HMA

Minnesota Substance Use Disorder Community of Practice

Substance Use Disorder Systems and Evidence-Based Practices Repository

Executive Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines substance use disorder (SUD) as the recurrent use of alcohol and/or drugs that "causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home." Furthermore, SUD continues to be an underlying factor for drug overdoses, exacerbated by the pandemic and changes in the formulation of widely available substances, overdose continues to be the leading cause of injury-related deaths in the United States.[1,2]

Following Minnesota's enactment of legislation to address this issue (Minnesota Statutes 2021, Chapter 254B.151), the Minnesota Department of Human Services (DHS) sponsored the creation of the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP), facilitated by Health Management Associates (HMA). The MN SUD CoP is composed of individuals who engage in SUD treatment and prevention in any capacity, including people with lived experience, providers, family members, researchers, recovery peers, state and local government representatives and advocates. The MN SUD CoP seeks to bring individuals from across the Minnesota SUD treatment continuum together to engage in information sharing, competence development, rich discussion, and mentoring. Beginning in August 2023, the MN SUD CoP convened open CoP meetings and workgroups dedicated to specific SUD topics. Information on the MN SUD CoP is available on the MN SUD CoP webpage.

During the MN SUD CoP, participants identified perceived gaps in the Minnesota SUD treatment continuum across 11 categories (described in detail below). This document provides links to SUD systems and evidence-based practice (EVP) resources related to each of those areas. Additionally, resources are provided related to other topics which have or will be addressed during the MN SUD CoP meetings, including Minnesota advocacy and community engagement, American Society of Addiction Medicine (ASAM) levels of care, recovery community organizations and MN SUD CoP participating organizations, and more. This document will be updated monthly through the continuation of the MN SUD CoP period, with the most up to date version provided on the MN SUD CoP webpage.

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[1] CDC. Understanding Drug Overdoses and Deaths. 2023. Available at: https://www.cdc.gov/drugoverdose/epidemic/index.html. Accessed December 29, 2023.
[2] National Institute on Drug Abuse. Drug Overdose Death Rates. 2023. Available at: https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates. Accessed December 29, 2023.

Gap Categories: Minnesota SUD Treatment Gaps

SUD treatment gaps identified by the MN SUD CoP participants span the continuum of SUD treatment and related areas and are summarized below. Table 1 provides EVP resources related to addressing challenges within each category.

- **Education, Prevention, and Early Intervention:** Participants agreed limited funding and staffing are available for general SUD education and prevention efforts, particularly as they relate to youth education, prevention, and early intervention practices.
- **Treatment Accessibility:** Though it is widely acknowledged that Minnesota generally has enough treatment capacity at most levels of care, many people living in Minnesota have limited access to non-traditional or holistic services, detoxification facilities, tobacco cessation programs, medication treatment for opioid use disorder (MOUD), and culturally specific programs. Some participants also said they experienced extended wait times to obtain treatment and saw a lack of coordination and planning between various aspects of the system. Also, it was noted that treatment centers largely treat participants using generalized methods and do not acknowledge the need to adjust treatment practices based on the individual.
- **Cultural Competency and Gender-Specific Care:** People who have received facility-based care have reported traumatic experiences in treatment facilities and indicated some treatment facility staff were inadequately trained to provide competent and sensitive care related to cultural practices, gender, or sexual identity.
- **Social Determinants of Health (SDOH) and Health-Related Social Needs (HRSN):** Participants noted that SUD can only be adequately treated when resources are available to respond to SDOH and HRSN, such as housing, food insecurity, and transportation.
- **Workforce:** Mirroring national trends, Minnesota is experiencing SUD workforce shortages and elevated levels of burnout among SUD treatment providers.
- **Transitions of Care:** Participants noted that services across the SUD treatment continuum often operate in a silo, leading to loss of communication or relapse among individuals who are transitioning between levels of care.
- **Rural Care:** Participants agreed that treatment services across the continuum, with an emphasis on culturally competent care, are widely unavailable and understaffed in rural areas.
- **Behavioral Health:** Acknowledging the intersection of mental health and SUD is critical to achieving long-term recovery; however, SUD services in Minnesota were noted by participants as lacking coordinated access to adequate mental health services in treatment centers.
- **Recovery Outcomes and Data Sharing**: Participants noted a lack of consensus as it relates to defining recovery, which leads to a lack of accurate data that identifies successful treatment programs.
- **Funding:** A general lack of funding was noted by participants, particularly as it relates to reimbursement of SUD services, prioritization of culturally competent care, and development of innovative care models. Participants also agreed that lack of funding contributes to competition among treatment providers, often favoring larger treatment centers.
- **Administrative Burden:** Increased requirements for documentation have led to burnout among providers, who are having to prioritize administrative tasks over patient care.

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Table 1. Minnesota SUD Gap Category Evidence-Based Practices

Topic	Resource Description/Link

General Information and Advocacy	• Minnesota Substance Use Disorder webpage: Information on the MN SUD CoP, including registration links, meeting summaries, and related resources.
	 • American Society of Addiction Medicine (ASAM): a professional medical society representing over 7,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction.
	     ○ ASAM Advocacy Resources (National Advocacy; State Advocacy)
	     ○ 2022 ASAM Advocacy Impact Report
	     ○ Four Big Ideas for the 118th Congress
	 • Faces and Voices of Recovery: Faces & Voices of Recovery advances recovery wellness efforts at every level. Through collective efforts in recovery advocacy, community support, and education, they promote the right of every individual and family to recover from SUD, while demonstrating the value and impact of long-term recovery.
	     ○ Advocacy, Research, & Innovation
	     ○ Federal Policy and Advocacy Priorities
	     ○ Recovery Stories
	 • National Association for Alcoholism and Drug Abuse Counselors (NAADAC): NAADAC, the Association for Addiction Professionals, represents the professional interests of more than 100,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad.
	     ○ NAADAC Advocacy Resources
	     ○ Advocacy Webinar Series
	     ○ Public Policy Resources
	 • The National Association of Addiction Treatment Providers (NAATP): The National Association of Addiction Treatment Providers, NAATP, has been the addiction service profession's vision, voice, and thought leader since 1978. They are committed to advancing addiction services and supporting the ever-growing membership of service providers.
	     ○ Treatment provider policy advocacy agenda and resources
	     ○ NAATP State Advocacy Toolkit
	     ○ NAATP Policy Agenda
	 • Partnership to End Addiction: The nation's leading organization dedicated to addiction prevention, treatment and recovery, we are a diverse community of researchers, advocates, clinicians, communicators and more.
	     ○ Advocacy topics and personal stories
	 • National Council on Alcoholism and Drug Dependence (NCADD): NCADD is the leading advocacy organization in the world addressing alcoholism and drug dependence.
	     ○ NCADD Become an Advocate resources
	 • National Alliance for Recovery Residences (NARR): The National Alliance for Recovery Residences (NARR) is a 501-c3 nonprofit organization dedicated to expanding the availability of well-operated, ethical and supportive recovery housing.
	     ○ NARR recovery residence educational and advocacy resources

Education, Prevention, and Early Intervention	• Minnesota Prevention Resource Center: Minnesota Prevention Resource Center (MPRC) is one provider within a system of support services for people and organizations to engage in addressing the root causes of substance misuse. Together, this system provides the information, in-person support, and data to be effective, save time, implement best practices, and grow substance misuse prevention in more Minnesota communities. • Impact Life: Impact Life currently offers peer-led recovery support services and resources. • Botvin LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. The program provides school

Topic	Resource Description/Link
	aged children and adolescents with the confidence and skills necessary to successfully handle challenging situations. • Active Parenting of Teens (research informed): Families in Action is a school- and community-based intervention for middle school-aged youth designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior; and violence. • Creating Lasting Family Connections® (CLFC) is a family-focused program that aims to build the resiliency of youth aged 9 to 17 years and reduce the frequency of their alcohol and other drug (AOD) use. CLFC is implemented through a community system, such as churches, schools, recreation centers, and court-referred settings. • keepin' it REAL (kiR) Middle School Program is a 10-week classroom-based universal substance use prevention program for youth ages 10-13. kiR is designed to reduce the risks of alcohol, tobacco, and other risky drug use as well as promote social and emotional competencies such as drug refusal efficacy. There are three culturally grounded versions: Multicultural, Rural, and Spanish. • Project Towards No Drug Abuse (TND) is an interactive classroom-based substance abuse prevention program for youth who are at risk for drug use and violence-related behavior. • Strong African American Families (SAAF) is a seven-week program targeting rural African American families with children from 10 to 14 years old. It is a parental training program that works to strengthen attachments between parents and children, reducing alcohol and drug use. SAAF has been rated as an effective program for reducing child alcohol use and other youth risk behaviors by the National Institute of Justice. • The Nurse-Family Partnership Program involves trained nurses who provide intensive, in-home visits to at-risk, first-time mothers during their pregnancy. The Surgeon General's Report on Alcohol, Drugs, and Health describes the Nurse-Family Partnership Program as an evidence-based prevention program because a study showed that children who received the intervention were less likely to use alcohol in their teens than those who did not. • Communities That Care (CTC) is a program of the Center for Substance Abuse Prevention (CSAP) in the office of the United States Government's Substance Abuse and Mental Health Services Administration (SAMHSA). CTC is a coalition-based prevention operating system that uses a public health approach to prevent youth problem behaviors such as violence, delinquency, school dropout and substance abuse. • Familias Unidas is a family-based intervention for Hispanic families with children ages 12-17. The program is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning. • SBIRT is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels. The goal is to reduce and prevent related health consequences, disease, accidents, and injuries, and if a need for treatment is identified, a referral to a higher level of care. • Healthy Workplace is a set of substance abuse prevention interventions for the workplace that are designed for workers who are not substance-dependent and still have the power to make choices about their substance use. • PRIME For Life (PFL) is a motivational intervention used in group settings to prevent alcohol and drug problems or provide early intervention.
Treatment Accessibility	• Minnesota 1115(a) Substance Use Disorder System Reform Demonstration Project Evaluation: Examining Potential Disparities In Medication-Assisted Treatment (MAT) (2020): The Minnesota Behavioral Health Division, Department of Human Services (DHS), requested a state-based analysis of access to MAT services. This analysis will increase the Department's understanding of the role that MAT provider distribution may have on access to this service for Medicaid enrollees under the 1115 Substance Use Disorder (SUD) System Reform Demonstration. • MN DHS Direct Access Policy: Resources related to MN's Direct Access policy, which allows an individual to go directly to a provider they choose to receive a comprehensive assessment and access care immediately. Direct Access removes barriers of timing associated with going through a placing authority, allows for individual choice, and removes duplication of comprehensive assessments. • MN DHS 1115 Substance Use Disorder (SUD) System Reform Demonstration: Minnesota is piloting a new approach to strengthen the state's behavioral health care system by improving access to substance use

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	disorder treatment across the state for Medicaid recipients. The state is doing this under the 1115 Substance Use Disorder (SUD) System Reform Demonstration. ○ Minnesota SUD System Reform Section 1115(a) Demonstration Project Evaluation: Interim Evaluation Report (July 2023; Revised December 2023) • MN DHS Behavioral Health and Tobacco Use in Minnesota: Statistics related to behavioral health and tobacco use in Minnesota. • American Lung Association. Professional Education and Resources: Resources related to beginning the process of integrating commercial tobacco treatment and/or implementing tobacco-free grounds policies (for integration with SUD treatment).
Cultural Competency and Gender-Specific Care	• Minnesota Management Analysis and Development MN Families: MNFamilies.org is a website coordinated by ACET Inc. under a contract from the Minnesota Management Analysis and Development to engage in community participatory research for the Minnesota Department of Human Services. The aim of this project is to expand people-specific and family-centered behavioral health program services through the Women's Culturally Responsive Recovery Services. • MN DHS Opioid Epidemic Response Spending Dashboard: The dashboard describes 1) awards by the Opioid Epidemic Response Advisory Council and 2) cities and counties that received funding from the statewide opioid epidemic settlement agreement. • National Center on Substance Abuse and Child Welfare: Implementing a Family-Centered Approach (Companion Modules) Series: Allows state, and agency-level collaborative partners to jointly improve systems, services, and outcomes for children and families affected by SUDs. NCSACW prepared this three-part series on implementing a family-centered approach to help communities move toward family-centered care. • Collective Impact Forum: What Is Collective Impact?: Collective impact is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change. • SAMHSA: A Treatment Improvement Protocol: Improving Cultural Competence: This Treatment Improvement Protocol (TIP) uses Sue's (2001) multidimensional model for developing cultural competence. • National Institutes of Health: Cultural Competence in Caring for American Indians and Alaska Natives: This activity reviews the clinical and public health challenges experienced by AI/AN patients, emphasizing the crucial role of interprofessional teams in evaluating and treating these conditions and addressing associated adversities. • National Indian Council on Aging: Culturally Competent Healthcare: Provides recommendations for delivery culturally competent healthcare to Native Americans/Indians based on the Institute of Medicine developed six "aims for improvement" to healthcare.
SDOH/HRSN	• US Department of Health and Human Services: Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation: HHS is issuing this Call to Action to catalyze efforts at the community level to encourage partnerships across sectors. HHS is calling upon individuals working in health care, social services, public and environmental health, government, and health information technology to partner and work together across silos to address health-related social needs1 (HRSNs) through community partnerships to improve the health and well-being of every American. • Info Brief: Addressing the Social Determinants of Health in Substance Use Prevention: This brief will explain the SDOH, map the concept of SDOH onto more "traditional" prevention frameworks, and explain how substance use prevention can play a role in such large-scale changes. • A Better Path Forward for Criminal Reentry: Link provides the seventh chapter from "A Better Path Forward for Criminal Justice," a report by the Brookings-AEI Working Group on Criminal Justice Reform. • MN DHS Housing Stabilization Services: Housing Stabilization Services is a new Minnesota Medical Assistance benefit to help people with disabilities, including mental illness and substance use disorder, and seniors find and keep housing. • KFF: Social Determinants of Health and Health-Related Social Needs: This policy watch discusses the new opportunities available to states to address HRSN through managed care and through Section 1115 demonstration waivers.

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Workforce	• MN DHS Division of Health Policy: Rural Health Care in Minnesota Data Highlights • MN DHS Minnesota Health Care Programs Fee for Service Outpatient Services Rates Study: The Minnesota Health Care Programs (MHCP) Outpatient Services Rates Study was approved by the Minnesota legislature in 2021 (Laws of MN, 2021, First Special Session, HF 33/Chapter 7, Article, Section 18) The Department of Human Services (DHS) contracted with an independent contractor, Burns & Associates division of Health Management Associates, Inc. (HMA Burns) to conduct a study of rate-setting for MHCP outpatient services. • Health Management Associates: Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States: HMA and the National Council for Mental Wellbeing prepared a series of three issue briefs that offer states immediate policy actions to expand current capacity and build a more stable future workforce. • SAMHSA Peer Support Workers for Those in Recovery: Learn about the role of peer workers and access recovery-related resources about peer supports and services. • MN DHS Minnesota's Health Care Workforce: Pandemic-Provoked Workforce Exits, Burnout, and Shortages
Rural Care	• Center for Rural Policy and Development: Mental Health Services in Greater Minnesota (Research Report) • A Systematic Review of Rural-Specific Barriers to Medication Treatment for Opioid Use Disorder in the United States: Systematic review to highlight the state of knowledge around rural medication treatment for opioid use disorder, identify consumer- and provider-focused treatment barriers, and discuss rural-specific implications. • MN DHS Recommendations on Strengthening Mental Health Care in Rural Minnesota: In May of 2019 the Rural Health Advisory Committee (RHAC) formed a workgroup to assess mental health care in rural Minnesota. The workgroup began by focusing on crisis mental health care, and expanded the project's scope to include other services, policies, and best practices that support the mental health needs of rural residents. Workgroup members included mental health practitioners, crisis response services, health care systems, community clinics, government, and advocacy organizations. The report offers a series of recommendations across four categories: (1) Increasing awareness of mental health needs and resources, (2) Increasing access to services and supports, (3) Strengthening the rural mental healthcare system, and (4) Supporting collaboration between stakeholders. • Rural Health Information Hub (RHIhub): Rural communities are implementing a variety of evidence-based and promising models to treat substance use disorders. In this section, RHIhub organizes models into four categories: prevention, harm reduction, treatment, and recovery.

Behavioral Health	• SAMHSA Mental Health and Substance Use Co-Occurring Disorders
	    ○ Read more about how individuals living with both mental health and substance use disorders and their families can actively engage in their recovery process.
	    ○ Learn how to talk about mental health or how to get help for yourself or someone you care about.
	    ○ Read about the science behind substance use and get facts about how drugs affect the brain and body.
	    ○ The Surgeon General's Report on Alcohol, Drugs, and Health reviews what we know about substance misuse and how we can use that knowledge to address substance misuse and its related consequences.
	• Mental Health Commission of Canada: Collaborative Care for Mental Health and Substance Use Issues in Primary Health Care: Overview of Reviews and Narrative Summaries: This overview of reviews was undertaken in order to assess and synthesize evidence on collaborative care interventions that have the potential to improve primary mental health and substance use care.
	• Alina Health: Enhancing Mental Health Care Transitions Reduces Unnecessary Costly Readmissions: Allina Health put a new care transition process in place, redesigned workflow, and added key patient support roles. To measure the effectiveness of new interventions, Allina relied on the Health Catalyst® Analytics Platform, which includes the Late-Binding™ Enterprise Data Warehouse and a broad suite of analytics applications.
	• MN DHS Behavioral Health Care: Improving Equity and Access: Historic advancements in 2023 will bolster the quality and availability of care in Minnesota's behavioral health system, while working to eliminate health disparities for many communities. New investments in mental health and substance use disorder services – combined with significant steps forward in housing, health care, education and economic

Topic	Resource Description/Link
	supports – will move Minnesota toward a more comprehensive and forward-looking public health approach to behavioral health care.
Recovery Outcomes and Data Sharing	• National Academy for State Health Policy: How States Access and Deploy Data to Improve SUD Prevention, Treatment, and Recovery: This report explores best practices and sources for data gathering and describes how states can help communities access and use data to support local efforts.
Funding	• Health Care Payment Learning & Action Network: APM Framework: The APM Framework is the HCPLAN's landmark achievement, establishing a common vocabulary and pathway for measuring successful payment models. Originally published in 2016 and refreshed in 2017, the Framework classifies Alternative Payment Models (APMs) in four categories and eight subcategories, specifying decision rules to standardize classification efforts. It lays out core principles for designing APMs, which have influenced payers and purchasers, and forms the basis of the annual APM Measurement Effort. • Center for Financing Reform and Innovation: Exploring Value-Based Payment for Substance Use Disorder Services in the United States: This report explores the use of VBP for SUD services in the United States. Chapter 1 provides background about VBP and alternative payment models (APMs) and SUD treatment needs. • Alliance for Addiction Payment Reform: The ARMH-APM Model: The Addiction Recovery Medical Home Alternative payment model (ARMH-APM) is a consensus learning model.
Administrative Burden	• MN DHS Legislative Report: Substance Use Disorder Treatment Program Systems Improvement: This report is in response to legislation, Laws of Minnesota 2019, First Special Session, Chapter 9, Article 6, Section 76 to make system improvements to reduce provider burden. • KFF: A Look at Strategies to Address Behavioral Health Workforce Shortages: Finding from a Survey of State Medicaid Programs: KFF surveyed state Medicaid officials about their state's strategies for addressing behavioral health workforce shortages that were in place in state fiscal year (FY) 2022 or implemented/planned for FY 2023.

Table 2. American Society of Addiction Medicine (ASAM) and Community Advocacy Resources

American Society of Addiction Medicine	• The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Volume 1: Adults. 4th ed. • Mid-Point Assessment: Minnesota Substance Use Disorder System Reform Section 1115(a) Demonstration Project: This Mid-Point Assessment documents progress since implementation of the Demonstration in July 2020. • Guide for Future Directions for the Addiction and OUD Treatment Ecosystem: To best describe the needs of and solutions for the addiction treatment ecosystem, the authors of this manuscript propose the guidance of the "4 Cs": Capacity, Competency, Consistency, and Compensation. • Legal Action Center: Spotlight on Spotlight on Network Adequacy Standards for Substance Use Disorder and Mental Health Services: To best describe the needs of and solutions for the addiction treatment ecosystem, the authors of this manuscript propose the guidance of the "4 Cs": Capacity, Competency, Consistency, and Compensation.
Community Advocacy	• Washington State Department of Health Community Engagement Guide: This Community Engagement Guide is intended to assist DOH programs and staff in ensuring a consistent approach to engaging communities.

Table 3. Minnesota Recovery Community Organizations*

Begin Anew	Minnesota Prevention and Recovery Alliance	Recovery Cafe Frogtown	Thrive Family Recovery Resources
Continuum Care Center	Minnesota Recovery Connection	Recovery Community Network	Twin Cities Recovery Project
Doc's Recovery House	Mission Restart, Inc.	Recovery Engaged Communities	WEcovery by Beyond Brink

Face It Together Bemidji	Niyyah Recovery Initiative	Recovery Is Happening	Will Work for Recovery
Minnesota Hope Dealerz	Recovery Alliance Duluth	Rise Up Recovery	

*Note: According to Minnesota legislation, "a Recovery community organization" (RCO) means an independent, nonprofit organization led and governed by representatives of local communities of recovery. An RCO mobilizes resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from alcohol and other drug addiction SUD. RCOs provide peer-based recovery support activities such as training of recovery peers. RCOs provide mentorship and ongoing support to individuals dealing with SUD and connect them with the resources that can support each person's recovery. An RCO also promotes a recovery-focused orientation in community education and outreach programming and organizes recovery-focused policy advocacy activities to foster healthy communities and reduce the stigma of SUD." A list of Minnesota RCOs is listed here.

Table 4. Other Minnesota SUD Community Advocacy Organizations

Organization	Resources
The Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)	MAARCH Links and Resources MAARCH Newsletter
Minnesota Nurses Peer Support Network **(NPSNetwork)**	NPSNetwork resources (including videos, articles, and more)
National Alliance on Mental Illness (NAMI) Minnesota	• NAMI advocacy resources • Legislative Updates, Lobby, and Volunteer Opportunities
Minnesota Association of Sober Homes (MASH)	MASH Story Highlights
Hazelden Betty Ford Foundation	• Advocacy Updates • Advocacy Events • Addiction & Recovery Podcast

Table 5. Minnesota Organizations Participating in the MN SUD CoP

CloseKnit	Empower Treatment Center	Continuum Care Center	UCare Plan
GrassRoots in Action	NUWAY Alliance	MACV	Minnesota Department of Health
University of Minnesota	HealthPartners Plan	Frazier Wellness Services	Kyros
Steve Rummler HOPE Network	Minnesota Prairie County Alliance	Minnesota Council of Health Plans	Blue Cross Blue Shield Minnesota
Anoka County	Bemidji State University	AA Minneapolis	St. Louis County
Hennepin County	Minnesota Department of Human Services	Bold North Recovery	Avivo
Beyond Brink	Alluma	Ramsey County	YourPath Health
Wadena County	Refocus Recovery	Optum	Northland Counseling Center
Salvation Army	Rice County	Independent Management Services	Vinland Center
Living Free Recovery	Wright and Associates, LLC	Essentia Health	Olmsted County
Southwest Health & Human Services	Pennington County	Mille Lacs Band of Ojibwe	South Country Health Alliance
Peony Recovery	Isanti County	Anchor Recovery	Minnesota Indian Women's Resource Center (MIWRC)
Minnesota State University	Recovering Hope Treatment Center	Red Lake Nation	Waseca County
Missions, Inc.	Mayo Clinic	Faribault & Martin Counties	Project Turnabout

Bois Forte Band of Chippewa	Mental Health Resources	Minnesota Addiction Professionals (MNAP) an NAADAC state affiliate	Motivational Consulting