 - Health Related Boards	903	1,014	2,070	3,363	2,781	2,781	2,781	2,781
2000 - Restrict Misc Special Revenue	7	6	6	13	6	6	6	6
Total	910	1,020	2,076	3,376	2,787	2,787	2,787	2,787
Biennial Change				3,523		122		122
Biennial % Change				183		2		2
Governor's Change from Base								0
Governor's % Change from Base								0

Expenditures by Program

Psychology Board	910	1,020	2,076	3,376	2,787	2,787	2,787	2,787
Total	910	1,020	2,076	3,376	2,787	2,787	2,787	2,787

Expenditures by Category

Compensation	596	618	1,490	1,846	1,889	1,928	1,889	1,928
Operating Expenses	316	401	586	1,519	887	848	887	848
Capital Outlay-Real Property				5	5	5	5	5
Other Financial Transaction	(2)	0	0	6	6	6	6	6
Total	910	1,020	2,076	3,376	2,787	2,787	2,787	2,787

Full-Time Equivalents

6.89	6.99	14.37	16.80	16.80	16.80	16.80	16.80
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(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
1201 - Health Related Boards								
Balance Forward In		579		548				
Direct Appropriation	1,362	1,360	2,618	2,815	2,781	2,781	2,781	2,781
Cancellations		925						
Balance Forward Out	459		548					
Expenditures	903	1,014	2,070	3,363	2,781	2,781	2,781	2,781
Biennial Change in Expenditures				3,517		129		129
Biennial % Change in Expenditures				184		2		2
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	6.89	6.99	14.37	16.80	16.80	16.80	16.80	16.80

2000 - Restrict Misc Special Revenue

Balance Forward In	7	8	8	7				
Receipts	7	6	5	6	6	6	6	6
Balance Forward Out	6	8	7					
Expenditures	7	6	6	13	6	6	6	6
Biennial Change in Expenditures				6		(7)		(7)
Biennial % Change in Expenditures				42		(37)		(37)
Governor's Change from Base								0
Governor's % Change from Base								0

(Dollars in Thousands)

	FY25	FY26	FY27	Biennium 2026-27
<i>Direct</i>				
Fund: 1201 - Health Related Boards				
FY2025 Appropriations	2,815	2,815	2,815	5,630
Base Adjustments				
Current Law Base Change		(34)	(34)	(68)
Forecast Base	2,815	2,781	2,781	5,562
Total Governor's Recommendations	2,815	2,781	2,781	5,562
<i>Dedicated</i>				
Fund: 2000 - Restrict Misc Special Revenue				
Planned Spending	13	6	6	12
Forecast Base	13	6	6	12
Total Governor's Recommendations	13	6	6	12
<i>Revenue Change Summary</i>				
<i>Dedicated</i>				
Fund: 2000 - Restrict Misc Special Revenue				
Forecast Revenues	6	6	6	12
Total Governor's Recommendations	6	6	6	12
<i>Non-Dedicated</i>				
Fund: 1201 - Health Related Boards				
Forecast Revenues	1,331	1,246	1,359	2,605
Total Governor's Recommendations	1,331	1,246	1,359	2,605

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base		Governor's Recommendation	
					FY26	FY27	FY26	FY27

Expenditures by Fund

1201 - Health Related Boards	903	1,014	986	1,889	1,457	1,457	1,457	1,457
2000 - Restrict Misc Special Revenue	7	6	6	13	6	6	6	6
Total	910	1,020	992	1,902	1,463	1,463	1,463	1,463
Biennial Change				964		32		32
Biennial % Change				50		1		1
Governor's Change from Base								0
Governor's % Change from Base								0

Expenditures by Category

Compensation	596	618	587	824	837	846	837	846
Operating Expenses	316	401	404	1,068	616	607	616	607
Capital Outlay-Real Property				5	5	5	5	5
Other Financial Transaction	(2)	0		5	5	5	5	5
Total	910	1,020	992	1,902	1,463	1,463	1,463	1,463

Full-Time Equivalents

6.89	6.99	6.01	7.80	7.80	7.80	7.80	7.80
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(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
1201 - Health Related Boards								
Balance Forward In		579		398				
Direct Appropriation	1,362	1,360	1,384	1,491	1,457	1,457	1,457	1,457
Cancellations		925						
Balance Forward Out	459		398					
Expenditures	903	1,014	986	1,889	1,457	1,457	1,457	1,457
Biennial Change in Expenditures				958		39		39
Biennial % Change in Expenditures				50		1		1
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents	6.89	6.99	6.01	7.80	7.80	7.80	7.80	7.80

2000 - Restrict Misc Special Revenue

Balance Forward In	7	8	8	7				
Receipts	7	6	5	6	6	6	6	6
Balance Forward Out	6	8	7					
Expenditures	7	6	6	13	6	6	6	6
Biennial Change in Expenditures				6		(7)		(7)
Biennial % Change in Expenditures				42		(37)		(37)
Governor's Change from Base								0
Governor's % Change from Base								0

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

- Serves the 16 health regulatory boards, the Emergency Services Regulatory Board, the Department of Health, and the practitioners they regulate
- Over 400 health practitioners referred annually
- Over 450 health practitioners discharged annually
- An average of 500 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

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 name	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 are increased over the past two fiscal years, reversing the trend where referrals had decreased in the two prior fiscal years during COVID.	447
Number of practitioners discharged	Quantity	Utilizing the reports filter and search features within the HPSP Database with ALIMIS	Discharges have increased. This can be attributed to more referrals, as well as increased oversight and accountability of practitioners by case managers.	513
Number of practitioners who successfully completed the terms of monitoring	Quantity	Utilizing the reports filter and search features within the HPSP Database with ALIMIS	This number has decreased slightly, which is attributed to increased oversight and accountability.	148
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 reports for non-compliance is related to the ability for case managers to hold practitioners' accountable. In addition, noting the practitioners lack of awareness to the impact of an illness or willingness to engage in supports for the illness.	79
Percent of practitioners who successfully met the terms of monitoring *	Quality	Utilizing the reports filter and search features within the HPSP Database with ALIMIS	This number is slightly down and seems to be related to the accountability and willingness of practitioners.	59%

Measure name	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 ALIMIS	As noted in the statements above this number has decreased due to accountability for practitioners.	26%
Percent of monitoring contracts signed within 60 days	Quality	Utilizing the reports filter and search features within the HPSP Database with ALIMIS	This is very similar to the prior fiscal year. There are noted barriers that are unavoidable for HPSP staff, including waiting for medical records and assessments that impact this measurement.	79%

Represents practitioners who engaged in monitoring

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

Health Professionals Services Program

Activity Expenditure Overview

(Dollars in Thousands)

	Actual FY22	Actual FY23	Actual FY24	Estimate FY25	Forecast Base FY26 FY27		Governor's Recommendation FY26 FY27	
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Expenditures by Fund

1201 - Health Related Boards			1,084	1,474	1,324	1,324	1,324	1,324
Total			1,084	1,474	1,324	1,324	1,324	1,324
Biennial Change				2,558		90		90
Biennial % Change						4		4
Governor's Change from Base								0
Governor's % Change from Base								0

Expenditures by Category

Compensation			902	1,022	1,052	1,082	1,052	1,082
Operating Expenses			182	451	271	241	271	241
Other Financial Transaction			0	1	1	1	1	1
Total			1,084	1,474	1,324	1,324	1,324	1,324

Full-Time Equivalents

			8.36	9.00	9.00	9.00	9.00	9.00
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Health Professionals Services Program

Activity Financing by Fund

(Dollars in Thousands)

	Actual	Actual	Actual	Estimate	Forecast Base		Governor's Recommendation	
	FY22	FY23	FY24	FY25	FY26	FY27	FY26	FY27
1201 - Health Related Boards								
Balance Forward In				150				
Direct Appropriation			1,234	1,324	1,324	1,324	1,324	1,324
Balance Forward Out			150					
Expenditures			1,084	1,474	1,324	1,324	1,324	1,324
Biennial Change in Expenditures				2,558		90		90
Biennial % Change in Expenditures						4		4
Governor's Change from Base								0
Governor's % Change from Base								0
Full-Time Equivalents			8.36	9.00	9.00	9.00	9.00	9.00