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| SUBSTANCE USE DISORDER CONTINUUM OF CARE |
| ***Point of Entry****Individual with SUD seeking (or mandated) SUD services and recovery supports* |
| ***Treatment Coordination****Individuals seeking treatment for SUD receive competent and timely assistance and support navigating the system and engaging in appropriate level of care treatment* |
| ***Peer Recovery Support****We have an independent, neutral peer recovery organization and active community that is immediately accessible and includes natural supports.*(Immediate Peer Recovery specialist; Recovery Alliance Duluth – Recovery Community Organization; Celebrate Recovery; Peer support specialist: one person support, transportation, link to recovery community; Training peer recovery specialists; AA/NA; Coordination of care and medication management; MPs to be more aware of MH/CD when prescribing; No waiting list; Child protection specific PR specialists) |
| **Prevention***Awareness, education and training occurs in schools and the community to prevent and destigmatize SUD.* | **Detox/Withdrawal Management***There is immediate availability and access to detox and withdrawal management services.* | **Assessment***Comprehensive assessments are universal and available same-day*  | **Treatment****In-patient, Outpatient****(CD & MI/CD)***There are many paths to recovery and individuals have choice and direct access (no wait) to culturally responsive and person-centered treatment options such as holistic approaches for people seeking treatment who also have mental health diagnoses, intellectual and developmental disabilities and/or gender specific needs.* | **Active Recovery** *Individuals have choice and access to multiple resources that support active recovery.* |
| * Parents are informed and educated in the community
* There is more mental health awareness in schools
* Schools are involved
* LADCs are doing education in the schools (explore REACH program)
 | * More beds
 | * Assessor goes to person to provide the assessment
* Universal comprehensive assessment
* Client walk-in/same day assessment
* Note – workforce shortage – need for LADCs and overall adequate workforce to move forward –
* Develop 24/7 (?) access to Rule 25/comprehensive assessments collaboratively
 | * More beds
* Immediate treatment placement beds
* More investment in adolescent treatment
* Longer outpatient services with monitoring and accountability
* MI/CD is available in northern MN so individuals can stay close to home
* Better coordination so MH and CD are on the same page
* Dual dx treatment
* Family programming
 | * Transitional care
* Outpatient treatment
* Individual therapy
* 12 step program
* Controlled living
* Peer recovery
* Housing
* Employment
* Transportation
* Well-being
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**Funding:** *Funding for treatment and active recovery needs is accessible; funds are based on individual needs and not dictated.*

* Direct reimbursement
* Higher rates for services
* Rates will allow for pay scales that are going to make jobs appealing
* Reimbursement will cover new positions

**County, State and Federal legislation lobbying and advocacy for:**

* Support for a general database of collateral info/past assessments so that tx centers and CLS can access to speed up and make assessments more accurate
* Ideally IDM coding would be gone because it effects to individuals access to community and medical services once in the community
* Treatment locator/availability website/
* County funding is available for individuals who are underinsured regardless of income
* Managed care plans have service contracts with service providers in all counties