DEPARTMENT OF HUMAN SERVICES

September 2022 Substance Use Disorder (SUD) Community of Practice (CoP) planning session

DATE: September 14, 2022

Representation

The **Participant Breakdown by Category** table below reflects the 32 participant categories submitted during polling in the beginning of the meeting. Some participants selected more than one participant category and each submission is counted separately. Non- DHS facilitators (2) are represented in the total number of participants (27) and not included in # of participant categories reflected in the table below.

Total # of participants: 27

Total # of participant categories reflected in table below: 32

Participant Breakdown by Category

Participant Category	Percentage of Representation
Researcher or member of the academic community	3%
SUD treatment provider	19%
Recovery community organization	7%
Department of Human Services	22%
Department of Health	0%
Department of Correction	0%
County social services agency	10%
Tribal nations or tribal social services providers	0%
Individual who has used SUD treatment services	3%
Family member or support person	13%
Managed care organization not including DHS staff	13%
Other	10%
Unknown-no response	0%

MEETING SUMMARY

Welcome and brief introduction

- New members welcomed
- Participant poll results shared to show participant category representation for the September planning session
- Purpose of planning sessions updated in [Substance Use Disorder Community of Practice](#) webpage
- The meetings from May to November 2022 have been planning sessions to initiate a dialogue and to seek feedback on specific aspects of this venture.
- Summary of planning sessions

  What is **in scope** for these planning sessions?

  ✓ **Discussion of what is a community of practice**

  "A community of practice encourages the translation of knowledge into action and provides a framework for information sharing, competence development, rich discussion, and mentoring; and creates, organizes, revises, and shares knowledge among members of the community."(Seaman, 2008)

  ✓ **Purposes of the SUD CoP identified**
  "The purposes of the community of practice are to improve treatment outcomes for individuals with substance use disorders and reduce disparities by using evidence-based and best practices through peer-to-peer and person-to-provider sharing." ([Minnesota Statutes 2021, Chapter 254B.151](#))

  ✓ **Deliverables for RFP finalized**
  ✓ **Identify gaps in SUD treatment services**
    ▪ **Early research indicates Individual Placement and Support (IPS) is a successful employment model for individuals with SUD**
  ✓ **Determine how the six objectives will be accomplished**
    ▪ **Feedback:**

- One participant shared their hope that the SUD CoP will focus on treatment services, providers, and access to treatment with more focus on that than the "barriers"
- Consensus was reached by a "thumbs up" that gaps need to be prioritized.
- Some objectives are connected and can be revisited at any point
✓ **Shared meeting practices finalized**

What is **out of scope** for these planning sessions?

- Identifying solutions for gaps identified
- Discussion of evidence-based and best practices through peer-to-peer and person-to-person sharing to improve treatment outcomes for individuals with SUD and reducing disparities

- **RFP status update- internal review of RFP in process and will be posted within the next few months**

Questions for Discussion

1. What is the best way to reach individuals who may not receive DHS communications to ensure we have reached everyone who is interested in the RFP?
   a. **Macro or micro approach can be taken**
   b. **Shotgun approach follows a press release through major newspapers**
   c. **A more targeted approach through recovery-focused press**
   d. **Use an established distribution list**
   e. **Determine best communication methods for each target group**
   f. **Word of mouth (no exclusion-anyone interested can join)**
   g. **Social media; reaching out to RCO's; NAACP, Tribes, MARRCH, etc.**
2. How do we recruit and retain individuals with lived experience and their family/friends/support people?
   a. **Don't want to just recruit, but also retain**
   b. **Need to have representation of individuals with lived experience at each meeting**
   c. **ECHO groups https://communityhealthboard.org/**
   d. **Can participants with lived experience be paid for their participation?**
   e. **Retain through action and movement rather than just planning**
   f. **If we have someone in the community that would be a great member, how do we go about the process of membership?**
      i. **Share meeting information once official meetings begin.**
   g. **RCOs**
   h. **MARRCH**
   i. **Social media, NAACP, Tribes, etc.**
   j. **It's up to members of CoP to get message to who they think will be interested**

k. It would be helpful to frame purpose of this group clearly by sharing potential outcomes to distinguish this from dozens of other groups with similar objectives; given objectives may not be clear enough for some members who belong to many similar groups

l. What are the tangibles? What are the takeaways? How does the group know that what they are doing is making a difference? What are the incentives? People are motivated by understanding "what's in it for me?"

    i. Individual knowledge grows from group knowledge transfer which helps break down silos and improves work and services

m. Suggestion to not just publicize but go out to the communities; support their work so they want to be a part of this and are motivated by what they can gain from being a part of this group.

3. How do we recruit and retain individuals who are black, indigenous, people of color, and people from other communities that are disproportionately impacted by substance use disorders?

    a. Previous suggestions from question #2 also apply to individuals who are black, indigenous, people of color, and people from other communities that are disproportionately impacted by substance use disorders.

4. How do we keep SUD CoP members engaged?

    a. Possibly send out a quick survey at the end of meetings

        i. Some of members may have multiple representations here - professional, LADC and a person in recovery so meeting survey may not entirely, accurately represent who we are.

    b. Ask for stories to be sent ahead of meetings to ensure members are heard in a way that is effective and provides balance with work at hand

    c. Member: paperwork reduction initiative invites stakeholders in meetings and says this and real-time action is very engaging – other member agrees

5. Are future planning sessions still needed at this time?

    a. Group consensus reached that future planning sessions are no longer needed

Closing Remarks

- Thank you for joining the September SUD CoP planning session!
- Keep an eye out for email communications regarding the publication of the RFP and any other SUD CoP-related updates.