



**H
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**Health
Professional
Recovery
Program**

Executive Summary

October 1, 2024, through September 30, 2025

Bureau of Professional Licensing
Michigan Department of Licensing and Regulatory Affairs

Information provided by



Article 15 Professions

Acupuncture
Athletic Training
Audiology
Behavior Analysis
Chiropractic
Counseling
Dentistry
Dietetics & Nutrition
Genetic Counselors
Marriage and Family Therapy
Massage Therapy
Medicine
Midwifery
Nursing
Nursing Home Administrator
Occupational Therapy
Optometry
Osteopathic Medicine & Surgery
Pharmacy
Physical Therapy
Physician's Assistant
Podiatric Medicine & Surgery
Psychology
Respiratory Care
Sanitarian
Social Work
Speech-Language Pathology
Veterinary Medicine

THE HEALTH PROFESSIONAL RECOVERY PROGRAM:

Michigan's Health Professional Recovery Program (HPRP) is a voluntary, confidential, non-disciplinary program established by the legislature in 1993. The program is available to all Michigan healthcare professionals who are licensed or registered under Part 15 of the Michigan Public Health Code. The HPRP is financially supported by licensing fees and is endorsed by healthcare professional associations throughout Michigan and by the state's licensing boards.

The Health Professional Recovery Committee (HPRC) oversees the HPRP and is comprised of public members and licensed health professional members appointed by the licensing boards of those professions eligible to participate in the HPRP. The HPRC is responsible for the development and modifications of the policies and procedures implemented by the HPRP.

The underlying philosophy of the program is to protect the public while encouraging and supporting recovery from the treatable diseases of substance use disorder, mental health disorder, or both.

The HPRP is a program that monitors participants as they address their respective impairment using a rehabilitative and clinical approach.

PROGRAM OVERVIEW:

The HPRP provides a structured monitoring process that coordinates services between health professionals, referred to as program participants, and approved service providers. The steps involved in the process are outlined below.

- 1. Referrals:** The HPRP offers licensees referral services to approved providers, known as evaluators. Evaluators meet with the licensee to determine whether there is a diagnosis of a substance use disorder or mental health disorder that merits monitoring. The evaluation includes, but is not limited to, the following:
 - Evaluating symptoms, treatment needs, personal safety, and risks to the public.
 - Reviewing the licensee's history of substance use, medical and treatment history, and social and demographic information.
 - Determining diagnosis and practice limitations.
 - Providing treatment and recovery recommendations if found eligible to participate.
- 2. Agreements:** When the evaluator determines that an eligible diagnosis exists, the HPRP consults with the evaluator to develop a monitoring agreement. The monitoring agreement is a signed contract between the participant and the HPRP that is designed to monitor the participant's treatment and continuing care requirements. The agreement includes, but is not limited to, the following:
 - Requirements for remaining compliant with the program.
 - Work restrictions and conditions, if any.
 - Requirements for drug screening, if applicable.
 - Requirements pertaining to submitting self-help logs and other reports.
 - A schedule for required provider visits and group meeting attendance.
- 3. Compliance:** The HPRP monitors each individual's level of participation and compliance in the program throughout the duration of the agreement. This includes, but is not limited to, the following:
 - Coordinating communication between providers, participants, and the program.
 - Reviewing actions to be taken in the event of relapse or other incidences of noncompliance.
 - Making necessary adjustments to monitoring agreements to address areas of noncompliance.
 - Determining when dismissal from the program is merited.
 - Reviewing required reports from participants and providers to determine the participant's level of compliance and progress in recovery.
- 4. Noncompliance:** Due to the inherent risk to the public presented by a licensed health professional who may be impaired, a licensee who fails to complete the intake process or refuses to comply with the requirements of a signed monitoring agreement is reported to

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the Department of Licensing and Regulatory Affairs (department) as required by the Michigan Public Health Code. Once reported to the department, the department determines whether disciplinary action will be initiated.

Table 1: Participation by Profession for Fiscal Year Ending September 30, 2025.

Profession*	Total Licenses	Licenses Monitored	Percentage of Licensees in Monitoring
Chiropractic	3,048	5	.16%
Counseling	12,423	7	.06%
Dentistry	20,385	15	.07%
Marriage/Family Therapy	1,019	1	.10%
Massage Therapy	9,533	4	.04%
Medicine	45,896	98	.21%
Nursing	201,692	394	.20%
Occupational Therapy	9,106	4	.04%
Optometry	1,943	1	.05%
Osteopathic Medicine	11,713	33	.28%
Pharmacy	51,113	22	.04%
Physical Therapy	15,967	6	.04%
Physician’s Assistant	8,894	18	.20%
Podiatry	886	3	.34%
Psychology	7,569	3	.04%
Respiratory Care	5,253	4	.08%
Social Work	33,854	22	.06%
Speech-Language Pathology	6,997	1	.01%
Veterinary Medicine	8,297	5	.06%
TOTAL**	455,858	646	.14%***

* Omitted professions had zero participants.
 **The number of licenses 646 (above) is greater than total participants 640 (Table 3 below) because some licensees hold more than one license.

2021: Total Licensees: 403,586	Licensees Monitored: 750	Percentage of Licensees in Monitoring: .19%
2022: Total Licensees: 422,913	Licensees Monitored: 723	Percentage of Licensees in Monitoring: .17%
2023: Total Licensees: 455,858	Licensees Monitored: 646	Percentage of Licensees in Monitoring: .14%
2024: Total Licensees: 435,537	Licensees Monitored: 644	Percentage of Licensees in Monitoring: .15%

AGREEMENT TYPES:

Eligibility for monitoring is based on a diagnosis made by an HPRP paneled evaluator. The types of monitoring agreements used are described below. Each type of monitoring agreement has a regulatory and a non-regulatory version.*
monitoring program.

Substance Use Disorder (SUD) monitoring agreements were offered to licensees who received a diagnosis of a substance use disorder. The evaluation did not include any additional diagnosis of a mental health disorder.

Mental Health (MH) monitoring agreements were offered to licensees who received a mental health diagnosis. The evaluation does not include any additional diagnosis of a substance use disorder.

Co-Occurring Diagnosis (CD) monitoring agreements were offered to licensees who received a diagnosis of a substance use disorder and a mental health disorder.

Out-of-State monitoring agreements were offered to licensees holding an active Michigan license, had worked out-of-state, and were being monitored



*NON-REGULATORY

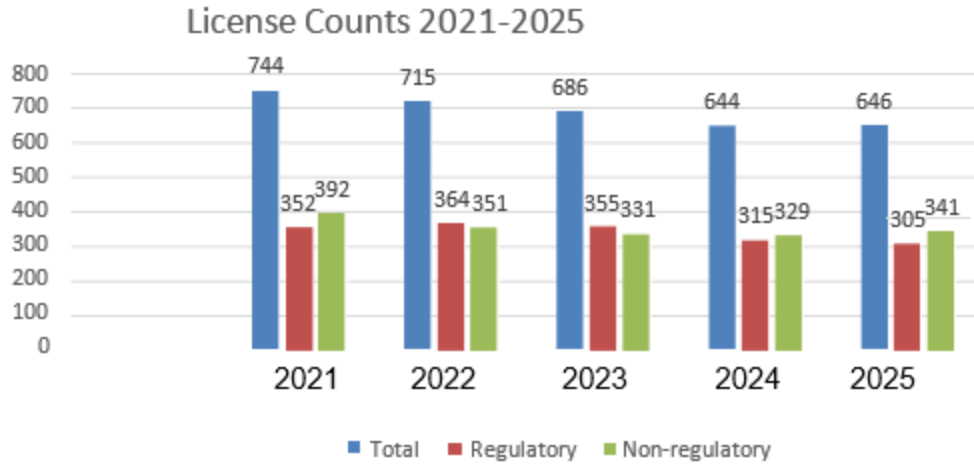
PARTICIPANTS: Participants who self-report or are referred by the department for non-disciplinary monitoring.

REGULATORY PARTICIPANTS: Participants who are referred to the HPRP under the terms of a disciplinary board order.

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Table 2: License Counts Monitored by Fiscal Year.



	2021	2022	2023	2024	2025
Total	744	715	686	644	646
Regulatory	352	364	355	315	305
Non-regulatory	392	351	331	329	341

Table 3: Participant Totals by Agreement Type by Fiscal Year.

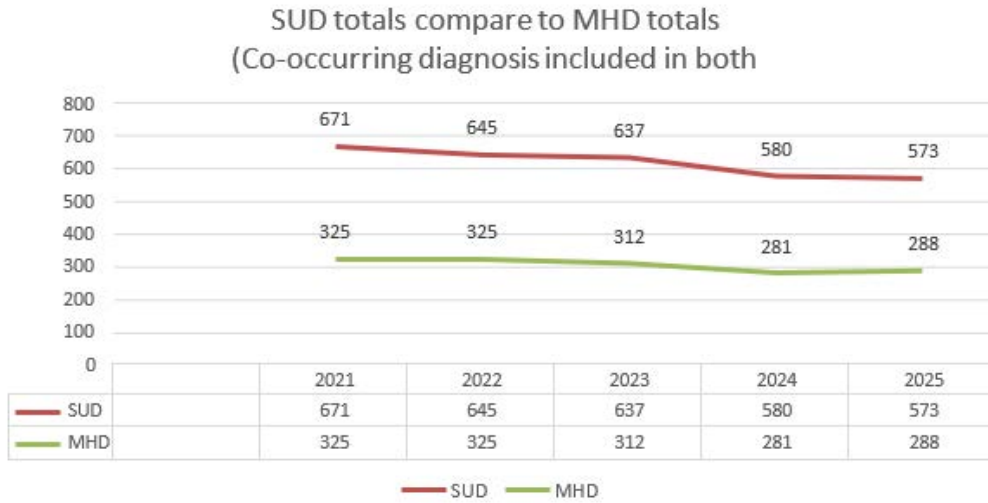
Agreement Types	CD	MHD	SUD	Out of State	Total Agreements Monitored
2021	289 (39%)	36 (5%)	382 (51%)	37 (5%)	744
2022	294 (41%)	32 (4%)	352 (49%)	37 (5%)	715
2023	294 (42%)	21 (3%)	347 (51%)	27 (5%)	686
2024	259 (41%)	22 (4%)	321 (50%)	35 (5%)	637
2025	260 (41%)	28 (4%)	313 (49%)	39 (6%)	640

*Percentages are rounded up to the whole number and calculated based on total agreements monitored during the year.

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Table 4: Participants Diagnosed With A Mental Health Disorder Compared To Those With A Substance Use Disorder by Fiscal Year.



	2021	2022	2023	2024	2025
SUD	671	645	637	580	573
MHD	325	325	312	281	288

- **426 referrals were received during this reporting period.**
- **106 referrals were found ineligible for monitoring during this reporting period.**
- **196 referrals entered into monitoring during this reporting period.**

INTAKE:

The HPRP received 426 referrals to the program between October 1, 2024, and September 30, 2025. Referrals to the program come from a variety of sources including self-referrals, licensed health professionals, co-workers, and the department. The intake process was completed within 45 days 100% of the time unless an extension was granted. In 65% of the referrals, one of the three available intake extensions (Policy 204) was used to assist the participant in completing the intake process.

Intake managers attend an Intake Team Review meeting once per week. An Intake Manager's caseload rarely exceeds an average of 20 cases. Any new intake manager who has been employed less than 1 year attends a Pre-Intake Team Review meeting with a senior staff member to ensure that all necessary paperwork and information needed for the weekly Intake Team Review have been gathered and compiled in a legible manner. Weekly Intake Team Review meetings include all intake personnel, the program director, and the medical consultant. During the Intake Team Review, intake referrals are reviewed, decisions regarding eligibility and compliance are made, and monitoring agreements are developed. Intake managers also attend one Case Management Clinical Team Review per month for continuity purposes between the intake and case management processes. All decisions made during Intake Team Review require the involvement and sign-off of all intake managers, the program director, and the medical consultant.

INTAKE SERVICES TO PARTICIPANT:

Referrals: Each referral was reviewed and assigned to a dedicated intake manager. Intake managers reviewed the intake process with new referrals, including the need to comply with an intake timeline checklist provided.

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Licensees are routinely provided a minimum of 3 evaluators with emphasis placed on the specializations of the evaluators matching the presenting clinical issues of the licensee. Upon request, licensees were provided a list of additional providers. Licensees who received an eligible diagnosis had a monitoring agreement developed based on the evaluator's recommendations.

Risk level: The risk to the public presented by a new referral continuing the individual's professional practice while completing the intake process was reviewed at the start of each intake. The level of risk was used to determine whether the individual should be asked to step down from work until completing the intake process.

Noncompliance with Intake: During this fiscal year, 164 individuals who were noncompliant with the intake process were dismissed from the HPRP. These individuals were reported to the department for potential disciplinary action against the individual's professional license.

Entered Monitoring: During this fiscal year, 196 participants entered into an agreement after receiving an eligible diagnosis. Agreements initially require 1 to 3 years of monitoring, depending on the individual circumstances. Agreements can be extended to account for relapses and other instances of noncompliance with the monitoring agreement.

Ineligible: During this fiscal year, 106 individuals were found to be ineligible for monitoring because the approved evaluator found no diagnosis of a substance use or mental health disorder. These individuals were provided with an official ineligibility letter that marked their completion of the intake and participation in the program.

Table 5: New Referrals to HPRP by Fiscal Year.

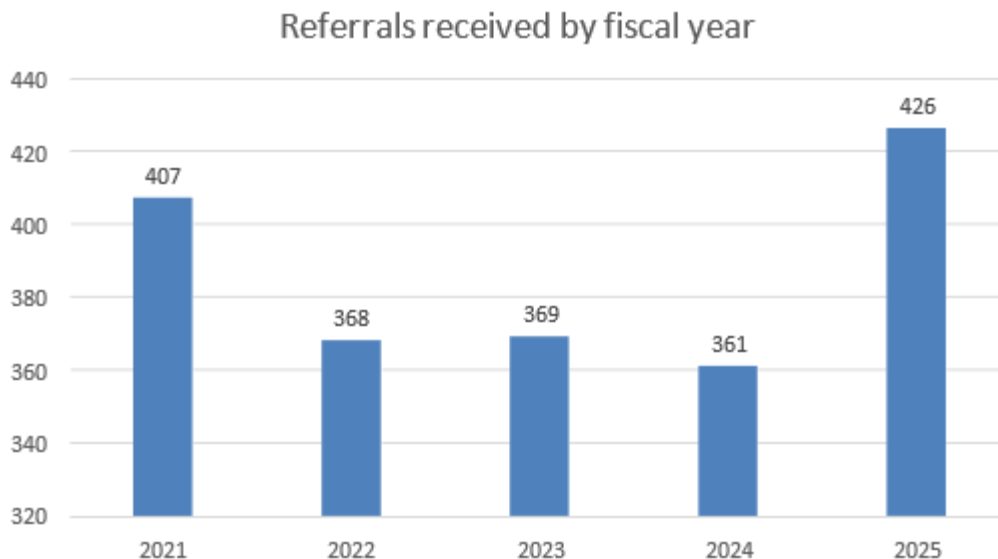
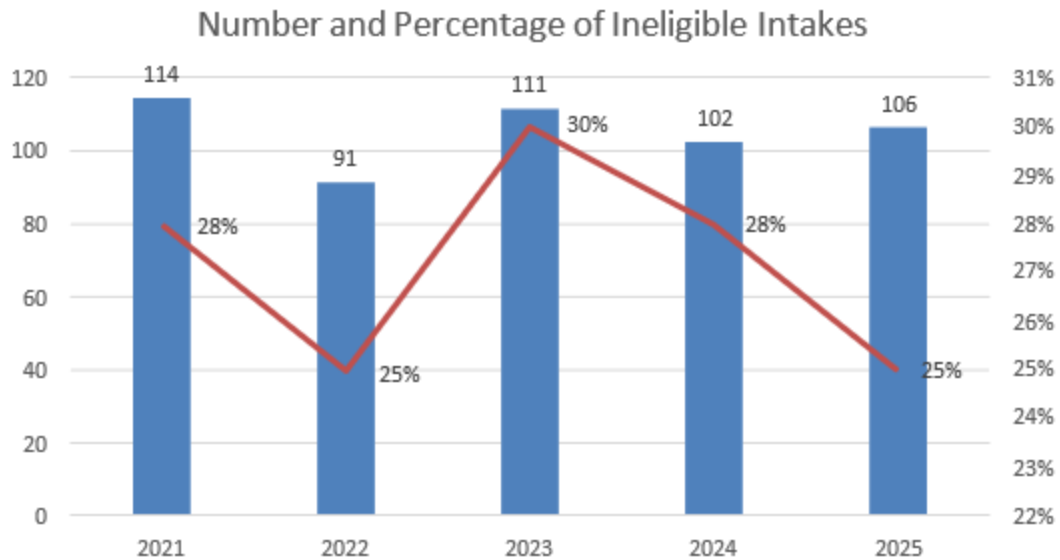


Table 6: Total Referrals Compared to Ineligible Intakes During the Fiscal Year.



CASE MONITORING SERVICES:

The HPRP managed 640 cases during the reporting period. Caseloads did not exceed 80 cases per case manager at any time. The average caseload rarely exceeded 50. All case managers attend a Clinical Team Review once each per week.

Any case manager employed for less than 1 year attends a pre-team review meeting with a senior case manager to ensure all necessary paperwork and information needed for Clinical Team Review has been gathered and compiled in an accurate and legible manner. During Clinical Team Review, changes to monitoring agreements are determined, Step 1 Reviews are conducted, compliance issues are addressed, and closures are approved. All decisions made during Clinical Team Review require the involvement and sign-off of all case managers, the program director, and the medical consultant. Case managers also attend one Intake Team Review per month for continuity purposes between the intake and case management processes.

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Table 7: Active Agreements by Month for Fiscal Year Ending September 30, 2025.

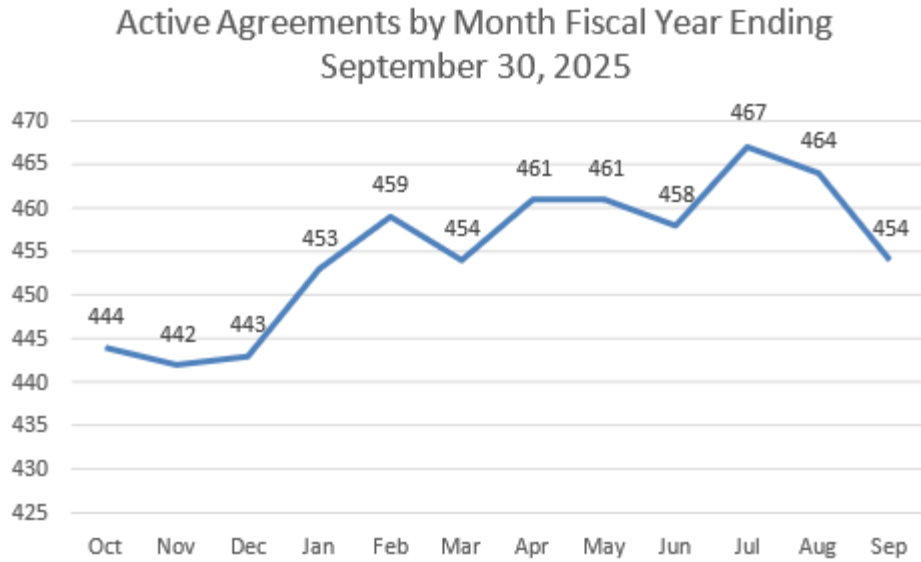
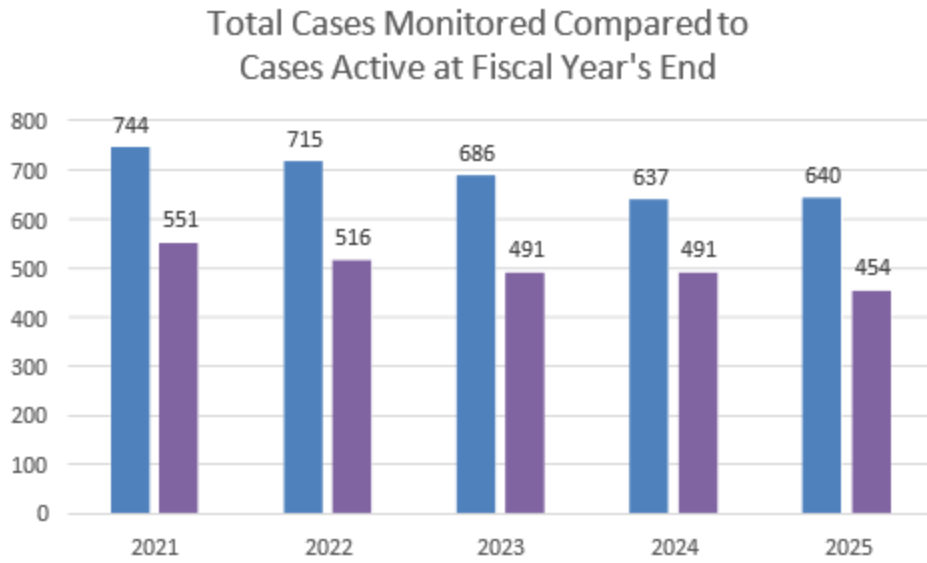


Table 8: Total Cases Monitored Compared to Active at Fiscal Year's End.

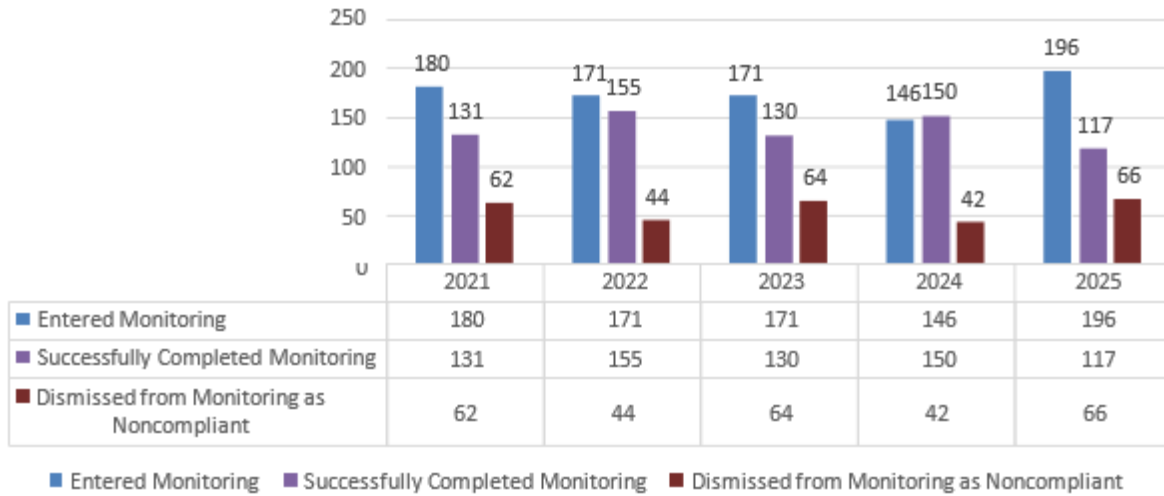


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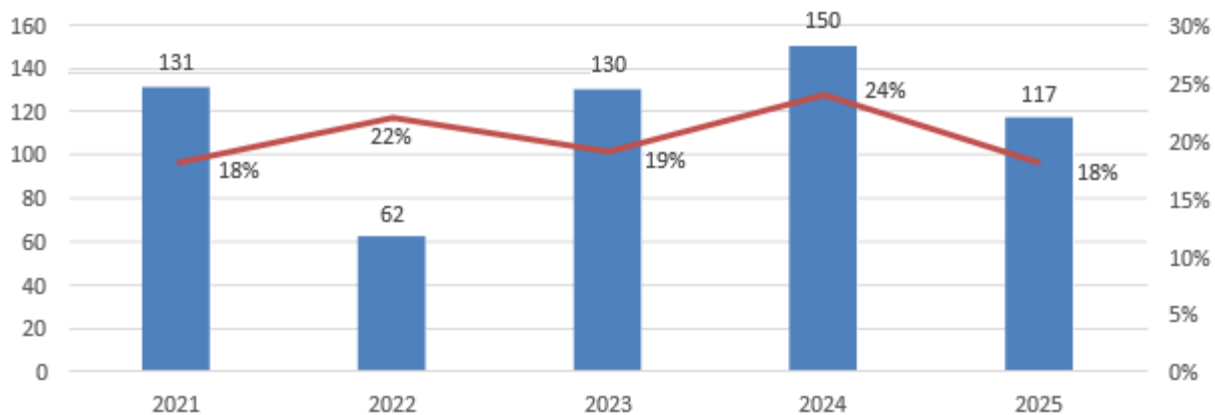
Table 9: Monitoring Trends Over Time by Fiscal Year.

Monitoring Trends 2021-2025 Fiscal Years



When a participant has a noncompliant incident, the participant is not automatically dismissed from the program. Dismissal typically occurs as a last resort and only after the participant refuses to follow any new requirements put in place to address the noncompliant incident.

Table 10: Successful Completion by Fiscal Year.
Comparison: Number of Cases and Percentage of Total Participants Closed Compliantly in by Fiscal Year



The table above represents the number of participants who successfully completed their agreement each year. The percentages were rounded and calculated based on the total number of participants monitored during each fiscal year.

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The table below represents the number of participants who were dismissed as noncompliant. It does not include participants who failed to complete intake and never entered monitoring. The percentages were rounded and calculated based on the total number of participants monitored during each fiscal year.

Table 11: Noncompliant Dismissals by Fiscal Year.
Number and Percentage of Total Participants Monitored Closing Noncompliant During the Fiscal Year

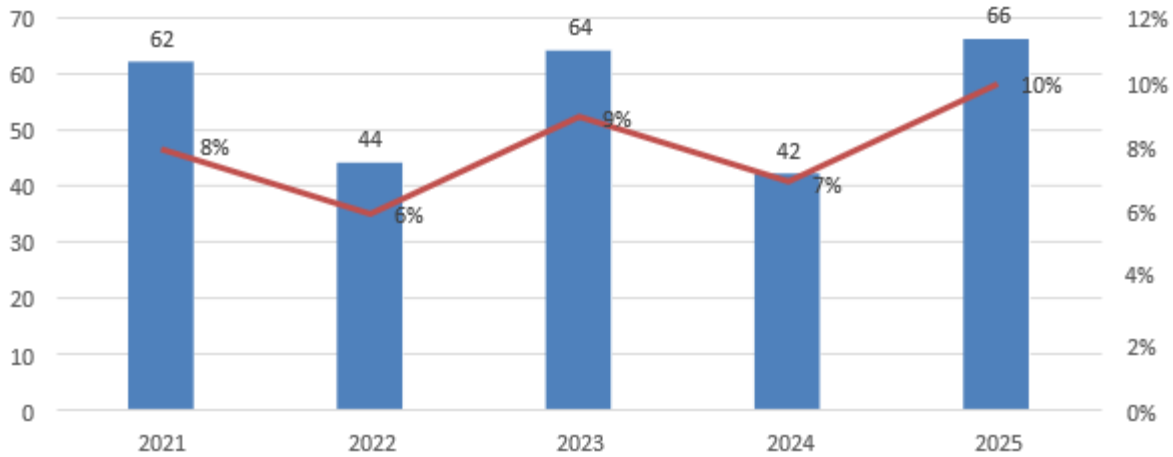
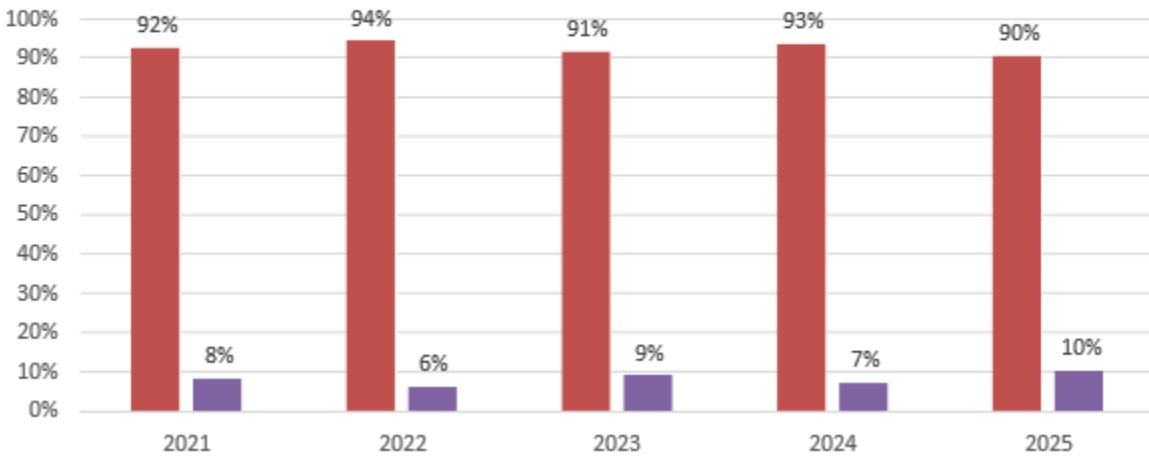


Table 12: Participant Compliance/Noncompliance Comparisons by Fiscal Year.
Comparison: Percentages of Compliant Participants vs. Noncompliant Participants by Fiscal Year



PROGRAM IMPROVEMENTS:

During this reporting period, the HPRP reviewed the “missed check-in” process due to the apparent high noncompliance with this requirement. The licensee may go online, call-in, or use a mobile application to determine if the computerized random selection has selected them to report to a collection site and provide a sample (urine, blood, nail, or hair) for the identified panel.

Previously, the licensee’s Monitoring Agreement stated they were required to check-in to the drug screening vendor, RecoveryTrek, Monday through Friday (including holidays that fell on weekdays), between 4:00 a.m. and 3:00 p.m. (Michigan time, regardless of approved travel outside of this time zone). Failure to do so was considered a missed check-in, which was non-compliance. Licensees were permitted two (2) missed check-ins during a three-month period before they were considered non-compliant with their Monitoring Agreement. The licensee was informed of their case being presented to the HPRP Clinical Team for review if three (3) or more missed check-ins occurred within a quarter. The decision of the Clinical Team could have resulted in multiple outcomes, such as a warning, an extension to the licensee’s Monitoring Agreement end date, or non-compliant closure, to name a few. Variables considered in the decision of the Clinical Team included Monitoring Agreement start date, current year in monitoring, working in a healthcare setting, and history of noncompliance.

It became apparent that a growing number of licensees were using this leniency as a strategy to avoid potential urine drug testing, as some substances in urine are quickly cleared from the system.

After a thorough review of this concern with the Health Professional Recovery Committee, and with their support, changes were made to the processes regarding checking-in to RecoveryTrek. Licensees must now check-in to RecoveryTrek Monday through Friday (including holidays that fall on weekdays), between 4:00 a.m. and 11:59 p.m. (Michigan time regardless of approved travel outside of this time zone). Each missed check-in is reviewed by the HPRP Clinical Team. The Clinical Team considers giving a warning for the first missed check-in during a quarter; however, subsequent missed check-ins may result in action being taken, including but not limited to, an extension to the Monitoring Agreement end date. An immediate blood test is ordered following any missed check-in, by the direction of the Medical Director. Failure to check-in to RecoveryTrek, on a day the licensee is selected to test, is considered a missed test and is reviewed by the Clinical Team as such.

Drug Screening: Drug screens are a required component of intake and monitoring and are performed in accordance with the HPRC policies. A percentage of the overall annual urine drug screens were previously required to be “observed screens” at the collection site. Currently, urine drug testing (with confirmation) is considered the “gold standard” due to its window of detection, sensitivity, and track record for accuracy. However, urine testing has some drawbacks. There is a relatively short window of detection for several drugs, including alcohol.

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Another drawback is the potential for tampering, either by diluting the specimen by drinking or adding water, using another person's urine, or adding adulterants. Using random observed urine testing at a collection site involves a same-gender observer who must watch the licensee to expose their genitalia, turn around, and urinate in front of the observer. Many collection sites failed to follow this observation procedure approved by the national Department of Transportation standards and, instead, would modify the procedure by leaving the restroom door ajar. Additionally, the collection sites charge very high fees for less than adequate observed collection.

The HPRP presented these concerns to the Health Professional Recovery Committee and obtained approval to replace the observed urine collection with oral saliva collection.

The observed test costs were comparable to the cost of the oral saliva tests, and the obviously intrusive nature of an observed urine screen was eliminated.

Another enhancement to HPRP's drug testing was the return of PROOF at-home DNA urine testing through RecoveryTrek. After the previous lab that was analyzing the DNA component closed abruptly, RecoveryTrek contracted with a new DNA lab to resume PROOF at-home DNA urine testing. In this contract year, the HPRP tested the reliability of this lab by only permitting five (5) licensees to utilize PROOF at-home DNA urine testing. Once the veracity of the testing was established, PROOF at-home DNA was made available to all licensees. This option promoted licensee compliance by eliminating the challenges they faced due to collection site location/hours, as well as their own work schedules, while maintaining the HPRP's vigilant drug testing protocol.

PROOF at-home blood spot testing and nail testing are also now available and are more convenient for licensees who have difficulty getting to a collection site or are unable to complete venous blood drawing.

Michigan's HPRP continues to support a strong working relationship with its third-party administrator, RecoveryTrek, who is one of the leading drug screening vendors for professional health programs, as well as the only company with a patented at-home urine DNA test in the country.

Medical Consultant: The medical consultant has a critical role in the HPRP, particularly during weekly clinical team reviews. The HPRP relies on the medical consultant for expertise concerning drug test results, medical conditions, medications, non-compliance, and urgent medical related issues. The HPRP has continued its relationship with Carl Christensen, PhD, MD, MRO. Dr. Christensen has been invaluable to the program, bringing his wealth of knowledge of professional health monitoring, and of the HPRP specifically through his involvement as a previous HPRC member and chairperson. During this reporting period, Dr. Christensen dedicated 704 hours of his time, which is a 21.2% increase compared to last fiscal year.

Provider Network: The HPRP has a collaborative working relationship with its paneled providers and respects their role in determining treatment expectations and advocating for their clients. During this fiscal year, the HPRP held 3 virtual provider meetings and 1 hybrid provider meeting that was held both in-person and virtually. The in-person meeting was held in response to providers' requests to meet in-person at least 1 time a year.

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Additionally, the annual HPRP evaluator training was offered to HPRP providers; however, the live training session was canceled due to minimal interest. Those interested in being paneled as an evaluator were sent the recording of the evaluator training, which was recorded in 2022. Throughout the year, the HPRP also provided new evaluators with the recorded training, which likely contributed to the minimal interest in the training session offered in September 2024. There are currently 5 evaluators who have completed the required evaluator training for the HPRP and are able to receive referrals for evaluations. This allows for wide geographical access to evaluators as well as an increase in evaluators who are trained in specialized evaluations that include pain, psychiatric, substance addiction, and sexual addiction specialties. HPRP provided 1 annual virtual evaluator training during the reporting period. This training is required to receive any evaluation referrals by HPRP. The training explores program requirements for a complete and comprehensive evaluation, time frames for completing the evaluation, and discussions for responding to a difficult client. The program director conducted additional training for evaluators throughout the reporting period as needs or potential evaluators were identified.

The HPRP program director and medical consultant continue to produce a monthly newsletter available to all paneled providers informing them of any policy and procedural changes of the program as well as any current drug screening changes/advancements in the industry. Articles written by the medical consultant also include current trends in mood altering substances that may benefit HPRP providers in their practice.

There are currently 392 providers on the HPRP panel; 34 new providers were added during this reporting period. Credentialing a provider for the HPRP provider panel requires verification of an active license, a minimum of 5 years post graduate experience, experience treating mental health disorders, substance use disorders, or both, an interview with the program director that includes orientation and training components, and an agreement to follow HPRP provider processes by signing a *Statement of Understanding*. The HPRP verifies the license of every provider, confirming it remains active and without restrictions, every six months.

All providers have been credentialed or re-credentialed in the last year as required. The credentialing process supports the eligibility of providers on the panel as they are knowledgeable of program policies, practices, and overall HPRP expectations.

The HPRP provides a complete list of paneled providers every month to the department and to any licensee upon request. The HPRP does not have a financial relationship with the paneled providers; it encourages all paneled providers to offer adjusted fees to their health professional peers in the program. The HPRP also encourages licensees to explore health insurance reimbursement possibilities when selecting a paneled HPRP provider to minimize cost.

Participant Tracking System: Ulliance, Inc. continues to develop and implement enhancements to the Participant Tracking System. Continuous improvement programming enhancements have been made to the intake and monitoring component of the HPRP system.

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Upgrades to the platform are continuing and will provide additional capabilities to internal staff and the provider network.

The secure infrastructure allowed staff to continue to fully operate and conduct all required program components both in the office and remotely when applicable. During this reporting period, significant enhancements of security were made including endpoint management, cloud security, and email security enhancements. The HPRP also provided access to the HPRP Participant Tracking System to designated department staff. This access is specific to the user with appropriate permission levels.

The HPRP has continued to improve the tools and processes to integrate digital file management with the Participant Tracking System. During this reporting period, a new document storage location was created that supported staff need to easily search and locate documentation, combine files digitally for easier storage, process digitally with eFax, and expand the use of secure digital signatures.

HPRP.org: Ulliance, Inc. continues to maintain the HPRP.org public website, including reviewing and updating any content, code, or security items as needed. The content on the forms available to the public have been regularly updated over the past year and remain current with forms provided to licensees in the program. Ulliance has also updated the code of the website to reflect the most recent standards, including all accessibility updates. In addition, Ulliance has monitored and enhanced security through software patches and updates that continually monitor the HPRP.org site for any issues.

The upgrades provide comprehensive daily site backups, uptime monitoring, and daily scans to protect against malware.

45-Day Intake Process: During this fiscal year, Ulliance, Inc. met a 100% standard for all intakes to be completed within 45 days, excluding licensees who were given extensions as approved under Policy 204. During this contract year, the state of Michigan approved 876 extensions. All referrals to the HPRP are reviewed and assigned by the program director to a dedicated intake manager for each licensee. Intake managers review the process with their assigned licensees, including the need to adhere to the intake checklist that is provided to each licensee at the onset of intake. All licensees are routinely provided with a minimum of 3 evaluators whose specializations match the licensee's presenting clinical issues.

After the approved provider's evaluation report is received, the intake manager presents each case to the HPRP Clinical Team. The clinical team then determines whether the licensee is eligible for the program. If the licensee is eligible to participate, a monitoring agreement is developed by the clinical team and offered to the licensee by their intake manager. After a licensee accepts the monitoring agreement, the case is then transferred to a dedicated case manager.

Continuation of Existing Monitoring Agreements: Upon receipt of the contract in 2012, Ulliance, Inc. identified all existing monitoring agreements and conducted a transfer of each

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case to a dedicated case manager. The assigned case manager contacted the participants and introduced themselves as their new contact with the HPRP and provided their contact information. All these agreements continue to be maintained unless they were closed. If closed, the documentation required based on the type of closure, compliant or non-compliant, as well as the type of case, regulatory or non-regulatory, was provided to the state of Michigan.

Confidentiality and Destruction of Records: Ulliance, Inc. ensures confidentiality of all records by strict adherence to HIPAA and HITECH rules, all federal and state laws, as well as internal practices. Access to records in the Participant Tracking System is through a firewalled, password protected user access process. The Participant Tracking System limits access to records of those cases for which the user is assigned or has a need to access for services and audits. Records do not leave the HPRP without a signed authorization by the licensee permitting the release of those records to the identified recipient, unless required by law. The HPRP provides licensees' records to the department per policy. All records regarding non-regulatory participants are destroyed after five years unless the licensee becomes re-involved with the program during that five-year period or required by law.

Meetings with Contract Administrator: The program director communicates or meets with the contract administrator routinely, once a business day on average. The program director has continued to support the contract administrator in understanding the program and has clarified answers to any questions. The program director receives prompt responses from the contract administrator regarding clarification of policies, Step 2 Reviews, General Extensions, and all other inquiries made by the HPRP.

HPRC Meeting attendance: Ulliance, Inc. has attended all HPRC meetings held during this reporting period. The HPRP provides the contract administrator with a report for distribution to the HPRC prior to each meeting that includes:

- The number of non-regulatory and regulatory participants enrolled in the program during the previous quarter.
- The total number of non-regulatory and regulatory participants enrolled in the program during the previous quarter.
- The number of non-regulatory and regulatory participants discharged, including non-compliant discharges during the previous quarter.
- Any treatment service provider issues during the previous quarter and the resolution to those issues, or request for committee guidance.
- Any treatment service provider audits conducted in the previous quarter.
- Problems or concerns identified with the HPRP's Policies and Procedures as approved by the committee.

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- Pending issues that require direction from either the contract administrator or the committee.
- Recommendations for program improvement or policy changes/additions/deletions.

Staffing: Roles and Responsibilities: The HPRP has been continuously staffed with case and intake managers who are experienced, master-degree holding professionals. No case or intake manager oversaw more than 80 cases. The average number of cases for each case manager rarely exceeded 50.

During the past fiscal year, the program director has participated in outreach and program awareness activities which include presentations to medical staff at hospitals or other health care organizations, as well as educational institutions. The program director has presented to hospital medical staff including doctors, nurses, as well as human resources, about the HPRP. These presentations include information related to the HPRP's purpose, the program, the licensee's experience, drug testing, treatment costs versus monitoring costs, HPRP processes, misinformation about the program and many other HPRP related subjects. These presentations have been well received and have created stronger relationships between the program and health care employers.

Reports: The HPRP submits a variety of data through monthly and quarterly reports. All required or otherwise requested reports have been completed and submitted on time.