Meeting Summary

Background
On January 21, 2026, the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP) convened virtually. The meeting laid groundwork for Q1 2026 by revisiting the CoP's shared vision and community agreements, introducing the "Minnesota's SUD Ecosystem" map, gathering system-partner input via a live survey, and capturing participant perspectives through panel remarks and small-group discussions.

Attendance
Approximately 111 participants joined the meeting.

Objectives

- Spotlight diverse voices with lived experience and community-rooted perspectives.
- Highlight how SUD recovery and support needs show up across different communities and settings.
- Introduce and begin populating the SUD ecosystem map.
- Lay groundwork for Q1 topic discussions and map-building.
- Capture participant input on system change priorities to inform future CoP work.

Three members of the Leadership Committee gave short presentations about the communities they serve, barriers they see in the system, and changes they believe would strengthen recovery supports in Minnesota.

Welcome and Opening (Andrea Suker, Department of Human Services)

Andrea welcomed participants, acknowledging the difficulties of the current climate in Minnesota and allowed a space for the group to acknowledge the community pain. She directly acknowledged the strain and stigma created by public fraud narratives and emphasized the importance of staying grounded in the reality that strong work is happening statewide.

A resource was shared in the chat encouraging participants to subscribe to the Behavioral Health Administration e-memo for ongoing updates.

SUD Community of Practice Q1 Topic (Stephanie Devitt, SDK Strategic Services)

Stephanie Devitt (SDK Strategic Services) then reviewed the agreements of the shared vision and the community agreement before introducing the Q1 topic of "Minnesota's SUD Ecosystem". Stephanie introduced an evolving SUD ecosystem map that SDK is developing. The map is intended to:

- Support shared understanding of how the system functions in practice
- Identify gaps and friction points
- Elevate partnership pathways that are working well
- Serve as a living tool that becomes more accurate as participants add information over time

SDK will continue to update the map as the meetings go forward to better lay out the system and where there are gaps and opportunities.

Minnesota's SUD Ecosystem
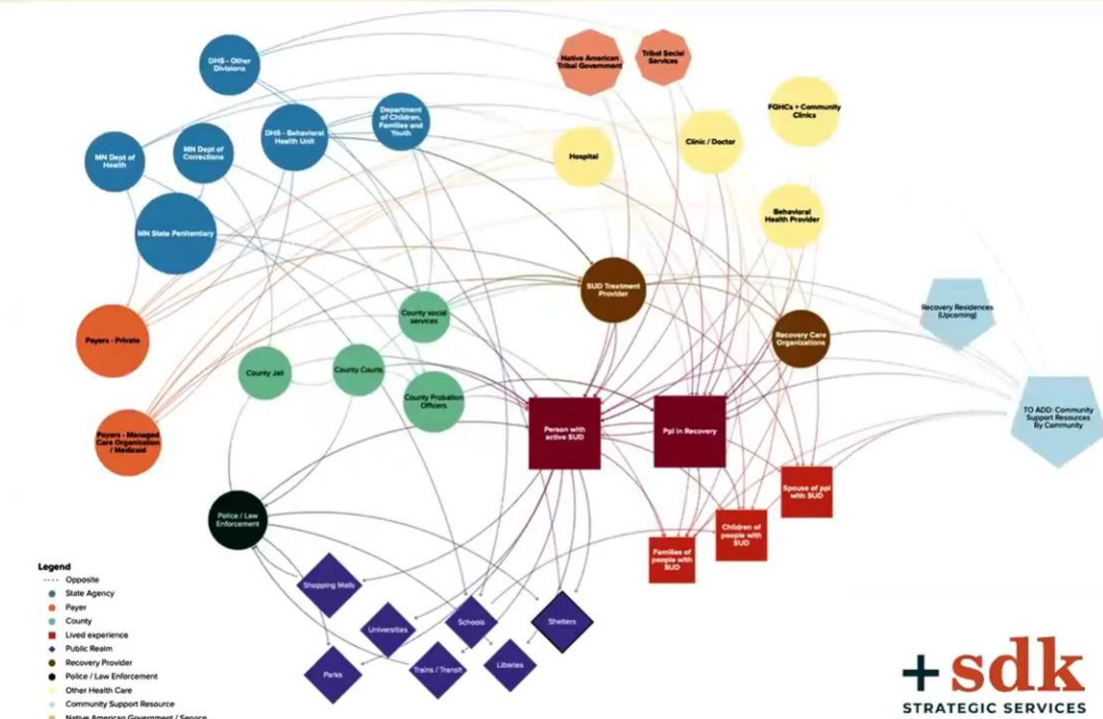
Survey

SDK Strategic Services shared a survey to capture SUD ecosystem connections and perspectives. The survey gathered information from participants on who their primary patients are, their biggest partners, current role in the SUD ecosystem, and if they had any thoughts they would like to pass on to DHS. Forty-two participants took the survey. The main points are summarized below:

Who participants primarily serve/work with:

- Adults (87.5%)
- People with co-occurring mental health conditions (77.5%)
- People experiencing homelessness/unstable housing (65%)
- People leaving incarceration/re-entry (52.5%)
- Rural communities (52.5%)

People who self-identified as having lived/living SUD experience totaled 23.7%.

Top partner types relied on to help people get well:
Responses clustered around treatment and clinical providers, county/social services and navigation, mental health services, housing supports, and recovery supports/peer networks (with additional frequent mentions of schools/youth partners, community-based organizations, faith/community supports, and corrections/re-entry partners).

Participants' roles across the SUD continuum:
The largest role categories included:

- SUD treatment providers (34.2%)
- Recovery support/peer/recovery community orgs (31.6%)
- Behavioral health/co-occurring services (31.6%)
- Harm reduction/outreach/public health (28.9%)

Messages participants wanted DHS to hear right now:
Themes included:

- A request for consistent communication, even when updates are limited
- The importance of positive messaging
- Concerns about increasing oversight and administrative burden reducing time with clients
- The need for rural-specific policy and payment structures
- A push for community-informed decision-making (not top-down change)
- The urgency of housing as a barrier to treatment
- A need for culturally responsive, individualized services, especially amid recent community safety concerns in the East African and Latino communities

Panel: SUD from Different Perspectives

SDK invited three members of the CoP Leadership Committee to give short talks on their work and communities. The panelists discussed what challenges they see with their specific communities, and what could be changed to help support those in their community with SUD to get through recovery. The panelists and questions were as follows:

- **Zhawin Gonzalez – Minnesota Indian Women's Resource Center (perspective: Native American)**
  - From the community you serve's perspective, what does recovery or treatment success look like?

    Recovery is really gaining back something that was lost, and in our community that is full access to spiritual healing, which has been difficult in general due to legal suppression of indigenous spiritual practices and purposeful separation of families through boarding schools.

  - What are the challenges/barriers that are unique to your work that others in the SUD ecosystem might not realize?

    Intersectionality, especially with the Indigenous woman. Native American women have nearly 9 times higher risk of dying from an overdose, and current western models of healing are difficult for them to feel safe and supported to go to them for referrals. There have been some predatory treatment options increasing the distrust in the treatment system as well as homelessness which Native Americans are 30 times more likely to experience. We also believe that culture is prevention and connection, which means that all the other systems such as healthcare and education are an important part of that.

  - What is something you wish the broader SUD system understood about your community's needs and strengths?

    One of our big strengths is that we are still here despite structural repression and destruction of culture. SUD recovery is inseparable from historical trauma for Native Americans, but we are still here and still fighting for our culture.

  - If you could change one thing that would make a big difference for people you serve, what would it be?

    It would be the way that we gauge success in our society. In our culture, we gauge success by how nicely you treat other people, not productivity or monetary-based structures like in western culture.

- **Megan Harms – Woodland Centers Schooling Program (perspective: rural, youth)**
  - From the community you serve's perspective, what does recovery or treatment success look like?

    For us, success looks like the client showing up to school and not bringing substances with them, and having clear answers for where the student can go if needed.

  - What are the challenges/barriers that are unique to your work that others in the SUD ecosystem might not realize?

    Transportation is a major challenge. Either transportation being provided is expensive or parents are taking large amounts of time off work to transport kids to treatment. An adolescent residential treatment center that does not include criminal adolescents is a major gap in our area. We also face workforce burnout and ethical strains as well. We are trying to prevent crisis in a system that is still designed to only fund/respond to crisis.

  - What is something you wish the broader SUD system understood about your community's needs and strengths?

    I wish they knew their people – that we all know what to do in the case of any disruption or need as sometimes these processes break down and it does not service the client well.

  - If you could change one thing that would make a big difference for people you serve, what would it be?

    A clearer pathway and consistent funding as well as trust in clinical judgement. A stabilized workforce – that comes from training and different levels of accreditation. I would love to see the SUD and mental health world merge to provide the best care and communication.

- **Yussuf Shafie – Alliance Wellness Center (perspective: Somali, East African)**
  - From the community you serve's perspective, what does recovery or treatment success look like?

Recovery in Somali, East African and Muslim communities are often centered on restoring trust with family, reconnecting with faith, and regaining one's role in the community, not only clinical compliance.

- <u>What are the challenges/barriers that are unique to your work that others in the SUD ecosystem might not realize?</u>

  Having services available doesn't mean that people feel safe enough to use them. This is heightened during this time of ICE activity, patients do not feel safe enough to travel to treatment appointments. Treatment models are also often culturally blind and do not stick with Somali or Muslim patients.

- <u>What is something you wish the broader SUD system understood about your community's needs and strengths?</u>

  Our community has a strong sense of responsibility to family and community, and a deep spiritual grounding in traditional collective care. Having culturally responsive services that are delivered by people and organizations from the community, outcomes improve.

- <u>If you could change one thing that would make a big difference for people you serve, what would it be?</u>

  Intentionally building flexibility and trust into the system itself through culturally specific providers, more community voice influence in times of change, and allowing space for different paths to recovery without losing accountability or quality.

Breakout Discussions

Participants broke into small groups (~5–7 people) and responded to two prompts:

1. What is your biggest fear about how Minnesota's SUD system could change that would make it hard for you to help people (or get help)? Why?
2. What is your biggest hope for how Minnesota's SUD system could change that would most improve outcomes for you or people you serve? Why?

With the help of co-facilitators, groups captured key points in GroupMap. Themes that surfaced across groups included:

Fears

- **Funding changes, difficulties, and terminations:**

Overall, participants voiced concern about funding cancellations at the federal and state level and expressed frustration at the complicated nature of other available funding.

> *"Funding for SUD services [will] be cut or not allocated sufficiently in the future."*

> *"There won't be any funds for the program, especially in POC communities."*

> *"Lack of funds – funds will end and programs will close."*

> *"Funding streams will be disrupted or terminated, especially for the Somali refugee/immigrant community we serve."*

- **Perception of fraud in programs:**

Participants voiced concerns that the fraud issues will overshadow the good work that many people and programs are doing, and that it will deter funding and participants.

> *"More 'fraud' labels."*

> *"Concerns about fraud."*

> *"The fraud concerns will end up creating more of a paperwork burden for the helpers."*

> *"The fraud will be the only thing looked at – and not the good work and needed services for the person with SUD."*

> *"Lost some of the "boots on the ground" type of peer support since the fraud and changes were made."*

- **Demographic inconsistencies make recovery more difficult:**

Groups highlighted the additional challenges that non-white and immigrant communities face in the recovery journey.

"Family treatment centers are not equipped to support racial concerns."

"Lack of culturally specific programs."

"Lack of funding for culturally specific prevention and treatment."

Hopes

- **Justice-involved continuum and reentry support:**

Participants expressed hope for longer treatment plans that support re-entry issues surrounding SUD recovery.

"More treatment in jails."

"A system that meets people where they are, stays with them over time, and values dignity, housing, and human connection as much as clinical treatment."

- **Connections to community as a form of recovery & burnout prevention:**

Conversations stressed the importance of connection to community in both recovery efforts and supporting the prevention of burnout in workers.

"Benefit of the current environment – we are coming together and collectively coming with solutions."

"Connection is the opposite of addiction – but that is also the same for providers. We need to maintain our connections to other providers and one another."

- **Collaboration as a baseline, not an exception:**

Participants expressed eagerness to have collaboration between all levels of providers and patients.

"Collaborative relationships amongst programs."

"What really needs change is the boots on the ground work and relationships."

"More collaboration."

"Hope that in the chaos we'll see where more collaboration with MCOs, lived experience to say "here's the impact of that"."

"Less isolation and more collaboration; sharing innovative strategies for prevention and recovery statewide."

- **A desire for patient-based care:**

Discussion highlighted a desire to center care needs around each individual patient and meet them where they are at, to provide the best care.

"People getting the right kind of treatment, at the right time, in the right place."

"Remembering the primary focus and priority is the clients we serve."

"Keeping client choice and person-centered services at the forefront."

What's Ahead (Paul Shanafelt, SDK Strategic Services)
· Next meeting: Wednesday, February 18th, 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