DEPARTMENT OF HUMAN SERVICES

Minnesota Substance Use Disorder Community of Practice:

September 26, 2023 Meeting Summary

Introduction

On September 26, 2023, participants attended the second 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.

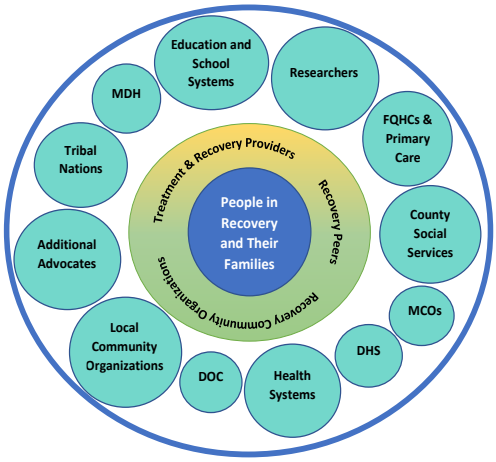
General Announcements

Jill Kemper, HMA, began the meeting with a few reminders for the CoP participants. These included:

1. CoP Evaluation Surveys: A reminder to participants to continue to complete the evaluation surveys following each CoP, as they provide us with valuable feedback on what sessions or topics participants liked during the meeting and where we can continue to improve the participant experience where possible. Surveys will continue to be included in the Zoom chat at the end of the meeting and in the follow-up email sent after each meeting.
2. Meeting Stipends: Stipends from the August CoP have been sent to eligible participants who completed the August CoP Stipend Form and September CoP stipends will be sent shortly. For those individuals, stipends will be sent to the email provided in the Stipend Form in the form of an Amazon Gift Card ($55.^{00} value). Participants were reminded to reach out to mnsudcop@healthmanagement.com with any questions or concerns.

3. **MN SUD CoP Webpage and Participant Invites**: While MN statute dictates that individuals from specified groups be included in the CoP (people with lived experience, providers, family members, researchers, recovery peers, state agency and county health and human service representatives, health plan representatives, advocates), our goal is to include participants from across the SUD continuum, as shown in Figure 1. We encourage participants to spread the word about the CoP and invite anyone they feel may find value in participating to register for upcoming meetings. All meeting registrations, along with agendas, summaries, and other information on the CoP, will be posted to the MN SUD CoP webpage.

Figure 1. MN SUD CoP Participants



MN SUD CoP participants were then asked to share in the Zoom chat their name, their organization or role in the MN SUD landscape, their participant level in the CoP (full, specialty, or public attendee – see August CoP summary for more details), and one thing they want to take away from their participation in the MN SUD CoP. Responses to the final question are provided in Table 1 below.

Table 1. Goals for CoP Participation (captured via Zoom chat by participants)

Hoping to learn best practices and provide what I can to this group	Opportunity to learn	Hoping to participate in a community of positive change for the SUD field 🙂
Greater ability to advocate for positive change	Ideas to bring back to my organization	I want to learn more about services and how things work related to people with SUD, especially as it relates to those involved in the criminal justice system.
Learn from the community to inform policy :)	Awareness of work & advocate	I'm here to support HMA in administering the SUD COP. Thank you to all who are supporting this work.
Learn more about changes in SUD in MN	Assist people getting the help they want.	Hoping to work with others developing better ideas for treatment programming
Advocate for homeless youth and culturally specific treatment approaches	I am hoping to be a part of positive change in SUD field.	I am a person with lived experience, advocate for client access to services and here to support the work in any needed capacity.
Be a part of a community contributing to change.	Representing Medicaid members.	Identify action items to reduce barriers to care

Help individuals struggling with SUD get a chance at life	Help with best practices	I want to be part of this positive change in the community
I would like to advocate for bringing a holistic perspective to long term recovery	To stay updated on changes	Working toward positive outcomes for individuals and the overall community in relation to SUD especially justice involved individuals transitioning into the community.
Working towards change of the barriers for individuals releasing from incarceration.	Opportunities to learn	My hope is that the CoP will strengthen partnerships and collaborations across the continuum of care to address gaps in the system, change our paradigm from one of acute interventions to long-term recovery, and support all individuals, families and communities affected by SUD.
Want to engage with like-minded individuals in the SUD field.	Improving service delivery thorough learning more about what is missing/needed	Opportunity to learn from community members and colleagues, and contribute to positive community change

Voices of Experience Panel

Following introductions, participants heard from two women with lived experience with SUD in Minnesota, Angela Cuellar and Sundus (Sunny) Ali. The session was facilitated by George Lewis (Motivational Consulting and MN SUD CoP Community Consultant).

Current gaps and stigma in MN SUD services for women

Both Sunny and Angela noted a lack of culturally competent treatment in Minnesota. For Angela, this meant a lack of treatment centers which were tailored to her traditions and practices as a Native American woman. While some treatment centers advertise themselves as culturally competent or inclusive of cultural practices, Angela felt stigma and discrimination when partaking in Native American cultural practices such as smudging. Sunny also recalled traumatic experiences of being asked to remove cultural and religious covering in the presence of men and a lack of facilities to accommodate prayer and other religious services during her time at treatment centers. Lack of cultural competency and culturally tailored treatment programs often prevent individuals from seeking help, including Sunny and Angela who both recalled postponing treatment out of concern for continued racism and microaggressions they had experienced previously.

Sunny and Angela also agreed that there is a lack of representation and advocacy for women struggling with SUD. Traditional culture and gender norms often mean it is challenging for women to admit to substance use and are less encouraged to seek professional help. For many women, formal treatment is not sought until life threatening instances, such as overdose, occur. However, Sunny and Angela additionally agreed that they have seen an increase in the discussion of stigma and SUD among women in the Somali and Native American communities in recent years.

Improving outcomes through gender- and culturally- competent programs

Angela and Sunny noted they believe both the number of women and individuals of color would increase in treatment centers if additional services specific to women or cultural groups were available. Additionally, these individuals would likely enter treatment sooner if they were not presented with

additional barriers when deciding to seek treatment. Sunny shared with the group that societal norms in the Somali community prevented her from attending mixed-gender treatment facilities in her youth, which led to ongoing use and eventual overdose in adulthood. While gender and cultural tailoring would not eliminate SUD within Minnesota, it would likely improve the lives of many of those who are faced with SUD. Angela stressed that these services need to include SUD treatment, but culturally tailored mental health and other healthcare services as well.

Help us continue to highlight Voices of Experience! If you would like to volunteer or have recommendations for continuing to highlight voices of lived experience, please let us know at mnsudcop@healthmanagement.com.

Minnesota SUD Community Assessment Tool

During the second half of the meeting, Paul Fleissner and Kamala Greene Genece (HMA), presented the SUD Community Assessment Tool to the group as a method for further understanding and discussing the gaps within the Minnesota SUD landscape. The Tool, which was originally developed for the state of Indiana, assists stakeholders in assessing the needs and strengths of state and local system(s) as they address substance use in their communities. It is multi-dimensional, multi-system Tool which is broken up into three Focus Areas:

- SUD Programs, Services, Intercept Points
- Culturally Responsive Systems of Care
- Structural Elements and Factors

and analyzed across the local systems and services landscape:

- Behavioral Health
- Child Welfare
- Justice
- Public Health
- Education
- Human Services/social determinants of health (SDOH).

To assess competency of these focus areas and services, users are asked to score the various categories and subcategories within each focus area. However, Paul and Kamala emphasized that the overall scores are not critical, rather they provide context and comparison for stakeholders to assess where priorities should be placed. An essential aspect of the Tool is to ensure that individuals from across the service spectrum, all of which affect and influence the SUD landscape, are included in discussions and decisions. Following the presentation, participants were divided into six breakout rooms to discuss any questions or concerns they had about using the Tool. During these breakout sessions, Paul, Kamala, and additional HMA colleagues clarified how the Tool can be used to assess services within a particular community or within the state of Minnesota to better help the group understand gaps within the system. Additional information on the development, purpose, and use of the SUD Community Assessment Tool is available in the September MN SUD CoP Slides in Appendix A, as well as the County Competency Scoring Manual, which were both sent to participants following the meeting. The Tool and Scoring Manual are also available upon request to mnsudcop@healthmanagement.com.

Paul and Kamala also noted that they will be available during open office hours on Tuesday, October 10, 2023: 1:30-3:00 pm CT, Wednesday, October 11, 2023: 12:30-2:00 pm CT, and Friday, October 13, 2023: 8:30-10:00 am CT for any individuals who wish to obtain additional insight or have further questions about the Tool.

The MN SUD CoP will reconvene on October 25 2023, at 2:00 p.m. CT. Registration for the October meeting is available via the Zoom registration link.

Appendix A: September 26th MN SUD CoP Slides

Please email mnsudcop@healthmanagement.com if you require these slides in an additional format.

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

SEPTEMBER 26, 2023

Sponsored by:
DEPARTMENT OF HUMAN SERVICES

Agenda

Welcome, Introductions & Announcements

Voices of Experience

SUD Community Assessment Tool

Breakout Room Discussion

Wrap Up and Next Steps

UPDATES AND ANNOUNCEMENTS

Jill Kemper

Updates and Announcements

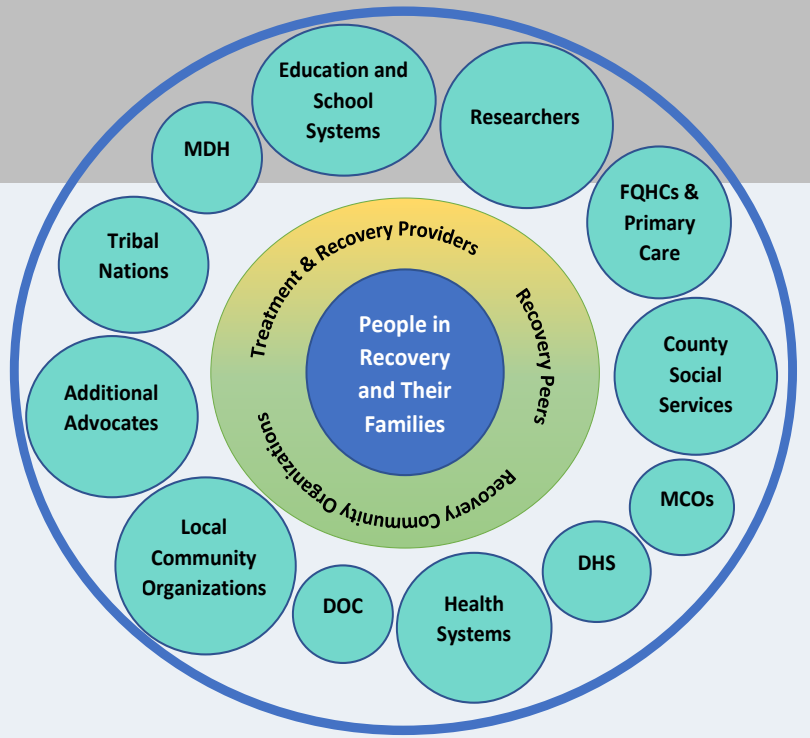
Thank you for you feedback!

- August Stipends have been sent
- Continue to check the MN SUD CoP website and invite participants

MN SUD CoP Participants

- **The CoP is composed of individuals from all throughout the MN SUD landscape.**

- **The MN Statute Groups include:**
  - people with lived experience
  - providers
  - family members
  - researchers
  - recovery peers
  - state agency and county health and human service representatives
  - health plan representatives
  - advocates



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

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

Public Attendee

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

MN SUD CoP Participant Introductions

- **Introduce yourselves in the chat by listing:**
  - Your name
  - Your organization or role in the SUD landscape
  - Your participant level in the CoP (Full Participant, Specialty Participant, Public Attendee)
  - One thing you want to get out of the CoP

- **Example:**
  - Boyd Brown, HMA, Full Participant, Opportunity to learn from people with lived experience!

VOICES OF EXPERIENCE

Presenters: Angela Cuellar and Sundus (Sunny) Ali

Facilitator: George Lewis

SUD Continuum of Care Landscape and System of Care Planning Support Tool

Paul Fleissner and Kamala Greene Génecé

AGENDA

- ❑ Introductions
- ❑ Previous Gaps information
- ❑ Tool and Focus Areas
- ❑ Template and Scoring
- ❑ Discussion and Next Steps

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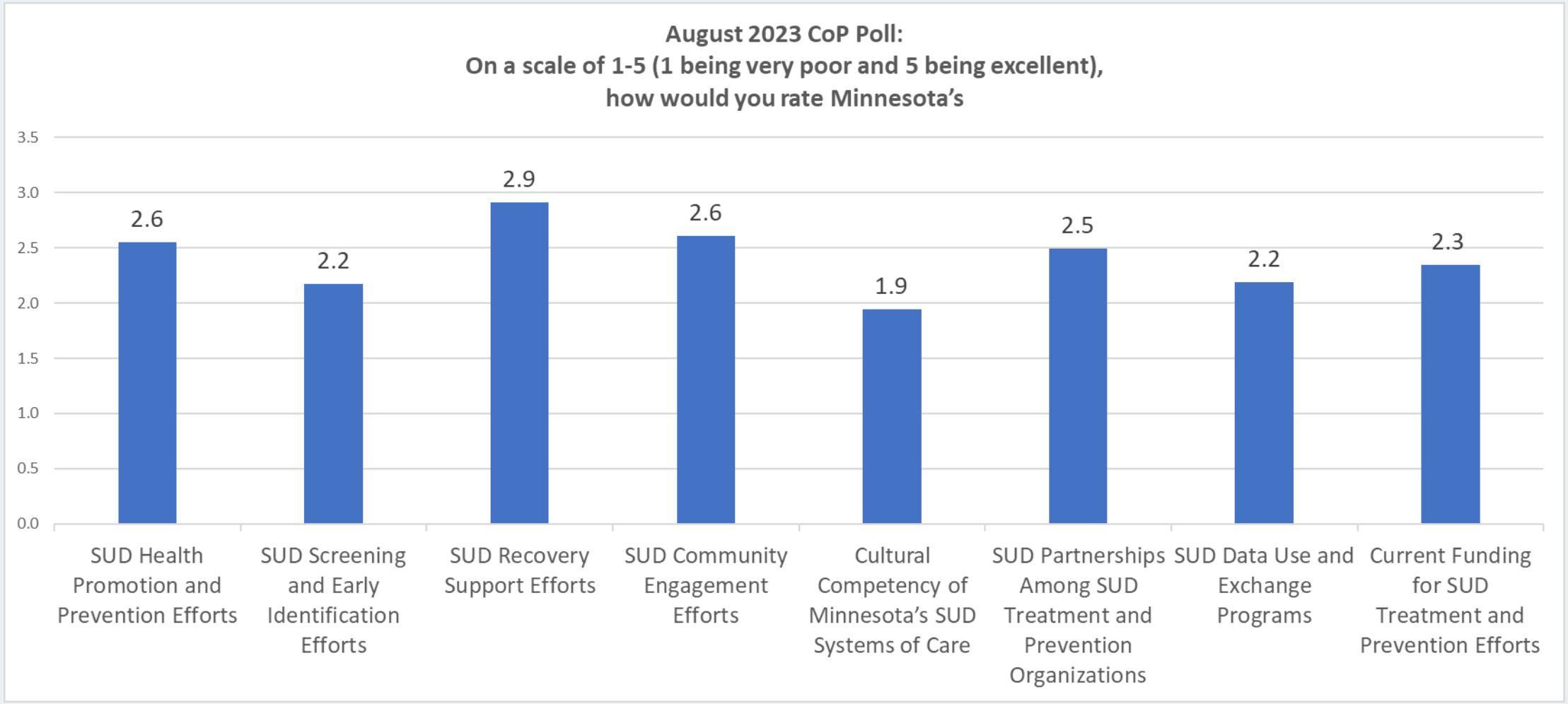
MN SUD Treatment Gaps

- Gaps identified during MN SUD Summit and 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)

MN SUD Landscape Poll Summary



(Results show average score)

Goals for SUD SOC Assessment Tool

Overarching Goal:

Assist stakeholders in assessing the needs and strengths of our state and local system(s) as we address substance use in their communities.

How do we get our collective arms around understanding what we HAVE, and what we NEED, to address this SUD health crisis?

The tool outlines a set of core competencies specific to substance use disorder (SUD) systems of care, measuring a community/region's capacity to:

- implement programs and interventions addressing substance use within their community
- support culturally responsive systems of care; and
- participate in an integrated, person-centered approach to addressing SUD.

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Approach to Assessment

- Multi-dimensional tool
  - Not limited to just counting programs and services (what)
  - Consideration of cultural responsiveness (person-centered approach) (who)
  - Structural elements to support an integrated approach (how)
- Multi-system vs. Treatment system view
  - Systems within communities with locus of control/responsibility
  - Consider continuum from prevention to recovery supports
  - Special populations or settings

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Approach to Tool Structure and Development

- Working assumptions regarding structure:
  - Minimal administrative burden –
    - ***Scores are not critical*** – they provide context and comparison
    - Sustainable long term
  - Allows for local and regional variations
  - Balanced approach when considering what, who and how
  - ***Adaptable*** to State and local changes over time
    - Structure not built upon issue specific or drug specific content
    - Adaptable with changing environment
  - Easily understandable and usable by communities/regions

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Focus Area 1: SUD Programs, Services, Intercept Points

- **Goal: Communities have programs and interventions designed to prevent, screen for, assess, and/or treat emerging or existing substance use, misuse, or dependency disorders within their community, and across local systems**
- Consider the full continuum of substance use, addiction, and recovery services
- Consider full continuum:
  - Health Promotion
  - Prevention
  - Screening/Early Identification
  - Treatment
  - Recovery Supports

Focus Area 2: Culturally Responsive Systems of Care

- **Goal: The system supports culturally responsive systems of care**
  - Community engagement
  - Culturally Responsive Interventions
  - Data and Outcomes Monitoring for Subpopulations
    - Identifying and addressing disparities

Focus Area 3: Structural Elements and Factors

Goal: Stakeholders participate in an integrated, person-centered approach to addressing SUD within their local geography

- Do communities and regions demonstrate siloed, coordinated, collaborative, or integrated approaches to addressing substance use, misuse, and/or addiction in their respective geographies?
  - Partnerships
  - Data Use and Exchange
  - QA/QI Monitoring
  - Workforce Initiatives
  - Consumer Engagement
  - Blended/Braided Funding
  - Lead Entities or Structures

Local Systems

- Multi-system vs. treatment system approach
- Assumes there are multiple local systems that intersect and can impact substance use/misuse/addiction within their geography
  - Behavioral Health
  - Child Welfare
  - Justice
  - Public Health
  - Education
  - Human Services/SDOH

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Tool Template and Scoring

- **What**-programs and services
- **Who**-culturally responsive care
- **How**-structural elements and factors

"*The scoring provides context*"

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

	SUD Intervention Focus Areas																														
	Goal: Counties have programs and interventions addressing SUD within their community, and across local systems											Goal: Culturally Responsive Systems of Care								Structural Elements/Factors											
	Treatment								Recovery Support			Culturally Responsive Interventions					Data and Outcomes Monitoring			QA/QI	Workforce Initiatives				Consumer Engagement				(Blended) Funding		
County Sector: Systems within counties with locus of control/responsibility	Medically Managed Outpatient ASAM1.7	Intensive Outpatient Program ASAM2.1	High Intensity Outpatient ASAM2.5	Medically Monitored Outpatient ASAM2.7	Clinically Managed Low-Intensity Residential ASAM3.1	Clinically Managed High-Intensity Residential ASAM3.5	Medically Managed Intensive Residential ASAM3.7	Medically Managed Intensive Inpatient ASAM4.0	Peer Support	Housing	Supported Employment	Incapacity (1)	Blindness (2)	Pre-Responsive (3)	Responsive (4)	Proficient (5)	Collecting (1)	Analyzing (2)	Refining (3)	Integrated (4)	Silos (1)	Coordinated (2)	Collaborative (3)	Integrated (4)	Silos (1)	Coordinated (2)	Collaborative (3)	Integrated (4)	Silos (1)	Coordinated (2)	Total Score
BH Treatment System	2	2	2	2	2	2	2	2	1	1						5			3	4				4				4			69
Child Welfare	2	2	2	2	2	2	2	2	1	1	1					5			3	4				4				4			69
Justice Involved	2	2	2	2	2	2	2	2	1	1	1					5			3	4				4				4			70
Health Systems	2	2	2	2					1	1						5			3	4				4				4			61
Schools									1	1	1					5			3	4				4				4			55
Human Services/CBO's (non-BH)									1	1	1					5			3	4				4				4			52
Total Score	8	8	8	8	6	6	6	6	6	6	4	0	0	0	0	30	0	0	18	24	0	0	0	24	0	0	0	24	0	0	376

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Template and Scoring: Focus Area 1

- **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

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

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	Supported Education	
																0						0	0
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Scoring Rubric: Focus Area 1

SUD Programs, Services, Intercept Points Scoring Rubric

Score	Criteria	Other Considerations
0	No programs or service within county (If capacity or waitlists are an issue, the score is a "1", 0 reflects no service within the geography)	
1	Program or service exists within county (If capacity or waitlists are an issue, the score is a "1", 0 reflects no service within the geography)	May be considered within a regional geography in rural counties with formal partnerships
2	Co-occurring Enhanced (COE) Programs that meet all of the standards for the base level of care plus the additional COE standards defined in ASAM Criteria 4th ed.	Only applicable for ASAM 1.7-4.0 levels of care

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Interpreting Scores: Focus Area 1

Focus Area	Score Range	System Performance
SUD Programs, Services, and Intercept Points	1-23	Area of focus for planning or monitoring
SUD Programs, Services, and Intercept Points	24-47	Opportunities to enhance current services, programs, and/or supports
SUD Programs, Services, and Intercept Points	48-71	Meeting elements core to a SUD system of care
SUD Programs, Services, and Intercept Points	72-96	Exceeding core components of a SUD system of care
SUD Programs, Services, and Intercept Points	97-117	Leading, example for other counties/regions

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Template and Scoring: Focus Area 2

- **Who**-culturally responsive care
  - One-to-five-point scale based on level of sophistication (inform, consult, involve, collaborate, empower)
  - Total possible score of 78

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

Goal: Culturally Responsive Systems of Care												
Community Engagement					Culturally Responsive Interventions					Data and Outcomes Monitoring for Subpopulations		
Inform (1)	Consult (2)	Involve (3)	Collaborate (4)	Empower (5)	Incapacity (1)	Blindness (2)	Pre-Responsive (3)	Responsive (4)	Proficient (5)	Collecting (1)	Analyzing (2)	Refining (3)

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Scoring Rubric: Focus Area 2

Community Engagement Scoring Rubric

Score	Definition	Description
0	Not Started	There are no mechanisms for engaging stakeholders for information sharing or input.
1	Inform	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and /or solutions.
2	Consult	To obtain public feedback or analysis, alternatives and/or decisions.
3	Involve	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.
4	Collaborate	To partner with the public in each aspect of the decision including the development of alternatives and the identification of preferred solutions.
5	Empower	To place final decision making in the hands of the public.

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Scoring Rubric: Focus Area 2

Culturally Responsive Interventions Scoring Rubric

Score	Definition	Description
0		
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.

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Scoring Rubric: Focus Area 2

Data and Outcomes Monitoring for Subpopulations Scoring Rubric

Score	Definition	Description
1	Collecting	Systems and processes are in place to collect disaggregated demographic data, including race, ethnicity, gender identity, age, disability, veteran status, etc.
2	Analyzing	Data is regularly and systematically analyzed by subpopulation to determine the extent to which any gaps or themes emerge in experiences or outcomes.
3	Refining	Decision makers use disaggregated data analysis to assess gaps in services; strengthen the performance of programs, organizations, or systems; and assess the impact of services on outcomes of interest. As more information is collected, the process continues in an iterative manner, with additional evidence producing new insights and subsequent questions for further data collection and analysis by subpopulations.

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Interpreting Scores: Focus Area 2

Focus Area	Score Range	System Performance
Culturally Responsive Systems of Care	0-15	Area of focus for planning or monitoring
Culturally Responsive Systems of Care	16-31	Opportunities to enhance current approaches to SUD system of care
Culturally Responsive Systems of Care	32-47	Meeting elements core to a culturally responsive SUD system of care
Culturally Responsive Systems of Care	48-63	Exceeding core components of a culturally responsive SUD system of care
Culturally Responsive Systems of Care	64-78	Leading, example for other counties/regions

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Template and Scoring: Focus Area 3

- **How**-structural elements and factors
  - One-to-four-point scale based on collaboration (siloed, coordinated, collaborative, integrated)
  - Total possible score of 168

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

Structural Elements/Factors											
Goal: Counties have an integrated, person-centered approach to addressing SUD within their local geography											
QA/QI Outcomes Monitoring				Workforce Initiatives				Consumer Engagement			
Siloed (1)	Coordinated (2)	Collaborative (3)	Integrated (4)	Siloed (1)	Coordinated (2)	Collaborative (3)	Integrated (4)	Siloed (1)	Coordinated (2)	Collaborative (3)	Integrated (4)

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Scoring Rubric: Focus Area 3

Structural Elements/Factors Rubric

Score	Definition	Description
1	Siloed	Organizations or entities work separately to achieve a common goal. No shared decision making or processes and irregular communication
2	Coordinated	Organizations or entities working to achieve a common goal with activities that are siloed but aligned through regular communication and agreed upon processes for working together. No shared decision making.
3	Collaborative	Working together to achieve a common goal with activities that are done separately but are based on shared decision-making, are mutually reinforcing, and are fluid and dynamic. Successful outcomes rely on strong partnership, trust and partners working equitably together. Shared decision making.
4	Integrated	Working together to achieve a common goal with activities done in unity as part of a single organizational framework

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Interpreting Scores: Focus Area 3

Focus Area	Score Range	System Performance
Structural Elements and Factors	1-33	Area of focus for planning or monitoring
Structural Elements and Factors	34-67	Some gaps in supporting structural elements and factors; minimal collaboration or integration across systems
Structural Elements and Factors	68-100	Has most or all structural elements and factors with some collaboration and integration across systems
Structural Elements and Factors	101-133	Has all structural elements and factors, with strong coordination and integration across multiple factors
Structural Elements and Factors	134-168	Leading, example for other counties/regions

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Q&A

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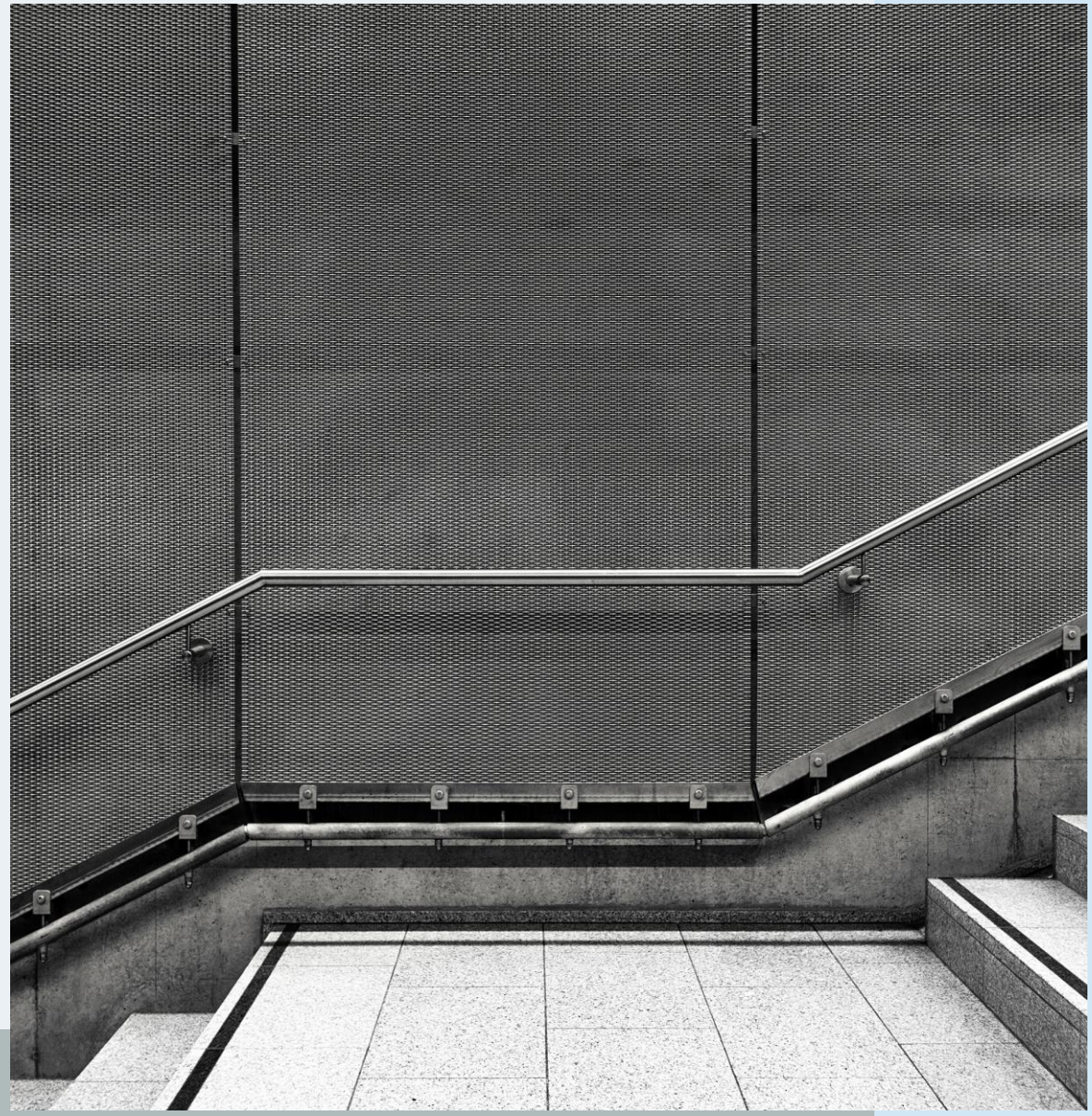
BREAKOUT ROOMS

- You will be randomly assigned to **one of the six** breakout rooms
- Take time to introduce yourself, get to know one another, and discuss your thoughts on the MN SUD Landscape Gaps and the SUD Community Assessment Tool
- We will **return in 20 minutes**

WRAP UP AND NEXT STEPS

Jill Kemper



Next MN SUD CoPs

- October 25, 2023: 2:00-3:30 pm CT
- December 19, 2023: 2:00-3:30 pm CT

Evaluation Survey

- Brief 3 question survey (link in chat)

Meeting Follow-up

- Eligible participants complete the September Stipend Form
- SUD Tool will be sent via email following the meeting
- CoP summary will be posted to the MN SUD CoP website in the coming weeks