



# COMMITTEE REPORT

## 2018

### Minot Mayor's Committee on Addiction

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Website: <https://www.facebook.com/HelpMinotHeal/>



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# SUMMARY

Creating a Community Response to the Addiction Crisis through a Collaborative, Inclusive, and Resourceful Three-Phase Approach in the Minot Area

## Background

Over the last few years, a national crisis has hit home in the Magic City: the opioid epidemic. It is impacting our families, friends, and community members. The Centers for Disease Control and Prevention states that from 2013 to 2014 alone, opioid-induced fatalities in North Dakota increased by 125%. Not only has the Minot Police Department continued to make hundreds of drug arrests in recent years, local paramedics continue to respond to opioid-related calls - sometimes up to 7 or 8 in a 12-hour period . As the incidence of opioid abuse has increased, treatment opportunities and community-wide responses have not.

The opioid epidemic is reaching a fever pitch. The incidences of drug-related crimes, opioid treatment numbers, opioid-related emergency calls, and threat of harm to first responders and community members by fentanyl have been rapidly rising. As evidence, the local hospital reported that 89 babies were born in Minot addicted to opioids in 2016. Additionally, the Ward County Narcotics Task Force has reported that heroin seizures have spiked more than 440 percent from 2014 to 2015. Finally, there has been a surge in the need of foster care parents because many biological parents have lost their right to care for their children due to addiction.

## Minot Mayor's Committee on Addiction Members

The Mayor's Committee on Addiction is made up of Mr. Chuck Barney (Mayor of Minot), Mr. Shannon Straight (Minot Alderman), Dr. Stephan Podrygula (Minot Alderman), Ms. Lisa Clute (First District Health Unit), Mr. Paul Stroklund (Concerned Parent), Ms. Patti Eisenzimmer (Concerned Parent), Dr. Jeffrey Sather (Medical Director), Chief Jason Olson (Minot Police Department), Sheriff Bob Barnard (Ward County), Mr. Chris Ray (Ward County Jail Commander), Ms. Connie Tyler (Community Medical Services), Ms. Laurie Gotvaslee (Director of North Central Human Service Center), Ms. Val Potter (Juvenile Drug Court), Mr. Steve Hall (ND Dept. of Corrections & Rehabilitation), and Dr. Mark Vollmer (Superintendent of Minot Public Schools).

## Community Current Capacity for Prevention Implementation

Enclosed you will find the Mayor's Committee on Addiction committee report. We are excited that our community is becoming engaged with the Mayor's Committee on Addiction. In the past the Minot community has had a history of individual Coalitions and Organizations working independently on issues of addiction.

Thus far, First District Health Unit hosted its first week-long event during the Substance Abuse and Mental Health Administration (SAMSHA) National Prevention Week. This was a collaboration of various agencies coming together to bring awareness to substance abuse and mental health.

Since the development of the Mayor's Committee in July 2017 we have seen members of the community and organizations rally around this issue. A few Minot community members who have lost adult children due to the opioid epidemic have become involved in developing formal and informal organizations. One is working on becoming a 501.3C nonprofit foundation whose goal is to get naloxone into the hands of those using opioids. Still another is acting as a strong community advocate for those individuals with substance abuse issues who are incarcerated in the jail.

August 2017 First District Health Unit was offered a State Targeted Response (STR) community opioid grant to work on evidence based strategies surrounding the opioid epidemic. Programs like Lock, Monitor, Take Back, Naloxone distribution, opioid overdose prevention, syringe service, and reducing the stigma of addiction.

August 31, 2017, a community member hosted the first overdose awareness event in Minot's Oak Park. This event was well attended by the community (about 100 attendees). The event emphasized the need to speak up and end the stigma surrounding substance abuse and mental health disorders.

**Following are some examples of the citizens already stepping up to help with the issue of addiction:**

Numerous presentations were made to various service organization about the drug problems, specifically opioids and that the Mayor has established a committee on addiction.

Help heal Minot, putting a light of the shadow of addiction Facebook page was launched.

On January 18<sup>th</sup> 2018 the first Minot community "Take Back" event was held at First District Health Unit. In four short hours, 106 pounds of medication was gathered. 2/3<sup>rd</sup> of which were narcotics.

January 23, 2018 a group of students and staff at Minot State University met with the First Lady of North Dakota about their goal creating a sober living community on campus.

January 23, 2018 members of the Mayor's Committee on Addiction met with the First Lady of North Dakota and shared the process that the Committee was doing to identify gaps in the Minot area in addiction services.

Two retired addiction counselors stepped forward to create a support group to assist people struggling with addiction.

A mother of two children struggling with substance use disorder started a support group for others struggling with the disease.

On March 8, 2018 the City of Minot became the recipient of a Bush Foundation grant. While the focus of this grant is on opioids the foundation laid will benefit all substances of addiction.

The Minot Mayor's committee is addressing the following issues surrounding opioid abuse to include:

1. As incidences of opioid abuse continue to rise a comprehensive community response to the issue needs to have strategies to address the immediate and tertiary effects of this addiction.
2. The majority of service providers operate in silos, and families are reporting that those dealing with addiction are rarely fully informed of the different treatment pathways, resources, and opportunities available.
3. The full scope of the opioid epidemic is not known. Different agencies gather different data but there is no central collection of Minot opioid related data.

The Mayor's committee on Addiction has created sub-committees: Education and Outreach, Health and Safety, Treatment and Family Care, and Aftercare (Recovery). Each committee was given the task of developing a plan to tackle the problem of addiction using the above identified issues. The next several pages are the sub-committee reports.

Families have been destroyed. People have died. If a community response is not developed, opioid addiction will continue to grow. The Minot Mayor's Committee on Addiction developed five subcommittee groups that worked on the following areas:

- Health & Safety
- Education & Outreach
- Treatment & Family Services
- After Care (Recovery)

The subcommittees worked with local citizens, and community organizations to identify areas of concern and develop strategies on how the Minot area community will move forward.

Point of contact for this report is Paul Stroklund, 701-240-7156, [paul.stroklund@ndus.edu](mailto:paul.stroklund@ndus.edu), Project Officer, Bush Foundation Grant.

# HEALTH & SAFETY REPORT

This subcommittee was set up to address the health and safety issues that are associated with addiction; such as issues with alcohol and drugs, Hepatitis C, and HIV. Addressing the development of better, and healthier, ways of treatment and disease control.

Priority	Objective	Activities	Outcomes
1	1.1 Develop a Comprehensive Syringe Service Program	<p>Develop a Syringe Service Task Force comprised of physicians, nurses, law enforcement, people in recovery, community leaders and mental health providers</p> <p>Develop a plan to implement a syringe service in Minot meeting ND Department of Health requirements.</p> <p>Determine law enforcement guidance and support</p> <p>Develop operations protocol of the service</p> <p>Research and secure funding resources for service of operation</p> <p>Reduce disease transmission (Hep C, HIV)</p>	<p>Task Force developed</p> <p>Plan developed</p> <p>Law enforcement support /guidance</p> <p>Operations protocol developed</p> <p>Funding source secured and identified</p> <p>Reduction in diseases</p>
2	1.2 Increase availability and utilization of Naloxone as an evidence-based opioid overdose prevention practice	All schools within the district will have access to Naloxone	<p>Number and list of schools with Naloxone.</p> <p>Number of naloxone use</p>

	<p>All First Responders will have access to Naloxone</p> <p>Make available Naloxone to family members of persons who use opioids.</p> <p>Develop a process to track Overdose incidents and follow thru to counseling.</p> <p>Educate the public on how to access Naloxone by promoting pharmacies providing Naloxone</p> <p>Support policy for encouraging Naloxone prescriptions to those prescribed opioid medication</p> <p>Develop process of gathering reports of incidences of overdoses from all facilities (clinics, hospitals, emergence response, schools, other)</p> <p>Track number of overdoses in service area</p>	<p>Number and list of first responders with Naloxone</p> <p>Number of naloxone used</p> <p>Number distributed to family or support people.</p> <p>Number of naloxone used</p> <p>Tracking process developed</p> <p>Number of educational pieces distributed</p> <p>Report of reach of education message</p> <p>Number of policies supported.</p> <p>Process developed</p> <p>Number of overdoses reported</p>	
3	<p>1.3 Educate population and professionals on signs and symptoms of opioid abuse</p>	<p>Promote Train the Trainer model for teaching professionals</p> <p>Promote/Conduct Community Town Hall/ events to address topics surrounding addiction</p>	<p>Number of trainings conducted</p> <p>Number of people trained</p> <p>Dates of town hall events</p> <p>Number of people attending</p>

4	1.4 Decrease access to unneeded prescription opioid medication	<p>Support the Statewide efforts to reducing numbers of prescriptions distributed</p> <p>Promote alternative pain management strategies</p> <p>Promote healthcare policies that manage and limit opioid medication</p> <p>Report local data monthly from the Prescription Drug Monitoring Program (PDMP)</p>	<p>Number of Statewide efforts supported</p> <p>Number of pain management strategies promoted</p> <p>Number policies supported</p> <p>Monthly PDMP results reported</p>
5	1.5 Increase awareness of the Lock Monitor, Take Back Program	<p>Provide education on locking medication to communities</p> <p>Provide education on monitoring medications</p> <p>Identify and promote current take back locations</p> <p>Increase the number of take back locations</p> <p>Encourage communities to host takeback events</p>	<p>Number of education programs provided</p> <p>Number of education programs provided</p> <p>Number of take back locations identified</p> <p>Number of promotions conducted</p> <p>Number of increased locations</p> <p>Number of takeback events</p>
	1.6 Expand the availability of Medically Assisted Treatment(MAT)	<p>Develop a 24/7 response to medically assisted treatment facilities for emergency room physicians</p> <p>Develop resources for family/support members</p> <p>Increase health care providers who administer or prescribe MAT</p>	<p>Emergency room response developed</p> <p>Resources developed</p> <p>Number of providers currently treating with MAT</p> <p>Number of new providers</p>

Table 1 Health and Safety

## EDUCATION & OUTREACH REPORT

This subcommittee was charged with identifying the need for further education and outreach in the community; to lower the level of stigma against those individuals that are suffering from addiction. They were also given the task of educating the public in ways to combat addiction through prevention.

Priority	Objective	Activities	Outcomes
1	2.1 Reduce the stigma of addiction	Develop a public campaign of the aspects of stigma  Media	Campaign developed
	2.10 Internal/Self stigma	Identify and assess common types of emotions a person experiences when new to recovery  Provide an increased level of self-resiliency skills	Assessment development  Increase in number of personal lifestyle behaviors
	2.11 Stigma from the people in recovery communities	Educate and reduce the perception of addiction	Number of education provided  Assessment of perception  Reduction in perception
	2.12 Stigma from treatment providers	Educate providers on medical assisted treatment (MAT)  Increase the number of providers who support MAT  Educate providers on the nuisances of treating for varying substance use disorder (SUD)	Number of providers educated  Increased number of providers who support treatment with MAT  Number of providers educated

	2.13 Stigma from the general public	Develop a program that puts the face on recovery  Implement the face of recovery program  Assess the general public's perception of a person with an addiction  Public message the results of the assessment using all forms of mass communication including social	Program Developed  Measurement of the use of the program.  Develop an assessment tool.  Conduct assessment.  Message developed  Message promoted
2	2.14 Educate the public and stakeholders on the local substance use problems in the community and surrounding area	Compile local data on the addiction problem in our community  Develop talking points/presentation	Local data compiled  Talking points developed  Education distributed thru out the community via all types of media
	2.15 Educate on the various signs of substance abuse disorder	Develop training on signs of SUD  Present training of signs of SUD	Training developed  Number of presentations conducted
	2.16 Promote and educate on the local resources available	Gather all local resources available for people impacted by SUD  Make available list of resources on various websites	List of local resources gathered  List made available  Locations of resources communicated  Communicate where resources can be found
	2.17 Promote and educate on the local support programs available	Develop list of all local support programs  Make available list of support groups	List of local support programs  List of support groups available  Communicate where resources can be found

	2.18 Educate on the misconceptions of addiction	Gather information of common myths and misconceptions of addiction  Identify or develop materials that can be used to dispel myths and change misconceptions  Provide education/campaign to dispel misconceptions	Information on myths and misconceptions of addiction gathered  Educational materials to dispel myths and change misconceptions identified or developed  Number of presentations presented
	2.19 Promote and educate the public on state laws and policies impacting SUD	Gather laws and local policies related to SUD  Map local ordinances on related to reducing substance use based on jurisdiction  Develop materials that communicate local policies and laws  Make available policies, ordinances and laws on website	Laws and policies gathered  Map developed  Communication tools developed  Policies, ordinances and laws on website
3	2.20 Advocate for statewide SUD coalition	Reach out to communities that have SUD coalitions and partner to develop statewide coalition	Statewide coalition developed
	2.21 Advocate and educate on new laws/policies that impact addiction	Track new bills during legislative session  Track new policies in the state that impact SUD  Educate policy makers on benefits/negative aspects of new policy	Bill tracking mechanism developed  Policies and ordinances in state tracked in database  Number of policies makers provided education
	2.22 Educate the community and stakeholders, that substance use disorder, is a mental health/disease not always a criminal issue	Gather data on number of people incarcerated that have SUD  Partner with Free Through Recovery Program	Data gathered  Partnership Developed

	<p>2.23 Develop youth committee on SUD issues</p>	<p>Establish criteria for youth who can be involved</p> <p>Recruited youth</p> <p>Develop training retreat for youth</p> <p>Develop, mission statement, bylaws for the group</p>	<p>Criteria established</p> <p>Number recruited</p> <p>Training developed</p> <p>Training conducted</p> <p>Mission and organization developed</p>
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# TREATMENT & FAMILY SERVICES

These two committees were combined due to overlapping roles and similarities. Their roll was to identify the treatments that were needed, and where treatments were not available in the Minot Area, or were only available to certain groups. Many of the services needed for the Individual are also needed for the family of the individual with an addiction.

Priority	Objective	Activities	Outcomes
	3.1 Identify current Inpatient/Outpatient treatment options available in the community	<p>Review components that make a good inpatient/outpatient treatment program</p> <p>Develop list of current inpatient treatment available in community</p> <p>Develop list of current outpatient treatment available</p> <p>Review local treatment centers rating them by the national standards</p> <p>Identify treatment centers in similar communities with similar issues and demographics</p> <p>Review identified treatment centers rating them by the national standards</p> <p>Identify the missing components in our treatment programs after comparison to treatment centers visited</p> <p>Develop core group to establish changes in treatment programs</p>	<p>Components of treatment reviewed</p> <p>List of current inpatient options developed</p> <p>List of current outpatient options developed</p> <p>Review completed</p> <p>Location identified</p> <p>Review completed</p> <p>Identify missing components</p> <p>Group developed</p>

	<p>3.11 Identify current resources available for family and support people dealing with substance abuse issues</p>	<p>Review components that make a family and support people program</p> <p>Develop list of current family and support people available in community</p> <p>Develop list of current family and support people available</p> <p>Review family and support people centers rating them by the national standards</p> <p>Identify family and support people in similar communities with similar issues</p> <p>Review identified family and support people rating them by the national standards</p> <p>Identify the missing components in our treatment programs after comparison to family and support people visited</p> <p>Develop core group to establish changes in family and support people</p>	<p>Components of support groups reviewed</p> <p>List of current family and support people developed</p> <p>List of current family and support people options developed</p> <p>Review completed</p> <p>Location identified</p> <p>Review completed</p> <p>Identify missing components</p> <p>Group developed</p>
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	<p>3.12 Identify the community driven programs working with SUD issues. (i.e. faith based programs)</p>	<p>Identify all faith based programs in the communities</p> <p>Assess services that are provided in these programs</p> <p>Assessment made available to public</p> <p>Identify all 12 Step programs in the communities</p> <p>List of 12 Step programs made available to public</p>	<p>List of programs available</p> <p>Assessment completed</p> <p>Media/Social media</p> <p>List of programs available</p> <p>Media/Social media</p>
	<p>3.13 Partner with the criminal justice system to identify when treatment is needed in place of incarceration</p>	<p>Assess the level and knowledge of SUD</p> <p>Develop various seminars for the different areas of the criminal justice system as needed</p> <p>Conduct seminars for different areas of the criminal justice system as needed</p>	<p>Assessment conducted</p> <p>Seminars developed</p> <p>Seminars conducted</p>
	<p>3.14 Collect &amp; Compile all programs above in items 3.11, 3.12, 3.13.</p>	<p>Complete an all-inclusive list of services for person with addiction, their family and or support people</p>	<p>List completed and made available to all in need</p>

	<p>3.15 Identify the obstacles/hurdles to entering treatment in the community and advocate for change to make it easier for people with addiction to receive services</p>	<p>Develop list of obstacles/hurdles people encounter when entering treatment. Examples but not limited to: insurance/no insurance, race, in the criminal system or not, jobless, transportation, location, housing, no detox available, have children, health. Some of these issues are also identified and answered in section 4</p>	<p>List of common obstacles people encounter with possible corrections and bridges.</p>
Insurance/no insurance		<p>Work with insurance companies and treatment facilities in area to ensure that individuals with addiction are being allowed treatment no matter their financial situation</p>	<p>Changes made to programs</p>
In criminal system or not		<p>Work with criminal system and treatment facilities that individuals with addiction are being treated while awaiting individual case outcome</p>	<p>Changes made to current policy</p>
No detox		<p>Work with medical and treatment facilities in area to create social and acute detox programs that will attract individuals with addiction to come and enter treatment</p>	<p>Detox programs created</p>
Treatment facilities not family friendly		<p>Work with area treatment facilities to ensure that there is family friendly treatment facilities where person with addiction can attend and have their children</p>	<p>Family friendly treatment facilities available</p>
Treatment facilities options		<p>Work with area providers to ensure that the individuals with addiction are matched to treatment that best fits their needs</p>	<p>More individuals complete treatment and lower the relapse rate</p>

	3.16 Identify common triggers for relapse	Work with individuals in recovery and professionals in the addiction field to create a list of triggers	List of triggers created
	3.17 Expand the availability of Medically Assisted Treatment(MAT)	<p>Develop a 24/7 response to medically assisted treatment facilities for emergency room physicians</p> <p>Develop resources for family/support members</p> <p>Increase health care providers who administer or prescribe MAT</p>	<p>Emergency Room response developed</p> <p>Resources developed</p> <p>Number of providers currently treating with MAT</p> <p>Number of new providers</p>
	3.18 Expand case management of treatment options	<p>Develop and make available a network of services available to individuals</p> <p>Research volunteer peer to peer support services</p> <p>Recruited volunteer peers willing to be trained for becoming peer mentors</p> <p>Host peer mentor training</p> <p>Establish local trainers for peer mentor training</p> <p>Establish supervision protocol of the volunteer mentors</p>	<p>List of service available</p> <p>Number of locations list is available</p> <p>Number of programs researched</p> <p>Number of people willing to be trained</p> <p>Establish date of training</p> <p>Number of people trained</p> <p>Supervision protocol developed</p>

## AFTER CARE/RECOVERY CARE

This committee was asked to identify the needs someone with an addiction has after initial treatment. This has been identified as one of the most important times in the individual's recovery and may last the rest of their lives.

Priority	Objective	Activities	Outcomes
1	4.1 Identify recovery care needs for those impacted by substance abuse disorder	<p>Develop a professionally created assessment tool to determine what recovery needs each individual will need to focus on in recovery managed by a case manager</p> <p>Administer assessment tool the entry of recovery and periodically</p> <p>Work with case manager to develop individual's recovery plan</p>	<p>Tool developed</p> <p>Tool administered</p> <p>Tool revised if changes needed</p> <p>Case manager and individual develop plan</p> <p>Revise plan</p>

	<p>4.11 Identify current recovery care services that are available in the community. <b>See Addendum C</b></p>	<p>Research the components needed for a recovery care program, like recovery care housing, transition to the recovery community, identify individual missing skill sets</p> <p>Assess the recovery care services available in our community using the component tool</p> <p>Research recovery care services in other communities with similar needs</p> <p>Identify missing components of recovery care in our community</p> <p>Establish a core group to address components that are missing to be implemented</p>	<p>Component developed <b>See Addendum C</b></p> <p>Assessment completed</p> <p>Study completed</p> <p>Components Identified</p> <p>Missing components added to Hub and Spoke system.</p> <p>Core group formed.</p>
	<p>4.12 Identify the tiers of recovery care</p>	<p>Design a tier based recovery program</p> <p>Determine if the developed program model fits the community needs</p> <p>Resurrect recovery group and others to modify the plan</p>	<p>Program design <b>See Addendum A, Appendix 1 and 2</b></p> <p>Accept current tiered program or modify</p> <p>New plan developed</p>
	<p>4.14 Identify the components of the One Stop Shop</p>	<p>Design a one stop shop recovery program</p> <p>Determine if the developed program model fits the community needs</p>	<p>Program design <b>See Addendum B Appendix 3</b></p> <p>Accept current or modify</p>

	<p>4.15 Entry of individual into recovery care</p>	<p>Case manager identifying individuals completing treatment</p> <p>Determine what components that fit the individual's needs and refer to entity thru case management</p> <p>Enroll in all identified components</p>	<p>Communication method developed between treatment and recovery</p> <p>Number and places of referral by case manager</p> <p>Enrollment completed</p>
	<p>4.16 Develop a pilot program of sober living homes at Minot State University</p>	<p>Partner with MSU to establish sober living program</p> <p>Identify individual on the task force</p> <p>Determine mission statement, and goals for the task force</p>	<p>Program developed</p> <p>Number of task force members</p> <p>Completed task</p>

## ADDENDUM A

Tiered system of housing to accommodate recovering individuals in varied levels of recovery

Tier 1: Still using, but working on recovery

Layer 1: Entry Level (restrictive)

Layer 2: Counseling

Layer 3: Embedded Support/Treatment

Tier 2: Return after incarceration

Layer 1: Entry Level (restrictive)

Possible CDU Treatment Inpatient/Outpatient

Layer 2: Extension of Privileges with Heavy Support

Ongoing Counseling/Support

Employment Assistance

Financial Assistance

Future Planning

Layer 3: Independent Living in Restrictive Structure

Self-guided Support w/ Monitoring

Sliding Scale for Expenses

Continued but Limited Financial Support

Layer 4: Transfer to Independent Living

Continued Counseling/Support

Financial Management Training

Tier 3: Return after formalized treatment program

Layer 1: Entry Level (restrictive)

Extensive Counseling/Support

Financial Assistance

Maintenance

Layer 2: Extension of Privileges with Heavy Support

Ongoing Counseling/Support

Employment Assistance

Financial Assistance

Future Planning

Layer 3: Independent Living in Restrictive Structure

Self-guided Support w/Monitoring

Sliding Scale for Expenses  
Continued but Limited Financial Support

Layer 4: Transfer to Independent Living  
Continued Counseling/Support  
Financial Management Training

Tier 4: Independent Living

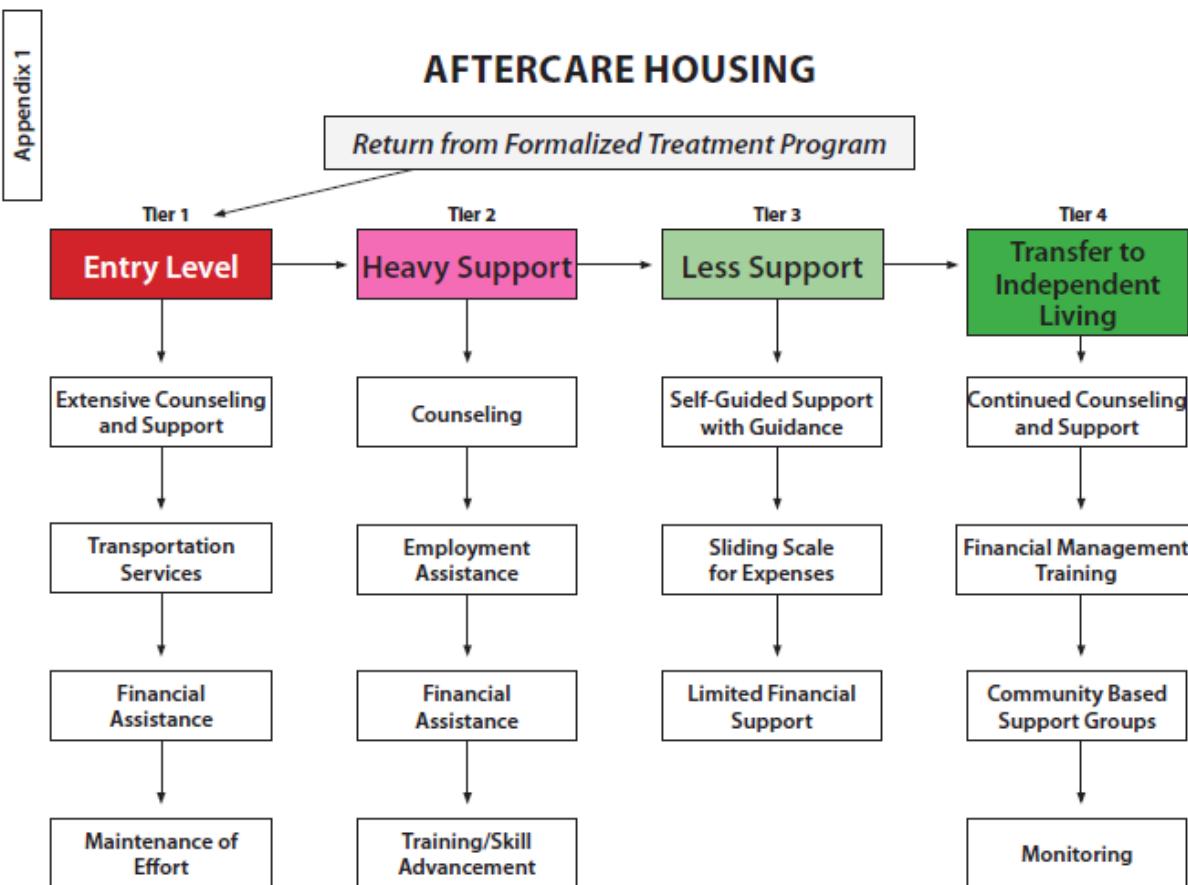
The tiered housing system should be restrictive - a graduated scale, with additional freedoms allowed as behavior permits.

The tiered housing system should include 24/7 supervision in layer 1, with decreased supervision with successful completion.

The tiered housing system should include financial support in the mid- layers, with a portion of earning being put toward rent, food, and basic living necessities.

The final layer of the tiered housing system would be independent living.

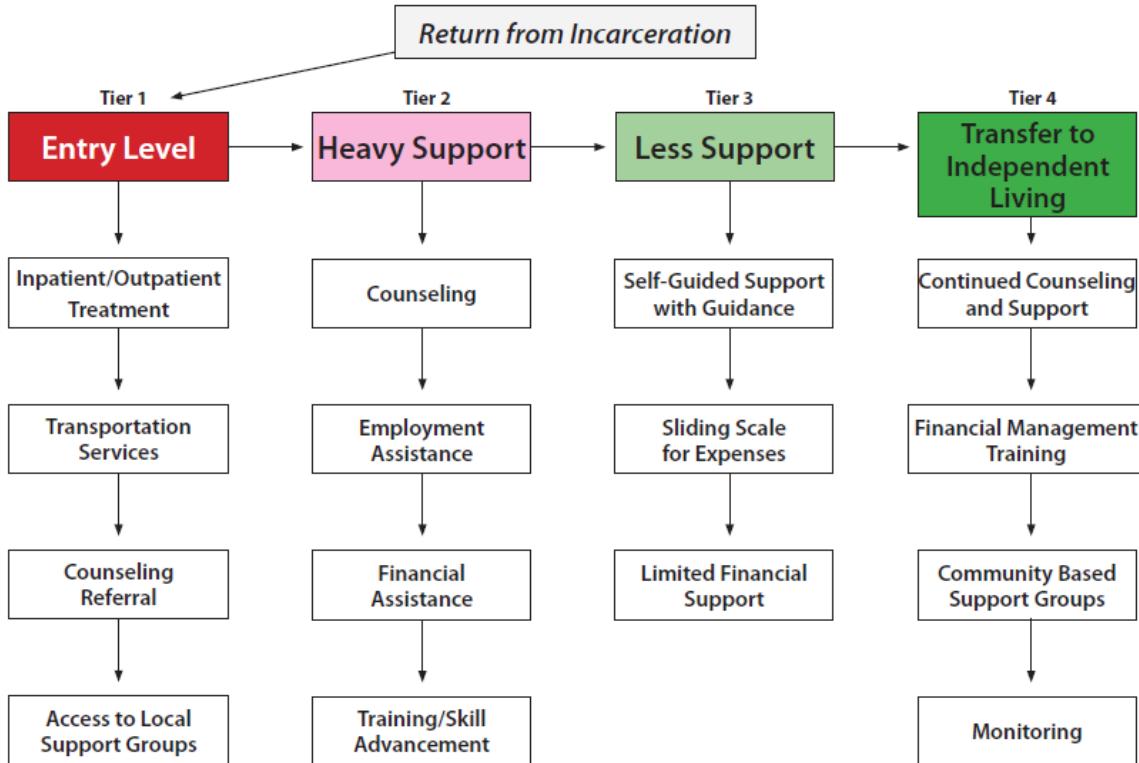
# ADDENDUM A APPENDIX 1



# ADDENDUM A APPENDIX 2

Appendix 2

## AFTERCARE HOUSING



# ADDENDUM B APPENDIX 3

## Appendix 3



# ADDENDUM C



## Regional Community Resource Guide

### Addiction Treatment, Medication, Psychological Testing & Therapy Providers

Agency	Address	Phone	Services
	All locations are in Minot, unless otherwise noted		Services & providers subject to change without notice
ADAPT	2001 8th Avenue SE, Suite A <a href="http://adaptlincnd.com/minot-office/">http://adaptlincnd.com/minot-office/</a>	701-858-9026	Parenting classes, Grief Groups, Domestic Violence & Addiction Services
Bob Hayes Addiction Services	1809 South Broadway, Suite G	701-838-1422	Addiction Services
Bright Path Pediatric Therapy • Sommer Mosser MS, OTR/L	600 22nd Avenue NW, Suite 2 <a href="mailto:sommer.brightpath@gmail.com">sommer.brightpath@gmail.com</a>	701-721-1200	Occupational Therapy Also located in the suite: Colleen Hermanson, Speech Language Therapy
Charlene Bruley PhD, LICSW	308 2nd Avenue SW	701-838-4632	Therapy
Cheryl Vaudt, LICSW	24 North Main Street, Suite H <a href="https://www.cherylvautd.com">https://www.cherylvautd.com</a>	701-858-1756	Therapy (EMDR)
Child & Adolescent Psychological Services • Dr. Stacy Slaughter, PsyD Clinical Psychologist	1809 South Broadway, Suite Z	701-721-0480 701-838-3576 (Fax)	Treatment of emotional, behavioral & mental health disorder in children, adolescents & families. Therapies provides: CBT, TF-CBT, Play, Behavioral, Supportive & Person Centered
Community Medical Services	300 30th Avenue NW, Suite D <a href="http://communitymedicalservices.org">http://communitymedicalservices.org</a>	701-858-1801	Addiction Treatment – Outpatient Services Methadone Treatment Center
Cornerstone	1705 4th Avenue NW <a href="http://www.eatonandassoc.com/cornerstone-addiction-services">http://www.eatonandassoc.com/cornerstone-addiction-services</a>	701-839-0474	Anger Management & Addiction Services
CAPH – Child & Adolescent Partial Hospitalization (Trinity)	420 3rd Street SE <a href="http://www.trinityhealth.org/behavioralhealth_svs">http://www.trinityhealth.org/behavioralhealth_svs</a>	701-857-2717	Day treatment for youth with serious emotional & behavioral issues. Monday-Friday for 4-6 weeks.
Dakota Family Services • Dr. Martinsen, MD, MSW Psychiatrist • Dr. Meryl Willert, Ph.D. Psychologist • Tammy Uleberg, FNP • Christie Wilkie, LICSW	6301 19th Avenue NW <a href="http://dakotafamilyservices.org">http://dakotafamilyservices.org</a>	701-837-6508	Therapy, Medication & Psychological Evaluations (including TOVA testing)
Dr. L Mark Bell • Mark Bell, Psychiatrist • Zane Zulegar, CNS	601 18th Avenue SE	701-852-8798	Medication management
Eaton and Associates • Timothy Eaton, PhD Clinical Psychologist • Dr. Deon Mehring, PhD Clinical Psychologist • Mary Solberg, LICSW Therapist • Melissa Flood, LICSW Therapist • Linda Berdahl, M.S., LAC Addiction Counselor	1705 4th Avenue NW <a href="http://www.eatonandassoc.com">http://www.eatonandassoc.com</a>	701-839-0474	Therapy, Medication, Psychological Evaluation, ADHD Testing and Addiction Counseling
Goodman Addiction Services	1809 South Broadway, Suite S	701-839-0474	Addiction Services **Open Access time M-TH 8am-10am
Heather Kippen, LICSW	24 North Main Street, Suite G	701-839-3909	Therapy

**Disclaimer:** The information contained in this list is for informational purposes only & is intended to be a tool to quickly find contact information for local providers. This is in no way a recommendation for a specific provider. If you or someone you know is having a mental health crisis, seek immediate medical attention at an emergency room or call 911.

Do not modify this document. If you have suggestions for revisions, please contact Michelle Imen at 701-595-0775 or [michelle.imen@ndmdec.com](mailto:michelle.imen@ndmdec.com).

Updated by Michelle Imen @ Mid-Dakota Education Cooperative (MDEC), 01/31/2018

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Julie Rickert, PsyD, UND Center for Family Medicine	1201 11 <sup>th</sup> Avenue SW <a href="http://www.med.und.edu/orgs/center-for-family-medicine-minot/">http://www.med.und.edu/orgs/center-for-family-medicine-minot/</a>	701-858-6700	Psychological Evaluations, Therapy
Laura Siercks, LICSW	1809 South Broadway, Suite Z <a href="https://laurasierckslicsw.com/">https://laurasierckslicsw.com/</a>	701-263-1298	Therapy
Lutheran Social Services	1905 2 <sup>nd</sup> Street SE, Suite 1B <a href="http://www.lssnd.org/">http://www.lssnd.org/</a>	701-838-7800	Gamblers choice, Adoption option & pregnancy counseling, In home family based therapy, Child care aware referrals, Domestic Violence group for offenders
Minot Center for Pediatric Therapy	2201 36 <sup>th</sup> Avenue SW, Suite B <a href="http://www.minotcpt.com">www.minotcpt.com</a>	701-837-9801	Occupational Therapy (OT), Speech Therapy
North Central Human Service Center (NCHSC)  <u>Therapy</u> <ul style="list-style-type: none"><li>• John Butgereit, Supervisor</li><li>• Jennifer Getz</li><li>• Joni Heine</li><li>• Virginia Dohms</li></ul> <u>Psych Eval</u> <ul style="list-style-type: none"><li>• Paulette Aasen</li></ul> <u>Medications</u> <ul style="list-style-type: none"><li>• Dr. Thomas Eick</li><li>• Dr. Jallen</li></ul> <u>Partnership Staff</u> <ul style="list-style-type: none"><li>• Shannon Ostrom, Supervisor</li><li>• Kayla Beck</li><li>• Annika Drouin</li><li>• Briana Eman</li><li>• Pam Faulhaber</li><li>• Kristen McKinzie</li><li>• Rebecca Rose</li></ul> <u>TIP Staff</u> <ul style="list-style-type: none"><li>• Heather Erickson-Wold, Sup</li><li>• Rebecca Rose</li></ul>	1015 South Broadway, Suite 18 <a href="http://www.nd.gov/dhs/locations/regionalhsc/northcentral/">http://www.nd.gov/dhs/locations/regionalhsc/northcentral/</a>	701-857-8500  This # is also used for 24 hour Mental Health Assistance  NCHSC Open Access Clinic (In order to get an initial appointment for Therapy or Addiction Services, a person must first come in through the open access clinic.) Monday – Thursday from 8-10:30	Therapy, Medication, Psychological Testing, Addiction Treatment (day treatment & individual services), Development Disabilities Program Management, SMI (serious mental illness) Case Management, Partnership Program, TIP (Transition to Independence Program), Aging Services, Kay's Place Groups <ul style="list-style-type: none"><li>• STARS – Skills to Achieve Regulation &amp; Success</li><li>• CBT – Cognitive Behavioral Therapy</li><li>• DBT – Dialectical Behavioral Therapy</li><li>• SPARCS – Structured Psychotherapy for Adolescents Responding to Chronic Stress</li><li>• Turning Points – Nonviolence Curriculum for Women</li></ul> <b>**Sliding fee scale**</b>
Northern Plains Children's Advocacy Center  <ul style="list-style-type: none"><li>• Christal Halseth, LICSW</li><li>• Heather Waller, LSW, family advocate</li><li>• Heather Kippen, LICSW</li><li>• Tricia Baldwin, LICSW</li></ul>	20 1 <sup>st</sup> Street SW, Suite #202 <a href="http://www.northernplainscac.org">http://www.northernplainscac.org</a>	701-852-0836	Forensic Interviewing, Family Advocacy, Therapy, and Medical Referrals
Northland Health Center  <ul style="list-style-type: none"><li>• Laura Larson, MS, LPCC</li><li>• Missy Gartner, MS, LPCC</li><li>• Jenny Hills, LICSW</li><li>• Rochelle Nyberg, MS, LICSW</li></ul>	1600 2 <sup>nd</sup> Avenue SW, Suite 19 <a href="http://www.northlandchc.org">http://www.northlandchc.org</a>	701-852-4600	Therapy and Medication <b>**Sliding fee scale**</b>
PATH	1425 21 <sup>st</sup> Avenue NW, Suite A <a href="https://www.pathinc.org/">https://www.pathinc.org/</a>	701-839-8887	Treatment foster care, Family Support Program, Transition and Assessment Program (TAP), Adults Adopting Special Kids (AASK)
Pospishil and Associates <ul style="list-style-type: none"><li>• Charles Pospishil, LICSW</li><li>• Erin Thuner, LICSW</li><li>• Brenna Thompson, LCSW</li></ul>	1425 21 <sup>st</sup> Avenue NW, Suite C (Erin & Charles) 600 22 <sup>nd</sup> Avenue NW, Suite 2 (Brenna)	701-858-0888 (Charles & Erin) 701-818-7727 (Brenna)	Therapy

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Prairie Therapy • Kelly Drevecky	3120 4 <sup>th</sup> Avenue NW <a href="http://www.prairietherapy.com">www.prairietherapy.com</a>	701-839-1311	Occupational Therapy (OT) & Physical Therapy (PT) Pediatric outpatient clinic that works extensively with Autism Spectrum, Sensory Processing, Developmental Intervention, Neurodevelopmental Technique, Feeding, & other functional skills development.
Premiere Physical Therapy	1715 South Broadway <a href="http://premierphysicaltherapynd.com/">http://premierphysicaltherapynd.com/</a>	701-837-8441	Occupational Therapy (OT) & Physical Therapy (PT)
Psychological Services PC	600 22 <sup>nd</sup> Avenue NW	701-852-9113	Therapy, Psychological Evaluations
Red Door Pediatric Therapy	601 18 <sup>th</sup> Avenue SE, Suite #201	701-852-4230	Occupational Therapy (OT), Speech & Language Therapy • Ages 18 months to 16 years old
Serenity Health Solutions • April Warren, NP-C • Lacey Corneliusen, LICSW	315 Main Street South, Suite 315	701-838-1558	Medication, individual & family therapy
Tammy Ness, LICSW	24 North Main Street	701-839-0151	Therapy
The Burckhard Clinic	315 Main Street South, Suite 315	701-852-5876	Therapy
Tom Clark PhD, MFT	2116 4 <sup>th</sup> Avenue NW	701-838-2442	Therapy, Psychological Evaluations
Trinity Addiction Services	407 3 <sup>rd</sup> Street SE <a href="http://www.trinityhealth.org/behavioralhealth_sv">http://www.trinityhealth.org/behavioralhealth_sv</a>	701-857-2480	Addiction Services
Trinity Health - Occupational Therapy	101 3 <sup>rd</sup> Avenue SW, Health Center West <a href="http://trinityhealth.org/therapy_occ">http://trinityhealth.org/therapy_occ</a>	701-857-5286	Occupational Therapy (OT)
Trinity Riverside Therapists • Bruce Andersen (Ages 14+) • Denise Roerick (Ages 18+) • Denise Wanner (Ages 12 & under) • Jean Frueh (ages 18+) • Lea Johnson (Ages 11+) • Leigh Szczur (Ages 14+) • Liz Larsen (ages 5+) Psychologists • Shana Guilbert (Age 18 & under) Medication Providers • Deidre Richards (13 & under) • Kiley Andreas (Ages 18+) • Mike Dallolio (Ages 18+) • Sheryl Volk (Ages 12+) • Sue Dugan (Ages 18+) • Tonya Anderson (all ages)	1900 8 <sup>th</sup> Avenue SE <a href="http://trinityhealth.org/behavioralhealth">http://trinityhealth.org/behavioralhealth</a>	701-857-5998 Main Desk  701-857-3069 Sonya Anderson, Intake Coordinator	Therapy, Psychological Evaluations, Medication, Parenting classes & Social Skills Groups
Upward Living Inc • Dr. Bob Edwards	312 3 <sup>rd</sup> Street SW	701-852-1170	Therapy (Individual, family and group)
Village Family Service Center • Angele' Curtis, MS, LPC • Kelley Halter, MA, LPC • Kimberly Massine, BA • Lindsey Krueger, MSW, LCSW • Maggie Bohannon, MS, LAPC • Manhattan Jehlicka, MSW, LCSW • Kerste DeCoteau-Wittmayer, MS LAPC	20 1 <sup>st</sup> Street SW, Suite #250 <a href="https://www.thevillagefamily.org/home">https://www.thevillagefamily.org/home</a>	701-852-3328	In-home Family Therapy, Counseling, Family Group Decision Making and Supervised Parenting Time & Child Exchange (see community services section for more info)

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## Community Services

Catholic Family Services	216 South Broadway, Suite 103 – <a href="http://www.catholiccharitiesnd.org">http://www.catholiccharitiesnd.org</a>	701-852-2854	Pregnancy, Parenting & Adopting Program, Counseling, Guardianship, Disaster Response
Community Action	2020 8 <sup>th</sup> Avenue SE – <a href="http://www.capnd.org">www.capnd.org</a>	701-839-7221	<p><b>Self Sufficiency</b> Self-Reliance, Rep Payee, Budgeting, Shelter Plus Care, ND Cares, Emergency Prescription Assistance, Income Tax Assistance, Individual Development Account (matching funds to help pay for college, start a new business, or 1<sup>st</sup> time home purchase - \$2:\$1 match – income restrictions apply)</p> <p><b>Housing Programs</b> Housing Counseling, Rent &amp; Mortgage Assistance, Home Rehabilitation, Security Deposit Assistance</p> <p><b>Emergency Programs</b> Energy Share, Food Pantries, Supportive Services for Veteran Families, Holiday Activities, Weatherization, Emergency Furnace &amp; Water Heater Repair/ Replacement</p>
Companions for Children	308 2 <sup>nd</sup> Avenue SW – <a href="http://www.cfcminot.org">www.cfcminot.org</a>	701-838-5784	Youth Mentoring Program
Dakota Hope Clinic	315 Main Street S, Suite 205 <a href="http://www.dakotahope.org/">http://www.dakotahope.org/</a>	701-852-4673  24 hour Hotline 600-712-4357	Pregnancy medical services (including pregnancy testing & limited ultrasound exams), counseling & education regarding pregnancy & parenting options, prenatal care, parenting & sexual integrity classes, programs to help earn diapers & other necessities. Hotline for pregnancy or sexual health issues.
Developmental Disabilities Regional Office	North Central Human Service Center 1015 S Broadway Suite #18	701-857-8500 701-857-8555 (fax) 701-857-8666 (TTY) 888-470-6968 (Toll Free)	Developmental Disabilities services provide support and training to individuals & families in order to maximize community & family inclusion, independence, & self-sufficiency; to prevent institutionalization; & to enable institutionalized individuals to return to the community. Contact Toni Candrian for new referrals.
Division of Juvenile Services (DJS) • Sydney Hove 857-7720 • Admin Assistant 857-7688 • Tanya Howell 857-7691 • Jessica Wald 328-3936 • Sherri McKittrick 857-7763	1425 21 <sup>st</sup> Avenue NW, Suite B <a href="http://www.nd.gov/docr/juvenile/Community%20Services/offices/ncdjs.html">http://www.nd.gov/docr/juvenile/Community%20Services/offices/ncdjs.html</a>	701-857-7688	Dept of Corrections DJS North Central Division
Domestic Violence Crisis Center (DVCC)	3900 11 <sup>th</sup> Avenue SE <a href="http://www.courage4change.org">http://www.courage4change.org</a>	701-852-2258  Rape Crisis Line 857-2500  24 hour DV Crisis Line 701-857-2200	<p>Safe home, Advocacy &amp; assistance with obtaining a protection order, Transitional Living Program, Crisis Counseling, Information &amp; Referrals Groups:</p> <ul style="list-style-type: none"> <li>• Children's Support Group (Ages 4-17) – Thursdays 5-6pm</li> <li>• Sexual Assault Survivors' Group – Mondays 4-5:30pm</li> <li>• Support group for women who have experienced Domestic Violence – Tuesdays (2 groups) 10am-12pm &amp; 6-8pm</li> </ul>

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First District Health Unit	801 11 <sup>th</sup> Avenue SW – <a href="http://www.fdhu.org">www.fdhu.org</a>	701-852-1376	STD Testing, Family Planning, High Priority Infants, Immunizations, Health Tracks, Optimal Pregnancy Outcome Program, School Health, Tobacco Prevention, WIC
First Link	P.O. Box 477, Fargo, ND 58107-0447 <a href="http://myfirstlink.org/">http://myfirstlink.org/</a>	211 24 hour helpline	FirstLink assists people to identify, access & make effective use of community & volunteer resources 24 hours a day.
Lutheran Social Services	1905 2 <sup>nd</sup> Street SE, Suite #1B <a href="http://www.lssnd.org/">http://www.lssnd.org/</a>	701-838-7800	Gamblers choice, Senior companion program, Adoption option & pregnancy counseling, Attendant care, In home family based therapy, Child care aware referrals, Violence free program
Men's Winter Refuge	1112 43 <sup>rd</sup> Street SE <a href="http://www.menswinterrefuge.com">http://www.menswinterrefuge.com</a>	701-822-2585	Homeless Shelter for Men – must meet requirements (Nov-April only, from 7:30pm-7am)
Minot Homeless Coalition	105 1 <sup>st</sup> Street SE <a href="http://minotareahomelesscoalition.com">http://minotareahomelesscoalition.com</a>	701-852-6300	Rent or Deposit Assistance, Utility Assistance, Transportation Assistance, Medication Assistance, Identification Assistance, Emergency shelter assistance on rare occasions (they do NOT have a shelter)
Minot Infant Development	Minot State University 500 University Ave. W Minot, ND 58707 <a href="http://www.ndcpd.org/midp/">http://www.ndcpd.org/midp/</a>	701-858-3054  701-858-3483 (fax)  800-233-1737	The Minot Infant Development Program serves infants & children, birth-3yrs, who have or are suspected to have a developmental delay in the areas of learning, speech and language, audiology, fine and gross motor skills, nutrition, or social development. There is no cost to the family for any services offered. The program serves children residing in Bottineau, Burke, McHenry, Mountrail, Pierce, Renville, and Ward counties. Services offered in the areas of evaluation, consultation and parent training.  For more information contact Dianne Bossert, Program Director <a href="mailto:Dianne.bossert@minotstateu.edu">Dianne.bossert@minotstateu.edu</a>
Northland Health Centers	1600 2 <sup>nd</sup> Avenue SW, Suite #19 <a href="http://www.northlandchc.org">http://www.northlandchc.org</a>	701-852-4600	Dental, medical and mental health services **Sliding fee scale**
Parent & Family Resource Center Region 2	Ward County Extension Service Admin Building, Suite 123 225 3 <sup>rd</sup> Street SE <a href="https://www.ag.ndsu.edu/wardcountyextension/parent-resource-center">https://www.ag.ndsu.edu/wardcountyextension/parent-resource-center</a>	701-857-6444	The Parent & Family Resource Center helps families parent young or not-so-young children, recover from a divorce or separation, or cope with day to day challenges family life may bring. They offer resources & parenting classes to citizens of Bottineau, Burke, McHenry, Mountrail, Pierce, Renville and Ward Counties.
Salvation Army	315 Western Avenue <a href="http://salvationarmynorth.org/community/minot/">http://salvationarmynorth.org/community/minot/</a>	701-838-8925	Food pantry, Rent & Utilities assistance, Transportation assistance, Prescription assistance, Clothing vouchers, Back to school backpacks with school supplies, Winter coats, Thanksgiving food baskets, Christmas food baskets and toys, Men's & Women's ministries and Youth ministries
St. Vincent De' Paul	Located in St. Leo's Church 218 1 <sup>st</sup> Street SE <a href="http://svdpminot.com/">http://svdpminot.com/</a>	701-833-1269	• Food, rent, utilities and other basic needs. • Transportation, including bus vouchers • Emergency Food Pantry
Suicide Prevention Line	<a href="http://www.ndhealth.gov/suicideprevention">http://www.ndhealth.gov/suicideprevention</a>	800-273-8255	After a suicide toolkit: <a href="http://www.sprc.org/sites/default/files/migratedlibrary/AfteraSuicideToolkitforSchools.pdf">http://www.sprc.org/sites/default/files/migratedlibrary/AfteraSuicideToolkitforSchools.pdf</a>
Trinity St Joseph - 3C	407 3 <sup>rd</sup> Street SE <a href="http://www.trinityhealth.org/behavioralhealth_svs">http://www.trinityhealth.org/behavioralhealth_svs</a>	701-857-2360	Inpatient Psychiatric Hospital, 3 <sup>rd</sup> floor

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Updated by Michele Linnemeyer, Mid-Dakota Education Cooperative (MDEC), 7/13/2018

## Food and Clothing Pantries

Agency	Address All locations are in Minot, unless otherwise noted	Phone	Services Verify services offered by contacting provider, as they are subject to change.
Glenburn Food Pantry	<b>Glenburn</b>	263-5620	Food Pantry • 4 <sup>th</sup> Thursday of the month, 4-5pm Contact person – Jody Spokley
Kenmare Food Pantry	49303 Highway 52 N, <b>Kenmare</b> (West entrance of Creative Industries)	385-4528	Food Pantry • 2 <sup>nd</sup> Monday of the month, 11am Contact person - Jane
Our Lady of Grace Church Food Pantry	715 16 <sup>th</sup> Avenue SW	852-3002	Food Pantry (sign up at Community Action) • Mon, Tues, Thu & Fri 1-4pm
Peace Lutheran Church Food Pantry	<b>521 Davis Street, Burlington</b>	852-3880	Food Pantry • First Monday of the month 7-8pm
Salvation Army	315 Western Avenue <a href="http://salvationarmynorth.org/community/minot/">http://salvationarmynorth.org/ community/minot/</a>	838-8925	Food and clothing pantry • Monday – Friday 10am-Noon & 1-3pm
The Lord's Cupboard	1525 W Burdick Expressway <a href="http://www.thewelcometableminot.org/food-pantry.html">http://www.thewelcometable minot.org/food-pantry.html</a>	839-1990	Food Pantry serving Ward County Residents • Monday 10am-1pm • Wednesday 1-4pm • Friday 2-5pm
Velva Food Pantry	Oak Valley Lutheran Church 400 North Main Street, <b>Velva</b> <a href="http://velvand.com/?p=1463">http://velvand.com/?p=1463</a>	500-9877	Contact Whitney  Open the last Tuesday of the month at 6pm.

## Soup Kitchens

Sunday 11:30am - 12:30pm	Seventh Day Adventist	10 17 <sup>th</sup> Avenue SW
Monday 11:00am - 12:30pm	Faith United Methodist serving at Congregational United Church	430 North Broadway
Tuesday 11:00am – 12:30pm	Christ Lutheran Church	502 17 <sup>th</sup> Street NW
Wednesday 11:30am – 12:30	Immanuel Baptist Church	1615 2 <sup>nd</sup> Street SE
Wednesday 5:00 – 6:30pm	First Presbyterian Church	1000 3 <sup>rd</sup> Street NE
Thursday 11:30am – 12:30pm	All Saints Episcopal Church	301 South Main Street
Friday 11:30am – 12:30pm	First Lutheran Church	120 5 <sup>th</sup> Avenue NW
Saturday 9:30am – 10:30am	Congregational United Church	430 North Broadway

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# GLOSSARY

**Addiction:** **Addiction** is a chronic, often relapsing **brain disease** that causes compulsive drug seeking and use, despite harmful consequences to the drug addict and those around them. Drug **addiction** is a **brain disease** because the abuse of drugs leads to changes in the structure and function of the **brain**.

**Alcohol Addiction:** Alcohol addiction, also called **alcoholism**, alcohol use disorder and **alcohol dependence**, is a serious and chronic disease that gets worse over time without treatment. Alcoholics struggle to control their drinking and often binge on alcohol. They are constantly preoccupied with getting a drink. They keep drinking in spite of legal, financial, personal and health problems caused by alcohol.

**Case Manager:** is a professional employed by a community service. Their responsibility is to help you to attain your recovery goals while you are a client of addiction/mental health services.

**Gateway Drug:** Gateway drug is a habit forming drug, which may not be addictive itself, but could lead to the use of other, more addictive drugs. The theory that consuming softer drugs can lead to using stronger substances has existed for decades. Countless studies suggest that this transition is real. Educating youths and identifying treatment options can help avoid and overcome drug use.

**Hub and Spoke:** The “hub and spoke” model does not reinvent the wheel. It weaves together existing infrastructure already dispensing substance use disorder medication including Federally Qualified Health Centers, methadone clinics, Office-Based Opioid Treatment among others. Communication is king, and bringing together these groups already engaged in this work has been critical to making this program a success.

**Lock Monitor and Take Back Program:** **LOCK** – Keep medication out of sight and in a safe and secure place. **MONITOR** – Keep track of medication and take only as directed. **TAKE BACK** – Keep track of medication and take only as directed.

**Medication-Assisted Treatment:** Medication-assisted treatment is the use of anti-craving medicine such as **naltrexone (Vivitrol)**, **buprenorphine (Suboxone)** or **methadone** — along with comprehensive therapy and support — to help address issues related to opioid dependence, including withdrawal, cravings and relapse prevention. Evidenced-based treatment approaches like this are often needed to successfully overcome addiction and maintain long-term recovery.

**Naloxone:** is a drug that can **TEMPORARILY** reverse the effects of opioid overdose. In an overdose state, it can be a lifesaver.

**Opioid:** Any of various compounds that bind to specific receptors in the central nervous system and have analgesic and narcotic effects, including naturally occurring substances such as morphine; synthetic and semisynthetic drugs such as methadone and oxycodone; and certain peptides produced by the body, such as endorphins.

**Peer-to-Peer:** Peer-based means that the supports and services are drawn from the experience of individuals who have successfully achieved addiction recovery and/or who share other characteristics (for example, age, gender, ethnicity, sexual orientation, co-occurring disorders, prior prison experience, family experience, or other identity-shaping life experiences) that enhance the service recipient's sense of mutual identification, trust, confidence, and safety.

**Prescription Drug Monitoring Program:** All controlled substances, schedules II-V, and Gabapentin. Patients include: all outpatients, residents in assisted living facilities, & residents of nursing homes. We get reports for patients of the Indian Health Services and the Veterans Administration. We currently are unable to obtain information from opioid treatment programs and military bases.

**Stigma:** Stigma is a perceived negative attribute that causes someone to devalue or think less of the whole person

**Substance Misuse:** is the use of any substance in a manner, situation, amount or frequency that can cause harm to users or those around them.

**Substance Use Disorder:** Substance use disorder (SUD), also known as drug use disorder, is a condition in which the use of one or more substances leads to a clinically significant impairment or distress.

**Syringe Services:** Syringe services programs (SSPs) that allow people who inject drugs (PWID) to exchange used syringes for sterile ones have been demonstrated to be an effective component of a comprehensive approach to prevent HIV and viral hepatitis among PWID, while not increasing drug use.