

Great American Recovery / HOTB Software Solutions

NRIN.us Treatment-Access Infrastructure Overview for HHS/SAMHSA Review

Information Briefing

Great American Recovery is the national cooperative recovery initiative.

HOTB Software Solutions has developed NRIN.us as the working MVP for the Great American Recovery treatment-access model. NRIN.us demonstrates the operating workflow: intake once, match and connect people to realistic treatment options, support ordered-treatment pathways, prepare cleaner facility handoffs, and preserve continuity across the recovery process.

HOTB is positioned to take NRIN.us from working MVP into a secure, auditable, enterprise-grade software system suitable for federal program use.

Core Position

GAR brings the national recovery mission, convening power, and deployment momentum. HOTB brings NRIN.us, the treatment-access technology, and the enterprise delivery path.

1. Executive Overview

Great American Recovery is a national treatment-access initiative designed to reduce fragmentation in substance-use treatment access by connecting individuals, families, courts, faith/community partners, facilities, and public-sector stakeholders through a structured intake-to-handoff workflow.

HOTB Software Solutions has developed NRIN.us as the working technology model for that initiative. NRIN.us demonstrates intake, treatment-fit matching, ASAM-informed review, ordered-treatment pathways, facility handoff, returned-case strengthening, faith/community referral entry, facility network onboarding, patient-owned recovery records, and care-continuity exchange.

HOTB also provides the enterprise delivery capacity needed to move the system from MVP into production: secure cloud deployment, federal-program administration experience, SOC 2 Type 2 controls, HIPAA/HITECH Type 2 controls, U.S.-based AWS infrastructure, audit posture, change management, disaster recovery, incident response, and public-sector implementation experience.

This is not simply a demonstration website. NRIN.us shows the working treatment-access flow. HOTB provides the path to make that flow secure, scalable, auditable, and ready for public-sector use. GAR provides the mission, funding, and convening power to bring facilities, faith/community partners, public stakeholders, and implementation capital together around a national recovery-access infrastructure.

2. The Treatment-Access Problem

Substance-use treatment access remains fragmented across disconnected systems.

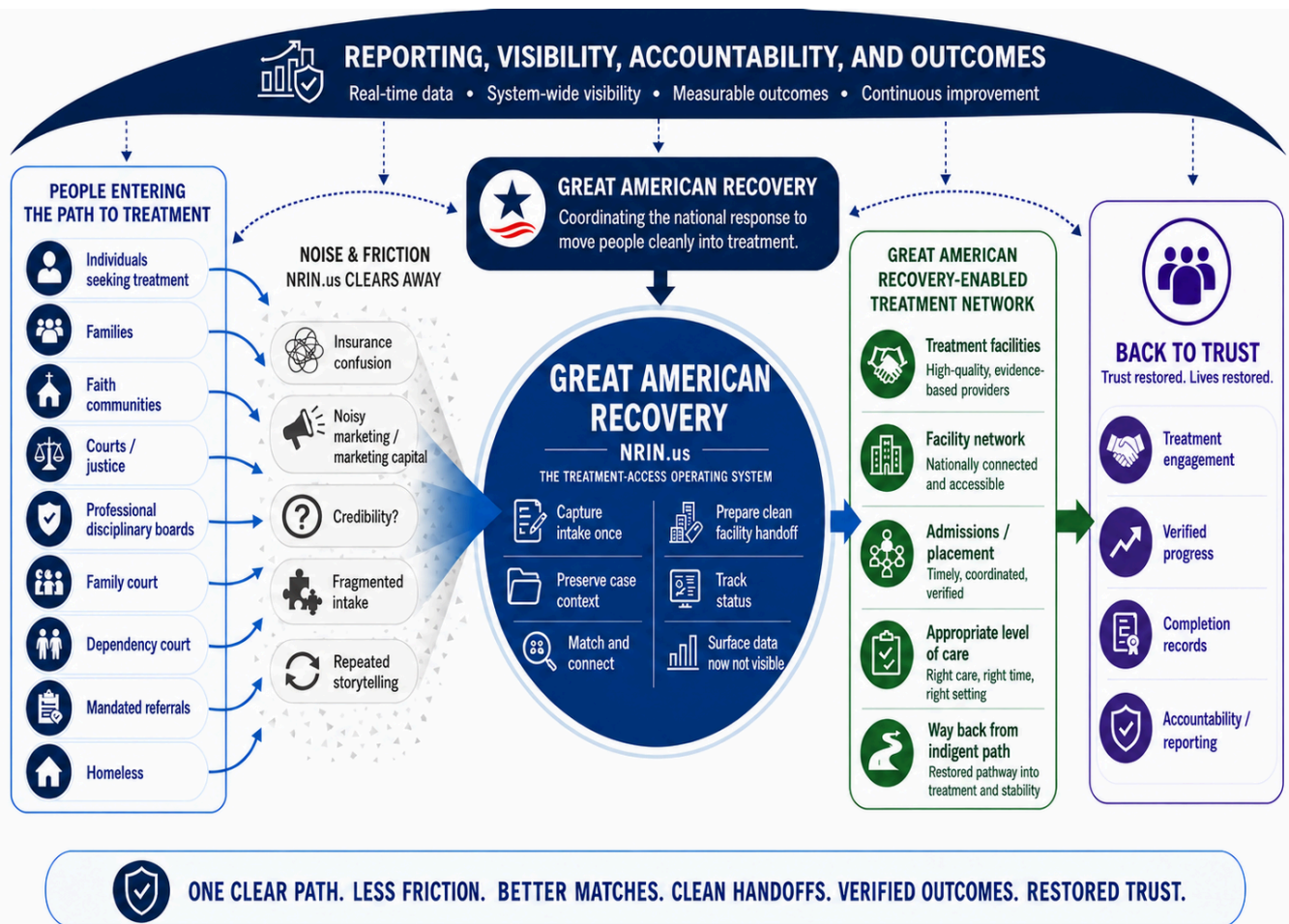
Patients and families often repeat intake information at each door. Courts, probation, employers, licensing boards, and schools may impose treatment requirements without a unified compliance pathway. Faith-based organizations and community helpers often know who needs help but lack a structured handoff mechanism. Facilities receive incomplete referrals, unclear payment context, missing care signals, and weak continuity records. Public agencies lack visibility into where demand originates, where people drop off, and why referrals fail.

The result is a system where the person's story, treatment needs, funding path, facility fit, referral status, and proof of progress are scattered across multiple entities.

3. What the Platform Demonstrates

Capability	What it demonstrates
Intake once	Captures structured patient, funding, location, preference, family/professional, and safety-sensitive context and carries it forward.
Match and connect	Uses care needs, level of care, funding/payment fit, location, medication needs, dual diagnosis, and facility capabilities to connect people with realistic treatment options.
ASAM-informed review	Supports facility review, care-need visibility, medical/psychiatric escalation context, and safety-disposition documentation.
Ordered-treatment pathway	Organizes court, probation, parole, family court, employer, licensing, school, or diversion requirements into a structured treatment-access path.
Patient-owned recovery record	Creates a tidy place to preserve what happened, what was required, what was completed, and what proof exists when trust must be rebuilt.

Capability	What it demonstrates
Facility network onboarding	Allows facilities to search for their center, request network access, and begin verification without opening the live referral database.
Faith/community entry	Allows churches, ministries, chaplains, recovery volunteers, and community organizations to initiate a structured handoff without becoming clinical decision-makers.
Care Continuity Exchange	Tracks facility recommendations, return-to-network decisions, no-fit reasons, accepted/declined outcomes, and provenance across the cooperative network.



4. Where It Supports HHS/SAMHSA Priorities

The GAR / HOTB model supports HHS/SAMHSA priorities by creating a practical post-first-contact infrastructure layer for treatment access, facility handoff, recovery continuity, community entry, and program visibility.

Priority area	How the platform supports it
Post-helpline and post-locator handoff	Complements 988, SAMHSA's National Helpline, FindTreatment.gov, state systems, and local referral assets by organizing the next operational step after initial contact.
Treatment access and placement readiness	Prepares structured referral packets with patient context, care needs, funding signals, travel/location constraints, and facility fit information.
Behavioral health crisis follow-on	Separates emergency/crisis response from non-emergency follow-on treatment access, while preserving safety escalation and disposition context when relevant.
Justice and ordered-treatment populations	Supports people with court, probation, parole, employer, licensing, school, or family court requirements through requirement-aware intake and progress documentation.
Faith and community partnerships	Gives churches, ministries, chaplains, recovery volunteers, nonprofits, and community partners a safe structured front door into treatment access.
Facility network coordination	Helps facilities cooperate as one network by documenting no-fit reasons, returned cases, facility-to-facility recommendations, and continuity outcomes.
Recovery record and proof of progress	Supports a patient-owned record that can help someone become trusted again as a parent, worker, student, licensed professional, pilot, clinician, or community member.
Reporting and oversight	Enables program visibility into source of demand, care needs, payment barriers, referral bottlenecks, no-fit reasons, facility response, drop-off points, and outcomes.

Data Visibility Currently Missing from the System

NRIN.us also creates visibility into treatment-access data that is often not collected, quantified, or visible today.

The system can show where people are entering the process, what level of care they appear to need, what funding barriers exist, what facilities decline and why, where referrals stall, which pathways produce cleaner handoffs, and what happens after a case is returned or redirected.

That matters because the current system often sees only fragments: a call, a search, a referral attempt, a denial, or a discharge. NRIN.us is designed to connect those fragments into a measurable workflow, giving public-sector stakeholders better optics into demand, bottlenecks, fit failures, and recovery-access outcomes.

5. HOTB Software Solutions: Enterprise Delivery Path

NRIN.us is HOTB Software Solutions' working MVP for the proposed Great American Recovery initiative. HOTB is positioned to take that MVP into production as an enterprise-grade software system suitable for federal program use.

The transition from MVP to federal deployment would include secure cloud architecture, formal change management, role-based access control, audit logging, privacy and security controls, disaster recovery, incident response, monitoring, performance review, and operational support.

HOTB brings a public-sector delivery record to that work: more than \$10 billion in appropriated funds managed across 20+ public-sector agencies, more than 1.1 million applications processed, U.S.-based AWS infrastructure, SOC 2 Type 2 and HIPAA/HITECH Type 2 clean opinions, and mature controls for access, encryption, logging, monitoring, change management, backup, recovery, incident response, risk management, and personnel oversight.

In practical terms, NRIN.us shows what the system does. HOTB provides the path to make it federal-ready.

6. Live Demonstration Surfaces

Surface	Live URL / purpose
NRIN home	https://www.nrin.us/
Great American Recovery	https://www.nrin.us/great-american-recovery
Patient entry / path chooser	https://www.nrin.us/patient/entry
Patient intake	https://www.nrin.us/patient
Mandated / ordered-treatment intake	https://www.nrin.us/patient/mandated-intake-v2
Faith & community portal	https://www.nrin.us/faith
Facility network join/search	https://www.nrin.us/facility/join
Facility referral portal	https://www.nrin.us/facility/referrals
ASAM review surface	https://www.nrin.us/case/asam

7. Capabilities Available for Agency Review

The working NRIN.us demonstration currently shows:

- Structured intake-to-handoff continuity across patient, prescreen, referral, facility review, and case-status surfaces.
- Treatment-fit matching and connection rather than static directory lookup.
- ASAM-informed facility review and safety-disposition documentation.
- Ordered-treatment intake with requirements, proof, reporting, deadlines, and completion context.
- Faith/community entry point for churches, ministries, chaplains, recovery volunteers, and community organizations.
- Facility network onboarding that searches the facility index without exposing live referral operations.
- Returned-case strengthening, where each no can improve the next referral decision.
- Care Continuity Exchange across facility-to-facility recommendations, returns, no-fit reasons, and disposition history.
- Patient-owned recovery record logic for treatment completion, testing, reporting, and restored trust.
- Enterprise security and compliance posture through HOTB Software Solutions.

8. Recommended Next Step

The immediate next step is a structured review of the working NRIN.us demonstration with GAR, HOTB, and the appropriate HHS/SAMHSA stakeholders.

That review should focus on three areas:

Program fit

Where does this capability best support the federal treatment-access mission: post-helpline handoff, treatment locator follow-on, ordered-treatment pathways, faith/community referral, facility coordination, reentry, homelessness, family preservation, or recovery-record continuity?

Technical readiness

What would be required to move NRIN.us from working MVP into an enterprise federal deployment: hosting architecture, security review, data governance, privacy controls, reporting needs, integration points, support model, and scale-readiness?

Pilot path

What is the right controlled pilot environment: selected geography, selected facility network, faith/community partners, court or probation pathway, state partner, or SAMHSA-aligned referral workflow?

Proposed Action

GAR and HOTB are prepared to support a focused technical and program review with HHS/SAMHSA.

The goal would be to determine whether the current working model should advance into a controlled pilot, enterprise build-out plan, or further agency evaluation.

Bottom Line

GAR provides the national recovery mission and deployment momentum. HOTB provides NRIN.us, the treatment-access infrastructure, and the enterprise delivery path.

Together, GAR and HOTB offer HHS/SAMHSA a practical way to move from fragmented treatment search to structured treatment access, cleaner facility handoff, new visibility into currently unmeasured access failures, and a recovery record that can help people earn trust again.

Informational note

This briefing is provided for program discussion and capability review. Any official agency requirement, acquisition strategy, solicitation, justification, or award decision would be developed and controlled by the appropriate government officials.