

PROGRAM COMMITTEE MEETING MINUTES

Date: Tuesday, May 12, 2026

Location: Virtual and In-Person at 335 Randolph Avenue in the Minnehaha Conference Room

Time: 10:00 AM CST

I. **Meeting called to begin at 10:00 am by Chair Mary Noble**

II. **Introductions:**

Board	Name	In Attendance?
Behavioral Health and Therapy	Bharati Acharya	Yes
Chiropractic Examiners	Mary Noble	Yes
Dentistry	Samuel Ankrah	Yes
Dept of Health	R. Dehler/D. Ponds/D. Thao	No
Dietetics & Nutrition	Susan Estes	Ruth Grendahl on behalf
Long Term Services & Supports	Steve Jobe	Yes
Marriage & Family Therapy	Jennifer Mohlenhoff	No
Medical Practice	Averi M. Turner	Elizabeth Huntley on behalf
Nursing	Tracy Sonterre-Rieger	Yes
Occupational Therapy	Karoline Pierson	Yes
Office of Emergency Medical Services	Amber Lage	Tanya Armstrong and Pattie Forsberg
Optometry	Britt Heglund	No
Pharmacy	Ben Maisenbach	Yes and with Barbara Jerry Klein
Physical Therapy	Allen Rasmussen	Yes
Podiatry	Cyndee Fields	No
Psychology	Michael Thompson	Yes
Social Work	Linda Gustafson	Yes
Veterinary Medicine	Jody Grote	No

Other Attendees: Kim Navarre (HPSP – Director), Kerry Gibbons (HPSP – Office Manager), Eldaa Ferraro (HPSP Case Management Assistant), Andrew Leinen (HPSP Case Manager), Pang Yang (HPSP Case Manager), Tracy Erfourth (HPSP Case Manager), Nichole Williams (HPSP Case Manager), Sarah Dirkson (with Occupational Therapy), Barara Jerry Klein (with Pharmacy), Caren Gaytko (with Nursing), Laurie McDowell (with Social Work), Rebecca Moscow (with Social Work), Jarius Ndulah (with Social Work), Vi Palmer (with Social Work), Elizabeth Huntley (with Medical

Practice on behalf of Averil M. Turner), Joyce Nelson (with Dentistry), Dr. Hannah Brown (Toxicology Director HHC), Anita Brown (Lab Supervisor HHC)

III. **Review: Minutes from February 10, 2026 meeting (Chair) – Allen R. Moved, 2nd Karoline P.**

IV. **Review: Proposed agenda (Chair) – Approved.**

V. **Public comments (Chair) – None**

VI. **Presentation: Toxicology with Dr. Hannah Brown from Hennepin Healthcare**

I. Presentation: Toxicology with Dr. Hannah Brown from Hennepin Healthcare

II. Session Overview & Legislative Context

- Session covers HPSP toxicology processes and alternative testing matrices (oral fluid & hair).
- Brief overview of financial instability facing HHC and critical need for a repurposed sales tax to avoid closure of HHC which provides essential statewide services: level one trauma care, burn center, hyperbaric center, and academic research.
- Two state bills (House & Senate) aim to stabilize funding; vote takes place May 18.
- Senate bill includes onetime stabilization grant; political disagreement has caused gridlock (tie = no vote in MN House).
- Audience encouraged to contact legislators via prepared letter if they find HHC a valuable resource in community.

III. Purpose of Drug Testing (HPSP Context)

- Drug testing ensures public safety, verifies abstinence, and supports safe practice for licensed professionals.
- Helps licensing boards and legal systems document ongoing sobriety.
- Core scientific principles: distinguish drugs accurately, minimize false positives, detect very low concentrations with high sensitivity/specificity.

IV. HHC Toxicology Laboratory

- 24/7 tox testing; >18 staff; supports various entities including HPSP.
- Holds clinical and forensic certifications; HPSP uses their forensic chain of custody procedures.
- Mass spectrometry is one of the things making HHC unique - this enables detection of hundreds of substances, including emerging drugs not covered by immunoassays. (Only a few in the country)

V. Alcohol Biomarkers

- Ethanol: short-term
- EtG/EtS: detect up to ~72 hours
- PEth: long-term (5–7 weeks), strong indicator of sustained abstinence; lab plans to bring testing inhouse.

VI. Panels, Collection, and Chain of Custody

- Lab offers broad drug panels and customizable combinations for HPSP Case Managers to choose from.
- HPSP samples are collected by mail-in kits or onsite (observed/unobserved)
 - **HPSP Observed vs. Unobserved Screens Guidelines - Unobserved = default.** Used for most participants; less intrusive and lower costs.
 - **Observed = only when needed.** Triggered by abnormal values, suspected tampering, Board request, or required by existing probation.
 - **Three observed screens** usually required when concerns arise.
 - **Confirmed tampering = discharge** with no reinstatement.
 - If urine integrity stays questionable, HPSP may use **Peth or further testing.**
- Bathrooms designed to deter tampering; water on/off, blue dye in toilets, video observation used only when warranted.
- **Full chain of custody tracking** from collection through lab analysis; every handoff is documented and matched to specimen seals.
- **Tamper evident packaging and locked storage** ensure samples stay secure until they reach the lab.
- **Restricted lab access:** only trained toxicology staff handle specimens to maintain forensic level control.
- **Multiple validity and quality checks** (creatinine, specific gravity, instrument review) before any result is released.
- **Final review by certifying scientists** ensures accuracy, defensibility, and adherence to forensic standards.

VII. TDO - Toxicology Director Opinion

- A TDO is used when a test result needs expert clarification—such as distinguishing true substance use from environmental exposure, medication effects, or other claimed causes. It helps programs like HPSP, boards, and oversight bodies make informed decisions.
 - It is a formal, written expert interpretation provided by the laboratory's toxicology director that explains what a drug test result *means* based on:
 - Confirmed laboratory findings (often mass spectrometry)
 - Scientific literature and known pharmacology
 - Whether the claimed exposure scenario (provided by participant) can reasonably produce the result
 - Any alternative explanations that can or cannot be supported by science
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VIII. Biological Matrices

- Conventional: whole blood, plasma/serum (cleaner samples), urine (most common; longer detection window).
- Alternative matrices benefits: less invasive collection, longer windows, useful in delayed or compromised samples, avoid postmortem redistribution.
- Technology advances allow lower detection limits and broader forensic capability.
- Oral Fluid
- Noninvasive, correlates well with blood, harder to tamper with, fewer interferences.
- Drug entry via blood filtration; acidic pH traps basic drugs (e.g., cocaine, amphetamines).
- Detection window: hours to a couple days.
- Challenges: variability in saliva, contamination risk, small volumes requiring sensitive methods.
- **Hair Testing**
- Shows long-term drug history (≈90 days), stable, noninvasive.
- Drugs incorporate via blood supply and external sources; growth like “tree rings.”
- Interpretation difficult: influenced by melanin, hair type, body region, environmental exposures, cosmetic treatments.
- Hair testing disproportionately affects people with darker, more textured hair due to higher melanin drug binding.
- Interpretation is unreliable: cannot show timing, dose, or distinguish use from exposure.
- Ethical concerns have led many experts to caution against using hair results for high stakes decisions.
- Cannot detect recent use (≈7day gap); digestion/extraction complex.
- Not currently part of HPSP testing.

VII. HPSP Updates (Kim Navarre, Program Director) - None

VIII. Adjourn: Chair – 11:00AM Ruth G. Moved, Karoline P. 2nd

Next Meetings:

August 11, 2026

November 10, 2026

February 9, 2026