



Minnesota Substance Use Disorder Community of Practice: October 15, 2024 Meeting Summary

Background

On October 15, 2024, participants attended the seventh Minnesota (MN) Substance Use Disorder (SUD) Community of Practice (CoP). The CoP comprises people engaged in SUD treatment and prevention in any capacity. This includes individuals with lived experience, providers, family members, researchers, recovery peers and advocates. The goal of the MN SUD CoP is to encourage the translation of knowledge into action and provide a framework for information sharing, competence development, rich discussion, and mentoring.

Jill Kemper and Boyd Brown of Health Management Associates (HMA) facilitated the MN SUD CoP meeting. During the meeting, participants discussed the complexities of providing SUD care in rural Minnesota. The meeting began with a presentation from Bradley E. Harrington, the Voices of Experience presenter who shared his experience with the MN SUD treatment landscape from both the Indigenous Peoples and rural MN perspectives. After hearing from Bradley, Shauna Reitmeier, MSW, LICSW, CEO of Alluma and Marti Paulson, CEO of Project Turnabout and President of Minnesota Alliance of Rural Addiction Treatment Programs (MARATP) shared the current provider challenges and initiatives for improving access to SUD treatment in rural communities. Following the presentations, participants were invited to share their experiences and recommendations for increasing access to SUD treatment services in rural Minnesota.

General Announcements

HMA began the meeting with announcements and reminders for the CoP participants. These included:

1. **Upcoming Workforce Workgroups:** Workgroups will take place in November to further discuss the [Workforce Levers](#) discussed during the August MN SUD CoP. HMA reminded participants that a survey was sent out via email to obtain feedback and examples of workforce initiatives in Minnesota that they may know of or have been involved in. The survey can be accessed [here](#).
2. **2025 MN SUD CoP Schedule:** HMA reminded participants that the full MN SUD CoP meetings will reconvene in 2025. Registration dates will be sent to participants in the coming weeks.

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Voices of Experience

Bradley E. Harrington

Bradley, a member of the Mille Lacs Band of Ojibwe, shared his background, beginning with life on the reservation in Central Minnesota in the 1980s and 1990s. He shared that criminality and drug use were prevalent during his childhood, which resulted in Bradley's SUD and ultimately incarceration. During incarceration, Bradley participated in a treatment protocol which incorporated elements of his cultural identity.

Bradley shared that outside of the carceral setting, maintaining sobriety was difficult, as rural communities (including the reservation where Bradley lived) are often composed of close friends and family. Bradley had grown up with many of the community members and had depended on these individuals through many difficult periods of life. Because of this, setting boundaries was crucial, even if it meant telling people they could not step foot on his porch if it could impact his sobriety. During this transition time, Bradley was diligent in efforts to create a safe space and try to live a different life.

As part of the transition, Bradley also attended support groups and treatment sessions. Unfortunately, the support meetings on the reservation were not often taken as seriously, and therefore Bradley had to travel up to an hour to attend sober support meetings in neighboring towns. This frequently involved transit with individuals who were not safe to travel with. In his own community, Bradley made extra efforts to aid in recovery by spending time with elders in the community while they were performing ceremonies and talking circles on the reservation.

Today, Bradley has achieved 15 years of sobriety and continues to seek support, engage in recovery walks and summer support meetings, and prioritizes personal wellness. He is also serving as a mentor for ex-inmates and volunteering at rehabilitation facilities, attends an annual meal with Indigenous inmates at Stillwater prison, and promotes methods to combat drug addiction and change thought patterns.

Bradley shared that cultural methods, traditional healing, and language revitalization are critical aspects to addressing SUD. Culturally specific care helps to foster a sense of accomplishment and connection with their community. Since recovery, Bradley has gained cultural knowledge in various fields such as harvesting, crafting, worldview, and language and utilizes the knowledge to positively impact the community. He is also the youngest male Indigenous Ojibwe language speaker in his tribe and is sought out to oversee ceremonial functions in the community. These are critical skills due to a scarcity of cultural and language experts within the reservation.

To close, Bradley acknowledged the challenges faced in SUD recovery in rural communities due to lack of readily available resources and is continually looking for opportunities to share his experience and help other attempt to find recovery.

Presentations and Discussion: Improving Access to SUD Care in Rural Minnesota

Shauna Reitmeier, MSW, LICSW, CEO of Alluma

- Shauna is the CEO of [Alluma](#), an inclusive, nonprofit organization based in Crookston, Minnesota which provides evidence-based, client-focused mental and SUD care in northwestern Minnesota. Alluma is a Certified Community Behavioral Health Clinic (CCBHC) which provides coordinated care and a comprehensive array of services, including:
 - Individual (adolescent & adult)
 - Group
 - IOP
 - Co-occurring

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- Relapse prevention
- MAT/ODD
- Telehealth
- Transportation
- Bus and Gas cards
- Care Coordinator follow up and engagement
- In 2024 (Jan-Sept), Alluma has served 164 total clients (144 adult (1,363 svc), 20 adolescents (202 svc), 119 services telehealth). Their staff includes staff includes licensed providers, a certified medical director, and certified peers.
- In the past, there were limited mental health and substance use providers in the region. Currently, there is one residential and two outpatient SUD programs. Alluma opted to embrace the CCBHC model due to its integrated approach to mental health and SUD care. In the CCBHC model, clients have access to coordinated, trauma informed mental health and SUD services as needed. Coordinators convene interdisciplinary team meetings regularly to ensure all providers are on the same page and are focused on addressing the most important needs of the individual.
- Because of limited culturally specific resources in the community, cultural responsiveness is also emphasized at their facility.
- Some of the challenges Shauna presented on providing rural-based SUD care include navigating an independent, agriculture economy, a harsh climate, and borders with several other states and Canada. Additionally, rural traditions are often self-sufficient and do not encourage seeking help from others. Additional challenges include:
 - Vast geography/distance
 - Limited workforce
 - Political polarization: often feel as not being heard, overlooked and policies made with urban in mind not rural.
 - Licensing, duplication, administrative burden
 - Broadband connectivity
 - Housing
 - Expectations of legal system, probation and our systems on the client
 - Funding
- Alluma works to meet these challenges and aims to address community needs and gaps in services. At Alluma, mobile crisis response identifies individuals with substance use issues and provides direct access to care through referrals and outpatient programs.

Marti Paulson, CEO of Project Turnabout and President of Minnesota Alliance of Rural Addiction Treatment Programs (MARATP)

- [Project Turnabout](#) offers a full continuum of care for substance use disorders, including detox, withdrawal management, and sober living homes in rural areas of Minnesota.
- Marti acknowledged there is a significant geographic barrier to accessing residential high intensity programs in Minnesota, with an average of 150 miles between each program. Marti also noted that the removal of 25 assessors from counties has further exacerbated this barrier. Currently, there is only one detox center for every 60,000 to 70,000 rural Minnesotans and there are only two withdrawal management programs in the entire outstate Minnesota.
- Marti also reiterated previous statements that lack of transportation and knowledge about treatment options are some of the barriers faced by people in rural areas. It is important to consider these barriers when providing treatment services in rural areas.

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- Marti shared that counties are facing financial challenges in covering transportation costs for individuals seeking residential treatment. Lack of sufficient non-emergency transportation funds is straining treatment providers and hindering timely access to appropriate levels of care.
- In the increasing instances of SUD-induced psychosis requiring stabilization, there are limited treatment options for patients in rural areas due to strict admission criteria in emergency rooms and behavioral health units.
- Finally, Marti noted the increasing difficulty in attracting people to LADC work due to excessive documentation and underpaid wages compared to other healthcare professionals who work directly with people. Healthcare providers must adapt to workforce shortages and barriers to treatment.
- To address these challenges, several initiatives are taking place in Minnesota.
 - The Minnesota Rural Detox Initiative (MRDI) is working to address the issue of transportation of patients from critical access hospital emergency rooms to regular beds. The collaboration involves providers, critical access hospitals, and community behavioral health clinics. The goal is to reduce the cost to the state by ensuring that patients receive the appropriate level of care.
 - Maricopa County is collaborating with various healthcare facilities to enhance mental health services. The project aims to provide withdrawal management and treatment beds by exploring options to utilize underused critical access beds for mental health services.
 - The Minnesota Rural Health Association aims to collaborate with rural healthcare facilities for program development, as collaboration is key to rural care improvements. One of these collaborations includes partnership with local Indigenous tribal organizations to develop culturally responsive programs. They have established weekly drumming, singing, and leisure activities and continuously seek input from Dakota tribes for culturally appropriate and effective programs. There have also been collaborations with sheriff's departments and mental health professionals to educate parents on various mental health and SUD topics.
 - Small community foundations in the state have been providing financial support. Grants ranging in amount have been utilized for education and community initiatives. Opioid money is also available in rural Minnesota counties, who are finding ways to use the money effectively for the most people. MARATP members and other healthcare associates engage in the collaboration.

Following Shauna and Marti's presentations, participants were invited to share experiences and ask questions. Summaries of the questions and responses are provided below.

1. A participant inquired how the presenters address cultural identities and intersectionality in their programs. Shauna shared that at Alluma efforts have been focused on staff awareness of addressing challenges faced by individuals with intersecting marginalized identities in accessing services and support. The organization leads small group discussions to explore cultural understanding, does outreach within local areas, and works on developing specific programming to engage with individuals (recently they have engaged the White Earth tribe for this work).
2. When asked about reaching certain communities, presenters shared that initiatives vary. For example, one initiative laminated posters and placed them in casino bathrooms to raise awareness about free gambling treatment in Minnesota and encouraging individuals to seek help by providing easy access to information.
3. A participant asked how presented accommodate availability of farmers that are clients, acknowledging that with planting/harvesting priorities, farmers may require more flexibility with potentially weeks where they may be unavailable. Shauna shared that at Alluma, they accommodate farmers depending on schedules and if needed, they have even done sessions

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while a farmer in tractors. If probation is involved, they do coordinate with them to adjust their plan, pause treatment for a certain number of weeks, then the care coordinators outreach to get them back in.

4. A participant asked who pays for the services offered by Alluma, to which Shauna replied that it is a mixed payor method, with some covered by private insurance, MA, or the Behavioral Health Fund. If an individual has a co-occurring issue, they use mental health codes to bill insurance or various grants through the Adult Mental Health Initiative, Community Support Program, or others if eligible.
5. A participant shared that recently Minnesota Department of Health published data for 2023 in a [news release](#) which showed a 21% decrease in Greater Minnesota in overdose deaths. Presenters noted that Naloxone training, collaborations between urban and rural programs, or opioid settlement funding may be contributing factors to the decrease in opioid-related deaths, however, participants encouraged attendees to verify if this reduction is across all communities and cultures who may be affected at higher rates.
6. Several participants appreciated the acknowledgement of the role that Rule 25 assessors played in treatment, but also noted that assessments need to be paired with access to additional resources such as housing, transportation, health insurance, access to food, employment, access to cultural supports, and more.
7. A participant shared that at Minnesota State University, Mankato, the Center for Rural Behavioral Health is opening an academic training clinic which will serve individuals in rural Minnesota while training students who they hope will continue work in rural settings.
8. Finally, a participant shared a collaboration with South Side Harm Reduction and Indian Health Services to provide harm reduction kits. This service bridges the gap between overdose and treatment, saving lives. Additionally, diversionary court initiatives in these populations prevent incarceration for drug use and show better success rates than punitive and criminal charges.

The MN SUD CoP will reconvene in 2025.

To obtain the slides presented during the October 2024 MN SUD CoP, please email mnsudcop@healthmanagement.com.

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