

## PROGRAM COMMITTEE MEETING MINUTES

**Date:** 11/18/2025

**Location:** Virtual and In-Person at 335 Randolph in Board Room

**Time:** 10:00 AM CST

### I. Meeting called to begin at 10:02am by Chair Mary Noble

### II. Introductions:

Board	Name	In Attendance?
Behavioral Health and Therapy	Bharati Acharya	
Chiropractic Examiners	Mary Noble	X
Dentistry	Samuel Ankrah	X
Dept of Health	Robert Dehler/Daphn Ponds/Debbie Thao	
Dietetics & Nutrition	Susan Estes	
Long Term Services & Supports	Steve Jobe	X
Marriage & Family Therapy	Jennifer Mohlenhoff	
Medical Practice	Averi M. Turner	X
Nursing	Tracy Sonterre- Rieger	
Occupational Therapy	Karoline Pierson	X
Office of Emergency Medical Services	Amber Lage	
Optometry	Britt Heglund	
Pharmacy	James Bialke	X
Physical Therapy	Allen Rasmussen	X
Podiatry	Cydnee Fields	
Psychology	Michael Thompson	X
Social Work	Linda Gustafson	X
Veterinary Medicine	Jody Grote	

Other Attendees: Kim Navarre (HPSP – Director), Kerry Gibbons (HPSP – Office Manager), Lisa Franciscus (HPSP – Case Manager) Tracy Erfourth (HPSP - Case Manager), Nichole Williams (HPSP – Case Manager), Katie Morgan (HPSP - Assistant Case Manager), Johanna Gangl (HPSP - Case Manager), Andrew Leinen (HPSP - Case Manager), Samuel Sands, Tanya Armstrong

- 
- III. **Review: Minutes from May 13, 2025 meeting (Chair)** – Approved (Motion: K. Pierson, Second: J. Bialke)
  - IV. **Review: Proposed agenda (Chair) – Agenda:** Approved (Motion: L. Gustafson, Second: A. M. Turner)
  - V. **Public comments (Chair) – None**
  - VI. **Presentation: HPSP FY25 Report**

---

### 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.

---

### 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.
  - **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%)
- **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.

---

## 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 there 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

- **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)

- **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.
- **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

---

## Questions

### **Linda – How do we know someone is being monitored in another state?**

These are typically coming in as Board Referrals – or self-reports. Example: the licensee is they are being monitored in another state and renewing their license and told to contact us.

**What does Secondary Monitoring look like?** Typically looks like the other state is doing primary monitoring and case management and that state is providing us compliance updates and quarterly updates.

### **Linda - How many other states have programs like HPSP?**

All U.S. states are federally required to have some form of physician health program. Most states also have nursing monitoring programs. However, Minnesota's HPSP is unique in that it serves a broad range of licensed health professionals — not just physicians or nurses.

#### **Comparison to Other States**

**Michigan:** Has 28 boards with similar professional coverage to Minnesota.

**Ohio:** Only recently (within the last 3 years) expanded beyond physicians to include nurses and other professions.

In many states, monitoring is still siloed — separate programs for physicians, nurses, and often no coverage for professions like social work or behavioral health.

VII. Shared Resource: <https://www.cbsnews.com/video/inside-the-rehab-program-helping-doctors-recover-from-addiction/>

VIII. **Adjourn 11:02am : Chair** – Approved by A. Rasmussen, Seconded K. Pierson

## **Next Meetings:**

February 10<sup>th</sup>, 2026

May 12<sup>th</sup>, 2026

August 11<sup>th</sup>, 2026