MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

1360 Energy Park Drive, Suite 220
St. Paul, MN 55108
651-642-0487 | 651-797-1380 (Fax)
mn.gov/boards/hpsp

ADVISORY COMMITTEE MINUTES

DATE: **Wednesday, November 12, 2025**
TIME: **4:30pm to 5:30pm**
LOCATION: **Virtual Only -WebEx**

I. Convene (Mike Arieta, Chair) 4:34pm
II. Introductions/Role Call (Chair)

Association	Member Name	Present
Dentists Concerned for Dentists	Dr. Charles Wilkinson	
MN Academy of Nutrition and Dietetics	Lindsay Heidelberger	x
MN Ambulance Association	Joe Newton	x
MN Acupuncture Association	OPEN	
MN Academy of Physician Assist.	Tracy Keizer	x
MN Assoc. of Marriage and Family Therapy	Calvin Hauer	x
MN Assoc. of Naturopathic Physicians	Aidanne MacDonald-Milewski	x
MN Chiropractic Assoc.	Jake Dalbec	x
MN Dental Assoc.	Dr. James Omlie	x
MN Health Systems Pharmacists	S. Bruce Benson	x
MN Medical Assoc.	Stephanie Lindgren	
MN Nurse Peer Support Network	Katy Callaway	
MN Nurses Assoc.	Nathanel Lew	x
MN Occupational Therapy Assoc.	Karen Sames	x
MN Optometric Assoc.	Georgiann Jensen Bohn	x
MN Organization of Leaders in Nursing	Lucy Furlong	
MN Organization of Registered Nurses	Nicki Gjere	
MN Pharmacists Assoc.	Sue Anderson	
MN Podiatric Medicine Assoc.	Dr. Kari Prescott	
MN Veterinary Medicine Assoc.	Dr. Marcia Brower (Vice Chair)	x

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Association	Member Name	Present
National Assoc. of Addiction Professionals, MN	Sandy Clark	
National Assoc. of Social Workers, MN Chapter	Michael Arieta (Chair)	x
Public Member	Joanne Kronstedt	
Public Member	Hafsa Askar Mohamed	

Other Attendees: Kim Navarre (HPSP Program Director), Eldaa Ferraro (HPSP Case Management Assistant), Andrew Leinen (HPSP Case Manager)

III. Review Minutes from 8/13/2025
   a. Approved Michael Arieta
   b. 2nd Marcia Brower

IV. Review Proposed Agenda
   a. Approved Michael Arieta
   b. 2nd Karen Sames

V. Public Comment
   a. None

VI. Presentation: Fiscal Year 2025 Report (Kim Navarre)

Program Overview

- **Presented by:** Kim Navarre, LMFT – HPSP Program Director
- **Topics Covered:** Year in review, referrals, participant agreements, discharges, survey feedback, budget, current status, and FY26 goals

FY25 Year in Review

- **Team Changes:**
  - Valerie Bashiri left; Andrew Leinen joined as Case Manager.
  - Katie Morgan joined as Temp Case Manager Assistant.
- **Team Stability:** 8 of 10 team members have been with HPSP for 18+ months.
- **Technology:** 80% of participants use the portal; ongoing connection issues being addressed with MNIT.
- **Education:** Staff attended FSPHP and NOAP conferences; topics included behavioral addictions, ketamine, and alternative toxicology.
- **Space:** Office space is at capacity.

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Referrals

- **Total Referrals FY25:** 542 (up from 432 in FY24)
  - **Board Voluntary**: 255
  - **Board Discipline**: 98
  - **Self**: 110
  - **Third Party**: 79
- **Third-Party Breakdown:**
  - 52% work-related (29% supervisors, 13% employee health, 10% colleagues)
  - 25% treating providers
  - 23% family/friends or undisclosed
- **Geographic Note:** ~49 participants reside outside Minnesota (double from FY24)

Participant Agreements

- Average Time to Sign: 41 days
- 72% signed within 60 days
- Average Monthly Agreements: 23

Enrollment & Participation

- **Highest Participation Rates**
  - **Behavioral Health & Therapy Board (BBHT) – A Consistent Outlier**
    - **Highest Participation Rate:** 5.3 active HPSP participants per 1,000 regulated professionals — significantly higher than other boards.
    - **Why?:** BBHT licenses Alcohol and Drug Counselors (LADC) and Licensed Professional Clinical Counselors (LPCC). While not all LADCs are in recovery, it is not uncommon, and relapse or return to use can be part of the recovery journey. HPSP provides structured oversight for these individuals, which contributes to the higher engagement rate.
  - **BELTSS (Long-Term Services & Supports):** 3.5 per 1,000 — another high engagement rate, possibly due to the nature of administrative roles and oversight responsibilities.

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  - **Nursing & Medical Practice Boards:** While they have the highest number of total participants, their per capita rates are lower (1.9 and 1.8 respectively), reflecting their large, regulated populations.

- **Lowest Participation Rates:**
  - **Psychology:** 0.2 per 1,000
  - **Occupational Therapy:** 0.3 per 1,000
  - **Podiatric & Dept. of Health**

Monitoring & Diagnoses

- **Monitoring Areas: Medical, Mental Health, Substance Use**
- **Trends:**
  - Medical conditions under monitoring have nearly doubled compared to previous years.
  - HPSP's scope extends beyond substance use and mental health — it includes medical diagnoses that can impact professional functioning and patient safety.
  - Example: A participant with extremely high blood sugar was working in emergency services, operating an ambulance. While not a substance use issue, the symptoms mimicked impairment, posing a risk to patients.
  - Broader Insight: Conditions like diabetes, migraines, cardiac or pulmonary issues can affect focus, decision-making, and reliability — even if no formal complaint is filed. Patient harm isn't always visible or reported.
  - Example: a therapist experiencing a migraine may not be fully present, but a patient might not speak up — they may simply not return.
- **Monitoring Approach:**
  - HPSP relies on treating providers to assess if the condition is being managed.
  - If a participant is engaged in care and compliant, the condition may not pose a risk.
  - However, non-compliance or lack of follow-through can lead to attendance issues or compromised care — and that's when HPSP steps in.
  - "Just because there hasn't been a complaint doesn't mean there hasn't been an impact.

Discharges

- **Total FY25 Discharges:** 470 (43 fewer than FY24)
- **Completion Rate:** 60% (down 4%)
- **Non-Jurisdictional Cases:** 20% (down 10%)

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- **Deceased Participants:** 1 (cause unknown)
- **Completion Rates**
  - Successful completion means a participant met all terms of their participation agreement — this is always the goal of HPSP.
  - **FY24 completion rate:** 64%
  - **FY25 completion rate:** 60%
- **Statutory Obligations**
  - HPSP must remain accountable to licensing boards.
  - If a participant is not compliant or poses a risk, reporting is required, even if completion is not achieved.
- **Non-Jurisdictional Referrals**
  - **FY24:** 30% of referrals were non-jurisdictional (i.e., no illness or monitoring not needed).
  - **FY25:** Down to 20% — still notable, but a positive shift.
  - These are individuals referred to HPSP who ultimately do not require monitoring.
- **Deceased Participants**
  - Three participants passed away in FY25.
  - No additional data was available on these cases.
- **No Contact & Non-Cooperative Cases**
  - Slight decreases in both categories:
  - "No contact" = participant never responded.
  - "Non-cooperative" = participant completed intake but did not proceed to a participation agreement.
  - this as a positive trend, showing more individuals are at least initiating contact.
- **Discharge Volume**
  - Total discharges decreased in FY25 compared to FY24.
  - Only 3 of 18 boards saw an increase in discharges.
  - This aligns with the overall trend of higher referrals but fewer discharges, suggesting longer or more active case management.
- **Caseload Impact**
  - With more referrals and fewer discharges, average caseloads per case manager have increased slightly.
  - No major shifts in discharge reasons or board-specific trends beyond what was noted.

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Survey Feedback

- **Recommendation Rate:** 78% would recommend HPSP
- **Most Helpful Supports:**
  - Treating Providers (99%)
  - Support Groups & Toxicology Screens (85%)
- **Challenges:**
  - Inconvenience, cost of treatment/screening, insurance issues, life balance
  - Response Rate: ~1% at discharge
- **Survey Response Rate**
  - HPSP continues to distribute surveys both online and in paper form, with links available on the website.
  - Only ~1% of participants responded to the survey in FY25 — a low return rate, which KN compared to the general overload of surveys people receive in daily life.
  - Despite the low response, KN emphasized the value of the feedback and the importance of continuing the effort.
- **Key Findings (Consistent with Previous Years)**
  - Participants identified the following as most helpful in managing their illness:
  - Treating providers
  - Professional support groups
  - Toxicology screening — though often disliked, it was seen as a valuable accountability tool.
  - 78% of respondents said they would recommend HPSP to other licensed professionals.
- **Participant Sentiment**
  - Many participants expressed gratitude and positive reflections after completing the program.
  - Most feedback received was positive, including specific praise for case managers, which is shared directly with staff.
- **One highlighted quote:**
  - “Even though toxicology screenings were annoying, I liked them because they kept me honest.”
  - Balancing Cost & Accountability
  - We understand their can be a financial burden to toxicology screening but it plays a critical role in monitoring and maintaining safety.
  - HPSP strives to strike a reasonable balance between cost and effectiveness.

Budget

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- **Total FY25 Expenditures:** $1,186,969.39
  - 87% Salaries (12% increase due to raises)
  - 5% MNIT/ALIMS
  - 4.5% Rent
  - 2% Staff Development
  - <1% Outreach

- **Funding:** 71% from Board of Nursing & Board of Medical Practice

- **How HPSP is Funded**
  - Boards pay a flat monthly fee of $83.33 (or $1,000 annually) for access to HPSP services, regardless of usage.
  - If a board makes no referrals, they still pay the base $1,000.
  - If a board does refer participants, they pay a proportional share of HPSP's total expenditures, based on the number of enrollees.
- **Who Pays the Most?**
  - Six boards contribute the majority of HPSP's funding.
  - Two boards alone — Nursing and Medical Practice — cover 71% of total expenditures.
  - This reflects their large number of licensees and active participants (400+ out of 570 total).
  - Other significant contributors: Behavioral Health & Therapy, Pharmacy, Social Work, and EMS.
- **FY25 Budget Snapshot**
  - Appropriation: ~$1.3 million
  - Actual Spending: ~$1.2 million
- **Major Expenses:**
  - Salaries (87%) – KN emphasized the value of the team and their role in data collection and participant support.
  - MNIT/ALIMS – Covers the database and portal infrastructure, plus equipment (laptops, phones).
  - Rent – Chosen for privacy and separation from licensing boards.
  - Staff Development – Includes training and conference attendance.
  - Outreach – Kept low-cost but considered impactful, contributing to the 110 additional referrals in FY25.

FY26 (as of Nov 1, 2025)

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- **Referrals:** 183
- **Discharges:** 189
- **Total Cases:** 565
- **Enrollment Cases:** 87
- **Participation Agreements:** 478
- **October Referrals:** 39
- **Referral & Discharge Trends**
    - Referrals are up by ~30 compared to the same period in FY25.
    - Discharges are also higher than this time last year, though final trends are still developing.
- **Current Case Volume:**
    - **Total active cases (as of Nov 1):** 565
    - **As of the day before the presentation:** 571
    - **Enrollment cases (under review for monitoring):** 87
    - **Active participation agreements:** 478
    - **Monthly Referral Average**
    - **October referrals:** 39
- **FY26 average so far:** ~41/month
    - This is up from ~35/month in previous years, aligning with the overall increase in referral volume.

FY26 Goals

- **Team:** Staff development, training, workshops, caseload management
- **Participants:** Transparency, consistency, portal access, faster enrollment, more self-referrals, wellness education
- **Program:** Committee engagement, annual reviews, financial responsibility

- **Staff Development & Support**
    - Continued focus on professional development:
    - Access to LinkedIn Learning
    - Attendance at national conferences
    - Ongoing team trainings using Minnesota-based resources
- **Caseload management remains a priority:**
    - Average caseload is 88 cases per manager — better than previous years, but still high.
    - KN is working to ensure the team has the tools and support needed to manage effectively.

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- **Transparency & Engagement**
  - HPSP remains committed to transparency and consistency through:
  - Public meetings
  - Open communication with the Advisory Committee
  - Responsiveness to questions and outreach from stakeholders
- **Program Improvements**
  - KN hopes to address collection site accessibility across the state — a longer-term goal now that she's past her first three years as director.
  - Encourages active engagement from committee members, ensuring their time is worthwhile and informative.
  - Internal Review & Financial Responsibility
  - Plans to annually review:
  - Guidelines
  - Paperwork
  - Workflows
  - Job descriptions
  - Emphasized the importance of fiscal responsibility

VII. Association Updates

VIII. Legislative Updates

i. Chiropractic Association notes that MA no longer covers Chiropractic Services for individuals over 21 per legislation.

ii. Occupational and Physical Therapy services will need prior Authorizations.

IX. Adjourn: (Chair) 5:36pm

Next meetings:

February 11, 2026 Virtual Only
May 13, 2026
August 12, 2026