

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	Detox/Withdrawal Management	Assessment	Treatment In-patient, Outpatient (CD & MI/CD)	Active Recovery
<i>Awareness, education and training occurs in schools and the community to prevent and destigmatize SUD.</i>	<i>There is immediate availability and access to detox and withdrawal management services.</i>	<i>Comprehensive assessments are universal and available same-day</i>	<i>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.</i>	<i>Individuals have choice and access to multiple resources that support active recovery.</i>
<ul style="list-style-type: none">• 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)	<ul style="list-style-type: none">• More beds	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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