



## Substance Use Disorder (SUD) Community of Practice (CoP) Meeting

March 18, 2025

12:00 – 1:30 p.m. Hybrid

Capitol Commons

### Meeting Summary

#### **Background**

On March 18, 2026, the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP) convened virtually. The meeting offered a culmination of the first quarter topic: Understanding the SUD Ecosystem in Minnesota. The meeting was also the first hybrid meeting of the CoP. Capitol Commons 546 provided the in-person venue for the hybrid meeting and the location, just blocks from the Capitol, provided a convenient and mission-aligned spot for people who wanted to join the CoP meeting following MARCO's Recovery Day on the Hill.

#### **Attendance**

Approximately 193 participants joined the online meeting (per Zoom attendance report), and 28 more attended in person.

#### **Objectives**

- Foster relationships among CoP participants via in person meeting format.
- Understand the Legislative process and timelines.
- Developed shared recommendations for how to create a stronger SUD ecosystem

#### **Welcome and Opening (Stephanie Devitt, SDK Strategic Services)**

Stephanie welcomed attendees to the online and in-person events. Participants shared recent wins and successes, both in person and online.

#### **Capitol Commons Introduction**

Darin McDonald, Ramsey County Sheriff's Office and Erik Cedarleaf Dahl, Executive Secretary of the Capital Area Architecture and Planning (CAAP)

Board, welcomed the CoP to the Capitol Commons 546. The hybrid meeting was

### **Legislative Process for Human Service Proposals – Gena Savage, Minnesota Department of Human Services (DHS) Behavioral Health Administration (BHA).**

Gena provided an overview of the legislative process for behavioral health policy and budget proposals. She noted that agencies prepare their proposals throughout the year for submission to the Governor's office. The bulk of proposal development work happens between June and December each year.

Gena also provided an overview of the legislative process in Minnesota, including committee deadlines and final passage process. She noted that odd years are budget years when funding is set for a two-year biennium. Even year are considered “policy years,” when the legislative session focuses entirely on non-budget topics and, for some, bonding.

### **Framing Recommendations Discussion – Stephanie Devitt, SDK Strategic Services**

Stephanie reminded the group of the quarterly focus to SUD CoP topics, with the first quarter of 2026 focused on “Understanding and Mapping the SUD Ecosystem.” She provided an overview of the ideas and priorities that surfaced during January and February meetings, summarized as follows:

1. **The SUD Ecosystem is big, complex and fast-changing.** Payment changes, fraud allegations, housing instability, and trauma across providers, service recipients and families are all sparking change and need for services at unprecedented rates.
2. **Person-Centered Care will only succeed by connecting people to their communities in (psychologically) safe, meaningful ways.** We heard from Native American, rural, youth and East African perspectives about how this looks different across communities.
3. **State-level SUD system is equally complex, requiring coordination across multiple state agencies as pending Medicaid cuts and a tight state budget pose significant challenges to future service funding.** Federal Medicaid cuts will go into effect in early 2027. Office of Addiction and Recovery presented a report on the current state of programs and funding – a first step in crafting a long-term strategy to change the way addiction is handled for optimal outcomes in the face of less money.

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Stephanie also shared the Minnesota Substance Use Disorder Ecosystem map, pictured above. The map places people with SUD and people in recovery (brown squares) at the center, and illustrates the connections across state agencies, managed care organizations, SUD treatment providers, recovery care organizations, the justice system and other key contributors to SUD treatment and recovery. The map was created in an iterative process, incorporating added ideas and feedback from CoP participants at the January and February meetings.

This visual will be used as the CoP moves forward to illustrate the connections across contributors and to help the SDK team frame conversations about connection and collaboration as the CoP dives into more specific topics.

### **Recommendations Discussion**

Participants were invited to self-select into the recommendations area that they wanted to contribute to. Breakout room options were identical in person and online to create mirrored engagement conversations.

All breakout sessions focused on one aspect of SUD recommendations, through a three-part lens:

- What should Minnesota STOP doing?

- What should Minnesota KEEP doing?
- What should Minnesota START doing?

All breakout sessions first invited brainstorming conversations. Then, all were invited to “Vote” for their favorite ideas via GroupMap technology or, for people in person, assigning dots to what they saw as the most important ideas.

- **“Policy:** State or federal decisions or rule-making that impact how work happens, is paid for, and the like.” Top ideas shared are:
  - **Stop Happening:**
    - Background study denial
    - State plan amendments and policy changes being drafted without community consultation
    - (For recovery residences) Creating what has already been created by NARR and MASH
    - Making decisions in silos
  - **Keep Happening:**
    - Behavioral health decisions at the county level
    - Cross- agency collaboration, particularly when it comes to plan/policy changes and amendments to state plans. MDH & DCYF collaboration on pregnancy, maternal health and SUD is one example
    - Support through the justice system
  - **Start Happening:**
    - Transition plans
    - No gap period for funding
    - Recovery residences use NARR standards instead of creating new
    - Sufficient funding for care coordination

- **Implementation:** The programs, systems, and processes that connect policy to the practice of treatment.
  - **Stop Happening:**
    - Enacting changes, but then not clearly communicating the changes to people who have to enact them on a daily basis and [providing information on] how they will do so
    - Ignoring family and friends impacted
    - Housing supports being 60 days & start on the day of admission, not month
    - Allowing providers to figure it out on their own
  - **Keep Happening:**
    - Definition of direct access = increased ability for individuals to admit to treatment prior to CA to take advantage of the opportunities when people feel able and ready to move forward with recovery
    - Reimbursement rate % increases
    - Support system for justice impaired
  - **Start Happening:**
    - Clear, consistent guidance from DHS
    - Increase access to transportation in rural communities
    - Increase reimbursement rates for IOP for proper staffing
    - Reentry with jails
  
- **Practice:** The art and science of treating SUD recovery, following the care continuum from harm reduction to detox, treatment, and recovery maintenance.
  - **Stop Happening:**
    - Allowing Peer Supports to do work outside of “recovery”
    - Improving treatment given to clients so that it is not "cookie cutter treatment plans" and that providers have some evidenced based practice curriculum.

- Improved education about areas for harm reduction such as clean needles, Narcan listed where you can get it in every county in Minnesota.
- **Keep Happening:**
  - Provide transportation to and from events, meetings, treatment and other supportive places
  - Education mandated in high schools about harm reduction and substance use by someone with lived experience or knowledgeable in the area of addiction
  - Individual therapy as part of residential
- **Start Happening:**
  - Increase financial aid for students from communities of color and immigrant/refugee communities to enter the mental health and SUD fields to increase the availability of linguistically and culturally responsive services.
  - Include more culturally responsive treatment services.
  - Provide more cooccurring services and underlying therapy
  - overdose prevention centers to prevent overdoses and infectious diseases, and connect people to affordable treatment and services if they are interested
- **Communication + Collaboration:** Formal and informal information flows that accelerate or stall effective prevention, management, treatment, and sustained recovery from SUD.
  - **Stop Happening:**
    - Making policy changes that are administratively “clean” but operationally messy
    - Overcomplicating documentation
    - Duplication of documentation
    - Siloed systems

- **Keep Happening:**
  - Opportunities for partners with lived experience to share/educate/collaborate at the community level
  - SUD conferences, trainings and networking opportunities
  - Rate reform and inflation adjustment for SUD
  - Local and regional easy-to-attend meetings like CoP
- **Start Happening:**
  - Forward looking approach
  - Cross-unit communication and collaboration. Counties work with cities work with state
  - Support at the community level for education, networking and broader collaboration
  - Consistent communication channels between DOC and treatment providers - designated contact roles, etc.

### **What's Ahead (Paul Shanafelt, SDK Strategic Services)**

- Next meeting: Wednesday, April 15, 2026 (12:00–1:30 p.m., virtual).
- Links to RSVP, a brief meeting evaluation survey, and the lived/living experience stipend request form were shared in the chat.
- Post-meeting materials (slides and GroupMap synthesis) will be distributed by the facilitation team.
- For questions, contact: [SUD.CoP@SDKStrategicservices.com](mailto:SUD.CoP@SDKStrategicservices.com)