

Community-Based Linkage to Care Navigator Toolkit

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Introduction and Rationale

This Navigator Toolkit was designed for individuals beginning a Community-Based Linkage to Care Navigator role in Minnesota with support from the Minnesota Department of Health (MDH) Overdose Prevention Unit and funding through the Overdose Data to Action in States program (OD2A-S).

The Navigator Toolkit is developed to equip harm reduction, emergency department, and community-based navigators with the essential knowledge, skills, and resources necessary to connect persons who use drugs to the care of their choice. Navigators play a critical role in bridging gaps in harm reduction, treatment, and care, particularly for populations facing barriers such as financial hardship, social vulnerability, stigma, structural racism, and other systemic inequities which can put persons at risk for overdose.

This toolkit provides structured guidance on best practices in patient/client engagement, resource coordination, and advocacy. By standardizing training and providing evidence-based strategies, the toolkit enhances the consistency and quality of navigator-led interventions. It also promotes a person-centered approach, ensuring that navigators can address the diverse needs of the communities they serve with cultural competence and sensitivity.

Navigators will meet people where they are, identify and collaborate with community resources, enable connection to medications for opioid use disorder (MOUD), improve accessibility to recovery support services, provide access to harm reduction services, and increase access to community-support services. By investing in the training and empowerment of navigators, this toolkit strengthens overdose prevention efforts. This ensures navigators are well-prepared to guide persons who use drugs through complex healthcare and social services systems, improve access, and reduce disparities.

Section 1: Scope of the Problem

1.1 The Overdose Crisis

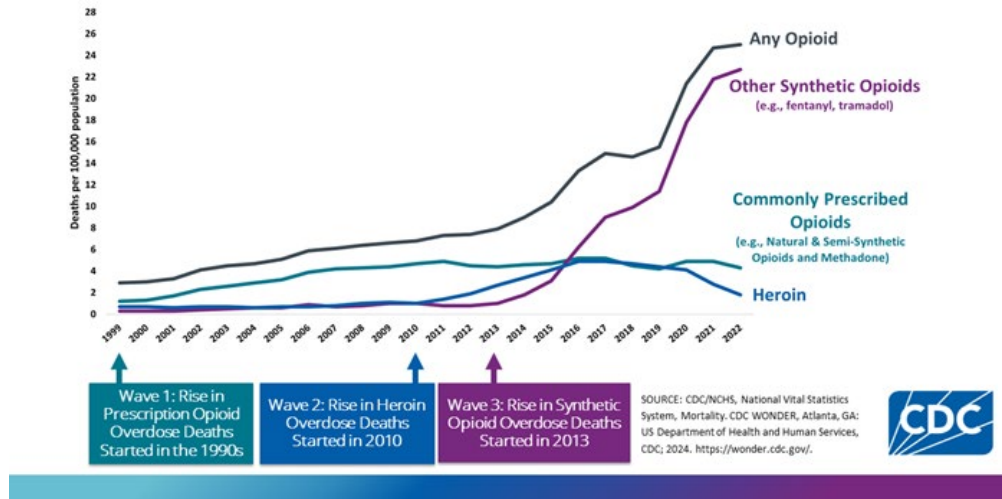
The rise in opioid overdose deaths had three waves. The first wave began with a dramatic increase in the exposure of the US population to opioids beginning in the 1990s. This was largely due to the prescribing of Norco, Vicodin, OxyContin, and other opioid pain relievers, which was driven by misleading marketing as well as profiteering of affiliated health care industries, including pharmacies, distributors, hospitals, and doctors.

The second wave of the epidemic started in 2010 as many with opioid dependency began using illicit heroin. Tragically, this wave was precipitated by efforts to reign in opioid prescribing that resulted in many patients who had been encouraged to start opioids by the health care industry being abruptly cut off without access to treatment for opioid use disorder (OUD).

Most recently, the evolution of illicit drug distribution and drug policy has resulted in decreased availability of heroin and increased availability of synthetic fentanyl, producing the third wave of the epidemic. Because of its potency, fentanyl results in greater dependency so that once fentanyl use begins, heroin may not even relieve withdrawal symptoms thereby “trapping”

people into fentanyl use. Fentanyl is a white powder, and it is extremely difficult to gauge how strong any given sample is, making accidental overdose much more likely than with heroin.

Figure 1. Three Waves of Opioid Overdose Deaths (CDC)



CDC Overdose Prevention:

<https://www.cdc.gov/overdose-prevention/about/understanding-the-opioid-overdose-epidemic.html>

While overdose rates have largely increased across the entire population since 1999, specific racial groups are being impacted disproportionately. Drug overdose is a leading cause of injury death in the United States with nearly 108,000 deaths in 2022, that’s equal to 296 deaths each day. Nationally, drug overdoses dramatically increased over the last two decades, with deaths increasing approximately 540% between 1999 and 2022. From 2021 to 2022, overdose death rates (number of overdose deaths per 100,00) increased by 15% among non-Hispanic American Indian and Alaska Native people, 7% for non-Hispanic Black people, and 3% for non-Hispanic White people, identifying a troubling and widening disparity among different populations.

According to the CDC SUDORS Data:

- Overdose is the leading cause of injury-related deaths in the U.S.
- In 2024, there were 53,336 overdose deaths and roughly 68% had at least one opportunity for intervention such as linking the person to care before the fatal overdose or to implement life-saving actions when the fatal overdose occurred.
 - Of the nearly 68% of overdose deaths, 44% had a bystander present, 31% had evidence of a mental health diagnosis, and roughly 13% had a prior overdose.
- In 2024, around 73% of deaths involved at least one opioid (mostly illegally made fentanyl) and around 65% involved at least one stimulant (mostly methamphetamine).
- In 2024, of people who died from drug overdose 70% were male, roughly 26% were ages 35-44, with the highest overdose death rates were among American Indian (AI) and Alaskan Natives (AN) at 53% and African Americans (AA) at nearly 41%.

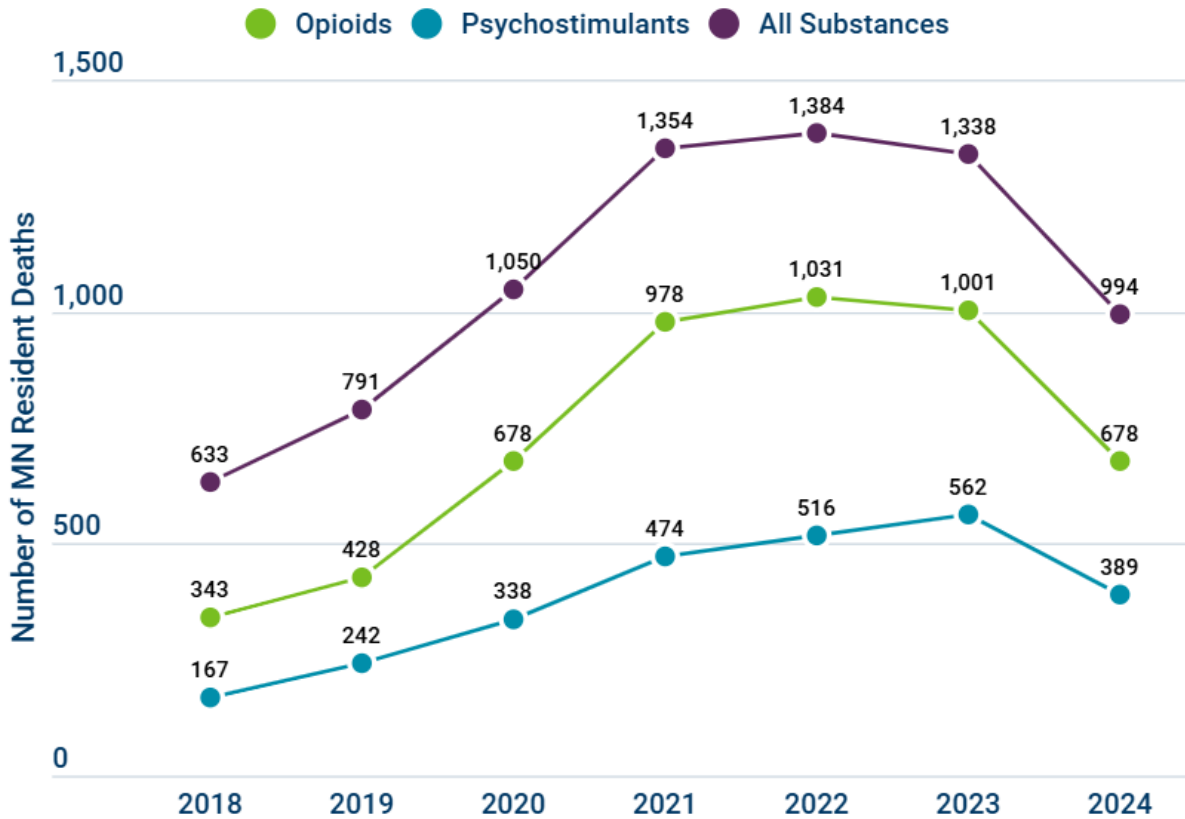
According to the Drug Abuse Warning Network from [SAMHSA Drug Abuse Warning Network \(DAWN\)](#):

- In 2023, there were roughly 7,590,202 drug-related emergency department (ED) visits in the U.S., accounting for roughly 2,266 per 100,000 individuals, an increase of 5.8% from 2022.
- In 2023, drug-related ED visits were highest among those ages 26-44. However, for cannabis the rates were comparable to individuals ages 18 to 25 years, and for alcohol and benzodiazepines, the rates were comparable to individuals ages 45 to 64.
- In the U.S., alcohol (41%), cannabis (11.8%), opioids (11.6%), methamphetamines (7.2%), cocaine (4.7%), benzodiazepines (2.5) were the top substances related to ED visits, along with polysubstance-related ED visits accounting for 21.6% in 2023.

1.2 Overdose in Minnesota

Drug overdose continues to affect the lives of many Minnesotans. Data collected across Minnesota includes all overdose deaths and nonfatal overdoses treated in hospitals. In 2023, preliminary data showed that Minnesota saw its first year of lower numbers of overall overdose deaths since 2018. This included a decrease in opioid-involved categories (down 8%), synthetic opioid category (down 6%) and lower non-opioid involved categories such as benzodiazepine (down 23%), while methamphetamine (up 4%) and cocaine (up 11%) continue to see an increase in overdose deaths. This decline in overdose deaths continued in 2024 with decreases across all opioid categories. However, for every one overdose death in 2024, there were nearly 15 nonfatal overdoses treated in Minnesota hospitals. The hospital data reflects only those overdoses that were treated in emergency departments or inpatient care facilities and do not include those treated by EMS without transport or those treated within the community with naloxone. In Minnesota in 2024, overdose deaths decreased by 26%, dropping from 1338 to 994 statewide, with the largest decrease of 31% seen in the Greater Minnesota counties. Metro counties also saw a decrease of 23% in overdose deaths. Additional Drug and Overdose Data Resources in [Appendix G](#).

Figure 2. Overdose deaths decreased in Minnesota by 26% in 2024.

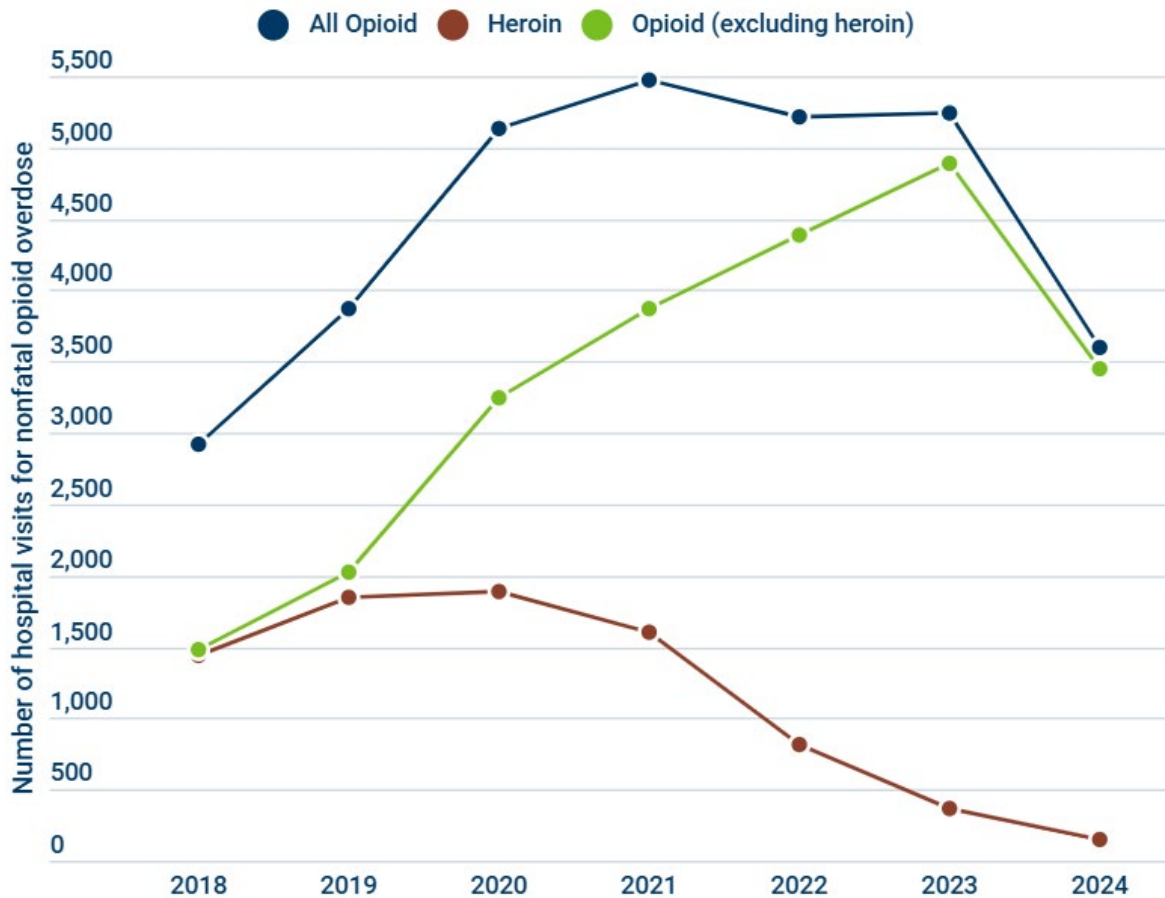


Source: Minnesota Department of Health, Minnesota death certificates.
 These drug classifications are non-exclusive, as most cases involve multiple substances.

According to the [2024 Minnesota Statewide Trends in Drug Overdose Report \(PDF\)](#):

- In 2024, Minnesota had a 26% decrease in drug overdose deaths statewide with the largest decrease of 31% seen in Greater Minnesota counties.
- The number of nonfatal overdoses decreased by 19% from 2023 to 2024.
- In 2024, for every one overdose death, there were nearly 15 nonfatal overdoses treated in Minnesota hospitals.
- The number of nonfatal overdoses involving at least one opioid decreased 31%, the lowest level since 2018, and involving synthetic opioids, including fentanyl decreased by 11%.
- A majority of nonfatal overdoses (64%) were unintentional (i.e. accidental) or had undetermined intent, and from 2023-2024 hospital-related nonfatal overdoses decreased across drug categories, with opioid overdoses reaching their lowest levels since 2018.
- In 2024, Minnesotans aged 25 to 34 had the greatest number of nonfatal hospital visits for opioid-involved overdose, and males (64.5%) were twice as likely to have a nonfatal overdose ED visit than females (35.5%) respectively.

Figure 3. Nonfatal opioid overdoses treated in Minnesota hospitals declined substantially in 2024.



Source: Minnesota Department of Health, Minnesota hospital discharge data.

1.3 Advancing Health Equity

Minnesota is often recognized as one of the healthiest states, but health outcomes and access to resources are not equitably distributed across communities. Minnesota is working to address health inequalities as part of a broad spectrum of public investments in housing, education, economic opportunity, and other conditions for health. It is MDH’s vision for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy: [MDH Health Equity \(http://www.health.state.mn.us/communities/equity\)](http://www.health.state.mn.us/communities/equity).

Achieving health equity means creating the conditions in which all people can attain their highest possible level of health. As a navigator, you can advance health equity by actively addressing barriers to care, providing culturally appropriate and compassionate support, and advocating for persons who use drugs in navigating complex treatment, care, and resource systems. As a navigator, you will connect individuals or families to the resources most appropriate for each client’s individual needs. Additional information about providing equitable service can be found in **section 4.4 Advocacy and Outreach** below.

Section 2: Getting Started



You are beginning a critically important position that may be one of the most challenging and rewarding of your life. You may be the most important advocate for clients with substance use disorders (SUDs), helping to identify gaps, increase access to needed resources/services, and support the development of effective, high-quality systems of care.

In this section, you will learn more about the navigator role and how to integrate yourself into the community. Keep in mind that navigation is new to many communities, so be prepared to be patient and flexible.

2.1 What is a Navigator?

A navigator helps people with SUD avoid the harms of substance use and engage in care options that work for them. Navigators have many titles, such as behavioral health navigator, peer navigator, linkage to care navigator, or MOUD navigator, to name a few. This toolkit will use the term “navigator” inclusively. You may have a different title, and you may also have other responsibilities, such as a social worker or counselor, but if you’re helping people who use drugs access treatment or harm reduction services, this toolkit is for you!

Your work as a navigator can have a positive impact on individuals who you interact with. A navigator helps to connect individuals who use drugs to the treatment or harm reduction services of their choice. Navigators conduct outreach and identification of clients, perform initial brief assessments, introduce clients to SUD programs and services, facilitate appointment referrals, serve as a resource and coach for their clients, and may advocate for culture change

in their community. They also assist with access to other services, such as mental health services, primary care, social services, residential treatment facilities, and basic need assistance.

The job of a navigator will look different in every setting but generally includes:



Connection to Community and Care:

Link clients to care through active support and follow up by facilitating referrals to treatment, addressing barriers to care, and serving as a resource for clients and clinicians. Reach out to and connect with community organizations and people who use drugs to increase access to care.



Supporting Retention in Care and Advancing Harm Reduction:

Create a welcoming culture in the community that does not stigmatize substance use and SUD treatment. Promote lived experience, harm reduction, and trauma-informed practices. Address racial disparities in access to care by promoting culturally appropriate community SUD resources. Build trust and lead with respect. You will model respectful interactions with people who use drugs and provide education to others on why using stigma-free language is a harm reduction practice that shows humility, compassion, and empathy and allows people who use drugs to feel empowered.



Building Recovery Capital:

Support clients in stabilizing substance use behavioral changes by providing ongoing support, assessment, and monitoring following primary treatment for SUD. Provide motivational counseling and develop action plans for coping with high-risk situations and triggers for substance use, helping clients practice and use new coping skills.

You may be hired as a navigator before anyone fully knows exactly how your position works. Below we provide a list of job duties to help others understand the role of a navigator.

2.2 Sample Job Duties

Client Identification

- Assist with identification of clients with SUD or co-occurring mental health disorders in the community.
- Establish positive relationships with clients struggling with drug use or co-occurring mental health disorders.
- Make navigator contact information available to clients, providers, and community members

- Advocate for a culture of low-barrier access to services that includes signage or materials inviting clients to seek help for SUD in prominent areas of the community.

Client Engagement in Treatment and Harm Reduction

- Facilitate initiation of SUD treatment with providers, if requested by client.
- Use motivational interviewing techniques to communicate with clients in a respectful, culturally appropriate, nonjudgmental manner.
- Maintain up-to-date information about the effects of various substances, withdrawal symptoms, and treatment options to effectively educate clients.
- Promote harm reduction strategies based on clients' goals, preferences, and life circumstances.
- Engage clients with co-occurring mental health disorders and help them access treatment.

Follow-up Care Navigation

- Provide support for ongoing treatment and address access barriers by assisting with transportation or providing cell phones and other supports as determined by client needs and community resources.
- Establish a relationship with clients and communicate regularly to help navigate obstacles to follow-up services and provide encouragement.
- Provide client referrals to other services, such as mental health services, shelter, primary care, social services, and residential treatment facilities.

Documentation

- Enter client encounter data into a data collection system, as determined by community organization protocols.
- If required for program reporting, aggregate monthly or quarterly counts of targeted metrics (e.g., number of clients encountered, number of referrals to care).

Culture Change

- Advocate for a harm reduction approach to clients who use drugs to reinforce evidence-based, nonjudgmental approaches so that people who use drugs get the same care as those who do not.
- Practice cultural humility as an active and ongoing process of learning, honoring, and relating respectfully to people from all cultures.
- Promote the use of stigma-reducing language when talking about people who use drugs. For examples, please refer to [Table 1. Stigma-Reducing Language](#).

Community Outreach

- Develop connections with a comprehensive array of community service providers and organizations to address the needs of people with SUD or co-occurring mental health disorders.
- Conduct outreach and build trust in settings where people are at high risk of SUD, such as jails, syringe services programs, homeless shelters, and SUD treatment programs.
- Be mindful of cultural and language differences and be respectful of cultural practices when connecting with community.

Qualifications

- Nonjudgmental, energetic, positive, harm-reduction approach to assisting clients.
- Interest/proficiency in working with individuals recently released from incarceration, homeless individuals, and other marginalized populations.
- Understanding of SUD as a treatable, medical condition.
- Understanding that abstinence-based behavioral programs that discourage alternate SUD treatment services are not evidence-based.
- Ability to communicate with clients clearly, respectfully, and in a culturally appropriate manner.
- Ability to communicate in languages spoken in the local community is a plus.
- Ideally having connections to, and reflecting the diversity of, the local community.
- Respect for confidentiality and privacy.
- There is no specific degree, certification, or training requirement.

2.3 Things Navigators Should Not Do

- Navigators should not provide services while under the influence of any amount of alcohol or illicit drugs (excluding lawfully prescribed or over the counter medications used as directed).
- Navigators should not provide services beyond the scope of their training.
- Navigators should not discriminate against any client or community member.
- Navigators should not engage in social or business relationships with clients, their family members, or others significant to them for personal gain.
- Navigators should not engage in sexual conduct with current clients, their family members, or others significant to them.
- Navigators should not verbally, physically, or sexually harass, threaten, or abuse any client, their family members, or others significant to them.

2.4 Integrating into the Community

Starting a job as a navigator will be rewarding and challenging. You may be new to your position, and your position may be new to the organization or community you are serving. As a

navigator you will encounter individuals from many different communities. It is important to practice cultural humility. Culture is inclusive of race, ethnicity, religion, sexual orientation, country of origin, and much more. To practice cultural humility, one must be open and self-aware and engage in critical self-reflection while interacting with people from diverse cultures. Engaging in cultural humility is helpful in reducing any misplaced power imbalance, increasing client trust, strengthening the partnership between navigator and client, and supporting the connection to community. Additional information on cultural humility can be found in the [Increasing Equity in Pain Management, Substance Use Disorder Treatment, and Linkage to Care Resource Guide](https://user-sjcg3ho.cld.bz/Increasing-Equity-in-Pain-Management-Substance-Use-Disorder-Treatment-and-Linkages-to-CARE) (<https://user-sjcg3ho.cld.bz/Increasing-Equity-in-Pain-Management-Substance-Use-Disorder-Treatment-and-Linkages-to-CARE>).

- **Be patient.** You want to approach your role by listening to understand and approaching conversations with curiosity and humility. The community will get to know you and will realize that you can make their jobs easier.
- **Be adaptable.** Offering client navigation may be a change for your organization or community, and change takes time. Give it time and make yourself visible, approachable, and readily available for clients.
- **Be confident.** Most people in the community know very little about the experience of clients with substance use disorder and will look to you. Have confidence in the value you are bringing to changing your community!

Tip: Becoming integrated in the community will take time. We recommend these three steps to get started:

Learn Your Way Around the Community

If you have not worked at the organization or within community before, one of your first steps should be to learn about key people and places.

Connect with Clinical and Community Champions

Successful referral pathways to SUD treatment programs and community resources rely on partnerships between navigators and one or more clinical champions in the community who spearhead the treatment of SUD.

Meet and Greet

Take the initiative to introduce yourself to others in the community. Explain your role and ask how you can help them. Visit page 5 of the [CA Bridge Substance Use Navigation Toolkit](https://bridgetotreatment.org/resource/substance-use-navigation-toolkit/) (<https://bridgetotreatment.org/resource/substance-use-navigation-toolkit/>) for examples of people to connect with.

2.5 Privacy and Confidentiality

Generally, all the information you get from a client is confidential and should not be shared unless you have a signed release of information from the client. Clients have the right to revoke

consent for sharing their information at any time. Check with your supervisor if you have any questions about what information you can access.

If you want to ask another navigator outside your organization for help, it is important that no unique identifiers are revealed. Unique identifiers can be anything, such as name, age, or medical condition. Please check with your organization for specifics.

HIPAA

Navigators need to follow Health Insurance Portability and Accountability Act (HIPAA) and other specific regulations regarding information sharing. HIPAA is a federal regulation that protects patient health information from being disclosed without the patient's consent or knowledge. Navigators working in hospitals or clinics may have access to private health information and must receive HIPAA training. Completing all organizational training requirements in a timely manner is essential and must be done prior to providing any patient care. Training and additional information will be provided by the organization and may vary. If you have not received training, ask your supervisor or human resources department if it is required for your role. Learn more on [Summary of the HIPAA Privacy Rule \(PDF\)](https://www.hhs.gov/sites/default/files/privacysummary.pdf) (<https://www.hhs.gov/sites/default/files/privacysummary.pdf>)

42 CFR Part 2

42 CFR Part 2 is a federal regulation that provides special protection of the information of people receiving treatment for SUD. More information about 42 CFR Part 2 is available through the Substance Abuse and Mental Health Services Administration (SAMHSA) Disclosure of Substance Use Disorder Patient Records (PDF) (<https://www.hhs.gov/sites/default/files/privacysummary.pdf>) and 42 CFR Part 2 Revised Rule.

Release of Medical Information

All hospitals require patients to sign a release of medical information (ROI) form before sharing records with outside agencies. In addition, a release must be signed for a patient to receive their own medical information. A signed release is important when referring patients to follow-up treatment and will avoid any privacy issues. Ask your organization about their specific process.

Duty to Report

You may face a situation where you are required to report a life-threatening condition. Clients may verbalize an intent to harm themselves or others. As a navigator, you must notify the client that you are required to report these instances.

Social Media

Navigators may often utilize social media to provide outreach in the community. It is important to know the specific policies of your organization as it relates to social media use. It is important that navigators avoid mentioning anything work related on any social media platform unless it

is approved for public information sharing and fits within your organization's policy for social media use. Navigators should never mention any client by name or other identifiable information on any social media platform.

2.6 Ethics and Professional Conduct

As a navigator, you may encounter ethical situations that are new to you. This may challenge your personal beliefs, attitudes, and decision-making. Navigating ethical dilemmas can be difficult, as it often involves upholding moral principles and doing what's right. When faced with such situations, it's important to first reach out to your supervisor, charge nurse, healthcare provider, or social worker for guidance. Rest assured that you have support in making ethical decisions. Many organizations have established guidelines and processes to assist staff in navigating these challenges, and some even have an ethics committee to help with complex moral dilemmas. Be sure to familiarize yourself with your organization's resources and policies.

Ethical Principles

Navigators should know the four generally accepted principles of ethics and use them to guide their work:

- **Autonomy:** Promote self-determination and freedom of choice.
- **Beneficence:** Take actions to promote good.
- **Nonmaleficence:** Take actions to avoid harm.
- **Justice:** Seek fairness and treat individuals with respect according to their differences.

Ethical Decision-Making

Dealing with ethical issues may be challenging. The following questions can help you address challenging or unclear situations:

- **Is there a law or organizational policy that determines how you must respond?**
 - **If YES**, you must follow that law or policy. This may lead to a course of action that feels uncomfortable (e.g., mandatory reporting) or unhelpful (e.g., refusing a client's request). However, laws and policies are there to protect you and your client and must be followed.
 - **If NO**, consider the bullet points below.
- **What is the problem/issue?**
 - First, define the problem/issue.
- **What is the ethical principle of concern?**
 - What implications do your choices have for autonomy, beneficence, nonmaleficence, and justice? Referring to these principles can help you analyze the situation, determine which principles might be violated, and determine a course of action.
- **Are there cultural issues or stereotypes that are affecting your, or the clients, behaviors or actions?**

- We live in a complex, multicultural society where both staff and clients bring many different assumptions and perspectives to the encounter. How might bias or discrimination affect how you are looking at the situation? What assumptions are the client making? Asking these questions may give insight into the best course of action.
- **What are your options?**
 - Having multiple solutions available may resolve the concern quickly and effectively. The last step in making an ethical decision is creating a plan of action. It should be the best solution with the fewest negative consequences. Finally, you should follow up with the client and support them regardless of the outcome.

Code Of Conduct

The code(s) of conduct that you must follow as a navigator will depend on the policies of your organization. They may also depend on what licenses or certifications you may hold that come with their own specific codes of conduct. [The Minnesota Code of Ethical Conduct \(PDF\) \(https://mn.gov/mmb-stat/policies/1445-codeofethicalconduct.pdf\)](https://mn.gov/mmb-stat/policies/1445-codeofethicalconduct.pdf), for example, describes the standards that state employees are expected to adhere to.

Navigators should:

- Comply with any codes of conduct developed by their employer or organization.
- Protect client or patient confidentiality in accordance with the law (e.g., HIPAA).
- Cooperate with complaint investigations and supply information requested unless such information disclosure would violate confidentiality protections.

Boundaries are a reliable tool used to protect you and your client. This work brings you close to people who are suffering and have many mental health, emotional, physical, and practical needs. Working with clients for an extended period or seeing the same clients repeatedly could lead to a certain level of familiarity. This is good for building a positive relationship between you and the client. However, the relationship should always remain professional. If a client asks something that makes you feel uncomfortable or concerned about boundaries, step back from the interaction and talk to your supervisor or a mentor for support and guidance. Setting boundaries with clients will help to avoid issues that may develop into a moral dilemma.

Some common scenarios include:

A client requests a ride or transportation. Offering a ride may seem harmless; however, it can lead to a blurring of boundaries as well as legal issues, unless providing transportation is within your scope of work. If not, ask your supervisor for bus passes/taxi vouchers to limit potential problems.

A client asks for money. Tell the client it is against the facility's policy to give money to clients. In some cases, the organization may have funds to assist individuals needing food and clothes.

A client asks you out. Emotional or physical intimacy of any kind can be misinterpreted as a romantic connection. Maintaining clear boundaries will protect your client from this confusion. If such a situation does arise, do not shame or blame yourself or the client, but make it clear that your relationship is strictly professional. This should also include others that are significant to the client as well.

A client is a neighbor, friend, or colleague. Working in the community setting, you may encounter people you know outside of your job. In these cases, it is important to pay extra attention to defining your role as a navigator, setting boundaries, and maintaining confidentiality and professionalism.

Section 3: Understanding Substance Use Disorder and Treatment Options



All navigators need a basic understanding of SUD and its treatment. If you are new to the field, consider this a foundation on which you will build your expertise the longer you work as a navigator.

3.1 Understanding Substance Use

All people have a natural motivation to seek rewards. Using substances is a form of reward for many people. Some use legal substances, such as coffee, nicotine, and alcohol; others use substances that are illegal in the US, such as heroin, methamphetamine, or cocaine; and others use prescription drugs or cannabis. Anyone who uses illicit substances may experience an overdose, but some factors increase or decrease risk.

3.2 What is Substance Use Disorder?

The reward system in our brains is essential to survival. It drives us to find food, seek shelter, and have children. Most of the great achievements of humanity have come from the drive of our reward system. When substances are consumed, it can provide a sense of reward and wellbeing we all seek. The brain can get confused and substitute drugs for food, shelter, and wellbeing, leading it to pursue even self-harming behaviors. Every drug has a unique set of risks, harms, and effects on the body, and not all people who use drugs develop a use disorder. But for some people, drug use can become a medical disorder known as substance use disorder (SUD) that threatens their health and quality of life.

The Medical Model of Addiction

While the initial use of drugs may be a voluntary choice, drugs such as opioids can alter the brain's chemistry so that the brain stops producing the natural chemicals that enable basic life functions and enjoyment. When these changes reach the level of physical dependence or addiction, if a person stops using drugs, it leads to a severe deficit of these important brain chemicals and a loss of control over behavior. The individual goes into withdrawal, which feels like a life-or-death situation that leads to an overwhelming need to use drugs. At this point, using drugs is not about getting high, but more about restoring a feeling of normality. This need is so great that it can replace the need for food and shelter with the need for the drug. More on the toxic effects of substance use can be found on page 17 of SAMHSA's Traumatic Brain Injury and [Substance Use Toolkit \(PDF\) \(https://www.nachc.org/wp-content/uploads/2025/12/42-Part-2-Factsheet_Final.pdf\)](https://www.nachc.org/wp-content/uploads/2025/12/42-Part-2-Factsheet_Final.pdf)

The Toxic Effects of Substance Use

The impact of substance use depends on the substance used and the amount and duration of use. The age when a substance is introduced is also an important factor. Starting substance use while the brain is still developing can have long-term consequences. Research has shown that the most common difficulties associated with substances of all kinds include problems with memory, attention, and executive functioning, including problem-solving, goal setting, and planning.

3.3 What is Opioid Use Disorder?

Opioids are a class of drugs that include heroin, synthetic opioids such as fentanyl, and legally obtained prescription pain medications like oxycodone, hydrocodone, codeine, morphine, and many others. Opioids like heroin, fentanyl, and oxycodone are called "full agonist" opioids because they bind to opioid receptors in the brain and fully activate their effects. This activation leads to a chemical change that blocks the experience of pain in our bodies and produces a feeling of content or euphoria often described as an intense sensation of warmth or wellbeing.

The opposite of an opioid is an "opioid antagonist" or blocker, such as naloxone (i.e. Narcan®). This can bind to opioid receptors, blocking them and preventing other opioids from binding. This is how naloxone can reverse an overdose or put someone into opioid withdrawal. More on the use of naloxone will be discussed below.

Prescription opioids such as codeine, oxycodone, hydrocodone, etc. have been used to treat issues such as acute and chronic pain, severe cough, and diarrhea to name a few. Under medical supervision, the use of opioids can be safe and effective. However, prescription opioids are sometimes shared, sold, and used illicitly outside of the scope of medical treatment. Behaviors that put a person at greater risk of overdose include using prescription opioids not as medically directed or altering their form of ingestion, such as crushing, snorting, smoking, or injecting. Opioid use disorder (OUD) occurs when the body has adjusted its normal functioning

around the use of opioids, and the individual is unable to control the use of opioids. This can lead to failed attempts to cut down the use of opioids and result in social problems and a failure to fulfill obligations at work, school, and home.

Although OUD is an easy diagnosis to make, for most clients who are in crisis and asking for help, there is a specific set of criteria in the DSM-5 (the Diagnostic and Statistical Manual of Mental Disorders, which is the accepted professional reference document for behavioral health). OUD is defined as a problematic pattern of use leading to impairment or distress manifested by any two or more of the following in a 12-month time span:

Signs that someone is experiencing OUD include:

- Failure to fulfill responsibilities/obligations at work, school, or home.
- Use in physically hazardous situations.
- Increased desire (drug cravings)
- Continued use despite social/interpersonal problems.
- Use in larger amounts or over a longer period than intended.
- Persistent desire or failed efforts to reduce drug use.
- Increased time spent obtaining, using, or recovering from use.
- Continued use despite drug use resulting in exacerbation of physical or psychological symptoms.
- Social, occupational, or recreational activities reduced due to drug use.
- Tolerance (a need to markedly increase the amount of opioid to achieve the prior effect or a markedly decreased effect with continued use of the same amount of drug)
- Withdrawal syndrome when opioids are stopped or decreased; opioids taken to relieve symptoms of withdrawal.

With treatment, the brain's chemistry can be rebalanced, and the physical symptoms of withdrawal can be managed. For many people, addiction requires evidence-based medical treatment and linkage to ongoing care and support. **Substance use and addiction is not a moral failing** and should be destigmatized and normalized within our culture so that all people can seek and gain access to the care options of their choosing.

3.4 Social Determinants of Health

While it is true that certain drugs produce changes in brain chemistry, it is important not to think of addiction as something that can be explained solely as a brain disease. What we do know is that a person's individual experiences and genetics play a role, as do the culture and environment in which they live. Substance use frequently occurs together with other life challenges, trauma, marginalization, and isolation. Addiction is a complex issue, and recovery requires taking care of the whole person and addressing social and structural factors. The harm

reduction approach recognizes that it may never be possible to say why a given person might develop a use disorder, and it accepts that, like many diseases, it could happen to any of us.

Social determinants of health are the conditions within a home, family, school, and community that can impact a person’s ability to be healthy. According to the World Health Organization, social determinants of health are conditions in which people are born, grow, work, live, and age, as well as the circumstances and systems that shape conditions of daily life. These include economic policies and systems, social norms, social policies, and political systems, such as the physical characteristics of the neighborhood a person lives in, access to healthy food, safe housing, quality education, and economic wellbeing.

Figure 4: Social-Ecological Model of Substance Use and Overdose Prevention



The Social-Ecological Model of Substance Use and Overdose Prevention studies 4 inter-connected layers: individual, interpersonal, community, and societal impacts.

Social determinants of health are often mapped using a social-ecological model (SEM) that includes multiple levels of the physical and social environments that interact and overlap to impact health. These levels are:

- **Individual:** Age, education, income, attitudes, beliefs, trauma, mental health history, etc.
- **Interpersonal:** Friends, family, peers, partners, and other social groups.
- **Community:** Neighborhood, schools, workplace, social, or religious networks.
- **Societal:** Social and cultural norms, policy, historical trauma, systemic racism.

The SEM can be helpful to understand some of the root causes of health disparities. Substance use and overdose prevention programming can focus on a single level of the SEM, but interventions that work across multiple levels are more likely to be successful in preventing substance use and overdose.

Examples of factors at the various levels of a SEM that might influence a person's substance use include:

- **Individual:**
 - Physical and mental health
 - Trauma and resiliency

- Social emotional learning and skills
- Perception of risk
- Knowledge of public health and harm reduction
- Withdrawal symptom management
- Social, cultural, and land connectedness
- **Interpersonal:**
 - Access to opioids
 - Attitudes and opinions towards substance use and pain management
 - Acceptance of medication for opioid use disorder (MOUD)
 - Substance use identification and prevention education
 - Access to peer support and family support
 - Experience with traditional healing and medicines (Indigenous populations)
 - Naloxone education and carrying
 - Family history of substance use
- **Community:**
 - Access to culturally specific services, providers, and peer networks
 - Prescriber's perception of risk and prescribing practices
 - Drug disposal facilities
 - Access to MOUD, naloxone, and naloxone training
 - Access to traditional healing and medicines (Indigenous populations)
 - Public health and harm reduction programming
- **Societal:**
 - Stigma towards people who use drugs
 - Legislation that supports syringe service programs, MOUD, and expansion of behavioral health services
 - Policies that promote racial and health equity
 - Economic wellbeing and housing stability
 - Health insurance coverage for mental health and substance use treatment
 - Naloxone protocol for pharmacies
 - Impacts of justice involvement on economic and social advancement
 - Collective embodiment of historical trauma (i.e., among Indigenous Americans, due to land displacement, loss of languages, colonization, massacres, environmental destruction, boarding schools)

3.5 Mental Health and Co-occurring Disorders

Mental health includes emotional, psychological, and social wellbeing. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. To learn more, please visit the [World Health Organization's mental health](#)

factsheet (<https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response>).

Mental health exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. People can experience different types of mental illnesses or disorders, and they can often occur at the same time.

Mental Health Disorders

Mental health disorders affect a person's thinking, mood, and behavior, and they can range from mild to severe.

Some of the most common mental health disorders among people with SUD include:

Anxiety disorders: A group of mental health conditions characterized by excessive and persistent worry, fear, and nervousness that can significantly interfere with daily life. Examples: panic disorder, social anxiety disorder, specific phobia, and post-traumatic stress disorder (PTSD).

Psychotic disorder: a mental health condition characterized by a loss of contact with reality, leading to distorted perception and beliefs. (Examples: hallucinations, delusions, or disorganized thinking and speech).

Mood disorders, such as bipolar or depressive disorders: a mental health condition that impacts a person's emotional state. (Examples: depression, mania, bipolar disorder, seasonal affective disorder, or other extreme shifts in mood).

Conduct disorder: a mental health condition characterized by a persistent pattern of aggressive, antisocial, and disruptive behaviors that violate social norms and the rights of others. (Examples: aggression towards people/animals, destruction of property, theft/deceit, or difficulty controlling impulses).

Attention deficit hyperactivity disorder (ADHD): a neurodevelopment disorder characterized by persistent patterns of inattention, hyperactivity, and/or impulsivity that interfere with daily functioning and development.

PTSD: Post-traumatic stress disorder and substance use often co-occur. PTSD can occur after experiencing or witnessing a traumatic event that leaves a lasting impact on the person. This could cause intrusive thoughts/memories, cause avoidance of people/places that remind of the trauma, create negative changes in thinking or mood, or cause changes in physical or emotional reactions like being easily startled, being always on guard, or difficulty sleeping.

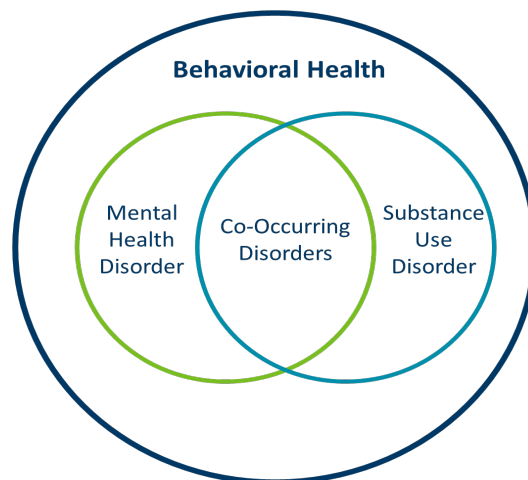
Dual Diagnosis and Co-Occurring Disorders

A dual diagnosis is a broad category for when someone experiences two illnesses at the same time. It is often used to refer to an individual who has both a mental health disorder and a SUD. SUD can also lead to mental health issues because of the effects that drugs can have on a

person’s moods, thoughts, brain chemistry, and behavior. A co-occurring disorder is like a dual diagnosis but usually means that the mental health disorder developed because of the SUD. These terms are often used interchangeably.

About a third of all people experiencing a mental health disorder and about half of all people living with severe mental illness also experience SUD. According to the CDC, in 2022, 21.5 million adults aged 18 and older had a co-occurring substance use disorder and any mental illness, and 7.4 million adults aged 18 and older had a co-occurring substance use disorder and a severe mental illness. Some examples of co-occurring disorders could be depression and alcoholism, anxiety and substance use, or bipolar disorder and substance use.

Figure 5: Co-occurring Behavioral Health Disorders



Co-occurring disorders may include an overlap between mental health disorders and substance use disorders.

Mental Health Stigma

According to the CDC, mental health stigma refers to negative attitudes, beliefs, and stereotypes people may hold towards those who experience mental health conditions. Mental health stigma can prevent or delay people from seeking care or cause them to discontinue treatment. As a navigator, your role may not include addressing mental health directly, but it is still important to understand the dynamics of mental health stigma within the community or environment that you serve. When stigma leads to discrimination, those living with mental health conditions may be treated negatively, which impacts SUD treatment and prevention efforts.

Mental health stigma can affect communities differently depending on the community dynamics. For instance, in African American communities or other communities of color, discussing mental health as well as substance use is often taboo and requires a great deal of care, active listening, and rapport building. When addressing mental health stigma in Black communities as a navigator, you will need to be patient, understanding, and open to following

the lead of those you are engaging with to gain the level of trust needed to address mental health stigma.

For other communities such as Tribal communities, it is important to understand cultural practices that impact stigma. Many in Tribal communities, as in African American communities, are still affected by stigma that could make addressing mental health or SUD a challenge. As a navigator, it is your job to try to understand the importance of relevant cultural practices. It can even be beneficial to incorporate certain cultural practices into your work when possible. Additional Mental Health Resources can be found in [Appendix B](#).

Mental health stigma can take many forms, including:

Structural stigma: involves laws, regulations, and policies that can limit the rights of people with mental health conditions.

Public stigma: includes negative attitudes and beliefs from individuals or groups towards people with mental health conditions, their families, or health providers that care for them.

Self-stigma: comes from within a person with a mental health condition that causes them to believe they are flawed or to blame themselves for having the condition.

Behavioral Health Care Team

As a navigator, it is important to understand the roles of others working in behavioral health settings:

- **Social Worker:** The social worker plays a key role in supporting clients with mental health needs. They complete mental health assessments and provide counseling.
- **Registered Nurse:** The registered nurse is responsible for the plan of care within a clinical setting.
- **Case Manager:** The case manager navigates the client’s plan of care with the health care team and is a liaison for insurance.
- **Chemical Dependency Manager:** Plays a role in assessing clients’ needs, may develop personalized treatment plans, and promote recovery through various evidence-based practices.
- **Peer Recovery Specialist:** Uses their own lived experience with substance use to mentor, advocate for, and support others who are actively using substances. They serve as a bridge between active addiction and sustained recovery through non-clinical, judgement free support.
- **Community Health Representative (Tribal):** Serves as a trusted cultural liaison who connects American Indian/Alaskan Native communities to services, provide culturally relevant education on substance use, deliver supportive care, coordinate resources, and advocate for community needs.

Supporting Clients with Suicidal Ideation

SUD is a risk factor for suicidal attempts and suicide completion. Clients may feel frustrated and hopeless. As a navigator, you may be someone with whom they feel comfortable expressing these feelings. Always seek guidance from their health care team when a client exhibits warning signs and suicidal thoughts. Not all overdoses are accidental. Suicide can be intentional or unintentional. Suicidal ideation means that a person is thinking about suicide. This may include:

- **Passive suicidal ideation:** thoughts regarding suicide.
- **Active suicidal ideation:** making a plan to end one's life.

Warning Signs and Prevention

The behaviors listed below may be some signs that someone is thinking about suicide.

Clients talking about:

- Wanting to die.
- Great guilt or shame.
- Being a burden to others.
- Spiritual matters, like what life after death is like.

Clients express feeling:

- Empty.
- Hopeless or trapped.
- Extremely sad.
- Anxious.
- Agitated or full of rage.
- Unbearable emotional or physical pain.

Change in behavior:

- Planning ways to die.
- Withdrawing from others and saying goodbye.
- Giving away important items or making a will.
- Taking dangerous risks.
- Having extreme mood swings.
- Eating or sleeping, more or less.
- Using drugs or alcohol more often.

Best Practices to Support Clients Experiencing Suicidal Ideation

- Learn your organization's process or workflows for those exhibiting suicidal ideation, if applicable, or contact your client's care team for guidance.
- Provide a safe environment for your client.

- Do not leave the client alone.
- Ask permission from the client to perform any interventions.
- Report to the health care team if the client is at risk of harm to themselves or others.
- Provide resources when a client is going home, including the National Suicide Prevention Lifeline: 988.
- Provide a follow-up call after discharge from inpatient settings and other resources, as needed.

Responding to Clients in Crisis

You may encounter clients in crisis or clients may come to the ED in crisis. It is important to familiarize yourself with your organization’s protocol for violent behavior and how to call for help. Never put yourself in danger. Even if you are familiar with a client and would normally have a friendly interaction, a client in crisis could exhibit very aggressive and violent behavior outside of the norm. As a navigator, you may find yourself in a situation where you will need to de-escalate an agitated client. You can find a Sample Suicide Safety Plan Template in [Appendix C](#).

De-Escalation

De-escalation is a combination of strategies and techniques to reduce a client’s agitation and aggression to reduce the risk of harm to clients and caregivers. Using these strategies can:

- Prevent violent behavior.
- Avoid the use of restraints or seclusion.
- Reduce client anger and frustration.
- Improve staff-client connections.
- Enable clients to manage their own emotions and to regain personal control.
- Help clients to develop feelings of hope, security, and self-acceptance.

The National Adult Protective Services Association provides some strategies for conflict de-escalation in [The Art of De-escalation and Conflict Resolution \(PDF\)](https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/619c0a83e44ee504cef1ff47/1637616273263/TBI++SUD+Toolkit+FINAL+11.05.2021.pdf) (<https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/619c0a83e44ee504cef1ff47/1637616273263/TBI++SUD+Toolkit+FINAL+11.05.2021.pdf>). Organizations may also choose to provide formal conflict resolution or de-escalation training to their staff.

Additional Online Resources for Suicide Prevention:

- [National Alliance on Mental Illness \(https://www.nami.org/\)](https://www.nami.org/)
- [Zero Suicide \(https://zerosuicide.edc.org\)](https://zerosuicide.edc.org)
- [Suicide Prevention Resource Center \(https://sprc.org/\)](https://sprc.org/)

Common Mental Health Services

Mental health conditions vary depending on the individual and could include medication, therapy, or both. Many individuals do best when they work with a support system during the healing and recovery process. With early and consistent treatment, it is possible to manage

these conditions, overcome challenges, and lead a meaningful, productive life. Today there are many tools, evidence-based treatments, and social support systems that can help people feel better.

Primary Care provides screening for mental health conditions, education on treatment options, and medications. Primary care providers will collaborate with other behavioral health care providers. Clients with mild mental health conditions may only require treatment from a primary care provider.

Inpatient Psychiatric Hospitals may provide 24-hour inpatient care for patients with mental health conditions and require a referral from a doctor. These facilities are frequently used for patients on legal holds in need of safe, protected, and intensive therapy. These complex referrals are usually coordinated by social services or case managers. People can be admitted voluntarily or involuntarily if they are on a legal hold.

Partial or Day Hospitalization provides care and monitoring for a person who may be having acute psychotic symptoms without being a danger to self or others. It allows a person to return home at night and is considered less disruptive.

Crisis Stabilization Units (CSUs) consist of small inpatient facilities of less than 16 beds for people in a mental health crisis whose needs cannot be met safely in a residential service setting. CSUs can admit on a voluntary or involuntary basis when a person needs a safe, secure environment that is less restrictive than a hospital.

Extended Observation Units (23-Hour Beds) can be a stand-alone service or embedded within a CSU. These units are designed for people who need short, intensive treatment in a safe environment that is less restrictive than a hospital.

Crisis Respite Care and Residential Services help a person stabilize, resolve problems, and connect with support. Services may include physical and psychiatric assessment, daily living skills training, social activities, counseling, treatment planning, and connecting to services. Crisis residential services can be an alternative to hospitalization or a step-down setting upon leaving a hospital.

Psychotherapy provides the client with the option to speak with a trained therapist in a safe and confidential environment to explore and understand feelings and behaviors, as well as gain coping skills.

Peer Support workers are people who have been successful in the recovery process who help others experiencing similar situations. Peer support workers may advocate for people in recovery, share resources and skills, build community, and mentor those in recovery.

Telehealth appointments may provide clients with the option to receive therapy or psychiatric services via phone or video call, rather than attending an in-person appointment.

Connecting Clients to Mental Health Services

As a navigator, it is your role to connect clients to services. There may be others involved in connecting clients to mental health services. When referring clients to mental health services,

one of the first things you will need to do is determine their insurance status by asking the client or family. Every community has different mental health resources.

To explore state-funded mental health care resources, visit [FindCareMN \(https://www.findcaremn.org/\)](https://www.findcaremn.org/). As a navigator, you can help your clients by becoming familiar with the places that offer free services, education, or support. You can also:

- Determine whether your organization has a resource center or central list of referral options that you can use. Verify that the resources are up to date.
- Check your local area for the nearest mental health crisis stabilization units. These sites provide immediate intensive mental health services to patients experiencing a mental health emergency or crisis.
- Connect with your county services, which may include telephone hotlines, community crisis teams and referral services.
- Check for a National Alliance on Mental Illness (NAMI) chapter in your community. NAMI is the largest grassroots mental health organization in the country and provides services and support.
- Inform clients about the **National Suicide Lifeline 988**, which can assist individuals in crisis and connect them with suicide prevention and mental health crisis counselors.

3.6 Treatment Can Help

Preventing overdose death and finding treatment options are the first steps to recovery. Treatment may save a life and can help people struggling with OUD and SUD get their lives back on track by allowing them to counteract addiction's powerful effects on their brain and behavior. The overall goal of treatment is to help people regain their health and social function. OUD and SUD treatment can vary depending on the patient's individual needs and can occur in a variety of settings, taking on many different forms.

According to the Center for Disease Control, evidence-based approaches to treating OUD and SUD include medications for opioid use disorder (MOUD) and combining medication with behavioral therapy. Research has shown that counseling and psychosocial support may also provide additional benefit for some clients as well as a recovery plan that includes MOUD to increase chances of success. To learn more please visit [Treatment of Opioid Use Disorder \(https://www.cdc.gov/overdose-prevention/treatment/opioid-use-disorder.html\)](https://www.cdc.gov/overdose-prevention/treatment/opioid-use-disorder.html).

Medication for Opioid Use Disorder (MOUD)

MOUD is an evidence-based treatment for OUD, which is a chronic disease — like hypertension or diabetes — that often requires medication for disease management to reduce the risk of morbidity and mortality. These medications help reduce cravings, prevent overdoses, prevent withdrawal, and increase compliance with treatment, which can save lives. MOUD is also safe and recommended during pregnancy. Multiple medications are used for MOUD, all of which are safe and FDA-approved. Additional information about medications to treat opioid use disorder

can be found in the Public Health Institute's, [CA-Bridge Substance Use Navigation Toolkit \(https://bridgetotreatment.org/resource/medicines-for-treating-opioid-use-disorder-what-you-need-to-know/\)](https://bridgetotreatment.org/resource/medicines-for-treating-opioid-use-disorder-what-you-need-to-know/) with a screenshot cheat sheet in [Appendix D](#).

Buprenorphine is a long-acting “partial opioid agonist.” This means that it binds to the opioid receptors but does not fully activate them to get the same effect that a “full agonist” does. Because buprenorphine is a partial agonist, it treats cravings and physical withdrawal symptoms but is very unlikely to cause life-threatening respiratory depression and does not get you high. When buprenorphine is taken at the right dose, it prevents withdrawal, decreases cravings, and makes it so that if a person does use a full agonist opioid, they will not feel the same high.

Methadone is a full agonist, but it is used for treatment because it is long-acting, so it does not produce the highs and lows of other opioids. Methadone must be taken daily in-person at a regulated methadone clinic, although relaxation of these restrictions during the COVID-19 pandemic may lead to future policy changes.

Naltrexone is an opioid antagonist. This means that it is not an opioid and does not bind to the opioid receptors, but it prevents other drugs from binding to them. Naltrexone works like a long-acting version of naloxone (Narcan®) and can be given daily in pills or monthly in injections. It blocks the effects of opioids if people use, and it decreases cravings.

3.7 Advocating for a Culture of Harm Reduction

Harm reduction is a set of evidence-based, practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction centers the lived and living experience of people who use drugs. Practicing harm reduction means meeting people where they are and providing them with compassionate care. All clients, even those who are not ready for treatment, should be given harm reduction resources and education. This can set the stage for future engagement and create a level of trust and respect. As a navigator, when working with clients to provide or advocate for harm reduction resources one should be mindful of key community dynamics.

For instance, numerous factors contribute to the risk of substance use harms faced by Tribal communities. These can include historical and intergenerational trauma, social marginalization, racism, and discrimination. As a navigator, it is important to take steps to incorporate culturally congruent practices into the harm reduction services offered. You can find more about [Providing Harm Reduction Services in Native Communities \(PDF\)](https://www.thenationalcouncil.org/wp-content/uploads/2022/02/Providing-Harm-Reduction-Services-in-Native-Communities.pdf) (https://www.thenationalcouncil.org/wp-content/uploads/2022/02/Providing-Harm-Reduction-Services-in-Native-Communities.pdf) by The National Council for Mental Wellbeing.

[The Native Harm Reduction Toolkit \(PDF\)](https://harmreduction.org/wp-content/uploads/2023/07/Native-Harm-Reduction-Toolkit.pdf) (https://harmreduction.org/wp-content/uploads/2023/07/Native-Harm-Reduction-Toolkit.pdf) by the National Harm Reduction Coalition. Additional harm reduction and overdose prevention tools in [Appendix A](#) and State/Local Harm Reduction resources in [Appendix E](#).

Principles of Harm Reduction include:

- Providing an inclusive spectrum of strategies from safer use and managed use to abstinence.
- Addressing the conditions of use.
- Approaching with a non-judgmental, non-coercive provision of services and resources.
- Including the voice and insight of people who use drugs in the creation of programs and policies.

Harm reduction is built on a belief in and respect for the rights of people who use drugs. For some, harm reduction means abstinence. For others, it means working to reduce the harms of their substance use behavior. Those who use substances often blame themselves, carry shame, and expect to encounter discrimination when seeking care. When harm reduction practices and principles are integrated in the community, it promotes a culture of respect and partnership. One way that this can be done is by collecting community data to identify areas and populations most impacted by substance use and overdose. There are many groups and settings with the potential for higher risk of overdose and by systematically collecting data from these settings, navigators can help communities better identify and prioritize those who need the most support. Below is an example of an overdose response plan for naloxone distribution.

Table 1. Naloxone Distribution Target Audiences

Primary	Secondary	Distribution Targets for Publicly Funded Naloxone
People who use drugs.	<p>Friends and family members who may witness/respond to an overdose.</p> <p>Professionals who may witness or respond to an overdose.</p>	<p>Syringe services programs (SSPs).</p> <p>Jails and other entities that work with them.</p> <p>Local health jurisdictions involved in the criminal legal system.</p> <p>Emergency medical personnel.</p> <p>Federally recognized tribes.</p> <p>Law enforcement officers.</p> <p>Housing and social service providers, outreach.</p> <p>EMS "leave behind" programs.</p> <p>Organizations providing workers, and organizations serving people with SUD or experiencing homelessness.</p>

Table courtesy of Washington State.

3.8 Changing Language about Drug Use

Substance use disorders are chronic and treatable medical conditions, however those who use substances often face stigma and discrimination that can impact their health and wellbeing in multiple ways. Stigma may also be a reason why those who use substances fear disclosing their substance use, or if in need of help, do not seek care. As a reminder, use non-stigmatizing, person-first language. This means that you put the person first and then describe their behavior or condition second. For example, instead of referring to someone as a “drug user,” a person-first phrase would be “person who uses drugs.” How we talk about people influences how we think about them and treat them. For some more specific examples Visit MDH’s webpage on [How to Talk about Substance Use](https://www.health.state.mn.us/communities/overdose/education/language.html)

(<https://www.health.state.mn.us/communities/overdose/education/language.html>).

Online Resources on Non-stigmatizing Language:

- [National Institute on Drug Abuse: Preferred Language for Talking About Addiction](https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction)
(<https://www.drugabuse.gov/drug-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>)
- [Shatterproof](https://www.shatterproof.org/stigma)
(<https://www.shatterproof.org/stigma>)

3.9 Useful Definitions for Navigators

- **Substance Use Disorder (SUD)** occurs when a person's use of any substance, such as alcohol, cocaine, cannabis, methamphetamine, opioids, and/or prescribed drugs, leads to health issues, disability, or interferes with work or family relationships.
- **Drug tolerance** is when a person must increase the amount of drug over time to reach the same effect.
- **Physical dependence** is when a person experiences withdrawal symptoms when a drug is discontinued.
- **Opioid Use Disorder (OUD)** is the chronic use of opioids that causes clinically significant distress or impairment and consists of an overwhelming desire to use opioids, increased opioid tolerance, and withdrawal when discontinued. OUD includes both dependence and addiction.
- **Drug overdose** is when a person takes too much of a substance, causing severe symptoms, including death. An overdose can be accidental or intentional, and it can be fatal or nonfatal.
- **Withdrawal** is when a person stops or decreases long-term drug use, and the body reacts by showing withdrawal symptoms. Signs of opioid withdrawal include fast heartbeat, sweating, restlessness/agitation, nausea, vomiting, diarrhea, dilated pupils, runny nose, yawning, and piloerection (“goose bumps”).

- **Precipitated withdrawal** is characterized by the sudden onset of severe opioid withdrawal symptoms following administration of a medication that displaces opioids from the mu receptor, such as naloxone or buprenorphine. This is usually time-limited and resolves with supportive medications, such as administration of additional buprenorphine.
- **Bias** is any thought or action that discriminates or disproportionately favors a person or group over another based on inaccurate perceptions.
- **Discrimination** is when one treats people differently (unfairly or less favorable) from others in an unjust or prejudicial way.

Section 4: Strengthening Connections to Community and Care



4.1 Individual Community Assessment

To effectively address the needs of your clients, navigators need a solid understanding of their client population and the most pressing needs of those in the region. Race, ethnicity, culture, socioeconomic demographics, transportation options, insurance coverage, and other factors influence both health and health care. Understanding these factors and how they affect access to care will help you and support successful treatment and follow-up.

Learn from People Who Use Drugs or Who are in Recovery

- **Talk directly with your clients about their experiences using drugs** and what services they need. For example, what different drugs do they use, how do they use them, and what is working well or is problematic? Ask what would make services more welcoming. Whether it is a formal focus group or a series of informal conversations, these interactions can help you better serve people in your community.
- **Find places where you can talk to other people who use drugs** from various segments of the community. This will differ in every community but might include shelters, homeless encampments, residential programs, syringe exchanges, or other community programs.

Check with staff or service providers first to make sure that you enter these spaces appropriately and safely.

- **The National Harm Reduction Coalition (NHRC)** can connect you with harm reduction programs near you to learn more about the strengths and challenges of people who use drugs but who might not be accessing your services by visiting [NHRC Find Harm Resources Near You \(https://harmreduction.org/resource-center/harm-reduction-near-you/\)](https://harmreduction.org/resource-center/harm-reduction-near-you/).

4.2 Explore Data Sources

There are many free and effective data resources available to help combat the drug overdose epidemic in local communities across Minnesota. Utilizing various data sources to collect, analyze, and interpret local level data to identify trends, opportunities, and threats can help provide a holistic view of the current landscape in your community. This environmental scan can help inform you of current trends and any immediate factors affecting access to care in your community for SUD and OUD.

4.3 Building Capacity and Finding Resources

As a navigator, providing equitable access to care means assisting clients with other basic needs such as access to food, shelter, employment, etc., that if left unaddressed, will make it hard for them to benefit from SUD treatment. The longer you work as a navigator, the better equipped you will be to provide good client referrals and coordinate care. Your success as a navigator depends on having resources at your fingertips to support clients.

Tips For Getting Started

- Don't reinvent the wheel. Check first with community health, case managers, or social workers as they will likely already have some resource lists.
- Identify the most common needs of clients with SUD and begin to build your resource list from there.
- Reach out to your local public health/public safety departments to learn more about existing local opioid coalitions in your area and engage with your local opioid coalition to learn more about other resources.
- See the Partner Identification Tool from the Community OORMs Planning Toolkit (Exhibit 4 pg 12). [Community Opioid Overdose Reversal Medications \(OORMs\) Planning Toolkit \(PDF\) \(https://www.med.unc.edu/fammed/nctac/wp-content/uploads/sites/1256/2025/01/SAMHSAtoolkit-Opioid-reversal.pdf\)](https://www.med.unc.edu/fammed/nctac/wp-content/uploads/sites/1256/2025/01/SAMHSAtoolkit-Opioid-reversal.pdf).

Tip: When identifying community partners, consider each group's expertise, available resources, level of influence, potential barriers, willingness to collaborate, and existing community relationships.

It is important to call or visit programs or services to see what clients will experience:

- Introduce yourself and explain your program so the staff recognize it when you refer your clients there.
- Get the name, phone number, and email address of a key point of contact at each agency.
- Create a client resource list and have copies available.
- Collect agency brochures and keep them on hand for clients.
- Listen to client testimony regarding their experiences interacting with specific community partners you connect them with.
- Consider language and cultural differences or needs when referring the client to programs/services.

Resource Leads

As a navigator, you should create a resource list that is easily accessible and should be updated regularly. Once you have collected your best resources, save your resource list so that you can access it quickly and pass it along to others that come after you.

- **Mental Health Services:** Many of your clients may need mental health services. Become familiar with the mental health clinics in your area, particularly those that specialize in treating people with SUD or co-occurring disorders. To learn more please visit, the [Adult Mental Health Programs and Services \(https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/programs-services/\)](https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/programs-services/) or [National Alliance on Mental Illness | NAMI Minnesota \(https://namimn.org/\)](https://namimn.org/).
- **Residential, Detox, Sober Living, Recovery Centers:** Connecting with detox and sober living environments, including those that accept non-abstinence-based recovery approaches can facilitate patient transfer, promote patient safety, and enhance overall chances of sustained recovery. To learn more about available programs and services in Minnesota please visit, [Alcohol, drugs and addictions: programs and services / Minnesota Department of Human Services \(https://mn.gov/dhs/people-we-serve/adults/health-care/alcohol-drugs-addictions/programs-and-services/\)](https://mn.gov/dhs/people-we-serve/adults/health-care/alcohol-drugs-addictions/programs-and-services/).
- **Food:** The Feeding America website directs you to local food banks. <https://www.feedingamerica.org/find-your-local-foodbank>.
- **Cell Phones:** Low-income Americans are eligible for the [Lifeline Assistance Program \(https://www.lifelinesupport.org/\)](https://www.lifelinesupport.org/) Options vary by location. Other resources to explore for phones include managed care plans, hospital grants, and community organizations.
- **Transportation:** Navigators should collect information on local and regional transportation options, including public transportation routes, ride-sharing partnerships, bus passes, or taxi vouchers. Look up the common health plans among your clients to see if they offer free transportation or bus services to help them get to appointments.

- **Housing and shelter:** A client’s recovery is greatly facilitated by safe housing, with options including shelters, transitional and sober living facilities, women’s and family shelters, domestic violence shelters, and other facilities for specific populations. Before referring a client, check to see if MOUD is allowed and if that is a part of their OUD treatment. More information on available housing stability programs in Minnesota can be found at [Preventing and Ending Homelessness \(https://mnhousing.gov/preventing-and-ending-homelessness.html\)](https://mnhousing.gov/preventing-and-ending-homelessness.html)
- **Social Services:** Social services departments can support clients in applying for or renewing health insurance. They can also assist with obtaining an ID, veterans services, food assistance, disability, child and family resources, welfare, and employment access. More information on available social services programs for Minnesotans can be located at [Minnesota Department of Human Services \(https://mn.gov/dhs/\)](https://mn.gov/dhs/) or [Minnesota benefits assistance](#).
- **Public Health:** Contact your local public health department to discuss the services they provide by visiting MDH’s [Find a local or tribal health department or community health board - MN Dept. of Health \(https://www.health.state.mn.us/communities/practice/connect/findlph.html\)](#).
- **Syringe Exchange:** Syringe Service Programs (SSPs) provide services to reduce the harms associated with drug use and prevent HIV and viral hepatitis infections. To find SSPs in Minnesota, visit [NASEN \(https://nasen.org\)](https://nasen.org) or [Syringe Service Program Network Calendar \(https://www.health.state.mn.us/people/syringe/calendar.html\)](https://www.health.state.mn.us/people/syringe/calendar.html).
- **Primary Care:** To direct your clients to a regular source of health care, you can find community health centers near you using the “Find a Health Center” button at [Minnesota Association of Community Health Centers \(mnachc.org\)](https://mnachc.org).
- **Post-Incarceration:** The Minnesota Department of Corrections provides reentry services and resources to help criminal justice-impacted people to get access to opportunities, supports, and services they need to thrive in communities. Reentry services and resources may be found at [Community Reentry and Non Profits / Department of Corrections \(https://mn.gov/doc/community-supervision/reentry-services/\)](https://mn.gov/doc/community-supervision/reentry-services/).
- **Tribal Outpatient Clinics and Programs:** A variety of clinics and programs provide medical care and mental health and addiction treatment for tribal communities. Find resources near you through [Federal Health Program for American Indians and Alaska Natives \(https://www.ihs.gov/bemidji/\)](https://www.ihs.gov/bemidji/).
- **Pregnancy:** Pregnancy and the first year after childbirth are associated with an increased risk of return to use, so it is helpful to have resources for these clients, such as the [National Harm Reduction Coalition’s Pregnancy and Substance Use: A Harm Reduction Toolkit \(harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit\)](https://harmreduction.org/issues/pregnancy-and-substance-use-a-harm-reduction-toolkit).

- **City and County Resources:** Visit city and county offices by website, phone, or in-person to learn about city resources or try a web search. Some cities have community outreach meetings and may offer free substance use counseling or other services. Contact information on Minnesota city and/or county offices can be located at [Local Government Websites \(https://mn.gov/portal/government/local/\)](https://mn.gov/portal/government/local/).
- **Faith and Community-Based Organizations:** These organizations may offer a variety of free services tailored to people in specific geographic, faith, or language communities. To learn more about strategies for engaging with faith-based communities please visit [Engaging Faith Based Communities in the Opioid Epidemic \(https://www.health.state.mn.us/communities/overdose/engage/faithleaders.html\)](https://www.health.state.mn.us/communities/overdose/engage/faithleaders.html).
- **FindHelp.org** is a free directory of organizations offering food, shelter, transportation, rental assistance, and more. Search by ZIP Code at [FindHelp.org \(https://findhelp.org\)](https://findhelp.org).
- **National Suicide Prevention Lifeline:** The 988 Lifeline provides 24/7 free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States. To learn more please visit [988 Suicide & Crisis Lifeline - Call. Text. Chat. \(https://988lifeline.org/\)](https://988lifeline.org/).
- **SAMHSA's National Helpline** is a confidential, free, 24/7 information service in English and Spanish for individuals and family members facing mental health and/or SUD challenges at 1-800-662-HELP (4357). This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information. More information can be found at [SAMHSA's National Helpline \(https://www.samhsa.gov/find-help/national-helpline\)](https://www.samhsa.gov/find-help/national-helpline).
- **Never Use Alone:** This toll-free national overdose prevention crisis response line is available 24/7 at 1-877-696-1996 and provides a life-saving point of contact for people who use drugs. To learn more please visit [Never Use Alone \(https://neverusealone.com/\)](https://neverusealone.com/).

4.4 Outreach and Advocacy

Creating equitable access to care requires an active approach to community outreach so that all members of the community, particularly those with high rates of SUD and the least access to care, are aware that treatment is available.

Prior to broadly advertising your program to the broader community, it's important that the program is well-established and ready to serve more clients. As you prepare to meet with people in the community to discuss your services, your key tools will be business cards, brochures or flyers, large signs (for community events), and slide decks (for more formal presentations). If working in an emergency department (ED) setting, it is important to ensure all ED staff know you and your role, in addition to the other hospital department heads, including the pharmacy. Raising awareness of what you do will increase referrals and buy-in. The more people who understand and value the work of a navigator, the better. This is crucial to the sustainability of the navigator role.

Establishing or enhancing strong connections within your community is paramount. These relationships help to connect with the community by:

- Holding regular community forums and workshops to enable those affected by substance use and overdose to share their experiences and insights.
- Organizing informational sessions on overdose prevention.
- Hold listening sessions with community partners (harm reduction providers, first responders, treatment/recovery support services providers, social service agencies, etc.)

A sample outreach letter is available in [Appendix F](#). It will be important to share information about your services with the following individuals or groups such as:

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Clients ▪ Community Health Centers ▪ Shelters ▪ Police, Fire, and Security ▪ Harm Reduction and Syringe Exchanges ▪ Social Services ▪ Tribal Nations | <ul style="list-style-type: none"> ▪ Churches and Community-based Organizations ▪ Food Pantries ▪ Emergency Medical Services ▪ Local Media ▪ School and Community Events ▪ Corrections |
|--|--|

Providing Equitable Services

As a navigator, you have the most control over the way that you provide services to your clients. You can work to uplift them or the communities that you serve that have been negatively impacted by substance use and unequal treatment. Working to provide services that are equitable will be a journey of continuous learning, trial and error, and reflection. Below are some ways that you can get started:

- **Have strong wraparound services** to help people with survival needs. For example, it can be challenging for clients to focus on substance use treatment when they are dealing with housing instability, food insecurity, or unemployment.
- **Make sure resources are equitably distributed** so that you have options for people from different racial and ethnic groups, different parts of town, and people who are non-English speakers.
- **Proactively reach out to communities** that are disproportionately impacted by harms related to substance use. If people from any given community do not come in, it does not mean that they do not need help or treatment. Visit community settings in-person to listen and build trust. Doing outreach at community events may help you build these connections.

4.5 Identifying Clients and Building Relationships

If you are working at an organization or in a community that is new to treating OUD, there may not be a system in place to identify clients who could benefit from treatment and get them connected to you. Consider taking the following steps to help.

Place Signs in Visible Spaces

Signs encourage clients to self-identify and ask for help. Patient-facing signage can be put up in visible areas, such as community centers, clinics, ED waiting areas, and restrooms. You will need to get permission wherever you place signage, otherwise they may be removed.

Set Up a System to Contact You

You should develop a simple system so that you can receive referrals quickly, as well as a system to connect clients when you are unavailable.

Communicate your regular hours of availability and workspace location. Make sure that the community organizations and providers you work with regularly have all channels of communication to reach you.

Set up an after-hours system for providers to create a list of clients for you to contact when you return to work. This may include email, secure voicemail, or text message.

Consider Standardized Screening Tools

You may consider using these helpful tools:

- [Alcohol Use Disorder Identification Test \(AUDIT\)](https://nida.nih.gov/sites/default/files/files/AUDIT.pdf) (<https://nida.nih.gov/sites/default/files/files/AUDIT.pdf>) for screening unhealthy alcohol use or alcohol use disorder.
- Drug Abuse Screening Test (DAST) for drug use and evaluation of treatment.

Meeting Clients Where They Are

Engaging clients in discussions about their drug use can be challenging. However, insight from these discussions can be crucial to facilitating a successful outcome. Building trust with a client begins with the very first moment of introduction. As a navigator, the primary goal is to build trust and provide patient-centered, equitable care by using destigmatizing language, giving the client the power to guide the discussions, and offering safe and realistic options. This includes having respect for cultural differences. To successfully engage with clients that are culturally different, navigators should be able to recognize one's own bias and beliefs about stereotypes and be aware of historic trauma and the relationship between mainstream society and marginalized populations. Additionally, it is important for navigators to understand and be reflective about one's power and position dynamic in relation to cultural differences and clients in general.

Fundamental components of client engagement include:

- Develop rapport first.
- Say less and listen more.
- Be empathetic and sympathetic to the client’s situation.
- De-escalate if necessary.
 - Example: *“I know you are upset, let’s work through this together; I’m here to help.”*

For additional information on conflict de-escalation, check out the [Center of Excellence for Behavioral Health in Nursing Facilities De-Escalation Toolkit \(PDF\)](https://nursinghomebehavioralhealth.org/wp-content/uploads/2024/01/COE-De-escalation-Toolkit-12-27-23_508.pdf) (https://nursinghomebehavioralhealth.org/wp-content/uploads/2024/01/COE-De-escalation-Toolkit-12-27-23_508.pdf.) Additionally, when building trust with your clients, your first step is acknowledging the client. You may use the client’s formal name until you establish rapport. Check for gender pronouns when able. Examples for introductions are below:

- Introduce yourself, your role, and your organization.
 - *“Hi, my name is... I am a navigator. Is it okay if I sit down and talk with you?”*
- Get a chair so that you are at eye level and not forcing the client to look up at you.
- Break the ice with non-threatening questions or triggering statements to show that you care about them as a person.
 - *“What do you want me to know about you?”, “Where are you from?”, “Are you here with anybody that you would like me to bring in here?”, “Do you need a blanket or something to eat?”, “I’m going to be here with you as long as you need me.”*
- Don’t rush the conversation and remember to listen.
- Start with open-ended questions and spend some time allowing the client to talk without interruption.

It is helpful to use a motivational interviewing approach when engaging with clients. Motivational Interviewing (MI) is a technique for building rapport, trust, and motivating clients toward change. MI is non-confrontational, and the spirit of MI is partnership, acceptance, and compassion. OARS is a motivational interviewing technique that stands for:

O: Open-ended questions.

Open-ended questions are questions that can’t be answered with a simple yes or no. Start with open-ended questions and spend some time allowing the patient to talk without interruption.

“What can I do to help you today?”, “How is your living situation right now?”, “What about your drug use is concerning you?”, or “Tell me about your living arrangements”. Open-ended questions stimulate thought in the client and should provide more information. It is typically not a natural conversation process and can be uncomfortable at times, so practice is key. It can also be helpful to make a list of open-ended questions you can use in a variety of situations.

A: Affirmations.

Affirmations are statements made by you to the client that acknowledge everything from small gains or efforts toward positive change, honesty, or resilience and strength in seeking care.

R: Reflections.

Reflections are statements that you make back to the client about what the client has said and can convey that you are not only listening to the client but that you understand what they said or how they feel. An example: *“I hear that you had a hard day and that you are frustrated.”*

S: Summary.

Summaries wrap up the conversation. You should restate what the client has shared with positivity and encouragement before outlining next steps. An example of this:

“It sounds like you have been using pills, and you want to stop because you think it will help you be a better parent. Let’s look at options to assist you with this safely.”

Information and training on motivational interviewing can be found here:

The Association for Psychological Therapies

[Motivational Interviewing Training Courses](https://www.apmentalhealthtraining.com/motivational-interviewing-training-courses.html)

(<https://www.apmentalhealthtraining.com/motivational-interviewing-training-courses.html>)

eSYM Motivational Interviewing Training

[eSYM Motivational Interviewing Training \(https://esym.training/\)](https://esym.training/)

Discuss Sensitive Information

After some trust has been built between you and your client, reading the situation is important. Seek to listen and understand the client’s needs; give them the power to lead the discussion by asking open-ended questions. This is a good time to explain confidentiality and your duty to report if you believe the client is a danger to self or others.

If a client has not already discussed their mental health or SUD with a provider, you may feel unsure about how to have a conversation about possible SUD or behavioral health needs. Questions about mental health can also be triggering. A possible triggering response could cause someone emotional distress, typically as the result of arousing feelings or memories associated with a particular traumatic experience.

Some of the following questions may help guide the conversation:

- “Is it okay if I ask you some personal questions? I’m here to help, and the more you share with me, the more I can help you.”
- “Is it okay if I ask about drugs and drug use?”
- “How are you doing with depression or any thoughts that are out of control?”
Explain that these are common issues for people who use drugs.
- “You tell me, regardless of whether you have been formally diagnosed or not, do you feel you have any issues with your mental health or substance use right now?”

- “Would you like to learn more about treatment options?”
- “Would you like to be connected with any mental health or behavioral health services?”
- “Do you have a clinic or a therapist that you can follow up with?”
- “Is there anything I can do to make it easier for you to follow up with a care team?”

4.6 Identifying Care Options

Connecting clients to care is one of the most important parts of a navigator’s job. If you meet a client before a provider has begun treatment, you may ask them if they are interested in seeking treatment. Be sure to phrase questions in a way that does not imply that they must make long-term commitments. If a client is interested, describe what care options are available in the community. A client does not need to be treatment-seeking at the time to continue to receive client navigation services. Sometimes a client is only interested in naloxone, transportation services, or something else. That is okay.

Navigators can meet a client anywhere on their journey and support them wherever they want to go. If you are a navigator in the ED, it is important to build relationships with community-based navigators to assist in connecting clients to SUD or mental health services after they leave the hospital.

Outpatient Provider(s)

Find providers that are patient-centered and easily accessible. Take the time to visit the locations and speak with the staff. For areas that have limited out-patient follow-up options, telehealth care may be a good option. Some EDs and urgent care facilities have developed telehealth programs, so this may be the only option to keep clients engaged. As a navigator, you should consider client access to the technology platform needed, appointment scheduling process, insurance coverage, and costs to clients when considering telehealth as an option. Prioritize outpatient sites that ensure the following standards for your client:

- Hold a standing appointment slot for your clients.
- Accept walk-ins.
- Reasonable wait times.
- Rapid intake process and start clients on MOUD the same day (this is essential).
- Accept most common insurance plans.
- Continue treatment of patients, even if they relapse.
- Treat patients for OUD even if they use other substances (e.g., cannabis).
- Keep patients on MOUD as long as they need or want it.

Develop A Strong Working Relationship

The key to successfully navigating clients to ongoing care is the strong relationship with outpatient providers.

- Visit the site so that you can tell clients what to expect.

- Get to know the intake staff for the program so you can refer clients to them by name.
- Have an open channel of communication so you can contact them.
- Establish a process for daytime referrals and a secure process for after-hours referrals.
- Check in regularly to ensure the workflow is functioning well.

4.7 Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT focuses on the delivery of early intervention and treatment services for people with substance use disorder before more severe consequences occur.

Screening

Screening assesses the severity of substance use and identifies the appropriate level of treatment. You are engaging the client in conversation to understand their history, needs, and goals, all of which help determine the appropriate treatment. This is the most common way navigators perform screening. Some sites may choose to use a more formal screening or assessment tool. Sometimes a formal tool will be required by the hospital for reimbursement purposes. If this is the case for your hospital or organization, you will be trained on how to use the specific screening tool.

Brief Intervention

Brief intervention focuses on increasing clients' insight and awareness of their substance use and motivating them toward change. An important part of your role as a navigator is to engage clients in short conversations using techniques such as motivational interviewing and de-escalation. Getting the client out of the dangerous cycle of abstinence ("going cold turkey") and then returning to use and possibly overdose, is the most important first step in helping people with OUD. Evidence has shown that when a client is in the ED, they may be open to making changes in their life and behaviors. These conversations are not necessarily therapy or counseling, but by taking the time to listen and engage with the client during this time, you can help them take small steps toward change.

Referral to Treatment

Referral to treatment provides those identified as needing care with access to services they need and desire. For example, if a client starts MOUD in the hospital and wishes to continue treatment, you will refer them to an outpatient MOUD provider. You may also refer them to medical, mental health, or social services, depending on their needs and eligibility. If the client is not interested in any treatment services at the moment, they can receive follow-up services with a community-based navigator who can further the conversation.

4.8 Navigating Your Client to a Provider

If you have multiple options for client-centered SUD treatment, you can consider the following factors when deciding where to refer your client:

- What insurance coverage does your client have and which outpatient providers accept their insurance?
- What does your client want? For example, do they want to get MOUD at the same place they receive primary care? Do they have a preferred doctor?
- What providers are most accessible by car or transit?

Conduct A Warm Handoff

Set up the first appointment with an outpatient provider. Ideally, you will have visited the outpatient provider and formed relationships with the staff. You should be able to tell your client what to expect, how to get to the outpatient clinic, and who their contact will be when they arrive for their appointment.

Troubleshoot barriers to access that many clients experience, even with a warm handoff. You should work with clients to identify and minimize these barriers through strategies like arranging for transportation, providing resources for free phones, identifying local pharmacies that fill prescriptions, etc.

Plan for follow-up after the evening or weekend starts. When a client is discharged from a hospital on an evening or weekend, outpatient providers may not be open for immediate coordination of care. These organizations should consider establishing drop-in slots at outpatient clinics or have someone on call, so clients have reliable and prearranged follow-up options available during these times.

Stay connected. You are a safety net for your client. Provide the client with a phone number so that they can call you to speak with you about obstacles they may encounter when accessing follow-up care. Navigators often distribute their contact information widely and may continue to receive calls from clients when an issue arises.

Tip: Confirm that the client made it to their outpatient visit with a follow-up call to them or the treatment provider within a specified number of days. Your organization may have a policy for the specific timeframe and how often follow up should occur. If your client did not attend the appointment, either you or the outpatient provider should reach out to the client.

4.9 Insurance Coverage

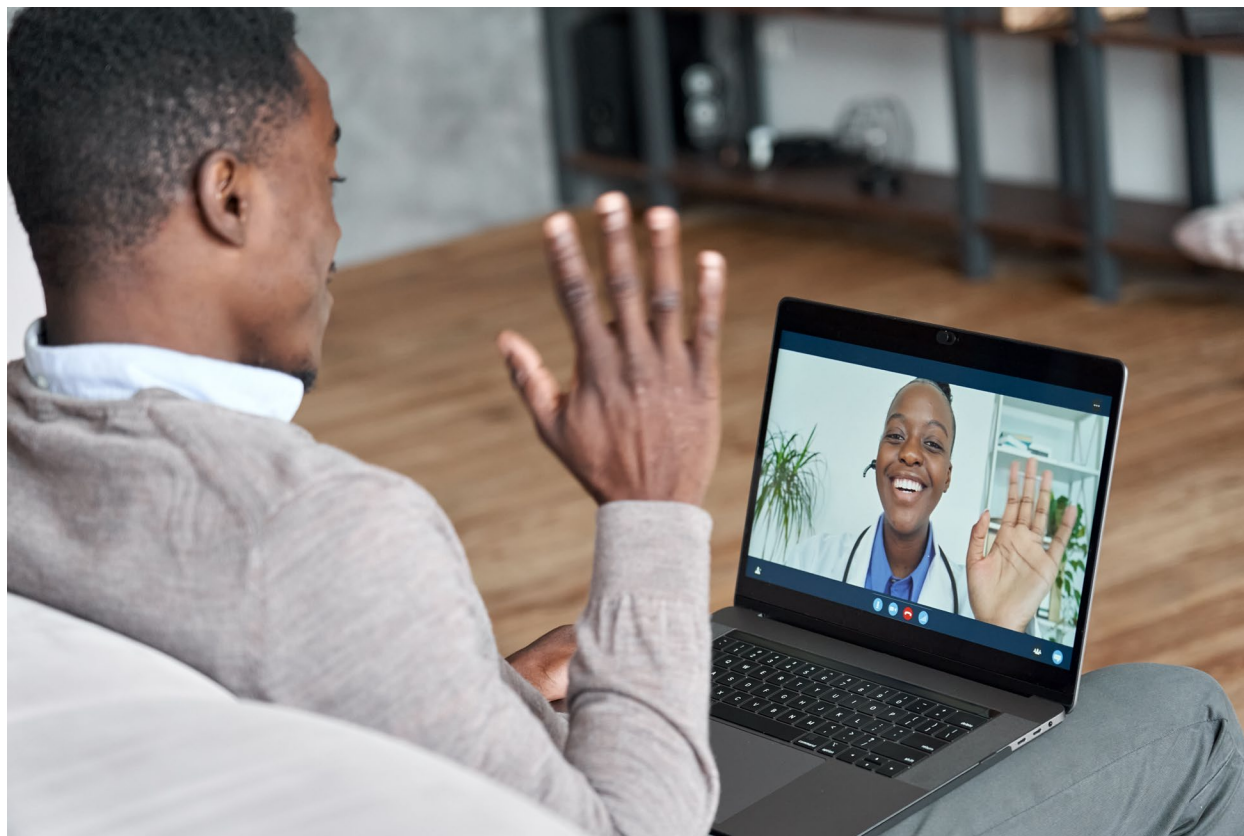
To help a client get prescriptions and follow-up care with an outpatient provider, you will need to address the issue of insurance coverage. Many options involve some type of managed care plan. The type of coverage that a client has and the managed care plan that they are enrolled in will determine where they can fill prescriptions, what co-pays they have, and which outpatient providers they can access. Prices for prescriptions will also vary depending on coverage and medication.

Once you determine which type of coverage your client has, be sure to confirm with the pharmacy and outpatient provider if they accept this insurance. Some clients may be in between enrollment and insurance coverage. As a navigator, it is important to be

knowledgeable of any programs or resources within the community that provide free or low-cost care services for your client or gain access through hospital financial counselors. You should also be aware of free or low-cost access to harm reduction tools such as syringe service providers or naloxone.

To learn more about health insurance in Minnesota, visit [MNsure - Minnesota's health insurance marketplace \(https://www.mnsure.org/\)](https://www.mnsure.org/).

Section 5: Supporting Care Retention and Harm Reduction



5.1 Educating Clients and Facilitating Treatment

Harm Reduction Education

All clients, even those who are not ready for treatment, should receive harm reduction education. Providing harm reduction kits and education can set the stage for future engagement and create a culture of safety in the community. Additionally, it is important to provide clients with clear written treatment and follow-up instructions. Remind the client to keep SUD and mental health medications secure. This may be a challenge for clients experiencing housing instability. As a navigator, you should not punish or discriminate against clients in this situation but instead discuss a plan for storage of medications and what they will do if their medication is stolen. You can also discuss long-acting injectable buprenorphine if safe storage is likely to be a challenge.

5.2 Documentation and Charting

Find out the documentation process of your organization. Documentation can provide information on health history and services received by a client. This data may also provide the foundation for reimbursement of services that are provided in the future or may be used for future grant applications. As a navigator, you should coordinate with your organization to

receive any documentation orientation and permissions, if applicable. Additionally, find out if your organization allows for the creation of a template that can be used for each client encounter. Such a template could increase productivity by aligning the documentation process for uniformity in data collection, minimizing charting time, and generating a billable encounter.

Intake Tool

An intake tool is helpful for notetaking during any interaction with a client. An intake tool may help you collect appropriate referral data and essential information for follow up and quality care. Additionally, information found in your notes, or the intake tool could prove helpful for information gathering future funding applications. However, any information that you collect should be handled in accordance with your organization's privacy regulations.

Section 6: Recovery Management



Clients are likely to need support to:

- Understand the impact of brain injury and substance use.
- Remember what to do and when.
- Make decisions and set clear goals.
- Make plans and solve problems.
- Keep track of goals and evaluate progress.

6.1 Action Planning

Action planning is a short-term activity to move toward meeting the long-term goal — an agreement or plan between the client and the care team specifying a behavior change a client wants to make.

- **Have the client choose the behavior.**
Remember that usually a client will be ready for one change, such as trying treatment or decreasing frequency of use but not ready for another change, such as a long-term commitment to completely stopping use. Small steps may not feel adequate for how severe the client's health condition is but remain nonjudgmental by paying attention to what you say, how you act, and your facial expressions.
- **Be specific (What? When? Where? How?).**
The success of an action plan is found in the small changes. We want the client to be

successful and enjoy future successes. Identify both what you will do (e.g., I will call the treatment center when they open tomorrow) and what the client will do (e.g., You will get your ID from your friend's house).

- **Check confidence for success.**
How sure are you that you can do this? What could get in the way?
- **Create a clear timeline.**
Specify when each step will happen and when the client needs to complete their action items. Keep them focused on the plan.
- **Follow up.**
Checking back with the client to see if they are moving forward on their action plan holds them accountable, shows that you care, and provides helpful reminders.

6.2 Change Talk and Resistance

Change talk occurs when a client discusses the changes they would like to make in a positive light. Examples of change talk may include:

- "I don't always feel good when I use."
- "I have stopped using in the past... I can stop if I want to."
- "I really care about my family and want a better life for them."
- "I can't believe this is happening again."

Directing clients toward change talk can help them overcome uncertainty and build motivation for change. Motivation can be increased by exploring and resolving these feelings, as well as supporting the client to build confidence in their ability to make changes.

At times you may encounter clients whose behavior suggests resistance and an unwillingness to engage. Signs of such behavior may include:

- Anger, irritation or aggression.
- Defensiveness.
- Denial.
- Withdrawal.
- Avoidance.

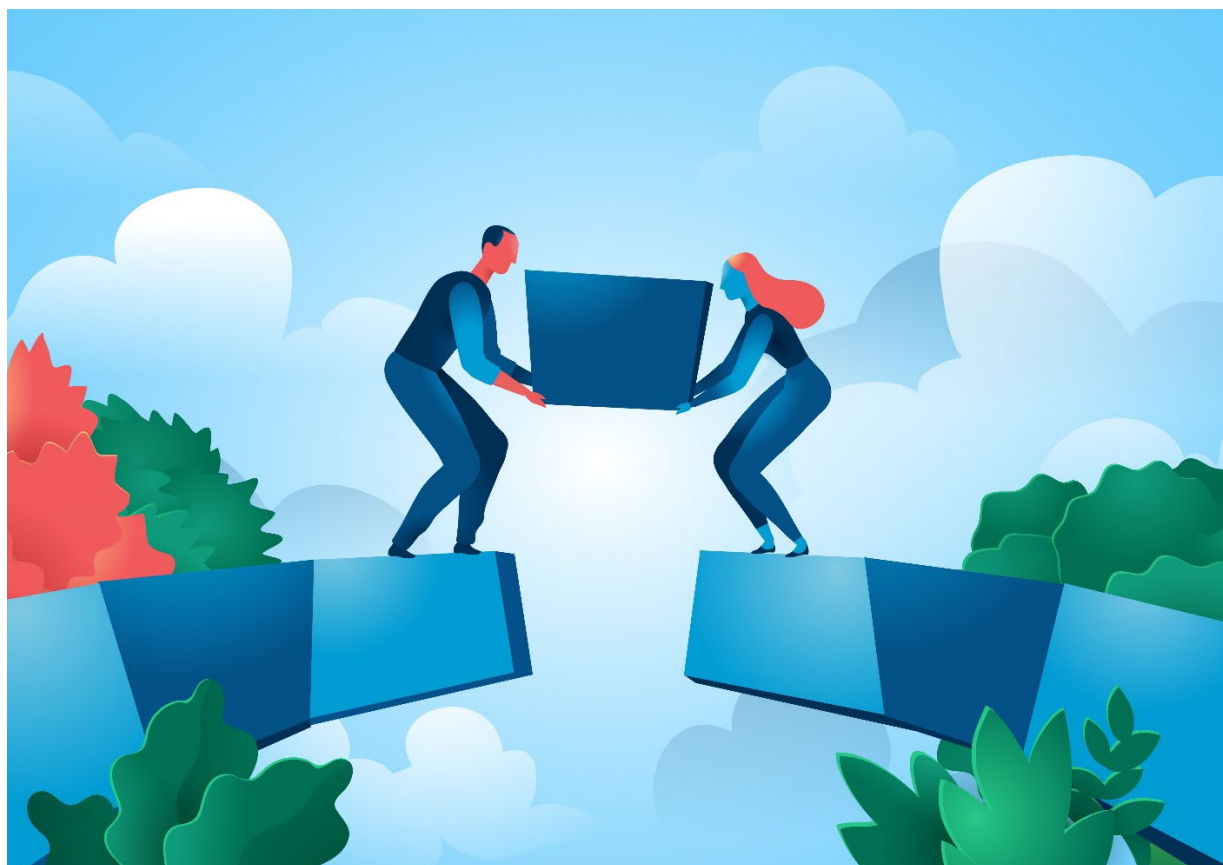
To help shift directions, take time to connect with the client and understand their perception. Give the client space to explore and explain their feelings and show that you recognize and understand them.

Client Introduction to Model of Intervention

As a navigator, the following questions may help you come up with conversation starters regarding your clients' goals.

- **Envisioning the Future**
What does your client want for themselves in the future?
How does their substance use affect those goals?
How can they set realistic objectives to achieve those goals?
- **Preparing for Change**
Help your client formulate goals for change.
Help them clarify their reasons for wanting to make this change.
- **Gathering Resources and Building Skills**
How does your client fill their time?
Who can support them?
What do they do when they feel sad, lonely, frustrated, or angry?
- **Taking Action**
How can your client prevent problem situations?
What should they do when challenges arise?
How can they cope with problems caused by substance use?
- **Maintaining Gains**
What can help your clients maintain the progress they've made?
How do short-term plans lead to long-term success?

Section 7: Improving and Sustaining Your Program



7.1 Collecting Evaluation Data

In your role as a navigator, you may be asked to document, collect, and submit data for your program to measure success or identify areas for improvement.

Metrics

Selection of metrics and data collection should be based on a thoughtful review of the information you need to relay about your program to stakeholders, administration, and your team. You may consider the following metrics:

- Number of clients engaging with the navigator.
- Number of people referred to the navigator.
- Number of meaningful (intentional, client-focused) navigator contacts with clients.
- Number of clients reporting a decrease in problems related to drug and alcohol use.
- Number of navigators who link people who use drugs to care and harm reduction services via warm handoffs.
- Number of referrals to care and harm reduction services.
- Data sources utilized.

- Navigator records.
- Follow-up data.
- Qualitative data (e.g. client testimonials, interviews, etc.).

Tip: Simple summaries of your metrics will go a long way. You can calculate the average monthly volume of clients seen or the number of referrals to treatment. Although collecting these metrics can be additional work, these metrics are helpful when applying for additional grant funding or advocating for policy change.

7.2 Making Yourself Visible in the Community

The sustainability of your position is greatly enhanced by making you, the services you provide, and the outcomes you achieve, visible to key stakeholders.

Simple Strategies

- **Build relationships**
Make a point of systematically building relationships. This is important because the navigator role is often new and not automatically understood or appreciated by other staff or organizations whose buy-in is important for long-term sustainability. You can start building relationships by presenting at meetings or simply introducing yourself.
- **Model collaboration**
Work with other staff to model a strong relationship. Others in the community will see how the staff works with you and how the collaboration is effective and efficient for treating people who use drugs.
- **Share follow-up information**
Send quick emails to providers or other stakeholders to let them know their efforts paid off. Many report that making a difference with clients with OUD is some of the most satisfying work they do.
- **Share clients thank you letters**
If a client sends thank you notes or emails, share them far and wide. Everyone involved can take credit for these successes and will feel a sense of satisfaction in this work.

Public Relations

Seek out opportunities to showcase the program:

- **Make presentations**
Look for settings where you can present to community members, providers, and other stakeholders. Even if you do not have hard data, you can describe your work, how it improved linkage to care, and some client cases.

- **Prepare flyers and brochures**
Handing out simple materials describing your work and its impact gives people something to take away after a meeting.
- **Prepare data summaries**
Generating support for the navigator position is a good reason to make data a priority.
- **Write up success stories**
Short summaries or quotes can be used in presentations to demonstrate the impact each navigator has made. Share stories from all angles: clients, providers, staff, family members, etc.
- **Engage your allies**
In each community, there is usually a handful of providers, staff or community members who have developed a strong affinity for treating SUD and working with navigators. Call on these people to join you in making presentations and talking to their colleagues about the importance of the navigator role.

7.3 Taking Care of Yourself

Being a navigator for clients who use drugs or have co-occurring mental health conditions is a rewarding job, but it is also one that can take a lot out of you. Taking care of yourself is crucial for sustaining your program. The stress of burnout can lead to compassion fatigue and make you feel like you do not have any options but to leave your role. If you burn out and leave your role, it may be detrimental to your program and your clients.

To help navigators reflect on their degree of personal self-care and spot warning signs, a compassion fatigue and burnout self-assessment instrument is provided in [Appendix H](#).

What Does “Burnout” Look Like?

Typically, the result of exposure to secondary trauma through caring for individuals experiencing traumatic stress is experienced as stress and anguish, and often reflects the following warning signs and symptoms:

Obvious:

Chronic physical and emotional exhaustion.

Physical symptoms, such as headaches or stomach issues.

Changes to your diet or sleep patterns.

Subtle:

Withdrawing from activities.

Lack of interest in things you like to do.

Depression or irritability.

Strategies for Self-Care

The way you perceive your work conditions as a navigator is crucial to prevent occupational burnout and promote wellbeing. Creating work environments with flexibility, balanced workloads, and space for self-care can help reduce the likelihood for burnout. Self-care means taking the time to do the things that are enjoyable, that help you live well, and activities to improve your physical and mental health. When you practice self-care, it can help to manage stress, lower the risk of illness, and increase your energy. Regardless of the amount of time put into self-care, even the smallest act of self-care can make a huge impact.

Workplace Challenges:

- Maintaining boundaries
- Feeling overworked
- Challenges navigating addiction stigma
- Difficulty with sufficient supervision

Personal Challenges:

- Maintaining boundaries
- Taking problems home
- Feeling overworked
- Feeling emotionally drained
- Challenges navigating addiction stigma
- Feeling like there are no solutions
- Difficulty with sufficient supervision
- Difficulty hearing clients' stories

Signs You Need Self-care:

- Difficulty concentrating
- Absenteeism (missing work)
- Anger or irritability
- Insomnia
- Compulsive behavior
- Detachment
- Chronic physical challenges
- Loss of motivation
- Difficulty with work-life balance
- Depression, anxiety, or isolation

Self-care strategies to strengthen self-awareness and practice self-compassion include:

- Talk to someone you trust (co-worker, friend, family member).
- Engage in meaningful conversations.
- Take some time for yourself.
- Exercise.
- Get more sleep.
- Eat regularly.
- Meditate.

Take a Mindful Moment

Psychological wellbeing is crucial to your state of mind and your physical health. According to the American Psychological Association, psychological wellbeing involves being both happy and content, with low levels of distress, good mental health, and comfortable quality of life. Additional resources can be found in [Appendix H](#).

To promote psychological wellbeing consider:

- Stretching or taking a 5-minute break.
- Taking deep breaths for 1 minute.
- Reflecting on a positive moment in your life.
- Giving a compliment to someone.

Seek Professional Help

Self-care is vital for treating compassion fatigue, emotional and physical fatigue, and feelings of being overwhelmed, but there is also a time to seek professional help. This may include going to see a family doctor, trauma specialist, therapist, or psychiatrist.

Tip: The National Institute of Mental Health recommends seeking professional help if you are experiencing severe or distressing symptoms that have lasted two weeks or longer, such as the signs listed above.

7.4 Investing in Your Future

No specific degree or certification is required to perform substance use navigation activities. However, obtaining a certification may increase your ability to work in roles serving clients with SUD across various agencies. Some certifications that may help you advance your career and open up job opportunities include:

- **Licensed Drug and Alcohol Counselor (LADC).**
(<https://mn.gov/boards/behavioral-health/applicants/apply/apply-for-ladc.jsp>)
 - LADC is the most common certification specifically for assisting clients with SUD. Getting your LADC certification allows you to provide a wider range of services to clients and may open up more opportunities to advance your career.
- Peer Recovery Support Specialists (PRSS) (<https://www.mcboard.org/peer-recovery/>)
 - This role assists clients with SUD or behavioral health and incorporates their own lived experience.
- Community Health Worker (CHW) Certification.
(<https://www.health.state.mn.us/communities/commhealthworkers/training.html>)
 - CHW services include health education, health navigation, screening and assessment, and individual support and advocacy.

Appendices

Appendix A: Online Resources for Harm Reduction and Overdose Prevention

- **[MDH Harm Reduction and Overdose Prevention \(PDF\)](https://www.health.state.mn.us/communities/opioids/documents/sudresourcesheet.pdf)**
(<https://www.health.state.mn.us/communities/opioids/documents/sudresourcesheet.pdf>)
- **[National Harm Reduction Coalition Safer Drug Use \(PDF\)](https://bridgetotreatment.org/wp-content/uploads/nhrc-saferdruguse.pdf)**
(<https://bridgetotreatment.org/wp-content/uploads/nhrc-saferdruguse.pdf>)
- **[Fentanyl Test Strips to Prevent Drug Overdose \(PDF\)](https://www.health.state.mn.us/communities/opioids/documents/ftsforph.pdf)**
(<https://www.health.state.mn.us/communities/opioids/documents/ftsforph.pdf>)
- **[Reducing Harms Associated with Substance Use Disorder through Syringe Service Programs and Syringe Access \(PDF\)](https://www.health.state.mn.us/people/syringe/sspinfo.pdf)**
(<https://www.health.state.mn.us/people/syringe/sspinfo.pdf>)
- **[Minnesota Pharmacy Syringe/Needle Access Initiative](https://www.health.state.mn.us/people/syringe/mnpharmacy.html)**
(<https://www.health.state.mn.us/people/syringe/mnpharmacy.html>)
- **[MDH Laws Affecting People Who Use Drugs \(PDF\)](https://www.health.state.mn.us/people/syringe/ssplaws.pdf)**
(<https://www.health.state.mn.us/people/syringe/ssplaws.pdf>)

Appendix B: Local Mental Health Resources

Crisis teams, made up of mental health professionals, can travel to an individual's location and assess the situation. They provide stabilization services, intervention services, crisis prevention planning, referral to other professionals, and follow-up services. The crisis teams are available by phone 24 hours a day, seven days a week. You can call them when someone is suicidal, psychotic, exhibiting out of control behavior, or threatening to harm themselves or others.

Call the team in your area:

- Anoka County: 763-755-3801
- Carver County: 952-442-7601
- Dakota County: 952-891-7171
- Washington County: 651-275-7400
- Ramsey County: Adults: 651-266-7900, Children: 651-266-7878
- Scott County: 952-818-3702
- Hennepin County: Adults or Children: 612-596-1223

Treatment Providers for Mental Health and Substance Use Disorders ([SAMHSA FindTreatment Locator](#))

- [Northern Pines Mental Health \(https://npmh.org/\)](https://npmh.org/) Center Staples Outpatient Office (Multiple Locations)-823 Maple Street Brainerd, MN. 56401
- [Sanford Health Behavioral Health Center \(https://www.sanfordhealth.org/\)](https://www.sanfordhealth.org/) - 1009 Hollinger Street Park Rapids, MN. 56470
- [Carolyn Becker Therapy Services \(www.evokementalhealth.com\)](http://www.evokementalhealth.com)
- [Bell Hill Recovery Center \(www.bellhill.org\)](http://www.bellhill.org)- 12214 200th Street Wadena, MN. 56482
- [Brainard Community-Based Outpatient Clinic \(VA\) \(https://addictionresource.com/listings/brainerd-community-based-outpatient-clinic-brainerd-cboc-brainerd-minnesota/\)](https://addictionresource.com/listings/brainerd-community-based-outpatient-clinic-brainerd-cboc-brainerd-minnesota/) - 722 NW 7th Street Brainerd, MN. 56401
- [Nystrom and Assoc. \(https://addictionresource.com/listings/brainerd-community-based-outpatient-clinic-brainerd-cboc-brainerd-minnesota/\)](https://addictionresource.com/listings/brainerd-community-based-outpatient-clinic-brainerd-cboc-brainerd-minnesota/) - 13045 Falcon Drive, Suite 100 Baxter, MN. 56425
- [Leech Lake Womens Services Program \(https://www.llojibwe.org/hs/womenservices.html\)](https://www.llojibwe.org/hs/womenservices.html) - 409 3rd Street NE., Suite B Cass Lake, MN. 56633
- [Leech Lake Mens Outpatient Program \(https://llojibwe.org/hs/mensoutpatient.html\)](https://llojibwe.org/hs/mensoutpatient.html) - 6095 161st Street NW Cass Lake, MN. 56633
- [Juel Fairbanks Recovery Services \(https://juelfairbanks.org/\)](https://juelfairbanks.org/) - 806 North Albert Street St. Paul, MN. 55104

[List of All Mental Health Crisis Teams in Minnesota \(https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp\)](https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp).

[County Crisis Services Fact Sheet \(https://namimn.org/wp-content/uploads/sites/48/2019/06/County-Crisis-Services_2019.06.03.pdf\)](https://namimn.org/wp-content/uploads/sites/48/2019/06/County-Crisis-Services_2019.06.03.pdf).

Minnesota Department of Human Services Mental Health Crisis Phone Numbers
(<https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp>).

Appendix C: Suicide Prevention Patient Safety Plan Template PDF
 (https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf)

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Place _____	4. Place _____
Step 4: People whom I can ask for help:	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Name _____	Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1. Clinician Name _____	Phone _____
Clinician Pager or Emergency Contact # _____	
2. Clinician Name _____	Phone _____
Clinician Pager or Emergency Contact # _____	
3. Local Urgent Care Services _____	
Urgent Care Services Address _____	
Urgent Care Services Phone _____	
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	
Step 6: Making the environment safe:	
1.	_____
2.	_____
<small>Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.</small>	

The one thing that is most important to me and worth living for is:

Appendix D: CA Bridge Table (CA-Bridge-Medicines for Treating OUD)
<https://bridgetotreatment.org/resource/substance-use-navigation-toolkit/>



Medicines for Treating Opioid Use Disorder:

What you need to know when choosing the best treatment for you

September 2020

Buprenorphine (Suboxone®, Subutex®, Zubsolv®)	Methadone	Naltrexone (Vivitrol®)
<p> BENEFITS</p> <ul style="list-style-type: none"> ● It is a well-studied medicine, and safe for long-term use. ● People who take buprenorphine are less likely to overdose or die than people who do not take it. ● It blocks cravings and prevents feeling “high” if you slip and use. ● It is more effective for chronic pain than methadone or naltrexone. ● It blocks withdrawal symptoms (unlike naltrexone or no medications). ● You can get to a comfortable dose in a couple of days (faster than with methadone). ● It does not produce a “high.” ● Most people get it from a primary care doctor who can provide up to one month of medicine at a time—no need to go every day or go to a special clinic. ● Some people prefer the counseling and support of a methadone clinic—many clinics now also offer buprenorphine at the window. ● Safely used by patients who have employee health screens or on parole. ● It is covered by most health insurance programs. <p> CAUTIONS</p> <ul style="list-style-type: none"> ● Side effects are rare AND less severe and less frequent than other opioids. All opioids can cause trouble sleeping, nausea, headaches, or overdose if mixed with other drugs. ● Some AA/NA groups, treatment programs, and police/judges may not support this. ● Usually, you should be in some withdrawal before you take the first dose. ● Stopping buprenorphine often is done slowly and with support of medical team. 	<p> BENEFITS</p> <ul style="list-style-type: none"> ● It is a well-studied medicine that is safe for long-term use. ● People who take methadone are less likely to overdose or to die than people who do not take it. ● It blocks cravings and prevents feeling “high” if you slip and use. ● It helps with chronic pain, but less than buprenorphine. ● It blocks withdrawal symptoms (unlike naltrexone or no medications) and may take longer to get to a comfortable dose than buprenorphine. ● It does not produce a “high” if taken at the right dose. ● Methadone users are less likely than those who don’t take it to relapse, get HIV, or go to prison. ● Methadone clinics offer counseling and case management support. ● You do not need to go into withdrawal before starting it. ● It is covered by most health insurance programs. <p> CAUTIONS</p> <ul style="list-style-type: none"> ● Side effects may include sleepiness (if dose is too high), constipation, or dangerous heart rhythms—these can be prevented by working with your medical team. ● If you take too much or mix with other drugs, you can overdose. ● It can only be taken by going to a methadone clinic frequently. ● Stopping methadone must be done slowly and with support of medical team. 	<p> BENEFITS</p> <ul style="list-style-type: none"> ● It blocks opioid and alcohol cravings and stops you from feeling high if you use opioids. ● You only need to get the shot once a month. ● It is not an opioid and does not cause withdrawal symptoms if you stop taking it. ● Even though studies show buprenorphine and methadone are as helpful, some AA/NA groups, treatment programs, and police/judges may prefer naltrexone. <p> CAUTIONS</p> <ul style="list-style-type: none"> ● You are more likely to relapse and overdose in comparison to results from buprenorphine or methadone. ● Upon the first injection, if you have opioids in your system you will likely go into withdrawal. You must go through detox first and not use for 1-2 weeks. ● It can be very hard to start. Unlike methadone and buprenorphine, it does not help with withdrawal symptoms and can cause withdrawal for up to 2 weeks if taken too soon. ● It does not help with chronic pain. ● It can be expensive and hard to get; many insurance plans do not pay or only cover it after a long process. ● Your tolerance goes down when you don’t take any opioid medicine. That means if you return to using, you may have a bigger risk of dying than if you took methadone or buprenorphine. ● If you need emergency surgery or have sudden bad pain, opioids will not work well.

Appendix E: State & Local Harm Reduction Resources

Some existing community partners in Minnesota include:

- **[Agate Street Outreach/Agate Wellness Ctr \(https://agatemn.org/\)](https://agatemn.org/)** - 2309 Nicollet Ave Minneapolis, MN. 55404 is a social advocacy organization committed to ending homelessness and meeting basic human needs such as food insecurity.
- **[Clinic 555 Syringe Exchange \(https://nasen.org/sep/clinic-555-syringe-exchange\)](https://nasen.org/sep/clinic-555-syringe-exchange)** - 555 Cedar Street St. Paul, MN. 55111 is a program that provides anonymous syringe exchange and disposal services, Narcan, wound care, HIV and Hepatitis testing, etc.
- **[Minnesota Transgender Health Coalition \(https://www.mntransgenderhealth.org/\)](https://www.mntransgenderhealth.org/)** - 730 E. 38th Street Suite 108 Minneapolis, MN. 55407 provides healthcare access and services for trans and gender non-conforming people through education, resources, and advocacy. Services include a shot clinic, syringe exchange, and support groups.
- **[In N' Out Harm Reduction and Testing Services Program \(https://nasen.org/sep/in-nand39-out\)](https://nasen.org/sep/in-nand39-out)** - 710 W. Broadway Minneapolis, MN. 55411 provides practical, education-based harm reduction strategies. Services include Fentanyl test strips and education, Hepatitis and HIV testing, MAT education, Naloxone Distribution, etc.
- **[Indigenous People Task Force Syringe Exchange Program \(https://indigenouspeoplestf.org/\)](https://indigenouspeoplestf.org/)** - 1335 E. 23rd St. Minneapolis, MN. 55404 IPTF seeks to strengthen community wellness through programs based in indigenous values and ways of knowing. Services include HIV testing, syringe exchange, community meal and grocery box, housing and case management, suicide prevention and teen pregnancy prevention, and Narcan distribution.
- **[Southside Harm Reduction Services \(https://indigenouspeoplestf.org/\)](https://indigenouspeoplestf.org/)** - 810E. Franklin Ave. Minneapolis, MN. 55404 provides and distributes safe use supplies through delivery, outreach and in their drop-in center. The center also assists with linkage to care to non-judgmental, harm reduction-based service providers.
- **[Steve Rummler HOPE Network \(https://shrs.org/\)](https://shrs.org/)** - 2233 University Ave. Suite 325 St. Paul, MN. 55114 works to address the impacts of the opioid crisis through overdose prevention, advocacy, and community-based and professional education. Services include Naloxone training and kits, fentanyl and xylazine test strips, chronic pain education, and advocacy.
- **[Native American Community Clinic \(https://nacc-healthcare.org/\)](https://nacc-healthcare.org/)** - 1213 E. Franklin Avenue Minneapolis, MN. 55404 seeks to address the health disparities within the urban Native American community of the Twin Cities through the promotion of health and wellness of mind, body, and spirit of Native American Families. Services include medical, dental, behavioral health, and substance abuse programs to include outreach services

(safer use supplies and Narcan), MAT, food assistance and housing programs, and health insurance services.

- **[American Indian Community Housing Organization \(https://www.aicho.org/#/\)](https://www.aicho.org/#/)** - 202 W. 2nd St. Duluth, MN. 55802 provides housing and supportive services to individuals and families who are homeless or in need of safe housing.
- **[Chum Duluth \(https://www.aicho.org/#/\)](https://www.aicho.org/#/)** - 102 W. 2nd St. Duluth, MN. 55802 is a community-based non-profit organization that provides stabilization services (drop-in center/emergency shelter), food distribution services, housing services, case management, and employment services.
- **[Harm Reduction Sisters \(https://www.chumduluth.org/\)](https://www.chumduluth.org/)** - 206 W. 4th Street #216-B Duluth, MN. 55806 provides safer injection and smoking supplies (syringes, Fentanyl test strips, wound care kits, cookers, etc.), Narcan, and non-medical HIV case management, harm reduction education, and support groups.
- **[Program for Aid to Victims of Sexual Assault \(https://pavsa.org/our-services\)](https://pavsa.org/our-services)** - 32 east 1st Street Suite 200 Duluth, MN. 55802 is dedicated to combating the issue of sexual assault through supportive services to survivors of sexual assault age 13 and older, community education, and advocacy. Services include a 24-hour helpline, hospital advocacy response, Medical Forensic Exam, Therapy, Legal advocacy and representation, support groups, and support for partners, family, and friends of survivors.
- **[Safe Harbor Regional Navigators \(https://www.health.state.mn.us/communities/humantrafficking/safeharbor/navigators.html\)](https://www.health.state.mn.us/communities/humantrafficking/safeharbor/navigators.html)** - A consortium of non-profit organizations across Minnesota that connect sexually exploited or human trafficked youth with services and resources.
- **[Small Sums \(https://www.smallsums.org/\)](https://www.smallsums.org/)** - 2375 University Avenue West, Suite 150 St. Paul, MN. Provides required work items to homeless and housing unstable individuals. Services include clothing items, tools for the trade, transportation, licenses and union fees, etc.

Appendix F: Sample Community Outreach Letter

Sample Outreach Letter

[Date]

Subject: Notice of Community Navigation Services Available for People with Substance Use Disorder (SUD)

Dear [Community Member]:

[Navigator Organization Name] is happy to announce navigation services available for people who use drugs.

Our [Navigator Title] helps people with SUD avoid the harms of substance use and connects them to care that works for them. The goal of our services is to:

- Link clients to care for SUD through active support and follow up by facilitating referrals to treatment, addressing barriers to care, and serving as a resource for clients and clinicians.
- Create a welcoming culture in the community that does not stigmatize substance use and SUD treatment to support retention in care.
- Support clients in stabilizing substance use behavioral changes by providing ongoing support, assessment, and monitoring following primary treatment for SUD.

We hope that you will consider our organization as a referral pathway to connect clients in need of support, as we work towards the goal of reducing overdose deaths in our community. If you have any questions about our navigation services or would like more information on the [Navigator Organization Name], please don't hesitate to reach me directly at [navigator email] or [navigator phone number]

Sincerely,

[Navigator Name]

[Navigator Title]

[Navigator Organization Name]

Appendix G: Online Resources for Drug and Overdose Data

- **[MDH Drug Overdose Dashboards](https://www.health.state.mn.us/communities/overdose/data/dashboards.html)**
(<https://www.health.state.mn.us/communities/overdose/data/dashboards.html>)
Minnesota data on fatal and non-fatal drug overdose, substance use, and co-occurring.
- **[MDH Drug Overdose Resource Center](https://www.health.state.mn.us/communities/overdose/response/resources.html)**
(<https://www.health.state.mn.us/communities/overdose/response/resources.html>)
Minnesota-specific downloadable graphics, data and reports, overdose prevention resources, and more.
- **[Native Overdose Resource Hub](https://www.nativeoverdoseresource.org/)** (<https://www.nativeoverdoseresource.org/>)
- **[Minnesota Injury Data Access System](https://www.health.state.mn.us/communities/injury/midas/index.html)**
(MIDAS) (<https://www.health.state.mn.us/communities/injury/midas/index.html>)
Injury and violence data for Minnesotans by county, type of injury, gender, timeframe, and other factors.
- **[Substance Use in Minnesota](https://sumn.org/)**
(<https://sumn.org/>)
- **[Great Lakes Inter-Tribal Epidemiology Center](https://www.glitc.org/programs/epidemiology-and-education/great-lakes-inter-tribal-epidemiology-center/overview-glitec/)**
(<https://www.glitc.org/programs/epidemiology-and-education/great-lakes-inter-tribal-epidemiology-center/overview-glitec/>)
- **[Urban Indian Health Institute](https://www.uihi.org/)** (<https://www.uihi.org/>) Minnesota data on alcohol, drugs, risk and protective factors, and mental health by region and demographics.
- **[US Census Bureau](https://data.census.gov/)** (<https://data.census.gov/>) This website allows you to quickly look up the demographics of your city or county.
- **[Find Local or Tribal Health Department or Community Health Board](https://www.health.state.mn.us/communities/practice/connect/findlph.html)**
(<https://www.health.state.mn.us/communities/practice/connect/findlph.html>)

Appendix H: Resources for Taking Care of Yourself

Example Self-Care: Compassion Fatigue and Burnout Self-Assessment

The Professional Quality of Life (PDF) (<https://www.camh.ca/-/media/professionals-files/childhood-trauma-toolkit/proquality-life-self-score-pdf.pdf>) assessment allows professional to self-assess compassion satisfaction, burnout, and compassion fatigue

National Association of Social Workers: [A Look at Compassion Fatigue and Resources for Social Workers \(PDF\)](#)

(<https://www.socialworkers.org/LinkClick.aspx?fileticket=ugVUOeOZqwU%3D&portalid=0>)

Self-Care Tools- Professional Quality of Life Tools for better work-related wellbeing
<https://proqol.org/>

Better Sleep (PDF) (<https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/downloads/Better%20Sleep%20handout%20FINAL%20with%20call%20outs.pdf?ver=1760471206860>)

Breathing (PDF) (<https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/downloads/Breathing%20handout%20FINAL%20with%20call%20outs.pdf?ver=1760471207751>)

Grounding Techniques (PDF) (<https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/Grounding%20Techniques%20handout%20FINAL%20with%20callou.pdf>)

Mindfulness (PDF) (<https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/Mindfulness%20handout%20FINAL%20with%20call%20outs.pdf>)

Progressive Muscle Relaxation (PDF) (<https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/Progresive%20Muscle%20Relaxation%20handout%20FINAL%20wit.pdf>)

Stretching (PDF) (<https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/Stretching%20handout%20FINAL%20with%20call%20outs.pdf>)

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Thank You!

MDH thanks you for your work as a Community-Based Linkage to Care Navigator. Your work will help Minnesotans living with substance use disorder (SUD) to receive evidence-based treatment, support retention in care, and maintain recovery.

Contact MDH

To contact the MDH Injury and Violence Prevention Section's SUD Navigator subject matter experts, please send an email to health.drugodprev@state.mn.us.

To find the most recent statewide substance use data, please visit [MDH Drug Overdose Data \(https://www.health.state.mn.us/communities/overdose/data/index.html\)](https://www.health.state.mn.us/communities/overdose/data/index.html) online.

Minnesota Department of Health

Overdose Prevention Unit

Email: health.drugodprev@state.mn.us

Website: <https://www.health.state.mn.us/communities/overdose/index.html>

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To obtain this information in a different format, please email: health.drugodprev@state.mn.us