



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

May 20, 2026

12:00 – 1:30 p.m.

Virtual

Meeting Summary

Background

On May 20, 2026, the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP) convened to continue its quarterly focus on Co-Occurring Disorders (COD), with a specific emphasis on care coordination. The session combined small group discussions to kick off the meeting followed by a panel representing provider, lived experience and corrections perspectives. Both the small groups and panel members responded to the same discussion questions and reflected on real-world implementation of coordinated COD care.

The meeting aimed to build a shared understanding of care coordination, explore what successful progress looks like in practice as well as surface barriers and opportunities across systems.

Attendance

One hundred ten (110) participants attended at least a portion of the virtual meeting.

Meeting Objectives

- Develop a shared understanding of care coordination for co-occurring disorders
- Explore what markers of progress note successful care coordination in practice
- Examine trust, engagement and relationship-based practices in COD care

- Identify why coordination is challenging and how those challenges can be addressed

Welcome and Opening (Stephanie Devitt, SDK Strategic Services)

Stephanie welcomed participants and reviewed the Shared Vision, Community Agreements, and expectations for participation in the CoP. She highlighted the portion of the SUD Ecosystem that COD and care coordination operate in and demonstrated the complexity of COD care coordination with a visual graphic.

Lived Experience Spotlight (Iman Isaak, Alliance Wellness Center)

Centering the upcoming discussion groups through a lived experience perspective, Iman shared personal insights on navigating substance use and co-occurring mental health challenges. Drawing from his own recovery journey, Iman described how unresolved trauma and untreated mental health needs contributed to continued substance use and prolonged system involvement. His experience highlighted the importance of integrated, co-occurring care that looks beyond immediate symptoms to address root causes. Now serving as a Program Manager at Alliance Wellness Center, Iman brings lived experience into his work supporting individuals with COD through treatment coordination, reinforcing the importance of person-centered approaches.

Small Group Discussion

This month, the CoP changed our established format to offer small group discussions at the beginning of the meeting to capitalize on attendance and level set the conversation around integrating different voices and perspectives from within the SUD Ecosystem. Participant feedback is highlighted below.

Participant Feedback: Facilitated Discussion

Participant feedback was structured around a set of guiding questions. Key themes are summarized below.

1. What Are Example Markers of Progress in COD Care?

CoP participants emphasized that progress varies from person to person, and is typically non-linear as people navigate experiencing their mental health symptoms differently during detox and as they navigate new sobriety.

Key themes included:

- Progress looks like people setting and achieving their own attainable goals, no matter how big or small
- Shifting from COD care as focusing on deficits to building up a person's strengths, capacity for independent decision making and stability over time
- Recognizing small but meaningful milestones, such as attending appointments, participating in conversations or asking for help
- Helping people with COD build the skills to advocate for themselves and take an active role in their care – for example, participating in care planning and decision-making
- Development of healthy relationships, community connections and support systems
- Improvements in emotional regulation, stress tolerance and communication
- Movement toward a recovery mindset, including hope, stability and a sense of ownership over one's life

Participants also highlighted:

- The importance of continuity of care and multidisciplinary collaboration as indicators of progress
- The need to reframe progress as including both growth and maintenance
- The value of integrated care, including medication management, mental health engagement, and wraparound support

Quotes from the GroupMap:

"Finding increases: more meaningful connection to resources, more hope, more feelings of stability."

"Markers of progress can make it seem there is an end point, when reality this work is never done. So how can we reframe how we talk about progress as a never-ending work. Sometimes it moves from progress to maintenance."

"When the participant begins to participate in treatment planning and advocates for their self."

"Appreciating the gift of abstaining from substances vs giving something up."

"It's hard to know markers of progress because in a medical realm we have to look at too many factors of what is wrong, it is easy to miss"

strengths and resources that are working. That makes it hard to coordinate care. We need to focus on what can we increase in a person's life not just what can we decrease in terms of care/SUD."

2. What Helps Build Trust and Engagement for People with COD?

Participants emphasized that trust is foundational and built through consistent, authentic and relationship-centered practices.

Key themes included:

- Empathy and active listening ensure individuals feel heard and respected
- Creating safe, welcoming and nonjudgmental environments from the first point of contact
- Supporting individual choice and autonomy, including normalizing the process of finding the right provider fit
- Sharing lived experiences and being relatable to build connection and reducing mistrust
- Use of non-stigmatizing, culturally responsive approaches that reflect the whole person

Additional insights:

- Trust is strengthened through consistency, clear communication and follow-through
- Acknowledging mistakes and showing humility can improve engagement
- Trust-building includes attention to environmental factors, such as accessibility, comfort and ease of navigating services

Participants emphasized that engagement improves when individuals feel they are active partners in their care, rather than passive recipients.

Quotes from GroupMap:

"Owning our mistakes as providers. We are not going to be perfect. We are not going to be "right" all the time. Doing our best to show up, being responsive, showing respect for each other."

"Having somebody who relates to me and looks like me as a counselor and understanding me as an individual and knowing my background. Helping within cultures is extremely helpful."

“Clean surroundings, good customer service, an easy check-in process, easy to navigate virtually.”

“Consideration of the interaction of mental health with physical or other disabilities, making sure to take into consideration all parts of the person and how things interact for THEM, instead of having them isolated.”

3. What Factors Make Coordinating Care for COD Challenging and How Are They Addressed?

Participants identified significant system, workforce and structural barriers to effective care coordination:

- Persistent silos between mental health and SUD systems, often requiring one condition to be addressed before the other
- Workforce shortages, including limited availability of dually licensed and/or providers trained in trauma-informed practices
- Insurance and funding barriers, including eligibility limitations and lack of reimbursement for coordination activities
- Communication challenges across providers, systems and counties
- Difficulty sharing information while navigating confidentiality requirements

Participants also highlighted:

- Barriers related to housing instability, transportation, rural access and resource availability
- Challenges coordinating care across corrections, community providers and supervision systems
- The impact of stigma, bias and differing professional perspectives on care decisions
- Gaps in warm handoffs and continuity of care, requiring individuals to repeatedly restart or retell their story

Quotes from GroupMap

“Mental health programming saying SUD issues need to be dealt with first and vice versa instead of working on both simultaneously. Few true co-occurring facilities available.”

“Finding MHPs or dually licensed professionals willing to work in treatment settings.”

“Stigma is such a huge barrier.”

“Finding a balance between keeping individuals confidentiality and being able to talk to who needs to be talked to coordinate.”

Opportunities to address these challenges included:

- Expanding integrated care models and interdisciplinary team approaches
- Improving communication, collaboration and shared accountability across providers
- Strengthening education, training and stigma reduction efforts
- Increasing access to care coordination roles, health information sharing tools and culturally responsive services
- Promoting a team-based, person-centered approach that prioritizes the needs of the individual over system constraints

Participants emphasized that improving coordination requires both system-level change and a shift in mindset toward shared responsibility and collaboration.

Quotes from GroupMap:

“More utilization of interdisciplinary teams and treatment planning.”

“Finding professionals that are culturally specific.”

“Most people want to help and if you set it up as a TEAM approach for the person we are all serving – this is one way to help resolve the challenges around different types/needs of care.”

“Implementing cultural and spiritual practices or providing resources to clients so they can find them. Lack of resources or bias can lead to lack of care.”

“Incentivizing mental health providers to want to work with SUD (higher salaries)”

Panel Discussion: Care Coordination for Co-Occurring Disorders

Following small group discussions, panelists shared perspectives from across the SUD ecosystem: Iman Isaak (Lived Experience, Alliance Wellness Center), Angela Gilbertson (Brightwater Health), Lauren Webber (Minnesota Department of Corrections), and Clementine Frye (Twin Cities Wellness Recovery Gym). Panelists echoed sentiments heard from the discussion

groups and reflected on how care coordination for individuals with co-occurring disorders (COD) is experienced in practice across provider, peer and corrections settings.

Angela Gillbertson – Brightwater Health

Co-occurring care can be challenging to navigate because of the coordination required between mental health and substance use disorder where delays in coordination can mean updates are sometimes 1 month old and less helpful. Integrative services are a cornerstone of Brightwater Health's work as a Community Behavioral Health Center. That means mental health, substance use disorder, and full wrap-around are all part of the coordinated services managed through Brightwater.

Weaving both experience at Brightwater and the small group discussion themes, Angela also noted that building trust between clients and care providers requires honesty, respect, and oftentimes also requires an openness where providers may need to present themselves in ways that reflect and respect the culture and experience of patients.

"It's important to have folks that provide care that have similar backgrounds to you [the client]. People that look like you and talk like you, and not have a setting that is completely sterile or business-like. If you walk in to receive care and just see men in suits that can feel unwelcoming, which can be a challenge for building trust. Personally, I believe what's important is bringing you to all spaces, and that includes as a professional in the field and as a counselor. That can mean we tear up sometimes, and that's ok. Staying connected to the 'why' and why we do the work that we do is so important."

Iman Issak -- Lived Experience, and Alliance Wellness

Mental health and substance use are often tied, and getting to the root of both requires both group and individual therapies. I believe you've got to get to the root of the issues underneath both mental health and substance use needs, and for a lot of people that can require individual trauma therapy to understand the emotions, feelings and thoughts underneath the mental health and substance use challenges.



"I do believe in the group work but I have a stronger belief that individual, one-on-one conversations [are important to help a person] tie their addition into where it stemmed from and trying to decipher those feelings, those emotions, those thoughts and why they're occurring and what we need to do to address them."

Clementine Frye – Twin Cities Wellness Center and Recovery Gym.

SUD treatment at the Twin Cities Wellness Center and Recovery Gym has a focus on overall wellness that can include care coordination with primary care doctors, specialists, as well as mental health and SUD services. We think about care almost like a spiral – when we first sit down with someone, we’re focusing on the most urgent mental health and SUD needs. But as those needs are addressed or stabilized, we spiral out into other needs that will help maintain mental health and SUD wellness – things like their housing, food, values. Connecting out to these other needs people have that can be stressors is part of how TCWCRG builds trust with clients. Care coordination can be more successful when we look underneath the symptoms to understand the needs or gaps to make sure mental health and SUD.

One challenge observed is that there are so few facilities specializing in both mental health and substance use disorder. In these instances, a mental health facility will want to take someone whose SUD is under control or vice versa. This can lead to symptoms fluctuating, but can make addressing all symptoms and their underlying causes in a sustainable way harder.

“These kind of meetings [like the Community of Practice] are huge because we’re able to come together and look at things like [care coordination] from different sides at the same time. I don’t think we’re alone in the country in having a lot of people who are utilizing some sort of service for mental health and some sort of service for substance use disorder nearly consistently throughout the year. There seems to be a river that flows between them, but ultimately we hope we’re equipping people with the tools they need to manage both.”

“Getting providers, clinicians and others all on the same page doesn’t always happen, but when it does that’s when things can really shine. [It takes] good communication and consistency on the part of everyone involved.”

Lauren Webber – Minnesota Department of Corrections

The Minnesota Department of Corrections (DOC) sees many people with complex co-occurring disorders and provides, treatment and release planning for all. DOC provides integrated release planning for people leaving DOC facilities (note – DOC facilities are state-run, not county-run). DOC also ensures corrections officers are trained in mental health and SUD, as all can come into play during someone’s incarceration stay, and ensures regular care coordination between corrections officers, SUD providers and mental health

providers. Re-entry and discharge planning is very intensive but separate from the care coordination that happens while incarcerated.

“Progress is often non-linear. We look at small changes like attending groups – We offer a variety of AA, NA, mental health support groups, self-help and others. Are they asking for mental health support before a crisis? We don’t mandate anyone to attend treatment or to release planning. [Signs of progress for us are] people showing signs of seeking out these services.”

What’s Ahead

This meeting advanced the CoP’s focus on Co-Occurring Disorders by centering the realities of care coordination across systems. Discussions reinforced the importance of integrated, relationship-based approaches and highlighted persistent structural barriers that require continued exploration. Recommendations will be explored at our June meeting. Discussions relating to corrections and COD provided insights for upcoming Q3 topics and discussion.

- Next meeting: Wednesday, June 17, 2026 (12:00–1:30 p.m., hybrid at Brightwater Health, 120 West 2nd St. Duluth MN 55802).
- Links to RSVP, a brief meeting evaluation survey, and the lived/living experience stipend request form were shared in the chat.
- Post-meeting materials (slides and GroupMap synthesis) will be distributed by the facilitation team.

For questions, contact: SUD.CoP@SDKStrategicservices.com