Session 4 – Healing Systems: Building Inter-Generational Recovery Ecosystems

Date: December 17, 2025

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To showcase pathways for **sustained recovery** that connect clinics, families, and communities

Highlighting how maternal health, social determinants, and recovery systems weave together to heal Nevada's families across generations.

Setting the Stage

> "Recovery doesn't happen in silos — it happens in systems. When we heal a mother, we heal her family. When we strengthen a family, we stabilize a neighborhood. And when neighborhoods thrive, generations rise."
>
> — Dr. Eboni January

This final session moves from policy and justice reform (Session 3) to long-term systems design. We'll explore how community recovery ecosystems — supported by technology, equity, and compassion — can transform Nevada's public-health future.

Session Objectives

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

1

Describe Community-Based Recovery Supports
Understand how peer networks, housing-first programs, school-based resilience efforts, and recovery-friendly workplaces sustain long-term healing.

2

Align Public-Health Data with Action
Explain how to align public-health data (Clark & Washoe epidemiologic profiles) with economic risk mapping (NRI) and local partner networks to target high-impact interventions.

3

Identify Emerging Technologies
Recognize tele-OB, tele-addiction, virtual peer support, data dashboards, and naloxone apps that close rural and transportation gaps.

4

Discuss Integrated Care Models
Examine models of integrated care hubs serving pregnant and postpartum women with OUD — demonstrating two-generation recovery.

5

Design Inter-Generational Ecosystems
Create an inter-generational recovery ecosystem linking maternal health, ACE prevention, housing, and workforce development to reduce NAS and promote lifelong family stability.

6

Commit to Local Action
Pledge one local or institutional action that sustains cross-sector collaboration beyond 2025.

Important Note About This Presentation

This presentation combines documented data with illustrative examples to support learning and strategic planning.

Illustrative Examples:

Some program names, case studies, and specific outcome statistics represent composite examples or model programs designed to illustrate best practices and possibilities for Nevada. These examples are based on evidence-based approaches used successfully in Nevada and similar states.

Purpose:

Our goal is to inspire action and provide a framework for building recovery ecosystems. Participants are encouraged to verify specific programs and adapt models to their local contexts.

I. Why Systems Matter

"Breaking the Silence" series progression (Awareness →Solutions →Justice →Systems). Framing: Maternal health and NAS as performance indicators of Nevada's recovery system.

"Maternal health predicts outcomes" = a CLINICAL truth

This framing answers the question: **What will likely happen?**

In clinical and public-health contexts, maternal health is predictive because:

- Pregnancy and postpartum are high-risk biological windows
- Stress, SUD, housing instability, and mental illness amplify physiologic vulnerability
- Outcomes like NAS, preterm birth, postpartum overdose, and CPS involvement occur earlier and more frequently in this population

So clinically: **Poor maternal health forecasts poor infant, family, and population outcomes.** It's a leading indicator, like high blood pressure predicting stroke.

That framing is correct—but it's incomplete for systems work.

"Maternal cases expose where systems break" = an OPERATIONAL truth

Where is the system failing right now?

Maternal cases don't just predict outcomes—they stress-test systems because pregnant/postpartum women must simultaneously interact with:

- OB care
- Behavioral health
- Substance-use treatment
- Housing systems
- Child welfare
- Courts
- Employment policies
- Transportation
- Benefits (WIC, Medicaid, SNAP)

No other population touches this many systems at once, under this much time pressure, with this much consequence.

What happens operationally

When something fails for a pregnant or postpartum woman, it reveals:

❌ Referrals that don't close

❌ Housing that excludes mothers or infants

❌ MOUD policies that conflict with custody rules

❌ Clinics that don't communicate with CPS

❌ Data systems that don't talk to each other

❌ Employers without postpartum flexibility

These failures become visible fast, because:

Pregnancy has a clock

Infants escalate stakes

Courts and CPS accelerate timelines

So operationally: Maternal cases don't just predict future harm—they surface current system fractures. That's why they are diagnostic, not just predictive.

Pre-Test: Session 4 Knowledge Assessment

1. Which of the following best describes the primary goal of community-based recovery supports?

    a. Providing direct medical treatment for addiction.

    b. Fostering an environment where individuals can build skills and connections for long-term recovery.

    c. Mandating participation in court-ordered rehabilitation programs.

    d. Strictly enforcing abstinence through punitive measures.

2. A cornerstone of the "Housing First" model is:

    a. Requiring individuals to achieve sobriety before receiving housing.

    b. Providing immediate, unconditional housing with voluntary support services.

    c. Offering temporary shelter contingent on active treatment engagement.

    d. Prioritizing mental health treatment over stable housing.

3. How does telehealth primarily enhance access to recovery services?

    a. By replacing all in-person interactions with virtual ones.

    b. By limiting services only to those with high-speed internet.

    c. By overcoming geographical barriers and improving convenience for individuals in remote areas or with mobility challenges.

    d. By increasing the cost of recovery services.

II. Community-Based Recovery Supports

> **"Healing happens where people live, work, worship, and grow."**
>
> — Dr. Eboni January

Nevada Models — What Works & Why
1. Peer Navigators for Pregnant & Parenting Women

How it operates:

01

Match mothers to peers

Connect with peers who have similar lived experience (OUD, postpartum depression, homelessness, trauma).

02

Weekly structured check-ins

15–30 minute sessions using a standardized script.

03

Provide three core tools

- Edinburgh Postnatal Depression Screen (EPDS)
- MOUD adherence tracker
- Resource referral matrix (WIC → housing → childcare → Medicaid)

Measurable Outcomes:

Lower relapse rates

Higher postpartum visit attendance

Decreased CPS reports

Stronger mother–infant bonding

2. Proposed: Latino Recovery Network (Clark County)

Culturally Anchored Support

How it operates:
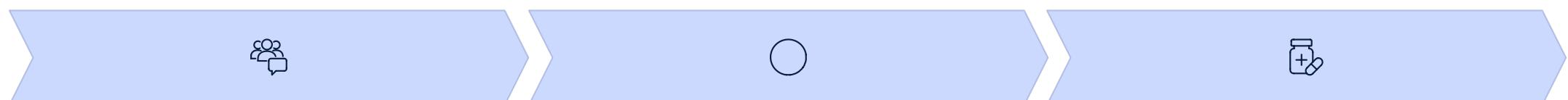
Bilingual outreach	**Peer-led circles**	**Immediate referrals**
Promotoras conduct outreach in mercados, churches, and soccer leagues.	Integrate cultural coping rituals, storytelling , and faith-based motivation.	Connect to MOUD clinics, telehealth therapy, and food assistance.

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Why it works:

Reduces shame

Includes entire family unit

Leverages existing community gathering spaces

3. Washoe Tribal Liaison Network (Theory)
Indigenous Healing Integration

How it operates:

- Elders, cultural healers, and peer mentors co-facilitate recovery circles.
- Incorporates sweat lodges, talking circles, drumming, and identity reclamation.
- Family-inclusive healing model acknowledging intergenerational trauma.

Why it works:

Reinforces belonging

Rebuilds cultural identity as a protective factor

Cross-Generational Application

Group	Needs	Peer-Led Impact	Tangible Tools/Examples
Youth (15–24)	Early intervention, trust-building	Prevents initiation & supports harm reduction	Youth Peer Ambassador program; fentanyl-prevention circles; TikTok/IG safe-use campaigns
Pregnant & Postpartum Women	Safety, stability, reduced isolation	Improves birth outcomes & postpartum engagement	Weekly PP Navigator visits; co-visits with doulas; home MOUD stabilization plans
Working Adults (25–64)	Flexibility, employer navigation	Builds recovery capital & reduces relapse	Workplace recovery contracts; peer accompaniment to court/employer meetings
Elders (65+)	Purpose, connection, legacy	Provides stability & cultural wisdom	"Elder Mentors" model; story-keeping sessions; volunteer peer-led grief circles

Building a Nevada Peer-Recovery Workforce

Step-by-Step Actionable Strategies

Create a Statewide Peer Certification Pipeline

- 30-hour training → cultural humility → trauma-informed support
- MOUD education + crisis response
- Paid stipends during training

Launch Community Recovery Hubs

- Library rooms, churches, clinics, and tribal centers
- Provide childcare during meetings
- On-site MOUD telehealth kiosks

Implement "Warm Handoff" Protocols

For OBs, ERs, jails, CPS:

- Peer meets patient within 24 hours of referral
- Provides transport coordination
- Stays connected for 30–90 days

Technology Tools for Scale

- Text-based daily check-in systems
- Peer tracking dashboards
- Recovery "passport" with milestones
- Anonymous virtual support groups

"Recovery doesn't start with medicine; it starts with someone saying, 'Me too.'"

— Dr. Eboni January

Housing-First Programs: Stability as Treatment

Now let's examine how Housing-First programs provide the stable foundation these community-based recovery supports need to succeed.

Housing-First Programs: Stability as Treatment

Why a safe home is the first prescription for recovery

Core Idea

Housing-First means housing is provided immediately — without requiring sobriety, treatment participation, or "earning" your place.

It flips the traditional recovery model:

❌ ~~Traditional Model: Get sober → Then you can get housing.~~

✅ **Housing-First Model: Get housing → Then you can stabilize enough to stay sober.**

Why this works:

- The brain cannot heal from trauma or addiction without consistent sleep, safety, and reduced cortisol levels.

- People are more likely to accept treatment and remain in MOUD when they aren't worried about where they will sleep.

- Stable housing reduces ER visits, incarceration, CPS involvement, and relapse.

> 🗋 **Principle:** You can't build recovery on top of chaos. You build recovery on top of stability.

Nevada Models — What They Are & Why They Work

1. Proposed: Safe Haven Reno

What it is:

A low-barrier Housing-First program designed specifically for people with high vulnerability — untreated mental illness, substance/opiod use disorder, recent homelessness.

Key Components (Explained):

Immediate Housing
No sobriety test, no "clean time" required. Removes barriers that historically excluded people most in need.

Voluntary Treatment
MOUD, counseling, and psychiatric care are offered, not mandated. Research shows people are more likely to stay engaged when they choose it.

Wrap-Around Case Management
- **MOUD (Medication for Opioid Use Disorder):** Helps prevent withdrawal, reduces overdose risk, and stabilizes mood.
- **Job Training:** Skill-building for long-term independence.
- **Transportation Support:** Bus passes, rides to court, medical visits, WIC appointments.

Outcomes:

70% remain stably housed at 12 months

A major success for high-risk populations

Decreased hospitalization

Lower ER crisis usage

Stronger re-engagement

In behavioral health services

2. Proposed: Clark County Family Reentry Housing Pilot

What it is:

A reentry program designed specifically for mothers returning home from incarceration or residential treatment.

> 🗒 **Why this matters:** When mothers lose housing, they often lose custody. Housing-First prevents that spira

Key Features:

Recovery Housing
Safe units with supportive staff where sobriety is encouraged but not a precondition for entry.

Onsite Childcare
Allows mothers to attend court, treatment, job interviews, and CPS meetings without losing access to their children.

Peer Mentors
Women who have successfully reintegrated support new mothers in navigating probation, CPS, child visitation, and early sobriety.

Legal Aid for Custody Restoration
Attorneys help mothers comply with court orders, gather documents, and advocate for reunification.

ZIP-Code Prioritization (Data-Driven)
Uses Neighborhood Risk Index (NRI) data to identify communities with the highest rates of homelessness, CPS involvement, and poverty. ZIP codes like 89101 and 89106 get prioritized placement because they have higher levels of family instability and overdose risk.

Outcomes:

- Higher reunification success rates
- Lower recidivism
- More consistent engagement with MOUD & therapy

Pregnant & Postpartum Lens

Why housing matters even more for pregnant women

Pregnancy is a period where stress, instability, and trauma dramatically increase risks of:

preterm birth   relapse   **postpartum depression**   CPS removal

overdose (highest risk: 7–12 months postpartum)

Housing-First reduces these risks by stabilizing the environment the mother relies on to stay engaged in care.

What Recovery Housing for Pregnant/Postpartum Women Looks Like:

✔️ Nurseries & Lactation Rooms

Allow mothers to remain with infants, support bonding, and encourage breastfeeding (a protective factor against postpartum depression).

✔️ MOUD-Friendly Facilities

Supports methadone or buprenorphine treatment without stigma. Staff understand withdrawal, dosing schedules, and safe breastfeeding guidance.

✔️ Peer Mentor Support

Peers walk women through: household management, cleaning routines, laundry systems, safe sleep setup, postpartum recovery tasks, baby scheduling and feeding rhythms.

✔️ Life Skills Education

Programs include: Budgeting classes, Meal planning & grocery shopping, Transportation planning, How to manage CPS expectations, How to communicate with healthcare providers.

✔️ Family Reunification as a Clinical Milestone

Instead of treating custody like a legal punishment, housing-first models treat reunification as a health outcome — a sign the recovery plan is effective.

State & Local Nevada Funding Sources

Proposed: Nevada Supportive Housing Development Fund

Created under Assembly Bill 310 (2023), this state fund supports the development of supportive housing, which is housing paired with services like case management, behavioral health support, and peer services — core components of Housing-First models. This represents the type of state-level funding mechanism that could support housing-first programs, pending legislative action.

Use case: Acquire or renovate properties for recovery housing; Create integrated supportive service spaces

2. Nevada SAPTA & State Behavioral Health Grants

The Nevada Division of Public and Behavioral Health (DPBH) administers Substance Abuse Prevention, Treatment, and Recovery Services (SUPTRS) and SAPTA Block Grant funds. These are federal dollars allocated to states to fill gaps in prevention, treatment, and recovery — often including housing-related recovery supports when integrated with services.

Use case: Peer support and recovery housing service coordination; Crisis stabilization and reintegration services

4. Title V/Maternal & Child Health Block Grant (State Administered)

The Title V Block Grant is a longstanding federal grant that states administer to improve maternal/child health outcomes. In Nevada, it supports partnerships and programs improving access, education, and care coordination for at-risk pregnant/postpartum women.

Use case: Enhanced case management for pregnant/postpartum populations; Supportive services integrated with housing stability objectives

5. Local Recovery Funding (e.g., Nye County Resilience & Recovery Fund)

Some counties in Nevada (e.g., Nye County) have local recovery funds that offer flexible support for opioid prevention, recovery services, transportation, transitional housing, and education/vocational supports as part of recovery ecosystems.

Use case: Small recovery housing subsidies; Materials and program funding at community scale

Federal Funding Streams Deployable in Nevada

6. SAMHSA Block Grants

Substance Use and Mental Health Block Grants

These formula grants flow annually to Nevada for broad prevention, treatment, and recovery-oriented services — including outreach, case management, peer support, and assistance with accessing housing and benefits.

Use case: Expand staff for recovery housing service components; Support integrated mental health and SUD care linked to stable housing.

7. SAMHSA Homelessness Grants & PATH Program

SAMHSA's homelessness programs — especially PATH (Projects for Assistance in Transition from Homelessness) — support outreach, case management, help accessing housing/benefits, and engagement in treatment for individuals with co-occurring disorders.

Use case: Bridge from homelessness to housing services; Pair behavioral health supports with stable housing

8. Community Recovery Grants / American Rescue Plan Funds

Past ARPA-funded community recovery grants in Nevada supported nonprofit capacity to provide direct community services including health, housing, childcare, and workforce development. While timing/availability varies year to year, similar opportunities may recur.

9. Local & Foundation Grants

Northern Nevada Endowment Fund, Engelstad Foundation

These private or community foundation grants often support mental health access, youth services, workforce development, and infrastructure — which can be leveraged to expand peer services, stability resources, or housing-linked supports when integrated with program proposals.

How to Align These Grants With Housing-First Programs

To successfully fund Housing-First + Recovery:

- Combine housing acquisition/development with service delivery components (peer supports, MOUD linkage, childcare, employment).
- Demonstrate measurable outcomes (e.g., housing retention, reduced ER visits, maternal/infant health metrics).
- Leverage data (e.g., NRI risk indices) to show priority ZIP codes and population needs.
- Cross-walk funding streams — for example, supportive housing development + SAMHSA services + FRN maternal support dollars.

Summary of Key Nevada Funding Sources

Funding Source	Supports	Best For
Supportive Housing Development Fund	Housing + service space	Housing-First infrastructure
SAPTA/SUPTRS State Grants	Behavioral health & recovery services	Peer supports, wrap-around care
Fund for a Resilient Nevada	Opioid prevention & recovery	Maternal/peer recovery supports
Title V Block Grant	Maternal & child health	Perinatal recovery home supports
SAMHSA Block Grants	SUD/mental health services	Case management, community integration
PATH/SAMHSA Homelessness Grants	Homeless outreach & support	Bridge to housing services

School-Based Resilience Initiatives: Prevention Begins Early

Core Idea: Schools are prevention incubators—where resilience can be taught as early as trauma begins.

Nevada School-Based Prevention Systems: Trauma-Informed, Data-Driven, Multi-Generational Healing

Trauma-Informed Classrooms (Clark & Washoe Counties)

Teachers are trained not just in awareness — but in specific response algorithms for trauma-based behaviors.

What This Actually Looks Like in Nevada Schools:

Example: "ESCAPE Algorithm" used in Clark County pilot classrooms

When a student shows a trauma-triggered behavior (shutdown, outburst, defiance), staff use:

E – Evaluate
the trigger (noise, conflict, academic stress)

S – Signal Safety
with calm tone + non-threatening body position

C – Choice Options
"You may take 2 minutes in the cool-down corner or sit with me at the desk."

A – Affirm
the emotion ("I hear you're frustrated — that makes sense.")

P – Plan
next steps ("Let's return to work once your body feels settled.")

E – Engage
supports (counselor, SEL room, peer mentor)

This reduces punitive referrals and keeps students regulated, not removed.

Embedded Tools:

1. SEL Blocks (10 minutes/day)

SEL = Social and Emotional Learning. This is a scheduled short period during the school day — usually at the start of class — where students learn how to understand and manage their emotions.

What happens during the 10-minute block:

- Naming emotions ("I feel anxious," "I feel angry," "I feel ignored")
- Practicing coping skills (deep breathing, grounding, reframing thoughts)
- Quick check-ins ("On a scale of 1–5, how overwhelmed are you?")
- Setting goals for the day ("I will stay regulated even if frustrated")

Why it matters: It builds emotional vocabulary, decreases behavioral outbursts, and gives teachers a daily snapshot of student mental health.

2. Mindfulness Protocols During Passing Periods

These are short resets built into the natural flow of the school day — during the 3–5 minutes when students switch classes.

What this actually looks like:

- Soft chimes or music during transitions
- Hallway prompts like "Take 3 breaths before entering class"
- Teachers greeting students with a grounding question ("What do you need to feel focused right now?")
- Visual cues (posters with 5-4-3-2-1 grounding steps)

Why it matters: Passing periods are one of the most stress-loaded times in school — crowding, social conflict, overstimulation. Mindfulness protocols help students reset their nervous system before entering the next class. This reduces anxiety, improves attention, and cuts down on classroom disruptions.

3. Restorative Debrief Scripts for Teachers After Conflicts

These are short, structured conversation guides teachers use after a conflict with a student — instead of punishment, avoidance, or ignoring the issue.

What the script sounds like:

1. **Step 1 — Acknowledge:** "I can see yesterday got intense. Thank you for coming to talk."
2. **Step 2 — Share:** "Here's what I was feeling in that moment..."
3. **Step 3 — Invite student voice:** "What were you feeling or needing at the time?"
4. **Step 4 — Repair:** "What can each of us do to make sure this doesn't happen again?"
5. **Step 5 — Reconnect:** "I want us to move forward — you're important to this classroom."

Why it matters: Instead of reinforcing shame (which worsens trauma responses), restorative debriefs repair the relationship, reduce repeat behaviors, and increase student trust.

Summary Tool

Tool	What It Is	What It Does
SEL Blocks	Daily 10-min emotional learning routine	Builds emotional vocabulary + coping
Mindfulness Protocols	Quick resets during class transitions	Reduces stress and improves regulation
Restorative Debrief Scripts	Guided conversations after conflict	Repairs relationships and prevents escalation

Youth Peer-Ambassador Programs
Nevada "Real Talk" Model

Local middle and high schools deploy trained youth who function as peer navigators for mental health and substance-use literacy.

How It Works (Step-by-Step):

1

Selection

Students nominated by counselors for leadership + empathy.

2

Training

- Harm-reduction basics
- How to identify vape misuse and early substance signs
- Basic motivational interviewing

3

Activation

Ambassadors host "Real Talk Lunch Circles" on:

- Stress & sleep
- Social media anxiety
- Vaping myths
- "How to ask for help" pathways

4

Warm Transfer Algorithm

When a student expresses distress, ambassadors follow the "3T Pathway"

- **T1 – Talk** privately
- **T2 – Triage** (Is this stress? Crisis? Safety issue?)
- **T3 – Transfer** to counselor or community partner

This creates a peer-to-professional bridge that students trust more than direct adult referral.

Restorative-Justice Mentoring (Washoe & Charter Pilots)

This model replaces suspensions with structured healing circles facilitated by young adults in recovery trained in restorative practices.

How It's Implemented:

When conflict or rule violation occurs, students enter a **Restorative Circle Protocol:**

1. Identify harm caused
2. Give voice to impacted students
3. Develop agreements for repairing relationships
4. Assign a peer-mentor check-in (15 min/week)

Outcome Data from Nevada pilots:

47% reduction

in suspensions

24% lower

vaping initiation

Improved attendance

in students with 3+ prior behavioral referrals

This is one of the strongest pipelines for preventing adolescent substance use before it begins.

Pregnancy Prevention & Maternal-Health Integration

Nevada is beginning to integrate maternal health literacy into high-school health curricula.

Key Components (What is being taught):

- Reproductive health + consent
- "Body literacy" for understanding cycles and fertility
- Dangers of substance use during pregnancy
- How trauma in adolescence influences maternal outcomes later
- Linkages to school-based clinics for contraception & counseling

> **Why this matters:** Early education decreases teen pregnancy, dropout risk, and future maternal morbidity, especially in high-risk ZIP codes.

Generational Impact — Expanded Examples

Group	Nevada-Specific Example	Why It Matters
Youth	"Resilience Clubs" at Las Vegas middle schools practicing coping drills, grounding techniques, and vape-refusal scripts.	Builds emotional literacy + reduces substance initiation.
Mothers (Caregivers)	Monthly trauma workshops at CCSD schools teaching parents how to talk about grief, divorce, incarceration, and substance exposure with children.	Stabilizes home environment & reduces trauma transmission.
Working Adults (Teachers/Staff)	Professional development modules on micro-regulation strategies (co-regulation, tone modulation, repair conversations).	Teachers model calm responses → students internalize them.
Elders Raising Grandchildren	"Kinship Support Circles" in Reno: grandparents receive training on teen mental health, digital safety, and SUD warning signs.	Supports the fastest-growing caregiver population in Nevada.

"Resilience is a muscle — and schools can teach families how to flex it."

— Dr. Eboni January

Recovery-Friendly Workplaces: Healing on the Job

Core Idea: Employment is both treatment and prevention.

A supportive workplace sustains recovery, reduces relapse, and strengthens family economics.

Proposed Model: MGM Resorts Pathways to Wellness Initiative

Model Components:

Recovery-Inclusive Hiring

Employers remove background-check barriers for individuals in recovery.

MOUD-Friendly Policies

Permit medication breaks and flexible appointments.

EAP Integration

Offer confidential counseling for employees and dependents.

Parental Support Leave

Recognize postpartum and recovery care as medical needs.

Nevada Examples:

MGM Resorts "Pathways to Wellness" Initiative (Concept)

Offers staff Narcan training, EAP counseling, and job-reentry programs for those completing treatment.

Clark County Hospital System

Created a "Recovery Ambassador" program—employees in long-term recovery mentor colleagues.

Pregnant & Postpartum Lens:

- Employers partner for "Back-to-Work Wellness" for postpartum transition support.
- Lactation rooms double as mental-health check-in spaces.
- HR includes "parent recovery days" in wellness leave policies.

Generational Reach:

Group	Workplace Support	Example
Youth (Interns/Entry-Level)	Paid mentorship, stress-management workshops	Summer internship programs with mental health days
Pregnant Women / Mothers	Flexible shifts for treatment and childcare	Modified schedules for prenatal appointments
Working Adults	Peer mentoring + EAP case management	Recovery coaches available during work hours
Elders (Retirees)	Volunteer as workplace health ambassadors	Retired employees mentor new hires in recovery

Generational Lens: Recovery as a Family Continuum

True healing is inter-generational. Recovery ecosystems succeed when every age group has a role in sustaining wellness.

Framework Overview:

Generation	Primary Setting	Role in the Ecosystem	Key Outcome
Youth (15-24)	Schools, clubs, social media	Build resilience, early prevention	Reduced initiation of substance use
Pregnant & Postpartum Women	Peer-housing, tele-OB, maternal recovery hubs	Model recovery, protect next generation	Reduced NAS, maternal relapse
Women as Heads of Households (25-44)	Workplaces, churches, housing programs	Stabilize families economically	Family reunification, steady employment
Working Adults (45-64)	Employers, community centers	Mentor peers, fund local initiatives	Increased retention & civic participation
Elders (65+)	Faith & volunteer networks	Carry cultural wisdom, mentor youth	Intergenerational connection, reduced isolation
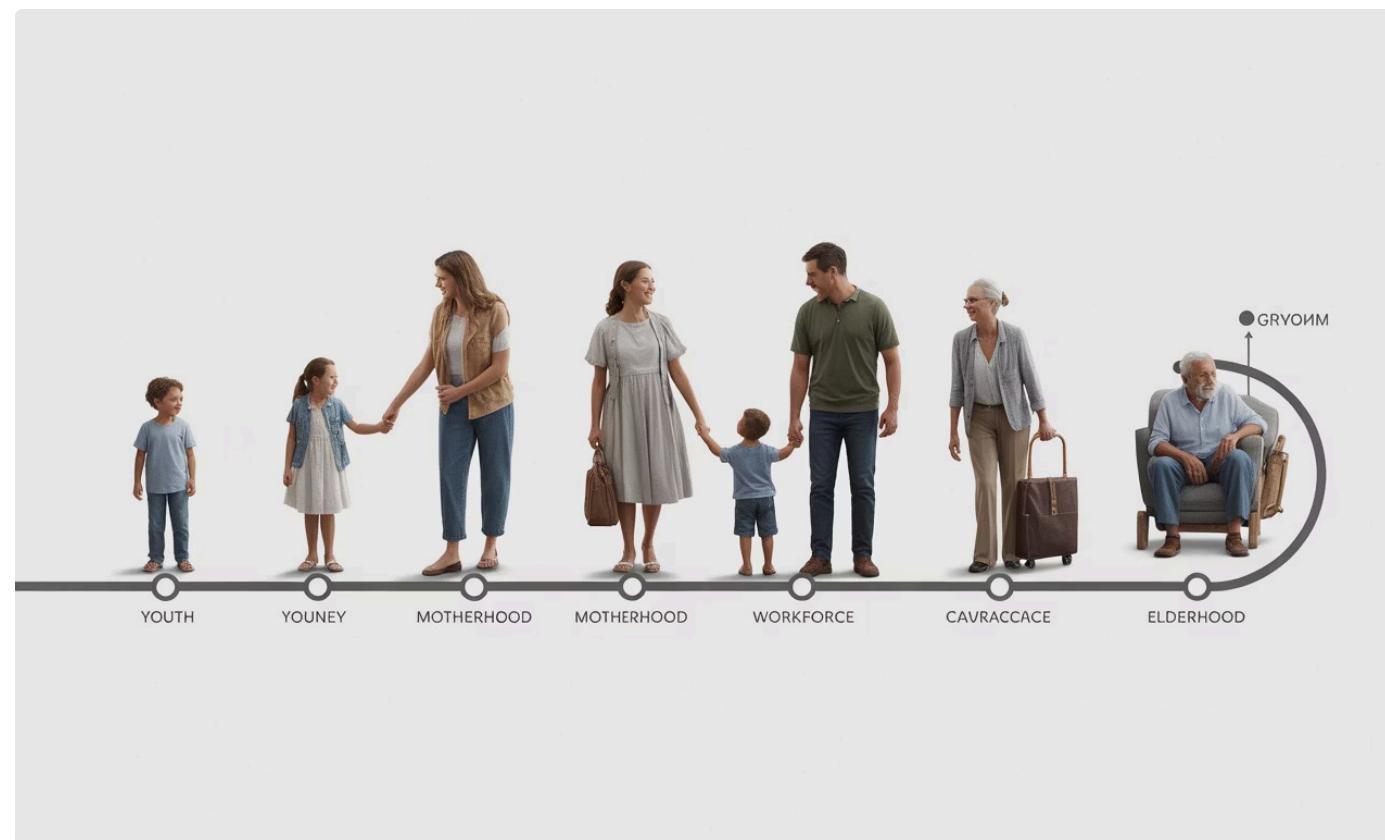
III. Cross-Sector Coordination

Why Coordination Matters

No single system—health, housing, justice, employment,, or education—can end the opioid epidemic alone. Coordination transforms disconnected efforts into ecosystems of care.

Each overdose, each NAS case, each re-entry barrier is a data point that points to system gaps. When those data points connect—clinics + courts + churches + classrooms—the system begins to heal.

> 🗩 "Coordination isn't paperwork; it's prevention."

Using Data to Drive Decisions
How Nevada Uses Information to Put Help Where It's Needed Most

Data helps us stop guessing. Instead of spreading resources evenly, we use information to identify the exact neighborhoods and families at highest risk — and act early.

Step 1: What Data Are We Looking At?

Public-Health Surveillance (Clark & Washoe Counties)
These are regularly updated reports that show:

- Where overdoses are happening
- Where babies are being born with withdrawal symptoms (NAS)
- Where mental-health crises are increasing

Think of this as Nevada's health "early warning system."

Economic Risk Mapping (NRI – Neighborhood Risk Index)

This tool shows which ZIP codes have stacked stressors, such as:

- High poverty
- High unemployment
- Unstable or unsafe housing

Step 2: How Do We Use the Data Together?

Instead of looking at each issue separately, we layer the data:

- Overdose locations
- Maternal and infant health outcomes
- Housing and economic instability

When these overlap, it tells us: "This community is under strain — and families here need support now, not later."

This is how we move from reaction to prevention.

Step 3: What Does This Look Like in Real Life?

Clark County Example

When overdose data was combined with income and housing data:

- ZIP codes 89101 and 89106 stood out as high-risk
- Instead of waiting for ER visits or CPS involvement:
  - Hospitals partnered with faith organizations
  - School nurses helped identify struggling families
  - Mobile clinics were sent directly into those neighborhoods

Result: care reached families before crisis escalated.

Measuring 10x and cutting once

Washoe County Example

Washoe County linked:

- NAS birth data (babies born with withdrawal symptoms)
- Housing instability maps

This showed rural communities where pregnant women:

- Had limited access to OB care
- Faced transportation and housing barriers

Action taken: Tele-OB services were expanded so women could receive prenatal and postpartum care without traveling hours for appointments.

Pregnant & Postpartum Focus: Why This Matters So Much

When maternal health data is layered with housing and economic stress:

- We can see maternal stress "hot zones"
- These are areas where mothers are more likely to:
  - Miss prenatal visits
  - Relapse postpartum
  - Experience CPS involvement

This allows Nevada to:

- Deploy mobile prenatal clinics
- Schedule postpartum home visits
- Connect families to housing and peer support earlier

In simple terms: Healthy mothers tell us whether the system is working — or where it's breaking.

When we combine health data with housing and economic data, we can see problems coming — and bring help to families before crisis hits."

Building the Coalition: Nevada's Cross-System Recovery Engine

Recovery becomes durable only when Nevada's major systems — hospitals, schools, employers, faith communities, child welfare, and community health workers — operate as a coordinated ecosystem rather than isolated silos. This coalition is driven by shared communication pathways, common goals, and a warm-handoff algorithm so no mother or family is left navigating services alone.

Nevada Model: "Nevada Recovery Collaborative" (NRC) Pilot

A multi-sector partnership using closed-loop referrals and shared data dashboards to move families smoothly from crisis → stabilization → recovery.

Warm-Handoff Algorithm

When a pregnant or parenting woman screens positive for a safety concern, substance exposure, or trauma:

Step 1 — OB Trigger (Explained)

The OB-GYN (Obstetrician–Gynecologist) flags the patient in the Electronic Medical Record (EMR). Uses a standardized code (Maternal Safety Flag) that alerts the on-call Peer Navigator within 60 minutes.

Step 2 — Peer Navigator Activation

Peer uses the 3E Protocol:

- **Engage:** Establish calm, judgment-free rapport.
- **Explain:** "We help coordinate housing, childcare, legal support, and recovery services."
- **Escort:** Walk with the mother to the next step (physically or virtually), eliminating self-navigation.

Step 3 — NRC Routing Matrix

The peer selects destination based on defined categories:

- Housing instability → Housing Coordinator
- Legal/CPS concern → Family Preservation Liaison (CPS = Child Protective Services)
- Job need → Employer Reentry Partner
- Behavioral health need → Licensed Counselor
- Immediate safety risk → Domestic Violence Advocate

Step 4 — Closed-Loop Verification

Every partner documents completion of their task within 72 hours in the shared system. This ensures no referral disappears into a void — a common failure point in fragmented systems.

Sector Roles

Sector	Role
Hospitals (e.g., Sunrise, UMC, Renown)	Conduct perinatal SUD screening using 4P's Plus (Parents, Partner, Past, Pregnancy — a validated screening tool). Initiate MOUD (Medication for Opioid Use Disorder). Trigger Peer Navigator activation directly from delivery units.
Child-Welfare Agencies (DCFS)	Replace punitive removal with Family Preservation Plans that include: Home-visiting, MOUD adherence, Parenting support, Peer mentoring, Housing stabilization
Faith Leaders	Host Health Sundays providing recovery education, postpartum depression awareness, and stigma-free community support.
Schools	Use the Attendance-Trauma Alert Algorithm: 3 absences within 30 days → auto-notification to family recovery team. Helps identify families struggling with trauma, housing, or behavioral health issues.
Employers	Offer Gentle Reentry Tracks: Reduced hours, onsite childcare credits, trauma-informed supervisors.
Community Health Workers (CHWs)	Conduct home safety checks using the 10-Point Stability Index. Help with transportation, benefits renewal, appointment scheduling.

Pregnant Women & Heads of Households

Peer Navigators serve as **Care Conductors**, coordinating the mother's entire recovery system:

- Housing
- Childcare
- Legal supports
- Medical/MOUD appointments
- Court navigation
- Transportation
- WIC/SNAP benefits

This eliminates "death by logistics," the #1 cause of relapse in postpartum women.

The flowchart — **Mom → OB Clinic → Peer Navigator → Housing → Employer → Faith Support** — illustrates the exact warm-handoff sequence described above.

It shows:

The mother is always the center.

Each sector has a role.

Movement is linear and supported — not chaotic.

The Peer Navigator is the connector, ensuring continuity as the mother moves from medical care → stability services → long-term support.

> 🗒 Recovery works when systems move as one body, not as scattered parts.

Integrated Care Hubs: One Door for Many Needs
Conceptual Model

Core Concept

Integrated Care Hubs are a proposed care-delivery model designed to reduce fragmentation for families navigating pregnancy, recovery, and parenting. Instead of requiring families to visit multiple agencies, the Hub concept envisions coordinated access to medical, behavioral, and social supports through a single entry point.

One Door → Coordinated Support → Shared Outcomes

What an Integrated Care Hub Could Include

- Obstetric and maternal health care
- Behavioral and mental-health services
- Child-welfare coordination focused on family preservation
- Childcare support to reduce missed appointments

- Medication-assisted treatment (MOUD)
- Peer support and recovery coaching
- Legal and court-navigation support
- Telehealth access for families in care-desert ZIP codes

These services may be co-located, virtually coordinated, or partnered across organizations, depending on community capacity.

Why This Model Matters

Families affected by substance use, housing instability, and trauma often face system fatigue—multiple appointments, conflicting instructions, and repeated assessments.

The Integrated Care Hub concept prioritizes:

- Reduced burden on mothers and caregivers
- Better continuity of care
- Alignment across medical, social, and legal systems
- Improved family stability and maternal outcomes

Maternal & Postpartum Lens

Pregnant and postpartum women are often required to navigate the most complex system intersections in the shortest timeframe. A hub-based approach conceptually centers maternal health as an anchor for:

- Infant wellbeing
- Family preservation
- Long-term recovery success

"Integrated Care Hubs are not a single program — they are a way of organizing care so families experience coordination instead of chaos."

Families enter once — the system does the rest.

States Where Integrated Care Hub–Type Models EXIST (in practice)

California

How it exists: Family Resource Centers, Perinatal SUD Programs, Whole Person Care / CalAIM initiatives

What's integrated: Prenatal care, MOUD, Behavioral health, Housing navigation, Legal aid, Peer support

Massachusetts

How it exists: Family Recovery Centers, Integrated maternal SUD clinics, Hub-and-Spoke SUD system

What's integrated: OB care, Addiction treatment, Child welfare coordination, Parenting supports, Peer recovery coaching

Why it matters: Massachusetts treats maternal recovery as a system responsibility, not a single clinic issue.

Collaborating Through Shared Data & Accountability

Key Practices:

Shared Metrics

Track NAS rates, overdose reversals, employment gains, school attendance.

Data Dashboards

HIPAA-compliant platforms connecting hospitals, public-health, and nonprofits.

Monthly Cross-Sector Reviews

Interpret data through equity lens—who's still left out?

Feedback Loops

Clients co-review their progress → empowerment through transparency.

Funding!!

Pregnant/Postpartum Lens:

Shared data helps OBs, social workers, and child-welfare coordinate postpartum plans without duplicating stressful assessments.
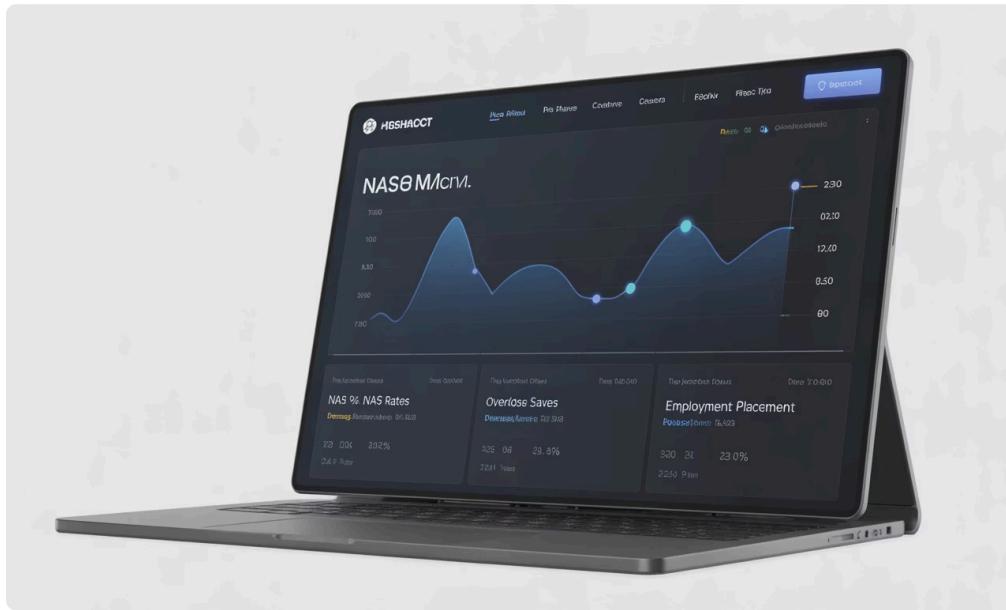
Nevada is already building collaborative infrastructure through existing multi-sector coalitions — such as the **Southern Nevada Opioid Advisory Council (SNOAC)**, local prevention coalitions, and the **Advisory Committee for a Resilient Nevada (ACRN)**. These existing groups can form the foundation of a statewide coalition we're calling the **Nevada Recovery Collaborative**.

Building the Coalition: From Existing Networks to a Unified Proposed: Nevada Recovery Collaborative

Southern Nevada Opioid Advisory Council (SNOAC)	Local Prevention Coalitions	Advisory Committee for a Resilient Nevada (ACRN)
A regional multi-sector body coordinating prevention, treatment, recovery, and data efforts in southern Nevada.	Community-based partnerships (e.g., CARE Coalition, Join Together Northern Nevada) connecting schools, families, law enforcement, and health providers.	A statutory advisory group guiding data-driven opioid planning and cross-agency priorities.

Opportunity: Build on these existing frameworks to create a statewide coordinated coalition (the Proposed: NRC concept) that uses shared referral paths and data dashboards to streamline recovery supports.

Case Example: The Family Healing Network

Storyline: A composite case illustrating coordination in action

Scenario:

Maria, age 32, pregnant mother in Clark County, experiences OUD relapse after job loss.

1 — **OB screens for stress**
Connects her to tele-MOUD within 24 hours.

2 — **Peer navigator links Maria**
To Family Reentry Housing Pilot + childcare voucher.

3 — **Faith partner church**
Hosts weekly recovery night she attends virtually.

4 — **Employer partner**
Offers reentry job with flexible hours.

5 — **Data shared across systems**
Ensures continuity — Maria and baby discharged home together.

Generational Outcome Chain:

Maria's infant

Avoided NAS and CPS placement.

Her teen daughter

Joins school peer-resilience program.

Her mother

Becomes a peer mentor for postpartum women.

→ **Three generations impacted by one coordinated response.**

IV. Emerging Technologies

Emerging technologies are crucial in building robust recovery ecosystems across Nevada, amplifying the reach and effectiveness of support systems.

Telehealth and Tele-MOUD

Telehealth services, including tele-MOUD (Medication for Opioid Use Disorder), significantly expand access to critical care, particularly for individuals in rural areas or those facing transportation barriers. This ensures timely and consistent treatment.

Mobile Apps for Peer Support

Mobile applications provide accessible platforms for individuals to connect with peer support networks, share experiences, and access recovery resources. These apps foster a sense of community and reduce feelings of isolation, empowering individuals in their recovery journey.

Data Platforms for Coordination

Integrated data platforms enable seamless and secure information sharing among various service providers, including healthcare, housing, and social services. This coordination ensures a holistic approach to care, improving outcomes by allowing different agencies to work together effectively.

AI-Assisted Screening Tools

Artificial intelligence is being leveraged to develop sophisticated screening tools that can identify individuals at higher risk of substance use disorder or relapse. These tools facilitate early intervention and help tailor personalized recovery plans, leading to more proactive and preventative care.

Telehealth & Tele-MOUD: Expanding Access in Rural Nevada

Telehealth, especially for Medication for Opioid Use Disorder (Tele-MOUD), is a game-changer for pregnant women in Nevada's rural communities, removing critical barriers to care.

Unprecedented Access

Telehealth has facilitated a **50% increase** in MOUD access for pregnant women in rural areas where clinics are scarce.

Reduced Burden

Eliminates significant travel time and costs, addressing transportation challenges and allowing more focus on recovery and family.

Enhanced Privacy

Offers a discreet way to receive care, reducing stigma and encouraging more women to seek vital support without fear.

Immediate Crisis Response

Provides timely interventions and support during critical moments, improving outcomes for both mother and child.

This expansion ensures that geographic location no longer dictates access to life-saving treatment for expectant mothers.

Mobile Recovery Apps & Peer Networks

Recovery apps like Loosid, Sober Grid, and I Am Sober provide Nevada residents with accessible and immediate support systems, fostering connection and accountability across the state.

→ **24/7 Peer Chat**

Instant access to supportive peer communities, offering real-time encouragement and shared experiences.

→ **Virtual Recovery Meetings**

Participation in online meetings from anywhere, ensuring continuous engagement regardless of location.

→ **Medication Reminders**

Automated alerts for critical medication schedules, aiding adherence to treatment plans like MOUD.

→ **Crisis Hotlines & Resources**

Direct links to emergency services and vital local support organizations for immediate assistance.

→ **Community Event Calendars**

Information on local recovery events, workshops, and gatherings to build social connections.

These platforms empower individuals with tools to manage their recovery journeys actively and stay connected to vital resources.
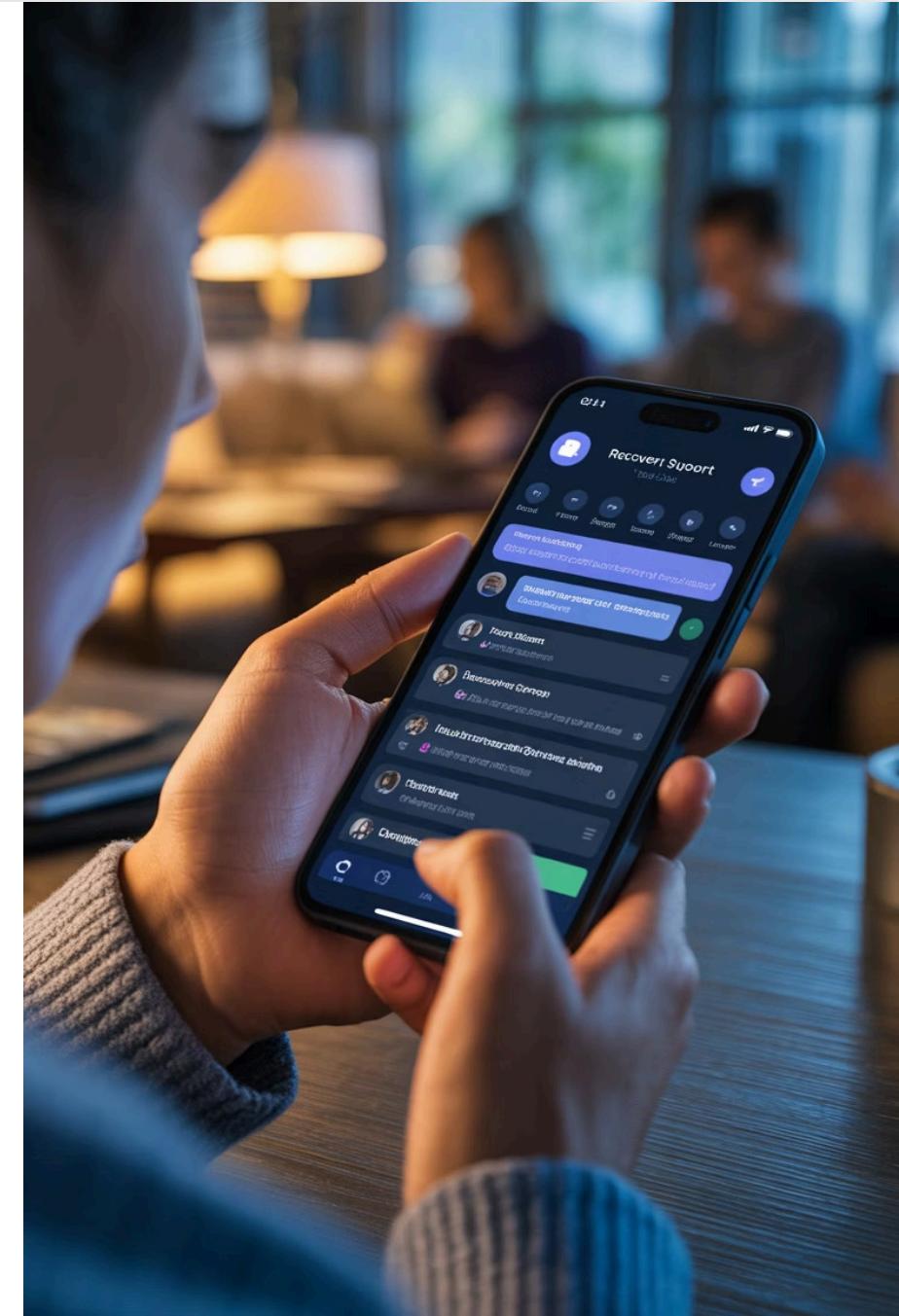
Data Platforms for Cross-System Coordination

Integrated data platforms are foundational for building a truly connected recovery ecosystem in Nevada, ensuring all agencies work together effectively for better outcomes.

→ **Real-Time Case Tracking**

Service providers can monitor client progress and needs instantaneously, enabling proactive and responsive care adjustments.

→ **HealtHIE Nevada**

Nevada's statewide Health Information Exchange connecting healthcare providers for real-time sharing of patient encounters, medication, test results, and care summaries.

→ **Nevada HMIS (Clarity System)**

The statewide system for tracking housing and services for individuals experiencing homelessness, facilitating coordinated entry and data sharing among service providers.

→ **Privacy-Protected Information Sharing**

Robust security measures ensure sensitive client data is shared responsibly, maintaining trust and compliance across all connected systems.

These platforms are actual operational systems within Nevada that agencies can leverage today to achieve a unified, client-centric approach to recovery support.

AI-Assisted Screening & Early Intervention

Healthcare systems are implementing validated screening tools integrated into electronic health records to identify at-risk pregnant women earlier and enable proactive support.

NIDA Quick Screen

A validated 4-question screening tool recommended by ACOG, now integrated into EHR systems (Epic, Cerner) at prenatal visits to identify substance use risk and trigger automatic referrals to MOUD and support services.

EHR Clinical Decision Support

Electronic health record systems like Epic and Cerner include automated risk stratification algorithms that analyze patient data to flag high-risk pregnancies and generate provider alerts for early intervention.

Automated Referral Systems

Connects at-risk individuals to appropriate services swiftly, streamlining access to critical resources.

Bias-Reduction Tools

Identifies and mitigates biases in screening, ensuring fair and inclusive care for all populations.

These tools are operational within leading healthcare systems today, showcasing how integrated screening and clinical decision support can drive earlier, more effective interventions for mothers and infants, including potential implementation in Nevada hospitals.
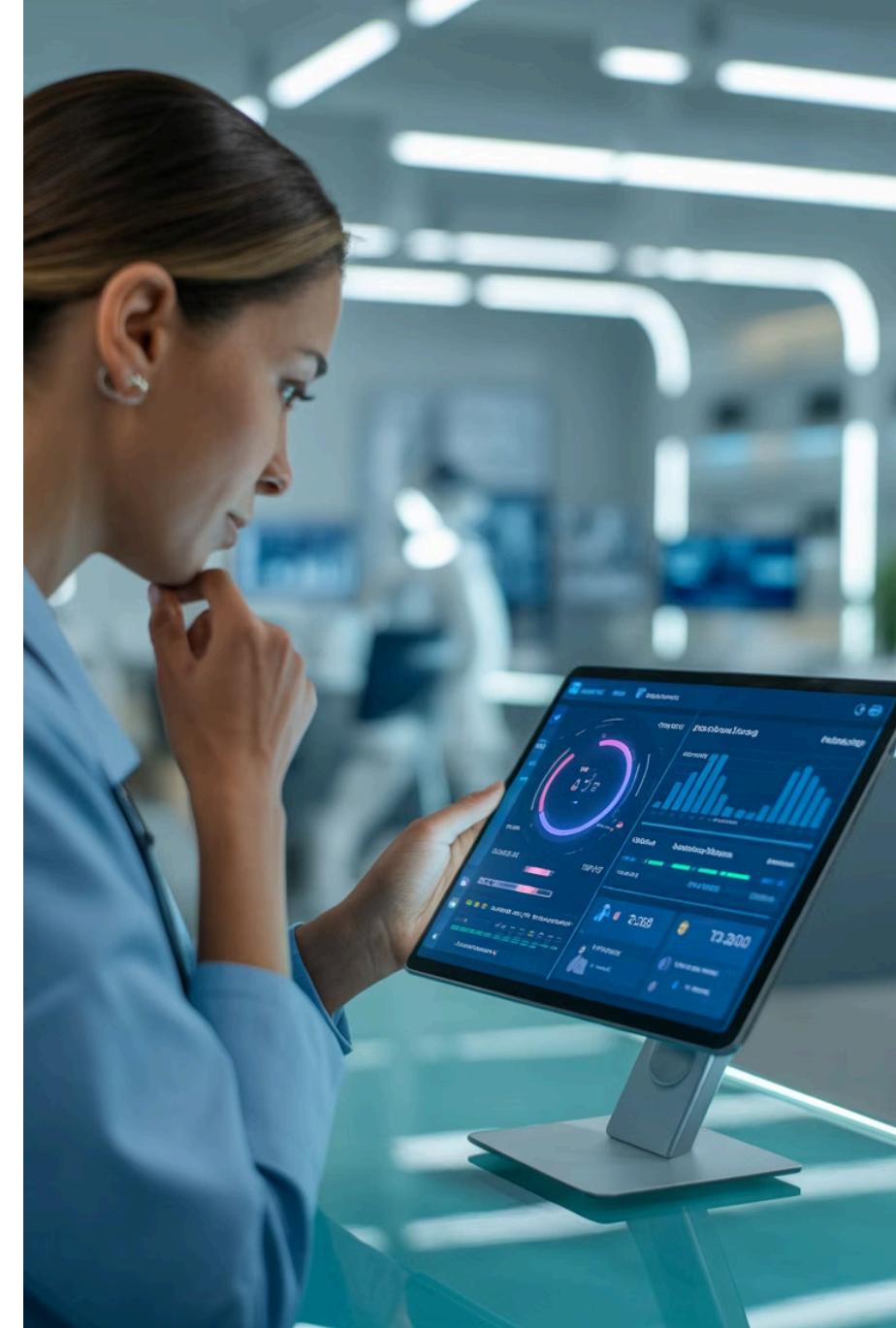
V. Sustainability & Scaling

"Building a recovery ecosystem isn't just about immediate impact; it's about weaving a resilient safety net that can adapt and thrive for generations. Sustainability comes from strong partnerships, equitable access, and continuous innovation."

— Dr. Eboni January

Scaling Successful Programs Statewide

01

Strategic Partnerships

Foster collaborations with state agencies, local communities, and non-profit organizations to create a unified front for recovery support.

02

Evidence-Based Replication

Identify pilot programs with proven efficacy and develop clear, adaptable models for replication across diverse geographic and demographic contexts.

03

Diversified Funding Streams

Secure a mix of federal, state, and private funding, alongside community-based initiatives, to ensure financial resilience and continuity.

04

Workforce Development

Invest in comprehensive training, certification, and retention strategies for recovery specialists, peer support workers, and clinical staff statewide.

05

Policy & Advocacy Integration

Champion legislative and administrative policies that support the growth, funding, and accessibility of recovery services, removing systemic barriers.

Funding Strategies for Long-Term Viability

Securing sustainable funding is paramount to ensuring continuous and expanding recovery support across Nevada. A multi-faceted approach builds resilience and broadens impact.

Blended Funding Models

Combine federal, state, and private funds to create stable and flexible financial foundations for recovery initiatives statewide.

Medicaid Reimbursement Expansion

Advocate for broader Medicaid coverage of MOUD, peer support, and telehealth services, critical for accessibility in Nevada.

Private-Public Partnerships

Forge collaborations with corporations, foundations, and healthcare systems to leverage shared resources and expertise.

Grant Diversification

Actively pursue a wider array of grant opportunities, including federal SAMHSA and local foundation grants, to reduce dependency.

Community Fundraising

Engage local communities through events and individual donor campaigns to build grassroots support and ownership.

These strategies collectively ensure programs can adapt and thrive, providing vital support for years to come.

Training & Workforce Development

Building a highly skilled and compassionate recovery workforce is critical for Nevada's long-term success. Investing in our professionals ensures that individuals receive the most effective, evidence-based care available.

01

Peer Specialist Certification

Establish and expand robust programs for certifying peer recovery specialists, leveraging lived experience for impactful support.

02

Continuing Education

Mandate and provide accessible ongoing professional development to keep the workforce updated on best practices and emerging treatments.

03

Trauma-Informed Care

Implement comprehensive training in trauma-informed approaches across all service sectors to foster healing-centered environments.

04

Cultural Competency

Develop targeted programs to enhance understanding and responsiveness to the diverse cultural needs of Nevada's communities.

05

Mentorship Programs

Create structured mentorship opportunities for new and aspiring recovery professionals, promoting knowledge transfer and retention.

These initiatives empower our workforce, fostering a culture of excellence and empathy essential for transforming recovery outcomes statewide.

Policy & Advocacy Priorities

Advancing a robust recovery ecosystem in Nevada requires strategic policy changes that prioritize health, equity, and long-term sustainability.

Medicaid for MOUD

Expand coverage for Medications for Opioid Use Disorder, enhancing access to vital treatment statewide.

Housing-First Legislation

Enact policies providing stable housing, a critical foundation for sustained recovery and reintegration.

Workplace Protections

Implement anti-discrimination measures for individuals in recovery, fostering employment and reintegration.

School Prevention Funding

Secure dedicated funding for school-based programs to address substance use early through education and support.

Data-Sharing Agreements

Establish secure protocols across agencies to improve coordinated care and overall system effectiveness.

These policy shifts are essential for creating a supportive environment where recovery can truly flourish.

Measuring Success: Key Performance Indicators

To ensure the recovery ecosystem is truly effective and evolving, Nevada must rigorously track key performance indicators. These metrics provide a data-driven approach to assess impact, identify areas for improvement, and guarantee accountability across all initiatives.

NAS Rates

Tracking the incidence of Neonatal Abstinence Syndrome provides insight into maternal substance use and early intervention impact.

Maternal Mortality

Monitoring maternal mortality rates, especially those related to substance use, is crucial for assessing comprehensive care effectiveness.

Treatment Retention

High retention rates in MOUD and therapy programs signify successful engagement and continued support for individuals.

Employment Outcomes

Measuring the percentage of individuals achieving stable employment reflects successful reintegration and economic stability.

Housing Stability

Assessing the long-term housing status of individuals in recovery is a key indicator of foundational support.

Family Reunification

Rates of successful family reunification highlight the positive ripple effects of recovery on family units and child welfare.

Overdose Reversals

Tracking the number of overdose reversals demonstrates the effectiveness of harm reduction strategies and rapid response networks.

Regular analysis of these KPIs will allow Nevada to adapt strategies, allocate resources efficiently, and continuously enhance its recovery support systems.

What You Can Do Today: Action Steps for All

Building a resilient recovery ecosystem is a collective effort. Here are immediate, tangible steps that different stakeholders can take to contribute to a healthier, more supportive Nevada.

1

Healthcare Providers

- Prioritize **Medications for Opioid Use Disorder (MOUD)** as a first-line treatment option.
- Integrate **trauma-informed care practices** into all patient interactions and treatment plans.
- Form partnerships with local **peer recovery organizations** for comprehensive patient support and referrals.

2

Community Leaders

- Organize and support **local awareness campaigns** to reduce stigma around substance use and recovery.
- Establish or expand **safe, inclusive spaces** for recovery meetings and community-led support groups.
- Actively **advocate for local policies** that promote access to housing, employment, and treatment for individuals in recovery.

3

Policymakers

- Champion **housing-first legislation** and expand affordable housing initiatives across the state.
- Increase dedicated **funding for prevention, treatment, and recovery support services** at all levels.
- Facilitate **secure data-sharing agreements** between agencies to enhance coordinated care and outcome tracking.

4

Employers

- Implement **recovery-friendly workplace policies**, offering flexibility and support for employees in recovery.
- Offer robust **Employee Assistance Programs (EAPs)** that include comprehensive behavioral health and substance use disorder benefits.
- Provide **training for managers and staff** to foster a supportive environment and reduce stigma in the workplace.

5

Individuals & Families

- Seek out and engage with **support groups like NA/AA or SMART Recovery** for ongoing personal growth.
- Learn about **harm reduction strategies**, including how to use Narcan, and share this knowledge with loved ones.
- Share your **personal story of recovery** (if comfortable) to inspire others and combat misconceptions.

Every action, big or small, contributes to a stronger, more compassionate Nevada where recovery is a reality for all.

Key Takeaways: Session Overview

Session 4 highlighted critical areas for strengthening Nevada's recovery ecosystem. Here are the core principles to guide our ongoing efforts:

- **Empowering Community-Based Recovery**

  Prioritize local, peer-led initiatives and accessible support networks as the foundation of sustainable recovery.

- **Fostering Cross-Sector Coordination**

  Seamless collaboration between healthcare, policy, community, and employers is essential for a holistic ecosystem.

- **Leveraging Emerging Technologies**

  Utilize data, digital tools, and innovative solutions to enhance access, efficiency, and personalized care in recovery support.

- **Designing for Long-Term Sustainability**

  Implement strategies and funding models that ensure the resilience and continuous growth of recovery services.

- **United Call for Collective Action**

  Every stakeholder has a vital role in building a supportive environment where recovery is not just possible, but celebrated.

Resources & Next Steps

Nevada-Specific Resources

- **Nevada Department of Health and Human Services (DHHS)**: State programs and services.

- **Nevada Recovery Network**: Connecting individuals and families to recovery support.

- Local County Health Departments: Find services specific to your community.

National Organizations

- **SAMHSA**: Federal resources for mental and substance use disorders.

- **Narcotics Anonymous (NA)** & **Alcoholics Anonymous (AA)**: Peer-led support groups.

- **SMART Recovery**: Self-management and recovery training.

Post-Test: Session 4 Knowledge Assessment with Answer Key

This post-test assesses your understanding of the key concepts discussed in Session 4. Please review the questions and select the best answer. The correct answer and a brief explanation are provided immediately after each question for your learning.

1 **What is a primary characteristic of effective community-based recovery supports?**

A. They are exclusively professional-led interventions with minimal community involvement. B. They emphasize local, peer-led initiatives and accessible support networks as the foundation of sustainable recovery. C. They focus solely on institutionalized medical treatment without addressing social determinants of health. D. Their funding models are entirely dependent on federal grants, limiting local autonomy. ✓ **Correct Answer: B. Effective community-based recovery supports prioritize local engagement and the power of shared experience, with peer-led initiatives forming their back**bone.

2 **A core principle of Housing-First programs in the context of recovery is:**

A. Requiring individuals to achieve sustained sobriety before being offered housing. B. Providing immediate access to permanent housing without preconditions, then integrating voluntary support services. C. Offering housing only after an individual has successfully completed a long-term residential treatment program. D. Prioritizing temporary shelters and transitional housing over stable, permanent housing solutions. ✓ **Correct Answer: B. Housing-First models provide immediate, unconditional housing as a stable foundation, recognizing that stability is crucial for engaging in and sustaining recovery.**

3 **How do emerging technologies like telehealth significantly benefit recovery efforts?**

A. By replacing all in-person interactions, thereby reducing the need for physical facilities. B. By limiting access to specialized care, making it more exclusive. C. By enhancing access to care, removing geographical barriers, and providing convenient, confidential support, especially for underserved populations. D. By requiring specialized, expensive equipment, limiting its scalability. ✓ **Correct Answer: C. Telehealth dramatically improves access to mental health and substance use disorder services, overcoming distance, transportation, and stigma barriers, making care more accessible and flexible.**

Thank You

"Recovery is not just about overcoming challenges; it's about discovering an unyielding wellspring of hope within, a healing journey that strengthens not only the individual but the entire community around them."

- Dr. Eboni January