



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

December 17, 2025

9:30 a.m. – 11:00 a.m.

Virtual

Meeting Summary

Background

On December 17, 2025, the Minnesota Substance Use Disorder (SUD) Community of Practice (CoP) convened virtually. The meeting continued building the CoP's foundations for 2026, including Leadership Committee introductions, a shared vision and community agreements, and a proposed topic for the first quarter of 2026.

Attendance

Approximately 151 participants joined the meeting (per Zoom attendance report).

Objectives

- Continue connecting CoP participants and welcoming new voices.
- Introducing the Leadership Committee and clarifying the Committee's role in shaping the CoP.
- Share CoP vision and community agreements.
- Introduce the first quarter topic and collect input on 2026 topic priorities.
- Capture themes and recommendations through GroupMap and report-backs.

Facilitators noted that the CoP is moving from early foundational work into a phase of deeper learning and practical problem-solving.

Welcome and Opening (Paul Shanafelt, SDK Strategic Services)

Paul welcomed participants, acknowledging first time and returning attendees, and revisited the purpose of the CoP. He then provided an overview of eligibility requirements for stipend requests for meeting participants with lived/living SUD experience.

Icebreaker

The meeting followed with an icebreaker prompt: “Tell a short story about a time when connection, support, or collaboration made a difference in your work or recovery. What does it say about what we need more of in the SUD system?”

Leadership Committee Introductions

The initial Leadership Committee cohort was introduced, consisting of 16 individuals representing statute-mandated participation groups of the SUD continuum in Minnesota. The Leadership Committee is charged with shaping content and direction for the CoP.

CoP Leadership Committee

- Alex Blonigen – Anoka County
- Katie Blue – Recovery Community Network
- Farhia Budul – Niyyah Recovery
- Zhawin Gonzalez – Minnesota Indian Women’s Resource Center
- Megan Harms – Woodland Centers
- Jessica Hart – Heritage Treatment
- Nicole Helmberger – Hennepin Health
- Julie Hooker – Parity Wellness
- Yussuf Shafie – Alliance Wellness Center

Agency Representatives

- Andrea Suker (SUD CoP Project Manager) – Department of Human Services
- Amy Anderson – Department of Human Services
- Hannah Burton – Department of Children, Youth, and Families
- Kari Gloppen – Department of Health
- Naomi Ochsendorf – Department of Human Services (DCT)
- Lauren Webber – Department of Corrections
- Brian Zirbes – MARRCH

Those in attendance who gave brief introductions included:

Alex Blonigen
Megan Harms
Jessica Hart
Andrea Suker
Amy Anderson
Hannah Burton

Nicole Helmberger
Brian Zirbes

SUD Community Agreements & Vision – Stephanie Devitt, SDK Strategic Services

Stephanie emphasized that the CoP's early meetings are focused on building the "foundations" for 2026, particularly a shared North Star (vision) and a clear container (community agreements) for how the group works together. She reviewed the draft vision - *the SUD CoP improves care for clients and professionals by creating connections that shape an effective system* - and noted that the CoP's intent is grounded not only in recovery, but in broader health, well-being, and people living healthy, connected lives as a result of stronger systems. She then introduced the draft community agreements as practical guideposts for participation, highlighting commitments to begin with care, lean into complexity, respect confidentiality so people can share openly and safely, and uphold shared accountability to recognize that everyone matters and that each person has responsibility for how they show up in service of the CoP's purpose.

Draft Vision:

C.o.P. for Substance Use Disorder improves care for clients and professionals by creating connections that shape an effective system to help people served achieve lasting recovery, health and wellbeing.

Draft Community Agreements:

1. Our Work Begins with Care.
2. Lean into complexity.
3. Respect Confidentiality.
4. Everyone is accountable. Everyone matters.

Participant voices:

"Ways to rebuild trust between systems and with state agencies."

"Break down silos between different services."

Quarterly Topics Approach – Stephanie Devitt, SDK Strategic Services

Stephanie noted that as part of the SDK relaunch of the Community of Practice, there will be quarterly hybrid meetings to provide opportunity for site visits, and in-person connection. Additionally, there will be focused topic areas for each quarter, which will provide opportunities for traction and impact. Ideas for Q1 2026 topics were shared with the Leadership Committee on December 10, 2025, and their feedback was that a baseline understanding

of, and experience within, the SUD ecosystem would be the preferred topic to start 2026.

Topics Poll - 2026 priorities

Participants were asked to select their top three topics from a menu of potential 2026 priorities. There were 40 participants in the poll. The live poll share-out indicated that top-ranked topics included:

- Co-Occurring Disorders + Care Coordination
- Justice-Involved Continuum + Reentry
- SUD Workforce and Burnout and Harm Reduction were nearly identical in ranking.

Other options on the poll included ASAM + person-centered care, pregnancy/children/families, and change management.

Breakout Discussions

Participants broke into small groups (~5–7 people) and used GroupMap to capture discussion notes. Groups responded to two prompts:

1. What is one thing you want the SUD CoP Leadership Committee to know as we shape the CoP?
2. What topics did you prioritize for 2026? What approaches or conversations do you hope the CoP can lend to this topic?

With the help of co-facilitators, groups captured key points in GroupMap. Themes that surfaced across groups included:

- **Action, follow-through, and shared decision-making:**

Overall, participants voiced urgency for the CoP to provide visible follow-through and shared ownership, so input clearly informs decisions and leads to change.

“Don’t just listen and then pat stakeholders on the head for participating.”

“Actual follow up by DHS — that some of our ideas and suggestions go somewhere.”

“Don’t want this to be another ‘work group’ where nothing gets done.”

“Build on the lived experience we have in this group and leverage it to create change.”

- **Coordination across efforts and systems:**

Participants emphasized alignment by having the CoP connect with existing workgroups to improve access to shared resources, training, and opportunities to collaborate.

“Coordinate different efforts (work groups) so we are working together — especially as we head into Legislative Session.”

“System/statute changes that benefit both providers and clients — easier access to care, centralized information, centralized training options.”

“We want to leverage the connections and working groups.”

“Continue to pull partners in and collaborate.”

- **Harm reduction clarity, consistency, and education:**

Groups highlighted a need to reduce ambiguity within harm reduction by developing shared definitions and broad community education.

“Harm reduction — ton of community education needed.”

“Harm reduction — lots of regulatory ambiguity.”

“We need everyone working off the same book, not interpreting harm reduction differently.”

- **Justice-involved continuum and reentry support:**

Participants stressed that addiction is still too often criminalized and that stronger resources and supports are needed for reentry and continuity of care.

“Justice-involved individuals — need more resources in counties.”

“Our (small group discussion) focus was on the justice system...and criminalizing addiction.”

- **Workforce support, credentials, and burnout:**

There was concern about workforce sustainability, as participants desired for stronger training, credential clarity, and strategies to address burnout.

“Engaging universities — making sure folks have the correct credentials to be doing the work.”

“We can’t continue to keep asking staff and programs to do more with less.”

- **Transparency and funding concerns:**

Frustrations and skepticism around funding was conveyed, as participants called for greater transparency, consistent standards, and accountability tied to outcomes.

“Money flow. Transparency to money flow.”

“Opioid money — very little spent on prevention and families. Don’t feel it’s going where it should be.”

“More consistency among programs...accountability and ethics issues.”

“Listening to stakeholders and transparency from the state.”

- **A desire to learn from models that are working:**

Discussion highlighted a desire to learn from proven models (in Minnesota and elsewhere) and translate those lessons into concrete recommendations that can be adapted locally.

“Why aren’t we using working models like Veterans Treatment Court or lessons from places like Portugal?”

What’s Ahead (Paul Shanafelt, SDK Strategic Services)

- Next meeting: Wednesday, January 21, 2026 (12:00–1:30 p.m., virtual).
- 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