SBH-ASO POLICIES AND PROCEDURES

Policy Name: Recovery Navigator Program: R.E.A.L. Program	**Policy Number:** CL209
Effective Date: 11/1/2021	
Revision Dates: 4/1/2024	
Reviewed Date:	
Executive Board Approval Dates: 3/18/2022; 6/21/2024	

PURPOSE

To define the program, eligibility, and services covered by the Recovery Navigator Program (RNP) within available resources. The RNP policy is to ensure consistent application of program standards.

DEFINITIONS

R.E.A.L. Program: The Recovery Navigator Program in the Salish Behavioral Health Administrative Services Organization (SBH-ASO) is titled the R.E.A.L. (Recovery, Empowerment, Advocacy, and Linkage) Program.

Outreach Support/Care Manager: R.E.A.L. Program staff with lived experience that provides intensive, field-based coordination support to assist participants with accessing services that meet the identified needs in their Success Plan.

Recovery Coach: R.E.A.L. Program staff with lived experience that spends the majority of their time in the field responding to and engaging with participants referred to the R.E.A.L. Program.

POLICY

SBH-ASO administers the R.E.A.L. Program for Clallam, Jefferson, and Kitsap counties in accordance with Washington Health Care Authority (HCA) Recovery Navigator Uniform Program Standards and HCA-ASO Contract. R.E.A.L. Programs render services in accordance with SBH-ASO Contract requirements.

PROCEDURE

1. The SBH-ASO employs a Regional Recovery Navigator Administrator (RNA) who, in concert with the SBH-ASO Clinical Director, ensures R.E.A.L. Programs are

compliant with program standards. The SBH-ASO Regional RNA maintains a Regional Resource Guide to identify local, state, and federally funded community-based services. The SBH-ASO Regional RNA provides regular and routine technical assistance and training related to compliance with program standards.

2. The SBH-ASO R.E.A.L. Program embraces and advances the following core principles:
    a. Law Enforcement Assisted Diversion (LEAD), e.g. Let Everyone Advance with Dignity (LEAD), core principles (www.leadbureau.org).
        i. Harm Reduction Framework
        ii. Participant-identified and driven
        iii. Intensive Case Management
        iv. Peer Outreach and Counseling
        v. Trauma-Informed Approach
        vi. Culturally competent services

3. The R.E.A.L. Program provides community-based outreach support throughout the region. The R.E.A.L. Program is expected to provide:
    a. Field-based engagement and support.
    b. Expected response time to referrals for the Salish region is sixty (60) to ninety (90) minutes.
    c. Support is ideally provided face-to-face. If barriers exist, virtual or telephone visits may be utilized.
    d. There is no specified time limitation for participation in the R.E.A.L. Program. Timelines are individually self-determined.
    e. Participation is voluntary and non-coercive.
    f. Intended to be staffed by individuals with lived experience with substance use disorder.
    g. 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.
    h. Engagement in and facilitates Cross Agency Coordination with Golden Thread Service Coordination as indicated in the Uniform Program Standards.
    i. Engagement/education in Overdose Prevention and Response.
    j. Does not require abstinence from drug or alcohol use for program participation.

4. The priority population of the R.E.A.L. Program includes Individuals:
    a. with substance use needs and/or co-occurring (substance use and mental health) needs

    b. who are at risk of arrest and/or have frequent contact with first responders (including law enforcement and emergency medical services), and/or

    c. who could benefit from being connected to supportive resources and public health services when appropriate.

5. The R.E.A.L. Programs provide referrals to crisis services (e.g. voluntary and involuntary options) as needed.

6. 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;
    c. Referral services;
    d. Program Screening and Needs Scale (needs assessment);
    e. Connection to services; and
    f. Warm handoffs to treatment 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.
    e. Treatment.

7. The R.E.A.L. Program referral process:
    a. Law Enforcement is considered a priority referral and R.E.A.L. Programs accept all referrals, including those from community members, friends, and family.
        i. For counties with multiple R.E.A.L. Programs, referral is based on referent or individual choice and assessed needs.
            a. R.E.A.L. Programs coordinate and transition individuals upon request.
        ii. There is "no wrong door" for an individual to be referred to the 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.

Recovery Navigator Program: R.E.A.L. Program

      a. All responses are expected to occur where the individual is at, including well-known locations, shelters, or community-based programs.

      b. Expected in-person response time is sixty (60) to ninety (90) minutes.

8. 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.

9. The R.E.A.L. Program Staff Training Plan includes:
   a. Prior to First Contact:
      i. LEAD Core Principles
      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.   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)

<u>The R.E.A.L. Program Operational Workgroup:</u>

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.

<u>The R.E.A.L. Program Policy Coordinating Group:</u>

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.

Recovery Navigator Program: R.E.A.L. Program

R.E.A.L. Program Reporting Requirements

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 or other agreed method. SBH-ASO requires additional data reporting as appropriate.