



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

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Agenda

Time	Topic
9:00-9:20	What is a Community of Practice?
9:20-9:25	Ongoing SUD CoP Meeting Logistics
9:25-9:30	254B.151 Substance Use Disorder Community of Practice
9:30-9:35	Participants
9:35-9:40	Objectives
9:40-9:50	Framework Brainstorming
9:50-10:25	Contract Vendor Deliverables
10:25-10:30	Closing comments

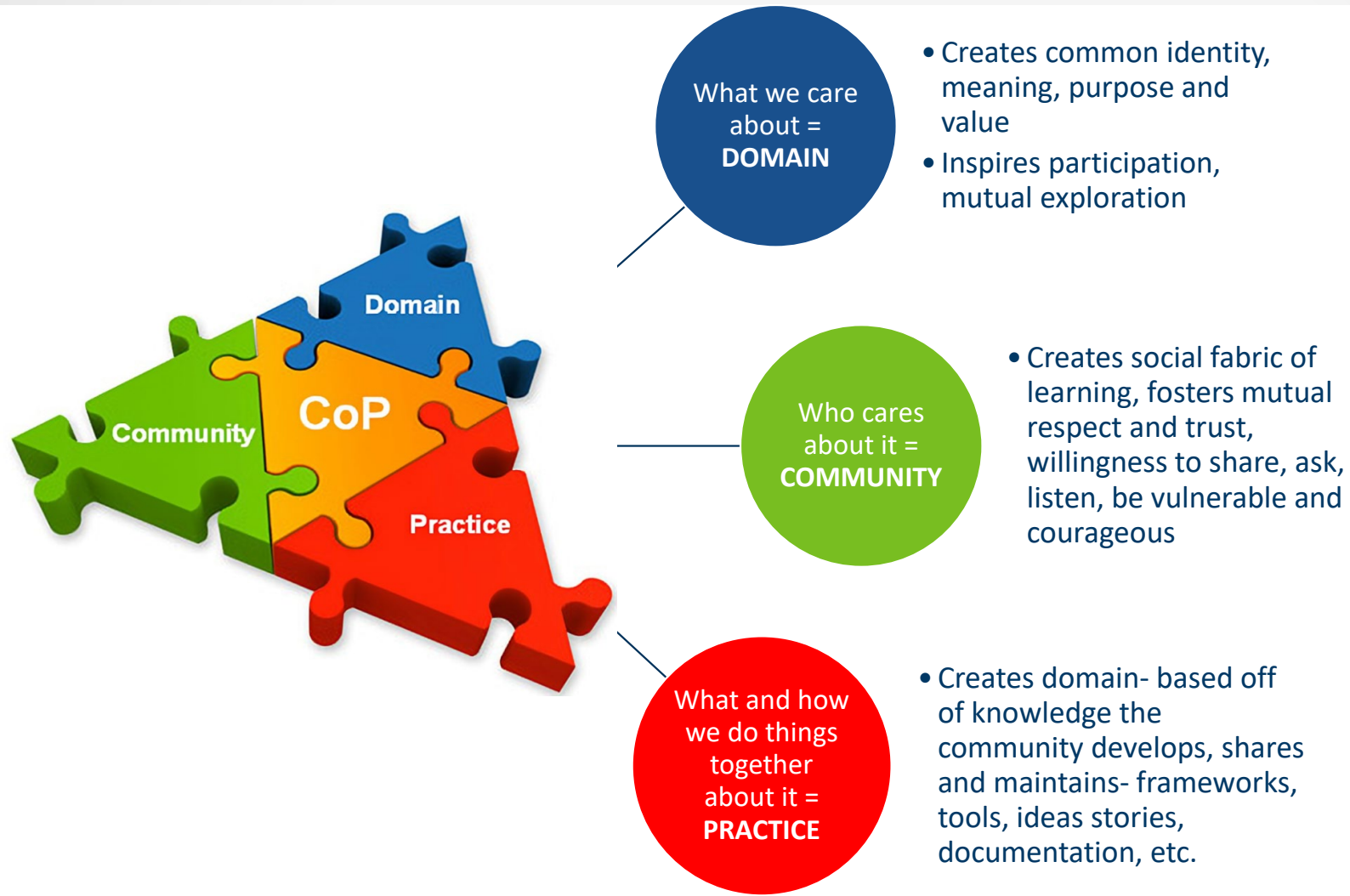
A Community of Practice.....

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).

is a group of people who share a concern or passion for something they do and learn how to do it better as they interact regularly (Etienne & Beverly Wenger-Trayner, 2015).

is a group of people who share a common concern, a set of problems, or an interest in a topic who come together to fulfill both individual and group goals (Edmonton Regional Learning Consortium).

The Three Elements of a CoP



Sources: Rural Health Information Hub & “Cultivating Communities of Practice,” Wenger, McDermott, Synder



Ongoing SUD CoP Meeting Logistics



- During the first 6 months, more frequent SUD CoP meetings will be held followed by ongoing quarterly meetings 2 hours in duration with scheduled breaks.
- Participation in every SUD CoP meeting is not mandatory. Please join us as frequently as possible as your schedule allows. Meeting summaries and resources will be available if you are not able to attend any meeting.



254B.151 Substance Use Disorder Community of Practice



*Subdivision 1. **Establishment; purpose.*** The commissioner of human services, in consultation with substance use disorder subject matter experts, shall establish a substance use disorder community of practice. 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](#))

Participants

The SUD CoP must include the following participants:

- 1) Researchers or members of the academic community who are substance use disorder subject matter experts, who do not have financial relationships with treatment providers;
- (2) Substance use disorder treatment providers;
- (3) Representatives from recovery community organizations;
- (4) A representative from the Department of Human Services;
- (5) A representative from the Department of Health;

Participants continued

The SUD CoP must include the following participants:

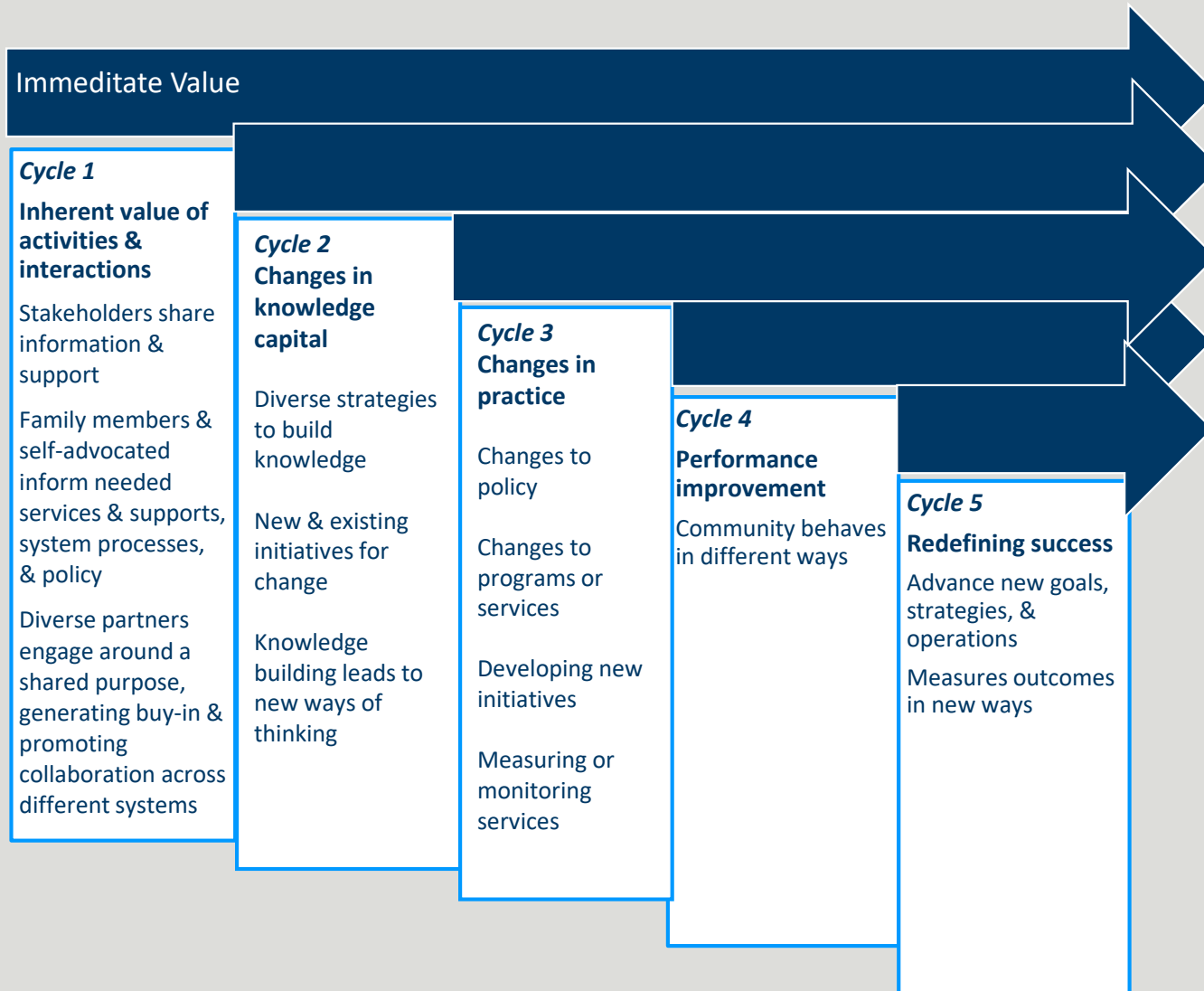
- (6) Researchers or members of the academic community who are substance use disorder subject matter experts, who do not have financial relationships with treatment providers;
- (7) Substance use disorder treatment providers;
- (8) Representatives from recovery community organizations;
- (9) A representative from the Department of Human Services;
- (10) A representative from the Department of Health

Objectives

The SUD CoP must address the following:

- (1) Identify gaps in substance use disorder treatment services;
- (2) Enhance collective knowledge of issues related to substance use disorder;
- (3) Understand evidence-based practices, best practices, and promising approaches to address substance use disorder;
- (4) 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;
- (5) Increase knowledge about the challenges and opportunities learned by implementing strategies;
- (6) Develop capacity for community advocacy

Value Cycle Framework



This value cycle framework developed by Wegner, Trayner, and de Laat, assesses value creation across members, leaders, and partners of communities and networks by linking specific activities of communities and networks with desired outcomes, while considering the value of the learning that involvement in those social networks facilitates.

First, it is important not to assume a hierarchy of levels or a simple causal chain as learning is not linear. Second, it is not the case that one cycle necessarily leads on to the other, or that a community or network is only successful if it reaches the final cycle.

Different aspects are likely to be important to different stakeholders. Still these five cycles taken together provide a dynamic framework of aspects of value creation to consider.

Contract Vendor Deliverables

Contract with a vendor to carry out the following deliverables:

- 1) Recruit consumers and family members who have used SUD treatment services to highlight the voices and experiences of people who are Black, Indigenous, people of color, and people from other communities that are disproportionately impacted by substance use disorders and co-occurring disorders.
- 2) Identify challenges faced in implementing ASAM criteria on both a national and state level with a focus on the following and the role these factors play in providing a higher quality of care when provided in combination with SUD treatment services:
 - a. Support services (supported employment, housing, life-skills, trauma-informed care)
 - b. Integrated care (receiving other needed health or behavioral health services with SUD treatment)
 - c. Culturally-specific models (addressing barriers to care due to culture)
 - d. Person-centered care (focusing on the elements of care, support and treatment that matter most to the patient, their family and their caregivers)
 - e. Any additional challenges implementing ASAM criteria

Contract Vendor Deliverables continued

Contract with a vendor to carry out the following deliverables:

3) Develop reports with recommendations/outcomes on the following topics addressed after community of practice meetings:

- a. Gaps in substance use disorder treatment services;
- b. Collective knowledge of issues related to substance use disorder;
- c. Evidence-based practices, best practices, and promising approaches to address substance use disorder;
- d. Strategic plans to improve outcomes for individuals who participate in substance use disorder treatment and related services in Minnesota;
- e. Challenges and opportunities learned by implementing strategies; and
- f. Capacity for community advocacy.

Contract Vendor Deliverables- Questions

Questions:

- 1) Are there any changes we should consider in the proposed deliverables?
- 2) What other deliverables would be important for the contract vendor to carry out?
- 3) How should we define the minimum required qualifications for prospective vendors?
- 4) What should we take into consideration in driving racial equity for SUD treatment services as the group works through required objectives?
- 5) What is your vision of a community of practice for SUD?

Thank You!

Closing comments by Neerja Singh