mn DEPARTMENT OF HUMAN SERVICES

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

DATE: **June 1, 2022**

Representation

The **Participant Breakdown by Category** table below reflects 20 participant categories. Non- DHS facilitators (2) and the interpreter (1) are represented in the total number of participants (23) and not included in the representation table below. **Note**: Due to technical difficulties, participants shared their identities via chat and no polling was done to capture multiple representation.

Total # of participants: 22

Total # of participant categories reflected in table below: 19

Participant Breakdown by Category

Participant Category	Percentage of Representation
Researcher or member of the academic community	0%
SUD treatment provider	26.4%
Recovery community organization	5.2%
Department of Human Services	26.4%
Department of Health	5.2%
Department of Correction	0%
County social services agency	5.2%
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	26.4%
Other-drug court	5.2%
Unknown-no response	0%

MEETING SUMMARY

Welcome and brief recap introduction

Facilitators: Regina Acevedo & Neerja Singh

- Introduction of Neerja Singh, Behavioral Health Clinical Director and Community Supports Administration Interim Director

Today's agenda

- Meeting practice guidelines and expectations - draft
- Deliverables
- Roadmap
- Feedback and participation will help design this community and field innovations

Representation

Polling function was not available today. Instead, representation was captured via chat.

Meeting Practice Guidelines

Facilitator: Regina Acevedo

Feedback shared from participants:

- **Do we need a measurable mission statement? This would help us with showing progress from this group on objectives.**
- **Measurable items go into strategic plans. Mission, vision and values are usually "big picture."**
- **The CoP should not be another group that collects data, has meetings, but no actions as a result of the meetings.**
- **If this is SUD CoP trying to break down silos of excellence I am wondering about feedback/involvement from DOC or the V.A. [Response from Regina- Absolutely! This is why we want to be sure we have appropriate representation with government agencies, community partners, etc. We will be tracking this.]**
- **Would you clarify if those in this group will be excluded from the RFP opportunity? [Response from Regina- no one will be excluded from the RFP]**
- **How will our objectives tie in with new legislation? Most specifically, funding for greater MN?**

SUD CoP webpage shared

- Webpage will hold all resources and information for this group on this link: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/alcohol-drug-other-addictions/sud-cop/

Contract Vendor Deliverables

Facilitator: Regina Acevedo

Purpose

Request for Proposal (RFP) for a grantee to support the state in the development of the SUD CoP.

A. RFP Deliverables
1) Facilitate SUD Community of Practice meetings including the following tasks:
    a. Attend pre-meeting strategy and planning sessions with identified DHS staff
    b. Create meeting agendas
    c. Take meeting notes to create an analysis of each meeting and furnish both meeting notes and analysis to DHS. Note-taking to start December 2022 once current contract with Alliant ends November 2022.
    d. Provide full tech support including, but not limited to sharing polling questions and results during meetings, addressing noise disruptions, etc.

2) Recruit consumers and family members who have used SUD treatment services to highlight the voices and experiences of people who are black, indigenous, people of color, and people from other communities that are disproportionately impacted by substance use disorders and co-occurring disorders. Co-occurring disorders are not limited to mental health disorders. In addition, recruit external participants (excluding government agencies) where representation is low or missing.

3) Identify challenges faced in implementing American Society of Addiction Medicine (ASAM) criteria on both a national and state level with a focus on the following and the role these factors play in providing a higher quality of care when provided in combination with SUD treatment services:
    a. Support services (supported employment, housing, life-skills, trauma-informed care)
    b. Integrated care (receiving other needed health or behavioral health services with SUD treatment)
    c. Culturally-specific models (addressing barriers to care due to culture)

    d. Person-centered care (focusing on the elements of care, support and treatment that matter most to the patient, their family and their caregivers)
    e. Any additional challenges implementing ASAM criteria

4) Develop reports with recommendations/outcomes including but not limited to the following topics addressed after community of practice meetings:
    a. Gaps in substance use disorder treatment services;
    b. Collective knowledge of issues related to substance use disorder;
    c. Evidence-based practices, best practices, and promising approaches to address substance use disorder;
    d. Strategic plans to improve outcomes for individuals who participate in substance use disorder treatment and related services in Minnesota;
    e. Challenges and opportunities learned by implementing strategies; and
    f. Capacity for community advocacy.

The ideal Responder will have the following qualifications:

- Experience or knowledge of community-based research
- Experience with or knowledge of profit and non-profit organizations
- Experience working with or knowledge of diverse communities and the unique cultural makeup of these communities
- Experience with or knowledge of outreach to communities to help with prevention
- Understanding of Native American culture and traditions
- Understanding of Minnesota's rural community and ability to reach rural areas across the state
- Ability to bring people together and manage a large group with potentially different views. Ideally vendor will be at least somewhat knowledgeable of the SUD field and current research or can quickly learn.

Additional considerations for contract vendor deliverables shared during the meeting:

- **Comment on including disability population familiarity**
- **Also want vendor with strong knowledge of SUD**
- **Recommend language access services to non-English speaking populations**
- **Recommend familiarity with co-occurring issues as this is a likely occurrence in SUD community**
- **Knowledge of behavioral health system**
- **A vendor who has access to information from other states in order to research what others are doing to solve barriers in this field**

SUD CoP Roadmap

Facilitators: Neerja Singh & Regina Acevedo

Discussion on how meeting objectives will be accomplished

Neerja & Regina-
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.

The SUD CoP must address the following:
1) 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*
   Feedback shared from participants:
   - **Workforce issues have yet to be addressed**

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.**

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?**

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?
No feedback shared.

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.**

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**

Closing Remarks

Facilitators: Neerja Singh & Regina Acevedo

Questions to consider for July's planning session-

How will we know we are ready to launch the CoP?

- Once contract vendor is on board?
- What decisions need to be made about meeting purpose and process?
- What decisions need to be made for meeting practices?

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

July 13, 2022
August 10, 2022
September 14, 2022
October 12, 2022
November 9, 2022

Please spread the word!