



# Minnesota Substance Use Disorder Community of Practice: May 5, 2025 Meeting Summary

## Background

---

On May 5, 2025, participants attended the Minnesota (MN) Substance Use Disorder (SUD) Community of Practice (CoP). The CoP comprises people engaged in SUD treatment and prevention in any capacity. This includes 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.

During the CoP, participants discussed steps for implementing American Society of Addiction Medicine (ASAM) criteria in Minnesota, including strategies for assessing capacity, competency, consistency, and compensation, led by ASAM subject matter experts [Debbi Witham](#) and [Anika Alvanzo](#).

In the second half of the meeting, participants celebrated the accomplishments the MN SUD CoP has made since its inception in August 2023, highlighting key milestones and resources developed from discussions on improving SUD treatment and support systems in Minnesota. An overview of the presentation, followed by the review, is provided below.

## Presentation and Discussion: The 4Cs of ASAM Implementation

---

*Debbi Witham, Principal, and Anika Alvanzo, Principal (HMA)*

Debbi and Anika shared the 4Cs, which can be used as a framework for guiding SUD treatment and implementing ASAM Criteria with fidelity. The table below provides the definitions of each of the 4Cs.

"C"	Definition
<b>Capacity</b>	Capacity refers to whether the system is <b>correctly sized and nuanced enough to fill the needs of the community</b> it is serving.
<b>Competency</b>	Competency refers to the <b>education, training, and evaluation of those who work within the treatment system</b> , including but not limited to physicians, psychotherapists, administrators, and peer recovery specialists.

Sponsored by:

"C"	Definition
<b>Consistency</b>	Consistency refers to whether the system is <b>delivering high-quality care</b> . The quality of a system's care is often assessed based on fidelity to best treatment practices and appropriate use of the system's infrastructure.
<b>Compensation</b>	Compensation refers to whether the treatment system <b>financially aligns reimbursement with best practices</b> . Payment can be viewed through the lens of the payment amount, payment type, including whether payment is being made for evidence-based practice versus legacy treatment practices, and inclusion of carved-out versus carved-in behavioral health.

For each of the above, Debbi and Anika shared steps for implementing the category. For the presentation, these steps were referred to as "Mile Markers" to align with the format of the MN ASAM Implementation Roadmap. The Roadmap is a report that is currently in development by HMA and will be available to the MN SUD CoP in summer 2025. The Mile Markers for each "C" are provided in the table below.

"C"	"Mile Marker"	Description
<b>Capacity</b>	Mile Marker 1: Understand Current Capacity	<ul style="list-style-type: none"> <li>• Full behavioral health needs assessment to examine current patterns of use throughout the state</li> <li>• Inclusive of input from all relevant stakeholders and partners</li> <li>• Critical to developing culturally and linguistically appropriate capacity</li> <li>• Provides the basis to determine the level of care (LOC) needed within each community</li> </ul>
<b>Capacity</b>	Mile Marker 2: Determine Needed LOC Capacity	<ul style="list-style-type: none"> <li>• Consider factors such as travel time and distance, wait times, provider/enrollee ratio, and whether the languages available meet the needs of the community. Criteria may look different for differing LOC (e.g., programs they travel to vs. residential).</li> <li>• For ASAM 4th Edition, evaluating program capacity for delivery of co-occurring enhanced services at each LOC.</li> <li>• NOTE: As Minnesota is a CCBHC demonstration state, CCBHCs should be leveraged as a critical component of the ecosystem.</li> </ul>
<b>Capacity</b>	Mile Marker 3: Determine Infrastructure Needed to Achieve Capacity	<ul style="list-style-type: none"> <li>• Determine if programs have the infrastructure available to support the needs identified in the community (e.g., staffing, telehealth, adequate rates, etc.)</li> <li>• Results should be used to drive the strategic plan to develop and sustain capacity</li> </ul>
<b>Competency</b>	Mile Marker 1: Understand Competency	<ul style="list-style-type: none"> <li>• Education, training, and evaluation of those who deliver and lead services.</li> <li>• Understanding how treatment providers and system leaders view addiction and their training and understanding of evidence-based practices.</li> </ul>

Sponsored by:

<b>"C"</b>	<b>"Mile Marker"</b>	<b>Description</b>
<b>Competency</b>	Mile Marker 2: Determine Needed Competencies	<ul style="list-style-type: none"> <li>• Ensuring a competent workforce that is prepared to deliver critically needed services.</li> <li>• Consider a systemic and comprehensive approach that uses a worker-centric model, which places the worker at the center of all new and improved strategies.</li> <li>• A statewide and behavioral health professional recruitment and retention strategy.</li> <li>• NOTE: This model should be implemented with a commitment to collaboration among agencies and systems.</li> </ul>
<b>Competency</b>	Mile Marker 3: Determine Infrastructure Needs to Support Competency	<ul style="list-style-type: none"> <li>• Providers must lead and authentically partner with diverse stakeholders to create a system in which people want to work in the healthcare sector. This includes: <ul style="list-style-type: none"> <li>○ Reducing costs associated with entering the profession.</li> <li>○ Developing low-cost or free training programs.</li> <li>○ Reducing the administrative burden.</li> <li>○ Supporting the well-being of workers.</li> <li>○ Finding new mechanisms for sharing the burden of barriers to work.</li> </ul> </li> </ul>
<b>Consistency</b>	Mile Marker 1: Understand Consistency	<ul style="list-style-type: none"> <li>• States need to ensure standards are met across the system, balancing quality versus quantity.</li> <li>• Assessments should include a thorough review of programs' policies and procedures, including assessment of the LOC using the six dimensions, use of evidence-based practices, scheduling of clinical services, person-centered treatment planning, and use of MAT.</li> <li>• Reviews should be conducted by clinicians well-versed in the ASAM Criteria.</li> <li>• Claims and UM data should be regularly reviewed to examine how people are moving through a continuum of care.</li> <li>• Conduct a thorough crosswalk of existing regulations and ASAM Criteria to waive regulations that contradict the Criteria and provide education to compliance reviewers.</li> </ul>
<b>Consistency</b>	Mile Marker 2: Understand Infrastructure Needs to Support Consistency	<ul style="list-style-type: none"> <li>• Reviews to ensure services are delivered with fidelity to the criteria require a nuanced understanding of the operations of each LOC.</li> <li>• Certification through a third-party accreditor may reduce administrative burden and ensure assessment. This can be encouraged through several methods: <ul style="list-style-type: none"> <li>• Mandate accreditation for providers to bill Medicaid</li> <li>• Provide an enhanced rate for providers who achieve/maintain certification</li> <li>• Allow for relief from other requirements for providers who are certified.</li> </ul> </li> </ul>

Sponsored by:

"C"	"Mile Marker"	Description
<b>Compensation</b>	Mile Marker 1: Understand Compensation	<ul style="list-style-type: none"> <li>Providers need resources to deliver high-quality care, and incentives have been proven effective at changing behavior.</li> <li>Assess the actual cost of delivering each LOC and how rates can be structured to support and motivate providers to deliver more than one LOC.</li> </ul>
<b>Compensation</b>	Mile Marker 2: Understand Compensation Needed to Achieve System Goals	<ul style="list-style-type: none"> <li>Reimbursement should consider costs specific to each community, such as the costs of recruiting and retaining staff.</li> <li>Consider how reimbursement can be used to incentivize practice, such as enhanced rates for programs implementing culturally specific practices, demonstrating model fidelity to evidence-based practices, or offering multiple LOC that promote a seamless transition.</li> <li>Complete an updated rate study to understand the reimbursement model that leads to oversaturation or gaps in LOC.</li> </ul>
<b>Compensation</b>	Mile Marker 3: Explore Payment Models that Incent Outcomes Desired	<ul style="list-style-type: none"> <li>The current system of payment incentivizes oversaturation of certain LOCs with significant gaps in other LOCs for sustainability, rather than individual clinical need.</li> <li>Other fields of healthcare, and even behavioral health, are moving toward cost-based and/or performance-based contracts.</li> </ul>

Following the presentation, Amy Anderson, MN DHS, provided a live demonstration of the Minnesota DHS [ASAM Resources for Minnesota SUD Treatment Providers webpage](#), which includes tools, training, and guidelines to support the implementation of ASAM criteria in assessment, treatment planning, and service delivery.

## Accomplishments Overview: August 2023-May 2025

*Jill Kemper, Associate Principal (HMA)*

Following the ASAM discussion, Jill shared an overview of the progress the MN SUD CoP has achieved as a group since it began in August 2023. Key accomplishments include:

- 250+ unique participants, including individuals with lived experience and their family members, payers, state and county officials, advocates, providers, researchers, and more.
- Key contributions from the community consultants, George Lewis, Zhawin Gonzalez, and Yussuf Shafie.
- 10 full CoP meetings, each of which highlighted voices of experience, to help share stories, understand challenges, and ground the group in the shared goal of improving the treatment continuum of those most affected. Topics covered by the CoPs included discussing MN Treatment Gaps, Capacity Building, Community Advocacy, Collective Impact, ASAM Criteria and Implementation, Culturally Specific Care, Rural Care, and Workforce Development.
- In addition to full CoP meetings, the group also had four rounds of workgroups to hear additional information from group members on topics such as culturally specific care, ASAM, continuum readiness, and more.

Sponsored by:

- Using the input provided from the MN SUD CoP members and subject matter expert presenters, HMA was able to consolidate the information into 5 reports and 1 resource repository on [the MN SUD CoP webpage](#). The completed reports include:
  - [Community Advocacy Report](#), which details how using and educating others on stigma-free language, individuals can begin to discuss challenges and identify solutions, understand recovery voices, and identify and create a network to support others in their recovery journey.
  - [Treatment Gaps Report](#), which summarizes gaps in the Minnesota SUD treatment continuum identified by the CoP participants and provides recommendations to address those gaps.
  - [Culturally Responsive Care Report](#), which includes MN SUD CoP participants' input on the state of culturally specific and responsive care in Minnesota, current efforts by Minnesota organizations to improve culturally specific and responsive treatment, and recommendations for how Minnesota can continue to improve care.
  - The ASAM Implementation Roadmap and Final Strategy Report are in process and will be completed in Summer 2025.
- Jill reminded participants that final reports, meeting summaries, and other information related to the MN SUD CoP are always available on [the MN SUD CoP webpage](#).

HMA closed the meeting by thanking participants for their participation in the last two years of MN SUD CoP work. While facilitation of the CoP will continue shortly under another vendor, HMA is incredibly grateful to have had the opportunity to host the MN SUD CoPs and noted that it has been a pleasure to witness the dedication and enthusiasm of this group. HMA looks forward to seeing the remarkable accomplishments that will undoubtedly come from the continued collaboration of the Minnesota SUD treatment continuum. DHS shared that any inquiries related to the MN SUD CoP during the interim can be routed to [sud.community.of.practice.dhs@state.mn.us](mailto:sud.community.of.practice.dhs@state.mn.us).

Sponsored by: