PREVENTION FIRST
Leadership Center

WORKING ACROSS THE CONTINUUM OF CARE DRIVES SYSTEMS CHANGE

The opioid epidemic continues to challenge public health systems nationwide, demanding a comprehensive and integrated response.

Breaks Down Silos

Traditional systems (healthcare, justice, education, and behavioral health) were developed to focus on specific areas and operate in separate lanes. We now better understand that working across the continuum fosters collaboration, builds trust across sectors, and leads to integrated, person-centered systems that make disconnected services obsolete.

Impact Example: A community forms a cross-sector opioid response team, creating a shared referral system between EMS, treatment centers, and harm reduction providers.

Creates Seamless Pathways

People struggling with opioid use often encounter fragmented systems that require them to retell their story repeatedly, leading to them getting lost in hand-offs. Cross-continuum collaboration helps build smooth, coordinated pathways from prevention to treatment to recovery, improving outcomes, and saving lives.

Impact Example: EMS has the tools and resources to connect individuals after an overdose to a peer recovery coach who stays with the person through ED discharge, treatment admission, and recovery support. The peer recovery coach is an example of the bridge between the siloed services.

Shifts Systems Toward Prevention and Early Intervention

Systems typically focus on high acuity and epidemic response (after an overdose or arrest). Prevention professionals working across the continuum embed prevention in schools, healthcare, and re-entry services, so fewer crises happen in the first place.

Impact Example: Most adults with substance use disorders initiated substance use during adolescence or young adulthood. Source: National Institute on Drug Abuse (NIDA). (2024). Principles of adolescent substance use disorder treatment: A research-based guide.

Collaboration Improves Equity and Access

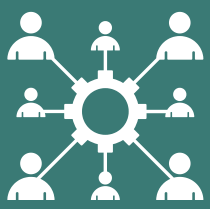
When sectors collaborate, they can use data to determine which populations need what types of services and to analyze where service gaps exist. With this perspective, we can design more effective access points for underserved populations (e.g., rural, BIPOC, and LGBTQ+ communities) and better utilize existing resources. Collaboration encourages culturally responsive, inclusive system designs.

Impact Example: A prevention coalition partners with Indigenous community leaders to develop culturally grounded opioid prevention and recovery programs that foster community engagement and participation, leading to better outcomes.

Collaboration Builds a Culture of Shared Accountability

Systems that are resourced, supported, and funded to work interactively learn to be proactive and problem-solving oriented. These systems share responsibility for outcomes, such as reduced overdose rates, increased treatment engagement, and improved recovery support.

Impact Example: Grant funding requirements are shifting to support cross-sector partnerships and collective reporting on community health indicators, rather than focusing solely on individual program outputs. System change occurs when collaboration is taught, supported, and managed to evolve into the norm.



Planning, funding, and integrating across the continuum leads to better coordination, earlier interventions, greater equity, seamless care, and a new culture in which prevention, treatment, recovery, harm reduction, and epidemic response are connected and accountable.

Source: This fact sheet is informed by national research, federal guidance, and evidence-based frameworks from leading organizations, including the Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, National Institute on Drug Abuse, National Academy of Sciences, Engineering, and Medicine, Office of National Drug Control Policy, Health Resources and Services Administration, and the Illinois Department of Human Services Division of Substance Use Prevention and Recovery

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