

What is your name and organization you represent?

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**What is one thing you want the SUD CoP Leadership Committee to know as we shape the CoP?**

We want to leverage the connections and working groups.

BHF proposal concerns

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.

change management - likely a part of all of the topics, having some understanding around the basics of change management and the distressing

The importance of including families in coordination of care

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

Make sure all voices are heard - not rejected. All points of view are needed and valued.

Ethics and accountability is so important for many of us - how to address things earlier not after the fact

SUD facilities need to work together and own their weaknesses allowing space for others to step in with their strengths.

Interested in how we integrate services and diagnosis, like TBI, services of sexual assault and domestic violent

Don't just listen and then pat stakeholders on the head for participating. Shared decision making and

**What topics did you prioritize for 2026? What approaches or conversations do you hope the C.o.P. can lend to this topic ?**

harm reduction - ton of community education needed

Prison not treatment. Sometimes can be viewed

mental health

Set up accountability groups

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.

Strapped for funding --> need all the revenue they can get --> claim staff can do this but staff is oversubscribed and in fact cannot

Justice Involved Individuals - need more resources in counties

justice involved - how we close the gap, adolescents

Recovery Methods

Disconnect/gap at systems level. We aren't all working together in service to clients.

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.

Some attendees are adjacent to SUD but still find value listening and recognizing points of intersection

Explore ways to rebuild trust

Don't want this to be another "work group" where nothing gets done -

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%?

engaging universities - making sure that folks have the correct credentials to be doing the work

Focus on systems in MN: what do we need those systems to know and hear?

Funding barriers for justice involved individuals

Actual follow up by DHS, that some of our ideas and suggestions go somewhere.

The Advisory Council is very interested in the SUD CoP

Hear more about special populations - adolescents or pregnant women - resources available

would love to hear more conversations involving larger SUD systems

Methods that are working outside of the US

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.

Coord different efforts (work groups) so we are working together - especially as we head into Leg Session.

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.

More treatment options for neuro divergent clients

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

Continue to pull partners in and collaborate.

Transparency from the state

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?

Consistency in documentation by programs

Maybe small groups holding their specific group

Portugal. Removed use from crime

Harm reduction

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

Harm reduction

Change management, SUD and MH, Justice System and SUD

change management, reentry, meeting with different folks/gaining perspectives

Disconnect/gap at client experience level: need more support during transition e.g. from tx to ind living.

Court system for juvenile - how can we use Vet court for other cultures?

ethics and accountability of programs

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.

change management, reentry/justice, collaboration

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.

Families and Children

ASAM

Opioid money - prevention, family, etc. Very little opioid \$\$ spent in those areas. Don't feel its going where it should be

Private practice is more client-centered but there's minimal support for this.

sober housing and costs

Money flow. Transparency to money flow. Feel like sometimes funding goes to people who are "in the in" -- Friends of leadership. Not spread out.

Person-centered planning - more education about it and acceptance

Policy over people in practice leads to burnout/sense of disconnection and feeling like your hands are tied.

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 more consistently - accountability for programs	Family - rural focuses so much on the person and no one pays attention to the family that is left.
leading through EBP	Decriminalize drugs. - important topic
Important to know the larger initiatives and shared prioritization / lived experience	Corrections & reentry - Not enough. Still treating addiction as a criminal act
Focus on the people doing the work in the SUD space - been a pivot away from this in recent years	Social determinants of health - how to take into account
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.	Harm reduction - Lots of regulatory ambiguity
Here as a person with lived experience	harm reduction
build collaborations in smaller communities	coordination of care