



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

September 16, 2026

12:00 – 1:30 p.m. Hybrid at RS Eden and Zoom

Meeting Summary

Background

On September 16, 2026, the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP) convened in a hybrid format at RS Eden and via Zoom to conclude Quarter 3's exploration of the intersection between the justice system and the substance use disorder ecosystem. Building on discussions from July and August, participants focused on identifying practical recommendations to improve prevention, reentry, and recovery outcomes for individuals involved in the justice system.

The meeting included updates on upcoming federal Medicaid changes, a presentation highlighting statewide health and justice-related data trends, an overview of RS Eden's recovery and reentry programming, and facilitated discussions focused on developing actionable recommendations.

Participants explored opportunities to strengthen continuity of care during reentry, reduce system fragmentation, expand recovery-oriented approaches, and improve coordination across healthcare, corrections, housing, employment, and community support systems. Discussions emphasized the importance of prevention, early intervention, person-centered planning, and recovery-supportive communities.

Attendance

Eighty-One (81) participants attended virtually and 49 attended in-person.

Meeting Objectives

- Identify practical solutions to prevent loss of care during reentry.
- Define minimum standards for successful reentry handoffs.
- Surface actionable recommendations across policy, practice, and coordination during reentry.

- Align on priority changes the Community of Practice can elevate.

Welcome and Opening (Stephanie Devitt, SDK Strategic Services)

Stephanie welcomed participants, reviewed the Community of Practice purpose, and revisited the group's community agreements. She emphasized that improving outcomes for people with substance use disorders requires collaboration across systems, respect for lived experience, and a willingness to grapple with complex challenges. Participants were reminded that Quarter 3 has focused on the relationship between substance use disorders and justice-system involvement, with September serving as an opportunity to translate previous discussions into recommendations for action

Federal Medicaid Changes Update (Mary Gilbertson, Minnesota Department of Human Services)

Mary Gilbertson, Health Care Administration Legislative Budget Director supporting HR 1 with the Minnesota Department of Human Services, provided a brief overview of upcoming federal Medicaid (called Medical Assistance in Minnesota) changes and invited participants to Thursday Sept. 17 Connections meeting to learn more. She highlighted new federal work requirements that will affect some Medical Assistance enrollees, shared resources available to help individuals prepare for these changes and emphasized the importance of community partners in supporting continued access to health coverage and services. Highlights included:

- 1. Minnesota is preparing for significant federal Medicaid policy changes**
Several eligibility changes affecting Medical Assistance are expected to be implemented beginning with future renewals. Participants were encouraged to remain informed as details become available.
- 2. New work requirements will affect some adults enrolled in Medical Assistance**
Certain adults enrolled under the "adult without children" eligibility category may be subject to new work and qualifying activity requirements.
- 3. DHS is gathering information early to support implementation**
DHS has expanded its [Renewal Lookup Tool](#) so eligible individuals can provide information regarding work activities or possible exemptions prior to renewal.

Medicaid resources:

Find out what is changing, who is affected and when changes will occur:

[Federal Medicaid changes / Minnesota Department of Human Services](#)

Tools for partners

Providers and community partners can help people with MA avoid coverage gaps by sharing information about federal changes. Use toolkit materials to remind patients and clients to keep contact information current, watch for notices, read them carefully, and respond by the deadline.

[Tools for partners / Minnesota Department of Human Services](#)

[Spotlight: RS Eden](#)

Alicia House, Co-President and CEO of RS Eden highlighted the organization's comprehensive approach to recovery by integrating substance use treatment, permanent supportive housing, reentry services, mental health care, and peer support. She emphasized that stable housing, peer recovery services, and family-centered programming are key components of RS Eden's work to support long-term recovery, successful community reintegration, and improved outcomes for individuals and families affected by substance use disorders. RS Eden operates withdrawal management, residential treatment, outpatient treatment, supportive housing, and reentry programs.

[Presentation: Research, Practice and Collaboration \(Tyler Winkelman, MS, MSc, Health, Homelessness and Criminal Justice Lab, Hennepin Healthcare\)](#)

Dr. Tyler Winkelman, Co-Director of the Health, Homelessness, and Criminal Justice Lab at Hennepin Healthcare presented statewide findings related to substance use disorders, criminal justice involvement, homelessness, and healthcare utilization. He highlighted how data can be used to better understand emerging trends and inform policy and practice decisions. The key takeaways from his presentation include:

1. **Behavioral health needs affect a substantial portion of Minnesotans**
Statewide health data indicate that behavioral health conditions, including substance use disorders, impact a significant share of Minnesota residents.
2. **Substance use disorders vary across communities and populations**
Data demonstrate substantial differences in rates of substance use disorders across geographic areas and demographic groups, highlighting the need for targeted approaches.
3. **Justice-system involvement and substance use disorders are closely connected**
Individuals with criminal justice involvement experience significantly higher rates of opioid use disorder and other behavioral health needs than the general population.
4. **Timely data can help guide policy and funding decisions**
The Health, Homelessness and Criminal Justice Lab has developed

dashboards and data tools that provide more current information than traditional reporting methods.

5. **Opioid-related emergency department trends can identify emerging concerns**

Monitoring emergency department utilization provides an early warning system for changes in substance use patterns before mortality data become available.

6. **The 1115 Reentry Demonstration Waiver represents a major opportunity**

The proposed waiver could allow healthcare and care coordination services to begin before release from incarceration, improving continuity of care during reentry.

7. **Lived experience should inform implementation and accountability efforts**

Research conducted with people who have experienced incarceration highlighted the importance of peer navigators, coordinated transitions, and meaningful involvement of people with lived experience in decision-making.

Dr. Winkelman offered additional resources to CoP participants

Resources shared by Dr. Winkelman

- Presentation slides
- Report: Views of People with Lived Experience on Metrics for the 1115 Medicaid Reentry Waiver in Minnesota
- Report: MOUD in Jails Workgroup Final Report to the Subcabinet on Opioids, Substance Use, and Addiction

Small Group Discussions and Recommendations

Participants were placed in breakout groups and were asked to generate short, intermediate and long-term recommendations in the following areas:

1. Increasing the Use of Recovery-Centered Versus Punitive Approaches
2. Strengthening Reentry Support and Systems
3. Individual-Focused Prevention and Early Reentry Planning
4. Support recovery and reduce justice-system involvement through social, community and employment connections

SUMMARY OF DISCUSSION TOPIC 1

Increase Recovery-Centered Versus Punitive Approaches Breakout Discussion Themes

Participants discussed how systems can better support people with substance use disorders who are at risk of, currently experiencing, or returning from justice-system involvement. Conversation focused on shifting from punitive responses toward recovery-oriented approaches that prioritize dignity, choice, access to services, and long-term support. Key themes included addressing basic needs, reducing barriers to treatment, expanding peer support, and strengthening collaboration between treatment, recovery, and justice-system partners.

1. Put Individuals at the Center of Recovery Planning

Participants emphasized the importance of treating people as partners in their recovery by respecting individual goals, offering meaningful choices, and addressing the needs that matter most to them. Building trust and supporting self-determined recovery were viewed as essential to long-term engagement.

“We have to allow that individual person who's coming seeking help to be themselves. Pushing stuff on them – it's not going to work. They're going to run away.”

2. Address Basic Needs and Remove Barriers that Increase Justice-System Involvement

Housing, food, transportation, healthcare, and other basic needs were identified as foundational recovery supports that can help prevent justice-system involvement and support successful community reintegration. Participants also described insurance restrictions, authorization requirements, and administrative processes as barriers that can delay treatment and contribute to continued system involvement. Supporting basic needs received the highest number of votes in the Group Map exercise.

3. Increase Access to Flexible Recovery Supports

Participants called for greater use of virtual services, harm reduction approaches, centralized access points, and ongoing recovery supports that remain available after formal treatment ends. Greater flexibility was seen as particularly important for individuals involved in the justice system who face transportation, employment, geographic, and court-related barriers to treatment participation.

“Doing virtual outpatient is one of the safest and most sustainable ways for them to get treatment and care that they need, especially in a rural area... and the judge would not accept his virtual online

program... These are the kind of barriers and things we run up against in rural Minnesota."

4. Expand Peer Support and Recovery-Oriented Relationships

Participants highlighted the value of peer recovery services, culturally responsive care, and relationship-based approaches that build connection and trust. People with lived experience were viewed as essential partners in both service delivery and system improvement efforts.

"For me that sounds like just having that peer support starting from the beginning, walking them all the way through... that familiar face... We're able to do things that a lot of people under different professions are not able to do."

5. Strengthen Collaboration Between Treatment Providers and the Justice System

Participants discussed the need for greater understanding of recovery-oriented practices among judges, probation officers, and other justice-system partners. Improved communication and collaboration between treatment providers and the justice system were seen as opportunities to reduce unnecessary barriers, support individualized responses to substance use disorders, and increase the use of recovery-centered rather than punitive approaches.

"Specifically, county jails are tricky because you have such a short window... Getting connected where you could leave county jail and go directly into a recovery residence or supported housing is key... but counties and DOC being overloaded don't always have the time to make those connections."

[Group Map Link](#)

SUMMARY OF DISCUSSION TOPIC 2

Strengthening Reentry Support and Systems Breakout Discussion Themes

Participants focused on how systems can better support justice-involved individuals as they transition from incarceration back into the community. Discussion emphasized the importance of early planning, coordinated care, stable housing, peer support, and system capacity to ensure that people remain connected to services and recovery supports during reentry. Participants repeatedly emphasized that successful reentry requires stronger coordination between corrections, healthcare, human services, and

community organizations, along with approaches that recognize the unique needs of each individual.

1. Begin Reentry Planning Early and Improve Access to Benefits

Participants emphasized that successful reentry begins at booking rather than shortly before release. Recommendations included conducting comprehensive assessments, initiating healthcare coverage and benefits enrollment prior to release, clarifying eligibility for Medicaid-funded reentry services, and developing processes that serve individuals with both short and long periods of incarceration. Early planning was viewed as critical for connecting people to housing, treatment, employment, and community supports before release and reducing gaps in care.

2. Strengthen Coordination Across Corrections, Healthcare, and Community Systems

Participants called for stronger collaboration among correctional facilities, probation and parole, treatment providers, healthcare organizations, housing agencies, human services, and community-based organizations. Better communication, shared planning, and coordinated transitions were viewed as essential to successful reentry. Participants highlighted examples of counties that integrate human services staff into correctional settings and emphasized the need to continue shifting from custody-focused approaches toward healthcare and recovery-oriented systems that support continuity of care.

"Counties that have put [good reentry processes] together... are bringing more of their human service elements of county administration into the corrections space... Typically those two things are pretty separated, and when you bring those things together you have a better chance of having that quick screening and knowing what those needs are."

"There needs to be the workforce... in the jails and agencies outside of incarceration as well, helping with the reentry process."

3. Expand Housing, Employment, and Basic Needs Supports

Housing was the most frequently discussed need and received the highest number of votes in the breakout discussion. Participants noted that unstable housing, limited financial resources, transportation challenges, and other unmet basic needs can undermine recovery and increase the risk of continued justice-system involvement. Expanded housing resources, supportive housing models, employment opportunities, and practical supports were identified as critical components of successful reentry.

"Housing... I think there could be better communication with placements... DOC definitely try... but I think having that connection... into a safe living structured environment is key, and unfortunately the counties and DOC being overloaded don't always have the time to make those connections to get somebody in the proper placement."

4. Expand Peer Support, Navigation, and Relationship-Based Services

Participants emphasized the importance of peer recovery support, recovery navigators, and trusted relationships that begin before release and continue throughout the reentry process. Many viewed peers as uniquely positioned to build trust, provide continuity when service providers change, and help individuals navigate complex systems after release. Participants also discussed how background-study requirements can limit opportunities for justice-impacted individuals to serve in peer-support roles and noted that workforce barriers can impede the expansion of peer services.

"For me that sounds like just having that peer support starting from the beginning, walking them all the way through. Even if case manager changes, that's where a lot of peer support comes in – that familiar face... We're able to do things that a lot of people under different professions are not able to do... It's more built on trust than on my profession."

"I think it's super important that... they don't have them flip around from person to person to person, but being able to have somebody who directly works with them that they have time to build that rapport with."

5. Strengthen Reentry Infrastructure and System Capacity

Discussion highlighted the need for adequate staffing, funding, training, technology, and operational capacity to support successful reentry. Participants discussed increasing staff knowledge of available community resources, improving access to navigators and assessors within correctional settings, and creating stronger connections to community organizations before release. Use of technology and establishing direct communication channels between correctional facilities, community providers, and recovery supports were viewed as opportunities for information sharing and coordination between correctional facilities and community-based providers before and after release.

"Especially in the current budget environment, services are the first thing to be reduced... There is a need for consistent funding for social workers within jails to prevent excessive caseloads, and funding for

agencies operating outside of incarceration to assist with the reentry process."

6. Reduce Stigma and Remove Barriers to Community Reintegration

Participants discussed how repeated barriers to housing, employment, benefits, and other services can undermine recovery and successful reentry. They emphasized the importance of reducing stigma associated with justice involvement, removing structural barriers that limit opportunity, and creating supportive pathways to employment, education, community engagement, and long-term recovery. Participants noted that successful reintegration often depends on whether individuals encounter systems that create additional barriers or provide opportunities and support.

"There are times where the counties don't speak to DHS... There are just so many layers that prevent them from being able to get access... I really just wish that the agencies... would work together to help figure out how to eliminate some of these barriers for people to get access to the things they need."

"I think it's important to have supportive community corrections officers... My corrections officer allowed me the opportunity to try and fail at several different avenues to figure out what worked for me to get me sober... It prevented me from going back to prison."

[Group Map Link](#)

SUMMARY OF DISCUSSION TOPIC 3

Individual-Focused Prevention and Early Reentry Planning Breakout Discussion Themes

Participants focused on strategies that support individuals before justice-system involvement occurs and during the transition back to the community following incarceration. Discussion emphasized early intervention, coordinated care, peer support, and addressing practical barriers that affect recovery, stability, and successful reentry. Participants stressed that prevention and reentry efforts should be individualized, relationship-based, and responsive to each person's unique circumstances and strengths.

1. Start Care Coordination and Reentry Planning Early

Participants emphasized the importance of identifying needs and connecting individuals to services before a crisis occurs or before release from incarceration. Early planning, strong communication among providers and correctional systems, and coordinated support before and after release were

viewed as essential to improving outcomes and reducing future justice-system involvement.

"I really just wish that the agencies, DHS and the counties, would work together to help figure out how to eliminate some of these barriers for people to get access to the things they need."

2. Expand Peer Support and Navigation Services

Participants identified peer recovery support as a critical resource for both prevention and reentry. Recommendations included increasing access to peer services, involving peers earlier in the reentry process, strengthening peer mentor training, and ensuring individuals have ongoing support from people with lived experience who can help them navigate complex systems.

"If they ain't never walked in their shoes... how can they know?... There's a lack of accountability on the help because if they ain't going through it, they don't feel it. So people just become another patient... another case."

3. Increase Awareness of Available Resources and Supports

Participants emphasized the need for greater outreach, education, and information sharing to help individuals access services. Suggestions included community outreach efforts, improved resource navigation, and increasing awareness of available supports among individuals at risk of justice-system involvement.

"They just need help. That's really what I needed to say."

4. Address Housing, Employment, and Transportation Needs

Housing, employment, and transportation were identified as critical factors affecting recovery and community stability. Participants emphasized the importance of connecting justice-involved individuals to these supports before release and ensuring that practical barriers do not undermine recovery or successful reintegration.

"If this young man came into our office wanting services with housing, and this is that young person's priority, they ain't gonna want to hear nothing about no other services... If they're coming looking for housing, you work with them on just that."

5. Strengthen Multidisciplinary Support Systems

Participants discussed the need for adequate funding and staffing for social workers, case managers, peer specialists, and other professionals who support justice-involved individuals. They emphasized that service

coordination should be shared across a team of providers and organizations rather than relying on a single individual to manage complex needs and system navigation.

“Don’t we all work together?... We working for the same thing.”

6. Invest in Prevention Strategies that Reduce Justice-System Involvement

Participants highlighted the importance of early intervention, community-based supports, treatment access, and alternatives to incarceration that address underlying substance use and mental health needs. Suggestions included expanding opportunities to connect individuals with services before they become further involved in the justice system.

[Group Map Link](#)

SUMMARY OF DISCUSSION TOPIC 4

Support Recovery and Reduce Justice-System Involvement Through Social, Community, and Employment Connections Breakout Discussion Themes

Participants explored how housing, employment, peer support, family relationships, and community connections can strengthen recovery and reduce future justice-system involvement. Discussion emphasized that successful reentry requires more than treatment alone and depends on sustained social supports, coordinated services, and opportunities for justice-involved individuals to build stable, connected lives in the community.

1. Housing Is Foundational to Recovery and Reentry

Housing emerged as one of the most important factors influencing successful reentry. Participants emphasized the need for stronger coordination between corrections and housing providers, improved access to supportive housing, and increased investment in resources that help justice-involved individuals secure stable housing and avoid homelessness after release.

2. Build and Sustain Trusted Support Networks

Participants highlighted the importance of strong relationships with case managers, peers, family members, and community supports. Consistent communication, manageable caseloads, and continuity of care were viewed as essential for building trust and maintaining engagement during recovery and reentry.

3. Expand Peer Recovery Support Throughout Reentry

Peer support was identified as a critical resource before and after release. Participants recommended reducing barriers to peer services, expanding access to peer support groups, and ensuring that justice-involved individuals remain connected to peers with lived experience throughout the reentry process.

“We need to be aware of the fact that we’re just the cheerleaders for this person... Give them some choice or some say-so in the matter. They are people too...”

4. Increase Access to Employment and Community Connections

Participants emphasized the need for transitional employment opportunities, employer partnerships, and increased access to "felony-friendly" workplaces. Employment was viewed not only as a source of income but also as a pathway to purpose, stability, social connection, and reduced recidivism.

“No, you can’t live here; no, you can’t work here’ – that they start to get discouraged... What are the barriers that present a ‘no’ to come about?”

5. Extend Reentry Supports Beyond the Initial Transition Period

Participants noted that many justice-involved individuals continue to face challenges long after release. Recommendations included extending case management, peer support, and other recovery services beyond the first year of reentry to support long-term recovery and community integration.

“When people are coming from incarceration... it’s a huge anxiety inducing thing... If we can’t reel them in and have them feel comfortable... they won’t stay connected.”

6. Strengthen Coordination Across Systems and Services

Participants called for better communication and collaboration among corrections, healthcare providers, housing agencies, peer organizations, community groups, and case managers. Recommendations included creating wraparound support teams, improving information sharing, coordinating appointments prior to release, and ensuring individuals have the documentation needed to access housing, employment, and benefits.

[Group Map Link](#)

Crosscutting Themes

Across all four breakout discussions, participants emphasized that successful recovery and reduced justice-system involvement require coordinated, person-centered systems that address both individual and structural needs. Common themes included the importance of stable housing and basic needs, activating healthcare coverage and

care coordination before release from incarceration, peer recovery support, early and ongoing reentry planning, cross-system collaboration, employment and community connections, and recovery-oriented approaches that reduce stigma and remove barriers to care and employment. Participants consistently advocated for shifting from fragmented and punitive responses toward integrated systems that support long-term recovery, successful community reintegration, and improved outcomes for justice-involved individuals. They also stressed the value of peer navigators and individuals with lived experience as trusted guides throughout prevention, incarceration, reentry, and recovery.

What's Ahead

- Quarter 4 of the Community of Practice will focus on Sustaining the SUD Workforce: Burnout, Retention, and Restoration.
- The next Community of Practice meeting will be held on [October 21, 2026](#) and will be conducted virtually.
- Recommendations generated during the July, August, and September meetings will be synthesized into a Community of Practice Quarterly Report: Justice Involvement and Substance Use Disorder. The report will be available on the CoP page of DHS's website.
- Participants were encouraged to attend additional conversations regarding upcoming federal Medicaid changes and their impact on individuals receiving substance use disorder services.
- For questions, contact: SUD.CoP@SDKStrategicservices.com