

Welcome!

The Nevada Opioid Center of Excellence (NOCE) is dedicated to developing and sharing evidence-based training and offering technical assistance to professionals and community members alike. Whether you're a care provider or a concerned community member, NOCE provides resources to support those affected by opioid use.

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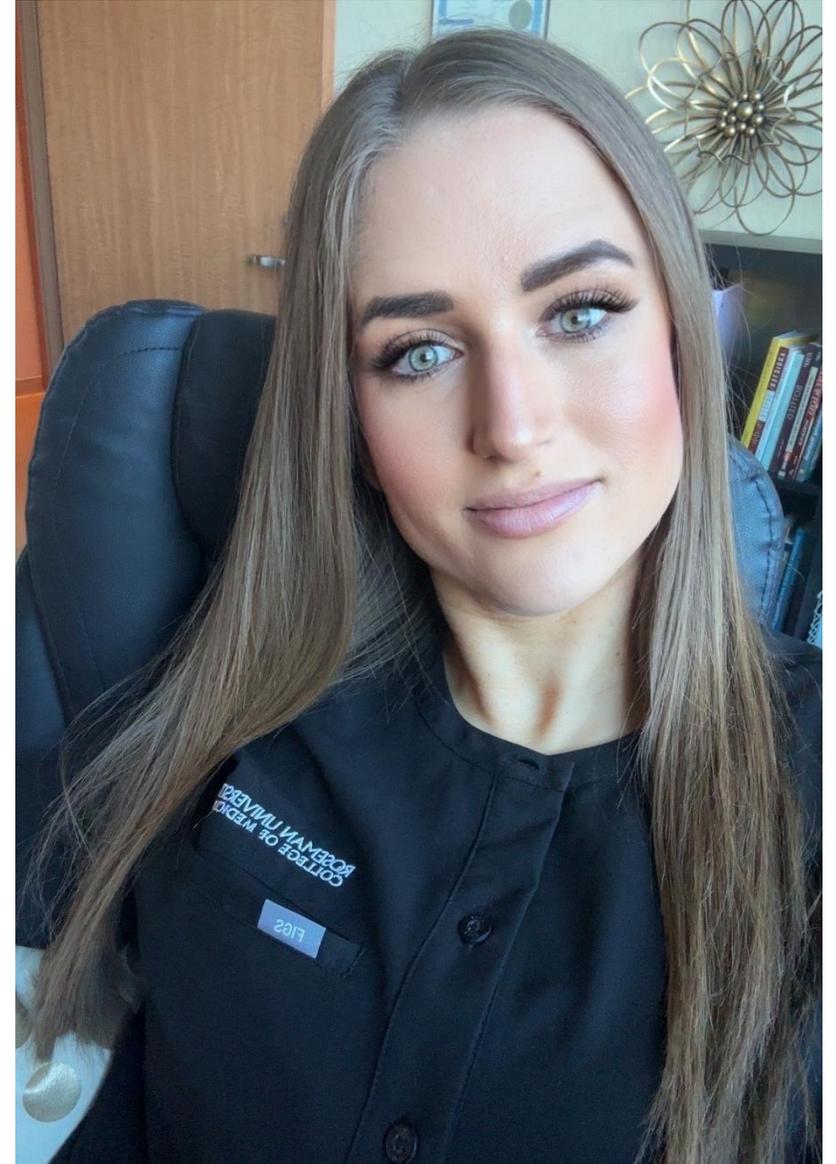


FROM HOMELESS TO HEARD

***HONEST STORIES AND STRATEGIES FROM
BOTH SIDES OF THE WORK***

DR. KRISTA HALES, DBH LADC-S

- *Associate Director, EMPOWERERED Program at Roseman University*
- *Shine A Light Advisory Board Member*
- *Harm Reduction and Overdose Prevention Trainer*
- *But most importantly, Survivor to a Loved One of Suicide and Family Member to an Individual with Opioid Use Disorder*



What we want to know first...

***WHAT DOES IT MEAN TO
BE HOMELESS TO YOU?***



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ROBERT BANGHART

- *Vice President of Community Integration, Shine A Light Foundation*
- *Director of Community Engagement, CrossRoads of Southern NV*
- *But most importantly, person in long term recovery*



Think about this...

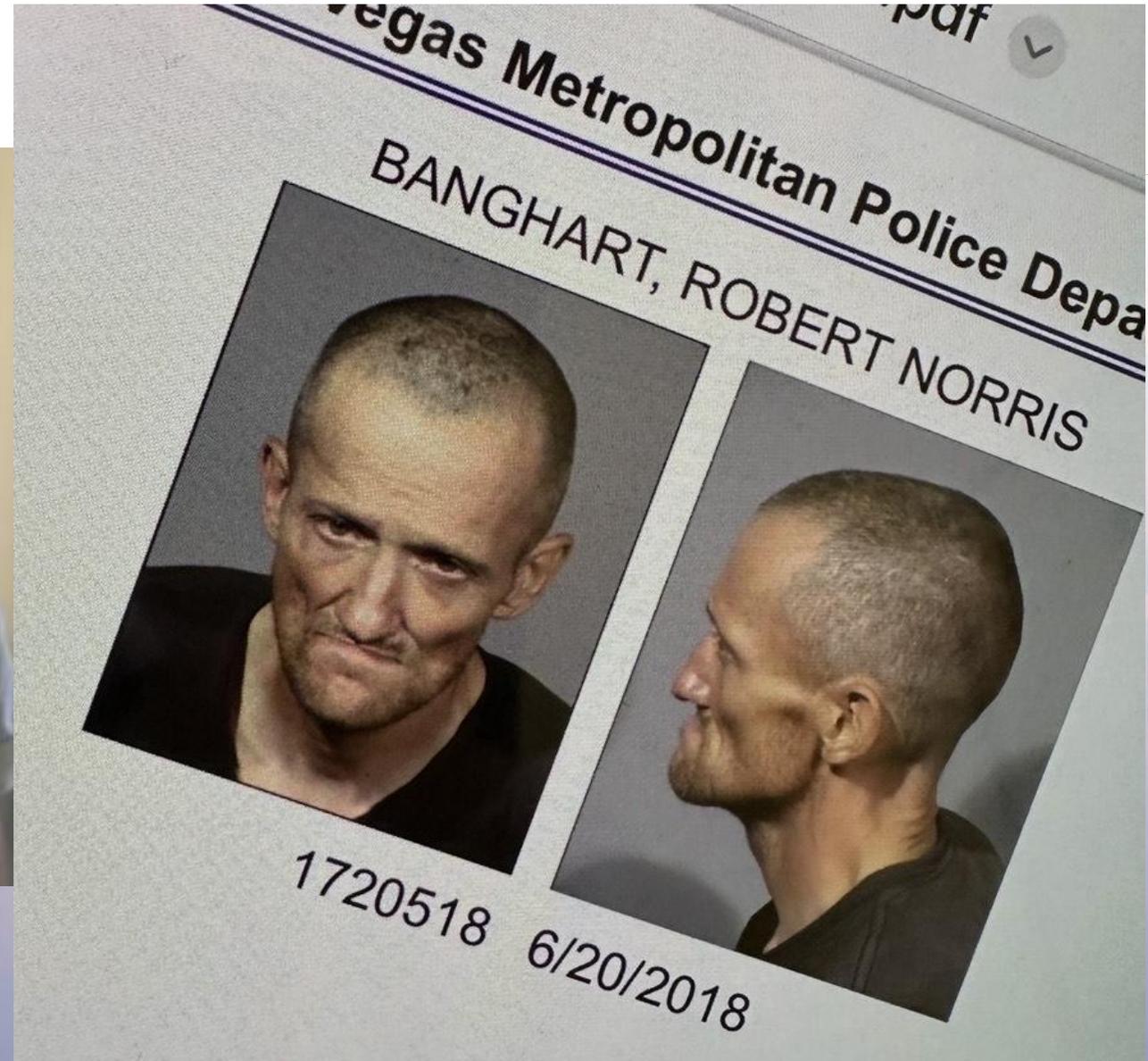
6 out of 10 Americans are one critical incident away from being homeless.

Pick 10 of your friends.

Which 6 could be homeless within the next 24 hours?



ROB'S STORY



What do the numbers say?

- *According to Nevada Public Health, the 2024 Annual Homeless Count indicated roughly 10,106 Nevadans were experiencing homelessness with approximately 4,914 of them having no shelter at all. This was a 16% increase from the previous year.*
- *Nevada's homeless rate averages 32 individuals per 10,000 residents (higher than the national average of 23 individuals).*
- *It is reported that 28-34% of these individuals meet classification from being chronically homeless (long term or repeatedly).*
- *Exact information on homelessness rates and substance use data across the state is not reported. However, in Southern NV, it is estimated 38% of individuals experiencing homeless meet criteria for a substance use disorder.*

What we know...

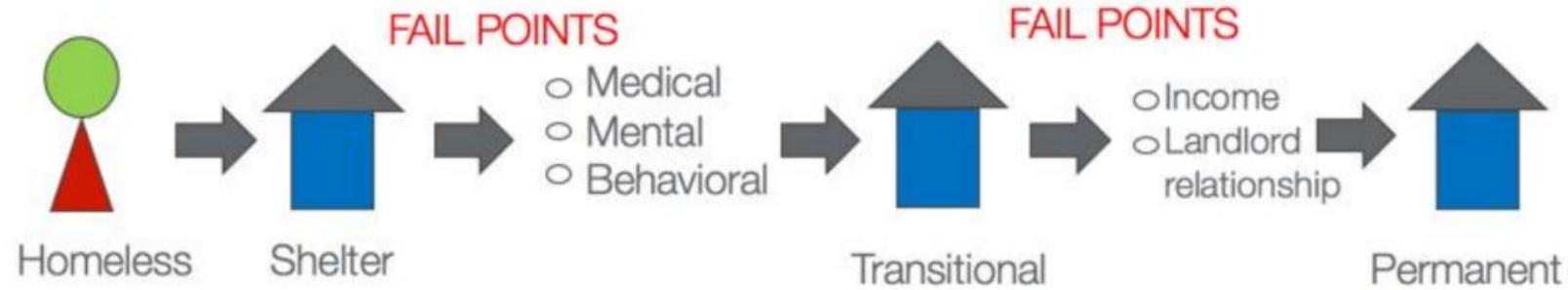
- *Since inception in 2017, Shine A Light has connected with 1,851 homeless individuals.*
- *100 % of the individuals whom were served by Shine A Light in 2025 had a substance use disorder. 38% of them had an Opioid Use Disorder.*
- *27% of EMPOWERED clients have an OUD and 29% have both an OUD and Stimulant Use Disorder.*
- *80% of EMPOWERED clients do not have permanent housing upon intake.*
- *Individuals were more than 2x likely to still engage in treatment at the six month follow up window if they had permanent housing compared with those who reported not having permanent housing.*
- *Individuals who received transitional housing during outpatient treatment had nearly 4x higher odds of successfully completing treatment compared to those who did not receive housing (only received treatment).*

Common Barriers to Temporary / Permanent Housing in Nevada

- *Access*
- *Education*
- *Connectivity (warm handoffs)*
- *Stigma*
- *Acute Hyper-Details (pets, pregnancy, children, couples, etc.)*
- *Funding (grant restrictions)*
- *Life Skills vs Expectations*
- *Criminal Justice history*
- *ID Requirements*
- *Chronic Medical / Mental Health Conditions*
- *Lack of support*
- *Exposure to "Survival Behavior"*
- *Fight or Flight / Trauma Responses*
- *Systemic Discrimination / Trauma*

HOUSING FIRST MODEL VS OTHER STRATEGIES

Typical Housing Placement



Housing First



Micro-Level Solutions

- *Compassion*
- *Education*
- *Harm Reduction mindset vs Abstinence based mindset*
- *Proper navigation of resources (sometimes this means hand-holding)*
- *Partnering with facilities whom will prioritize your referrals*
- *Using non-judgmental strengths based approaches (no one size fits all treatment)*
- *Reviewing life skills (conflict resolution, chores, bill paying, etc.)*
- *Guiding not Advising (build resiliency and confidence)*
- *Building a safety net*

Macro-Level Solutions

- *Policy Change / Advocacy*
- *Funding changes to support permanent housing*
- *Expansion on a true Housing-First model*
- *Supporting Diversion Programs*
- *Ensuring HUD does not discriminate against MOUD*
- *Establishing Mobile Units to meet clients where they are at*
- *Standardizing Warm Handoff Protocols to prevent to "Treat and Street Cycle"*
- *Fully Integrated Care Centers*
- *Peer Workforce Investment*
- *Burnout Prevention*
- *Re-Entry Housing Guarantees*

Cross-Cutting Solutions

- *Practice "curiosity over corrections".*
- *Normalize ambivalence.*
- *Consistent presence regardless of outcomes.*
- *Encourage safety talks without requiring abstinence.*
- *Offer choice, not charity.*
- *Challenge stigma in real time.*
- *Track what "doesn't" work.*
- *Create follow-up loops and teams.*
- *Learning curves vs character flaws.*
- *Explain the "why".*
- *De-escalate before enforcing.*
- *Respect autonomy.*
- *Invite Peers into leadership roles.*
- *Future Orientation based conversations.*

BUT WHAT ABOUT FUNDING....

MONEY SHOULD NEVER STOP YOU FROM TRYING TO BE PART OF THE SOLUTION.



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Roseman University College of Medicine's
EMPOWERED program
receives \$50,000 grant from
Molina Healthcare of Nevada



A PERFECT EXAMPLE...



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Q&A and Contact

- *Consultation Services now available!*
 - Dr. Krista Hales
 - Dr.kristahales@outlook.com
 - Kholes@roseman.edu
 - Robert Banghart
 - Rob@shinealightlv.com

