Compassionate Care Models: Treating Families, Not Just Symptoms

Learning Objectives

By the end of this session, participants will be able to:

1. Understand the core principles of compassionate care models that treat families as the unit of care rather than focusing solely on individual symptoms
2. Apply trauma-informed care approaches that shift perspective from "What's wrong with you?" to "What happened to you?" across different age groups
3. Implement evidence-based practices including Medication for Opioid Use Disorder (MOUD) and harm reduction strategies in clinical and community settings
4. Develop culturally responsive interventions that meet families where they are and address barriers to accessing care

Pre-Test: Compassionate Care Knowledge Check

Test your current knowledge before we begin. Answer these questions to the best of your ability:

1. How much can peer recovery coaches reduce hospital readmissions and ER visits?
   a) Up to 20%
   b) Up to 30%
   c) Up to 40%
   d) Up to 50%
2. What are the three FDA-approved medications used in MOUD?
   a) Methadone, Buprenorphine, and Naltrexone
   b) Morphine, Codeine, and Naloxone
   c) Oxycodone, Hydrocodone, and Fentanyl
   d) Suboxone, Narcan, and Vivitrol
3. What is the primary focus of trauma-informed care?
   a) Asking "What's wrong with you?"
   b) Focusing only on physical symptoms
   c) Asking "What happened to you?" and understanding behavior as a response to experience
   d) Requiring abstinence before providing support

Session 2

Why Compassionate Care Matters Now

Overdose and maternal health crises profoundly impact families and communities, highlighting the urgent need for compassionate care. Compassionate care offers a transformative approach by:

- Moving beyond individual symptoms.
- Supporting the entire family unit.
- Fostering healing and building resilience.

Why Compassionate Care Matters Now

- The overdose and maternal-health crises are *family* crises — not individual ones.
- Compassionate care begins where judgment ends.
- When we treat the mother, we treat the child; when we support the family, we heal the community.
- Today's focus: **Evidence + Empathy + Equity.**

Pillars of Compassionate Care

- **Evidence:** Use research to guide effective interventions
- **Empathy:** Understand patient experiences and needs
- **Equity:** Ensure fair access and remove barriers

> "Health literacy saves lives — and compassionate care saves generations." — Dr. Eboni January

Family-centered, trauma-informed clinical and community responses to substance use and mental-health challenges

We'll explore:

Evidence

Use proven, trauma-informed treatments including MOUD

Empathy

Deliver family-centered, nonjudgmental clinical care

Culture

Respect identity, community context, and lived experience

Continuity

Ensure seamless prenatal to postpartum support and follow-up

Science Meets Compassion: Medication for Opioid Use Disorder (MOUD)

Medication for Opioid Use Disorder (MOUD) is a vital, evidence-based approach that integrates with family healing and trauma-informed care. It uses recognized medications to treat opioid dependence, significantly improving maternal care retention and neonatal outcomes, especially during pregnancy.

- **Integrated Care Pathways:** Provides seamless support for mothers and children across prenatal, delivery, postpartum, and pediatric stages.
- **Targeted Postpartum Support:** Focuses on interventions during the critical first 12 months postpartum, a period of heightened relapse and overdose risk.
- **Bridging Access Gaps:** Enhances MOUD accessibility through pioneering mobile clinics and telehealth pilots in Clark & Washoe counties.

Evidence-Based Treatment Integration

- **Buprenorphine, methadone, and naltrexone** remain gold standards for treating opioid dependence — including during pregnancy.
- MOUD integration improves maternal retention in care and reduces neonatal complications.
- Critical window: **first 12 months postpartum** → highest relapse/overdose risk.
- Emphasize **continuity of care** across prenatal → delivery → postpartum → pediatric stages.

The Core of MOUD: FDA-Approved Medications

MOUD utilizes three FDA-approved medications, each working differently to support recovery and reduce harm:

Methadone

- Administered daily in a regulated clinic setting.
- Works by binding to opioid receptors in the brain, preventing withdrawal symptoms and reducing cravings without producing a euphoric high when taken as prescribed.
- Has been used safely and effectively for decades, including during pregnancy.

Buprenorphine (often combined with naloxone)

- Can be prescribed in an outpatient setting by certified providers, offering greater flexibility and accessibility.
- Acts as a partial opioid agonist, blocking other opioids from binding to receptors and lessening withdrawal symptoms and cravings.
- The combination with naloxone (e.g., Suboxone) deters misuse by causing unpleasant withdrawal if injected.

Naltrexone

- An opioid antagonist, meaning it completely blocks opioid receptors, preventing any opioid from producing its effects.
- Available as a daily pill or a monthly injectable (Vivitrol).
- Does not cause physical dependence and can be an option for individuals who have already detoxed from opioids.

Evidence-Based Effectiveness: Beyond Abstinence-Only

The science overwhelmingly demonstrates MOUD's superiority over abstinence-only approaches for opioid use disorder:

- MOUD significantly reduces overdose deaths, relapse rates, and infectious disease transmission (HIV, Hepatitis C).
- Brain imaging studies show that MOUD helps restore normal brain function, which is disrupted by chronic opioid use.
- Abstinence-only models often lead to higher rates of relapse and overdose due to a loss of opioid tolerance.

Comprehensive Healing: Addressing Physical and Psychological Aspects

MOUD is unique in its capacity to treat opioid dependence holistically:

- **Physical Dependence:** Medications stabilize brain chemistry, normalize body functions, and alleviate painful withdrawal symptoms and intense cravings.
- **Psychological Healing:** By managing the physical symptoms, individuals can engage more effectively in counseling and behavioral therapies, which address underlying trauma, mental health conditions, and coping strategies.
- This integrated approach fosters overall well-being and long-term recovery, supporting a **trauma-informed** pathway to healing.

Crucial Benefits During Pregnancy

MOUD is considered the standard of care for pregnant individuals with opioid use disorder, offering significant advantages for both mother and child:

- **Reduced Preterm Birth:** MOUD helps mothers maintain stable health, leading to fewer premature deliveries.
- **Higher Birth Weight:** Babies born to mothers on MOUD tend to have healthier birth weights compared to those whose mothers do not receive treatment.
- **Managed Neonatal Abstinence Syndrome (NAS):** While MOUD can result in NAS, it is generally milder and more manageable than withdrawal symptoms from illicit opioid use, allowing for better clinical outcomes for infants.
- Supports **family-centered care** by promoting healthier pregnancies and infant development.

Dispelling Misconceptions: MOUD is Not "Trading One Addiction for Another"

A common misconception is that MOUD replaces one addiction with another. However, this is fundamentally incorrect:

- MOUD medications stabilize brain function, allowing individuals to lead productive lives without the compulsive drug-seeking behavior associated with addiction.
- Unlike illicit opioid use, MOUD medications are taken in controlled doses, under medical supervision, with the goal of recovery and improved quality of life.
- The focus shifts from dependence to stability, function, and overall health.

Proven Success: The Evidence Base

Extensive research and clinical practice demonstrate high success rates for MOUD:

- Studies show that MOUD reduces mortality rates by 50% or more compared to no treatment or abstinence-only approaches.
- Individuals on MOUD are more likely to remain in treatment, reduce illicit drug use, improve their health, and successfully reintegrate into their communities.
- It is recognized as the gold standard of care by leading health organizations worldwide.

A Holistic Approach: Integrating Support Services

MOUD is most effective when combined with a suite of supportive services, reinforcing a **trauma-informed** and **family-centered** model:

- **Counseling:** Individual and group therapy address behavioral patterns, triggers, and co-occurring mental health conditions.
- **Peer Support:** Connecting with others in recovery provides invaluable empathy, guidance, and community.
- **Social Services:** Assistance with housing, employment, transportation, and childcare removes barriers to sustained recovery.
- **Parenting Support:** Programs specifically designed to enhance parenting skills and child development, recognizing the unique needs of families impacted by SUD.

Strengthening Families: MOUD and Parenting Capacity

MOUD plays a critical role in fostering family stability and improving parenting capacity, central to a **family-centered approach**:

- By stabilizing the parent's health and reducing illicit drug use, MOUD creates a safer and more predictable home environment.
- Parents can better engage with their children, attend to their needs, and participate in family life.
- It reduces the likelihood of child protective services involvement and supports family reunification, fostering healthier outcomes for multiple generations.

A 2025 systematic review of SUD treatment outcomes (2000–2023) found that:PMC+1

- Programs combining **evidence-based behavioral therapies + pharmacotherapy** (e.g., MOUD) consistently outperform either alone for most patients with moderate–severe SUD.
- Early engagement in behavioral health is associated with:
  - Reduced substance use
  - Better mental health
  - Improved functioning and quality of life

- Trauma-informed residential/outpatient models show significant **reductions in substance involvement, depression, anxiety and PTSD symptoms** compared to standard care.**JSAT Journal**
- Recovery community centers and recovery housing are associated with **higher abstinence rates, greater "recovery capital" (housing, employment, social support), and better psychosocial functioning**, especially with longer participation.**ScienceDirect+1**
- For adolescents, updated 2025 reviews indicate **family-based therapy, CBT, and contingency management** remain effective; early behavioral engagement reduces use and improves retention.**Taylor & Francis Online**

Positives in early recovery:

1. **Symptom relief and coping skills**
    - CBT, motivational interviewing, and trauma-informed approaches help patients manage craving, triggers, and mood symptoms instead of defaulting to substances.
2. **Treatment retention**
    - Strong therapeutic alliance and peer support correlate with **better retention**, which is strongly linked to better outcomes.**ScienceDirect+1**
3. **Addressing co-occurring mental health**
    - Early behavioral care can rapidly reduce depression, anxiety, and PTSD symptoms, which otherwise drive relapse.
4. **Building “recovery capital”**
    - Case management + peer support improves housing, employment and relationships—predictors of sustained recovery.**ScienceDirect+1**
5. **Family functioning & parenting**
    - Family-centered interventions lower conflict, increase support, and are particularly important for parents, pregnant patients, and caregivers.

Potential negatives / caveats

The research also flags some important cautions:

1. **Behavioral health is not a substitute for MOUD in OUD**
   - For moderate–severe OUD, using therapy *without* MOUD is associated with substantially worse outcomes (higher relapse and mortality) compared with MOUD + psychosocial care.**NCBI+1**
   - National academies and major guidelines emphasize **"medication as foundation, therapy as support"**, not the other way around.
2. **Too-short or poorly matched programs**
   - A meta-analysis of treatments ≥18 months found significantly better long-term outcomes versus short episodes of care—suggesting that brief, one-off behavioral interventions may not be sufficient for chronic OUD.**ScienceDirect**
   - If level of care is mismatched (e.g., very high-intensity program for someone not ready, or too low intensity for someone with complex trauma), early dropout and disengagement are more likely.
3. **Non–trauma-informed or punitive "treatment"**
   - When programs use shaming, confrontation, or rigid abstinence-only rules (especially if patients are on MOUD), patients report **increased stigma, lower trust, and early exit**, which worsens outcomes.**PMC+1**
4. **Access and equity issues**
   - Recent work shows big gaps in use of both treatment and harm-reduction services, particularly among people who use stimulants and those in marginalized communities; barriers include stigma, lack of awareness, and logistical barriers (transport, childcare, cost).**Bloomberg School of Public Health+1**

Operational priorities in early recovery:

1. **Always offer MOUD for OUD** (unless contraindicated) and then **layer behavioral supports**:
    - CBT / MI
    - Trauma-focused therapy where indicated
    - Peer recovery coaching
    - Case management for housing, childcare, legal issues
2. **Target the first 3–12 months**
    - This is the highest risk period for overdose and dropout; build in **frequent contact, rapid follow-up, and flexible modalities** (telehealth, text, groups).**PMC+1**
3. **Make care trauma-informed and non-punitive**
    - Especially for pregnant or parenting patients, and for those with justice involvement.
4. **Address practical barriers**
    - Co-locate behavioral health where possible, or create warm handoffs; integrate child-friendly scheduling, transportation help, and virtual options.

Healing the Root: Addressing Trauma in Care

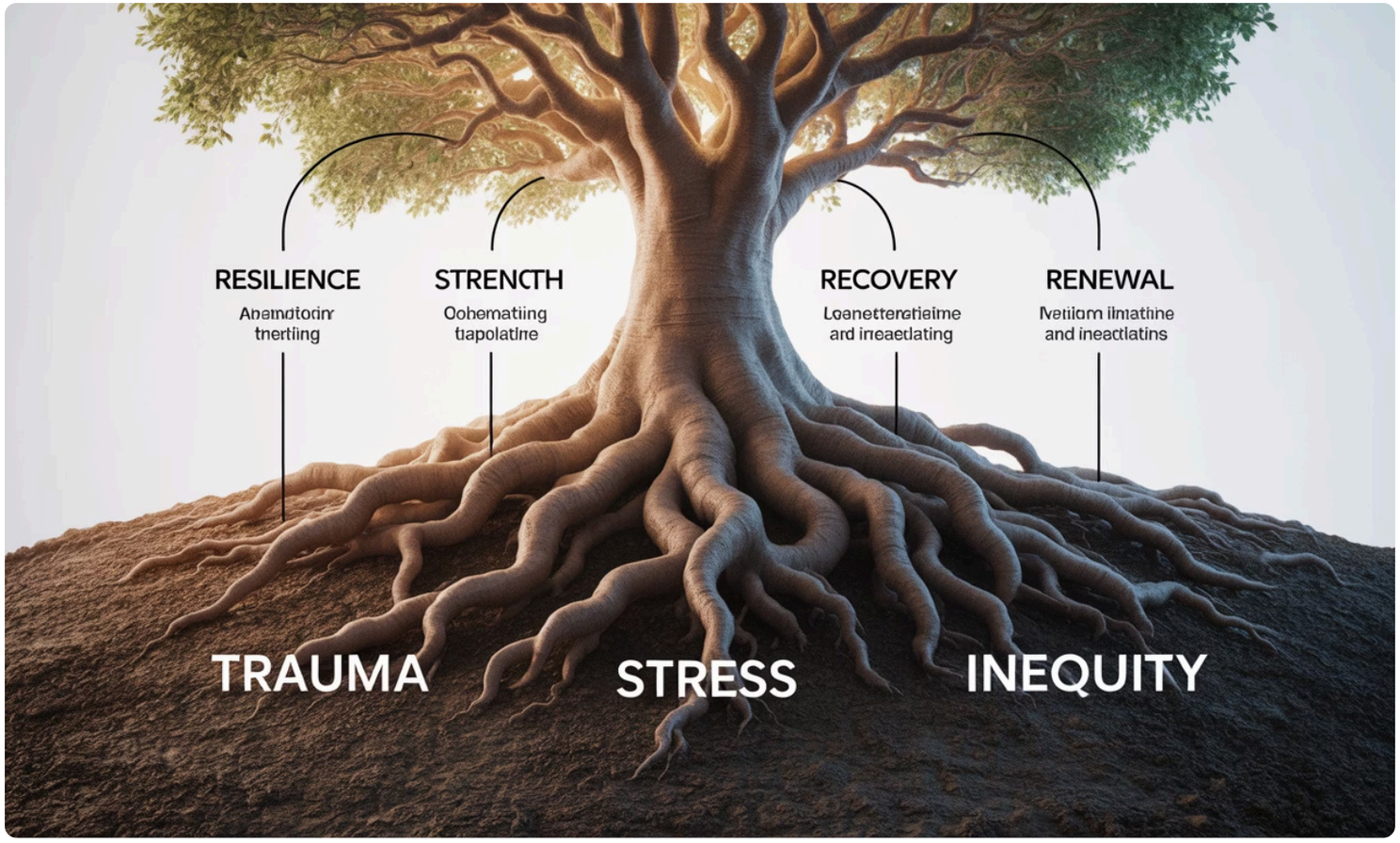
Effective care extends to understanding and addressing underlying factors. Trauma-informed care shifts our perspective from **"What's wrong with you?"** to **"What happened to you?"** Recognizing the profound impact of past experiences is crucial for truly healing, not just managing symptoms.

Understanding the Landscape

- Over 20% of mothers face mental health challenges.
- ACEs & intergenerational trauma hinder treatment engagement.

Holistic Approach

- Empower parents to foster resilience through connection.
- Integrate ACE-aware counseling, screening, and parenting support.



State Example: Massachusetts – Learn to Cope

Who it serves: Youth and young adults impacted by family substance use & trauma

What it is: Peer-led support network offering fentanyl strip education, Narcan training, and family navigation

Key impact: Massachusetts' Learn to Cope program trains high school and college students in Narcan and distributes test strips. Since launch, they've prevented more than 350 peer-reported overdoses.

Meeting Families Where They Are: Cultural Responsiveness

Effective care requires addressing racial and ethnic disparities in Nevada's mental and behavioral health services. Lack of culturally matched care hinders trust and treatment, perpetuating cycles of trauma.

- Address **racial/ethnic disparities**:
  - Black residents in Clark → higher use of state-funded MH services.
  - American Indian / Alaska Native residents in Washoe → higher behavioral-health utilization but limited culturally matched providers.

Strategy for Equitable Access

- **Community-based Support:** Utilizing doulas and bilingual peer coaches in high-need neighborhoods ensures direct, accessible care where families live.
- **Cultural Humility Training:** Ensuring providers receive training to offer culturally responsive care fosters respect and understanding, bridging communication gaps.
- **Strategic Partnerships:** Collaborating with local churches, libraries, and housing programs helps us reach diverse communities effectively and build stronger support networks.

Impact of Cultural Responsiveness

A culturally responsive approach is foundational to positive outcomes. This leads to:

- Increased Trust in care providers
- Improved Adherence to treatment plans
- Better overall Outcomes for families

State Example: Vermont – CHAMP Program

State Example: Vermont – CHAMP (Community Health Access for Maternal Primary Care)

Who it serves: Pregnant patients & new mothers with OUD

Services:

- Buprenorphine or methadone started during pregnancy
- Home-visiting nurses
- Postpartum follow-up for 1 year
- Infant developmental tracking

Why it works:

Culturally humble, rural-friendly, telehealth heavy, reduces NAS severity

Data:

Vermont reports lower NAS severity and higher postpartum MAT retention than national average

Treating the Family as the Unit of Care

The family is the fundamental unit of care. This approach keeps infants with mothers in supervised settings, fostering integrated well-being and generational health outcomes.

Holistic Support for Mothers and Infants:

- **Child & Parenting Support:** Provides on-site child care and parenting education for healthy family dynamics.
- **Resource Coordination:** Connects families to essential services like WIC, housing, and employment.
- **Integrated Home Visits:** Personalized home visits blend behavioral and physical health services.

Building on Supportive Care

Harm reduction

What “harm reduction” means now

Harm reduction = practical strategies that reduce death, infection, and injury *even if someone isn’t ready or able to stop using yet*. It’s now considered an evidence-based pillar of the response to Opioid Use Disorder (OUD), not a fringe idea

From Punishment to Protection

Harm reduction is a pragmatic, evidence-based approach focused on saving lives, fostering healing, and building community engagement.

Harm reduction = keeping people alive long enough to heal.

- **It's not "enabling"; it's *engagement*.**
- **Core strategies:**
  a. **Naloxone (Narcan): reverses opioid overdose.**
  b. **Fentanyl test strips: detect contamination in pills/powders.**
  c. **Safe syringe access sites: prevent infections & build trust.**
- **Clark & Washoe data: most fatal overdoses were *unwitnessed* — prevention starts before 911.**

The Urgency of Harm Reduction:

- **Unwitnessed Overdoses:** Often fatal due to lack of immediate intervention.
- **Harm Reduction:** Proactive strategies are crucial for saving lives and enabling healing.

Key Principles for Harm Reduction

- Adapt strategies to meet diverse needs.
- Integrate harm reduction education and resources into all healthcare and community settings.
- Prioritize nonjudgmental care for individual and family well-being.
- Normalize harm reduction as essential to preventive medicine and public health.

Key components with current evidence

a. Naloxone (Narcan, Kloxxado, etc.)

- Widely available intranasal naloxone has strong evidence for reducing opioid overdose deaths when distributed to people who use drugs, their families, and first responders.**Psychiatry Online**
- A 2024 modeling study from Rhode Island estimated that expanding naloxone distribution, funded by opioid settlements, could reduce opioid overdose deaths by **6–9%** in a single year; combining this with more witnessed overdoses (i.e., not using alone) could reduce deaths by **up to 24–37%**.**JAMA Network**
- SAMHSA released an updated **Overdose Prevention and Response Toolkit** in 2025 that explicitly recommends widespread naloxone, including in community and layperson settings.**SAMHSA Library**

Clinical takeaway: Naloxone co-prescribing, stocking in clinics, and routine education are considered standard-of-care harm reduction for anyone at risk of opioid overdose.

Syringe services and safer-use supplies

- Syringe services programs (SSPs) reduce HIV and hepatitis C transmission and *do not* increase drug use; they also act as access points for OUD treatment, HIV care, and housing support.
- Many modern SSPs now also distribute:
  - Fentanyl test strips (FTS)
  - Xylazine test materials (where available)
  - Wound-care kits and naloxone

Clinical relevance: If you're treating people with OUD who inject, actively linking them to SSPs improves infection outcomes and increases the chance they eventually accept MOUD.

Supervised consumption / harm reduction centers

- In Canada, federally exempt supervised consumption sites managed **>60,000 overdose events between 2017–2024 with no onsite fatalities**. Studies report *lower emergency service use, lower all-cause mortality, and improved access to housing and health services* for participants.**Canada+1**
- A 2024–25 evidence review found supervised consumption services associated with reductions in local overdose mortality and injection-related complications, without increasing crime.**Canada+1**
- In the U.S., early overdose prevention centers (e.g., in Rhode Island and New York City) are framed as pilots with emerging positive data on overdose reversals and linkage to care.**Rhode Island Department of Health+1**

Clinical takeaway: These are high-intensity harm-reduction hubs—ideal referral points for people who aren't ready for abstinence but will accept safer use, wound care, testing and, eventually, MOUD.

Fentanyl test strips, stimulant harm reduction, youth

- Recent work from Johns Hopkins (2024) highlights **large gaps** in use of harm-reduction services among people who use stimulants; many had never heard of fentanyl test strips despite using drugs highly contaminated with **fentanyl. Bloomberg School of Public Health**
- The AMA Journal of Ethics (2024) emphasizes that adolescents who use opioids *should* have access to naloxone and harm-reduction services, but that youth-focused programs may need more confidentiality, family engagement and developmental tailoring than adult models.**JAMA Journal of Ethics**

Clinical takeaway: Screening for stimulant use + educating about fentanyl contamination + offering FTS and naloxone is increasingly seen as minimum best practice, including for youth.

Adolescents & Young Adults (15–24): Education Before Emergency

Building on universal harm reduction, youth drug experimentation (ages 15-24) faces high contamination risk. Proactive education and early access to life-saving tools are critical.

Youth-Focused Harm Reduction Initiatives:

Fentanyl Test Strips

Detect contamination for safer choices in schools and social settings.

Naloxone Education

Training in schools, community centers, and campuses for bystander intervention.

Youth Peer Programs

Initiatives like "Narcan & Chill" normalize safety and knowledge-sharing.

"Friends save friends."

Adolescents & Young Adults (15–24): Unique Challenges & MOUD

Medication for Opioid Use Disorder (MOUD) is crucial for this age group, who face distinct hurdles and often experience delayed intervention.

Key Challenges & Misconceptions:

- **Delayed Intervention:** Often occurs only after an overdose.
- **Parental Consent:** Complexities in obtaining necessary consent.
- **Misconceptions:** MOUD is mistakenly seen as a "failure."
- **Mental Health:** High co-occurrence with other mental health issues.
- **Myth 1:** Belief that dependency lasts forever with MOUD.
- **Myth 2:** Idea that teens can detox without further support.

Reproductive Age (25–44): Supporting Pregnant Individuals & Heads of Households

This demographic often faces distinct barriers to accessing harm reduction services, including fear of criminalization (especially for pregnant individuals), childcare issues, transportation, and clinic hours. Our interventions are tailored to address these specific needs:

Integrated Care Models

OB-behavioral health partnerships provide essential Medication-Assisted Treatment (MAT) like methadone and buprenorphine, ensuring holistic support.

Home Visiting Programs

Deliver Narcan kits, vital parenting support, and community resources directly to homes, reducing access barriers.

Two-Generation Care

This approach screens infants for NAS and mothers for postpartum depression and substance use disorders, supporting the entire family.

Reproductive Age (25–44): Pregnant Women & Caregivers

Challenges and critical importance of MOUD for individuals in their reproductive years, especially pregnant women and caregivers. This demographic faces distinct barriers and benefits from tailored approaches.

MOUD's Lifesaving Role in Pregnancy:

- Buprenorphine and methadone significantly reduce preterm birth, NAS severity, and maternal relapse.
- Abrupt cessation ("cold turkey") is dangerous, increasing risks of fetal distress and overdose.

Common Co-Occurring Issues:

- Postpartum Depression, PTSD
- Generalized Anxiety

Specific Barriers for Women & Caregivers:

Logistical Conflicts: Work and childcare duties hinder daily clinic visits.

Emotional & Social Stigma: Fear of custody loss deters treatment.

Innovative Solutions: Tele-MOUD and home-based dosing improve retention.

Rhode Island's AnchorED Program

State Example: Rhode Island – AnchorED (Hospital Warm Handoff Program)

Who it serves:

Adults 25–44 presenting to the ER after overdose

What it does:

- Peer recovery coach meets patients before discharge
- Immediate linkage to MAT
- Follow-up for 12 months

Outcome:

- ER overdose return visits decreased.
- Rhode Island became the first state to offer peer support in every ER statewide.

Working-Age Adults (45–64): From Crisis to Connection

This demographic experiences Nevada's highest fatal overdose rates, often due to increased isolation. Targeted interventions are essential.

Key Challenges & Interventions:

- **Heightened Isolation & Overdose Risk:** This age group often uses substances alone, making outreach critically needed.
- **Overcoming Stigma & Barriers:** Societal stigma prevents many from accessing life-saving services like Narcan and treatment.
- **Connecting to Treatment & Support:** Harm reduction sites offer vital entry points to longer-term recovery services.
- **Empowering Peer Support Networks:** Peer recovery specialists build trust and connect isolated individuals to care and supportive communities.

Working-Age Adults (45–64)

Managing Chronic Pain & Recovery Stability with MOUD

Key Challenges

- Frequent co-occurring diagnoses: chronic pain, depression, anxiety, PTSD.
- Workplace stigma leads to fear of disclosure, irregular dosing, and increased relapse risk.

Tailored Solutions & Benefits

- Integrated pain management with MOUD programs improves adherence and outcomes.
- Stable MOUD dosing restores cognitive function and enhances employability.
- **Myth:** "You can't drive or work while on methadone."
- **Truth:** Stable MOUD enables productive, functional lives.

Benefits of Integrated MOUD & Pain Management

- Improved treatment adherence and follow-through.
- Reduced cognitive burden and improved focus.
- Enhanced employability and return-to-work support.

Effective treatment strategies for this group lead to significantly better outcomes.

Source: Adapted from SAMHSA and NIDA research on MOUD effectiveness and pain management integration

Age group 45-64

Path from Isolation to Recovery:

Isolation

Individuals often struggle alone.

Reaching Out

Initial steps towards seeking help.

Peer Connection

Building trust through shared experiences.

Harm Reduction Services

Accessing life-saving resources.

Sustained Recovery

Long-term stability and well-being.

Prevention Strategies:

- **Empower Family & Caregivers** Educate them to recognize overdose signs and confidently administer naloxone.
- **Proactive Home Safety Checks** Review medication safety practices and provide Narcan education within the home environment.
- **Integrate Holistic Health Approaches** Address chronic pain, depression, and cognitive impairment to support overall well-being.

Prioritizing these tailored measures ensures that **"Safety isn't age-limited."**

State Example: Maine – Geriatric OUD Management for Rural Communities

- **Approach:** Home-based recovery coaching, Narcan training for caregivers & neighbors, pharmacy medication reviews to reduce polypharmacy risks
- **Why this fits:** Shows OUD interventions adapted for small towns and seniors living alone

California's Naloxone Distribution Success

State Example: California – CA Naloxone Distribution Project

Impact:

- Over 2 million free kits distributed
- Grantees include shelters, libraries, tribal health clinics, and college campuses
- Over 200,000 overdose reversals reported

Key Success Factors:

- Wide distribution network
- Community partnerships
- Accessible locations
- Comprehensive training programs

State Example: Kentucky – Statewide MOUD in Justice System

Approach:

- MOUD is offered in jails and prisons across the state.
- Warm handoffs to community treatment are provided upon release.
- Peer navigators follow adults for 90 days post-release to support continued care.

Why it fits: This initiative demonstrates an evidence-based, non-punitive approach to justice programming that prioritizes public health and individual well-being.

Ohio's Moms2B Program

State Example: Ohio – Moms2B

Who it serves: Pregnant women with Opioid Use Disorder (OUD) in low-income neighborhoods

What they provide:

- Buprenorphine in prenatal clinics
- Nutrition support, diapers
- Mental health counseling
- Transportation & childcare help

Outcome: Lower preterm birth and lower Neonatal Abstinence Syndrome (NAS) days in NICU

The Pathway to Family Wellness:

1

Pregnancy & Assessment

2

MOUD Initiation

3

Maternal & Family Stabilization

4

Sustained Family Wellness

> "When a mother stabilizes, the family heals."

Older Adults (65+): Polypharmacy & Home Safety

Older adults (65+) face unique overdose prevention challenges, which require tailored strategies.

Key Challenges:

- **Complex Medication Regimens (Polypharmacy)**Managing multiple prescriptions increases risk.
- **Increased Isolation & Unassisted Crises**Many experience overdoses alone, without immediate help.
- **Accidental Overdose Risk**Combinations of prescriptions and cognitive factors can lead to unintentional overdoses.

Older Adults (65+): Addressing Polypharmacy & Re-Stabilization

Older adults often face "late-life OUD," stemming from prolonged prescription opioid use. This demographic presents unique challenges for medication management and sustained recovery.

Key Challenges

- **Late-Life OUD:** Often from long-term prescription opioid exposure.
- **Polypharmacy Risk:** High risk of drug interactions from multiple medications (opioids, benzodiazepines, alcohol) and chronic conditions.
- **Complex Comorbidities:** Chronic pain, depression, and anxiety compounded by medication interactions.

MOUD Benefits for Older Adults

MOUD offers a critical pathway to stability, addressing polypharmacy and enhancing well-being.

1

Reduced Medication Burden

Simplifies regimens, lowering pill counts.

2

Prevents Accidental Overdose

Lowers overdose risk from interacting medications.

3

Promotes Independence

Improves mood, pain control, and cognitive function for greater autonomy.

State Example: Washington – ElderSAFE OUD Project

What it does:

- Pharmacist-led taper support for opioids and benzodiazepines.
- Telehealth buprenorphine access.
- Home safety overdose planning.

Why it fits:

- Directly addresses polypharmacy concerns.
- Combats loneliness through telehealth connections.
- Mitigates risks of accidental overdoses in older adults.

State Example: New Jersey – Statewide Stigma-Free Campaign

Approach:

- Community ambassadors
- Messaging specifically targeting pregnant women & caregivers
- Media-based myth busting ("MOUD is medicine")

Result:

- Higher enrollment in MAT
- Fewer treatment dropouts

Behavioral & Peer Support

Healing Through Connection

Building on the foundation of medical treatment, a holistic approach integrates compassionate support systems.

Peer Support: Essential for Sustained Recovery

Peer recovery coaching significantly improves long-term success in recovery journeys.

It reduces hospital readmissions and emergency visits by up to **40%**.

Evidence shows that **trust > treatment** : engagement is highest when guided by someone with lived experience.

> "I needed someone who'd been there. My peer coach met me the next day — that's what kept me alive."

- **Behavioral Health Support**
- **Strong Social Supports**
- **Guided Peer Navigation**
- **Pathway to Sustained Recovery**

State Example: West Virginia – Mothers on a Mission (MOMs)

- **Who it serves:** Pregnant & postpartum women with Opioid Use Disorder (OUD)
- **What it does:** Peer coaches with lived maternal OUD experience, infant-safe recovery housing, legal navigation help
- **Outcome:** Significant decrease in babies entering foster care

Adolescents & Young Adults (15–24)

Early Peer Connection: A Lifeline for Recovery

- Young people respond better to relatable mentors than formal interventions.
- Peer programs help normalize seeking help for mental health challenges.
- Early peer connection significantly reduces relapse and suicide attempts.

> "Peers make recovery relatable."

Reproductive Age (25–44): Supporting Parents & Caregivers

Targeted behavioral and peer interventions for reproductive-aged individuals (25-44) bridge clinical care with daily life, supporting pregnant women and heads of households.

Pregnant & Postpartum Women

- **Peer Support:** Doulas & maternal recovery coaches provide prenatal care, transport, emotional support.
- **Behavioral Health:** Specialized teams address PPD, anxiety, trauma; improve MOUD adherence.

Women Leading Households

- **Peer Navigation:** Help with childcare, legal aid, housing.
- **Behavioral Therapy:** Coping skills for stress, guilt, grief; crucial for stability.
- **Two-Generation Benefit:** Peer programs reduce infant foster care likelihood.

> "She didn't just give me Narcan — she watched my baby so I could go to group." — Mother in recovery, Clark County

Working-Age Adults (45–64): Navigating Complex Systems

Working-age adults (45-64) face unique challenges, including employment issues, chronic pain, trauma, and relapse cycles. Peer recovery coaches are essential in helping them manage critical aspects like insurance, medication, and overcoming workplace stigma, serving as a vital link between various support systems.

Key Challenges & Diagnoses:

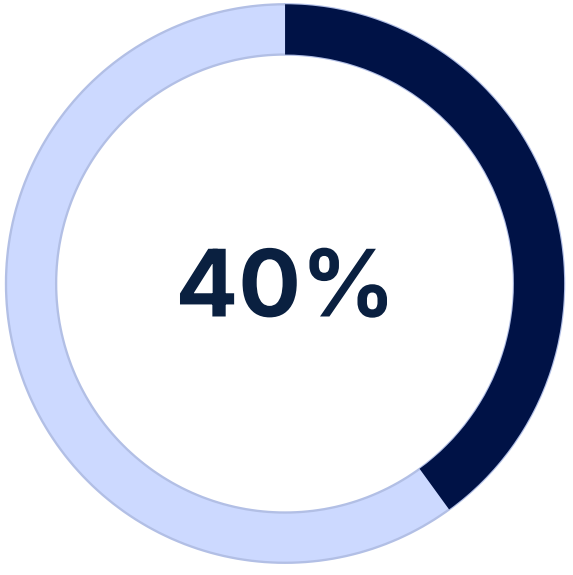
- Chronic Pain
- PTSD (prevalent among veterans & first responders)
- Depression
- Substance-Induced Anxiety

State Example: Virginia – Veterans Peer Connection Network

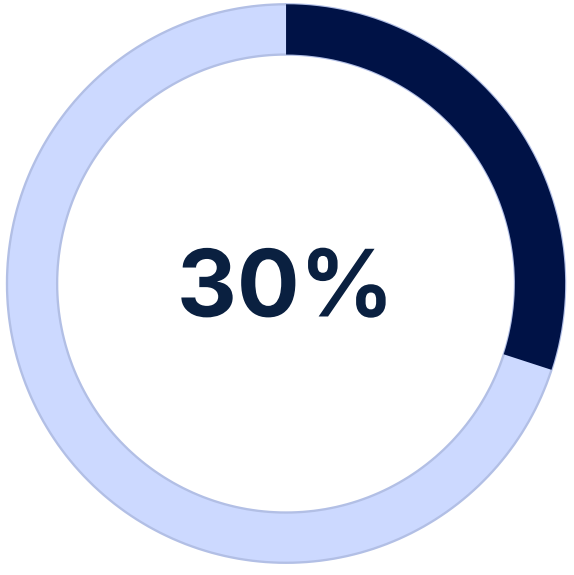
- Evidence-based peer navigation for PTSD, trauma, chronic pain, OUD
- Outcome: Reduced suicidal ideation and fewer overdose-related ER visits

Veterans Peer Support Programs

This program exemplifies the profound impact of tailored peer support combined with integrated behavioral therapies, leading to long-term stability and significantly improved outcomes for veterans.



Reduction in hospital readmissions



Reduction in suicidal ideation

Veterans in the program reported increased trust in care providers and fewer missed appointments.

Older Adults (65+): Sustaining Connection and Purpose

For older adults (65+), sustaining connection and purpose is vital. Grief and social isolation significantly increase the risk of relapse and depression, often alongside underlying health issues.

Key Challenges:

- Late-life Depression and Anxiety (often tied to loss and social isolation)
- Chronic Pain with increased risk of dependence
- Navigating complex healthcare systems without strong social networks

→ Peer Volunteers

Retired nurses, veterans, and caregivers provide invaluable support, reducing loneliness and improving medication safety.

→ Integrated Care Models

Extending beyond clinic walls, behavioral-health integration with home visits and tele-peer calls maintains vital connection and continuity of care.

→ Community Engagement

Small interventions like weekly calls, church visits, and community meals protect dignity and foster a renewed sense of purpose and belonging.

System Reflections & Action Steps

Behavioral and peer synergy are crucial for sustainable recovery.

Key Action Steps:

- Implement non-punitive peer models for vulnerable populations (e.g., pregnant women, heads of households).
- Integrate peer support across diverse care settings: hospitals, shelters, OB, and probation.
- Fund certification for peer coaches to leverage lived experience for effective support.

Remember: Peer connection is not an "extra"—it's the evidence-based bridge to belonging.

> "Healing is contagious when people see someone who made it." — Dr. Eboni January

Strengthening Peer-Based Recovery Models

- Expand Replicable Peer-Navigation: Leverage successful models to create wider community impact and new coaching pipelines.
- Tailor Support for Vulnerable Groups: Prioritize mothers, postpartum individuals, and youth, reducing shame through lived experience.
- Empower Lived Experience through Coaching: Develop robust pipelines for diverse peer coaches across all care settings.
- Reinforce the Core Message: "Treat the family, build the village" – emphasize community-centric recovery.

Trauma-Informed Care Basics

Healing Across Generations

Understanding Trauma-Informed Care (TIC)

Trauma-Informed Care (TIC) is a framework that recognizes the widespread impact of trauma and emphasizes pathways to recovery. It shifts our perspective to understand behavior as a response to experience, not pathology.

Core Shifts in Perspective:

1

From "What's wrong with you?"

→ "What happened to you?"

2

From blame

→ understanding

3

From compliance

→ collaboration

TIC is guided by 5 key principles:

- **Safety:** Ensuring physical and psychological safety.
- **Trustworthiness:** Building trust through transparency and consistency.
- **Choice:** Maximizing individual control and participation.
- **Collaboration:** Partnering with individuals in decision-making.
- **Empowerment:** Fostering strengths and promoting self-advocacy.

Principle 1: Safety — The Foundation of Healing

Adolescents & Young Adults

- Consistent adult support
- Clear boundaries
- Culturally affirming environments
- Trauma-informed school programs (reduce anxiety, prevent substance use)

Pregnant Women & Heads of Households

- Non-punitive prenatal care
- Alleviate fears of child removal
- Domestic violence screening
- Improves birth outcomes

Working Adults (45–64)

- Job security
- Confidential mental health treatment
- Respectful work environments
- Lowers relapse rates, prevents burnout

Older Adults (65+)

- Reliable caregiving
- Protection from elder abuse
- Stable housing
- Combats isolation-induced depression

Principle 2: Choice — Restoring Control

Offering choices empowers individuals at every stage of life, initiating the healing process.

- **Youth:** Guided decisions build self-efficacy and foster personal growth.
- **Mothers & Caregivers:** Shared decisions reduce stress and enhance well-being.
- **Workers:** Flexible work and process input boost satisfaction.
- **Elders:** Involving elders in key decisions preserves autonomy.

Principle 3: Collaboration — Healing Happens in Relationship

- **Youth:** Foster healthy development through strong partnerships (school, family, community).
- **Pregnant Women:** Holistic support through integrated care (OB-GYN, behavioral health, peer support, social services).
- **Heads of Households:** Ensure family stability with cross-agency support (WIC, housing, mental health).
- **Elders:** Maintain dignity with coordinated care (primary care, caregivers, faith networks).

> "No single provider heals trauma—connection does."

Principle 4: Empowerment — Reclaiming Voice

- I Am Safe
- I Have Choice
- I Am Heard
- I Can Grow
- I Belong

Principle 5: Trustworthiness — Repairing Broken Systems

- Reliable follow-through and consistent actions
- Transparent communication and clear processes
- Consistent care and adherence to timelines
- Confidentiality and timely follow-up
- Valuing experience and wisdom

> "Trust isn't given—it's earned by showing up the same way, every time."

Cross-Generational Continuity

Applying the five principles creates a continuum for healing across generations:

- **Children Experience:** Foundational principles of safety, choice, collaboration, empowerment, and trustworthiness.
- **Adults Model:** These core principles in their daily interactions and care, creating positive environments.
- **Communities Sustain:** A lifelong roadmap for wellness, ensuring lasting impact and breaking cycles of trauma.

> "When families feel safe and seen, cycles of trauma end—and generations of wellness begin." — Dr. Eboni January

Cultural Responsiveness

Healing Through Culture, Community, and Connection

Cultural Responsiveness in Practice

Cultural responsiveness means understanding each individual's unique background. By valuing their culture, community, language, and lived experiences, we can achieve the following key benefits:

- **Foster Trust and Respect:** Building strong relationships based on mutual understanding.
- **Create Shared Meaning:** Ensuring effective communication and collaborative understanding.
- **Improve Engagement and Resilience:** Enhancing participation and the ability to overcome challenges.

Core Strategies

To put cultural responsiveness into practice, we focus on three core strategies:

- **Language Access** Providing trained interpreters and bilingual healthcare providers ensures clear communication and understanding, removing language as a barrier to effective care.
- **Cultural Brokers** Utilizing peer navigators, faith leaders, and traditional healers bridges cultural gaps and builds trust within communities, facilitating connections and understanding.
- **Community Partnerships** Collaborating with local organizations like churches and tribal councils integrates care within existing community support systems, fostering a holistic approach.

> "Culture is not a barrier to care — it's the bridge." — Dr. Eboni January

Adolescents & Young Adults (15–24): Identity, Belonging & Representation

Adolescents and young adults (15-24) have unique cultural needs that significantly impact their trust and willingness to seek help.

In Clark County, Latino and Black youth experience higher emotional distress but lower service utilization. This disparity often stems from:

- **Stigma** associated with seeking help.
- A **lack of relatable providers**.

Tailored Strategies for Cultural Responsiveness:

Prioritize Confidentiality

Use youth interpreters cautiously; ensure privacy for sensitive topics.

Youth-Focused Community Engagement

Collaborate with youth-focused organizations (e.g., Latino Recovery Network, church ministries).

Peer Representation

Promote recovery narratives from relatable peers to foster belonging.

Culturally Responsive Care: Reproductive Age Women (25–44)

Must address unique mental health challenges for women aged 25-44, integrating gender, faith, and cultural factors for inclusive support, especially during pregnancy and parenting.

Strategies for Holistic Well-being:

- **Specialized Support Roles:** Bilingual doulas and peer recovery coaches understand reproductive health journeys.
- **Community-Led Wellness:** Integrate faith-based and community networks to foster holistic wellness and belonging.
- **Targeted Postpartum Care:** Specialized PPD education and resources address this critical need effectively.
- **Traditional Healing Integration:** Tribal cultural liaisons blend traditional healing with clinical services for Indigenous women.

Working-Age Adults (45–64): Sustaining Well-being Through Community and Culture

Working-age adults (45–64) face unique mental health challenges from demanding roles. Culturally and faith-based support is crucial for well-being and care acceptance.

Key Strategies for Well-being:

- Trusted cultural and faith organizations serve as essential support and well-being hubs.
- Targeted mental health education and culturally-informed resources reduce stigma and address common diagnoses.

Older Adults (65+): Tradition, Loss, and Legacy

Reconnecting older adults to identity and tradition improves health and well-being.

Culturally-Responsive Strategies

- **Restoring Cultural Healing:** Facilitate practices like healing circles, prayer groups, and traditional storytelling to combat social isolation.
- **Targeted Tribal Programs:** Combine traditional talking circles with specialized grief counseling to support older adults through loss.
- **Community Engagement:** Establish faith-based senior meal programs and bilingual support groups to address loneliness and build social infrastructure.

Faith & Community Allies: Building Healing Sanctuaries

Faith-based organizations are trusted community pillars, offering safe spaces and bridging families to care. They extend health support beyond traditional clinics, reaching families in their own trusted community spaces.

Empowering Communities Through Faith Partnerships:

1

Host "Health Sundays"

Offer vital screenings for blood pressure, depression, pregnancy risk, and substance use.

2

Book Drives & Literacy Nights

Distribute maternal health educational materials for mothers and youth.

3

Recovery & Prayer Circles

Create stigma-free environments for healing discussions with peer coaches and faith leaders.

4

Community Support & Safe Spaces

Provide scholarships for treatment transportation and childcare.

Faith-Based Community Impact

Cross-Generational Engagement:

Faith-based organizations foster robust connections across all generations:

Youth

Actively participate in community outreach and provide peer mentorship

Pregnant Women

Receive nonjudgmental support, health information, and essential resource kits

Mothers & Heads of Households

Engage in ministries for mental health support and financial literacy

Elders

Share wisdom as prayer partners and mentors, guiding younger mothers through recovery

State Example: Tennessee – Safe Faith, Safe Families Initiative

- Churches undergo stigma-free training
- Host Narcan trainings, diaper banks, and support circles
- Peer coaches embedded in congregations

> "Faith is one of the oldest forms of public health — and one of the most personal." — Dr. Eboni January

Corporate & Hospital Engagement: Catalysts for Recovery

Employers and hospitals are vital catalysts for recovery, fostering wellness and family stability. They disrupt cycles of relapse and unemployment through distinct, yet complementary strategies:

Corporate Strategies:

- **Employee Assistance Programs (EAPs):** Confidential SUD counseling & family services.
- **Employer Wellness Policies:** Paid leave for treatment, flexible work, parental support.
- **Re-entry Employment:** Partnerships to hire returning citizens, reducing recidivism.

Hospital-Based Strategies:

- **Post-Overdose Response Teams:** Follow-up within 24-48 hours post-discharge.
- **Maternal Recovery Integration:** Connect at-risk postpartum patients with doulas & case managers.
- **Cross-Training:** Educate staff in stigma-free, compassionate care communication.

These approaches create a supportive environment, leading to significant cross-generational impact:

Cross-Generational Impact: Supporting All Ages

Youth

Mental health workshops & internships fostering early wellness.

Pregnant & Postpartum Women

Direct "Warm Handoff" to care, specialized postpartum counseling.

Women Heads of Households

Flexible employer policies for childcare & therapy appointments.

Working Adults

Peer mentoring & coordinated return-to-work treatment plans.

Elders

Volunteer health ambassadors, extending community outreach.

Integrated Approach to Recovery: Key Pillars

A multi-faceted strategy for lasting well-being:

- **Trauma-Informed Care** A foundational approach recognizing and responding to the pervasive impact of trauma to promote healing.
- **Cultural Responsiveness** Tailoring support to honor diverse backgrounds for equitable, effective, and respectful care.
- **Evidence-Based MOUD** Utilizing Medications for Opioid Use Disorder as a vital tool in comprehensive treatment strategies.
- **Harm Reduction Strategies** Implementing pragmatic approaches to minimize negative health, social, and economic consequences of substance use.
- **Empowering Peer Support** Leveraging lived experience to foster connection, mentorship, and sustained engagement in recovery.
- **Integration of Care** Coordinating physical, mental, and social services to create a holistic and seamless support system.

By integrating these key pillars, we build a resilient ecosystem that supports lasting recovery and well-being for individuals and families.

Technology & Innovation: Digital Bridges to Healing

Digital technology expands access to vital care and recovery support beyond traditional settings. Key applications include:

- **Telehealth & MAT:** Expands virtual Medication-Assisted Treatment, especially for rural areas and pregnant/postpartum women.
- **Self-Management & Wellness Apps:** Apps for tracking triggers, journaling, and behavioral therapy, with specialized features like prenatal reminders.
- **Virtual Peer Support:** Connects individuals and families with moderated online communities, reducing isolation and offering specialized support.

State Example: Alaska – Project RADIUS Tele-MAT

- **Focus:** Rural villages & tribal communities
- **Services:** Tele-buprenorphine with mobile clinics, peer navigators in villages, language-specific recovery support
- **Outcome:** Increased MAT retention, fewer withdrawals, reduced fentanyl deaths

> "Technology can't replace compassion—but it can carry it farther." — Dr. Eboni January

Practical Steps for Providers: Compassion in Action

Transforming routine care into prevention, providers are vital advocates, connectors, and early interveners. Change begins with trauma-informed, non-judgmental screening in every clinical setting. By opening dialogue, we address diverse needs across generations.

Normalize Conversations

- Integrate brief screeners: Ask about stress impact on sleep, appetite, daily life.
- Tailor discussions: Vaping/anxiety for youth, pain management for pregnant women, work stress for adults, grief/mobility for elders.
- Add a "warm question": "What support would make your days easier right now?"

Distribute Naloxone Everywhere

- Normalize naloxone as standard care, displayed openly.
- Provide Narcan training for family members, especially for pregnant/postpartum mothers.
- Collaborate with schools and youth centers for confidential distribution and education.
- Educate elders on safe storage.

Free kits available via **nvopioidresponse.org**.

Partner with Local Organizations

- Link patients to community programs (housing, faith support, peer navigation).
- **Impactful Partnerships:**
  - Empowered Motherhood Initiative
  - Latino Recovery Network
  - Washoe Tribal Health Liaison Program
- Co-locate services: "1 visit, 3 connections" model (screen, refer, schedule follow-ups).

State Example: New Mexico – Rural OB/MAT Integration

- OB clinics stock naloxone and start buprenorphine same-day
- Community health workers complete follow-up home visits postpartum
- Works well in low-resource and tribal areas

> "Every screen is an act of love; every referral is a second chance." — Dr. Eboni January

State Example: Colorado – STRIDE Community Health Centers

What they do: STRIDE Community Health Centers co-locate essential services such as OB/GYN, Medication-Assisted Treatment (MAT), pediatrics, and WIC programs. They prioritize immediate support through same-day warm handoffs and integrate doulas and peer recovery specialists into their care models.

Why it fits: STRIDE exemplifies a practical "one-stop shop" approach to integrated care, demonstrating how diverse services can be brought together under one roof to serve the comprehensive needs of individuals and families efficiently.

The Referral Flow Model

A structured pathway to connect patients with comprehensive integrated care services.

Key Steps in the Referral Flow:

1. **Primary Care Entry:** OB, Pediatric, Family Medicine
2. **Behavioral Health Screening:** Depression, Anxiety, Substance Use
3. **Targeted Referrals:** Peer Support, Recovery Coach, Doula
4. **Essential Social Services:** Housing, WIC, Childcare, Nutrition
5. **Ongoing Follow-up:** In-clinic or Home Visit

Supporting Principles:

- **Warm Handoffs:** Direct connections ensure seamless referrals.
- **Integrated Data:** Shared EHR facilitates coordinated care.
- **Track Outcomes:** Monitor health and social impact effectively.

> "Integration is a pathway, not a handoff — the patient shouldn't have to navigate it alone."

Post-Test: Compassionate Care Knowledge Check

Now that you've completed this training, answer these questions to assess your learning:

1. How much can peer recovery coaches reduce hospital readmissions and ER visits?
   a) Up to 20%
   b) Up to 30%
   c) Up to 40%
   d) Up to 50%
2. What are the three FDA-approved medications used in MOUD?
   a) Methadone, Buprenorphine, and Naltrexone
   b) Morphine, Codeine, and Naloxone
   c) Oxycodone, Hydrocodone, and Fentanyl
   d) Suboxone, Narcan, and Vivitrol
3. What is the primary focus of trauma-informed care?
   a) Asking "What's wrong with you?"
   b) Focusing only on physical symptoms
   c) Asking "What happened to you?" and understanding behavior as a response to experience
   d) Requiring abstinence before providing support

Post-Test Answer Key

1. How much can peer recovery coaches reduce hospital readmissions and ER visits?

Correct Answer: c) Up to 40%

Explanation: Peer recovery coaching significantly improves long-term success in recovery journeys. Research shows that peer support reduces hospital readmissions and emergency visits by up to 40%. Peer coaches provide support based on lived experience, help navigate complex systems (insurance, medical appointments, housing), offer relatable mentorship, and build trust through shared experiences.

2. What are the three FDA-approved medications used in MOUD?

Correct Answer: a) Methadone, Buprenorphine, and Naltrexone

Explanation: MOUD (Medication for Opioid Use Disorder) utilizes three FDA-approved medications, each working differently to support recovery: Methadone (a full opioid agonist administered daily in regulated clinics), Buprenorphine (a partial opioid agonist that can be prescribed in office settings), and Naltrexone (an opioid antagonist available as a daily pill or monthly injectable). These medications stabilize brain chemistry, reduce cravings, and support long-term recovery.

3. What is the primary focus of trauma-informed care?

Correct Answer: c) Asking "What happened to you?" and understanding behavior as a response to experience

Explanation: Trauma-informed care shifts the perspective FROM "What's wrong with you?" TO "What happened to you?" This approach recognizes that behavior is often a response to trauma and experience rather than a character flaw, and it emphasizes creating safety, choice, collaboration, empowerment, and trustworthiness in care.

References

Key Resources and Citations:

SAMHSA (Substance Abuse and Mental Health Services Administration)

- Peer Recovery Training & Certification: **samhsa.gov/brss-tacs**
- Trauma-Informed Care Framework
- MOUD Treatment Guidelines

NAADAC (National Association for Alcoholism and Drug Abuse Counselors)

- Peer Recovery Support Credential (PRS): **naadac.org**

I. Harm Reduction Resources & Evidence

1. SAMHSA – Overdose Prevention & Naloxone Toolkit Full URL: **https://www.samhsa.gov/medications-substance-use-disorders/overdose-prevention-toolkit**
2. CDC Overdose Prevention Resource Center Full URL: **https://www.cdc.gov/drugoverdose/prevention/index.html**
3. Harm Reduction International – Evidence on Supervised Consumption Sites Full URL: **https://www.hri.global/supervised-consumption-services**
4. Canadian Supervised Consumption & Overdose Prevention Services (Evidence Review) Full URL: **https://www.canada.ca/en/health-canada/services/substance-use/supervised-consumption-sites.html**
5. Rhode Island Overdose Prevention & Evidence (PDMP + Naloxone Expansion) Full URL: **https://preventoverdoseri.org**
6. AMA Journal of Ethics – Adolescent Harm Reduction Guidance Full URL: **https://journalofethics.ama-assn.org**
7. Johns Hopkins Bloomberg School of Public Health – Fentanyl & Stimulant Harm Reduction Full URL: **https://publichealth.jhu.edu** II. Addiction Neuroscience — Brain, Dopamine Pathways, Craving

1. National Institute on Drug Abuse (NIDA) – How Addiction Changes the Brain Full URL: **https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction**
2. NIDA – Brain Reward System Explanation Full URL: **https://nida.nih.gov/drug-topics/brain-neurobiology**
3. Stanford Medicine – Dopamine, Reward, & Compulsive Behavior Full URL: **https://med.stanford.edu/news/all-news/2022/01/dopamine-reward-behavior.html**
4. NIH Research Matters – Addiction and the Prefrontal Cortex Full URL: **https://www.nih.gov/news-events/nih-research-matters/addiction-linked-brain-changes-prefrontal-cortex**
5. Neurobiology of Addiction Review (Annual Reviews) Full URL: **https://www.annualreviews.org/journal/neuro** III. Behavioral Health in Early Recovery — Therapy, MOUD, Recovery Capital
6. SAMHSA – Treatment Improvement Protocols (TIP 63: MOUD) Full URL: **https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document-Including-Executive-Summary-and-Parts-1-5-/SMA19-5063FULLDOC**
7. Recovery Research Institute – Evidence on Recovery Housing Full URL: **https://www.recoveryanswers.org**
8. Substance Abuse and Mental Health Services Administration – Evidence-Based Practices Full URL: **https://www.samhsa.gov/resource-search/ebp**
9. National Association of Recovery Residences (NARR) Full URL: **https://narronline.org**

1. Association of Recovery Community Organizations (Faces & Voices of Recovery) Full URL: **https://facesandvoicesofrecovery.org**
2. National Council for Mental Wellbeing – Trauma-Informed Care Toolkit Full URL: **https://www.thenationalcouncil.org/topics/trauma-informed-care** IV. Youth, Trauma & ACEs in SUD Pathways
3. CDC – ACEs Prevention Resource Library Full URL: **https://www.cdc.gov/violenceprevention/aces**
4. Child Mind Institute – Substance Use Risk in Adolescence Full URL: **https://childmind.org/article/teen-drug-abuse** V. Additional OUD / MOUD Guidance
5. ASAM (American Society of Addiction Medicine) – OUD Treatment Guidelines Full URL: **https://www.asam.org/quality-care/clinical-guidelines**
6. PCSS (Providers Clinical Support System) – Buprenorphine, Methadone, Naltrexone Training Full URL: **https://pcssnow.org**

State Program Examples:

- Massachusetts – Learn to Cope
- Vermont – CHAMP (Community Health Access for Maternal Primary Care)
- Rhode Island – AnchorED (Hospital Warm Handoff Program)
- Ohio – Moms2B Program
- West Virginia – Mothers on a Mission (MOMs)
- Virginia – Veterans Peer Connection Network
- Maine – Geriatric OUD Management for Rural Communities
- Washington – ElderSAFE OUD Project
- New Jersey – Statewide Stigma-Free Campaign
- Tennessee – Safe Faith, Safe Families Initiative
- California – CA Naloxone Distribution Project
- Kentucky – Statewide MOUD in Justice System
- New Mexico – Rural OB/MAT Integration
- Colorado – STRIDE Community Health Centers

Nevada-Specific Resources:

- Latino Recovery Network
- Tribal Liaison Programs
- Community Church Partnerships

Additional Resources:

- FDA-Approved MOUD Medications: Methadone, Buprenorphine, Naltrexone
- Naloxone Distribution Programs
- Harm Reduction Coalition

Research & Evidence Base:

- MOUD reduces mortality rates by 50% or more compared to no treatment or abstinence-only approaches
- Peer recovery coaching reduces hospital readmissions and ER visits by up to 40%
- FDA-approved MOUD medications: Methadone (full opioid agonist), Buprenorphine (partial opioid agonist), Naltrexone (opioid antagonist)

Trauma-Informed Care Framework:

- Five Key Principles: Safety, Trustworthiness, Choice, Collaboration, Empowerment
- SAMHSA Trauma-Informed Care Guidelines

Harm Reduction Resources:

- Harm Reduction Coalition
- Naloxone/Narcan Distribution Programs
- Fentanyl Test Strips and Overdose Prevention Education

Nevada-Specific Data & Programs:

- Working-age adults (45-64) experience Nevada's highest fatal overdose rates
- Clark County demographic data on Latino and Black youth mental health disparities
- Nevada Office of Community Engagement (NOCE)

Cultural Responsiveness Resources:

- Language access and interpreter services
- Faith-based partnerships and community health workers
- Tribal liaison programs

Additional State Program Details:

- Massachusetts Learn to Cope: Family peer support network
- Vermont CHAMP: Integrated prenatal and MOUD care
- Rhode Island AnchorED: Hospital warm handoff with peer recovery coaches
- Ohio Moms2B: Maternal OUD peer coaching program
- West Virginia MOMs: Infant-safe recovery housing with legal navigation
- Virginia Veterans Peer Connection Network: PTSD and OUD peer navigation
- Maine Geriatric OUD Management: Home-based recovery coaching for rural communities
- Washington ElderSAFE: Pharmacist-led taper support and telehealth buprenorphine
- New Jersey Stigma-Free Campaign: Community ambassadors and media myth-bustings
- Tennessee Safe Faith, Safe Families: Church-based Narcan training and peer coaches
- California Naloxone Distribution Project: Statewide naloxone access
- Kentucky Statewide MOUD in Justice System: Jail/prison MOUD with warm handoffs
- New Mexico Rural OB/MAT Integration: Same-day buprenorphine in OB clinics
- Colorado STRIDE Community Health Centers: Co-located OB/GYN, MAT, pediatrics, WIC