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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 |

**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