MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

FISCAL YEAR 2025 REPORT

JULY 1, 2024 TO JUNE 30, 2025

REPORT SUBMITTED TO
THE HEALTH LICENSING BOARDS AND
THE HEALTH PROFESSIONALS SERVICES
PROGRAM'S
PROGRAM AND ADVISORY COMMITTEES

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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 is proven to enhance long-term illness management and recovery. More states have started to add professionals under 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 supports. HPSP continues to learn from the national programs. Having one program work 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 2025.

MISSION

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

GOALS

The goals of HPSP are 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.

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.**

Quotes from a former HPSP participant:

"I would not have attended outpatient or meetings if it wasn't for HPSP. It helped me build a solid foundation of recovery and a large base of support."

"The toxicology screens kept me honest, and the recovery meetings were essential – thank you!"

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:

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 by reason 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 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.*

First Referral Source

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*. If the practitioner is discharged from HPSP and later referred to HPSP by a board without discipline, the first referral source for their second admission to the program would be *determine eligibility* or *follow-up to diagnosis and treatment*.

Referrals by Fiscal Year, Primary Referral Source and Board

In fiscal year 2025 (July 1, 2024 to June 30, 2025), 544 health professionals were referred to HPSP; 122 more than in fiscal year 2024. The table below shows the number of health professionals referred to HPSP by board and primary referral source for the past four fiscal years.

Board	Behavioral Health and Therapy				Chiropractic Examiners				Dentistry			
Fiscal Year ▸ / Referral Source ▾	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**
Board Voluntary	7	10	12	**17**	4	4	6	**5**	9	7	8	**17**
Board Discipline	1	4	2	**4**	0	2	4	**0**	3	2	1	**4**
Self	8	6	12	**13**	0	0	0	**1**	1	1	4	**3**
Third Party	6	7	8	**12**	0	0	0	**0**	1	4	5	**2**
Sum	22	27	34	**46**	4	6	10	**6**	14	14	18	**26**

Board	Department of Health				Dietetics and Nutrition				Emergency Medical Services			
Fiscal Year ▸ / Referral Source ▾	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**
Board Voluntary	0	0	0	**0**	0	0	0	**1**	11	12	9	**15**
Board Discipline	0	0	0	**0**	0	0	0	**0**	3	3	8	**4**
Self	0	0	0	**0**	0	1	1	**1**	6	3	3	**8**
Third Party	0	0	0	**0**	0	0	0	**0**	2	5	3	**5**
Sum	0	0	0	**0**	0	1	1	**2**	22	23	23	**32**

Referrals by Fiscal Year, Primary Referral Source and Board (continued)

Board	Executives of Long-Term Care Services & Supports				Marriage and Family Therapy				Medical Practice			
Fiscal Year ▸ / Referral Source ▾	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**
Board Voluntary	23	12	20	**24**	2	3	0	**0**	29	28	26	**40**
Board Discipline	0	1	0	**0**	0	0	0	**0**	1	3	1	**1**
Self	3	0	0	**0**	0	1	1	**3**	24	26	17	**8**
Third Party	1	0	0	**0**	2	1	0	**0**	6	13	2	**11**
Sum	27	13	20	**24**	4	5	1	**3**	70	70	46	**60**

Board	Nursing				Occupational Therapy				Optometry			
Fiscal Year ▸ / Referral Source ▾	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**
Board Voluntary	57	102	97	**110**	1	0	1	**3**	0	1	0	**0**
Board Discipline	34	20	34	**79**	0	0	1	**0**	0	0	0	**0**
Self	60	59	63	**62**	1	1	1	**0**	0	0	1	**0**
Third Party	35	26	27	**39**	1	0	0	**1**	0	0	0	**0**
Sum	186	207	221	**290**	3	1	3	**4**	0	1	1	**0**

Referrals by Fiscal Year, Primary Referral Source and Board (continued)

Board	Pharmacy				Physical Therapy				Podiatric Medicine			
Fiscal Year ▸ / Referral Source ▾	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**
Board Voluntary	1	4	1	**4**	3	5	4	**4**	0	0	0	**0**
Board Discipline	3	2	3	**4**	1	0	3	**0**	0	0	1	**0**
Self	3	7	6	**8**	1	3	1	**1**	0	0	0	**0**
Third Party	1	2	5	**4**	0	0	0	**0**	0	1	0	**0**
Sum	8	15	15	**20**	5	8	8	**5**	0	1	1	**0**

Board	Psychology				Social Work				Veterinary Medicine			
Fiscal Year ▸ / Referral Source ▾	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**	FY 22	FY 23	FY 24	**FY 25**
Board Voluntary	0	2	1	**2**	1	6	6	**14**	3	4	3	**1**
Board Discipline	0	0	0	**0**	0	1	0	**1**	2	2	0	**0**
Self	0	0	1	**0**	4	7	14	**4**	0	1	0	**0**
Third Party	0	3	1	**0**	1	5	5	**4**	1	1	0	**0**
Sum	0	5	3	**2**	6	19	25	**23**	6	8	3	**1**

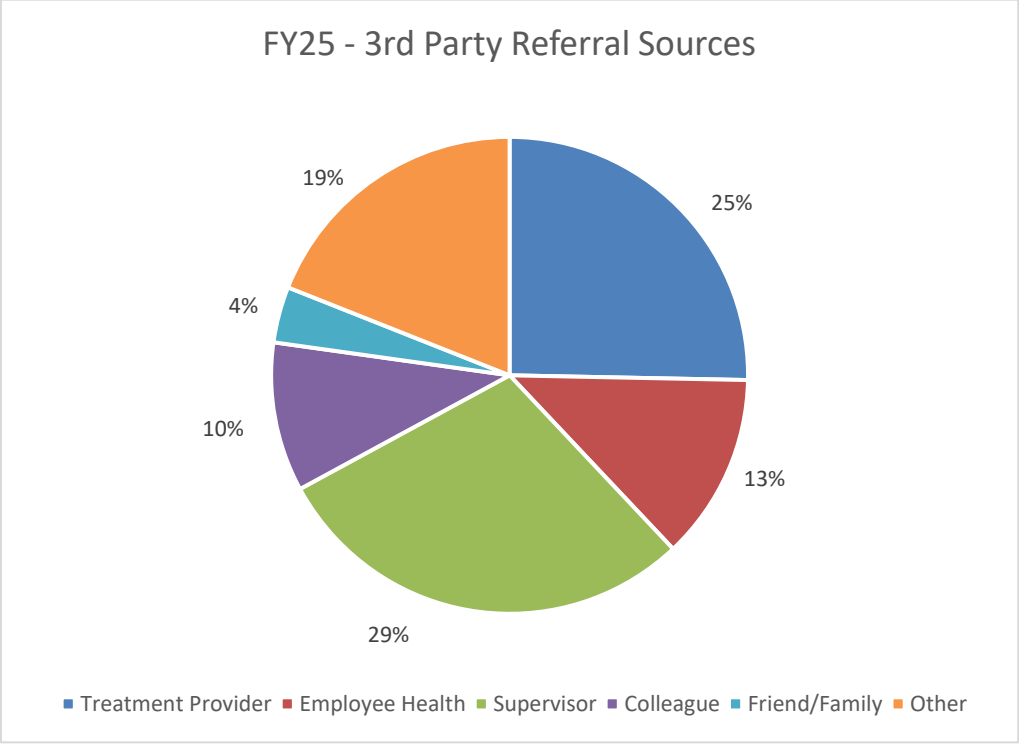
All Referrals by First Referral Source and Fiscal Year

Fiscal Year ▶ Referral Source ▼	FY22	FY23	FY24	**FY25**
Board Voluntary	151	200	200	**255**
Board Discipline	48	40	65	**98**
Self	121	92	113	**110**
Third Party	62	60	54	**79**
Sum	382	392	432	**542**

Referrals increased over the fiscal year 2024 to 2025. The greatest increase was among **board eligibility referrals.**

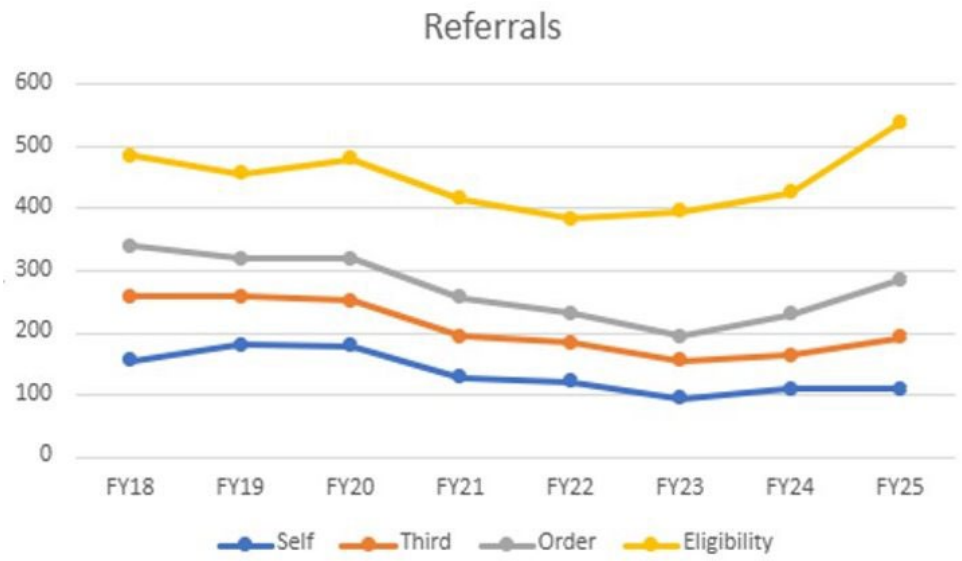
Fiscal Year 2024 Third Party Referrals – Where did they come from?

In fiscal year 2025, 79 health professionals were referred to HPSP by third parties as a first referral source. This was an increase from the previous fiscal year. Of these, 29% were referred by a supervisor. In total, 52% of the third-party referrals were from work-related individuals (supervisor, colleague, or employee health). In addition, 25% were referred by treatment providers, which is a 5% increase over last fiscal year. Third party referrals are valuable to getting healthcare professionals the help they need.



Referral Trends

The chart below shows the number of referrals to HPSP by first referral source from fiscal year 2018 through fiscal year 2025.



Fiscal Year 2025 Referrals Geographic Region

The data in the table below represents health professionals who reside in Minnesota who were referred to HPSP in fiscal year 2025.

Geographic Region FY25					
Twin Cities (8-county Metro)	Northeastern MN	Northwestern MN	Central MN	Southeastern MN	Southwestern MN
48%	6%	5%	14%	13%	5%

The chart above describes six regions of Minnesota. These regions include the following counties:

- **Twin Cities Metro Areas (TC)**: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington, and Wright counties
- **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
- **Central MN (CE)** Benton, Chisago, Douglas, Grant, Isanti, Kanabec, Kandiyohi, Meeker, Mille

Lacs, Morrison, Pine, Pope, Sherburne, Stearns, Stevens, Swift, Todd, and Traverse counties

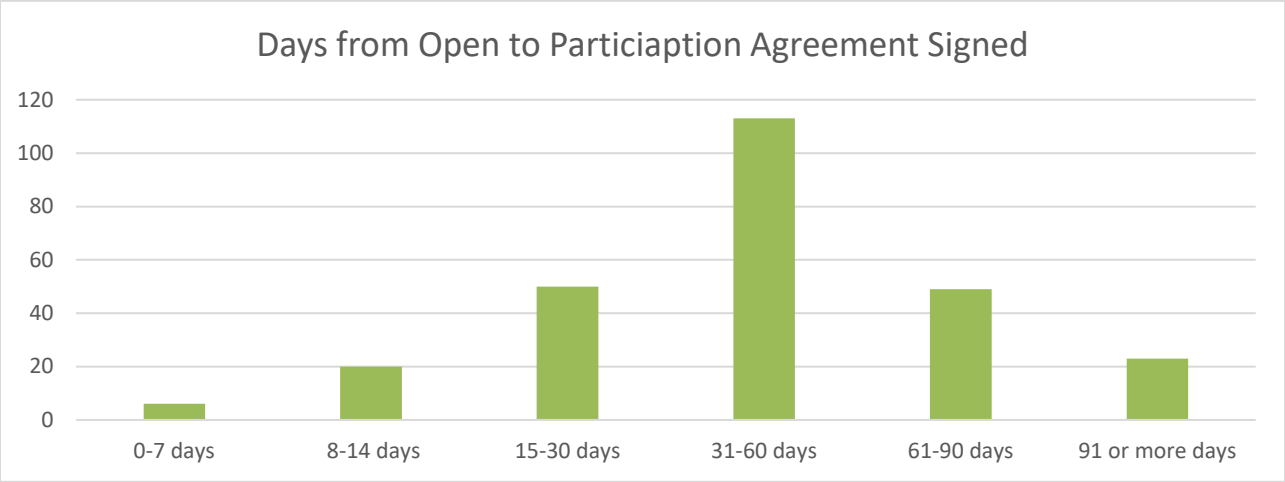
- **Southeastern (SE)**: Dodge, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Olmsted, Rice, Steele, Wabasha, Waseca, and Winona counties
- **Southwestern (SW)**: Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Lac qui Parle, Lincoln, Lyon, Martin, McLeod, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Watonwan, and Yellow Medicine counties
- **Out of state monitoring** doubled in fiscal year 2025.

PARTICIPATION AGREEMENTS

HPSP strives to meet its goal of completing the intake process and establish Participation Agreements, when appropriate, within 60 days of the health professionals contact with the program. A case manager's initial contact with a health professional is the first step in the assessment and intervention phase of the intake. Depending on the presenting information and to protect the public, case managers may ask health professionals to voluntarily refrain from practice until they can be assessed, and monitoring is established.

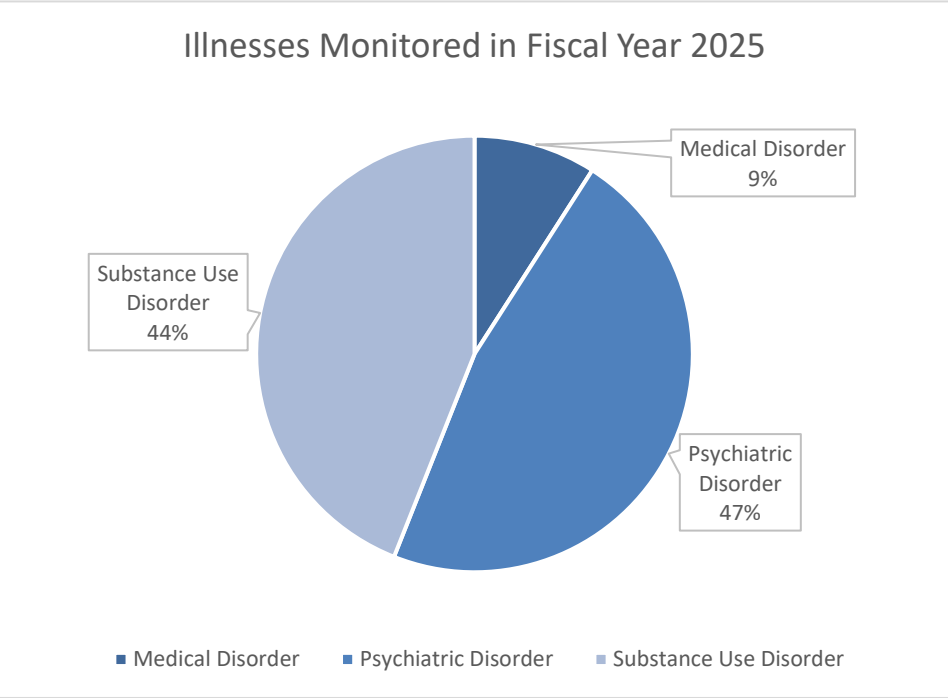
In fiscal year 2025, 261 Participation Agreements were signed; this is 42 more than the previous fiscal year. Of these, 72% were signed within 60 days of the health professional's initial contact with the program. This is a 6% decrease over fiscal year 2024. This means that it did take a slightly longer period of days from referral to Participation Agreement, if applicable. Some delays, such as obtaining any medical records, and neuropsychological, neurological and pain management assessments, are expected. The cooperation of health professionals may also contribute to delays.

The chart above shows the number of days between the dates health professionals initially contacted the program and the dates by which Participation Agreements were signed.

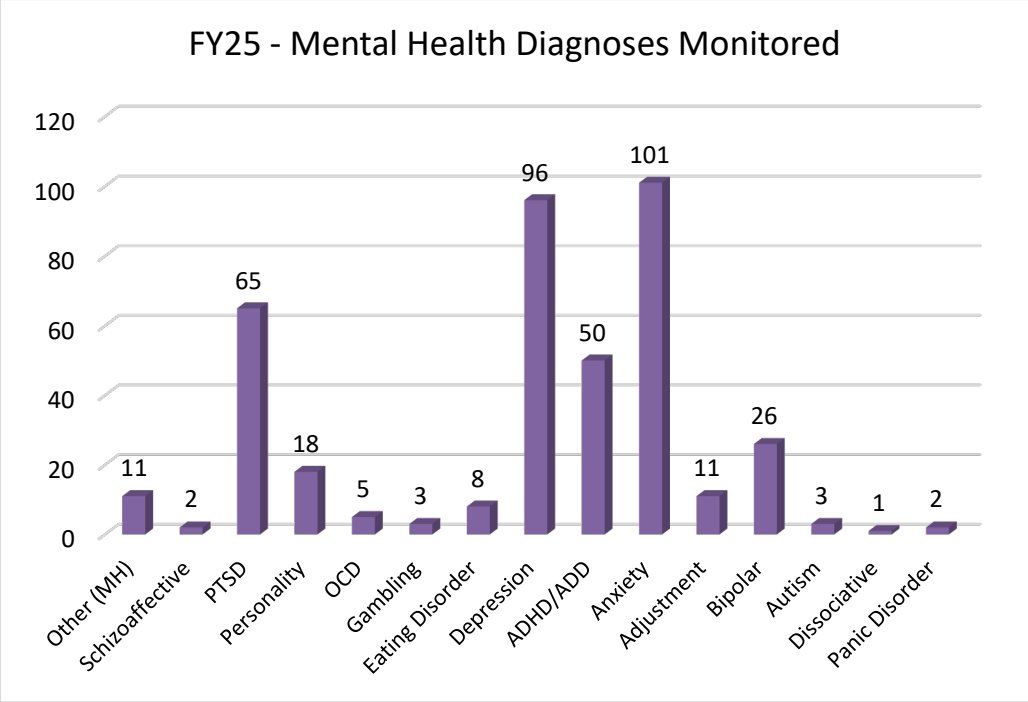


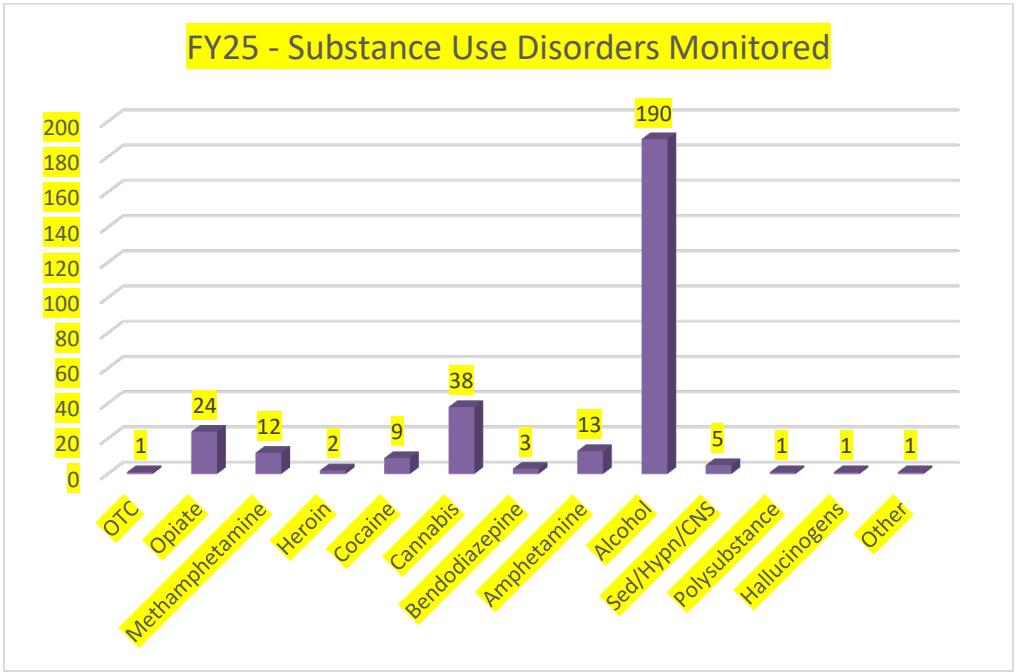
ILLNESSES MONITORED

HPSP monitors health professionals diagnosed with substance, psychiatric and/or other medical disorders. The data below is gathered from fiscal year 2025. As the below graphs, data, and lists show HPSP has participants monitored in one, two, or all three of the categories. It is not uncommon for a participant to have more than one illness that HPSP will monitor as part of the agreement. HPSP is in the process of updating the illness labels to keep up with changes in DSM language and non-stigmatizing language within our database. Substance use disorders are the most common illness that HPSP monitors. Alcohol Use Disorders remain the most common amongst HPSP Participants. Mental health diagnoses range, however, most participants have a depression and/or anxiety diagnosis. The smallest number of participants are monitored for medical condition or have a medical condition in addition to another illness identified, however this did almost double since fiscal year 2024. Some medical condition HPSP monitors for includes, but is not limited to seizure disorders, long COVID, diabetes, cardiac and pulmonary conditions.



ILLNESSES MONITORED (Continued)





DISCHARGES

Definitions of Discharge Categories

1. **Completion:** Participant satisfactorily completes the terms of the Participation Agreement

2. **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:

    a. Non-Compliance – Diversion
    b. Non-Compliance – Monitoring
    c. Non-Compliance – Positive Screen
    d. Non-Compliance – Problem Screens
    e. Non-Compliance – Treatment

3. **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.

4. **Ineligible Monitored*:** During the course of 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**:**
    a. Ineligible Monitored – Illness too severe
    b. Ineligible Monitored – License suspended/surrendered/revoked
    c. Ineligible Monitored – No active Minnesota license
    d. Ineligible Monitored – Violation of practice act

5. **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:
    a. Ineligible Not Monitored – Illness too severe
    b. Ineligible Not Monitored – License suspended/surrendered/revoked
    c. Ineligible Not Monitored – No active Minnesota license
    d. Ineligible Not Monitored – Violation of practice act
    e. Ineligible Not Monitored – Previously discharged to the regulatory board

6. **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.

7. **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.

8. **Non-Jurisdictional:** No diagnostic eligibility established; the case is closed. This can include no illness(es) or management of illness(es).

**Represents discharges that result in a report to the regulatory board.*

Discharges by Fiscal Year, Discharge Category and Board

Board	Behavioral Health and Therapy				Chiropractic Examiners				Dentistry			
Fiscal Year ▶ Discharge Category ▼	FY22	FY23	FY24	**FY25**	FY22	FY23	FY24	**FY25**	FY22	FY23	FY24	**FY25**
Completion	8	7	9	**11**	2	3	2	**0**	7	8	7	**6**
Voluntarily Withdrew	3	3	2	**4**	0	0	0	**0**	3	0	0	**1**
Non-Compliance	1	4	5	**5**	0	1	1	**1**	2	2	5	**6**
Deceased	0	0	0	**0**	0	0	0	**1**	0	0	0	**0**
Ineligible - Monitored	0	3	1	**1**	0	1	0	**1**	1	0	0	**0**
Ineligible – Not Monitored	1	0	0	**2**	0	0	1	**1**	0	1	0	**0**
No Contact	3	5	3	**2**	0	0	1	**0**	1	1	2	**5**
Non-Cooperation	2	3	6	**7**	0	0	1	**0**	4	3	3	**4**
Non-Jurisdictional	1	5	6	**4**	2	3	6	**4**	1	1	4	**3**
Sum	19	30	32	**36**	4	8	12	**8**	19	17	21	**25**

Board	Department of Health				Dietetics and Nutrition				Emergency Medical Services			
Fiscal Year ▶ Discharge Category ▼	**FY22**	**FY23**	**FY24**	**FY25**	**FY22**	**FY23**	**FY24**	**FY25**	**FY22**	**FY23**	**FY24**	**FY25**
Completion	0	0	0	**0**	0	0	0	**0**	3	4	3	**0**
Voluntarily Withdrew	0	0	0	**0**	0	0	0	**0**	2	1	3	**3**
Non-Compliance	0	0	0	**0**	0	0	0	**0**	0	3	4	**2**
Deceased	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**
Ineligible - Monitored	0	0	0	**0**	0	0	0	**0**	0	0	2	**2**
Ineligible – Not Monitored	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**
No Contact	0	0	0	**0**	0	0	0	**0**	4	11	3	**5**
Non-Cooperation	0	0	0	**0**	0	0	0	**1**	7	3	5	**4**
Non-Jurisdictional	0	0	0	**0**	0	0	1	**0**	3	5	8	**5**
Sum	0	0	0	**0**	0	0	1	**1**	19	27	28	**21**

Discharges by Fiscal Year, Discharge Category and Board (Continued)

Board	Executives of Long-Term Care Services & Supports				Marriage and Family Therapy				Medical Practice			
Fiscal Year ▶ / Discharge Category ▼	FY22	FY23	FY24	**FY25**	FY22	FY23	FY24	**FY25**	FY22	FY23	FY24	**FY25**
Completion	1	2	1	**0**	2	3	1	**0**	33	34	27	**39**
Voluntarily Withdrew	0	0	0	**2**	0	0	0	**0**	4	2	2	**3**
Non-Compliance	0	0	1	**0**	0	1	0	**0**	0	1	0	**1**
Deceased	0	0	0	**0**	0	0	0	**0**	1	0	0	**0**
Ineligible - Monitored	0	0	0	**0**	0	0	0	**0**	3	4	2	**3**
Ineligible – Not Monitored	0	0	0	**0**	1	0	0	**0**	0	3	1	**1**
No Contact	8	2	3	**1**	1	0	0	**0**	1	6	4	**2**
Non-Cooperation	1	2	1	**3**	0	1	0	**0**	3	4	1	**8**
Non-Jurisdictional	12	8	13	**13**	2	2	1	**0**	17	28	23	**25**
Sum	24	14	19	**19**	6	7	2	**0**	62	82	60	**82**

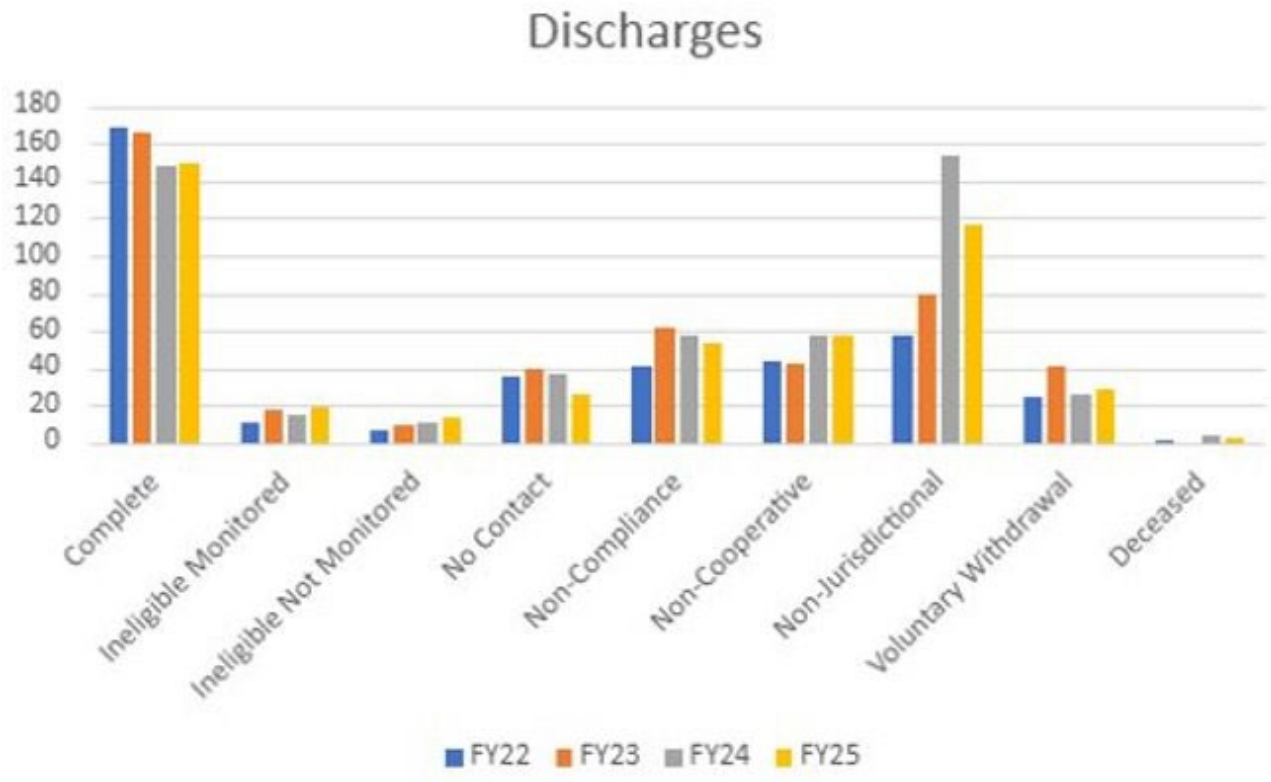
Board	Nursing				Occupational Therapy				Optometry			
Fiscal Year ▶ / Discharge Category ▼	FY22	FY23	FY24	**FY25**	FY22	FY23	FY24	**FY25**	FY22	FY23	FY24	**FY25**
Completion	88	95	83	**76**	1	1	1	**1**	0	0	0	**0**
Voluntarily Withdrew	18	14	14	**12**	0	1	1	**0**	0	0	0	**0**
Non-Compliance	28	45	36	**30**	0	0	0	**0**	0	0	0	**0**
Deceased	0	0	3	**2**	0	0	0	**0**	0	0	0	**0**
Ineligible - Monitored	7	4	10	**12**	0	0	0	**0**	0	0	0	**0**
Ineligible – Not Monitored	3	5	6	**7**	0	0	0	**0**	0	0	0	**0**
No Contact	13	11	17	**7**	0	0	0	**0**	0	0	0	**0**
Non-Cooperation	20	23	29	**26**	0	1	1	**0**	0	0	0	**0**
Non-Jurisdictional	16	21	74	**53**	1	0	1	**1**	0	0	0	**0**
Sum	193	218	272	**225**	3	3	4	**2**	0	0	0	**0**

Discharges by Fiscal Year, Discharge Category and Board (Continued)

Board	Pharmacy				Physical Therapy				Podiatric Medicine			
Fiscal Year ▸ Discharge Category ▾	FY22	FY23	FY24	**FY25**	FY22	FY23	FY24	**FY25**	FY22	FY23	FY24	**FY25**
Completion	9	9	4	**3**	4	3	3	**1**	0	0	0	**0**
Voluntarily Withdrew	2	0	1	**2**	0	0	0	**1**	1	0	0	**0**
Non-Compliance	3	1	1	**2**	0	1	2	**2**	0	0	0	**0**
Deceased	0	0	1	**0**	0	0	0	**0**	0	0	0	**0**
Ineligible - Monitored	0	2	0	**0**	0	0	0	**0**	0	0	0	**0**
Ineligible – Not Monitored	0	0	1	**2**	0	0	0	**0**	0	0	0	**0**
No Contact	0	1	2	**0**	1	0	1	**0**	0	0	0	**0**
Non-Cooperation	1	2	1	**1**	3	0	1	**1**	0	0	1	**0**
Non-Jurisdictional	0	1	3	**3**	1	1	4	**1**	0	0	0	**0**
Sum	15	16	14	**13**	9	5	11	**6**	1	0	1	**0**

Board	Psychology				Social Work				Veterinary Medicine			
Fiscal Year ▸ Discharge Category ▾	FY22	FY23	FY24	**FY25**	FY22	FY22	FY24	**FY25**	FY22	FY23	FY24	**FY25**
Completion	3	3	3	**1**	6	5	4	**6**	0	3	0	**4**
Voluntarily Withdrew	1	0	0	**0**	6	3	2	**2**	0	0	1	**0**
Non-Compliance	1	0	0	**1**	2	0	2	**4**	3	2	0	**0**
Deceased	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**
Ineligible - Monitored	0	2	0	**0**	0	1	1	**0**	0	0	0	**0**
Ineligible – Not Monitored	0	0	0	**0**	0	0	1	**0**	0	1	1	**0**
No Contact	0	1	0	**0**	2	0	0	**4**	1	2	1	**0**
Non-Cooperation	0	0	1	**0**	2	2	5	**2**	0	0	2	**0**
Non-Jurisdictional	0	1	1	**1**	0	2	8	**5**	2	1	3	**1**
Sum	5	7	5	**3**	18	13	23	**23**	6	9	8	**5**

Discharges by Fiscal Year and Discharge Category



ACTIVE CASE DATA

ACTIVE CASES FOR FY26 AS OF 11/2025

On November 1, 2025, there were 564 health professionals active in HPSP; representing those in the enrollment phase of monitoring (87) as well as those who are actively engaged in monitoring (477). The table shows how these health professionals were referred to HPSP by first referral source and board.

Active Cases by Board and First Referral Source

Board	Number	Board Voluntary	Board Discipline	Self	Third Party
Behavioral Health and Therapy	51	17	4	18	12
BELTSS	11	10	0	1	0
Chiropractic Examiners	4	3	1	0	0

Active Cases by Board and First Referral Source (Continued)

Board	Number	Board Voluntary	Board Discipline	Self	Third Party
Department of Health	0	0	0	0	0
Dietetics and Nutrition	0	0	0	0	0
Emergency Medical Services	21	5	4	7	5
Marriage and Family Therapy	6	2	0	4	0
Medical Practice	74	26	5	31	12
Nursing	317	74	111	99	33
Occupational Therapy	2	1	0	0	1
Optometry	2	1	0	1	0
Pharmacy	26	2	6	11	7
Physical Therapy	6	3	0	3	0
Podiatric Medicine	0	0	0	0	0
Psychology	1	1	0	0	0
Social Work	25	9	3	10	3
Veterinary Medicine	2	0	0	2	0

BUDGET

As a program of the Minnesota health licensing boards, HPSP is committed to providing cost-effective quality monitoring services that meet its mission and goals. HPSP values the boards' recognition that adequate funding is essential to HPSP's success.

FUNDING

The health licensing boards and the Department of Health fund HPSP. Each board pays an annual $1,000 fee and a pro-rata share of program expenses based on the number of the board's health professionals who are in the program at the end of each month. No additional fees are collected by HPSP from health professionals for program participation. Health professionals are responsible for costs associated with evaluations, treatment and toxicology screens (if warranted).

HPSP's budget is appropriated to the administering board. HPSP's appropriation for fiscal year 2024 was $1,234,000. HPSP has not asked for and will not be asking for any additional change items for the upcoming biennium budget. The fiscal year 2025 budget total was $1,324,000.

EXPENSES

The majority of HPSP's expenses are directed toward salaries and benefits (87%). The next largest expense is technological and consultation services through MNIT and contracts and rent. HPSP hopes to continue to invest in employee development, training and education. This remains a small part of the budget, yet an important initiative.

UPDATES

DATABASE UPDATES

HPSP works with MN.IT staff and a contractor to continue the development an interactive portal and database that will improve program efficiency in multiple areas. The database was rolled out on December 21, 2022.

DIVERSITY, EQUITY, AND INCLUSION

HPSP staff engage in diversity, equity, and inclusion activities on an annual basis as part of the State of Minnesota's Enterprise Learning Management. HPSP staff seek additional trainings and learning opportunities that address racism and other forms of inequality and share what they have learned with their peers. HPSP is committed to being anti-racist while maintaining an inclusive work environment that is free from judgement and promotes inclusivity. HPSP Program Committee has a subcommittee working on addressing DEI within HPSP.

OUTREACH

A goal of HPSP is to increase outreach in fiscal year 2024, overall, this goal was achieved. HPSP continued to build on outreach in fiscal year 2025. HPSP remains open to any connects that we can make to increase our outreach to the public and healthcare professionals. HPSP's focus in fiscal year 2026 will be to complete any requested outreach opportunities.

PROGRAM COMMITTEE GOALS

In 1999, the Program Committee worked with a consultant to develop five goals to outline the Committee's responsibilities. These goals have remained consistent since that time. HPSP staff is committed to meeting these goals. Many quantifiable measures of how HPSP is addressing its goals are outlined throughout this document. Additional examples are listed below.

GOAL 1: ENSURE THE PUBLIC IS PROTECTED

HPSP's protection of the public is multifaceted. HPSP works collaboratively with board staff to ensure monitoring is consistent with board expectations. The HPSP Program Committee and Advisory Committee understand that HPSP monitoring is consistent with national norms established by the American Society of Addiction Medicine, the National Council of State Boards of Nursing, the Federation of State Medical Boards, the Federation of State Physician Health Programs, and emerging science. While having consistent processes, monitoring is individualized to protect the public and meet each health professional's unique situation. The following demonstrate HPSP's commitment to public protection:

- HPSP implements practice restrictions when appropriate to protect the public
- HPSP refers health professionals for appropriate assessments and evaluations
- HPSP requires health professionals to follow treatment recommendations

- HPSP tracks health professionals' compliance with treatment and monitoring requirements
- HPSP intervenes when health professionals experience exacerbations of symptoms
- HPSP serves as a liaison between employers and treatment providers
- HPSP reports health professionals who are not compliant with Participation Agreements to their licensing boards
- HPSP educates employers and the medical community about professional impairment versus illness
- HPSP encourages early intervention through outreach to schools, professional associations and other groups

GOAL 2: ENSURE INDIVIDUAL CLIENTS ARE TREATED WITH RESPECT

HPSP staff are committed to treating health professionals and all persons with respect. This is done through interactions with health professionals as well as ensuring program processes and documents are easy to understand and implement. Beyond HPSP's day to day involvement with health professionals, these HPSP processes and activities demonstrate respect for clients:

- Maintaining motivated, competent staff who are proficient in substance and psychiatric disorders as well as case management
- Ensuring staff receive ongoing training about cultural humility, inclusion, and diversity
- Ensuring staff receive ongoing training about substance and psychiatric disorders
- Maintaining a simple process for reporting to the program
- Establishing monitoring based on research and national standards
- Providing a consistent service to all health professionals
- Collecting and reviewing feedback from health professionals on a regular basis and incorporating this feedback as appropriate
- Finding accessible collection sites for health professionals and posting them on the HPSP website

GOAL 3: ENSURE THE PROGRAM IS WELL MANAGED

Identifying how well HPSP is managed includes the above items in addition to a broad range of actions, including:

- The program director and HPSP staff are committed to diversity, equity and inclusion
- HPSP staff holds weekly team meetings to address administrative and case management needs
- HPSP collaborates with board staff and seeks input regarding the monitoring process and guidelines
- HPSP holds regular meetings with board staff to review program processes and board questions
- HPSP follows the health licensing boards' Continuity of Operations Plan
- HPSP follows human resource and administrative procedures established by the Department of Administration, facilitated by the Small Agency Resource Team (SmART)
- HPSP completes the Department of Management and Budget's (MMB) Internal Control Self- Assessment tool annually to identify program strengths and vulnerabilities

- HPSP utilizes MN.IT for computer security, database development, and other electronic technology (i.e. phones, printers, email)
- HPSP is staffed with competent employees who are invested in the program's mission
- HPSP maintains up to date position descriptions
- The program director assures that case managers provide quality intake and case management monitoring services
- The program director performs annual performance reviews of employees and undergoes a performance evaluation by the administering board
- The program director surveys executive directors annually to obtain input on program services
- The program director submits monthly billing reports to SmART on a timely basis
- The program director sends board executive directors monthly referral, discharge and cost allocation reports
- The program director meets with the administering board Executive Director to review program operations and spending on a regular basis
- The program director ensures that all staff review relevant state policies upon hire and annually (i.e. data practices, code of ethics, respectful workplace, electronic communications and others)
- The program director seeks legal advice from the Office of the Attorney General when needed
- HPSP is recognized nationally as a quality program
- HPSP utilizes specialized consultants to assist in developing the terms of Participation Agreements in complex situations

GOAL 4: ENSURE THE PROGRAM IS FINANCIALLY SECURE

The funding source of HPSP is defined in statute and is appropriated by the Legislature on a biennial basis. HPSP has sought funding increases when deemed necessary to address program growth and needs. The majority of HPSP's costs are related to staffing.

HPSP consistently spends within its allotted budget. HPSP has regular budget meetings with the administering board Executive Director. Spending is tracked by SmART and HPSP.All expenses are tracked and reconciled with reports from SmART. SmART also performs accounting audits.

GOAL 5: ENSURE THE PROGRAM IS OPERATING CONSISTENT WITH ITS STATUTE

HPSP understands and appreciates the benefits and constraints of its enabling legislation. HPSP consistently operates within the parameters of its enabling legislation. HPSP utilizes the Office of the Attorney General as legal questions arise regarding the program's authority. Additionally, HPSP has made strong efforts to:

- Maintain a user-friendly website that includes health professional, treatment provider and work site monitor information and forms
- Expand electronic options for submitting quarterly compliance reports
- Promote teamwork and staff development

COMMITTEE MEMBERS AND STAFF

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.

Board	Member Name
Behavioral Health and Therapy	Bharati Acharya
Chiropractic Examiners	Mary Noble (Chair)
Dentistry	Samuel Ankrah
Department of Health	Robert Dehler/Daphne Ponds
Dietetics and Nutritionists	Sue Estes
Emergency Medical Services	Amber Lage
Marriage and Family Therapy	Jennifer Mohlenhoff
Medical Practice	Averi M. Turner
Nursing	Tracy Sonterre-Rieger
Execs. for Long Term Services & Supports	Steve Jobe
Occupational Therapy	Karoline Pierson
Optometry	Britt Heglund
Pharmacy	James Bialke
Physical Therapy	Allen Rasmussen
Podiatric Medicine	Cyndee Fields
Psychology	Michael Thompson
Social Work	Linda Gustafson
Veterinary Medicine	Jody Grote (Vice-Chair)

ADMINISTERING BOARD

The Board of Psychology, under the leadership of Executive Director Sam Sands served as the administering board for HPSP in fiscal year 2024. In fiscal year 2025, the administrating Board remains the Board of Psychology.

ADVISORY COMMITTEE

The Advisory Committee consists of one person appointed by various health-related professional

associations and two public members appointed by the Governor. 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	Member Name
MN Academy of Nutrition and Dietetics	Lindsay Heidelberger
MN Ambulance Association	Joe Newton
MN Academy of Physician Assist.	Tracy Keizer
MN Assoc. of Naturopathic Physicians	Aidanne MacDonald-Milewski
MN Chiropractic Assoc.	Dr. Jake Dalbec
MN Dental Assoc.	Dr. James Omlie
MN Health Systems Pharmacists	S. Bruce Benson
MN Medical Assoc.	Stephanie Lindgren
National Assoc. of Addiction Professionals, MN Affiliate	Sandy Clark
National Assoc. of Social Workers, MN Chapter	Michael Arieta (Chair)
MN Nurse Peer Support Network	Katy Callaway
MN Nurses Assoc.	Nathaneal Lew
MN Occupational Therapy Assoc.	Karen Sames
MN Optometric Assoc.	Georgiann Jensen Bohn
MN Organization of Leaders in Nursing	Lucy Furlog
MN Organization of Registered Nurses	Niki Gjere
MN Pharmacists Assoc.	Sue Anderson
MN Podiatric Medicine Assoc.	Dr. Kari Prescott
MN Psychological Assoc.	Ann Schissel
MN Veterinary Medicine Assoc.	Dr. Marcia Brower (Vice Chair)
Public Member	Hafsa Askar Mohamed
Public Member	Joanne Kronstedt

HPSP STAFF

Kimberly Navarre	Program Director	Lisa Franciscus	Case Manager
Eldaa Delgado	Case Management Assistant	Johanna Gangl	Case Manager
Katie Morgan	Case Management Assistant	Pang Yang	Case Manager
Kerry Gibbons	Office and Records Manager	Nichole Williams	Case Manager
Tracy Erfourth	Case Manager	Andrew Leinen	Case Manager

Gratitude for contributions to this report are extended to the LynMark Team.