



Minnesota Substance Use Disorder Community of Practice: August 29, 2023 Meeting Summary

Introduction

On August 29, 2023, participants attended the first Minnesota (MN) Substance Use Disorder (SUD) Community of Practice (CoP). The CoP is composed of people who are engaged in the field of SUD treatment and prevention in any capacity. This includes but is not limited to individuals with lived experience, providers, family members, researchers, recovery peers and advocates. The goal of the MN SUD CoP is to encourage the translation of knowledge into action and provide a framework for information sharing, competence development, rich discussion, and mentoring.

The MN SUD CoP meeting was facilitated by Health Management Associates (HMA) employees Jill Kemper, Boyd Brown, and Paul Fleissner, with ongoing subject matter expertise from Kamala Greene Genece, Charles Robinson, Debbi Witham, Briana Jacobs, and Shannon Robinson. The CoP meeting was also planned and conducted in partnership with three community consultants, George Lewis, Zhawin Gonzalez, and Yussuf Shafie. While HMA and the community consultants are available to provide a framework for the meetings, the goal of the MN SUD CoP is for participants to actively engage and set priorities for the CoP.

Voices of Experience Panel

To begin the CoP, participants heard from three individuals with lived experience with substance use disorder and the recovery landscape in Minnesota. The three panelists were George Lewis, Zhawin Gonzalez, and Abdirahman Warsame. The panel was facilitated by Boyd Brown (HMA).

Panelist Background

George Lewis is a person in long-term recovery (28 years). He began his journey in Harlem, New York where he spent over three decades living with SUD. George came to Minnesota looking for a change and found recovery, along with a passion for helping others with SUD through motivational lectures, advocacy, and facilitation of culturally specific programs. George is especially passionate about improving White treatment professionals' ability to effectively communicate and deliver services to Black individuals and individuals of color in the SUD treatment and recovery space, which he often found to be insufficient. Through his experience in the SUD field, George noted that many White professionals, even when

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entering the field with good intentions, are not able to effectively communicate with Black individuals and individuals of color seeking treatment. This communication gap often presents barriers, resulting in limited success in treating this underserved population. George noted the importance of working with both the provider and the recipient of services and has used his experience and expertise to meet the need. This approach helps the professional bridge the ethnic, cultural, and historical gap that often gets in the way of the success that the client wants to receive and the professional wants to deliver. George has published his strategies in *Bami Soro*, a workbook/curriculum centered around helping treatment providers understand how different ethnic and cultural experiences impact the quality and success of SUD treatment.

Zhawin Gonzalez's lived experience with SUD began at a young age and continued into early adulthood. His experience with SUD had profound impacts on various aspects of his life, including his role as a father and time spent in carceral settings and without stable housing. Zhawin attended treatment several times before he achieved successful recovery and is proud to play a leading, active role in the lives of his children today. Zhawin is also able to use his experiences with SUD and as an enrolled member of the White Earth tribe to advocate for his family and others, particularly those in the Native American community. He has observed how immersing cultural practices into recovery and prevention is effective and has taken on an active role in this work in Minnesota. Zhawin has been able to assist others in finding recovery through embracing spirituality and other holistic and motivational methods.

Abdirahman Warsame was impacted by generational trauma associated with his family's relocation from Somalia due to war in their home country and developed SUD. During his recovery, Abdirahman was not familiar with treatment, recovery, or harm reduction options in Minnesota and therefore stopped his use of substances without assistance. While Abdirahman was able to quit 'cold turkey,' the loss of close friends from overdose led him to realize that there were gaps in the system that needed to be addressed, particularly cultural gaps within the Somali community. Primarily, there is a lack of understanding of available, culturally competent resources in the community. Abdirahman is working with other members of the community to improve access to treatment in a way that acknowledges generational trauma associated with poverty, famine, and war and provides a safe space for recovery and advocacy.

Challenges in the Minnesota SUD Treatment and Recovery Landscape

George, Zhawin, and Abdirahman noted the following as challenges and barriers they have seen and experienced in the Minnesota SUD prevention, treatment, and recovery landscape:

- Primary focus on treatment, not enough focus on recovery: The panelists noted that while Minnesota is often referred to as the "land of 10,000 treatment centers", there is not enough focus on recovery following release from treatment, which is a lifetime challenge for individuals with SUD. Without additional focus and funding for recovery efforts, individuals are more likely to end up back in the cycle of substance use. This also includes an additional focus on providing individuals in recovery with access to solid employment, housing, and other forms of empowerment for them to lead successful lives.
 - CoP participants also added that funding initiatives are often short-term as well, which does not allow for effective evaluation of lived experience and disparities in the communities, as initiatives often end before these items can be fully evaluated.
- Panelists noted a need for increased access to mental health services during SUD treatment and recovery. As stated above, it is particularly challenging to access mental health services after release from treatment centers even though mental illness persists. Untreated mental illness without support can result in an individual's substance use relapse.

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- Panelists raised a lack of diversity and cultural competency among treatment and recovery professionals. They expressed that though many of the individuals in SUD treatment and recovery programs are individuals of color, treatment professionals and decision-makers are often White. This presents a challenge for individuals in treatment, as it requires individuals to adapt to White frameworks and communication styles, which increases an already heavy burden on those in recovery. Treatment providers must understand the traumatic impact this may have on individuals of color and their families. Additionally, the SUD prevention, treatment, and recovery landscape needs to learn how to incorporate viewpoints from individuals of color into discussions and decisions to combat systemic racism and improve cultural competency in the SUD field.
 - Panelists emphasized that while this is prevalent in the SUD treatment field, these changes are essential through all aspects of the system (schools, housing, etc.). When allocating funding and setting priorities, individuals in leadership positions need to incorporate viewpoints from those most affected by systemic racism.

“The system is like a doorway. There is nothing wrong with going through the doorway, but it isn’t big enough to fit everyone.” – Zhawin

Successes in the Minnesota SUD Treatment and Recovery Landscape

George, Zhawin, and Abdirahman noted the following successes they have seen and experienced in the Minnesota SUD prevention, treatment, and recovery landscape:

- Panelists emphasized that Minnesota has strength in its overall access to SUD treatment, once again noting Minnesota as the ‘land of 10,000 treatment centers.’ Not only does this help Minnesotans, but it also brings individuals outside Minnesota to the state to obtain SUD treatment. Minnesota treatment centers can provide a variety of tools and resources to help individuals recover from SUD and treat underlying mental health challenges that exacerbate symptoms.
- Panelists also noted that while there are still gaps, they have seen improvements in access to services focused on specific communities as well as the incorporation of mental health services into treatment programs. Abdirahman noted an increase in culturally competent services available for the Somali community that were not previously available.
- Finally, panelists also applauded recent changes in legislation that reduce charges for possession of drug paraphernalia and allow for reimbursement of peer recovery specialists.

Member Details, Expectations, and Charter

Following the panel, Jill Kemper (HMA), presented details and expectations surrounding CoP participation. The information presented is summarized in the MN SUD CoP Charter, which was sent to participants via email following the meeting. Participants were asked to provide feedback to the Charter no later than the end of day September 12, 2023. This included information on the following topics:

- Minnesota Statutes 2021, Chapter 254B.151 regarding the creation of the MN SUD CoP
- Meeting topics to be covered during the CoPs
- MN SUD CoP meeting cadence through June 2025 (not inclusive of optional subtopic workgroups to take place between full CoP meetings)
- Information on the [MN SUD CoP website](#) and the MN SUD CoP contact email (mnsudcop@healthmanagement.com)
- MN SUD CoP participant group options
- MN SUD CoP participant pre-survey results

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- Process for voting on and delivering participant stipends
 - Full CoP participants (defined on slide 12 below) voted on whether to provide \$55.00 per meeting stipends to individuals with lived experience attending the CoP as full or specialty members who are not otherwise paid by their employer to be there.
 - Participants unanimously voted to provide stipends (37: Yes, 0: No – see Appendix A) and were provided the [MN SUD CoP Stipend Form](#), which will be completed each meeting by eligible participants to receive the stipend.

For more information on each of these topics, please review the slides located in Appendix B at the end of this document.

Minnesota SUD Continuum of Care Landscape

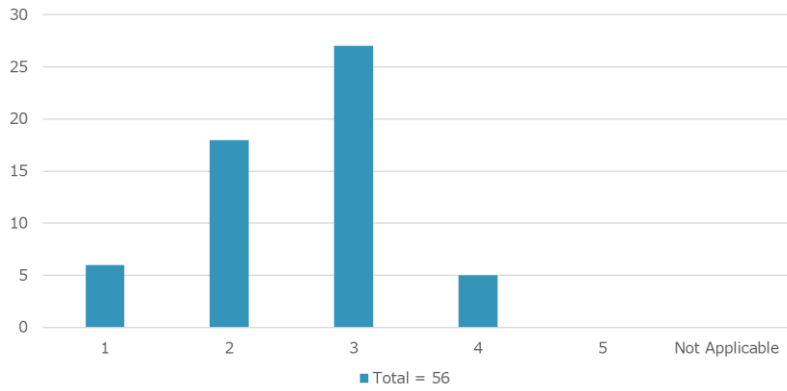
To end the meeting, Paul Fleissner (HMA), shared some of the gaps in the Minnesota SUD care landscape which were identified during the MN SUD CoP Planning Sessions and SUD Summit held in January 2023. Summaries for the MN SUD CoP Planning Sessions are available on the [MN SUD CoP website](#). Gaps included:

- Shortages in case coordination and peer recovery specialists
- Barriers to access to SUD treatment or non-traditional services
- SUD treatment disparities in rural areas (fewer treatment locations, lack of access to withdrawal management, staffing shortages, transportation barriers, etc.)
- Lack of tribal representation
- Lack of treatment programs that can accommodate SUD and mental illness
- Underserved populations (including veterans, seniors, LGBTQ+, Hispanic population, tribal population, etc.)
- Lack of individualized care (one size does not fit all)
- Lack of access to detox facilities
- Siloed communities and treatment providers
- Overall workforce shortages
- Extended program wait times (particularly for culturally competent programs)

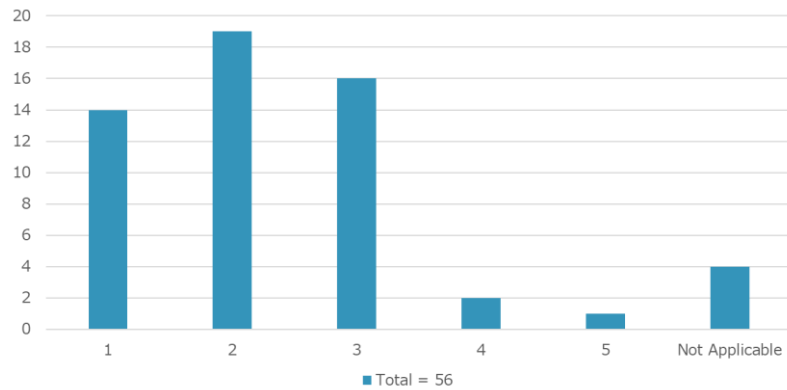
To add to this discussion, participants were asked to provide preliminary rankings on subsets of the MN SUD landscape via eight Zoom polls. The polls were intended to provide a basis for perception of the MN landscape and not to obtain all details associated with successes, challenges, or barriers of each subset, which will be discussed in further detail in later meetings. The poll questions, along with the results from each poll, are provided below.

1. On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's SUD health promotion and prevention efforts?

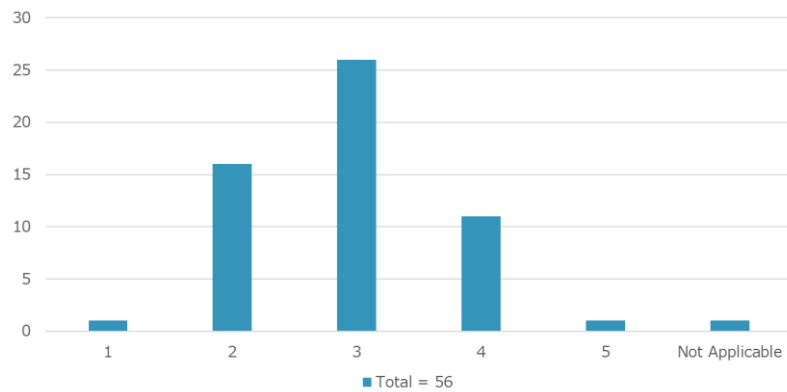
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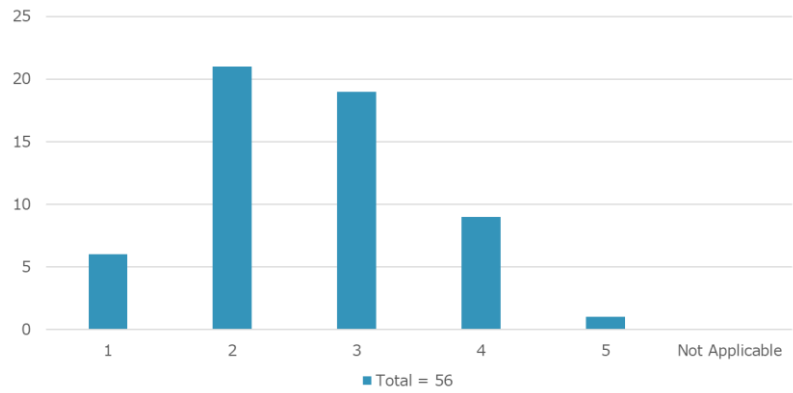
2. On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota’s screening and early identification efforts?



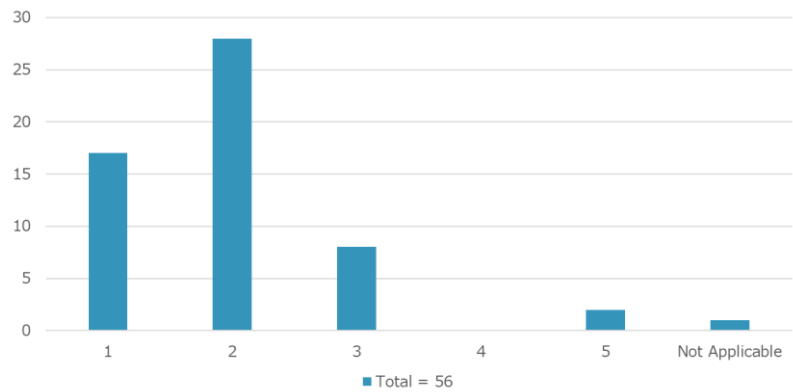
3. On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota’s SUD recovery support efforts?



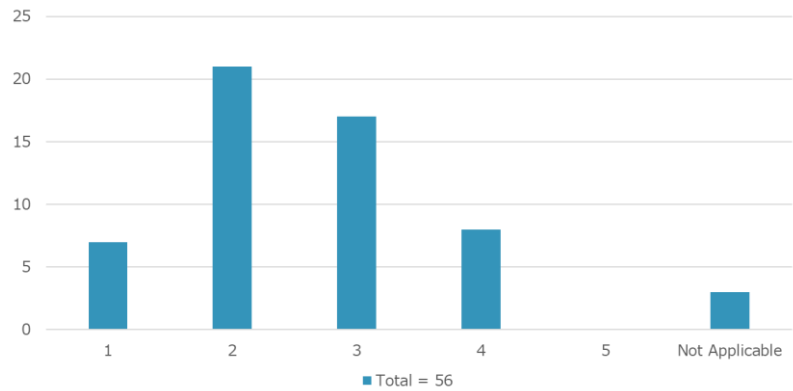
4. On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota’s SUD community engagement efforts?



5. On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate the cultural competency of Minnesota's SUD systems of care?

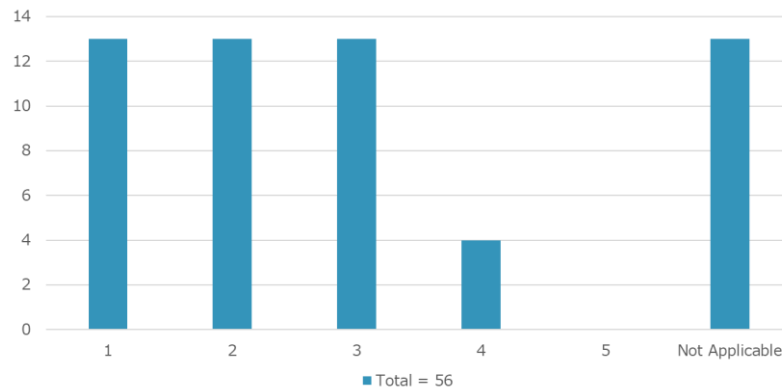


6. On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's SUD partnerships among SUD treatment and prevention organizations?

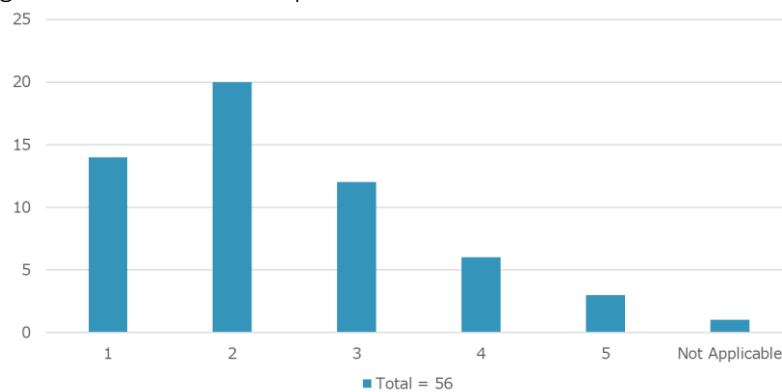


7. On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's SUD data use and exchange programs?

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8. On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's current funding for SUD treatment and prevention efforts?



Further discussion of the poll results will take place during the September MN SUD CoP meeting. Additionally, participants will be introduced to the SUD Community Assessment Tool, which HMA developed with the State of Indiana behavioral health administration. The goal was to develop a SUD prevention, treatment and quality improvement evaluation tool that would facilitate local assessment of current SUD ecosystem gaps, capacity, and equitable care. The Tool was designed to allow systems (e.g., behavioral health, justice, child welfare, schools, human service community-based organizations) that intersect with the SUD care ecosystem to determine their placement along a tiered system of capacity for the effective treatment of substance misuse disorders.

The MN SUD CoP will reconvene on September 26, 2023, at 11:30 a.m. CT. Registration for the September meeting is available via the [Zoom registration link](#).

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Appendix A: MN SUD CoP Stipend Votes

- Amy Dellwo – Yes
- Alex Blonigen – Yes
- Brian Zirbes – Yes
- Lauren Foster – Yes
- Joyce Koerner – Yes
- Roy Kammer – Yes
- Lorna Hunt Ellison – Yes
- Jason Lennox – Yes
- Melissa Favila – Yes
- Kelly Black – Yes
- Alexandra Kraak – Yes
- Michael Miner – Yes
- Melissa Mikkonen – Yes
- Wendy Jones – Yes
- Mikke Papes – Yes
- Kalsey Stults – Yes
- Shauna Reitmeier – Yes
- Jack Wittkopp – Yes
- Stephanie Dyslin – Yes
- Carroll Strong – Yes
- Carli Stark – Yes
- Amanda Longie – Yes
- Chasma Dixon – Yes
- Chuck Hilger – Yes
- Lauren Webber – Yes
- Bart Ryan – Yes
- Molly Hoff – Yes
- Sarah Lydeen-Hughes – Yes
- Ali Abdulkarim – Yes
- Angela Cuellar – Yes
- James Bean – Yes
- Tom Turner – Yes
- Christine Renville – Yes
- Erin Bolton – Yes
- Doug Dunham – Yes
- Nomi Badboy – Yes
- Jane Wilka-Pauly – Yes

Appendix B: August 29th MN SUD CoP Slides

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

AUGUST 29, 2023

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What is a CoP?

- A **Community of Practice (CoP)** is a group of people with an interest and passion in a specific topic providing an opportunity to create, organize, revise, and share knowledge among members of the community. The CoP encourages the translation of knowledge into action.
- The MN Substance Use Disorder (SUD) CoP will consist of people who are **engaged in the field of SUD treatment and prevention in MN** in any capacity including:
 - people with lived experience
 - providers
 - family members
 - researchers
 - recovery peers
 - state agency and county health and human service representatives
 - health plan representatives
 - advocates



CoP Facilitators, Presenters, and Partners

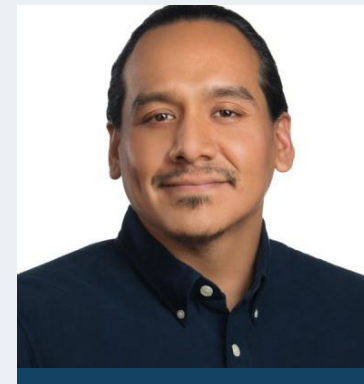
Facilitators



Presenters



Community Partners





Meeting Rules & Requests

- **Rename** yourself to include your preferred name
 - To rename, click “Participants” then click the three dots by your name and click “Rename”
- Remain **muted** unless asking a question or making a comment
 - Feel free to use the chat to add questions or comments
- Be **respectful** of fellow participants!





Agenda

1. Welcome and Introductions
2. Voices of Experience
3. Member Details, Expectations, and Charter
4. MN SUD Continuum of Care Landscape
5. Wrap Up and Next Steps

VOICES OF EXPERIENCE PANEL

Panelists: George Lewis, Zhawin Gonzalez, and Abdirahman Warsame
Facilitator: Boyd Brown

MEMBER DETAILS, EXPECTATIONS, AND CHARTER

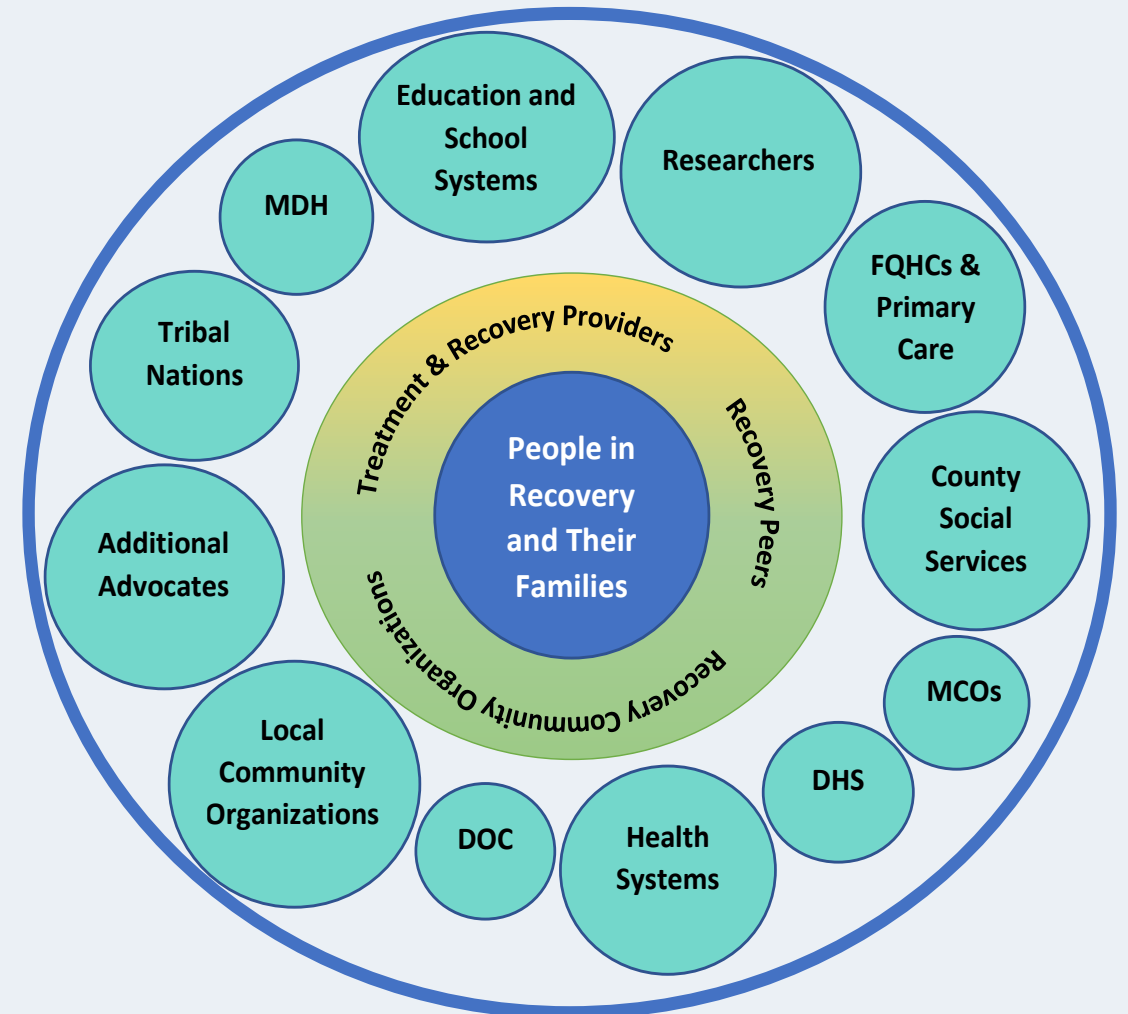
Jill Kemper



Creation of MN SUD CoP

MN legislators agreed that MN would establish a SUD CoP to improve treatment outcomes for individuals with SUD 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](#))

The CoP is centered around the experiences of individuals (and their families) with lived experience and will include representatives from organizations across the treatment continuum.





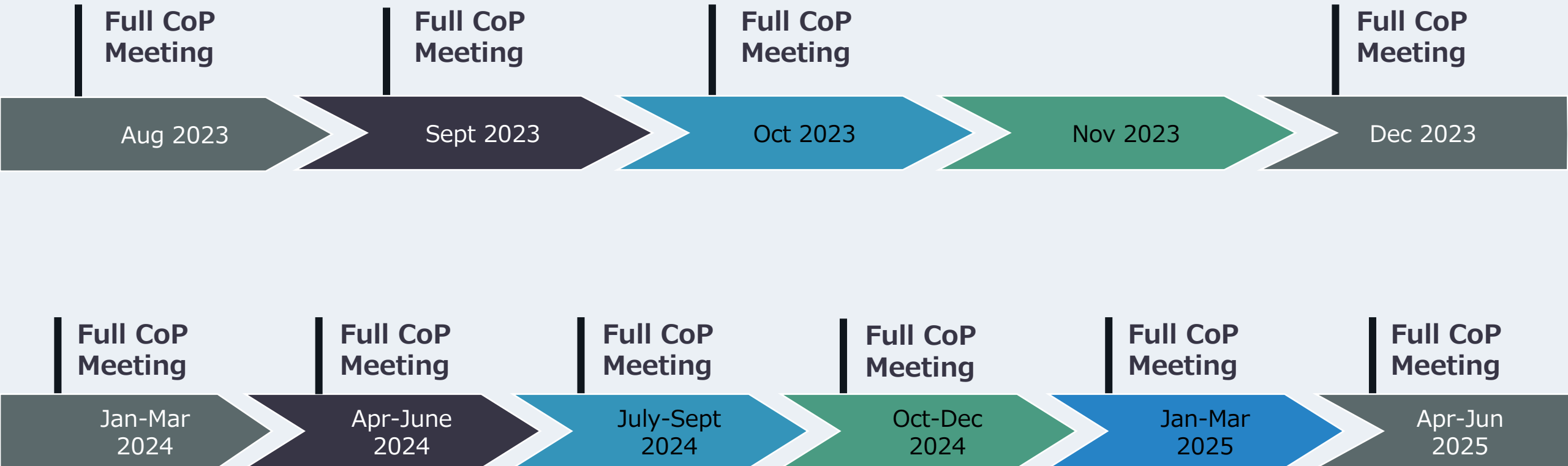
Full CoP Meeting Topics

Meeting Topics

- Identify gaps in SUD treatment services
- Understand evidence-based practices, best practices, and promising practices to improve outcomes
- Identify challenges faced in implementing ASAM criteria on both a national and state level with a focus on support services, integrated care, culturally specific models, person-centered care, and other challenges
- Enhance collective knowledge of issues related to SUD
- Increase knowledge about the challenges and opportunities learned by implementing strategies
- Understand practices to address SUD in communities with inequitable health outcomes
- Develop capacity for community advocacy to reduce disparities
- Use knowledge gathered through the CoP to develop strategic plans to reduce disparities for individuals from communities most impacted by inequitable health outcomes
- Increase knowledge about the challenges and opportunities learned by implementing strategies



CoP Meeting Master Schedule





MN SUD CoP Website and Email

MN SUD CoP Website

- Contains information on CoP background, legislation, and 2022/2023 planning meetings
- Will be regularly updated with CoP meeting dates, registration links, agendas, and meeting summaries
- Will also be updated with resources related to the SUD continuum of care
- Participants can reach out at any time to mnsudcop@healthmanagement.com with questions



CoP Participant Categories

In order to adhere to open meeting laws and streamline participant and stipend logistics, we anticipate three separate CoP participant categories.

1 Full Contributing CoP Members

- Participation and input in each full CoP meeting
- Completion of pre- or post-meeting work
- Can vote on all CoP-related decisions

2 Specialty Contributor

- Participation and input in meetings or workgroups focused on an area of interest or expertise
- Completion of associated pre- or post-meeting work

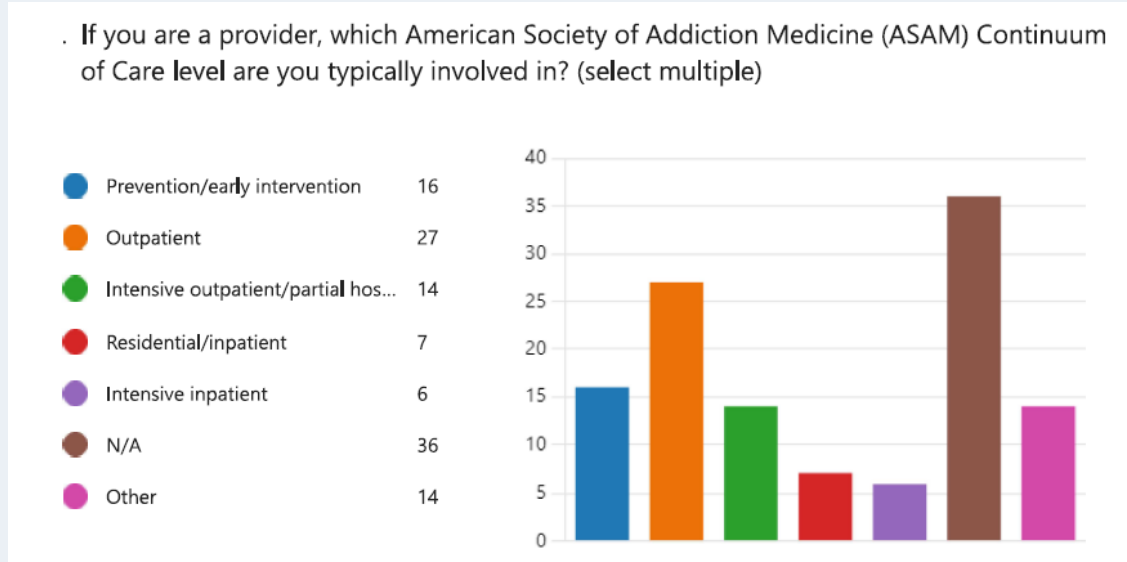
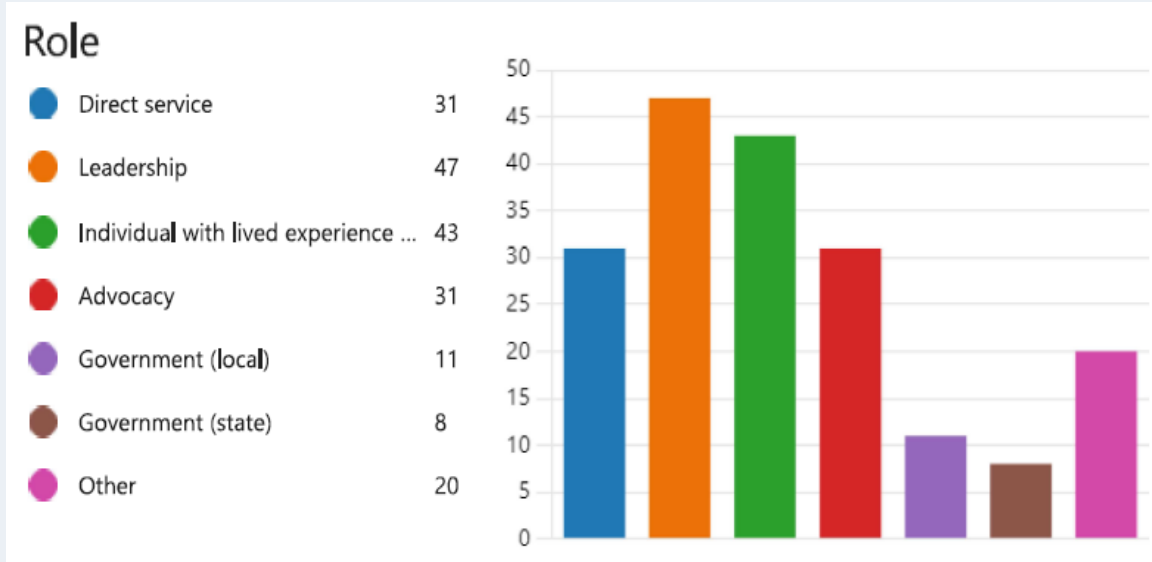
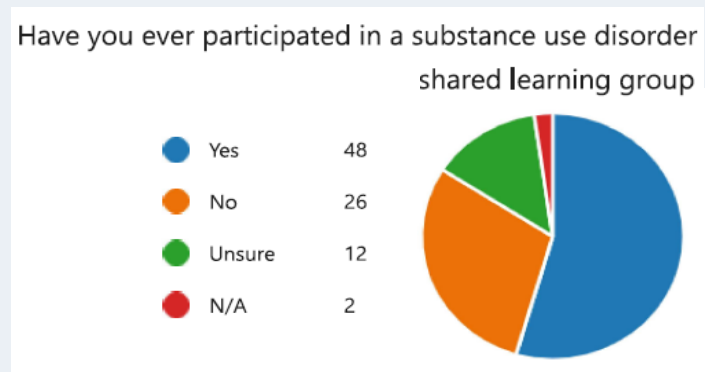
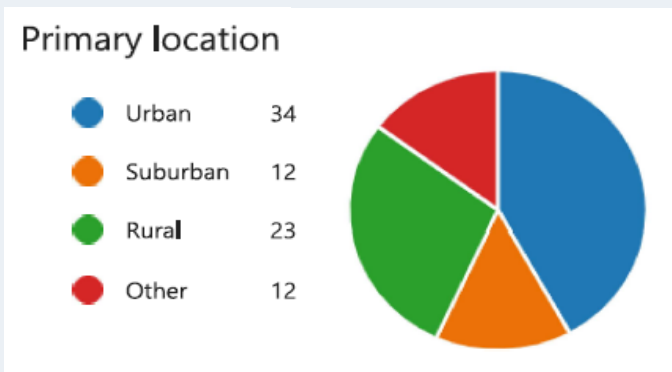
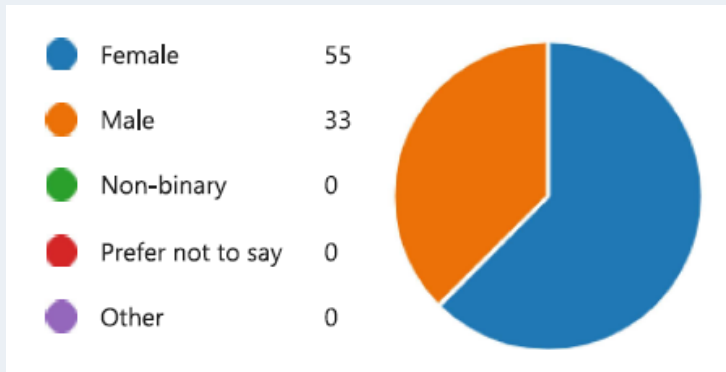
3 Public Attendee

- Participation in meetings as desired with input reserved to the open-meeting discussion sessions



CoP Participants

The pre-registration survey showed participants across a range of demographics, locations in Minnesota, experience with group learnings, and roles in the SUD treatment continuum, including:





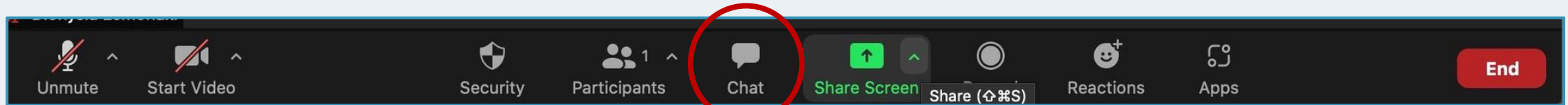
Stipends

- Under the MN SUD CoP Statute, we have the option to provide \$55.⁰⁰ stipends (per meeting) to individuals participating in the CoP as full or specialty members who are participating as individuals with personal SUD experience who are not otherwise paid to be here through their employer.
- The Statute also dictates that the decision on whether to provide stipends is up to the members of the CoP, meaning we need to take a vote on whether we want to provide stipends to those individuals.
- If we do choose as a CoP to provide these stipends, they will be provided via virtual Amazon.com gift cards.

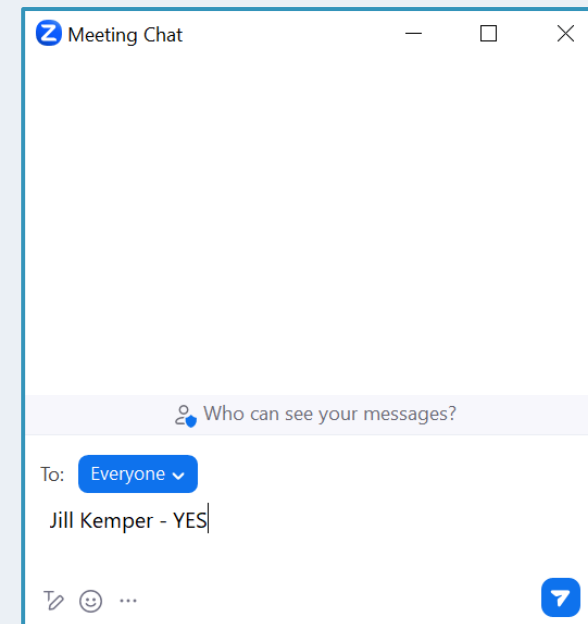


Stipends - VOTING

WE ASK THAT ONLY INDIVIDUALS PARTICIPATING AS FULL COP MEMBERS (PLANNING TO ATTEND ALL MEETINGS) TAKE PART IN THIS VOTE



- **To vote:**
 - Click the Chat button at the bottom of your screen
 - Type your full name and your vote of either “Yes” or “No” in the chat
 - See example on the image to the right





Stipends (HOW TO APPLY)

- If you feel that you are eligible for the stipend, we ask that you complete the Microsoft Form that is being dropped in chat now.
 - The Form confirms eligibility criteria and asks for your name and email address to which the gift card will be sent.
- This Form will need to be completed after each meeting you attend; however, it should only take you a few seconds.
 - The Form link will also be attached to the email sent following this meeting.

Minnesota Substance Use Disorder Community of Practice: Stipend Form

Purpose: To stipulate the requirements and processes for providing stipends to eligible members of the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP).

Background: The Minnesota commissioner of human services, in consultation with SUD subject matter experts, made the determination to establish a SUD CoP. The purposes of the CoP are to improve treatment outcomes for individuals with SUD 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)
In accordance with this statute, MN SUD CoP members have voted to provide a stipend to individuals who have lived experience to support their participation in the CoP, provided that individuals are not otherwise compensated for their attendance at meetings.

Stipend Amount: CoP Members who meet the criteria indicated below are eligible to receive stipends of \$55.00 per full CoP meeting. Stipends will be administered in the form of a virtual Amazon gift card and will be sent to eligible participants via the email address provided below.

Questions or concerns regarding the MN SUD CoP stipends can be sent to the MN SUD CoP team at mnsudcop@healthmanagement.com.

Hi, Danielle (Dani). When you submit this form, the owner will see your name and email address.

* Required

1. To be eligible for the stipend, Minnesota SUD CoP members must meet [all of the eligibility criteria below](#).



MN SUD CoP Charter



Minnesota Substance Use Disorder Community of Practice Charter

Minnesota Substance Use Disorder Community of Practice Charter Overview

This Charter outlines the objectives of the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP), provides an overview of meeting cadence and participant roles and responsibilities, and supports the sustainability of the CoP. Revisions may be made to this document to reflect updates to CoP goals and expectations and will be communicated with members accordingly.

MN SUD CoP Description

A CoP is a group of people with an interest and passion in a specific topic providing an opportunity to create, organize, revise, and share knowledge among members of the community. It 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. The purpose of the MN SUD CoP is to improve treatment outcomes for individuals with SUDs and reduce disparities by using evidence-based practices and best practices through peer-to-peer and person-to-provider sharing. The group may issue reports and recommendations to the legislative chairs and ranking minorities of committees in both local and regional governments.

SUD CoP Objectives

The MN SUD CoP will address the following:

- Identify gaps in substance use disorder treatment services
- Enhance collective knowledge of issues related to substance use disorder
- Understand evidence-based practices, best practices, and promising approaches to address substance use disorder
- Use knowledge gathered through the community of practice to develop strategic plans to improve outcomes for individuals who participate in substance use disorder treatment and related services in Minnesota
- Increase knowledge about the challenges and opportunities learned by implementing strategies
- Develop capacity for community advocacy

SUD CoP Scope

MN SUD CoP members will focus on the objectives above, contributing to discussions, deliverables, and outputs. Participation is voluntary, although minimum representation is dictated by MN Statute as described in further detail below.

SUD CoP Participants and Meetings

All are welcome to participate in the MN SUD CoP and we seek to include all individuals engaged in the field of SUD treatment and prevention in any capacity, as shown in Figure 1 below. MN Statutes dictate minimum participation to include:

- MN SUD Charter outlines the CoP objectives, scope, participant roles and expectations, CoP rules, and meeting cadence.
- Charter will be sent to CoP participants following this meeting.
- We ask that you provide any feedback on the Charter by **end of day September 12, 2023.**

SUD CONTINUUM OF CARE LANDSCAPE

Paul Fleissner



MN SUD Treatment Gaps

- Gaps identified during MN SUD CoP Planning Sessions (summaries available on the MN SUD CoP website)
 - Shortages in case coordination and peer recovery specialists
 - Barriers in access to SUD treatment or non-traditional services
 - SUD treatment disparities in rural areas (less treatment locations, lack of access to withdrawal management, staffing shortages, transportation barriers, etc.)
 - Lack of tribal representation
 - Lack of treatment programs which can accommodate SUD and mental illness
 - Underserved populations (including veterans, seniors, LGBTQ+, Hispanic population, tribal population, etc.)
 - Lack of individualized care (one size does **not** fit all)
 - Lack of access to detox facilities
 - Siloed communities and treatment providers
 - Overall workforce shortages
 - Extended program wait times (particularly for culturally competent programs)



Minnesota Continuum of Care Landscape Group Poll

1

On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's SUD **health promotion and prevention** efforts?

2

On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's **screening and early identification** efforts?

3

On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's SUD **recovery support** efforts?

4

On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's SUD **community engagement** efforts?



Minnesota Continuum of Care Landscape Group Poll

1

On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate the **cultural competency** of Minnesota's SUD systems of care?

2

On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's SUD **partnerships among SUD treatment and prevention organizations**?

3

On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's SUD **data use and exchange programs**?

4

On a scale of 1-5 (1 being very poor and 5 being excellent), how would you rate Minnesota's **current funding for SUD treatment and prevention efforts**?

SUD COMMUNITY ASSESSMENT TOOL

Kamala Greene Génecé



Minnesota CoP

Community Assessment
Kamala Greene Genece
Paul Fleissner
08/29/2023

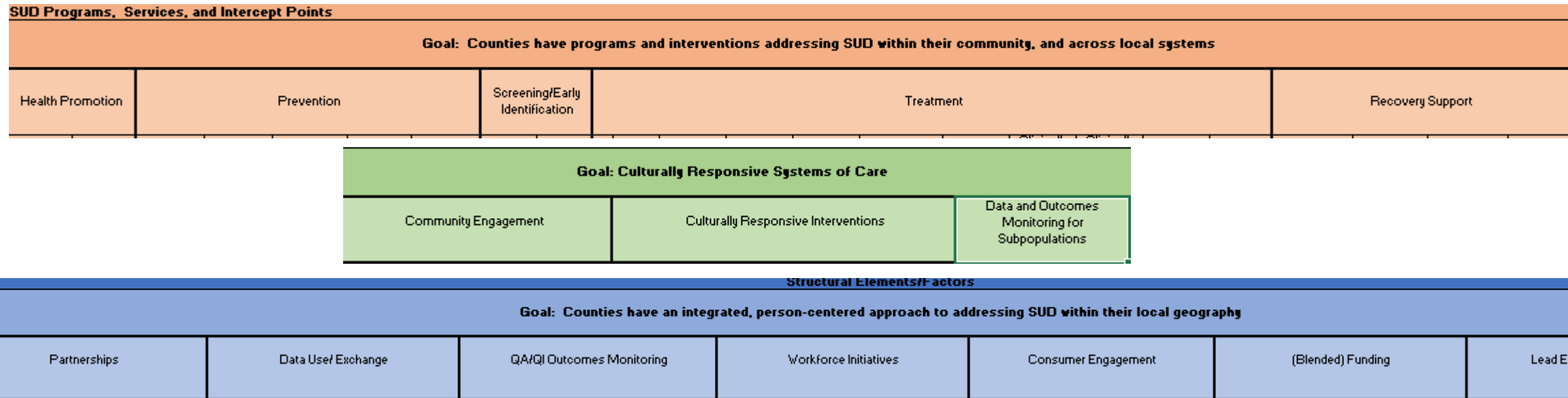


COMMUNITY ECO SYSTEM ASSESSMENT

Based on HMA's work in Indiana to create an assessment methodology and approach to addressing the SUD crisis, the following county-based tool is used in partnership with the community and providers.

- What-programs and services
- Who-culturally responsive care
- How-structural

County Sector: Systems within counties with locus of control/responsibility
BH Treatment System
Child Welfare
Justice Involved
Health Systems
Schools
Human Services/CBO's (non-BH)
Total Score



EXAMPLE SCORING TOOL

What-programs and services

- One point for having a service/program; additional point for ASAM levels with co-occurring enhancement
- Total possible score of 117 points
- Can accumulate additional points for sector specific
- EBP agnostic-allows for changing practice guidelines and advancements

SUD Programs, Services, and Intercept Points																						
Goal: Counties have programs and interventions addressing SUD within their community, and across local systems																						
Health Promotion		Prevention					Screening/Early Identification		Treatment								Recovery Support				TOTAL SCORE	
Anti-Stigma Campaigns	Protective Factor Promotion	Universal Approaches	Selected Approaches	Indicated Approaches	Harm Reduction	Approaches Across Lifespan	SBIRT	Health Screening within SUD TX settings	Long Term Remission Monitoring ASAM 1.0	Outpatient Therapy ASAM 1.5	Medically Managed Outpatient ASAM 1.7	Intensive Outpatient Program ASAM 2.1	High Intensity Outpatient ASAM 2.5	Medically Monitored Outpatient ASAM 2.7	Managed Low-Intensity Residential ASAM 3.1	Managed High-Intensity Residential ASAM 3.5	Medically Managed Intensive Residential ASAM 3.7	Medically Managed Intensive Inpatient ASAM 4.0	Peer Support	Recovery Housing		Supported Employment
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SYSTEM EQUITY ASSESSMENT TOOL

Culturally Responsive Interventions Scoring Rubric

Score	Definition	
1	Incapacity	A system functioning at cultural incapacity expects clients from diverse backgrounds to conform to services rather than agencies/service providers/the system being flexible and adapting services to meet client needs. Treatment of diverse individuals is often paternalistic, limiting their active participation in treatment planning or minimizing the need for culturally congruent treatment services.
2	Blindness	The core belief that perpetuates cultural blindness is the assumption that all cultural groups are alike and have similar experiences. Taking the position that individuals across cultural groups are more alike than different, organizations can rationalize that “good” treatment services will suffice for all clients regardless of ethnicity, race, religion, sexual orientation, national origin, or class. Consequently, organizations that operate at this level will continue developing and implementing policies and procedures that propagate discrimination.
3	Pre-Responsive	Organizations within the system begin to develop a basic understanding of and appreciation for the importance of sociocultural factors in the delivery of SUD services and interventions. This level involves recognition of the need for more culturally responsive services, further exploration of steps toward creating more appropriate services for culturally diverse populations, and a general commitment characterized by small organizational/system changes.
4	Responsive	Organizations within the system are aware of the importance of integrating services that are congruent with diverse populations. Organizations understand that a commitment to cultural competence begins with strategic planning to conduct an organizational self-assessment and adopt a cultural competence plan. There is a willingness to be more transparent in evaluating current services and practices and in developing policies and practices that meet the diverse needs of the treatment population and the community at large.
5	Proficient	Proficiency on an organizational level is characterized by an ongoing commitment to workforce development, training, and evaluation; development of culturally specific and congruent services; and continual performance evaluation and improvement.

WRAP UP AND NEXT STEPS

Jill Kemper



Next MN SUD CoP

- September 26, 2023: 11:30-1:30 CT

Evaluation Survey

- Brief 3 question survey (link in chat)

Meeting Follow-up

- MN SUD CoP Charter will be sent out after the meeting – review and provide feedback to mnsudcop@healthmanagement.com
- CoP summary will be posted to the MN SUD CoP website in the coming weeks

