



## 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:**

**Reviewed Date:**

**Executive Board Approval Dates:** 3/18/2022

### PURPOSE

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

### DEFINITIONS

**R.E.A.L. Program:** The Recovery Navigator Program in the Salish BH-ASO is titled REAL (Recovery, Empowerment, Advocacy, and Linkage) Program.

**Outreach Support/Care Manager:** R.E.A.L. Program staff with lived experience provides intensive, field-based coordination support to assist participants access services that meet their identified needs in participants Individual Intervention Plan (IIP).

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

### POLICY

Salish Behavioral Health Administrative Services Organization (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 Standards and HCA-ASO Contract. R.E.A.L. Program subcontractors will 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 SBH-ASO Clinical Director, ensures subcontractors are compliant with

program standards. The SBH-ASO Regional RNA will maintain a Regional Resource Guide to identify local, state, and federally funded community based services. The SBH-ASO Regional RNA will provide 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](http://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 Recovery Navigator Program in the Salish BH-ASO is titled the R.E.A.L. (Recovery, Empowerment, Advocacy, and Linkage) Program and provides community-based outreach services throughout the region. The R.E.A.L. Program is expected to provide:
  - a. field based engagement and services
  - b. Expected response time to referrals for the Salish region is sixty (60) to ninety (90) minutes.
  - c. Services are 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 a voluntary and is non-coercive.
  - f. Staff 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, LGBTQ 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
  - b. with substance use needs and/or co-occurring (substance use and mental health) needs
  - c. who are at risk of arrest and/or have frequent contact with first responders (including law enforcement and emergency medical services), and/or
  - d. who could benefit from being connected to supportive resources and public health services when appropriate.
5. The R.E.A.L. Program subcontractors will provide referrals to crisis services (e.g. voluntary and involuntary options), as needed.
6. The R.E.A.L. Program subcontractors will provide the following services to youth and adults with behavioral health conditions, including:
  - a. Community-based outreach;
  - b. Brief Wellbeing Screening;
  - c. Referral services;
  - d. Needs assessments;
  - e. Connection to services; and
  - f. Warm handoffs to treatment recovery support services along the continuum of care.

Additional services to be provided as appropriate, include, but are not limited to:

- a. Long-term intensive outreach support/care management.
  - b. Development of Individual Intervention 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. Program subcontractors will accept all referrals, including those from community members, friends, and family.
      - i. For counties with multiple R.E.A.L. Program subcontractors, referral will be based on referent or individual choice and assessed needs.
        - a. R.E.A.L. Program subcontractors will 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, online referral form, in-person, or other means as indicated.
    - i. During business hours, R.E.A.L. Program staff will accept referral and coordinate appropriate response.
      - 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 will be one hour to one and a half hours.
    - ii. After-hours referrals can be left by voicemail. REAL Program staff will provide follow up on the next calendar day.
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. There will be at least 5 attempted contacts over a 60-day period prior to program discharge.
    - ii. If contact is made after that 60-day timeframe, there will be 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 will be 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.—Regional 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
  - xiv. Cross-training between Law Enforcement and REAL 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)

The R.E.A.L. Program Operational Workgroup:

The R.E.A.L. Program Operational Work Group (OWP) will partner the R.E.A.L. Program providers with Law Enforcement agencies, court agencies, fire department, EMS, and other community support programs to review day-to-day operations.

The R.E.A.L. Program Policy Coordinating Group:

The R.E.A.L. Program Policy Coordinating Group (PCG), facilitated by the R.E.A.L. Program providers Project Manager, will be composed of community leadership who are authorized to make decisions on behalf of their respective offices.

R.E.A.L. Program Reporting Requirements

Monthly submission of the R.E.A.L. Program Logs by the 10<sup>th</sup> of the month following month of service to the SBH-ASO via Provider Portal or other agreed method. SBH-ASO will require supplemental data reporting for enrolled case management individuals.