

ADVISORY COMMITTEE MINUTES

DATE: Wednesday, August 12, 2026
TIME: 4:30pm to 5:30pm
LOCATION: In person 335 Randolph St. Paul, MN and Virtual via WebEx

- I. Convene (Marcia Brower, Vice Chair) at 4:31pm
- II. Introductions/Role Call (Kimberly Navarre)

Association	Member Name	Present
Dentists Concerned for Dentists	Dr. Charles Wilkinson	✓
MN Academy of Nutrition and Dietetics	Lindsay Heidelberger	No
MN Ambulance Association	Joe Newton	✓
MN Acupuncture Association	Zuobiao Yuan	✓
MN Academy of Physician Assist.	Tracy Keizer	✓
MN Assoc. of Marriage and Family Therapy	Calvin Hauer	✓
MN Assoc. of Naturopathic Physicians	Dr. Aidanne MacDonald-Milewski	No
MN Chiropractic Assoc.	Dr. Jake Dalbec	No
MN Dental Assoc.	Dr. James Omlie	No
MN Health Systems Pharmacists	S. Bruce Benson	✓
MN Medical Assoc.	Stephanie Lindgren	No
MN Nurse Peer Support Network	Katy Callaway	✓
MN Nurses Assoc.	Vacant	
MN Occupational Therapy Assoc.	Karen Sames	✓
MN Optometric Assoc.	Georgiann Jensen Bohn	No
MN Organization of Leaders in Nursing	Lucy Furlong	No
MN Organization of Registered Nurses	Nicki Gjere	✓
MN Pharmacists Assoc.	Sue Anderson	✓
MN Podiatric Medicine Assoc.	Dr. Kari Prescott	No
MN Veterinary Medicine Assoc.	Dr. Marcia Brower (Vice Chair)	✓

Association	Member Name	Present
MN Psychological Association	Ann Schissel	No
National Assoc. of Addiction Professionals, MN	Sandy Clark	No
National Assoc. of Social Workers, MN Chapter	Michael Arieta (Chair)	No
Public Member	Joanne Kronstedt	✓
Public Member	Vacant - Posted	

Other Attendees: Eldaa Ferraro, Laura Mahlendorf, Tracy Erfourth, Lisa Franciscus, Andrew Leinen, and Nichole Williams, member of public.

- III. Review Minutes from May 13th (Vice Chair)
 - a. Approved
- IV. Review Proposed Agenda (Vice Chair)
 - a. Motion: Tracy Keizer, 2nd Bruce Benson
 - b. Approved
- V. Public Comments (Vice Chair)
 - a. None
- VI. HPSP updates: Kim Navarre (Program Director)
 - a. No staffing changes
 - b. Reviewed average caseloads and numbers
- VII. Presentation: HPSP Case Managers (Nichole Williams, Tracy Erfourth, Andrew Leinin, Lisa Franciscus)

The HPSP Staff Members reviewed and discussed two fictional case scenarios illustrating the processes and decision-making practices of the Health Professionals Services Program (HPSP). Case managers highlighted their current and past roles, their values and how they align with HPSP's [Value Statements](#) (Integrity, Respect, Informed, Accountability, Excellence), and our monitoring approach, emphasizing patient safety, strong collaboration with treating providers, and individualized participant support.

Objectives Covered

- Understanding HPSP's referral pathways, monitoring structure, and clinical decision-making.
- Applying HPSP procedures through real-world scenarios.
- Highlighting the complexities faced by participants referred for medical, mental health, or substance use concerns.

Case Scenario A: Medical Condition (TBI) A self-referred participant reported cognitive challenges following a head injury. HPSP requested a neuropsychological evaluation and a temporary refrain from practice. Evaluation revealed executive function deficits, leading to an 18-month Participation Agreement with occupational therapy, neurology follow-up, and ongoing assessments. Despite limited improvement and eventual job loss due to extended leave, providers felt the participant could safely manage their condition independently. HPSP determined successful completion with recommendation to continue treatment.

Case Scenario B: Substance Use & Mental Health A therapist submitted a confidential third-party referral regarding substance use involving alcohol, cannabis, and Kratom. Assessment confirmed multiple substance use disorders and recommended intensive outpatient treatment, abstinence, therapy, and support group engagement. A 36-month Participation Agreement was established.

- The participant initially struggled with compliance, prompting an initial report to the licensing board. Later concerns—including missed appointments, diluted toxicology results, and a positive PEth and Kratom screen—resulted in further investigation through a Toxicology Director Opinion. Findings showed levels inconsistent with incidental exposure, and due to continued denial despite evidence, the participant was unsuccessfully discharged.

General Themes Discussed

- Importance of clinical data and provider recommendations in decision-making.
- Workflow for weekly team case consultations.
- Reporting requirements, statutory obligations, and when non-compliance necessitates board notification.
- Assessing insight, practice safety, and readiness for completion or discharge.

Questions from Committee Members:

Q: Does HPSP give resources to the individuals specifically looking at scenario A and loss of employment?

A: HPSP staff does all they can to support resources for the individual. The individual is responsible for the follow up to those resources. Conversations are happening consistently when illnesses are changing or progressing or regressing. Treatment provider support is key to decision making and steps moving forward.

Q: What is a TDO and a PEth Test and interpret that data?

A: HPSP utilizes the Toxicology Director Opinion, evidence-based journal articles and research, and treatment provider recommendations. The interpretation of that data is key to determining if monitoring is effective.

General feedback as thought provoking.

VIII. Legislative Updates

- a. Veterinary Technicians license active under Board of Veterinary Medicine

IX. Association Updates

- a. Welcomed representatives from Acupuncture Association and Veterinary Technicians.

X. Adjourn Motion: Karen Sames, 2nd Tracy Keizer. Vice Chair adjourn @ 5:33pm

Next meetings:

November 18, 2026

February 10, 2027

May 12, 2027