ATTACHMENT B: STATEMENT OF WORK -R.E.A.L. Program

1. Contractors shall comply with all of the requirements in the most up-to-date version of the Recovery Navigator Program Uniform Program Standards in coordination with SBH-ASO.

2. The R.E.A.L. Program provides community-based outreach support throughout the region in accordance with the Uniform Program Standards. The R.E.A.L. Program is expected to provide:
   a. Field-based engagement and support.
   b. Support is ideally provided face-to-face. If barriers exist, virtual or telephone visits may be utilized.
   c. There is no specified time limitation for participation in the R.E.A.L. Program. Timelines are individually self-determined.
   d. Participation is voluntary and non-coercive.
   e. Intended to be staffed by individuals with lived experience with substance use disorder.
   f. Staff that reflects the visible diversity of the community served, e.g. Black Indigenous and People of Color (BIPOC) peers, trans peers, lesbian/gay/bisexual peers, peers with visible and non-visible disabilities.
   g. Engagement in and facilitates Cross Agency Coordination with Golden Thread Service Coordination.
   h. Engagement/education in Overdose Prevention and Response.
   i. Does not require abstinence from drug or alcohol use for program participation.

3. The priority population of the R.E.A.L. Program are individuals with substance use disorders and/or co-occurring substance use disorder and mental health who are at risk of arrest and/or have frequent contact with first responders (including law enforcement and emergency medical services), community members, friends, family, and who could benefit from being connected to supportive resources and public health services when appropriate.

4. The R.E.A.L. Programs provide referrals to crisis services (e.g. voluntary and involuntary options), as needed, through the Salish Regional Crisis Line at 1-888-910-0416.

5. The R.E.A.L. Programs provide the following supports to youth and adults with behavioral health conditions, including:
   a. Community-based outreach;
   b. Brief Wellbeing Screening (intake);
   c. Referral services;
   d. Program Screening and Needs Scale (comprehensive assessment);
   e. Connection to services; and
   f. Warm handoffs to treatment and recovery support services along the continuum of care.

   Additional supports to be provided as appropriate, include, but are not limited to:
   a. Long-term intensive outreach support/care management.
   b. Development of Success Plan.

      c.   Recovery coaching.
      d.   Recovery support services.
           i.   Utilize flexible participant funds within available funding.
      e.   Treatment.

6. The R.E.A.L. Program referral process:
   a. Law Enforcement is considered a priority referral and R.E.A.L. Programs accept referrals from diverse sources, including community members and system partners.
      i. For counties with multiple R.E.A.L. Programs, referral is based on referent or individual choice and assessed needs.
         1. R.E.A.L. Programs coordinate and transition individuals upon request.
      ii. There is "no wrong door" for an individual to be referred to R.E.A.L. Program.
   b. Referrals may be completed by direct access phone number, voicemail, in-person, or other means as indicated.
      i. R.E.A.L. Programs accept referrals and coordinate appropriate response 24 hours a day, 7 days per week, 365 days per year.
         1. All responses are expected to occur where the individual is at, including well-known locations, shelters, or community-based programs.
         2. Expected in-person response time is sixty (60) to ninety (90) minutes as indicated by geography.

7. The R.E.A.L. Program Involuntary Discharge protocol:
   a. Individuals may be involuntarily discharged from the program due to lack of contact.
      i. At least 5 attempted contacts over a 60-day period are made prior to program discharge.
      ii. If contact is made after that 60-day timeframe, there are no barriers to re-engaging with the R.E.A.L. Program.
   b. Individuals may be discharged if expected incarceration of more than 1 year.
   c. Individuals presenting significant safety risk to team members (e.g., threats to staff or agency with plan and means) may be discharged.
   d. Upon discharge, appropriate referrals to other community resources are assessed.

8. R.E.A.L. Programs Staffing
   a. Each R.E.A.L. Program must maintain enough appropriately trained personnel which must include individuals with lived experience with substance use disorder to the extent possible.
   b. Each R.E.A.L. Team includes three roles:
      i. Project Manager
      ii. Outreach Coordinator/Care Manager

        iii.   Recovery Coach
   c. All R.E.A.L. Program staff are expected to spend 90% of their time in the field.
   d. Clinical supervision is available to each R.E.A.L. Team in accordance with the Uniform Program Standards. Clinical supervisors will have an understanding of R.E.A.L. Program principles.
   e. In counties with two R.E.A.L. Teams, both teams are expected to:
        i.   Provide support in the designated area.
        ii.   Maintain a partnership that supports the continuity and consistency of the R.E.A.L. Program
        iii.   Coordinate outreach and engagement with community partners.
        iv.   Co-facilitate Operational Work Group and Policy Coordinating Group meetings.

9. Privacy in accordance with SBH-ASO and agency policies.

10. The R.E.A.L. Program Staff Training Plan includes:
   a. *Prior to First Contact:*
        i.   LEAD Toolkit Overview
        ii.   CPR and Medical First Aid
        iii.   Safety Training
        iv.   Confidentiality, HIPAA, and 42 CFR Part 2 training
        v.   Harm reduction
        vi.   Trauma-informed responses
        vii.   Cultural appropriateness
        viii.   Conflict resolution and de-escalation techniques
        ix.   Crisis Intervention
        x.   Introduction to Regional Crisis System
        xi.   Overdose Prevention/Naloxone Training, Recognition, and Response
        xii.   Local Resources, *e.g., meal programs, hygiene/showers, veterans, domestic violence, bus passes, transportation, medical providers, behavioral health, furniture, clothing, tents/tarps, etc.*
   b. *Within 90 days:*
        i.   Diversity training
        ii.   Suicide Prevention
        iii.   Outreach strategies
        iv.   Working with American Indian/Alaska Native individuals
        v.   Basic cross-system access, *e.g.,* Program *for Assertive Community Treatment (PACT), Wraparound with Intensive Services (WISe), Housing and Recovery through Peer Services (HARPS), Community Behavioral Health Rental Assistance Program (CBRA), Program for Adult Transition to Health (PATH), Foundational Community Supports (FCS), etc.—Region Specific*
        vi.   Gather, Assess, Integrate, Network, and Stimulate (GAINS)
        vii.   Ethics
        viii.   Centers for Medicare and Medicaid Services (CMS) Benefits Training
        ix.   Housing and Homelessness
        x.   Opiate Substitution Treatment/Medication Assisted Treatment (OST/MAT) options
        xi.   Working with People with Intellectual/Developmental Disorders
        xii.   Early intervention/prevention

        xiii. Ombuds services through the Office of Behavioral Health Advocacy (OBHA)
        xiv. Cross-training between Law Enforcement and R.E.A.L. Program Outreach/Care Managers (LEAD National Support Bureau WA State)
        xv. Building relationships (LEAD National Support Bureau WA State)
        xvi. Shared Decision-Making Processes for Services

c. *Additional Trainings Recommended:*
   i. Peer Certification Training (Optional)
   ii. SSI/SSDI Outreach, Access, and Recovery (SOAR) Training (Optional)
   iii. Mental Health First Aid
   iv. Vicarious Trauma/Secondary Trauma
   v. Stigma
   vi. Motivational Interviewing
   vii. Government to Government Training for collaborating with Tribes
   viii. Crisis Intervention Training (CIT)

11. The R.E.A.L. Program Operational Workgroup
    a. The R.E.A.L. Program Operational Work Group (OWG) is facilitated by the R.E.A.L. Program Project Manager(s). The OWG provides coordination with Law Enforcement agencies, court agencies, fire departments/EMS, and other community support programs to review day-to-day operations. The OWG collectively monitors, identifies, discusses, and addresses operational, administrative, and participant-specific needs. It also coordinates support and care for individuals based on their identified needs, and identifies gaps, barriers, and challenges in accessing services and meeting the needs of the priority population.

12. The R.E.A.L. Program Policy Coordinating Group
    a. The R.E.A.L. Program Policy Coordinating Group (PCG), facilitated by the R.E.A.L. Program Project Manager(s), is composed of community leadership who are authorized to make decisions on behalf of their respective offices. The PCG is the stewardship body and reviews protocols and processes, and makes policy-level recommendations for the R.E.A.L. Programs within their communities. It also ensures sufficient resources are dedicated for program success, and reviews, approves, and modifies overarching protocols to reflect the site's intention. The PCG also works toward system change and identifies and addresses gaps, barriers, and challenges in accessing services and meeting the needs of the priority population.

13. LEAD Technical Assistance
    a. The LEAD National Support Bureau/Washington State Expansion Team is available for technical assistance, as coordinated by the RNP Administrator.

14. R.E.A.L. Program Reporting Requirements

a. Monthly submission of the R.E.A.L. Program Logs by the 10th of the month following the month of service to the SBH-ASO via Provider Portal. SBH-ASO may require additional data reporting as appropriate.