



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

November 20, 2025

10:00 a.m. – 11:30 a.m.

Zoom (virtual)

Meeting Summary

Background

On November 20, 2025, the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP) convened virtually to continue reconnecting the statewide community and set a refreshed direction for the CoP. The CoP brings together people engaged in SUD treatment and prevention in any capacity -individuals with lived experience, providers, family members, recovery peers, counties/tribes, managed care organizations, researchers, and state partners - to translate knowledge into action and provide a framework for information sharing, competence development, discussion, and mentoring.

Attendance

Two-hundred sixty-four participants joined the meeting (per Zoom attendance report).

Objectives

- Continue connecting CoP participants to one another and welcome new voices.
- Reflect the input we heard at the October CoP meeting.
- Engage peers in small-group discussions to surface needs, ideas, and a near-term focus.
- Continue to develop a shared vision and community agreements.

Welcome & Opening (Paul Shanafelt, SDK Strategic Services)

Paul welcomed participants, acknowledged returning and first-time attendees, and revisited the purpose of the CoP:

- Be in the know: Share information, policy updates, and practical tools that help people do their day-to-day work.

- Build together: Create a space where people across roles and systems can learn from each other and problem-solve.
- Add the voice of experience: Center lived and living experience in understanding what is working and where systems fall short.

He framed this meeting as a bridge between October's reconnection and listening session and upcoming work to formalize a CoP vision, community agreements, and a Leadership Committee. Paul also reminded participants that feedback from each CoP meeting will inform how the Leadership Committee will prioritize future topics and supports.

Icebreaker

The meeting opened with a “small wins” icebreaker. Participants were invited to share something - large or small - that felt like progress in their work or recovery. Examples included:

- Launching or expanding services at recovery and treatment centers.
- Sustaining a culturally grounded drum group.
- Supporting a person to re-engage in treatment instead of returning to the streets.
- Personal shifts, like setting healthier boundaries or adopting new practices to show up more fully aligned with one's values.

These stories set a hopeful tone and illustrated the everyday persistence, creativity, and care that participants bring to their work and recovery.

What We Heard in October (Stephanie Devitt – SDK Strategic Services)

Stephanie provided a brief recap of themes from the October 22 CoP meeting, where participants responded to questions about:

- What would make the CoP worth their time
- What they wish they understood about others' work and lived experience
- What they wish others understood about their own work or experience
- What they hope the CoP can accomplish together

Key October themes highlighted included:

- Connection and learning: Desire for real networking, sharing what's working, and having a go-to place for information.
- Understanding across roles: Interest in better understanding day-to-day realities across systems (providers, counties, peers, people in recovery, families, etc.).
- Policy and practice: Curiosity about how policies and statutes shape practice, and how input can influence change.
- System barriers: Ongoing issues related to access, paperwork burden, transitions between levels of care, and coordination across systems.

She explained that the November meeting was designed to build on this input by asking participants to define what success looks like, what expectations they have for each other, and where coordination most needs attention.

Breakout Discussions (Small Groups)

Participants broke into group of ~7 people and responded to five prompts:

- *If the CoP was successful in helping you and your work or recovery related to SUD treatment, what would that look like for you day-to-day?*
- *What expectations would you like to see for all CoP participants so that the group effort can achieve success?*
- *Where does coordination break down most often in your work/recovery? What's a no-brainer fix?*
- *Tell a short story of a difficult moment in your work/recovery. What's the lesson or takeaway that would be helpful for others to know?*
- *Where do you most need new connections to help with your work/recovery (role, area, specialty, etc.), and why?*

With the help of co-facilitators, each group had 40 minutes to introduce themselves, discuss the prompt questions, and include their responses into a GroupMap tool.

Themes that surfaced across breakout groups included:

1. What success would look like day-to-day

If the CoP were truly successful, participants said they would:

- Know where to go for clear, consolidated information about statutes, rules, and best practices, instead of needing to track down answers across multiple systems.
- Receive timely updates on practice changes (e.g., ASAM) and training opportunities, and tools for trauma-informed, person-centered care.
- Have access to an up-to-date resource library or “ecosystem map” that reflects the perspective of people seeking services - highlighting options for treatment, recovery support, and housing.
- Feel less isolated, with a sense of unity across roles and systems and more shoulder-to-shoulder problem-solving.

2. Expectations and community agreements

Participants identified expectations and norms they would like to see become CoP community agreements, including:

- Centering no-judgment and valuing both professional and lived/living experience
- Showing up with humility, consistency, trust, and respect
- Focusing on solutions and the needs of people seeking care, rather than on silos or blame
- Being thoughtful about confidentiality and attribution, so people feel safe naming real challenges
- Expecting that input will connect to action, and that DHS and partners will regularly close the loop

3. Where coordination breaks down and “no-brainer” fixes

Breakdown points that came up repeatedly included:

- Fragmented and quickly outdated resource lists
- Difficult transitions for people leaving incarceration, hospitalization, or treatment, especially when they are unhoused
- Confusion and mixed messages about documentation, confidentiality, and evolving practice standards
- Barriers to collaboration across counties, jails, hospitals, schools, courts, and child protection

Suggested “no-brainer” fixes included:

- Building more proactive warm handoffs and follow-up contacts into workflows so people do not fall through the cracks between programs
- Creating a state-supported, regularly updated resource hub
- Offering practical time-management and support tools for staff navigating heavy caseloads and documentation demands
- Making feedback transparent - for example, showing how CoP insights influence changes to paperwork or procedures

4. Stories and lessons from difficult moments

Participants shared brief stories about difficult cases, system constraints, grief and loss, and burnout. Lessons they named included:

- The importance of seeking help and not carrying everything alone
- The need to balance compliance with the human realities in front of them
- Recognizing when one’s own limits or burnout are affecting care, and taking steps to address it
- The value of peer support, both for people in recovery and for staff

A few stories, lessons, and difficult moments that participants shared:

“Dealing with grief by the loss of clients to overdose.”

“There was a moment early in my work where I was juggling too many responsibilities – client crises, team communication, my own self-care – all at the same time. One Friday, a client reached out in distress, and instead of responding with the calm, grounded presence I usually have, I felt myself getting frustrated and overwhelmed. I was running on empty, and it showed. After the call, I sat in my car and realized I was trying to pour from a cup that was completely drained.”

“Mandated reporting laws complicate honesty. They sometimes prohibit mothers and parents - in safe spaces - sharing their experiences with substance use disorder, when they have kids in their care. All the systems don’t always work well together.”

“I reached out to a colleague and said honestly, ‘I’m not doing well today, and I don’t think I’m showing up how I want to.’ She didn’t judge me. She reminded me that being part of this work means being human – and that none of us are meant to do it alone.”

5. Connection needs

Finally, participants named areas where they need stronger connections, such as:

- Better links between SUD treatment providers, housing providers, and criminal-legal system partners
- More regular peer spaces for those in similar roles (e.g., peer specialists, supervisors, county case workers) to compare approaches
- Opportunities to connect with culturally specific providers and communities

Report-Back & Synthesis

Each breakout group selected a spokesperson to share three top takeaways with the full group. As group speakers reported out, several themes emerged:

- A shared desire for the CoP to be an action-oriented learning space, not just a meeting series
- Strong interest in community agreements that support candid, respectful dialogue and honor lived experience
- Continued concern about coordination gaps, especially around housing, transitions, and information sharing
- Excitement about the potential for helpful tools (e.g. resource hubs) informed directly by the people doing the work and living the experience

Facilitators noted that input from GroupMap and report-backs will be synthesized into themes to help draft a shared vision and community agreements.

What's Ahead (Paul Shanafelt – SDK Strategic Services)

Attendees were invited to complete a brief feedback survey, express interest in the Leadership Committee, and watch for the slide deck and GroupMap summary on the CoP webpage. Additionally, attendees with lived/living SUD experience were able to request a stipend for their participation.

The SUD CoP will reconvene on Wednesday, December 17, 2025 (9:30–11:00 a.m.).

To obtain the slides presented at the November SUD CoP meeting, please email SUD.CoP@sdkstrategicservices.com.