What is your name and organization you represent?	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?
Jenine Koziolek	Rebuilding trust between individuals and organizations working across the SUD continuum	have input from experts in a solution-focused way	Also creates competitive market for treatment providers.	Mandated reporting laws complicate honesty. They sometimes can in the way of safe spaces for mothers/parents to share with kids in their care. All the systems don't always work well together.	Staffing shortages, CEU's
Lisa Schultz, BS, LADC, Recovering Hope Treatment Center, Mora, MN	Taken Seriously- informs legislation, particularly paperwork reduction.	Norms: no-judgement as we all come from different spaces, education/lived experience etc. Just cause someone has been in the field for a long time- doesn't mean they should have the only voice	Fix- state level coordination for high utilizers of services	Balancing Compliance and Client Care – Learning the importance of compliance while maintaining quality client care and finding the right balance between both.	Insight to develop
Kylie Komaridis - LADC, non profit related to stigma	At the end of the day, all about the clients. Want to see measurable outcomes.	Avoid silos- look broadly for solutions	Forgetting that we are working with PEOPLE and not statutes and	Takeaway: The most important skill in recovery and in this field for me isn't perfection—it's knowing when to pause, reach out, and ask for help. The moment I stopped pretending I could carry everything by myself, the work became lighter, and I became more effective.	Brian- wants people to be knowledgable and to let people know there are people out there that help!
Carmichael Finn- Executive Director Recovering Hope	I think it would make resources easier to navigate, having the ability to find most things in one place. When you need support it is there, you would feel heard and receive help if needed.	Information sharing, results and improvements from information.	No brainer: more clear communication and documentation	Clashing with colleague approaching group therapy from a different perspective. Take away: have a conversation and be willing to explore other ideas and approaches.	bridging gaps, rebuilding trust in the field and figure out how to work together better; there has been mis communication or lack of communication and no one is taking accountability
Katie Blue, Recovery Community Network, St Cloud	More small groups to share who we are and what we do - so we can talk and brain storm together. Maybe having a DHS person on hand for questions?	Being explicit about our discussion is for the group and should not be shared with attribution	difficulty navigating the system - how are people who need the services finding what they need	Sober Living – The biggest struggle has been adapting to funding changes; we assist where possible, and while it has worked, hardships arise when clients in early recovery experience added stress from these shifts.	Sober housing
Mary Hausladen, MN, LADC-S, LPCC-S Clinical Director at Riverplace Counseling Center Anoka, MN	Clarity on sober housing and funding for this service. Other models and best practices on this huge issue	Knowing that the CoP has a voice at the table for DHS and other lawmakers - that our work here will be heard and maybe even make a difference.	Increase Public Outreach: Use targeted education campaigns, partnerships, and accessible resources to inform agencies, healthcare providers, and industry professionals who interact with our patients.		Improved housing resources and increase staff to meet the needs of homeless clients
Samantha nygaard	address how we deal with trauma in the therapeutic setting, finding a balance, helping finds way to help clients help their professional helps on HOW to help them, more tools to help clients navigate the trauma they've experienced, practical tools of what helpers could do to help	targeted topics/ sub groups	Your Path has a platform that can be helpful - Sala - a platform where the individual receiving services can give access to all people they are working with - can text, can do paperwork and share paperwork between, can get access to support from YourPath staff (https://yourpathhealth.org/)		Culturally specific resources
Julie Hooker, MS LADC Parity Wellness		Group effort. Look at simlarities more than differences. Apprecaite diversity			Information / tools on SUD program for adolescents.
Megan Harms - MA, LADC-S, BHP / Woodland Centers School Linked Program		Open minded			drug/treatment courts
Tasha Walsh - Recovery Cafe Frogtown		Look at solutions rather than what's missing			Housing resources, other Treatment Directors around how they have navigated situations, Billing
Molly Hoff, Hennepin Health		Being Open, Responsive, and Willing to Share – Promote transparency and			Housing - serve a lot of people who are housing insecure. Long waitlist.
Christy Mollert- LMFT, LADC. DHS Special Projects Manager in BHA					how do we knowledge drop, how do we simplify the system, identify a person with each area
Darrian Moose American Community Housing Organization					
Gregg Ronney, Ramsey County					
PajDaj Yang, DHS - Complex Transitions Coordinator for Region 1					

Marie Booth, Mahnomen County Social Services

Kim Simon - State of MN DCT, LADC, MHP

Leane LaFrance- RiverView Recovery Center

Angela, Another Chance for Hope - Mobile outreach. Recovery and suicide specialist.

Angela Gilbertson

Molly Lang - MN DHS-BHA CCBHC Team

Jessica Hart, Heritage treatment Link

Alex Blonigen, LADC Anoka County Substance Use Navigator and person in long term recovery

Pamela Zeller, Operations Director - African Immigrants Community Services and Executive Director Women's Initiative for Self Empowerment

Tony Byrne Partners Behavioral Healthcare

Naomi Ochsendorf, DCT

Jamie Johnson, Twin Cities Wellness Center & Recovery Gym

Kari Gloppen - MN Department of Health

Jayne Whiteford, DHS, ADSA

Melissa, CPRSR, Pathfinder Care.

Jamie Hackett, LICSW Policy and Practice Consultant

better assist those with trauma

More information and resources. Small NPs get a lot of questions about housing, narcan training?. Get the information needed in real time so they can do their work / support the work

Networking and learning how other organizations operate.

Samantha- Would like to see more continuum of care and accessible services.

Topical meetings by month or quarter to drill down on specific issues and get up to speed quickly

Fast Tracker system is outdated.

creation of materials that can be handed out, to be able to be used as an educator or an enforcer

More collaberation with other

Sara- Would like to see more transparency, policy and expectation with the partners that her organization works with.

Be intentional on action, not just a place to "bitch"

Continuing education that we need to be aware of.

Having a resource library that is up-to-date and comprehensive; resources on who handles what, who to reach out to, how things

collaboration by sharing information and resources

Outcome of group work leads to actual change or at least concrete recommendations - this discussion drives change - not just a checkbox

Willingness to share ideas

participation and helpful solution focused discussions

Norms: no-judgement as we all come from different spaces, education/lived experience etc. Just cause someone has been in the field for a long time- doesn't mean they should have the only voice

Honest conversation. What's happening and how do we fix it? Move forward together

Present with themes

Shared goals

assume best intentions

Continuity in attendance

Collaboration and partnerships

Purpose = person who needs care (not referrals)

I like groups that have niches, but would like to look at things more broadly

Your background matters but is not the purpose

Commitment

Sharing and support, transparency

Break down - tight confidentiality regulations, need for ROI, at times the language seems to be written in a way that creates barriers

Darrian- Self care is important and need to stop letting your job come first and not yourself.

George- People that are in recovery, often lets their Job become their Recovery, so having your own maintenance in your recovery is important for your self care.

Lack of presence in treatment or distractions - often due to phones

So many groups doing similar work, can feel like decision fatigue to decide where to get information/resources from

Communication breaks down when there is mixed messaging or misunderstanding or interpreting of best practices. We are attempting to integrate ASAM and then is it 3rd or 4th edition?

Continuum of Care needed versus episodic, in order to possibly bill for connecting with the client, would that be treatment coordination

Current issue: Disjointed compliance information and inconsistent updates across areas.

Challenges with high need clients and willingness to be able to meet those needs

dealing with grief by the loss of clients to overdose

Peer Support – Learning to navigate boundaries, understand risks, and recognize limitations within our capacity; it was a learning process.

There was a moment early in my work where I was juggling too many responsibilities—client crises, documentation, 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.

Bridge gaps, we are more alike than different; we have shared goals. Make inroads through actual talking instead of people in their insular worlds.

More accountability and expectations-management across care/coordination. All service lines need to be integrated.

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.

Referrals that can come earlier. Resources to help kids get help earlier. Goal - never see kids go to adult residential services

To better understand housing system - can't address the SUD when someone is unhoused - what resources are available, and how do we access it

Organizations willing to provide training, information, etc.

Brian- Smaller programs would be one area and newer programs and culturally specific areas are where we are trying to get outreach to.

Compliance

CEU's meeting the requirements for your license being available via DHS.

Collaborate with others that are running programs on policies and such

such as MH, Psychiatry, cultural specific activities etc. Housing resources, employment opportunities for clients

Samantha- Wants to solidify that family structure otherwise its a repeat of what they are already seeing.

human-centered design approach- from the perspective of the user

Funding contacts

DCYF, Psychotherapist	are connected/work together	So many of these groups starts, then flitter away because of lack of commitment	Clients in the hospital in a rural area, and licensed providers are not able to assess their needs, due to billing concerns regarding MA (cannot bill for outpatient services while a client is hospitalized), so clients are discharged to the street/home when needing a higher LOC		Not enough staff to answer phones re: housing
Renaux Swancutt - Family Service Rochester (FARR)	Shared information about trends, programming options for people, sharing information with social workers	Broad agreement on what our goals are as a community.	Training on SUD for workers.		Unified voice on what's needed at what age and level
Sophee School based Clinics	Offer a unified voice for what the system needs to look like.	Supportive attitude	Open enrollment change creates confusion		how can programs be linked to together, understanding the lifestyle of a person living with SUD, and how to develop, inter agency
Colleen Stedham PsyD. LP	Suggestions and thoughts from this group being heard and implemented	Active participation	Lost unified front for people looking to get assistance. Feels like "hungry hippos".		Connections to treatment
Community & Life Services RCO	Collaboration—understanding openings and making quick referrals	Participation, Open communication, Humility, Consistnecy	Need for unified coordination of care and resources.		Adolescent SUD treatment provider residential care at 3.5. Nowhere to send kids on MA.
Abrahm Neuser - Dept. of Children Youth and Families	Policy change.	Trust	Fix: contact the client - from the person that has built rapport with them		expanding knowledge with what other programs, state agencies, that helps folks, like housing
Andrea S - DHS	Long-term counseling options.	Professional Collaboration with all related support systems	Lack of communication from both the state and other providers, difficult to navigate or locate approprate resources,		Housing
Marissa Lang, Proof Alliance	creation of simplification, common language	Respect	Often in critical or emergent moments, difficulties to get cooperation from clients, staff are trained		Different contacts at programs to connect with directly
Amanda Kuebler, House of Hope	Creating a team of people we could go to and a database. Resources.	Transparency	Talk about services that are available.		A resource library designed from the perspective of needing services - an 'eco-system map'
Danette Kimball-Children and Family Services, St. Louis County	Super impactful, time efficient information sharing and collective learning. Help everyone distill hours of webinars/meetings/education into what we really need to know.		When systems are performative and not action oriented. It seems that systems are focused on just checking boxes. They pull in the community to share feedback then nothing is done with the feedback. Systems need to be more		Darrian- Would like to make connections with our youth because they are our future!
Crystal Giffen, Western Mental Health Center	Breaking down silos				More culturally specif providers in other areas
Laura Cain, LADC-S, MNPrairie County Alliance	Tony-Would like to see the increase in the amount of collaboration what we see in the field.				Parent mentoring certification example - connect with others who need mentoring in recovery and recovering child from others
Kristina CPRS, Mentor	echo increased awareness of SUD resources, funding , housing for hard to place individuals				Pathway to direct access to services needed- info sheet
Paul - SDK					
Anna Alpern - Anoka County, Community Social Services and Behavioral Health - Lead Program Planner					
Nathaniel Dyess | Office of Addiction and Recovery					
Amy Anderson, DHS					
Shelly Kuiper - Co-Owner/Treatment Director - Brighter Days Recovery Center - Minneapolis MN					
Kim H-DHS/ADSA					
Alex R Vigil, Kai Shin Clinics					

Chris Quade, Hennepin County Adult Behavioral Health

Neal Wozniak, Twin Cities Wellness Center & Recovery Gym

Importance of knowing available resources.

Community-based culture. Support others. Breakdown silos.

I would like to have a website that you could ask questions about treatment services and have the ability to receive responses that were in compliance with 245G statutes.

Sharing resources about things like meetings, info sessions, networking groups. Access to siloed information.

development of materials, user friendly, to help educate, where is everything on the spectrum, how to we make it easier for the consumer, or for the person starting this, how to navigate the referral process - if not here, then there, how do we make it more of a spectrum to find the path or help folks along the path

Having a professional phone list of members so we know who we can reach out to for problem solving, ideas or support.

Connections to resources to support prevention, housing, and other culturally specific mental health and treatment services.

Directory of folks in the CoP

staying in step with what is happening at the ground level - state programs/policies etc. informed by those working

intentional and non-performative.

Samantha- Work for support, organization support, Especially now when times are so questionable, but getting the support from the higher up and legislation. #SUPPORT

struggle to provide truly integrated care

Fear, mistrust, not knowing who they can trust; fear of losing funding

cprs placed at counties with lived experience to better assist without the judgement

Having the State and DHS reply in ways that shows we have been heard - not just a statue reply. (Someone with a clinical licensure and how those statutes apply to the situation)

Preventing BHF access being limited to 60 days in the near future

We should talk more about bias in services to help fix.

Fix- one source of truth

Mike- Not every client is the same, so you cant have a list of do this and do this. That is not what the clients want.

When individuals come out of prison they do not have housing, services etc.

FIX: follow up to make sure the client makes it to the next thing, a phone call to the next treatment/center

Rural hospitals

best ways to connect with the medical community, doctors, when clients have medical conditions, even in detox

Tony- Never wants to stop being a learner. Would like to know more about certain areas and expertise's. Needs a constant stream of people of what people have to share. Does not want people to horde their knowledge, we want them to share what they have learned. Someone always has something to share and teach!

Recovery meetings with recovery professionals

changing times with MA, leading to worry, about the impact, especially in the rural area, having more of a broad connection to provide problem solving and a sounding board, and connections to discuss how to advocate in these times, like with immigration status - how will they be served, folks possible fear of engaging in services due to fear of being seen in systems

Hard time connecting with medical providers where we might get referrals - OBGYN, family med, etc.

CPRS have to be hired through a company. Drug court, Child protection. How courts proceed and judge people with SUD.

County contacts for specific needs ie economic

in the community, knowing what the needs are

Cool to see what other organizations are doing and what is going well. What supports they can share or recommend.

Still wondering if this is a networking group, a work group, etc.

If the CoP was helping me in my daily work, it would be a resource of clarification of any changes of statute or rule. One place to get answers rather than attempting to contact DHS Licensing or BBHT, who are so poorly understaffed.

Increased awareness of SUD resources and funding opportunities

SUD programs that are able to work with/manage behavioral concerns/issues.

Harm reduction coverage

updated resource phone numbers and addresses

Insights from different perspectives on the SUD field

Consideration of HS treatment - balancing what kids want for autonomy and treatment.

Feeling a sense of unity in the field, professionals asking transparent questions, getting information, what's going well, what can we improve. Supporting each other. People still fighting for the

All injectable coverage as a pharm benefit

Breakdown in communication - how can we communicate better? How can we know we have been heard?

Level of bias happens with workers. In child protection, their focus is on children, not SUD.

Agree with the phones, constant issue

Need to get better in MN about wrapping around harm reduction services

Running into barriers with program building, my current organizations EHR doesn't have the capacity for comp assessments, figuring that out

Tony-No brainer fix, Easy accessible time management training.

Larger organizations- ie counties/jails, providing more resources

including everyone that's involved at the table, including everyone involved

phones

All the silos which arent connected

Breakdown:Access to medical care is limited—if you can't pay, in some settings you simply don't receive help.

Mike- It's hard to get them to come into the office and get

assistance

Samantha- EVERYWHERE, Recovery is not limited to one space, neither is addiction and we need collaboration everywhere, even with Families. EVERYBODY!

Improvement in how people can access recovery services

Access to recovery

Desire to get more sitelines within DHS and breaking down silos within licensing, certifications, provider enrollment, etc.

work and not competing with each other.

ASAM 2.1 and 2.0. In the process of applying for 3.1 at a home in North Minneapolis

Oftentimes the resource list can quickly get outdates (phone numbers, etc). Someone dedicated to updating those directories.

Advocating for policy change, lobbying, etc. Ability to share lived experience with policymakers and regulators.

More connections with other resources across the state

Electronic database.

Gather more information and resources for how to build the program we want to build. Open book.

Networking and making connections with others in the field

Sorry, I did not complete the prori post. Coordination between county/state/SUD treatment programs.

Parity Wellness

Up to date and real-world information on best practices and standards. ASAM 4 being an example.

Everyone is not receiving the same treatment -- relapse vs. first treatment should not be different. Provide same resources across the board rather than any judgement.

them to participate as a group.

More placement options for complex cases

Misunderstanding about what SUD is and how to work with people that do

There are silos of organizations working with the same client; need better communication so we aren't working within silos

no-brainer: having

everyone is busy and finding the right person to ask a question of is difficult. There isn't quick access to answers you need

We see worker-by-worker differences in how women in our program are being served.

We also need better systems for communication between providers. HIPAA matters, but a shared platform that allows all providers to communicate directly and coordinate care would make support more efficient and consistent.

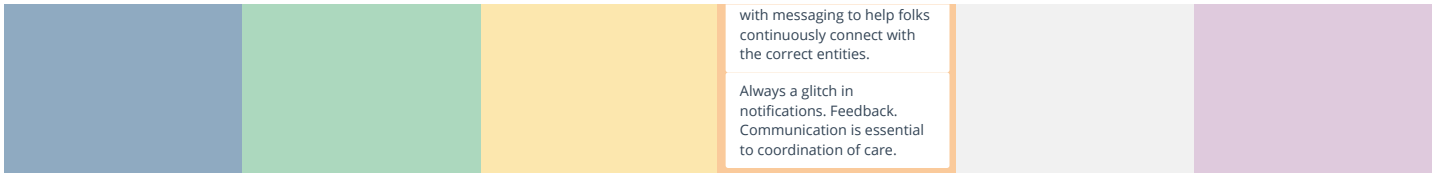
less last minute placements

Discharge planning- better communication when people are leaving.

Breakdown: lots of women we serve are also being served by counties. How do we make sure people are getting their needs met? Complex.

when its not consistent espcially with multiple

	More standardization across the continuum		people involved, no follo-up steps, delays,		
	Julie Hooker, MS LADC		People don't know how to get resources - Courts, MA, etc. Solutions start at home. Lots of information, not always right. Struggling through the systems is hard. Need an advocate / mentor, not CPS		
	Coordination between county		Resource centers / government buildings / social workers - May not always have the information they need. More resources to support mothers with children		
	Building rapport and connect.		assumptions		
	Connection/ Networks		Paying for assessments		
	Being a part of the group could help keep other considerations in mind.		Paperwork and documentation overload causes breakdowns.		
	Make sure consistency of community is throughout. Therapist, social worker, etc. Ensure everyone with SUDs is getting access to same treatment.		Fix: better communication between counselors, case managers, social workers		
	It would help me feel grounded, connected and intentional about expectations and best practices. Having a lot of guidance and shared resources.		A dashboard would help.		
	More connectedness. When we connect we are better.		Miscommunication		
	Better knowledge of things that are out there		patient behaviors observed by other clinicians without communication. Fix. Create a weekly meeting to gather the team and discuss patient needs and progress.		
	Acronym list!		Discharge Planning		
			No wrong doors. If I'm not the person who can help, try to get them to someone who can.		
			When people contact DHS, they may think there's "one DHS" and things get carried across. We can do better		


with messaging to help folks continuously connect with the correct entities.
Always a glitch in notifications. Feedback. Communication is essential to coordination of care.