DEPARTMENT OF HUMAN SERVICES

July 2022 Substance Use Disorder (SUD) Community of Practice (CoP) planning session

DATE: July 13, 2022

Representation

The **Participant Breakdown by Category** table below reflects 20 participant categories. Non- DHS facilitators (2) are represented in the total number of participants (22) and not included in the representation table below. **Note**: Due to technical difficulties, participants were only to select one participant category.

Total # of participants: 22

Total # of participant categories reflected in table below: 20

Participant Breakdown by Category

Participant Category	Percentage of Representation
Researcher or member of the academic community	0%
SUD treatment provider	30%
Recovery community organization	0%
Department of Human Services	40%
Department of Health	0%
Department of Correction	0%
County social services agency	5%
Tribal nations or tribal social services providers	0%
Individual who has used SUD treatment services	0%
Family member or support person	0%
Managed care organization not including DHS staff	10%
Other	5%
Unknown-no response	10%

MEETING SUMMARY

Welcome and brief introduction - RFP status update: **The goal is to have a vendor on board by fall. Currently, the RFP is pending financial approval and will move to legal review afterwards. We hope to publish the RFP in August-September.**

Facilitators: Neerja Singh & Regina Acevedo

Today's agenda topics:

- Draft shared meeting practices/guidelines
- Mission statement and shared values
- Small groups discuss how objectives will be actioned
- Close and next meetings

Shared Meeting Practices

Facilitator: Regina Acevedo

Polling question- yes or no vote on Shared Meeting Practices

Please utilize the chat function and "raise hand" feature to engage in discussion. Open and respectful dialogue is highly encouraged. Fighting words, obscene speech, and true threats are absolutely prohibited. Persons who engage in such prohibited conduct will be given a warning; if the conduct continues, the chat feature will be disabled and/or the person will be muted. By remaining in the meeting by WebEx or phone, you are agreeing to follow these guidelines.

The following is a list of shared practices for all participants of the SUD CoP:

1. Introduce yourself and who you represent. If you'd like, you can share your preferred pronouns.
2. Stay present giving your full attention to the discussion.
3. Please share about the topic of the meeting only –including use of chat.
4. Mention your main thoughts /suggestions early when it is your time to share to make the most of limited sharing time.
5. All participants are equal and have a right to share their ideas.
6. Raise your hand and wait to be called on by the facilitator to share.
7. Keep an open mind.
8. Be respectful of the process and other participants.
9. Focus on the problem, not the person.
10. Personal information will be muted.

Results of polling: Of the 73% of participants who voted, 100% of these participants agreed that the listed shared meeting practices should apply to all SUD CoP meetings.

Mission Statement & Shared Values

- Should the SUD CoP adapt a mission statement?
- Should the SUD CoP adapt shared values?
- If yes to either, how should we define the mission statement and shared values?

Here is **an example of a mission statement and shared values for E1MN Phase 2**- a partnership among the departments of Education (MDE), Employment and Economic Development (DEED), and Human Services (DHS) that works to provide a more seamless experience for people with disabilities who are seeking employment. It is not a new program nor change in policy, but rather, an inter-agency effort that works to ensure informed choice and meet competitive integrated employment goals.

Mission Statement:
We will work together to align our systems where all individuals in Minnesota with mental health conditions who aspire to work can access evidence based and culturally responsive services to obtain competitive, integrated employment.

> **Shared Value #1: Employment First**
> MN's Employment First values and guiding principles will serve as the foundation of our work in E1MN Phase 2.
> **Shared Value #2: Collaboration**
> We will work together to build coordinated and consistent communication, training, and support.
> **Shared Value #3: Continuous Improvement**
> We will engage with stakeholders, leverage best practices, and use data to adapt efforts and improve outcomes.
> **Shared Value #4: Person Centeredness**
> We will embed person centered thinking in our work that builds on a person's unique interests, strengths and talents.
> **Shared Value #5: Maximize Resources**
> We will use resources efficiently, within bounds of federal guidelines.

No feedback shared from participants on mission statement and shares values. Therefore, the legislative language will define our mission statement- The purposes of the SUD 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. We will not adopt any shared values.

SUD CoP Roadmap

Facilitators: Neerja Singh & Regina Acevedo

Discussion on how meeting objectives will be accomplished:

As a starting point, we will identify gaps in SUD treatment services. The objectives are identified by statue; however, as we keep rolling out the CoP, we will start with these, but are not limited to them. We may identify other objectives. We are continuously learning and sharing, but we will decide what

other objectives we want to define and pursue as a CoP. The SUD CoP will be a dynamic community which will continue to evolve as we move with our SUD reform in MN.

1) **The SUD CoP must address the following:**
   Identify gaps in substance use disorder treatment services
   Current gaps identified:
   - Case coordination and peer recovery specialist
   - Understanding barriers in access to SUD treatment
   - Disparities in rural areas- less treatment providers, staffing shortages, transportation can be an issue, child care, treatment to serve women, children, and adolescents, and lack of peer recovery support specialists
   - Reaching out to all tribes
   - Withdrawal management services in rural areas are difficult to access
   - Lack of residential treatment programs for both men and women in rural communities
   - Lack of treatment programs which can accommodate SUD and SPMI
   - Underserved populations- veterans, seniors, LGBTQ+, Hispanics
   - Rather than focusing solely on how we can get people into the current system, think about what else works in specific communities.
   - We need to remember detox (opioid/alcohol) and our lack of detox facilities
   - Break the cycle of separate silos in the communities
   - Workforce issues have yet to be addressed- **Feedback shared from participants: conference in planning with the Governor's office**

   New feedback shared by participants:
   - **Idea of survey going out to professionals to identify gaps as well as solutions; need to pair together**
   - **Other areas getting press: broadband availability for telehealth**
   - **Involvement of family/significant others**
   - **SUD treatment for the aging population**
   - **Question: is this group simply identifying gaps or also identifying solutions?**
   - **A DHS report which included SUD gaps to be published in the near future**
   - **What are other ways of identifying gaps? Data bases? Reports? Where can we find more information and back up with data? Need to find trusted venues of information access**
   - **State needs a public services announcement regarding direct access not being necessary for SUD; this has been all over facebook groups and professionals know, but the message isn't getting out to the public**
     - **DHS is in the process of making a video on direct access which will be out soon with campaign**
   - **Question is: how will this CoP address the gaps in SUD services?**
   - **Underserved population list isn't exhaustive; is much broader and could be added to with community and anecdotal additions**
   - **Wait time between when people are ready and can actually get into treatment, especially if needing culturally specific program; especially rural**

- **Lack of licensed people in the field; providers struggle to maintain employees; workforce (and unlicensed) SUD, MH, variety of settings**

2) **Enhance collective knowledge of issues related to substance use disorder**.
How will a CoP do this? Build a repository? Identify those that already exist?
Feedback shared from participants:
   - What would a repository look like and how do we differentiate anecdotal issues from ongoing issues?
   - Possibly begin with a survey
   - Perhaps creating a SharePoint site giving access to this group, identify issues and research [SUD CoP webpage has already been created]
   - Self-audits to show adherence to the fidelity of EBP Manualized Treatment Programming
   - Would/could the CoP provide technical assistance with obtaining research grants?
   - I would hope that it falls under the group; we are the community.

   New feedback shared by participants:
   - **Can repository be maintained by CoP?**
   - **CoP is a collective, so build off collective wisdom and knowledge, resources and programming to build on further**
   - **Once was a clearinghouse which was a great repository in early 2000's/late 90's;**
   - **Best to offer at no cost**
   - **Culturally and linguistically appropriate services CLAS necessary, esp for underserved population**
   - **Too many places to go to find information; need to consolidate**
   - **Need to also be mindful of including BIPOC**
   - **Requirement for CEUs that's more integrated content be collected or survey along with renewal to capture active professional's input**
   - **Broadest community needs to know about and be involved in this CoP; everyone's help in getting word out will be essential**
   - **Include not only professionals, but also those with lived experience, stakeholders, etc.**
   - **Need to get word out to high school students**
   - **Also incorporate NADAC and DHS conference info**
   - **Resources from HRSA and SAMHSA**

3) **Understand evidence-based practices, best practices, and promising approaches to address substance use disorder**
Presentations? Or just informal sharing, or both?
Feedback shared from participants:

- Would we invite researchers to share findings that could help identify issues? Or show results on promising or emerging best practices?

New feedback shared by participants:

- **Any emerging study; best practice could be helpful**
- **Unique models used in the area that is working well; great to get someone to share**
- **Members could keep ears open for models, reach out to SAMHSA, NAMI, would know what is up and coming, what is being done**
- **NAMI could great resource for best practice**
- **NADAC, ASAM, Hazelden (sometimes send publications with best practices)**
- **Reach out to educational institutions that provide education for LADCs**
- **DHS has contacts through Metro State, Century College, UMN (many have integrated degrees)**
- **Could be both formal and informal to share**
- **There might be some providers who are doing good things; concern is some follow what they believe to be best practice; whatever they present must be peer reviewed.**
- **Look at best practices for different communities: e.g. folks with SUD who are incarcerated/recently released from jail, or different cultural groups**

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**
   Does this group have clout to develop/implement strategic plans? What is the scope of this group?

New feedback shared by participants:

- **As a CoP, how would we develop these plans?**
- **Uncertain as to how strategic plans would move forward to those not participating. Could develop plans to be used by the people who are here. Not sure how to translate to larger population.**
- **What is the scope of this group? What do you want it to look like?**
- **Want to be part of something that is being helpful outside of the group. Right now, average of 30 participants. Hard to think about strategic change that could be made MN-wide. Could become more impactful as we get momentum.**
- **What makes it a strategic plan vs good idea? –Strategic plan is outlined, a planning document to identify purpose, and incudes the steps you are going to take. It is more formalized.**
- **Something that could potentially develop might be trainings for the broader SUD community. There is some uncertainty around some practices; larger, free CEU**

trainings might be something that could be attended. Lure into good training. Community trainings on evidence-based practices for different cultural groups.

- **Identify things we see as so impactful they are worth developing a more formal plan.**
- **A beneficial thing would be CEU; in engaging people providing free CEUs**

5) **Increase knowledge about the challenges and opportunities learned by implementing strategies**
Who will we need to work with/influence to develop and implement strategic plans?

Feedback shared from participants:

- Doing SUD navigation while transferring to direct access
- Seems to me that we will need to start with objectives 1 – 3 to develop a strategic plan, and 5/6 will naturally follow
- Looking at gaps, we might need to define categories to be able to organize, (maybe vendor will help create this). Eventually develop strategic plans within or across categories.

New feedback shared by participants:

- **This question builds off first 3 objectives; would naturally follow along with 6. Want to use gaps as basis to mindfully increase – potentially initially change.**
- **Who needs to be included will depend on area of focus- if it is changing shape of how DHS navigates, then legislature.**
- **If more about providers getting in alignment on best practices, or navigation to direct access, help providers navigate that change- that is more community and provider side. Get larger providers on board and interested. MCOs too.**

6) **Develop capacity for community advocacy**
How does a CoP do this? Who do we partner with/support?

Feedback shared from participants:

- RCOs (recovery community organizations) community outreach programs already established; already doing work in communities to provide treatment coordination, care support services. There are 17 RCOs throughout the state. Non-profit RCOs are severely underfunded and many live or die by grant cycles.
- Examples of RCOs in MN
    - MN Recovery Connections in Anoka County
    - Beyond the Brink
    - Recovery is Happening Bold North
    - Rummler Foundation

New feedback shared by participants:

- **Ensuring every RCO is aware of the SUD CoP by reaching out to each organization via email**

- **Great focus on (6) on recovery. Important people doing advocacy and state and local level (NADAC has pulse on federal $ and MARRCH at state level). Keep them tuned in.**

Other comments:

- **Great comment on focus on peer recovery groups; it's important that state/federal advocacy people connect with NADAC and MARRCH; MARRCH has finger on pulse regarding grant dollars**

"TO DO" List

Facilitators: Neerja Singh & Regina Acevedo

Prior to launching the SUD CoP, what needs to be accomplished?

- ✓ Yes or no vote on shared meeting practices
- ✓ Agree on a mission statement and shared values if there is consensus to establish either or both
- ✓ Finalize SUD CoP Roadmap which will determine how we define objectives and action steps that need to be taken
- ✓ Is there anything else that needs to be accomplished prior to launching the SUD CoP and if so, how do we accomplish it?

Closing Remarks

New participants**-** Please enter your email address in the chat box to receive information regarding the SUD CoP.

SUD CoP webpage**-** https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/alcohol-drug-other-addictions/sud-cop/

Meetings are 2nd Wednesday of the month from 9:00 – 10:30am for regularity and may not take the full time.

September 14, 2022
October 12, 2022
November 9, 2022

Thank you for joining the July SUD CoP planning session! Please spread the word!