

What is your name and organization you represent?

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Jill DiLoreto, Families Recover Together

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Laura Cain, MNPrairie County Alliance	
Paul Shanafelt - SDK	
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What is one thing you want the SUD CoP Leadership Committee to know as we shape the CoP?	What topics did you prioritize for 2026? What approaches or conversations do you hope the C.o.P. can lend to this topic ?
We want to leverage the connections and working groups.	harm reduction - ton of community education needed
BHF proposal concerns	Prison not treatment. Sometimes can be view
With rising costs for insurance, and insurance dictating length of stay for many clients how can we address the needs of our clients when that system is not supportive of client needs.	mental health
change management - likely a part of all of the topics, having some understanding around the basics of change manamagent and the distressing	Set up accountability groups
The importance of including families in coordination of care	Workforce burnout--we cannot continue to ask staff and programs to do more with less. Multi-pronged approach is needed soon. The recommendations in the Paperwork Reduction report and increased rates for residential is a start. Lots more work to do.
Change is overwhelming to providers as they seek to focus on clients. Relearning and restructuring can be difficult. Please make changes in the future minimal. Being in the field for the past 18 years + many changes have come and some of them seem unnecessary. Being a provider at this point and trying to keep up with all the changes interferes with the provision of services. I remember when someone from DHS discussed that as advocates for change, LADCs don't embrace change very well...lol...it's just disruptive. Some in our control, some out of our control. Thanks for listening	Strapped for funding --> need all the revenue they can get --> claim staff can do this but staff is oversubscribed and in fact cannot
Make sure all voices are heard - not rejected. All points of view are needed and valued.	Justice Involved Individuals - need more resources in counties
Ethics and accountability is so important for many of us - how to address things earlier not after the fact	justice involved - how we close the gap, adolescents
SUD facilities need to work together and own their weaknesses allowing space for others to step in with their strengths.	Recovery Methods
Interested in how we integrate services and diagnosis, like TBI, services of sexual assault and domestic violent	Disconnect/gap at systems level. We aren't all working together in service to clients.
Don't just listen and then pat stakeholders on the head for participating. Shared decision making and	Public defense - what county you live in determines what happens. Some counties are conservative. Participatory prosecution not consistent across counties
	Opioid crisis - MAT
	Private Practice support and guidance

diverse input will lead to better proposals at the legislature and with guidance at DHS.	Maybe small groups holding their specific group
Some attendees are adjacent to SUD but still find value listening and recognizing points of intersection	Portugal. Removed use from crime
Explore ways to rebuild trust	Harm reduction
Don't want this to be another "work group" where nothing gets done -	women/children/families, burnout, other - inability to get families involved with the care of the person struggling with substance use, we know that getting families involved improves outcomes but its like pulling teeth, burnout - amount of time focused on paperwork versus client care - needs to be a higher priority on staff and their wellbeing so they can manage emergency
Is there a required percentage of people in management, running R.C.O.'s required to have lived experience. If not can we push for at least 50%?	Harm reduction
engaging universities - making sure that folks have the correct credentials to be doing the work	Change management, SUD and MH, Justice System and SUD
Focus on systems in MN: what do we need those systems to know and hear?	change management, reentry, meeting with different folks/gaining perspectives
Funding barriers for justice involved individuals	Disconnect/gap at client experience level: need more support during transition e.g. from tx to ind living.
Actual follow up by DHS, that some of our ideas and suggestions go somewhere.	Court system for juvenile - how can we use Vet court for other cultures?
The Advisory Council is very interested in the SUD CoP	ethics and accountability of programs
Hear more about special populations - adolescents or pregnant women - resources available	Even \$\$ has gone where meant to is still abstinence based. Perfect world yes, but not reality of SUD. Recovery is not a linear line of beginning and end. Fed / State / County have trouble seeing it for what it is.
would love to hear more conversations involving larger SUD systems	change management, reentry/justice, collaboration
Methods that are working outside of the US	Recovery residence: little support or guidance for how to do this outside of an institution. Systems aren't working for the people trying to work in the systems.
System/statute changes that benefit both providers and clients, easier access to care, centralized information with regards to resources, centralized training options for required trainings, systems working together.	Families and Children
Coord different efforts (work groups) so we are working together - especially as we head into Leg Session.	ASAM
Don't start from scratch. MN has a long history of progressive policies and payment for SUD treatment and recovery. Build upon the work to date and incorporate the voices of those in the field that are closest to the work. Be bold and clear in your recommendations to DHS. Ensure accountability to elected officials and state agencies.	Opioid money - prevention, family, etc. Very little opioid \$\$ spent in those areas. Don't feel its going where it should be
More treatment options for neuro divergent clients	Private practice is more client-centered but there's minimal support for this.
Interested in looking at cultural specific methods, how we may be able to share some of those things, working with Somoli Youth - looking at what can be adapted across cultural specific methods	sober housing and costs
Continue to pull partners in and collaborate.	Money flow. Transparency to money flow. Feel like sometimes funding goes to people who are "in the in" -- Friends of leadership. Not spread out.
Transparency from the state	Person-centered planning - more education about it and acceptance
So much movement and we're overlapped - so important that we are communicating with each other. We need to value and lift up the rich lived experience we have. What does that look like?	Policy over people in practice leads to burnout/sense of disconnection and feeling like your hands are tied.
Consistency in documentation by programs	Help peers to strengthen their skill set. Have mental health peer.

paperwork reduction - focus on clients	Co-occurring disorders. When people walk in for services, they have co-occurring. Peers who have done training, mental health scares them. They want to help, but mental health scares them. How bring them together in a way that helps others?
Programs do things mor consistently - accountability for programs	
leading through EBP	
Important to know the larger initiatives and shared prioritization / lived experience	
Focus on the people doing the work in the SUD space - been a pivot away from this in recent years	
It's important to know what priorities and initiatives the state is currently navigating and how it relates to this CoP when it comes to recommendations.	
Here as a person with lived experience	
build collaborations in smaller communities	
	Family - rural focuses so much on the person and no one pays attention t the family that is left.
	Decriminalize drugs. - important topic
	Corrections & reentry - Not enough. Still treating addition as a criminal act
	Social determinants of health - how to take into account
	Harm reduction - Lots of regulatory ambiguity
	harm reduction
	coordination of care