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

August 19, 2026

12:00 – 1:30 p.m. Virtual via Zoom

Meeting Summary

Background

On August 19, 2026, the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP) convened virtually to continue Quarter 3's exploration of the intersection between the corrections system and the substance use disorder (SUD) ecosystem. Building on the July discussion focused on justice involvement and prevention, this session examined the critical transition period following incarceration and explored how reentry systems, policies, and partnerships influence recovery outcomes.

Through presentations from state and county correctional leaders, an overview of Minnesota's 1115 Reentry Demonstration Waiver, and small-group breakout discussions, participants explored the challenges and opportunities individuals face during the first 90 days after release. The discussion highlighted the importance of continuity of care, housing stability, coordinated services, and cross-system collaboration to support successful recovery and community reintegration.

Attendance

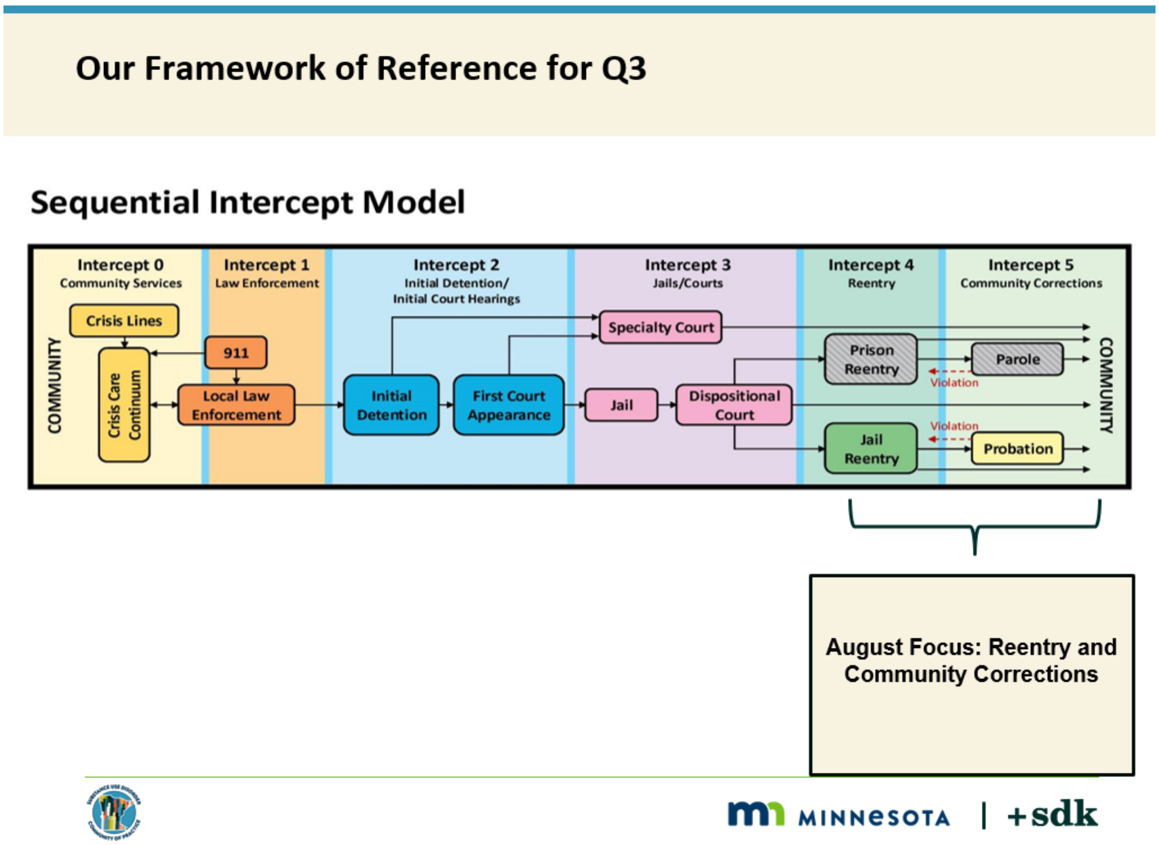
Eighty-one (81) participants attended virtually.

Meeting Objectives

- Deepen understanding of reentry pathways and their impact on successful SUD recovery.
- Identify system barriers and supports during the first 90 days following release from incarceration.
- Explore the different roles of county and state correctional systems in supporting reentry.
- Surface practical strategies and policy opportunities to improve recovery outcomes after incarceration.

Welcome and Opening (Stephanie Devitt, SDK Strategic Services)

Stephanie welcomed participants, reviewed community agreements, and connected the August discussion to Quarter 3's focus on corrections and SUD. Participants revisited the Sequential Intercept Model and discussed reentry as a critical point where recovery can be strengthened or disrupted. The conversation emphasized the interconnected roles of corrections, treatment, recovery supports, housing, healthcare, and community services.



Reentry Policy Landscape: Minnesota's 1115 Reentry Demonstration Waiver (Jessica Dusbabek, Minnesota Department of Human Services)

Jessica Dusbabek, Justice Involved Behavioral Health Supervisor with the Minnesota Department of Human Services, provided an overview of Minnesota's 1115 Reentry Demonstration Waiver, which would allow eligible individuals to receive selected Medicaid-funded services up to 60 days before release from incarceration. She discussed implementation efforts, pilot sites, and the development of a correctional case management benefit designed to improve continuity of care and recovery outcomes during reentry

Key Takeaways: 1115 Reentry Waiver

1. The 1115 Reentry Demonstration Waiver is intended to close healthcare gaps that occur during reentry

Jessica explained that individuals' Medical Assistance (MA) benefits are suspended during incarceration, which often creates gaps in treatment and care upon release. The waiver allows eligible individuals to access certain Medicaid-covered services up to 60 days before release so supports are already in place when they return to the community.

2. Reentry planning should begin before release, not after

A major focus of the waiver is early engagement. Jessica stressed that assessments, care coordination, treatment planning, and connections to providers can occur during the pre-release period so individuals are not starting from scratch once they leave incarceration. The goal is to improve continuity of care and create smoother transitions into community-based services.

3. Warm handoffs and ongoing case management are critical to successful recovery

Jessica emphasized that many individuals leave correctional settings with plans but struggle to follow through without support. Minnesota's approach includes a new correctional case management benefit that can provide assistance with assessments, referrals, treatment connections, and continuity of care for up to 180 days after release. The intent is to help people navigate systems and remain connected to services during a high-risk period.

4. Minnesota is expanding access to behavioral health and recovery services

Beyond the federally required services, Minnesota has proposed a broader array of supports through the waiver, including comprehensive assessments, diagnostic assessments, peer support services, treatment planning, and medication-assisted treatment. The presentation highlighted the state's effort to build a more comprehensive continuum of care around reentry and recovery.

5. Pilot sites are helping build infrastructure for future statewide implementation

Jessica shared that implementation efforts are underway through pilot sites that include three Minnesota Department of Corrections facilities, four county jails, and one tribal detention center. Capacity building, facility readiness assessments, technology development, and implementation planning are occurring in advance of the anticipated federal approval process.

6. Community providers and cross-system partners will play an essential role

Jessica concluded by emphasizing that the success of the demonstration will rely on partnerships between correctional facilities, treatment providers, healthcare organizations, peer support services, and community agencies. She encouraged Community of Practice participants to remain engaged because they will be key partners in creating the continuity of care, treatment access, and recovery supports envisioned by the waiver.

State Corrections Perspective: Release Planning and Recovery Support (Lauren Webber, Minnesota Department of Corrections)

Lauren Webber, Health Services Release Planning Manager with the Minnesota Department of Corrections, described how release planners work with incarcerated individuals to address housing, healthcare, employment, benefits, transportation, family support, and behavioral health needs before release. She highlighted efforts to improve continuity of care, expand access to medication for opioid use disorder, and strengthen community-provider coordination.

Key Takeaways: State Corrections Reentry Planning

1. Release Planning Is Designed to Reduce Barriers Before Individuals Return to the Community

Lauren explained that the goal of release planning is to help incarcerated individuals successfully reintegrate into their communities by connecting them to appointments, resources, and supports before release. Rather than waiting until someone leaves prison, release planners work to address potential barriers and establish community connections in advance.

2. Successful Reentry Requires More Than Treatment Alone

A major theme of the presentation was that recovery and reentry are influenced by many interconnected factors beyond substance use treatment. Release planners help individuals develop plans related to housing, healthcare, benefits, employment, education, transportation, identification documents, family support, and behavioral health needs. Lauren emphasized that successful reintegration requires addressing the whole person.

3. Housing and Benefits Access Are Among the Most Significant Challenges

Lauren identified housing and financial stability as two of the largest barriers facing individuals leaving incarceration. Criminal history, limited affordable housing, lack of income, benefit enrollment delays, and administrative challenges can all make it difficult for individuals to secure the resources needed to support recovery and stability after release.

4. Continuity of Healthcare Is a Core Component of Release Planning

Release planners work to ensure individuals leave prison with healthcare coverage, prescriptions, scheduled medical and behavioral health appointments, and connections to community providers. Lauren described efforts to reduce interruptions in care by coordinating services before release and helping individuals transition smoothly to community-based treatment and support.

5. Specialized Reentry Services Support Individuals with Complex Needs

Lauren explained that specialized release planners work directly with individuals who have substance use disorders, mental health conditions, opioid use disorder, or other complex medical needs. These planners use a team-based approach that includes correctional staff, treatment providers, supervising agents, and community organizations to develop individualized reentry plans.

6. Harm Reduction and Medication for Opioid Use Disorder Are Important Recovery Supports

Lauren highlighted several recent Department of Corrections initiatives, including expanded access to medication for opioid use disorder (MOUD) and harm reduction kits distributed upon release. These efforts are intended to reduce overdose risk, support recovery, and improve health outcomes during the transition from incarceration to the community.

County Corrections Perspective: Individualized Reentry Planning (Staci Newstrom, Sherburne County Sheriff's Office)

Staci Newstrom, Release Advance Planning Coordinator for Sherburne County, highlighted Sherburne County's Reentry Advance Planning (RAP) program, which uses individualized assessments and cross-sector partnerships to address barriers before release. The program focuses on housing, healthcare, treatment, employment, transportation, and other practical supports that promote long-term stability.

Key Takeaways: County Corrections Reentry Planning

1. Individualized Planning Is the Foundation of Successful Reentry

Staci emphasized that the RAP program was intentionally designed to avoid a "one-size-fits-all" approach. Rather than providing the same resource packet to every person leaving jail, the program focuses on understanding everyone's unique circumstances, barriers, strengths, and goals to create a personalized reentry plan.

2. Reentry Success Requires Collaboration Across Multiple Systems

A key feature of the RAP program is its multidisciplinary team, which includes representatives from county human services, healthcare, child support, veterans' services, housing and employment organizations, and community-based providers. Staci described how these partners work together to coordinate services and connect individuals to the resources they need before release.

3. Addressing Basic Needs Helps Create a Pathway to Recovery

The RAP program focuses on helping individuals address practical and immediate needs that may become barriers after release. Reentry plans may include assistance with healthcare coverage, transportation, treatment referrals, housing resources, employment services, child support obligations, identification documents, and other stabilization supports. Staci stressed the importance of helping people focus on achievable next steps rather than overwhelming them with too many resources at once.

4. County Jails Often Serve Individuals in Active Crisis

Unlike prison systems, county jails frequently work with individuals who are actively using substances, experiencing withdrawal, or facing significant instability at the time of incarceration. Staci noted that many individuals have not yet reached the level of stabilization that may occur during longer prison sentences, making the need for rapid assessment, treatment placement, and immediate support especially important.

5. Recovery Planning Balances Immediate Stabilization with Long-Term Goals

Staci explained that successful reentry planning requires helping individuals address urgent needs first, particularly treatment access and stabilization, while also preparing for longer-term goals such as employment, financial stability, family reunification, and self-sufficiency. The program encourages ongoing engagement after release while allowing individuals to move through these goals at a manageable pace.

6. Coordinated Reentry Planning Can Improve Outcomes and Reduce Recidivism

Drawing on more than a decade of RAP program experience, Staci shared that participants in the program have demonstrated reductions in jail bed days and improved engagement with treatment, mental health services, and other support systems. She presented the program as evidence that thoughtful, coordinated reentry planning can benefit both individuals and communities.

Small Group Discussions

Participants were asked to select one of three breakout sessions to attend from the following options:

- 1115 Reentry Waiver
- State Corrections Reentry Planning
- County Corrections Reentry Planning

Panelists attended each of the sessions to answer participants' questions and participate in the discussion. The following sections summarize the key themes from each breakout group.

1115 Waiver Breakout Discussion Themes

Participants joined a discussion led by Jessica Dusbabek of the Minnesota Department of Human Services to explore the implementation of Minnesota's 1115 Reentry Demonstration Waiver.

Summary of GroupMap Input
Participants were asked to answer the following questions:

Q/A with Panelist: Based on Jessica's presentation, what questions do you have about the 1115 Reentry Waiver?

- Are there certain outcomes expected to be able to retain the waiver or justify the continuance of the 1115 Waiver?
- How will this affect the Behavioral Health Fund? Obviously will be used less but has that been considered?
- What is the timeline to begin services?

DISCUSSION: What do you think would most improve reentry success for people in recovery?

- Allow county economic assistance workers to enter LA changes or
- Allow for MA transportation from jail to services on day of release
- Diagnostic testing and planning while in jail
- Felon friendly employers
- Housing stability
- NO FURLOUGHS - not supportive of recovery

DISCUSSION: What do you think are the biggest challenges to successful reentry for people in recovery?

- Are there certain outcomes expected to be able to retain the waiver or justify the continuance of the 1115 Waiver?
- How will this affect the Behavioral Health Fund? Obviously will be used less but has that been considered?
- What is the timeline to begin services?

Summary of 1115 Waiver Reentry Planning Discussion

1. The Waiver Expands Access to Services Before Release
Participants discussed how the waiver differs from existing reentry practices by allowing eligible individuals to access Medicaid-funded services during the 60 days prior to release rather than waiting until they return to the community. Jessica explained that while treatment referrals, assessments, and release planning may already occur in some correctional settings, the waiver creates opportunities for those services to be funded through Medical Assistance and initiated prior to release. Participants noted that this could strengthen continuity of care and improve coordination between correctional facilities and community providers.

2. Medicaid Access Creates More Comprehensive Recovery Supports
A significant portion of the discussion focused on the relationship between the 1115 Waiver and the Behavioral Health Fund. Participants noted that while the Behavioral Health Fund primarily supports treatment services, Medical Assistance can provide access to a broader array of healthcare, mental health, and recovery supports. Discussion emphasized that expanding Medicaid access may help individuals receive more comprehensive care and improve long-term recovery outcomes.

> *“the Behavioral Health Fund only provides treatment. . . [but] on MA [individuals are] able to have all the services, like all the wraparound services.”*

3. Better Care Coordination Before Release Can Strengthen Recovery Outcomes

Participants emphasized the need for assessments, treatment planning, healthcare enrollment, transportation arrangements, and community-provider connections to be established before individuals leave incarceration. Suggestions included ensuring transportation is available on the day of release, creating stronger "warm handoffs" to treatment providers, and developing more coordinated approaches to connecting individuals with housing, healthcare, employment, and recovery services.

> *"They can even connect them to those treatment providers, to those warm handoffs, which is what they should be doing anyway... now the hope would be you could do it more live."*

4. Housing, Employment, and Transportation Remain Critical Reentry Needs

GroupMap responses consistently identified housing stability, transportation, and access to employment as key factors influencing recovery success. Participants highlighted the need for felon-friendly housing and employment opportunities, noting that repeated rejection can discourage individuals from pursuing recovery goals. Stable housing and reliable transportation were viewed as essential foundations for treatment engagement and long-term recovery.

5. Administrative and System Barriers Continue to Disrupt Care

Participants described challenges associated with Medicaid activation, living arrangement coding, communication between counties and state systems, and delays in benefit eligibility. Several attendees shared experiences in which treatment, medications, or other services were delayed because individuals remained listed as incarcerated after release. Participants viewed these administrative barriers as significant obstacles to continuity of care and successful reentry.

> *"The prison's done all this lovely reentry work... and they have all these services in place, and they're back out there. They can't access one of them because the funding's not in place. Because even though the MA is there, MA is not active because that living arrangement still has them in prison."*

6. Recovery Success Depends on Both Systems Support and Personal Connection

While much of the discussion focused on systems and policy, participants also emphasized the importance of hope, self-worth, and belonging during reentry. Providers reflected on the need to help people believe they are worthy of recovery and capable of rebuilding their lives. Participants noted that successful reentry requires both practical support systems and opportunities for individuals to develop confidence, purpose, and connection to recovery communities.

> *"I want them to feel like they're worthy of recovery and changing their lives… helping them realize that that's not really who they are on the inside. People make mistakes, and they are able to transition and change their lives and be who they're meant to be."*

7. Participants Expressed Interest in Long-Term Evaluation and Future Expansion

Several questions focused on the expected outcomes of the waiver, how success will be measured, the timeline for implementation, and plans for statewide expansion. Jessica explained that the demonstration will require evaluation and data collection, and that lessons learned from the initial implementation sites will help inform future rollouts across Minnesota. Participants expressed interest in continuing to monitor outcomes and identify opportunities for ongoing improvement.

State Corrections Breakout Discussion Themes

Participants joined a breakout discussion with Lauren Webber of the Minnesota Department of Corrections.

Summary of GroupMap Input

Participants were asked to answer the following questions:

Q/A with Panelist: Based on Lauren's presentation, what questions do you have about the state reentry process?

- Can resources be prepared and put in place ahead of 120 days SRD?
- Does the MOUD Committee consider medications for tobacco/nicotine recovery?
- Does the state release to any sober house?
- How to coordinate care post-release? The key is making reentry a supported transition, not a sudden handoff on the day of release.
- In what ways is tobacco/nicotine recovery recognized as contributing to mental health or SUD recovery?
- test
- I have often heard from individuals that they did not receive any help for release planning; can you help us understand that?
- What are common barriers to reentry?
- What peer-recovery supports are in place?

DISCUSSION: What do you think would most improve reentry success for people in recovery?

- Having a sober support network, mental health services, employment, and housing services in place.
- If people get tobacco/nicotine treatment as part of SUD care, they have a 25-30% greater chance of long term abstinence from other substances.
- If the individual has felonies, a felony friendly rental agency
- Minnesota could improve success by assigning one reentry navigator to coordinate these services, follow up during the first critical months, and help people overcome paperwork, employment, and benefits barriers.
- People should leave with a confirmed treatment appointment, stable housing, medication access, identification, transportation, and a peer-recovery connection already in place.
- Supporting people into recovery in general
- Supporting people into tobacco recovery can improve housing and employment options, and social integration. People have already been involuntarily tobacco/nicotine free during incarceration, and been through withdrawal. It would be great for people to get education/motivation/support to stay tobacco/nicotine free upon release.
- Truly breaking the chain... releasing with REAL support not fly by night sober homes and IOP (sorry feeling spicy today)

DISCUSSION: What do you think are the biggest challenges to successful reentry for people in recovery?

- Benefits and Financial Stability barriers: application delays, incarceration status, difficulty communicating with the counties
- Biggest challenges are unstable housing, gaps in treatment and medication, limited transportation, lack of employment, stigma, and reconnecting with unhealthy environments or triggers.
- Engaging with the same group of people they were associating with before going to prison
- Fragmented systems that are not supporting individuals together - lack of communication across systems, punitive vs. positive reinforcement
- Housing barriers: criminal history, limited affordable housing, no income/employment, move-in costs, sex offense restrictions
- Lack of resources as listed below
- Many people are released without appointments, identification, benefits, or a reliable support system.
- No social support. No housing. No employment.
- stigma
- STIGMA

- Transportation - we get calls from prisons often asking us to transport people to their treatment destination if the treatment center doesn't provide transportation
- Treatment barriers: level 3's, insurance issues
- Unaddressed mental health and SUD issues - going into prison with the same issues they are coming out with.

Summary of State Reentry Planning Discussion

1. Successful Reentry Requires Coordinated, Comprehensive Support
Participants consistently emphasized that individuals should leave incarceration with housing, healthcare coverage, identification, treatment appointments, transportation, employment resources, and peer support already arranged. Several participants suggested that a dedicated reentry navigator could help coordinate services and address barriers during the critical months following release.

> *“We've had multiple people that have been on suboxone leaving, and before we start them on it, we make sure they have a community appointment scheduled, so then that bridge is gapped, and then we'll give them, if the appointment's not the day after they release, we'll give them a bridge prescription.”*

2. Housing and Financial Stability Remain Persistent Barriers
A recurring theme was the lack of affordable and recovery-supportive housing. Participants noted challenges created by criminal records, move-in costs, limited housing inventory, income instability, and restrictions associated with certain offenses. Housing insecurity was frequently identified as a root cause of unsuccessful reentry experiences.

> “I think the number one challenge for us is benefits and financial stability

3. Fragmented Systems and Benefit Delays Impact Continuity of Care
Participants discussed barriers related to healthcare activation, insurance delays, communication challenges between systems, treatment access, and continuity of medication. The conversation highlighted concerns that fragmented service systems and inconsistent communication can interrupt treatment and destabilize recovery during the transition back into the community.

> “We've had release planners sit on hold with a County for five hours, just to try to reach a human to get their living code changed. . ."

4. Recovery Support Must Address the Whole Person
Discussion emphasized the need to address mental health, substance use, employment, transportation, social support networks, and life skills together rather than in isolation. Participants noted that individuals often return to communities facing the same challenges that existed prior to incarceration, underscoring the importance of a comprehensive and person-centered approach.

5. Stigma and Returning to Previous Environments Threaten Recovery
Participants identified stigma, reconnecting with previous social networks, returning to triggering environments, and lack of supportive relationships as significant barriers to recovery. Several participants emphasized that maintaining recovery often requires developing new peer networks and stronger community supports.

> "We've seen great benefits from having certified peer recovery specialists within the facilities."

6. Tobacco and Nicotine Recovery Deserve Greater Attention
A unique theme raised by participants was the role of tobacco and nicotine recovery in long-term health and substance use outcomes. Participants discussed opportunities to provide education, motivation, and support for maintaining tobacco-free lifestyles after release and noted research suggesting improved long-term recovery outcomes when tobacco dependence is addressed alongside substance use disorders.

County Corrections Breakout Discussion Themes
Participants joined a breakout discussion with Staci Newstrom of the Sherburne County Sheriff's Office to learn more about county-level reentry planning, treatment coordination, and the Reentry Advance Planning (RAP) program.

Summary of GroupMap Input
Participants were asked to answer the following questions:

Q/A with Panelist: Based on Staci's presentation, what questions do you have about the County reentry process?

- Are there consequences for people not following their recommendation?
- Do you do much coordination with treatment courts or diversion programs?
- Do you have stats on recidivism rates with this?
- how did the program originate? Was it personal, lived or just a passion?

- How do you address those folks who do not have a PMAP and are using the Direct Access BHF?
- How long has yall been in business networking aspect points of views?
- If clients want or need assessments while incarcerated, do they have easy access to them? Do you have certain treatment providers you work with as preferred providers?
- monthly contact of some sort and a system for communication
- since counties operate themselves, how can the state have this waiver operate consistently to be effective?
- What are some best practices for coordinating between county corrections and county human services?

DISCUSSION: What do you think would most improve reentry success for people in recovery?

- Continuity of med management
- Coordinating services prior to release.
- Either receiving SUD treatment while in jail or getting into treatment immediately upon release.
- Find a way to fund Mental Health Diagnostic Assessments for people who have Direct Access
- Longer periods of time in treatment, digging deep into the root cause of needing to use
- MH resources within the jail, ability to do diagnostic assessments, etc
- Stable housing
- stable housing and mental health supports
- structure upon reentry
- Supportive Housing
- Supportive systems on outside
- Transportation services
- Treatment incorporated into housing programs

DISCUSSION: What do you think are the biggest challenges to successful reentry for people in recovery?

- "Basic" stabilities: DL/state ID, bank account, resume/employment, housing
- Creating a new network of people/resources
- Driver's license
- Funding for services, stable housing, continued mental health services
- Going back to the same places and people they did all their using
- Hand off the collaborations of continued care
- Housing, employment, building a sober support network
- Most treatment centers say they offer mental health services. They don't have it

- Returning to an unhealthy living environment - family who use substances, homelessness, violence, etc.
- Stable housing
- Staying away from using friends. Coping in healthy ways when something goes wrong
- The hospital 28-day programs are revolving doors
- Time management with house meetings, work, family time, treatment and meetings, and other obligations.

Summary of County Reentry Planning Discussion

1. Stable Housing Continues to Be the Most Important Recovery Support
Housing emerged as the most frequently identified factor in successful reentry. Participants stressed that housing stability provides the foundation needed to engage in treatment, secure employment, attend appointments, and establish healthy routines. Supportive housing models and treatment programs integrated with housing were identified as particularly valuable.

2. Access to Mental Health Services Must Improve
Participants discussed the importance of expanding access to mental health assessments, diagnostic services, and ongoing behavioral healthcare both before and after release. Several comments noted concerns that many treatment programs advertise mental health services but fail to provide adequate support for individuals with co-occurring conditions.

> *"I am a little appalled by how many people that have very serious mental health conditions are placed into programs that don't offer mental health services."*

3. Early and Coordinated Service Planning Improves Outcomes
Participants emphasized the importance of coordinating treatment, medical care, housing, transportation, and other services before release. Strong handoffs between correctional facilities and community providers were viewed as critical to maintaining continuity of care and avoiding service disruptions during reentry.

> *"It was a simple conversation, and then we have coordinated together for a long time, and it's been a great partnership." – Staci Newstrom [Panelist], describing coordination between corrections, human services, and community partners*

4. Basic Stability Needs Must Be Addressed
In addition to treatment and healthcare, participants identified practical needs such as obtaining identification documents, driver's licenses,

employment, transportation, banking access, and other foundational supports as essential components of successful reentry. Participants noted that recovery is significantly more difficult when these basic needs remain unresolved.

> *"For me, I believe if you guys help with job search related things, things can be more successful."*

5. Recovery Requires New Relationships, New Networks, and Ongoing Support

Participants discussed the challenges associated with returning to previous environments, reconnecting with people associated with substance use, and creating new support systems. Building sober support networks, developing healthy coping skills, and maintaining connections to treatment and recovery resources were viewed as critical for long-term success.

6. Treatment Quality and Appropriate Placement Matter

Participants expressed concerns about revolving-door treatment experiences and programs that may not adequately address co-occurring needs. Discussion highlighted the importance of matching individuals to appropriate services, addressing root causes of substance use, and ensuring treatment providers offer the level of support and coordination that individuals require to sustain recovery.

> *"I think people are saying, 'Well, I got them into treatment,' but you didn't get them into the right program. And now I think their confidence has been lost."*

Crosscutting Themes

The breakout discussions suggest a strong consensus that successful reentry and recovery depend on **stable housing, proactive pre-release planning, coordinated cross-system partnerships, access to essential supports and services, and strong recovery-oriented relationships**. Participants viewed these elements as mutually reinforcing and necessary to help individuals maintain recovery and successfully reintegrate into their communities after incarceration.

What's Ahead

- The Community of Practice will continue exploring the intersection between corrections and the SUD ecosystem during Quarter 3. Upcoming discussions will further examine recovery pathways following incarceration and identify opportunities for stronger collaboration across systems.

- Next Community of Practice meeting: **September 16, 2026 (Hybrid Meeting hosted by RS Eden).**
- Special Community of Practice sessions focused on the transition to **ASAM 4** will be held on **August 26, 2026** and **September 2, 2026**.
- Meeting materials, presentation slides, and breakout discussion syntheses will be distributed following the meeting.
- Links to September 16 RSVP and request for lived experience stipends were shared with participants.
- For questions, contact: SUD.CoP@SDKStrategicservices.com