CONTRACT FOR RECOVERY NAVIGATOR

PROGRAM SERVICES

THIS AGREEMENT (the "Agreement" or "Contract") is made by and between North Sound Behavioral Health Administrative Services Organization, LLC, a Washington limited liability company ("North Sound BH-ASO") and Snohomish County, a political subdivision of the State of Washington (the "County").

Recitals

A. Island, San Juan, Skagit, Snohomish and Whatcom Counties (the "County Authorities"), as defined by RCW 71.24.025 (18), entered into a Joint County Authority BHO Interlocal Operating Agreement to cooperatively provide a community health program and regional system of care, with the collective goal of consolidating administration, reducing administrative layering and reducing administrative costs, consistent with the State of Washington's legislative policy as set forth in chapter 71.24 RCW; and

B. North Sound BH-ASO is a governmental limited liability company formed by an operating agreement entered into by the foregoing five (5) County Authorities in response to a request for a detailed plan and to contract with the State of Washington to operate as a Regional Support Network until April 1, 2016, as a Behavioral Health Organization as of April 1, 2016, and as an Administrative Services Organization as of July 1, 2019 as provided for in RCW 71.24.100 and chapter 25.15 RCW; and

C. RCW 71.24.115 directs each behavioral health administrative services organization to establish a Recovery Navigator Program; and

D. The North Sound BH-ASO seeks to establish a Recovery Navigator Program in Snohomish County; and

E. The County desires to design and implement a Recovery Navigator Program on North sound BH-ASO's behalf; and

F. North Sound BH-ASO has determined that entering into a Contract with the County will meet North Sound BH-ASO's needs and will be in the State's best interest.

NOW THEREFORE, in consideration of the mutual promises and covenants as set forth in this Contract, the parties agree as follows:

1. County Obligations.

   1.1 Scope of Work. The County shall design and implement a Recovery Navigator Program, on behalf of North Sound BH-ASO.

The County shall provide those services described in Attachment A - Statement of Work appended hereto and incorporated by this reference. In providing services under Attachment A, the County will comport with the programmatic particulars set forth in the Recovery Navigator Uniform Program Standards appended hereto as Attachment C and incorporated by this reference.

1.2 Invoices. The County shall submit monthly invoices detailing hours worked, and salaries and benefits, goods and services, overhead, and administrative allowances.

1.3 Licensure and Certification. The County warrants and represents that each employee and subcontractor, who is subject to professional licensing requirements, is duly licensed to provide Behavioral Health Services. County shall ensure each employee and subcontractor have and maintains in good standing for the term of this Agreement the licenses, permits, registrations, certifications, and any other governmental authorizations to provide such services.

1.4 Debarment Certification. The County warrants and represents that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from participating in transactions (Debarred) and is not listed in the Excluded Parties List System in the System for Award Management (SAM) website. The County shall immediately notify North Sound BH-ASO if, during the term of this Contract, the County becomes debarred.

1.5 Non-discrimination. The County shall not differentiate or discriminate in providing services to individuals because of race, color, religion, national origin, ancestry, age, marital status, gender identity, sexual orientation, physical, sensory or mental handicap, socioeconomic status, or participation in publicly financed programs of health care services.

The County shall not differentiate or discriminate against any employee or applicant for employment, with respect to their hire, tenure, terms, conditions or privileges of employment, or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, height, weight, marital status, gender identity, sexual orientation, physical, sensory or mental disability unrelated to the individual's ability to perform the duties of the particular job or position.

1.6 Performance Expectations. Expected performance under this Contract, includes but is not limited tom, the following:

1.6.1 Knowledge of applicable state and federal laws and regulations pertaining to subject of this Contract;
1.6.2 Use of professional judgment;
1.6.3 Collaboration with North Sound BH-ASO;

1.6.4 Conformance with North Sound BH-ASO directions regarding delivery of services under this Agreement;
1.6.5 Timely, accurate, and informed communications;
1.6.6 Provision of high quality services.

1.7 Reporting Fraud. The County shall comply with RCW 48.135 concerning Insurance Fraud Reporting and shall notify North Sound BH-ASO Compliance Department of all incidents or occasions of suspected fraud, waste, or abuse involving services provided to an individual. The County shall report a suspected incident of fraud, waste or abuse, including a credible allegation of fraud, within five (5) business days of the date the County first becomes aware of, or is on notice of, such activity. The obligation to report suspected fraud, waste, or abuse shall apply if the suspected conduct was perpetrated by the County, the County's employee, agent, subcontractor, or individual. The County shall establish policies and procedures for identifying, investigating, and taking appropriate corrective action against suspected fraud, waste, or abuse. Information shall be available to employees and subcontractors regarding fraud and abuse P&P's and the false Claims Act and the Washington false claims statutes RCW Chapter 74.66 and 74.09.210. Upon request by North Sound BH-ASO, the County shall confer with the appropriate State agency prior to or during any investigation into suspected fraud, waste, or abuse.

2. Independent Contractor. The County agrees that it will perform the services under this Agreement as an independent contractor and not as an agent, employee, or servant of North Sound BH-ASO. This Agreement neither constitutes nor creates an employer-employee relationship. The parties agree that the County is not entitled to any benefits or rights enjoyed by employees of North Sound BH-ASO. The County specifically has the right to direct and control County's own activities in providing the agreed services in accordance with the specifications set out in this Agreement. North Sound BH-ASO shall only have the right to ensure performance. Nothing in this Agreement shall be construed to render the parties partners or joint venturers.

3. North Sound AS-BHO Obligations.

3.1 Compensation. North Sound AS-BHO will compensate the County for the services provided as described in Attachment B attached hereto and incorporated by this reference.

3.2 Payment. Upon 30 days of the receipt of an invoice from the County, North Sound BH-ASO will pay all amounts due and owing.

4. Term and Termination.

4.1 Term. This Contract shall govern services from January 1, 2022, through December 31, 2022, and will automatically renew for successive one-year terms unless sooner terminated as provided in this Agreement.

4.2 Termination.

4.2.1 Either party may terminate this Agreement by providing 90 days' written notice to the other party.

4.2.2 Either party may terminate this Agreement by providing the other party with a minimum of 10 business days prior written notice in the event the other party commits a material breach of any provision of this Agreement. Said notice must specify the nature of said material breach. The breaching party shall have 7 business days from the date of the breaching party's receipt of the foregoing notice to cure said material breach. In the event the breaching party fails to cure the material breach within said 7 business day period, this Agreement shall automatically terminate upon expiration of the 10 business days' notice period.

4.3 Termination Procedure. The following provisions shall survive and be binding on the parties in the event this Contract is terminated:

4.3.1 The County and any applicable subcontractors shall cease to perform any services required by this Contract as of the effective date of termination and shall comply with all reasonable instructions contained in the notice of termination which are related to the transfer of individuals, distribution of property and termination of services. Each party shall be responsible only for its performance in accordance with the terms of this Contract rendered prior to the effective date of termination. The County and any applicable subcontracts shall assist in the orderly transfer/transition of the individuals served under this Contract. The County and any applicable subcontractors shall promptly supply all information necessary for the reimbursement of any outstanding Medicaid claims.

4.3.2 North Sound BH-ASO shall be liable for and shall pay for only those services authorized and provided through the date of termination. North Sound BH-ASO may pay an amount agreed to by the parties for partially completed work and services, if work products are useful to or usable by North Sound BH-ASO.

4.3.3 If North Sound BH-ASO terminates this Contract for default, North Sound BH-ASO may withhold a sum from the final payment to County that North Sound BH-ASO determines is necessary to protect North Sound BH-ASO against loss or additional liability occasioned by the alleged default. North Sound BH-ASO shall be entitled to all remedies available at law, in equity, or under this Contract. If it is later determined the County was not in default, or if the County terminated this Contract for default, the County shall be entitled to all remedies available at law, in equity, or under this Contract.

5. Access to Books and Records. Each Party may, at reasonable times, and upon prior notification inspect the records of the other party relating to performance of this Contract.

6. Indemnification and Hold Harmless. North Sound BH-ASO shall hold harmless, indemnify, and defend, at its own expense, the County, its elected and appointed officials,

officers, employees and agents, from any loss or claim for damages of any nature whatsoever, arising out of the County's performance of this Contract, including claims by North Sound BH-ASO employees or third parties, except for those losses or claims for damages solely caused by the negligence or willful misconduct of the County, its elected and appointed officials, officers, employees or agents.

The County shall hold harmless, indemnify, and defend, at its own expense North Sound BH-ASO, its elected and appointed officials, officers, employees and agents, from any loss or claim for damages of any nature whatsoever, arising out of BH-ASO's performance of this Contract, including claims by the County's employees or third parties, except for those losses or claims for damages solely caused by the negligence or willful misconduct of North Sound BH-ASO, its elected and appointed officials, officers, employees or agents.

In the event of liability for damages of any nature whatsoever arising out of the performance of this Contract by the County and North Sound BH-ASO, including claims by the County's and North Sound BH-ASO's own officers, officials, employees, agents, volunteers, or third parties, caused by or resulting from the concurrent negligence of the County and North Sound BH-ASO, their officers, officials, employees, agents and volunteers, each party's liability hereunder shall only be to the extent of that party's negligence.

7. Mutual Covenants. North Sound BH-ASO will promptly notify the County in writing of issues regarding invoices, or of services which North Sound BH-ASO believes do not conform with the agreed upon terms of this Contract, within thirty (30) days of receipt of invoice or performance of services whichever occurs later. Failure to give written notice within thirty (30) days after receipt of invoice or performance of services constitutes waiver of any objection to services or invoices.

   The parties shall attempt to resolve any issues arising under this Contract through negotiation and consultations. If that fails, the parties will seek to resolve disputes through the aid of a mutually selected, independent third party.

8. Amendment. This Contract may only be modified by a written amendment effective upon mutual execution of the Parties.

9. Compliance with Laws. The Parties shall comply with all applicable federal, state and local laws, rules, and regulations in performing this Contract.

10. Governing Law and Venue. This Contract shall be governed by the laws of the State of Washington and any lawsuit regarding this contract must be brought in Snohomish County Superior Court.

11. Public Records Act. This Contract and all public records associated with this Contract shall be available from the County for inspection and copying by the public where required by the Public Records Act, chapter 42.56 RCW (the "Act"). To the extent that public records then in the custody of North Sound BH-ASO are needed for the County to

respond to a request under the Act, as determined by the County, North Sound BH-ASO agrees to make them promptly available to the County. If North Sound BH-ASO considers any portion of any record provided to the County under this Contract, whether in electronic or hard copy form, to be protected from disclosure under law, North Sound BH-ASO shall clearly identify any specific information that it claims to be confidential or proprietary. If the County receives a request under the Act to inspect or copy the information so identified by North Sound BH-ASO and the County determines that release of the information is required by the Act or otherwise appropriate, the County's sole obligations shall be to notify North Sound BH-ASO (a) of the request and (b) of the date that such information will be released to the requester unless North Sound BH-ASO obtains a court order to enjoin that disclosure pursuant to RCW 42.56.540. If North Sound BH-ASO fails to timely obtain a court order enjoining disclosure, the County will release the requested information on the date specified.

The County has, and by this section assumes, no obligation on behalf of North Sound BH-ASO to claim any exemption from disclosure under the Act. The County shall not be liable to North Sound BH-ASO for releasing records not clearly identified by North Sound BH-ASO as confidential or proprietary. The County shall not be liable to North Sound BH-ASO for any records that the County releases in compliance with this section or in compliance with an order of a court of competent jurisdiction.\

12. Severability. Should any clause, phrase, sentence or paragraph of this Contract be declared invalid or void, the remaining provisions of this Contract shall remain in full force and effect.

13. Execution in Counterparts. This Agreement may be executed in counterparts, each of which shall constitute an original and all of which shall constitute one and the same Agreement.

"County"	"North Sound BH-ASO"
SNOHOMISH COUNTY	NORTH SOUND BEHAVIORAL HEALTH ADMINSTRATIVE SERVICES ORGANIZATION, LLC
By: _____	By: _____
County Executive	Executive Director

ATTACHEMENT A

Recovery Navigator Program

Statement of Work

1. PURPOSE

The Recovery Navigator Program (RNP) is designed to provide community-based outreach, intake, assessment, and connection to services to youth and adults with substance use disorder (SUD), including for persons with co-occurring substance use disorders and mental health conditions. The primary function of RNP is connection and stabilization with respect to a variety of social determinants/vulnerability factors. Individuals referred to the program from a diversion source or social contact referral will benefit from coordinate connections to a broad range of community resources for youth and adults with substance use disorder, including treatment and recovery support services.

2. DEFINITIONS

Community-Based Organizations
A public or private nonprofit organization that is representative of a community or significant segments of a community; and provides educational, health, social support, or other related services to individuals in the community.

Developmentally Appropriate
Engagement and services and/or support that account for varying rates of mental, emotional, and social development based age related milestones, and is designed to meet the needs of specific populations.

Field-based
The "field" means alleys, parks, encampments, and any community-based setting or location where engagement for the purpose of SUD outreach and referral would be beneficial. This could include hospitals, treatment centers, youth drop-in centers, temporary housing, schools, dispensaries, etc. Programs should feature or arrange for street-level behavioral health and medical services. Where such services exist, they should be engaged and supported to expand, not duplicated.

Holistic Services
Holistic services will consider the individual's overall physical, mental, spiritual, and emotional well-being to promote increased quality of life and optimal health outcomes.

Intake
Program staff meeting with participant to discuss available resources, determine needs, and establish goals.

Outreach

Meeting people where they are physically and mentally at to engage in conversation and extend program offerings. Services are mobile and integrate teleservices when applicable. This includes identification of historically underserved and marginalized individuals and engagement of these individuals in assessment and ongoing supportive services as necessary.

Peer
General term for individuals who have the lived experience of recovery from mental health, substance use, and/or traumatic conditions, and who has specialized training and supervision to guide and support people experiencing similar conditions toward increased wellness.

Recovery
The definition of recovery is a process of change through which individuals improve their health and wellness, live a self- directed life, and strive to reach their full potential, *as determined by the individual's own understanding of their Recovery*. There are four major dimensions that support a life in recovery: Health, Home, Purpose, and Community.

3. VOLUNTARY ENGAGEMENT

Participation in the Recovery Navigator Program is voluntary. Participants only requirements: Complete an intake and sign a release of information.

Services

- Facilitate and coordinate connections to a broad range of community resources for youth and adults with substance use disorder, including treatment and recovery support services.
- Coordination and communication between law enforcement, prosecutors, program staff, medical Contractors, and community partners is essential to the success of these programs.
- Using the Harm Reduction, Trauma Informed, and Culturally Relevant Services for case management.
- Response and care for people who live with unmanaged behavioral health needs, deep experiences of complex trauma, cognitive disabilities, persistent poverty, and often lifelong experiences of punishment, failure, betrayal, and marginalization
- Intensive case management and care coordination, stabilization housing when available and appropriate, and legal system coordination.

4. PRIORITY POPULATION

- Individuals with SUD and co-occurring substance use disorder and mental health who are at risk of arrest and/or have frequent contact with first responders, community

members, friends, family, and who could benefit from being connected to supportive resources and public health services when amenable

- Individuals who have frequent criminal legal system contact because of unmet behavioral healthcare needs.
- Individuals who are at risk of arrest, or already have been involved in the criminal justice system.
- Individuals who cannot, on their own, access local safety-net services.
- Individuals who are not served by office-based, appointment-based, time-limited care.

5. ARREST DIVERSION AND COMMUNITY REFERRALS

- There are two types of referrals into RNP:
    - Point of contact referrals by law enforcement, and
    - Social contact referrals by law enforcement, service Contractors, community members, and friends/family.
- The RNP will prioritize a response to law enforcement
- Arrest diversion gives law enforcement officers the authority to refer people into the RNP in lieu of arrest
- Social contact referral means that an eligible individual can be referred into a RNP without waiting for the moment of potential arrest.
- In these cases, the referred individual will still need to be screened against the site's eligibility criteria to ensure that the person's needs are best met through an RNP.
- People who enter RNP via social contact referrals should be consistent with the target population who enter through arrest diversion.

6. OUTREACH AND REFERRAL

The RNP must include staff members who spend most of their time in the field. This will inevitably include spending time visiting community-based organization and settings. The outreach and referral staff will be available to respond and engage upon referral (See Field Based Engagement).

RNP staff will:

- Respond to community referrals and interact with individuals who might need case management or ongoing referrals to external services;
- Provide short-term assistance while addressing the immediate needs of the individual (this is not long term, intensive field-based case management);
- Facilitate a warm hand off to the supportive services identified;
- Follow-up with program participants in the community when there is indication of disengagement;

- Prioritize responding to law enforcement calls in the beginning stages, with long term goal of being able to respond to any community-based and emergency response referral;
- Coordinate with case management staff to meet the individual needs of new and existing program participants;
- Collect and provide data points related to the individuals referred to the program and provides data to the Project Manager. Note: Further documentation regarding demonstrating compliance with these standards, performance metrics, data collection, outcomes, and evaluation will be provided by HCA to the BHASOs.
- Outreach and Referral is an integral component of the Recovery Navigator Program. BHASOs must demonstrate a plan is in place to ensure immediate access and response to individuals identified as needing services. In addition, these positions are public and highly visible, so staff experience with conflict resolution and de-escalation techniques and staff safety must be a consideration. Please see Safety for more information about Safety Standards for the RNP.

7. PROJECT MANAGER

Project Management ensures that the Uniform RNP Standards are implemented with fidelity to the model and that program outreach and communication are coordinated amongst similar existing programs in that geographical area. The project managers in a BHASO region will work in conjunction with the Regional Recovery Navigator Administrator and participate in periodic meetings to ensure that the Administrator is aware of any barriers, challenges, or successes.
This position should be responsive and give full consideration and be accountable to the multitude of community partners, as demonstrated in establishing and convening a quarterly Policy Coordinating Group. Within this work, project management will be inclusive of persons with lived experience (both in the criminal legal system and behavioral health), as well as focus on engaging community voices which have been historically under-represented.

As part of the Policy Coordinating Group, the project manager coordinates implementation of the program amongst other systems outside the health field, including public safety advocacy and system design, law enforcement, criminal legal system representatives, and civil rights advocates, through the following:

- Convening meetings with community partners/resources (e.g. courts, law enforcement, Tribes, faith-based organizations, Emergency Medicaid Services/Fire Departments, local health jurisdictions, Behavioral Health Treatment Contractors (BHAs), medical Contractors, social services, harm reduction organizations, legal groups, people with

lived experience, elders, family members and other supports determined by individuals in need).

- Develop interagency agreements with these partners which support the utilization and referral to the RNP. These collaborations should be memorialized through intergovernmental releases of information, data share agreements, and memorandum of understandings. Approves community referrals consistent with resources and priorities established by partners.
- Identify concerns and objections of local partners related to the operation of the program which create implementation access barriers and highlights these issues to leadership at the local, regional, and state levels.
- Identify gaps in accessing services as part of continual resource mapping to help inform future expansion of resources in the area.
- Facilitates data collection, data reporting, and program evaluation efforts.
- This position acts as Community Liaison, engaged with information sharing and program transparency by soliciting community support and communication out to individuals in the community. The project manager's decision making must follow these standardized policies, and guidance from the LEAD National Support Bureau, so that the individual needs of program participants are upheld and remain foremost in the purview of procedural policy.

8. CASE MANAGER SUPERVISION

The supervisor of RNP staff will possess the necessary professional training, competencies, and skills to support program staff as well as individuals who are experiencing a variety of behavioral health symptoms. This includes providing guidance and leadership to ensure the safety of staff doing outreach, referral, and case management. Core competencies and qualifications for care team supervision include the following:

- Professional competencies and training to provide support and feedback to RNP staff when handling difficult cases;
- Trained in crisis support, trauma informed care, de-escalation and conflict resolution, and suicide prevention training;
- Understanding of the multitude of behavioral health symptoms related to mood, psychotic, attention, and substance use disorders, and relevant evidence-based treatment responses to those disorders;
- Understanding of behavioral health treatment and harm reduction systems to support program staff to help facilitate appropriate referrals into services;
- Experience and knowledge of the court system and related criminal legal diversion programs.
- This position must also be able to provide supervision, training, crisis support, trauma informed care, de-escalation and conflict resolution, and suicide prevention training to

the program staff. In addition, they should have experience in taking adequate case notes, accessing electronic health records, staffing client cases, and be able to meet other formal supervision expectations for team members. The Care Team Supervisor must be able to support program staff, while holding them accountable to the best practice requirements of the RNP. This position, as deemed necessary and/or appropriate, must be able to provide outreach, referral, and case management to ensure team flexibility during implementation and sustainment phases of their area's Recovery Navigator Program. The Regional Recovery Navigator Plan must demonstrate a plan for ensuring proper supervision.

9. CASE MANAGERS

- The main roles of the Case Manager are outreach, engagement, and intensive case management services to individuals whom have been referred by law enforcement, community based organizations, emergency medical services, and other individuals and organizations who might come in contact with an individual who could benefit from compassionate support.
- The Case Manager will provide direct services to a case load of approximately 20 individuals. Case managers provide outreach, long-term engagement and supportive services for participants through intensive case management activities and local partners, service Contractors, housing Contractors and other community organizations
- Engage participants at the referral location, on the street and at social service Contractor facilities to establish a working relationship and offer services.
- Assist participants in gaining access to a variety of funding programs (e.g., SSI, ABD, VA).
- Assist participants in finding housing and maintaining occupancy.
- Develop and implement with the participant's input an Individual Success Plan which addresses the needs of the participant for food, clothing, shelter, and health care and substance use disorder treatment or reduction/elimination of drug/alcohol use through self-change methods. Update this Plan periodically to reflect movement toward or attainment of articulated goals and the emergence of new participant needs and to help the participant move toward the achievement of autonomy.
- Develop and maintain a working relationship with crisis stabilization facilities, crisis responders, evaluation and treatment facility staff, DSHS workers, chemical dependency treatment Contractors, mental health Contractors, health care Contractors, shelter Contractors, landlords, detox centers, Assessment Center staff, protective or representative payees, and other community programs which may support participants.
- Provide structured Intensive Case Management services consistent with program policies.
- Develop and maintain collaborative relationships with local partners including local law enforcement and fire departments.

- Provide advocacy and support for participants within the criminal justice system including court appearances and written communication.
- Attend regularly scheduled Operational Work Group Meetings and the staffing of participants with partners.
- Accompany participants to appointments as needed.
- Assist participants in developing a spending plan and in shopping.
- Advocate for the participant with a wide variety of other service Contractors:
- Assist participants in gaining entry into service programs.
- Develop relationships with housing resources and assist the participant in gaining access to appropriate housing.
- Identify gaps and barriers in available community resources and advocate for systemic changes.
- Attend stakeholder work groups and committees to represent the experiences of program participants.
- Develop and maintain participant files for assigned caseload according to program, contract and state requirements.

10. RECOVERY NAVIGATOR RESPONSIBILITIES

The RNP must include staff members who spend most of their time in the field. This will inevitably include spending time visiting community-based organization and settings. The - recovery navigator staff will be available to respond and engage upon referral (See Field Based Engagement).

RNP staff will:

- Prioritize responding to law enforcement calls in the beginning stages, with long term goal of being able to respond to any community-based and emergency response referral;
- Respond to community referrals and interact with individuals who might need case management or ongoing referrals to external services
- Provide short-term assistance while addressing the immediate needs of the individual (this is not long term, intensive field-based case management)
- Facilitate a warm hand off to the supportive services identified
- Follow-up with program participants in the community when there is indication of disengagement
- Coordinate with case management staff to meet the individual needs of new and existing program participant
- Collect and provide data points related to the individuals referred to the program and provides data to the Project Manager

- Response times for urban core programs are 30 to 45 minutes upon receiving the referral. Response times for rural areas are one hour to one and a half hours. Initial contact could include phone conversation, which must then be following up by field-based services.

11. OPERATION WORKGROUP

The RNP Operations Work Group (OWG) provides a common table for the day-to-day Implementation partners to collectively monitor, identify, discuss, and address operational, administrative, and client specific issues. Using this ongoing inquiry, the OWG develops protocols to ensure that the operations reflect and are consistent with the Recovery Navigator Program standards and subsequent policies which might be established by any advisory committees. The OWG is composed of RNP program staff who carry out the day-today operations of RNP. The members typically include community partners, including assistant prosecutors, public defenders, case managers, other service Contractors, harm reduction, tribal members, community leadership representatives, and persons with lived experience

The OWG will staff cases referred to the RNP and current program participants. The OWG will focus on awareness of needs, contracting for support and care for diverse populations as appropriate, build partnerships that can be activated depending on needs of an individual participant (deaf/hard of hearing, language needs, physical accessibility, peer outreach for members of communities not reflected in RN team composition).

The OWG is responsible for developing operational protocols consistent with Recovery Navigator Program standards. These protocols identify ways to respond to law enforcement referrals and social contact referrals and any necessary operational protocols to support program participants. Essentially, these protocols document the who, what, where, when, and how of the program. In many cases, the project manager is charged with drafting the documents, using input from and review by the OWG. After the OWG has approved the draft of the operational protocols, it is sent to the Policy Coordinating Group for review and final approval.

12. POLICY COORDINATING GROUP

RNPs should include a recurring meeting, facilitated by the project manager, which is the policy-making and stewardship body for the RNP. The Policy Coordinating Group (PCG) is composed of senior members of their respective agencies who are authorized to make decisions on behalf of their offices. The PCG should include high-ranking representatives of local law enforcement (police and/or sheriff's departments), public health agencies, mayor, county executive, public defender's office, prosecutor's offices, juvenile courts, Family Youth System Partner Round Tables, city council, civil rights and/or racial justice organization(s), community representatives, and the business community. Depending on

site-specific issues, the PCG may also include religious leaders, subject-matter experts (such as in housing, behavioral health, employment, sex worker advocacy), tribes, Urban Indian Health Programs, and court/jail system partners.

Together, the PCG's members develop the local vision for RNP; make policy-level decisions for the initiative and within their respective agencies; ensure that sufficient resources are dedicated for the success of the initiative; and review, approve, and modify overarching policies to reflect the site's intentions, including (but not limited to) participant eligibility criteria, inclusion/exclusion criteria, and diversion-eligible criminal charges and exclusionary criteria (if any). In addition, the PCG is responsible for establishing and stewarding evaluation, communications, and budget plans.
The PCG will include diverse and representative membership to ensure programs are meeting cultural needs of the population, recognizing that much of this will be beyond what can be embedded and contained in any one small team. The BHASO will query their communities to see what services those individuals with lived experience are seeking. BHASOs are encouraged to leverage existing advisory groups which meet these needs. The PCG will also delineate response times for the area's RNP, and how that is operationalized with community or social referrals to the program.

13. REPORTING

Recovery navigator program is responsible for submitting quarterly reports to HCA regarding compliance with these standards, performance metrics, data collection, and outcomes.
Recovery Navigator Program report template beginning January 31, 2022, for the quarter ending December 31, 2021.
The quarterly reports are due thirty (30) calendar days after the end of each quarter to Project Manager. Reports are due:

- October through December - January 31
- January through March - April 30
- April through June - July 31
- July through September - October 31

Attachment B
Budget:
Snohomish County
Operations Budget Proposal for 2022

Revenues for Program				
ASO	TBD	$ 512,455	$ 512,455
	Total	$ -	$ 512,455	$ 512,455

Expenses	**Start up Costs**	**Annual Budget**	**Total**
		$	
Salaries & Wages & Benefits		338,800	338,800
Office & Operating Supplies	500	420	920
Small Tool & Minor Equipment		2,000	2,000
Professional Services		380	380
Communications		1,200	1,200
Travel		2,000	2,000
Operating Rentals		14,000	14,000
Insurance		2,025	2,025
Utilities		4,800	4,800
Repair & Maintenance		1,500	1,500
Machinery & Equipment*		7,920	7,920
Assistance to Individuals		63,889	63,889
Food			-
Miscellaneous Expense		7,000	7,000
Capital			-
Direct Cost Allocations			-
Indirect Cost Allocations		66,021	66,021
Other			-
Total	$500.00	$511,955	$512,455

Definitions:

Budget Category Definitions

Salaries & Wages	Compensation to persons in an employment relationship with provider, subject to FICA & tax withholding (excludes INDEPENDENT contractors).
Personnel Benefits	Medical & dental insurance, life & disability insurance, pension payments & other reportable health & welfare benefits paid by employer on behalf of employees.
Office & Operating Supplies	All consumable supplies of whatever sort, excluding medications purchased on behalf of specific persons. Except food.
Small Tools & Minor Equipment.	Tools and equipment, small assets that will last more than one year not capital assets.
Professional Services	Fees to individuals or businesses for clinical services, interpreters, temporary help, accounting, legal, data processing, etc.(EXCEPT janitorial).
Communications	Telephone, postage, pagers, cell phones.
Travel	Mileage, lodging, public transport, per diem & meals while on job related trips.
Operating Rentals	Office & other building rent payments, & depreciation expense of owned buildings & their capitalized improvements.
Insurance	Insurance for property, casualty, general & professional liability, D&O (DO NOT include employee benefits such as health or life insurance).
Utilities	Electric, natural gas, water & sewer, garbage collection
Repair & Maintenance	Non-capitalized disbursements for repair & maintenance of buildings, including janitorial services.
Machinery & Equipment	Expenditures for non-capitalized machinery & equipment, and depreciation expense for capitalized machinery & equipment.
Assistance To Individuals - Flex Funds	Payments to or on behalf of individual clients for items such as food, rent, prescription medications, clothing, utility bills, taxi & bus fare, etc.
Food	Normally food would be in supplies. Please break this cost out separately.
Miscellaneous Expense	Other expenses not elsewhere classified.
Capital	Capital Expenditures are not allowed under Federal Block Grant Rules
Direct Cost Allocations	These are direct costs that are shared between programs
Indirect Cost Allocations	This is overhead and or administrative cost allocated to programs.

FTE's:

Staffing Worksheet

Position Description	FTE	Salary Range*
Recovery Navigator Coordinator	1.00	$52,000-$60,000
Team Supervisor (Project Manager)	0.11	$90,000-$100,000
Case Manager	2.00	$50,000-$60,000
Outreach Coordinator	1.00	$50,000-$52,000

*Complete the Salary Range

Narrative:

Please supply narrative for each line item detail, including expenses		TOTAL AMOUNT
Salaries & Wages & Benefits		
Coordinator	Employed by PDA	**$ 59,000.00**
Outreach Worker	Employed by Evergreen Recovery Centers	**$ 52,000.00**
Case Manager (2)	Employed by Evergreen Recovery Centers	**$ 120,000.00**
Project Manager	Employed by PDA	**$ 11,000.00**
Benefits (40%)		**$ 96,800.00**
Office & Operating Supplies		
Business cards	$35 per full time staff member 3 times per year	**$ 420.00**
Indeed.com job advertising		**$ 500.00**
Small Tool & Minor Equipment		
Laptops		**$ 2,000.00**
Professional Services		
Data and server company at Evergreen Recovery Centers		**$ 380.00**
Communications		
Cell phones	$100/month	**$ 1,200.00**
Travel		
Gas		**$ 2,000.00**
Operating Rentals		
Rent to Evergreen Recovery Centers		**$ 14,000.00**
Insurance		
Insurance paid to Evergreen Recovery Centers		**$ 2,025.00**
Utilities		
Comcast		**$ 4,000.00**
PUD		**$ 800.00**
Repair & Maintenance		
Janitorial Services at Evergreen Recovery Centers		**$ 1,500.00**
Machinery & Equipment		
Financed vehicles	$330 monthly lease per vehicle x 2	**$ 7,920.00**

Assistance to Individuals		
Flex funds for client services		**$ 63,889.00**
Miscellaneous Expense		
Jackets, hats, boots, PPE, etc. for staff		**$ 4,000.00**
Training		**$ 3,000.00**
Indirect Cost Allocations	15% administrative allowance is provided to our contracted case management agency Evergreen Recovery	**$ 66,021.00**
	TOTAL	**$ 512,455.00**

Attachment C

Recovery Navigator
Uniform Program Standards

* The Recovery Navigator Uniform Program Standards are contained in an 82 page PDF that will be attached hereto once the above contract is fully executed and the contract itself is converted to a PDF.

Washington State Health Care Authority

Recovery Navigator

Uniform Program Standards

August/2021

Overview and Legislative Intent

Engrossed Substitute Senate Bill 5476- Section II§1: Recovery Navigators

"Each behavioral health administrative services organization (BHASO) shall establish a recovery navigator program (RNP). The program shall provide community-based outreach, intake, assessment, and connection to services and, as appropriate, long-term intensive case management and recovery coaching services, to youth and adults with substance use disorder (SUD), including for persons with co-occurring substance use disorders and mental health conditions, who are referred to the program from diverse sources and shall facilitate and coordinate connections to a broad range of community resources for youth and adults with substance use disorder, including treatment and recovery support services."

ESSB 5476- Section II§2: Uniform Program Standards

"The authority shall establish uniform program standards (Standards) for behavioral health administrative services organizations (BHASO) to follow in the design of their recovery navigator programs (RNP). The uniform program standards (Standards) must be modeled upon the components of the law enforcement assisted diversion (LEAD) program and address project management, field engagement, biopsychosocial assessment, intensive case management and care coordination, stabilization housing when available and appropriate, and, legal system coordination. The authority must adopt the uniform program standards from the components of the law enforcement assisted diversion program to accommodate an expanded population of persons with substance use disorders, including persons with co-occurring substance use disorders (SUD) and mental health conditions, and allow for referrals from a broad range of sources."

Recovery Navigator Program Uniform Standards Committee

The Health Care Authority (HCA) developed an ad-hoc committee of statewide and local partners with the goal of developing Uniform Program Standards which were modeled upon the components of the law enforcement assisted diversion (LEAD) program. This committee met several times a week from June to August 2021 to discuss the Core Principles of LEAD and how they would apply to the RNP. This document is the output from those meetings and is intended to inform the development, hiring, and implementation of regional programs to ensure standardization of practices.

Program Design-Committee Recommendations and Considerations

BHASOs will consult with the LEAD National Support Bureau Washington State Technical Assistance team and partners within their regions to identify existing approaches in their region that are consistent with LEAD core principles. RNPs will, whenever possible, build on and enhance those existing LEAD-aligned approaches, complementing them where necessary to achieve greater alignment with LEAD core principles, before/rather than establishing stand-alone RN programs. The existing LEAD-aligned investments might include LEAD programs, crisis response programs, resource hubs, homelessness response, and other locally coordinated efforts that intentionally attempt to achieve the goals of recovery navigator program standards.

Regional Recovery Navigator Program Plan

Each BHASO must submit a program plan that demonstrates the ability to fully comply with the following standards, which were developed by the Program Standards Committee. The Program Plan must address developmentally appropriate pathways and connections for youth, young adults, and adults.

The Program Plan will be submitted within 30 days of the Uniform Program Standards being provided. These plans will be reviewed and approved by HCA prior to program implementation.

Technical Assistance and Training related to program implementation will be provided to all BHASOs by the LEAD National Support Bureau under the Public Defenders Association.

Recovery Navigator Program Uniform Standards

Uniform Program Standards Development Committee- List of Members

Tony Walton
Senior Project Manager
Health Care Authority

Charissa Fotinos
Associate Director, Medical Services
Health Care Authority

Edward Michael
Substance Use Disorder Services Supervisor
Health Care Authority

Michael Langer
Deputy Division Director
Health Care Authority

Jessica Blose
Manager of Behavioral Health
Health Care Authority

Julie Brown
Crisis Services Program Administrator
Health Care Authority

Ruth Leonard
Section Supervisor
Health Care Authority

Eliza Smith
BH Systems Delivery Manager
Health Care Authority

Melodie Pazolt,
Section Manager, Office of Federal Programs
Health Care Authority

Mo Bailey
Recovery Support Services Supervisor
Health Care Authority

Lucy Mendoza,
Tribal Behavioral Health Administrator
Health Care Authority

Archelle Ramos
Regional Tribal Liaison
Health Care Authority

Jason Bean-Mortinson
Integrated Care Coordinator
Thurston-Mason BHASO

Caitlin Safford
Director Governmental Relations
Amerigroup

Christine Steele
Prevention Policy and Project
Health Care Authority

Cesar Zatarain, Jr.
Prevention Fellow
Health Care Authority

Tim Candela
Drug User Health Coord.
Division of Disease Control and Health Statistics
Department of Health

Emalie Huriaux
Drug User Health Programs Manager
Office of Infectious Disease
Department of Health

Michael Reading
Chief of Crisis Systems & Services
King County Behavioral Health- ASO

Joe Avalos
Chief Operating Officer
Thurston-Mason BHASO

Justin Johnson
Assistant Director
Spokane County Regional BHASO

Jessica Watson
Integrated Behavioral Healthcare Project Coordinator
Spokane BHASO

John McGrath
Jail Services Liaison
Association of Sheriffs & Police Chiefs

Lisa Daugaard
Executive Director- LEAD National Support Bureau
Public Defender Association

Malika Lamont
Project Director-Vocal WA
Co-Director LEAD Expansion- Public Defender Assocation

Kimberly Hendrickson
Co- Director LEAD Expansion
Public Defender Association

Sean Wright
Community Programs Lead
Capital Recovery Center

Garrett Leonard
Community Programs Outreach
Capital Recovery Center

Josh Wallace
CEO/President
Peer Washington

Cody B West
Chief Program Officer
Peer Washington

Caleb Banta Green
Principal Research Scientist
UW Addictions, Drug & Alcohol Institute Affiliate Professor

Melody McKee
Program Director
Harborview Medical Center, Behavioral Health Institute

David Coffey
Executive Director
Seattle Recovery Cafe

Wendy Grove
Executive Director
Everett Recovery Café

Shereen Hunt
Executive Director
Merit Resource Services

Linda Grant
Executive Director
Evergreen Recovery Centers

Dan Montana
Community Paramedic
City of Port Angeles

Paul Ryan
Administrative Commander
Monroe Police Department

Representative Lauren Davis
Washington State House of Representatives
32nd District

Yvonne Elmendorf
Integrated Behavioral Health Manager
Consejo Counseling and Referral Service

Table of Contents

Definitions

Community-Based Organizations
A public or private nonprofit organization that is representative of a community or significant segments of a community; and provides educational, health, social support, or other related services to individuals in the community.

Developmentally Appropriate
Engagement and services and/or supports that account for varying rates of mental, emotional, and social development based age related milestones, and is designed to meet the needs of specific populations.

Field-based
The "field" means alleys, parks, encampments, and any community-based setting or location where engagement for the purpose of SUD outreach and referral would be beneficial. This could include hospitals, treatment centers, youth drop in centers, temporary housing, schools, dispensaries, etc. Programs should feature or arrange for street-level behavioral health and medical services. Where such services exist, they should be engaged and supported to expand, not duplicated.

Holistic Services
Holistic services will consider the individual's overall physical, mental, spiritual, and emotional well-being to promote increased quality of life and optimal health outcomes.

Intake
Program staff meeting with participant to discuss available resources, determine needs, and establish goals

Outreach
Meeting people where they are physically and mentally at to engage in conversation and extend program offerings. Services are mobile and integrate teleservices when applicable. This includes identification of historically underserved and marginalized individuals and engagement of these individuals in assessment and ongoing supportive services as necessary.

Peer
General term for individuals who have the lived experience of recovery from mental health, substance use, and/or traumatic conditions, and who has specialized training and supervision to guide and support people experiencing similar conditions toward increased wellness.

Recovery
The definition of recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential, *as determined by the individual's own understanding of their Recovery*. There are four major dimensions that support a life in recovery: Health, Home, Purpose, and Community.[1]

Regional Recovery Navigator Program Plan
Before receiving funding for implementation and ongoing administration, each behavioral health administrative services organization must submit a program plan that demonstrates the ability to fully comply with statewide program standards.

Social Determinants of Health
Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into five domains: Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context.[2]

[1] "Recovery Support Tools and Resources, US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Retrieved July 27, 2021 from https://www.samhsa.gov/brss-tacs/recovery-support-tools-resources
[2] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved July 29, 2021, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Recover Navigator Program Design

Recovery Navigator Program- Priority Population

The intent of Recovery Navigator Programs is to provide social services to individuals who intersect with police because of simple drug possession (ESB 5476§13) and/or people who have frequent criminal legal system contact because of unmet behavioral healthcare needs. As these programs develop, many people will be referred to services who need and deserve care. These programs are intended to serve people who are at risk of arrest, or already have been involved in the criminal legal system.

Recovery Navigator Programs should be designed to serve those who cannot, on their own, grab hold of whatever safety-net services might be locally available. Recovery Navigator programs will establish a new system of response and care for people who live with unmanaged behavioral health needs, deep experiences of complex trauma, cognitive disabilities, persistent poverty, and often lifelong experiences of punishment, failure, betrayal, and marginalization—people who are not served by office-based, appointment-based, time-delimited care.

Coordination and communication between law enforcement, prosecutors, program staff, medical providers, and community partners is essential to the success of these programs.

LEAD Principles

Recovery Navigator Programs must be based on Law Enforcement Assisted Diversion (LEAD) core principles (ESB 5476§2). To ensure consistency between Recovery Navigator programs and LEAD, BH-ASOs must work closely with the LEAD Bureau Washington State Expansion team when creating their initial program design and implementing their programs.

Recovery Navigator Program- Staffing

"Each Recovery Navigator Program (RNP) must maintain a sufficient number of appropriately trained personnel for providing intake and referral services, conducting comprehensive biopsychosocial assessments, providing intensive case management, and making warm handoffs to treatment and recovery support services along the continuum of care." (ESB 5476§2§4)

Lived Experience

RNP staff must include people with lived experience with substance use disorder to the extent possible. The Program will ensure individuals with lived experience are employed as program staff. This will increase buy-in from participants and engagement during outreach. Recovery is non-linear and looks different for everybody. This would preclude the need for any arbitrary requirements around length of time someone has been in recovery to be considered for a position.

Diversity, Equity, and Inclusion

RNP should be staffed in a manner which reflects the visible diversity of the community they serve. Behavioral Health Administrative Service Organizations (BHASO) should make every attempt to ensure a system that intentionally seeks visible diversity and other diversity that may not be visible (e.g., BIPOC peers, trans peers, lesbian/gay/bisexual peers, peers with visible and non-visible disabilities). This may be done during hiring and contracting processes.

Competencies

All program staff will incorporate culturally specific elements into day-to-day operations and have extensive experience working within the community and working with vulnerable populations. The BHASOs must demonstrate ability to meet the diverse needs of the detail these efforts in the Recovery Navigator Program Plan.

Hours of Operation and Geographic Coverage

Programs will provide services, at a minimum, daily Monday through Sunday, from 9 am to 5 pm. After hour referrals may be made to Washington Recovery Helpline or crisis services, depending on the severity of behavioral health symptoms and the needs of the individual being referred. The BHASO will demonstrate a plan for how to respond to after-hours referrals, with a transition plan for establishing 24/7 capacity in the second year of the program.

The RNP staffing model will ensure coverage in each of Washington's 39 counties. To have regional coverage, it is the intent of staffing models to include a minimum of two program staff who live and are assigned in each of the counties. This coverage can be ensured by having administrative and case management staff in central hubs and the outreach and referral staff in communities. The BHASOs will have to demonstrate geographic coverage in the Recovery Navigator Program Plan.

Roles/Responsibilities

The following staffing elements are necessary to meet the program standards with fidelity to the program model. BHASOs are encouraged to take advantage of economies of scale whereby project managers, program supervisors and outreach coordinators may be able to work across programs. According to ESB 5476, the BHASOs must assure that staff who are conducting intake and referral services and field assessments are paid a livable and competitive wage. Programs will build from and consider existing workforce and similar programs, including potentially expanding existing programs which are operating with fidelity to the RNP Uniform Program Standards.

Regional Recovery Navigator Administration

Per ESB 5476§2§4, each BHASO region will hire an administrator to oversee the multiple Recovery Navigator Programs in their region, which shall be responsible for assuring compliance with program standards, including staffing standards. The Regional Recovery Navigator Administrator will develop a Regional Resource Assessment for their region which captures existing local, state, and federally funded community-based access points. This resource assessment will map existing agencies and funding sources which provide outreach and intervention programs.

As part of the resource assessment, the administrator will support program managers in identifying and engaging with the region's Accountable Communities of Health, local health jurisdiction, local behavioral advisory committee, local and tribal law enforcement, and any other local or community-driven partner groups which oversee programs which could be complementary to the RNP. These partnerships must be memorialized through interagency agreements or Memorandums of Understanding. This role will also be responsible for coordinating and communicating with the technical assistance and training provider on a daily/weekly basis during implementation and bi-weekly/monthly during the operational phase.

Project Management

Project Management ensures that the Uniform RNP Standards are implemented with fidelity to the model and that program outreach and communication are coordinated amongst similar existing programs in that geographical area. The project managers in a BHASO region will work in conjunction with the Regional Recovery Navigator Administrator and participate in periodic meetings to ensure that the Administrator is aware of any barriers, challenges, or successes.[3]

This position should be responsive and give full consideration and be accountable to the multitude of community partners, as demonstrated in establishing and convening a quarterly Policy Coordinating Group. Within this work, project management will be inclusive of persons with lived experience (both in the criminal legal system and behavioral health), as well as focus on engaging community voices which have been historically under-represented.

[3] In certain circumstances, due to the # of counties present in a region, or the size of the region, the Regional Recovery Navigator Administrator function may encompass project management. This would need to be justified and captured in the BHASO Program Plan.

As part of the Policy Coordinating Group, the project manager coordinates implementation of the program amongst other systems outside the health field, including public safety advocacy and system design, law enforcement, criminal legal system representatives, and civil rights advocates, through the following:

- Convening meetings with community partners/resources (e.g. courts, law enforcement, Tribes, faith-based organizations, Emergency Medicaid Services/Fire Departments, local health jurisdictions, Behavioral Health Treatment Providers (BHAs), medical providers, social services, harm reduction organizations, legal groups, people with lived experience, elders, family members and other supports determined by individuals in need).
- Develop interagency agreements with these partners which support the utilization and referral to the RNP. These collaborations should be memorialized through intergovernmental releases of information, data share agreements, and memorandum of understandings. Approves community referrals consistent with resources and priorities established by partners.
- Identify concerns and objections of local partners related to the operation of the program which create implementation access barriers and highlights these issues to leadership at the local, regional, and state levels.
- Identify gaps in accessing services as part of continual resource mapping to help inform future expansion of resources in the area.
- Facilitates data collection, data reporting, and program evaluation efforts.

This position acts as Community Liaison, engaged with information sharing and program transparency by soliciting community support and communication out to individuals in the community. The project manager's decision making must follow these standardized policies, and guidance from the LEAD National Support Bureau, so that the individual needs of program participants are upheld and remain foremost in the purview of procedural policy.

Existing project management roles with other outreach, diversion, and LEAD programs may be leveraged to support Recovery Navigator Programs implementation, if the BHASO is able to demonstrate that there is no risk of compromising adherence to the Uniform Program Standards. This would also be accomplished if there is available bandwidth to support the additional programs within the catchment area. Requests for not hiring project management staff would need to be requested in the Recovery Navigator Program Plan.

Outreach and Referral

The RNP must include staff members who spend most of their time in the field. This will inevitably include spending time visiting community-based organization and settings. The outreach and referral staff will be available to respond and engage upon referral (See Field Based Engagement).

RNP staff will:

- Respond to community referrals and interact with individuals who might need case management or ongoing referrals to external services;
- Provide short-term assistance while addressing the immediate needs of the individual (this is not long term, intensive field-based case management);
- Facilitate a warm hand off to the supportive services identified;
- Follow-up with program participants in the community when there is indication of disengagement;
- Prioritize responding to law enforcement calls in the beginning stages, with long term goal of being able to respond to any community-based and emergency response referral;

- Coordinate with case management staff to meet the individual needs of new and existing program participants;
- Collect and provide data points related to the individuals referred to the program and provides data to the Project Manager. Note: Further documentation regarding demonstrating compliance with these standards, performance metrics, data collection, outcomes, and evaluation will be provided by HCA to the BHASOs.

Outreach and Referral is an integral component of the Recovery Navigator Program. BHASOs must demonstrate a plan is in place to ensure immediate access and response to individuals identified as needing services. In addition, these positions are public and highly visible, so staff experience with conflict resolution and de-escalation techniques and staff safety must be a consideration. Please see Safety for more information about Safety Standards for the RNP.

Case Management

The Recovery Navigator Program (RNP) provides intensive, field-based case management which helps participants access services that meet their needs when possible. For individuals who are not interested in accessing substance use disorder and/or mental health services, this person will focus on regular and ongoing engagement to ensure a relationship is maintained and that subsequent support can be quickly addressed. This position will identify holistic services through an integrated service framework that increase protective factors while decreasing risk factors through a person-centered, participant-driven decision-making process. In this relationship, the individual has direct control of their goals. Case managers primarily focus on individuals in their caseload to ensure that the participant's needs are being met and may be able to assist outreach and referral staff to ensure immediate field-based response when a referral is made.

This position will work with the individual to develop and implement an agreed upon, individual intervention plan. To ensure the full continuum of services are considered, BHASOs will demonstrate that all referral sources will be included within the case manager's "toolbox" and not restricted by existing contracts. Once an intervention plan has been developed, staff will make all attempts to ensure continual access to services, with a warm hand-off to an external resource, when applicable. Please see Trauma Informed and Culturally Relevant Services for additional requirements for case management.

This position will spend most of their time coordinating which existing services the individual is receiving as to prevent duplicative efforts and unnecessary re-engaging with the individual's behavioral health history (i.e. multiple assessments). The staff work together as part of a care team focusing on the individual. Program staff will help the individual find any pending criminal cases in the court system while assisting and supporting them while navigating any judicial conditions they are facing.

Care Team Supervision

The supervisor of RNP staff will possess the necessary professional training, competencies, and skills to support program staff as well as individuals who are experiencing a variety of behavioral health symptoms. This includes providing guidance and leadership to ensure the safety of staff doing outreach, referral, and case management. Core competencies and qualifications for care team supervision include the following:

- Professional competencies and training to provide support and feedback to RNP staff when handling difficult cases;
- Trained in crisis support, trauma informed care, de-escalation and conflict resolution, and suicide prevention training;
- Understanding of the multitude of behavioral health symptoms related to mood, psychotic, attention, and substance use disorders, and relevant evidence-based treatment responses to those disorders;
- Understanding of behavioral health treatment and harm reduction systems to support program staff to help facilitate appropriate referrals into services;
- Experience and knowledge of the court system and related criminal legal diversion programs.

This position must also be able to provide supervision, training, crisis support, trauma informed care, de-escalation and conflict resolution, and suicide prevention training to the program staff. In addition, they should have experience in taking adequate case notes, accessing electronic health records, staffing client cases, and be able to meet other formal supervision expectations for team members. The Care Team Supervisor must be able to support program staff, while holding them accountable to the best practice requirements of the RNP. This position, as deemed necessary and/or appropriate, must be able to provide outreach, referral, and case management to ensure team flexibility during implementation and sustainment phases of their area's Recovery Navigator Program. The Regional Recovery Navigator Plan must demonstrate a plan for ensuring proper supervision.

Naloxone and Overdose Awareness and Training

All staff working directly with participants are required to be trained in overdose prevention and response; and, as funding allows, carry, and administer naloxone to respond to accidental overdoses. In addition, as funding allows, staff should distribute naloxone to clients while carrying out the goals of this program.

Eligibility, Referral, and Engagement

Program is voluntary and non-coercive

Individuals referred to the Recovery Navigator Program have the right to decline participation without any penalties or future repercussions (denial of services at future point). An individual should not be referred to RNP personnel as a condition for compliance with a court sentence or deferred prosecution action. An individual is under no obligation to engage in services if referred by law enforcement, in accordance with RCW 10.31.110. There might be circumstances, where the Policy Coordinating Group agrees to examine other circumstances where an individual might be referred to the RNP (e.g. Theft charges). In those circumstances, the Policy Coordinating Group will determine if, for those alleged offenses, what the process would be for non-engagement.

Abstinence from substance use is not a requirement for any aspect of a RNP or ancillary program funded or featured as part of the RNP. The RNP will not utilize compliance monitoring through urinalysis testing or other invasive means as a mechanism to determine abstinence. Services offered may be adjusted depending on individuals' situation and choices. BHASOs and/or contractors must have policy in place which indicates in which situations, an individual might be involuntarily discharged from the RNP. The RNP should link to/be able to engage non-voluntary (e.g. Designated Crisis Responders) services when indicated as necessary.

Arrest Diversion and Community Referrals

The priority population for the RNP are individuals with SUD and co-occurring substance use disorder and mental health who are at risk of arrest and/or have frequent contact with first responders, community members, friends, family, and who could benefit from being connected to supportive resources and public health services when amenable. The primary function of RNP is connection and stabilization with respect to a variety of social determinants/vulnerability factors.

There are two types of referrals into RNP: point of contact referrals by law enforcement and social contact referrals by law enforcement, service providers, community members, and friends/family. The RNP will prioritize a response to law enforcement calls in the beginning stages of program implementation. Arrest diversion gives law enforcement officers the authority to refer people into the RNP in lieu of arrest (RCW 10.31.110, RCW 13.40.042, and ESB5476§13).

Social contact referral means that an eligible individual can be referred into a RNP without waiting for the moment of potential arrest. In these cases, the referred individual will still need to be screened against the site's eligibility criteria to ensure that the person's needs are best met through an RNP. Sites should develop protocols for this process of screening and confirmation,

as well as protocols for how to refer that individual to alternative resources. People who enter RNP via social contact referrals should be consistent with the target population who enter through arrest diversion.

The project manager, through the Policy Coordinating Group, will establish a timeline and engagement process for expanding referral intercept points. Programs must be situated to accept referrals from a multitude of sources, including: self-referral, family members of the individual, emergency department personnel, persons engaged with serving homeless persons, including those living unsheltered or in encampments, fire department personnel, emergency medical service personnel, community-based organizations, local business owners, harm reduction program personnel, faith-based organization staff, and other sources within the criminal legal system, as outlined within the Sequential Intercept Model.

Field-Based Engagement

The RNP is operationalized in the field, meeting the individual where they are physically present and breaking down barriers to accessing services. The program is intended to reach and engage individuals who are not actively seeking care in medical or behavioral health treatment facilities. This does not preclude program staff from engaging with individuals who are already receiving behavioral health or medical services. The RNP should be staffed by programs which are experienced in community-based outreach and field-based response. RNP staff arrange access to office-based treatment whenever appropriate. All efforts should be made for the initial engagement to be done face to face, and, if due to geographical barriers, that is not a possibility, virtual video or telephonic may be utilized.

Individuals who are referred to the RNP should be initially contacted in their community and not transported outside of that community. This initial outreach and conversation by program staff will occur where the referral is made, such as an individual's home, a coffee-house, homeless encampments, etc. Once a relationship is established, and as part of case management plan and in accordance with care team or transportation option developed by the care team, a participant who is amenable or volunteers, may be transported to appointments by first responders or emergency medical response.

Response times for urban core programs are 30 to 45 minutes upon receiving the referral. Response times for rural areas are one hour to one and a half hours. Initial contact could include phone conversation, which must then be following up by field-based services.

These standards recognize that there may be no movement past field engagement for some time, and protracted field engagement may be needed. In addition, the level of services required will often focus less on drug use issues than on other needs, and this may continue for months or years—and that is still recovery/engagement work

Initial Interaction

A brief wellbeing screening will be administered by outreach and referral staff members. The wellbeing screening will consider the immediate biological, psychological, and sociological needs of the individual being referred. The individual will become a program participant if they are interested in case management and ongoing support.

Once the individual indicates they would like to receive services, RNP staff will engage with referral services once they have built trust and a relationship with the participant. To limit the coercive nature of formal signing of documents, the request for release of information should only be completed after there has been an established trusting relationship built.[4] Once there is a sign of readiness then this Release of Information (ROI) process can be implemented. The initial interaction should focus on developing a connection and relationship, not formalized, arduous processes (e.g. two hour assessment or doing extensive intake). See Confidentiality and Privacy for more information regarding consent process.

[4] "How Administrative Burdens Can Harm Health," Health Affairs Health Policy Brief, October 2, 2020. DOI: 10.1377/hpb20200904.405159, https://www.rwjf.org/en/library/research/2020/10/how-administrative-burdens-can-harm-health.html

Once a relationship has been established, program staff will attempt to enroll individuals into Medicaid. This will help with connecting to additional resources and address the medical co-morbidities for the priority population. More information on Medicaid enrollment may be found here: https://www.wahealthplanfinder.org/

Time Limit

There will be no fixed time limit for participation in the RNP. This will remove barriers which prevent individuals from engaging multiple times along the trajectory of their recovery. RN programs are not crisis programs or transactional short-term interventions. Case management time and program intake volume will initially face constraints during the implementation phase. However, this model always allows a person to access the support they need to re-establish services and connection, no matter how long it takes and regardless of how many times the person needs to re-connect. If an individual loses contact, and then contacts the RNP, program staff will engage that individual despite the amount of time which has passed. Except in situations where an individual has been deemed a safety risk, based on the Protocols established by the BHASOs.

Diversity, Equity, and Inclusion

RNPs should be intentional in outreach and case management to ensure individuals who have been historically targeted and disproportionately impacted by the criminal legal system have access to the program and related services. BHASOs must provide program staff training to enhance their knowledge and awareness of diversity, equity, and inclusion issues. This training must explore the potential impact of our beliefs towards those with backgrounds different from our own and how those beliefs can impact the people we serve and the continuum of care for substance use disorder. This training will bring diverse experiences together to sharpen our skills to create more welcoming and inclusive places of business for RNP staff and program participants.

Trauma Informed, Reducing Harm, and Culturally Relevant Services

The Recovery Navigator Program Staff must adhere to the following guidelines. Training, when indicated, will be provided by the Health Care Authority and/or LEAD National Support Bureau Technical Assistance providers.

Trauma-informed Approach and Trauma-Informed Care perspectives

Addressing and understanding clients' underlying psychological trauma, recognizing self-sabotaging trauma responses as such, and listening to clients and working to integrate their voices into their Individual Intervention Plan is key. The Program Plan will outline how the RNP will guarantee program staff are trained and utilizing trauma informed practices for both procedural work and, if applicable, clinical work. The RNP Staff will ensure that there is a limited number of unnecessary processes which would dissuade the individual from accessing services. BHASO must address the trauma informed approach and trauma informed service elements for the RNP within their program plan.

Harm reduction framework

The goal is to reduce as much as possible the harm done to themselves and to the surrounding community, and this is done through engagement, not separation. The BHASOs will provide policies and procedures which detail the following:

- Participants are engaged where they are regardless of the severity of their disorder;
- Participants are not penalized or denied services if they do not achieve or aim for abstinence from substances; and,
- Participants continue to receive support even when they continue to struggle or engage in unlawful activity.

The policy and procedures should demonstrate how services may be modified to ensure that the engagement fits the individualized need of the participant.

Cultural Appropriateness

It is essential that the RNP tailors to the needs of different racial and ethnic groups, LGBTQ people, immigrants, refugees, people whose first language is not English, people with disabilities, and other key populations. The BHASOs will confirm through the Regional Recovery Navigator Plan that all aspects of the program, including outreach, case management, and project management, are provided from a culturally specific or mindful framework. Funded programs should understand the barriers faced by marginalized populations in accessing standard systems of care, and ensure they are not referring participants back into those systems expecting success. Programs will consider culturally appropriate care when working with American Indian/Alaskan Native tribal members and best practices for connections to Indian Health Care Providers (IHCP) for Tribal members or those that access services as a medical home at a Tribe. RNPs will be mindful of how programs can ensure retention of current services when possible or when services are already established with an IHCP.

Golden Thread Service Coordination

Individuals referred to RNP staff have a multitude of needs which must be addressed to achieve stabilization and set the stage to address problematic activities associated with their quality of life. Case managers work to address the participant's social determinants of health, including legal advocacy and access to a stable legal income stream. Intensive case management provides increased support in accessing these services and assistance in many aspects of the participant's life. Case management is the "golden thread" that stays with the participant over time and works to address setbacks and barriers. The BHASO must address existing resources within the community in their Regional Recovery Navigator Program Plan.

Individual Intervention Plan

This coordination of services will include individualized interventions with a culturally directed service coordination plan which the participant creates through a shared decision-making process with the case manager. Case Management will take place "where the person is at" with the goal of connecting and weaving the various indicated services along the continuum of care.

Caseload

Average caseload should be no more than 20 people, and that should represent a blend of very active participants and those who still need proactive engagement in the field initiated by the team. It's a challenge not to have active participants crowd out the space needed for proactive and continued engagement with those less engaged, but these are in many instances the most impactful individuals to the surrounding community, and people in great need of trust-building and sustained effort. If an individual loses contact with program for some specified period, their status will switch from case management to outreach caseload. Technical assistance from the RNP TA Provider is available to address staffing and caseload understanding as individuals will vary in their needs.

Case Management Classifications

The following are considerations for determining level of engagement and to assist care team supervision and case management in determining appropriate caseload.

Outreach Referral

Referral made, formal Intake not Complete, not interested in services

Outreach Status

Referral made, Screening completed, individual not interested in intensive case management but indicates need for occasional support. Outreach and Referral RNP staff may check on the individual periodically to monitor safety and stage of motivation and change.

Light Case Management

Referral Made, Screening Completed, Individual interested in basic services, referral to housing, etc. The individual has completed the intake process and is considered a program participant.

Engaged with Intensive Case Management

Referral made, screening completed, individual in need of intensive case management, has several comorbidities, might be experiencing homelessness, etc.

Cross Agency Communication

Legal system coordination (both pre-existing cases and any new potential cases) is a fundamental part of the service coordination between case manager and program participant. There are often opportunities to avoid new criminal filings that would compromise the Individual Intervention Plan, via case conferencing pursuant to a Release of Information (ROI). This is the benefit that the case manager will explain to the participant when discussing the ROI that permits info sharing with legal system partners when needed and in the interest of the participant. Program managers will ensure that necessary multi-party releases and memorandums of understanding are in place to promote cross agency communication for service coordination purposes (See Appendices for sample documents).

HCA is involved with integrating parallel project and working towards systems which coordinate with one another (Clubhouse Services, Recovery Housing, other recovery supports, HOST, all funded in same legislative session and meant to complement one another). BHASO must identify low barrier resources in the community and include narrative detailing areas of collaboration as part of the RNP Plan.

Confidentiality and Privacy

Policy

Information shall be shared in a way that protects individuals' confidentiality rights as service and treatment consumers and constitutional rights if involved in legal processes. During Outreach or field-based engagement, a Release of Information (ROI) to share Personal Health Information and identifying data is not necessary to establish relationship. A Consent to Participate is required prior to sharing any identifiable data with the State of Washington Health Care Authority. In order to evaluate services and the impact of ESB 5476 at the regional and state levels participant level data is needed, so processes should be established that facilitate this information gathering and sharing, while still allowing individuals the option to opt out. If a client does not sign a consent, only non-identifiable data may be shared. The enrolled client needs to have a ROI in place to coordinate services between the Recovery Navigator Program and other agencies providing services.

In addition, data sharing agreements in place should address client confidentiality as noted under 42 CFR Part 2 and HIPAA.

The Confidentiality Policy is applied to all interactions between individuals, Recovery Navigator personnel and partners.

Sample Procedure

Upon contacting a person who has been referred to the Recovery Navigator Program, the Case Manager or Outreach Coordinator will, wherever possible, ensure confidential, discreet places, such as open space parks, community-based organizations, or coffee shops. The referring entity will give RNP personnel and individual privacy and space whenever possible. The following standards will be met once a safe, trauma-informed location has been determined.

1. RNP Personnel will protect any information collected and maintained.
2. RNP Personnel will obtain a written Consent to Participate for anyone who engages with RNP services beyond initial contact.

3. For evaluation purposes, the consent should include language that allows personal health information to be shared with HCA. Sample language: "In order to determine whether the services you are receiving are helpful to you and to determine whether these services should be made available to others in the future we are asking for your willingness to allow us provide an ROI to Washington State Health Care Authority".

4. When an individual is referred to ancillary services outside of the RNP:

   4.1. RNP programs will follow the Substance Use Disorder Consent Management Guidance provided by the Health Care Authority.

   4.2. RNP personnel will inform the client of the need to complete a Consent to Coordinate Care and Treatment in order for the health care providers

   4.3. For further treatment, the ROI must designate the purpose and to whom the participant authorizes to release information.

Data Sharing-Information Systems

Information and data collection systems used by the RNP program staff must align with current programs and procedures related to capturing supplemental transaction data.[5] be able to interface with HCA data collection systems and reported in a manner which may be uploaded into the Behavioral Health Data System. This is to align with future efforts at the HCA which look at a robust community information exchange platform and universal access to the Clinical Data Repository.

Partnerships

Considerations for Community partners as part of the RNP

- Local law enforcement agencies
- City and/or county court systems, including probation and/or pretrial service departments
- Local Fire Departments
- Syringe Service Programs
- Public health services for people who use drugs
- Programs for unhoused people
- Recovery cafes
- Support organizations that allow evidence-based practices including BH medications
- Therapeutic Courts
- Community Behavioral Health Agencies
- Faith-based groups
- Tribes and non-Tribal Indian Health Care Providers (IHCPs)
- Federally Qualified Health Centers
- Housing Assistance Programs
- Medications for Opioid Use Disorder Providers- Low Barrier Programs and Opioid Treatment Programs

[5] Behavioral Health Data System and Data Guide may be found here: https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/contractor-and-provider-resources

RNP Operational Workgroup

The RNP Operations Work Group (OWG) provides a common table for the day-to-day implementation partners to collectively monitor, identify, discuss, and address operational, administrative, and client specific issues. Using this ongoing inquiry, the OWG develops protocols to ensure that the operations reflect and are consistent with the Recovery Navigator Program standards and subsequent policies which might be established by any advisory committees. The OWG is composed of RNP program staff who carry out the day-today operations of RNP. The members typically include community partners, including assistant prosecutors, public defenders, case managers, other service providers, harm reduction, tribal members, community leadership representatives, and persons with lived experience

The OWG will staff cases referred to the RNP and current program participants. The OWG will focus on awareness of needs, contracting for support and care for diverse populations as appropriate, build partnerships that can be activated depending on needs of an individual participant (deaf/hard of hearing, language needs, physical accessibility, peer outreach for members of communities not reflected in RN team composition).

The OWG is responsible for developing operational protocols consistent with Recovery Navigator Program standards. These protocols identify ways to respond to law enforcement referrals and social contact referrals and any necessary operational protocols to support program participants. Essentially, these protocols document the who, what, where, when, and how of the program. In many cases, the project manager is charged with drafting the documents, using input from and review by the OWG. After the OWG has approved the draft of the operational protocols, it is sent to the Policy Coordinating Group for review and final approval.

Policy Coordinating Group

RNPs should include a recurring meeting, facilitated by the project manager, which is the policy-making and stewardship body for the RNP. The Policy Coordinating Group (PCG) is composed of senior members of their respective agencies who are authorized to make decisions on behalf of their offices. The PCG should include high-ranking representatives of local law enforcement (police and/or sheriff's departments), public health agencies, mayor, county executive, public defender's office, prosecutor's offices, juvenile courts, Family Youth System Partner Round Tables, city council, civil rights and/or racial justice organization(s), community representatives, and the business community. Depending on site-specific issues, the PCG may also include religious leaders, subject-matter experts (such as in housing, behavioral health, employment, sex worker advocacy), tribes, Urban Indian Health Programs, and court/jail system partners

Together, the PCG's members develop the local vision for RNP; make policy-level decisions for the initiative and within their respective agencies; ensure that sufficient resources are dedicated for the success of the initiative; and review, approve, and modify overarching policies to reflect the site's intentions, including (but not limited to) participant eligibility criteria, inclusion/exclusion criteria, and diversion-eligible criminal charges and exclusionary criteria (if any). In addition, the PCG is responsible for establishing and stewarding evaluation, communications, and budget plans.

The PCG will include diverse and representative membership to ensure programs are meeting cultural needs of the population, recognizing that much of this will be beyond what can be embedded and contained in any one small team. The BHASO will query their communities to see what services those individuals with lived experience are seeking. BHASOs are encouraged to leverage existing advisory groups which meet these needs. The PCG will also delineate response times for the area's RNP, and how that is operationalized with community or social referrals to the program.

Training

Required staff competencies and training

According to ESB 5476, the BHASOs must assure that staff who are conducting services have appropriate initial training and receive continuing education. Implementation support and technical assistance will be provided by the LEAD National Support Bureau. The Regional Recovery Administrator employed through the BHASO will include a training plan in the Regional Recovery Navigator plan, which notes how staff will have access to formal training, including the following:

- CPR and Medical First Aid
- Safety Training
- Motivational Interviewing
- Shared Decision-Making Processes for Services
- Building relationships
- Strength-based approaches which develop goals
- Confidentiality, HIPAA, and 42 CFR Part 2 training
- Harm reduction
- Trauma- informed responses
- Cultural appropriateness
- Government to Government Training for collaborating with Tribes
- Working with American Indian/Alaska Native individuals
- Diversity training
- Mental Health First Aid
- Conflict resolution and de-escalation techniques
- Crisis Intervention
- Suicide Prevention
- Overdose Prevention, Recognition, and Response

Safety

Programs will develop and provide safety protocols for the staff as well as participants in this program. In areas where there is no cell phone access, alternative measures such as long-range radio communicators or mobile hotspots will be considered. Program staff will maintain cell phone access during day-to-day operations and outreach.ds. Programs must note which measures they will take to ensure that staff and participants are safe in situations where an individual is being transported. Making sure that there are two staff in the car when transporting.

In addition, the Safety protocols will describe a process for mandatory reporting, similar to WAC 246-16-220, if there is any indication of child, domestic, elderly abuse. In addition, the Safety policies must document a process the staff will take when an individual is a danger to self, others, and/or property. This will require partnership with local crisis response teams and law enforcement to assist when necessary. Examples of safety protocols:

- SAMHSA Toolkit for Same Home visit https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf
- Staff will not be alone in an isolated place without a clear, safe exit or visibility
- Staff vehicle will always be within view of the program staff member

Appendices

The following are provided as recommended, and not required, templates to utilize while implementing and operationalizing the Recovery Navigator Program

Washington State Health Care Authority

Authorization for Release of Information

SECTION 1: Health Care Authority is authorized to release information or records about

Last name, First name, Middle initial		Client I.D. or Social Security number	
Address	City	State	ZIP Code
Phone number ( )	If release is for information about dependent child(ren), name(s) of dependent child(ren)		

Reason/purpose for disclosure
☐ At the request of the individual
☐ Other: _____

Specific information to be used or disclosed (including dates, if needed; attach additional pages if more space needed)

The following types of information must be specifically authorized. This authorization includes information about the following *(check all that apply)*:

☐ Sexually transmitted diseases
☐ HIV/AIDS test results, diagnosis, or treatment
☐ Mental health
☐ Chemical dependency treatment

Notice to those receiving information: If these records contain information about HIV/AIDS, sexually transmitted diseases, or drug or alcohol abuse, you may not further disclose that information under federal and state law without specific permission from the person and meeting specific legal requirements.

This authorization will expire in 180 days from the date signed below or on (give date or event)

SECTION 2: Person or organization authorized to receive information or records

Name		Phone number ( )	
Address	City	State	ZIP Code

SECTION 3: Signature

I have read and understand the following statements about my rights:

- I may cancel this authorization at any time before the expiration date or event noted above by notifying the Health Care Authority in writing. The cancellation will not affect any information either received or given by the Health Care Authority before the cancellation notice was received.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive health care benefits, such as enrollment, treatment, or payment. If I do not sign this form, the Health Care Authority may not release my information to any person or organization except those needed to determine my continued coverage, eligibility and enrollment, or as allowed by law.
- The person or organization that I authorize to receive information about me or my dependent child(ren) might share it with another person or organization, and it might not be protected under the laws that apply to HCA.
- The Apple Health Notice of Privacy Practices and UMP Notice of Privacy Practices are available upon request by calling (844) 284-2149 or at **www.hca.wa.gov/pages/privacy.aspx**.

_____ _____
Signature of enrollee or enrollee's representative — Date
Form must be completed before signing. If signed by representative provide power of attorney or proof of guardianship.

_____ _____
Signature of child (if age 13 or older) representative — Date

_____ _____
Printed name of enrollee's representative — Relationship to enrollee
Provide copy of power of attorney or guardian papers.

Please return completed form to:

If Washington Apple Health (Medicaid) or CHIP – Health Care Authority, P.O. Box 45534, Olympia, WA 98504-5509 or fax to 360-507 9068

If PEBB Program member – Health Care Authority, P.O. Box 42684, Olympia, WA 98504-2684 or fax to 360-725-0771

If subrogation – Health Care Authority, P.O. Box 45561, Olympia, WA 98504-5561 or fax to 360-753-3077

If request for disclosure of records - Health Care Authority, P.O. Box 42704, Olympia, WA 98504-7204 or fax to 360-507-9068

Law Enforcement Assisted Diversion (LEAD) Program

Authorization to Use and Disclose Health Care and Alcohol/Drug Treatment Information

Name: _____ DOB: _____/_____/_____

1. Authorization

I authorize the use and disclosure of the following health care information created or maintained by Evergreen Treatment Services (ETS) including but not limited to medical and diagnostic records; information about testing, diagnosis, and treatment of HIV infection and sexually transmitted diseases; and all information, records regarding alcohol/drug treatment or services, and mental health treatment or services, between ETS and the Law Enforcement Assisted Diversion ("LEAD") program,[*] an association operating under a Memorandum of Understanding, which pays for or agrees to pay for diagnosis and treatment for individuals eligible for local government LEAD benefits.

I authorize the use and disclosure of criminal history information, including but not limited to arrests, convictions, law enforcement contacts, and non-conviction data, between the parties identified as LEAD partners in the footnote below.

I authorize the use and disclosure of general information about my situation and progress between the parties identified above in the bullet point list, as is deemed necessary and in my interest by my case manager with respect to information that would ordinarily be held confidential by the case manager. The intention of the LEAD partners is that this information be used as needed to coordinate my care and plan effective support, but LEAD partners, acting within their official duties, will use their judgment about necessary and appropriate uses and re-disclosure of the information. All LEAD partners have agreed to make efforts to ensure such information is not unnecessarily shared outside of the necessary use of LEAD operational partners.

Reason for this authorization: The purpose of this authorization is to facilitate participation in the LEAD Program. The above information will be used and disclosed by and between the parties identified above for the purposes of administration, case management, data collection and/or evaluation of the LEAD program, and to coordinate my care and plan effective support for me.

Expiration: Unless it is revoked earlier, this authorization will expire when I withdraw from, or am discharged from, the LEAD program. "Discharge" means ineligibility for further services through LEAD, unless formally re-admitted to the program. It is not the same as being placed in inactive status due to lack of recent contact; the release continues in effect while a participant is "inactive" unless the participant revokes the release.

2. My Rights: I understand that I do not have to sign this authorization to get health care benefits (treatment, payment, enrollment, or eligibility) or to receive services from ETS or any other providers. However, if I refuse to sign this authorization, or if I revoke the release after I have signed it, I will not be eligible to participate further in the LEAD program.

[*] LEAD partners and entities who may receive information include: the LEAD operational workgroup; Evergreen Treatment Services and its REACH program; the Public Defender Association; the administrative component of the King County Department of Public Defense; the King County Prosecutor's Office; the Seattle City Attorney's Office; the Seattle Police Department; the King County Sheriff's Office; the Department of Corrections; the Washington State Patrol; the Neighborhood Corrections Initiative; the American Civil Liberties Union of Washington; LEAD Community Advisory Board members; Seattle Park Rangers; the Metropolitan Improvement District; the Downtown Emergency Service Center; the Community House Mental Health Agency; the King County Behavioral Health and Recovery Division; King County Superior Court, King County District Court, Seattle Municipal Court, probation and community corrections staff associated with those courts, the King County Department of Adult & Juvenile Detention, and courts of limited jurisdiction and Superior Courts of Washington State.

I may revoke this authorization at any time. If I do so, my revocation will not affect any actions already taken by the parties in reliance upon this authorization. I may revoke this authorization by:

- Filling out a revocation form that is available from ETS and submitting the form to ETS,
- Writing a letter to ETS at the following address: 2133 3rd Ave, Ste. 116, Seattle, WA 9812 and marked as Attn: Medical Records; or
- Orally communicating my revocation to ETS by calling and speaking with the LEAD Program Supervisor at 206-432-3574.

Recommendation to consult with criminal defense attorney: Because LEAD is a pre-booking diversion program, and LEAD participants are not charged with a crime at the point where they enter LEAD, often, LEAD participants do not have and will not have criminal defense lawyers. However, some LEAD participants do have criminal defense lawyers with respect to other cases at the point when they enter LEAD, and some will get new charges filed against them after they are already in LEAD, on charges that were not diverted. Once you have signed this release form, you are free to share it with any criminal defense lawyer representing you, and seek their advice about whether it is in your interest to maintain this release and keep participating in LEAD, or whether it is in your interest to revoke the release and stop participating in LEAD.

Re-disclosure: I understand that my alcohol/drug treatment records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, and that my health care information, including my mental health records, is protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 & 164; RCW 70.96A, RCW 70.02. The entity that receives the above records may re-disclose them if permitted by law. Federal rules prohibit re-disclosure of alcohol/drug treatment records protected by 42 CFR Part 2 other than as provided for in this authorization, unless I give written consent or re-disclosure is otherwise permitted by 42 CFR Part 2. However, privacy laws may not prohibit re-disclosure of other information. Once an authorized party discloses health information not protected by 42 CFR Part 2, the person or organization that receives it may re-disclose it.

Notice to Accompany Disclosure: If the records include substance abuse treatment information protected by federal confidentiality rules (42 CFR Part 2) or information about HIV infection or sexually transmitted diseases protected by Washington State law (RCW 70.24.105), then the following prohibition of re-disclosure statements must be provided to the recipient of the information:

> This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2) and/or state law (RCW 70.24.105). The Federal rules and/or state law prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2 and/or state law. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I have been provided a copy of this form.

_____ _____ _____

Patient or legally authorized individual signature | Date | Time

_____ _____

Printed name if signed on behalf of the patient | Relationship

ESB 5476 State v. Blake- Recovery Navigator Program

Program Consent Form

Agreement to participate

By signing below, I agree to participate in the Recovery Navigator Program ("RNP") program. RNP provides program participants who meet eligibility criteria with community-based social services, often instead of traditional criminal justice processing.

- My participation in RNP is completely voluntary. I understand that I may choose not to participate in RNP.

- I understand that the RNP is staffed through the Behavioral Health- Administrative Service Organization, and, for data management purposes, the Health Care Authority and relevant Technical Assistance and Training providers (e.g. National Support Bureau), and an Independent third-party who will evaluate the RNP, to be identified at a later time.

- I understand that if RNP staff determine that I am not making good use of the program's resources at any point in time, they may choose to withdraw program services.

- I understand that if I fail to complete the Intake process, fail to maintain contact with RNP staff, or terminate participation in the program, I will no longer be considered a RNP participant.

- If an arrest diversion, client has 30 days to complete intake paperwork with a RNP case manager. If paperwork is not completed, the prosecuting attorney will review the case for filing.

- If a social contact referral, the referral expires 6 months from the approval date.

AGREED AND ACCEPTED BY:

_____

Name of RNP Program Participant

_____ _____

Signature of RNP Program Participant Date

RNP PARTICIPANT SCREENING FORM

☐ **Entered Databases** ☐Agency ☐BHASO

Date: _____ Time: _____ am/pm

Client referred on: _____/_____/_____ Screening CM: _____ Subsequent Referral: ☐ Yes ☐ No

Information from Referring Officer

Client Name_____ SPD/KCS Incident #_____

Location of arrest/referral: _____

Referring Officer AND Department: _____ SPD - ☐East ☐West ☐North ☐South OR ☐KCS

Officer Badge number & e-mail _____

Approving Sergeant: _____

Reason for RNP referral

☐VUCSA—if possible, please specify:

☐Possession of Crack
☐Possession of Crack with intent to deliver
☐Possession of: _____
☐Prostitution Loitering
☐Prostitution
☐Drug Traffic Loitering
☐Possession of other drug with intent to deliver (specify drug: _____)
☐Conspiracy/Solicitation/Attempt to deliver crack
☐Conspiracy/Solicitation/Attempt to deliver other drug
☐Conspiracy/Solicitation/Attempt to deliver bunk
☐DOC Referral
☐Social Contact Referral

Information from Client

Nicknames/aka: _____ DOB: _____/_____/_____ SSN: _____-_____-_____

Gender: ☐Female ☐Male ☐Transgender (FTM or MTF) ☐other: _____

Sexual Orientation:

☐Heterosexual ☐Gay/ Lesbian/ Queer/ Homosexual ☐Bisexual ☐Questioning
☐Member of Sexual Minority ☐Not Asked/ Reported/ Didn't Self Identify ☐Client Choosing Not to Disclose ☐Unknown

Preferred pronoun (s) _____

Hispanic Origin:

☐Non-Hispanic
☐Hispanic
☐Cuban
☐Mexican-American/Chicano
☐Puerto Rican
☐Other Central American
☐Other South American
☐Other Spanish/Hispanic
☐Unknown

Race (you may select more than one, circle specific nationality if applicable)

☐African
☐African-American/African Descent
☐Alaska Native
☐Asian (Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, Thai, Vietnamese)
☐Asian Indian
☐Caucasian
☐Eskimo
☐Latino, Chicano, Caribbean
☐Native American Indian
(Tribal Affiliation _____)
☐Pacific Islander (Fijian, Chamorro, Hawaiian, Samoan, Tongan)
☐Other (please specify) _____
☐Unknown

Primary Language: _____ ☐Interpreter Needed Veteran Status: ☐Yes ☐No ERA? _____

Veteran Partner or Dependent: ☐Partner/ Spouse ☐Dependent ☐Partner/ Spouse and Dependent ☐N/A ☐Refused ☐Unknown

Marital Status: ☐Divorced ☐Married or Committed Relationship ☐ Separated ☐ Single/ Never Married ☐Widowed ☐Unknown

Cell phone/voice mail? _____ email: _____

Are you homeless? ☐Yes ☐No Where do you sleep? _____

Car camping? ☐Yes ☐No Where do you park? _____

Where/how can RNP staff contact you? _____

Open case and/or participant in: Therapeutic Court ☐Yes☐No Pretrial Services/probation ☐Yes☐No

If yes, please explain: _____

Service	Receiving	Interested	Notes
Help obtaining identification	☐	☐	
Health Care	☐	☐	
Public Benefits	☐	☐	
Food/Clothing	☐	☐	
Education/Vocational Training	☐	☐	
Employment Assistance	☐	☐	
Emergency Shelter	☐	☐	
Housing	☐	☐	
Legal Assistance	☐	☐	
Mental Health Counseling	☐	☐	
Substance Abuse Treatment	☐	☐	
Transportation Assistance	☐	☐	
Other:	☐	☐	

Are you still interested in receiving services from the RNP? ☐Yes ☐No

If not, why? _____

Immediate Actions Taken: _____

PLEASE TAKE PHOTO OF REFERRAL and SET APPOINTMENT WITH INDIVIDUAL

Recovery Navigator Program Narrative Intake – to be completed within 30 days of intake

Living Situation

- In the past 30 days, where have you slept most frequently?

  ☐ Street/outside ☐ Vehicle ☐ Emergency shelter ☐ Transitional housing

  ☐ Permanent housing ☐ With family or friends/couch surfing

- During the last 30 days, how many nights have you spent in an emergency shelter? _____ (nights)

- If you are currently living in transitional or permanent housing, approximately how many months have you lived there? _____ (months)

  (☐ Check this box if the client has ALWAYS lived in permanent housing)

- If you are not currently living in permanent housing, when was the last time you had permanent housing? _____ (months ago)

- Overall, how safe do you feel your current housing situation is?

Not at all safe 0 ☐	Slightly safe 1 ☐	Moderately safe 2 ☐	Considerably safe 3 ☐	Extremely safe 4 ☐

- Overall, how satisfied are you with your current housing situation?

Not at all satisfied 0 ☐	Slightly satisfied 1 ☐	Moderately satisfied 2 ☐	Considerably satisfied 3 ☐	Extremely satisfied 4 ☐

Employment

- Approximately how many days were you paid for working during the past <u>30 days</u>? _____ days
  (Note: include under the table, paid sick days, and vacation)

- How many days have you experienced employment problems in the past <u>30 days</u>? _____ days
  (Note: include inability to find work, actively looking for work, or problems with current job in which job is jeopardized)

	Not at all 0	**Slightly 1**	**Moderately 2**	**Considerably 3**	**Extremely 4**
How troubled or bothered have you been by employment problems in the past 30 days?	☐	☐	☐	☐	☐

- For clients who are currently unemployed, or looking for a job, please answer the following questions:

	Not at all 0	**Slightly 1**	**Moderately 2**	**Considerably 3**	**Extremely 4**
How knowledgeable are you about where and how to look for a job?	☐	☐	☐	☐	☐
How comfortable are you writing a cover letter to apply for a job?	☐	☐	☐	☐	☐
How confident do you feel in your ability to interview for a job?	☐	☐	☐	☐	☐
How confident are you that a past boss/supervisor would recommend you for a future job?	☐	☐	☐	☐	☐

☐ N/A for above set of questions, check here if client is employed AND not looking for a new job

- What has been your usual employment status over the past <u>year</u>?

(Note: Response should represent the majority of the past year, not just the most recent. If there are equal times for more than one situation, select the most current of the situations.)

☐ Full-time (35+hours)
☐ Part-time
☐ Less than part-time/Temp Work
☐ Student
☐ Military Service
☐ Retired
☐ Disability
☐ Unemployed
☐ Medical/drug or alcohol/psychiatric treatment
☐ Jail/prison

- What type of work or training have you done before?

_____

_____

- What type of work or training would interest you?

_____

_____

Health & Behavioral Health

Type	Date Began	Date Ended	Type	Date Began	Date Ended
☐ Dental			☐ Developmental Disability		
☐ Head Injury			**HIV**		
☐ Hearing Impairment			☐ AIDS		
☐ Neurological Disability			☐ HIV		
☐ Speech Impairment			**Physical**		
☐ Vision Impairment			☐ Gout		
☐ Wounds/ Abscesses			☐ Mobility Impairment		
☐ Other Health Diagnosis			☐ Other Physical Impairment		

Chronic

Type	Date Began	Date Ended	Type	Date Began	Date Ended
☐ Arthritis			☐ Kidney Disease		
☐ Asthma			☐ Lupus		
☐ Cancer			☐ Memory Disorders/ Dementia		
☐ Cirrhosis			☐ Musculoskeletal Conditions		
☐ COPD			☐ Obesity		
☐ Diabetes			☐ Pain		
☐ Epilepsy/ Seizures			☐ Skin Conditions		
☐ Foot Conditions			☐ Thyroid		
☐ Gastrointestinal (including urinary)			☐ Tuberculosis (active)		
☐ Hepatitis C			☐ Tuberculosis (latent)		
☐ Hypertension			☐ Other Cardiovascular Condition		
☐ Insomnia			☐ Other Respiratory Condition		

Mental Health

Type	Date Began	Date Ended	Type	Date Began	Date Ended
☐ ADD/ADHD			☐ Personality Disorder		
☐ Anxiety Disorder			☐ Psychotic Disorder		
☐ Bipolar Disorder			☐ PTSD		
☐ Depressive Disorder			☐ Other MH Diagnosis		

Substance Use

- What role do drugs or alcohol have in your life?
  (Alleviate pain? Physical/emotional?)

_____

_____

- How much money would you say you spent during the last 30 days on:

  Alcohol? $ _____ Drugs? $ _____

  (NOTE: Only count actual money spent. What is the financial burden caused by drugs/alcohol? If client cannot recall past 30 days, it is okay to ask for an estimate based on a week or a day and multiple that number to get a 30 day estimate.)

- On a scale of 1 to 10 with 1 being not at all and 10 being extremely, how troubled or bothered have you been by alcohol and/or drug problems in the past 30 days?

  Alcohol 1 2 3 4 5 6 7 8 9 10

  Drugs 1 2 3 4 5 6 7 8 9 10

Childhood & Education

- Can you tell me a little bit about your childhood?

  (Did you have siblings? Who raised you? What was your relationship like with that person(s)? Foster care? Did you ever have concerns about your health or safety? Are you still in contact with your family, siblings, etc.?)

  _____

  _____

  _____

- Growing up, how did you do in school?

  (What did you enjoy about school? What did you find challenging? Individualized Education Plan? Learning/developmental disability? Did you repeat any grades?)

  _____

  _____

- Were you ever placed in a special education class while you were in school?

  ☐ Yes ☐ No

- Are you currently enrolled in any educational, vocational, or training programs (such as college, GED, ESL, or other professional courses)? ☐ Yes ☐ No

  ↳ If yes, approximately how many hours per week do you spend attending this program? _____ hours

- Do you have future plans to attend any educational, vocational, or training programs (including college, GED, ESL, or other professional courses)? ☐ Yes ☐ No

Legal History

- What is your current legal situation? What concerns, if any, do you have about these circumstances?

  _____

  _____

- Are you currently on probation? ☐ Y ☐ N

  Length of Probation: _____

  PO Name: _____

  Phone: _____ Location: _____

- Do you have any outstanding warrants? ☐ Y ☐ N

  Plan/Concerns: _____

  _____

- Have you ever been convicted of: (Please briefly describe and include dates)

  ☐ Assault/Domestic Violence ☐ Sex Offense ☐ Drug Offense

  ☐ Arson ☐ Meth Manufacturing

  _____

  _____

_____

Social History

- How would you describe your support system in the area?

_____

_____

- What does a typical day look like for you? What do you enjoy doing?

_____

_____

- Do you identify with any religious background or spiritual practice?

_____

_____

- Children: ☐ Yes ☐ No Are you a new or expecting parent? ☐ Yes ☐ No

  Notes on children (i.e. custody, # of dependent children):

_____

_____

- Have you had significant periods in which you have had experienced serious problems getting along with people in your life?

Note: "Serious problem" means those that endangered the relationship. Also, a "problem" requires contact of some sort, either by telephone or in person	**In the past 30 days**		**In the past year**	
	No	**Yes**	**No**	**Yes**
Parents (mother or father)	☐	☐	☐	☐
Siblings	☐	☐	☐	☐
Sexual partner/spouse	☐	☐	☐	☐
Children	☐	☐	☐	☐
Other significant family (specify) _____	☐	☐	☐	☐
Close friends	☐	☐	☐	☐
Neighbors	☐	☐	☐	☐
Co-workers	☐	☐	☐	☐

Health & Wellbeing

- Do you have a primary care physician? If so, who and when did you last see them?

  _____

- When was the last time you saw a doctor/nurse? What was the purpose? How was the experience?
- _____
- Number of ER visits in the last year: _____
- Hospital inpatient days in the last year: _____
- Hospital admissions in the last year: _____
- Notes: _____

- Have you ever been a victim of a violent attack during homelessness? ☐ Y ☐ N

- Have you ever had any serious head injury/trauma?

  (Did you lose consciousness? Were you hospitalized? Was surgery required?)

  _____

- Do you currently have any pain or discomfort? Is it chronic or sporadic?

  _____

- Are you prescribed any medications? ☐ Y ☐ N

NAME:	DOSE:	PURPOSE:	DURATION:	PRESCRIBER:

- Have you been prescribed medications while in jail/prison? ☐ Y ☐ N
- How is your sleep? How many hours per day/night?

  _____

- Do you have vision or dental concerns?

  _____

- Do you have any of the following ongoing health issues and are you receiving care for this issue?

Health issues	Have this issue?		If yes, receiving care?	
	No	**Yes**	**No**	**Yes**
Kidney disease or dialysis	☐	☐	☐	☐
Liver disease or cirrhosis	☐	☐	☐	☐
Heart disease or history of heart attack	☐	☐	☐	☐
HIV+/AIDS	☐	☐	☐	☐
Emphysema	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
Hepatitis C	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐
Seizure disorder	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Other	☐	☐	☐	☐
_____				
Other	☐	☐	☐	☐
_____				

- Do you have any concerns about your mental health?

  (Onset? When did you first receive tx? Previous diagnoses? Most recent diagnosis?)

  _____

  _____

- Has anyone ever told you that you have mental illness?

  _____

  _____

- Overall, how would you describe your mood?

  _____

  _____

- Have you ever been prescribed medication for mental health reasons?

NAME:	DOSE:	PURPOSE:	DURATION:	PRESCRIBER:	HELPFUL?
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N

- Do you ever have thoughts about hurting yourself? About taking your own life?

  (How frequent are these thoughts? Have you ever attempted suicide? How many times? Most recent time?)

  _____

  _____

- Have you ever engaged in any self-harm (cutting, burning, etc.)?

  (In what way? How often? Does anything in particular trigger this behavior?)

  _____

  _____

- Have you been hospitalized to address these concerns (est. dates/places)?

  (What has that experience been like for you?)

  _____

  _____

- Do you ever have thoughts about hurting anyone else? Any plans to do so?

  _____

  _____

- In your life, have you ever had any experience that was incredibly frightening or traumatic?

  (Do thoughts of this event(s) affect your sleep? Nightmares? Do you try to avoid thinking about it? How?)

  _____

  _____

Conclusion

	Poor 1	**Fair 2**	**Good 3**	**Excellent 4**
Overall, how would you rate your current quality of life?	☐	☐	☐	☐

- Do you have any personal goals/plans you would like to work on in the coming 6 months? What would you like the RNP staff help you achieve?

_____

_____

_____

_____

_____

Care Manager Impressions

Motivation for Care Management	Interested ☐	Ambivalent ☐	Not interested ☐
Hygiene	Good ☐	Fair ☐	Poor ☐
Tracking Level	Good ☐	Fair ☐	Poor ☐

Protective Factors/Strengths

☐	Married/committed partner and/or children:
☐	Presence of positive social support from spouse, family and/or close friends:
☐	Problem solving skills and history of healthy coping skills:
☐	Active participation/interest in BH treatment:
☐	Understands the risks of drug use and takes steps to reduce negative consequences:
☐	Presence of hopefulness, as client is able to identify ways of coping and options for future:
☐	Religious/Spiritual commitment:
☐	Life satisfaction:
☐	Future orientated with good insight of needs and goals:
☐	Ct is a strong self-advocate, can express needs and ask for help:
☐	Ct exhibits resiliency, learning and growing from past experiences:
☐	Ct has a high level of health literacy (knows and addresses health needs):
☐	Other:

LEAD New Client Checklist – Paper Forms

Case Manager	Intake/Registration Date
Client Name	REACH Client ID #

Screening Forms

LEAD Screening	☐
LEAD Program Consent	☐
LEAD OWG ROI	☐
Photo	☐

Intake/Registration Forms

HMIS Consent/Revocation	☐
HMIS Profile	☐
HIPAA Disclosure	☐
Reach Grievance Policy	☐
Reach Grievance Form	☐
Reach Orientation Contract	☐
Reach Client Rights	☐
REACH ROIs	☐
LEAD Intake part 1	☐

To be completed within 30 days:

LEAD Intake part 2	☐
Reach Individual Service Plan	☐
Reach Self Care Plan	☐
VI-SPDAT	☐

Ongoing Documentation:

Proof of ID/SSN	☐
Disability Documentation	☐
Chronic Homelessness Documentation	☐
Proof of Income	☐
LEAD Rental Assistance Agreement	☐
Rental Assistance Authorization	☐
Motel Agreement	☐
Motel Assistance Authorization	☐

LEAD New Client Checklist – Agency Information-Enter within 3 days of completing Intake

1. DAP Documentation
    - ☐ Code BH Screening Full
    - ☐ Enter Intake into Agency
    - ☐ Add Program Registration w/date of intake

☐ Set status for client

☐ Give copy of HMIS paperwork to Screening/Outreach Coordinator

Use HMIS Profile and LEAD Intake to input data

2. Required Records
    - ☐Income/Benefits/Insurance
    - ☐ Education Level
    - ☐ Employment Status
    - ☐ Living Situation
3. Client Info
    - ☐ Client Phone
    - ☐ Substances Used
    - ☐ Health/Behavioral Health Conditions
    - ☐ Medical Record
    - ☐ Verify Demographic Information
        - ☐ Check date of birth
        - ☐ Gender
        - ☐ Race
        - ☐ Social Security Number
        - ☐ Veteran Status
4. Other Info
    - Consents/Documentation – Required
        - ☐ HMIS/Safe Harbor Consent/Revocation
        - ☐ HIPAA
        - ☐ Grievance
        - ☐ Reach Orientation
    - Consents/Documentation – If applicable
        - ☐ Additional ROIs
        - ☐ Media Release
    - Add Client ID Numbers – Add an ID – any that apply
        - ☐ DOC
        - ☐ Provider One
        - ☐ Driver's License Number
        - ☐ Tribal Enrollment
5. Scroll down for the following:
    - ☐ Add VISPDAT
    - ☐ Add Marital Status
    - ☐ Add Client Self-Care Plan

King County Homeless Management Information System (HMIS)
Client Consent for Data Collection and Release of Information

What is the HMIS?
The HMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the HMIS for King County. The purpose of the HMIS is to improve services that support people who are homeless to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

What is the purpose of this form?
With this form, you can give permission to have information about you collected and shared with Partner Agencies that help King County provide housing and services. A current list of Partner Agencies is at http://kingcounty.hmis.cc/participating-agencies/

BY SIGNING THIS FORM, I AUTHORIZE King County and Bitfocus to share HMIS information with Partner Agencies. The HMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:

- Name, birthday, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- King County, Bitfocus and Partner Agencies will keep my HMIS information private using strict privacy policies. I have the right to review their privacy policies.
- There is a small risk of a security breach, and someone might obtain my information and use it inappropriately.
- If I have questions about my privacy rights, my HMIS information, or am concerned that my information has been misused, I can contact my HMIS systems administrator at (206) 444-4001 x2.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 7 years from my last HMIS recorded activity.

- I may revoke this Consent earlier at any time in writing to:

  Bitfocus, Inc.
  ATTN: King County HMIS
  548 Market St #60866
  San Francisco, CA 94104-5401

- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.

- My HMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, The Department of Health and Human Services, and The Washington State Department of Commerce. I understand that the list of auditors and funders may change over time.

- My HMIS information may be shared to coordinate referral and placement for housing and services.

- My HMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.

- My HMIS information will be combined with other information from the Washington State Department of Social and Health Services (DSHS) to help evaluate the quality of social services.

- My HMIS information may be used for research; however, my identity will remain private.

Important: Personal information is not entered in HMIS for people who are 1) receiving services from domestic violence agencies; 2) fleeing or in danger from domestic violence, dating violence, sexual assault or stalking situation; or 3) have revealed information about being HIV positive or having AIDS. If one of these situations applies to you, **DO NOT** agree to have your personal identifying information collected.

SIGNATURE:

_____ _____

Signature of Patient/Client or Representative: Date

_____

PRINTED NAME

For Agency Use Only:

Client Opted Out (Refused Consent) _____ (Staff/Agency Initials)

_____ _____

Witness Staff & Agency) *Date*

Client Revocation of Consent

I revoke my permission to share personally identifying information about me and/or my dependent children under age 18 in the King County Homeless Management Information System (HMIS).

Identifying information to be removed from the system:

(Please check any of the information below to be removed from HMIS)

- ❑ My First and Last Name
- ❑ My Social Security Number
- ❑ My Day and Month of Birth
- ❑ My Last Permanent Address
- ❑ My Phone Number
- ❑ My Ethnicity
- ❑ My Race

If Applicable: Identifying information of minor children to be removed from the system:

(Please check any of the information below to be removed from HMIS)

- ❑ Child's First and Last Name
- ❑ Child's Social Security Number
- ❑ Child's Day and Month of Birth
- ❑ Child's Last Permanent Address
- ❑ Child's Phone Number
- ❑ Child's Ethnicity
- ❑ Child's Race

Insert child/children's name(s):

_____
_____
_____
_____
_____
_____

All non-identifying information will remain in the system:

Gender
Year of Birth
Any other non-identifying information
Education
Program Entry/Exit Answers

I understand that I will continue to receive the same services from HMIS-participating agencies, whether I allow them to enter identifying personal information about me into the HMIS or not.

_____ _____ _____
Client Signature (Parent/Guardian) Date Relationship to Client

_____
Printed Name of Client (Please Print Clearly)

_____ _____
Agency Witness Signature Date

_____
Printed Name of Agency Witness

Homelessness Management Information System (HMIS) Profile

LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) FORM USE

Complete required form for EACH Household Member

Identification (Full Legal Name and Unique Identification):

First Name:	Middle Name:	Last Name:	Social Security Number:

Date of Birth:	Is client head of household	If "No", name of head of household	Relationship to head of household:
	☐ Yes ☐ No		

Residence Prior to Program Entry:

Residence the night before program entry:	Residence City the night before program entry:	Length of stay at this residence:

Approximate date of continuously homeless immediately prior to project entry:	Episodes of homelessness in last 3 years:	Continuously homeless for at least 1 year?
	☐ 1 ☐ 2 ☐ 3 ☐ 4+	☐ Yes ☐ No

If outside, are you staying in a vehicle? ☐ Yes ☐ No

Last Permanent Housing: (record the city, state, and zip code of the apartment, room, or house where the client last lived for 90 days or more; emergency shelters & transitional homes, etc. NOT to be included)

City, State, and Zip Code of last Permanent Address:	
Was the last permanent address in UNINCORPORATED King County?	Was last permanent address within a city limit?
☐ Yes ☐ No	☐ Yes ☐ No

Demographics:

Ethnicity:		Race (Check all that apply):	
☐ Hispanic ☐ Non-Hispanic		☐ American Indian/Alaska Native	☐ Asian
Gender (self-reported by client:		☐ Black/African American	☐ White
☐ Female	☐ Transgender male to female	☐ Native Hawaiian/Other Pacific Islander	
☐ Male	☐ Transgender female to male	☐ Client doesn't know	☐ Client refused
☐ Other:	☐ Client refused		
Primary Language:		Ability to understand English:	
		☐ Yes ☐ No ☐ Interpreter needed	

Veteran/Military Status:

Is client a U.S. Veteran? ☐ Yes ☐ No	Year Entered Military Service:	Years separated from military status:	Theater of Operations: ☐ World War II ☐ Korean War ☐ Vietnam War ☐ Persian Gulf War (Desert Storm) ☐ Afghanistan (Enduring Freedom) ☐ Iraq (Iraqi Freedom) ☐ Iraq (New Dawn) ☐ Other Peacekeeping Operations or Military Interventions
Branch of the Military:	Discharge Status:		
Is client a spouse/partner or dependent minor of a veteran? ☐ Spouse/Partner ☐ Dependent Minor ☐ No			

Disability Types and Services: Physical disability, developmental disability, chronic health, and mental illness require written verification from a state licensed health care provider.

Use This Key for Answers Below:
Y - Yes
N - No
DK – Client Doesn't Know
X – Client Refused

	Diagnosed with: Client is currently diagnosed with disability listed	Long-term disability: Expected to be long-continued & indefinite duration and substantially impairs ability to live independently	Documentation: Documentation of the disability and severity on file	Services/Treatment: Currently receiving services treatment for this disability
Disabling Condition	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X
Physically Disability	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X
Developmental Disability	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X
Chronic Health Condition	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X
Mental Health Problem	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X
Substance Abuse ☐ Alcohol ☐ Drugs ☐ Both	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X
Domestic Violence Victim/Survivor	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X	☐ Y ☐ N ☐ DK ☐ X

Have you been a victim of domestic violence in the past year? ☐ Yes ☐ No

Are you currently fleeing? ☐ Yes ☐ No

How long ago did client's most recent experience occur?

☐ Within the past 3 months ☐ 3 – 6 months ☐ 6 months to 1 year
☐ 1 year or more ☐ Client doesn't know ☐ Client refused

Current Income:

Income Source	Receiving?	Amount	Date Started
Earned Income	☐ Yes ☐ No	$	
Unemployment Insurance	☐ Yes ☐ No	$	
Supplemental Security Income (SSI)	☐ Yes ☐ No	$	
Social Security Disability Income (SSDI)	☐ Yes ☐ No	$	
Private disability insurance	☐ Yes ☐ No	$	
TANF	☐ Yes ☐ No	$	
Disability Lifeline/General Assistance (DL/GAU)	☐ Yes ☐ No	$	
Retirement income from Social Security (SSA)	☐ Yes ☐ No	$	
VA Service-Connected Disability Compensation	☐ Yes ☐ No	$	
VA Non-Service-Connected Disability Compensation	☐ Yes ☐ No	$	
Pension from a former job	☐ Yes ☐ No	$	
Child support	☐ Yes ☐ No	$	
Alimony or other spousal support	☐ Yes ☐ No	$	
Other Source:	☐ Yes ☐ No	$	

Current Non-Cash Benefits:

Benefit Source	Receiving?	
Food Stamps (SNAP)	☐ Yes ☐ No	
WIC Nutrition Program	☐ Yes ☐ No	
Veteran's Administration Medical Services	☐ Yes ☐ No	
TANF Child Care services	☐ Yes ☐ No	
TANF transportation services	☐ Yes ☐ No	
Other TANF-funded services	☐ Yes ☐ No	
Other Source:	☐ Yes ☐ No	

Health Insurance:		
Insurance Provider	**Receiving?**	
Medicaid	☐ Yes ☐ No	
Medicare	☐ Yes ☐ No	
State Children's Health Insurance Program	☐ Yes ☐ No	
VA Medical Services	☐ Yes ☐ No	
Employer-Provided Health Insurance	☐ Yes ☐ No	
Health Insurance obtained through COBRA	☐ Yes ☐ No	
Private Pay Health Insurance	☐ Yes ☐ No	
State Health Insurance for Adults	☐ Yes ☐ No	

Agency Representative: _____ Date: _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GENERAL INFORMATION: Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2. Under these laws, Evergreen Treatment Services may not disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Generally, you must sign a written consent before Evergreen Treatment Services REACH Program can share information for any purpose. Written consent (with some exceptions) may be revoked either verbally or in writing. Under certain circumstances, federal law permits Evergreen Treatment Services to disclose information without your written permission:

1. MEDICAL EMERGENCY: To help in the event of an emergency medical situation.

2. COURT ORDER: As required by the document.

3. CHILD ABUSE OR NEGLECT: ETS is required to report to Child Protective Services any situation in reasonable cause is suspected in an incident of child abuse or neglect, including sexual abuse (RCW 26.44).

4. THREATS OF HARM: Threats to harm self or someone else.

5. CRIME RELATED TO ETS: ETS will disclose information to law enforcement about a crime or threat against our property or personnel.

6. RESEARCH & AUDIT: For research, audit or evaluations.

7. QUALIFIED SERVICE ORGANIZATION AGREEMENT: When ETS has a formal agreement with an organization / business associate.

YOUR RIGHTS: Under HIPAA you have the right to inspect and copy your own health information maintained by Evergreen Treatment Services, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Evergreen Treatment Services records, and to request and receive an accounting of disclosures of your health related information made by Evergreen Treatment Services during the six years prior to your request. You also have the right to receive a paper copy of this notice.

EVERGREEN TREATMENT SERVICES DUTIES: Evergreen Treatment Services is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Evergreen Treatment Services is required by law to abide by the terms of this notice. Evergreen Treatment Services reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

COMPLAINTS AND REPORTING VIOLATIONS: You may complain to Evergreen Treatment Services and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

I Hereby Acknowledge that I Received this Notice of Privacy Practices

---

Signature of Client | Printed Name of Client | Date | Witness Signature

REACH & LEAD Client Grievance Policy

Clients in the REACH & LEAD Programs have the right to request that their case managers, the REACH Co-Directors, and/or the LEAD Program Manager review case management decisions that affect them.

If a client is dissatisfied by a case manager decision, or the way a case manager has treated him or her, he or she should discuss his or her concerns directly with the case manager involved. If such a discussion fails to resolve the problem, the client can ask his or her case manager to schedule a meeting with the REACH Co-Directors, or the LEAD Program Manager.

If the client wishes to appeal the decision, he or she should write a letter describing the situation and the reason for the appeal. The REACH Co-Directors will consult with the ETS Executive Director and will respond with a decision to the client in writing.

I have read and received a copy of the REACH & LEAD Grievance Policy.

_____ _____

Client Signature Date

_____ _____

Staff Signature Date

REACH
forging trust. fostering change.

ADDRESS
2133 3rd Avenue, #116
Seattle, WA 98121

TELEPHONE
(206) 432-3574

FAX
(206) 432-3575

EMAIL
mail@etsreach.org

Client Grievance

If you prefer to file a grievance verbally, please talk with your case manager.

Client Name: _____

Client ID Number: _____

Briefly explain the nature of the grievance:

_____

_____

_____

_____

_____

_____

Please list an appropriate resolution to your grievance:

_____

_____

_____

_____

_____

_____

_____

If you have additional comment(s), please use the back of this paper.

Signature: _____ Date: _____

INTRODUCTION TO REACH SPACE – ORIENTATION CONTRACT

HOURS OF OPERATION

- Monday-Friday 8:30-4:30 (Tuesdays we close at 1:45; Thursdays we close at 2:45).
- REACH may be closed at other times (a door sign will inform you of when we'll reopen).

DOOR ETIQUETTE

- To buzz in: #016. That's POUND, ZERO, ONE, and then SIX.
- Please don't knock on the window, or yell to us, as we share the building w/ others.
- Front desk staff is constantly rotating; you might not see the same people every time.
- Through the intercom system, we will ask your name, and who you are here to see. We will ask everyone at the door the same questions; please do not let others in to the building without them stating their name and who they are here to see.
- Upon departure, please do not hold door open for anyone trying to enter – they will need to buzz in and state their name and who they are here to see.
- Please refrain from loitering in the foyer or near the outside gate area.

ALL REACH CLIENTS HAVE THE RIGHT TO:

- Be treated with respect.
- Receive services without discrimination or bias due to race, cultural or ethnic background, national origin, ancestry, language, religion, sex, gender identity, physical or mental or sensory ability, sexual orientation, age, veteran status, or any other protected classification.
- The confidentiality of any information shared with REACH staff, except in cases of threats/actions of harm to self or others or criminal activity on REACH property.

AMENITIES OF THE SPACE

- Nurses are onsite
- Doctor is onsite for Suboxone/Vivitrol
- Groups area & activities, bathroom, phone, & mail.
- Coffee, tea, water, and sometimes food (see **RESOURCE PAGE** for food options).

RULES OF THE SPACE

- Feel free to use the bathroom, have something to drink, and use the phone, but due to the volume of clients and our limited chairs, you may be asked to move along if you've already been in the space a while.
- You must be in control of yourself and able to follow our guidelines while at REACH.
- Show respect in your words and actions for yourself, other clients, staff, and facilities
- Language is not to include derogatory, threatening, or stereotyping words.
- Alcohol and drugs are not permitted on REACH premises (buying, selling, trading, using).
- No fighting or "play" fighting, verbal or physical. No weapons of any kind are allowed.
- Volume and language – please use respectful language at an appropriate volume.
- Respect others' privacy and personal space.
- No tobacco/tobacco products (including e-cigarettes).
- Please ask before using the kitchenette area.
- Only REACH clients in the space and allowed in Groups (no friends or partners).
- Bus tickets – only your case manager can provide them.
- No sleeping while at REACH. See **RESOURCE PAGE** for day centers and night shelters.
- The restroom is a shared space, and is not for attending to personal hygiene. If you're in there a while, you may be asked to wrap it up so others may use it.

- Wounds must be covered – if a nurse is not available, you may be asked to leave and go to a clinic to get them attended to before returning to REACH.
- Computers in the meeting rooms can be used while meeting with your case manager.
- Failure to follow these guidelines may result in your being asked to leave, and/or a bar from services at REACH.

GROUPS

- Groups are available for all REACH clients – come in to get a calendar every month, or if you have a mailing address we'll mail one!
- In order to make Groups enjoyable for all, please be prepared to engage meaningfully and respect other participants.
- If you're going to leave an outing in the middle, let a staff person know.
- If only one person shows up for an outing, it may be canceled.
- If you are not in control of yourself, you will not be able to participate in the group.
- Zero tolerance policy for weapons, drugs, or alcohol on outings.

NO STORAGE POLICY

- REACH cannot do short or long term storage of any personal items.
- Rubbermaid bins should be used for storing your items while at REACH.
- No items can be left at REACH when you are not on the premises – even for a few hours.
- REACH is not responsible for lost/stolen items. See **RESOURCE PAGE** for storage options.

HIPAA/GRIEVENCE/SAFE HARBORS (HMIS)

- A Notice of Privacy Practices, compliant with HIPAA, will be provided to, signed by, and retained in client records.
- An explanation of REACH's Grievance Policy & Client Rights will be given to every client.
- A Safe Harbors Release (HMIS) will be provided to, signed by, and retained in client records.

We look forward to working with you and having a relationship of mutual respect!

CLIENT SIGNATURE _____ DATE _____

CASE MANAGER SIGNATURE_____ DATE _____

FLOOR MANAGER SIGNATURE_____ DATE _____

CLIENT RECEIPT OF INFORMATION

Client name: _____

Date: _____

Case Manager: _____

Client initial below:

_____ Orientation Contract provided and signed (this document)

_____ HIPAA Disclosure and Acknowledgment form provided and signed

_____ Grievance Policy provided

_____ Safe Harbors Release provided and signed (if applicable)

_____ Media Release (if applicable)

RESOURCES PAGE

Use Crisis Clinic's Resource House database to pull and print most up-to-date info Re:

HYGIENE
FOOD
STORAGE
SHELTER
DAY CENTERS
NIGHT SHELTERS

http://www.resourcehouse.info/Win211/

Blue Start a Search button

Enter keyword in step 1, select zip and enter a client's zip code in step 2.

Use left-hand Narrow Your Results box to narrow to day of the week, population served, etc.

REACH
forging trust. fostering change.

ADDRESS
2133 3rd Avenue, #116
Seattle, WA 98121

TELEPHONE
(206) 432-3574

FAX
(206) 432-3575

EMAIL
mail@etsreach.org

Client Rights

In accordance with section 388-877-0600 of the Washington Administrative Code (WAC), each client of this program is hereby informed that you have the right to:

1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age, or disability, except for bona fide program criteria;
2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in the event of sensory or physical disability, to be provided a certified interpreter and translated material at no cost to you in the case of limitations to communication, limited English proficiency, and/or cultural differences, you may ask staff members to assist you in obtaining interpreter services if needed at any time;
4. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on premises;
5. Be free of sexual harassment;
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
9. To help develop a plan of care with services to meet your needs;
10. To request information about names, location, phones, and languages for local agencies;
11. The right to receive the amount and duration of services you need;
12. To request information about the structure and operation of the Behavioral Health Organization (BHO);
13. To understand available treatment options and alternatives and to refuse any proposed treatment;
14. To receive an explanation of all medications prescribed or dispensed, as well as their possible side effects;
15. To receive quality services that are medically necessary;
16. To choose a behavioral health care provider. To change behavioral health care providers during the first 90 days, and sometimes more often and to have a second opinion from a behavioral health provider;
17. To be informed that research concerning clients whose costs of care is publicly funded must be done in accordance with all applicable laws, including state rules on the protection of human research subjects.
18. Receive a copy of agency complaint and grievance procedures upon request and to lodge a complaint or grievance with the agency, the Ombuds service, or BHO, if you believe your rights have been violated.
19. File a complaint with the department when you feel the agency has violated a WAC requirement regulating behavior health agencies.
20. To file a BHO appeal based on a BHO written Notice of Action.
21. To file a request for an administrative (fair) hearing.
22. You have the right to request policies and procedures of the BHO and community mental health agencies as they pertain to your rights.

I acknowledge I have received this information _____ Client initials

Date_____

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ , authorize the exchange of information between
(name of participant)

EVERGREEN TREATMENT SERVICES – The REACH Program and

_____ the following information:
(name of person/organization to which disclosure is to be made)

Check all that apply:

☐ ____(initial) Housing/homelessness history

☐ ____(initial) Health/behavioral health conditions/concerns

☐ ____(initial) Social Security no. & DOB

☐ ____(initial) Attendance at agency appts./ services

☐ ____(initial) Substance use history/ concerns

☐ ____(initial) Other _____

The purpose or need for such disclosure is to facilitate access to needed services/resources and coordinate ongoing care.

Other Purpose (if applicable): _____

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accounting Act (45 CFR § 160 & 164) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This consent expires automatically in one year if participant is no longer receiving services. Otherwise, this release is valid until services with REACH have been completed.

I have been offered a copy of this form.

☐ _____ (initial) Copy given

☐ _____ (initial) Declined

_____	_____	_____	_____
Signature of Participant	Initials	Date	Witness Signature

Evergreen Treatment Services – The REACH Program
2133 3rd Ave Suite 116 • Seattle, WA 98121 • Phone 206.432.3574 • Fax 206.432.3575

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ , authorize the exchange of information between
(name of participant)

EVERGREEN TREATMENT SERVICES – The REACH Program and

_____ the following information:
(name of person/organization to which disclosure is to be made)

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☐ ____(initial) Social Security no. & DOB

☐ ____(initial) Attendance at agency appts./ services

☐ ____(initial) Substance use history/ concerns

☐ ____(initial) Other _____

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I have been offered a copy of this form.

☐ _____ (initial) Copy given

☐ _____ (initial) Declined

_____	_____	_____	_____
Signature of Participant	Initials	Date	Witness Signature

Evergreen Treatment Services – The REACH Program
2133 3rd Ave Suite 116 • Seattle, WA 98121 • Phone 206.432.3574 • Fax 206.432.3575

☐ Check when information is entered into AGENCY database

LEAD INTAKE FORM – Part 1

Care Manager _____ Date _____

Client Name _____ Alias _____

Date of Birth _____ Social Security # _____-_____-_____

Where can we find you? (location) _____

Mailing address _____ Unit # _____ City _____ Zip _____

Phone _____ Email _____

Who is most likely to know where you are, if we can't find you? _____

Address _____ Phone Number _____

Emergency Contact: _____ Relation _____

Address _____ Phone # _____

If currently homeless, what do you see as the cause of your homelessness? (select all that apply)

- ❑ Abuse/Violence in the home
- ❑ Alcohol/SA Problems
- ❑ Asked to Leave
- ❑ Bad Credit
- ❑ Couldn't pay utilities
- ❑ Discharged from Foster Care
- ❑ Discharged from jail/prison
- ❑ Family or Personal Illness
- ❑ Lost Job/Couldn't find work
- ❑ Medical Expenses
- ❑ Mental Illness
- ❑ Moved to find work
- ❑ Problems with Public Benefits
- ❑ Relationship Problems
- ❑ Related to Sexual Orientations
- ❑ Unable to Pay Rent/Mortgage
- ❑ Other:

* **This information is gathered in HMIS Profile**

Primary Language_____ Interpreter Needed? ❑ Yes ❑ No

Ethnicity (select all that apply):

❑ **White/Caucasian**	❑ Black/**African-American**	❑ American Indian/Alaska Native
❑ **Asian Indian**	❑ African-Ethnic	❑ **Native Hawaiian**
❑ Cambodian	❑ Chinese	❑ Filipino
❑ Japanese	❑ Korean	❑ Laotian
❑ Thai	❑ Vietnamese	❑ Guamanian or Chamorro
❑ Samoan	❑ Middle Eastern	❑ Other Pacific Islander
❑ Other Asian	❑ Not Reported/Unknown	❑ **Other (specify):** _____

Hispanic Origin? ❑ Yes ❑ No

If Yes, Specify: ❑ Cuban ❑ Mexican/Mexican-American/Chicano ❑ Puerto Rican

❑ Other Spanish/Hispanic ❑ Unknown

** Most of this information is gathered in HMIS Profile*

Are you a Veteran? ❑Yes ❑No

If Yes, Discharge status?

❑Active Duty ❑Honorable ❑Dishonorable ❑Other

Are you the legal partner of a Veteran? ❑ Yes ❑ No Are you the dependent of a Veteran? ❑ Yes ❑ No

Do you identify as a survivor of domestic violence? ❑ Y ❑ N ❑ Choose not to answer

Most recent incident of DV?_____ (estimate date)

Episodes of homelessness in last 3 years: ❑ 1 ❑ 2 ❑ 3 ❑ 4 or more

Where did you sleep last night: City & Zip _____

❑ Street/outside ❑In family or friends' home/couch surfing ❑ Vehicle

❑ Emergency shelter ❑ Transitional housing ❑ Permanent housing

Current length of stay_____

Zip code of last permanent residence _____

Length of homelessness:

❑Less than 1 year ❑1 to 3 years ❑More than 3 years ❑Unknown ❑Not currently homeless

Current Gender Identity:

❑ **Female** ❑ **Male** ❑ **Transgender** ❑ **Transgender F-M** ❑ **Transgender M-F**

❑ **Genderqueer/Gender Non-Conforming** ❑ **Other:** _____

Pronoun Preference: _____

Do you consider yourself to be:

❑ Heterosexual/Straight ❑ Bisexual ❑ Gay/Lesbian/Queer ❑ Choose not to disclose
❑ Questioning ❑ Unknown

Marital Status:❑ Single or Never Married ❑ Now Married or Committed Relationship ❑ Separated ❑ Divorced ❑ Widowed ❑ Unknown Notes on partner: _____

Income/Benefits

How much money did you receive from the following sources in the past 30 days?

Source	Dollar amount	How long have you been receiving these payments?	Been denied or lost benefits in the past year?
Employment (Net or take home pay)			
Unemployment compensation			❑
Pensions/Retirement			❑
Disability			❑
Tribal Income			❑
Veteran's benefits			❑
SSI/SSDI			❑
Worker's Compensation			❑
Food stamps			❑
ABD (Aged, Blind or Disabled)			❑
TANF (Temporary Assistance to Needy Families)			❑
HEN			❑
WIC			❑
Other			

Insurance

Current Medical Coverage ❑ Yes ❑ No If yes, type of coverage _____

Provider One #: _____ Health Plan: _____

Education

Highest level of education completed? _____

Current grade level or activity:

❑ Not in school ❑ Vocational Training ❑ GED ❑ Community College ❑ College

Employment

When was the last time you were fully employed? _____ years/months ago

Current Status

❑ None/NA/Blank	❑ Retired	❑ Volunteer
❑ Job Training/Internship	❑ Unable to work	❑ Unknown
❑ Paid Employment	❑ Unemployed	❑ Other, please describe:

Current Employment Level

❑ None/NA/Blank	❑ Part-time	❑ Unemployed
❑ Day Laborer	❑ Retired	❑ Unknown
❑ Fulltime	❑ Unable to work	❑ Other, please describe:

Job Title/Type of Work _____

Employer Name _____

Employment Date End _____

Reasons for Termination

❑ None/NA/Blank ❑ Asked to resign ❑ Fired ❑ Quit ❑ Unknown

❑ Other, please describe: _____

Living Situation

Type

❑ Emergency Shelter	❑ Jail/Prison (60+ days)	❑ Tiny House
❑ Encampment	❑ Medical Respite	❑ Transitional Housing
❑ Hospital (90+ days)	❑ Skilled Nursing Facility	❑ Unsubsidized Housing
❑ Hospital – Psychiatric facility (90+ days)	❑ Sobering Center	❑ Other, please describe:
❑ Hotel/Motel (Agency paid)	❑ Stay w/Family (not on lease)	
❑ Hotel/Motel (Self paid)	❑ Stay w/Friends (not on lease)	
❑ Independent permanent housing	❑ Streets, car, or other public place	❑ Unknown
❑ Inpatient Drug & Alcohol Tx (90+ days)	❑ Supportive Housing	

Location

❑ None/NA/Blank	❑ Seattle	❑ WA (Outside King County)
❑ King County (Outside Seattle)	❑ Snohomish County	❑ Other Country
❑ Pierce County	❑ US (Outside WA)	❑ Unknown

Geographic Detail – Neighborhood:_____

Facility Name _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Move-in Date _____

Who Pays:

❑ None/NA/Blank	❑ Housing First Funds	❑ VASH Voucher
❑ Shelter Plus Care	❑ LEAD Funds	❑ GDP TIP
❑ Self-paid	❑ Section 8 – King County	❑ Scattered Sites
❑ Other	❑ Section 8 – KC HASP	❑ Vital Funds
❑ Unknown	❑ Section 8 - SHA	

Alcohol & Drug History

Primary drug of choice _____ Secondary: _____ Tertiary _____

Use This Key for Answers Below: Y – **Yes** N – **No** DK – **Client Doesn't Know** X – **Client Refused**					
SUBSTANCE	ADMIN CODE: **Inhalation (I) Injection (J) Oral (O) Nasal (N) Smoking (S) Other (X)**	Diagnosed with: **Client is currently diagnosed with disability listed**	Long-term disability: **Expected to be long-continued & indefinite duration and substantially impairs ability to live independently**	Documentation**:** **Documentation of the disability and severity on file**	Services/Treatment: **Currently receiving services treatment for this disability**
Alcohol		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Tobacco		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Heroin		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Other Opiates & Synthetics		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Methadone (illicit)		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Spice/K2		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Other Amphetamines		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Other Sedatives/Hypnotics/ Tranquilizers		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Cannabis (Marijuana)		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Cocaine (all forms)		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Methamphetamine		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Hallucinogens		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
Inhalants		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
OTHER: _____		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X
OTHER: _____		❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X	❑Y ❑N ❑DK ❑X

Comments & Follow up:

Job Summary – Summarize the overall purpose and objectives of the job.

The Screening & Outreach Coordinator will act as the contact point for all referrals to LEAD case management. As such, this position must ensure effective and efficient communication and collaboration between all partners involved in referring and receiving referrals for LEAD. This position will provide screening, outreach, and engagement to individuals referred to LEAD. The Outreach/Screening Coordinator will conduct street outreach as needed to engage referred individuals who have yet to engage with their assigned case manager. The Outreach/Screening Coordinator must develop and maintain positive, collaborative relationships with all LEAD partners and other service providers in order to best serve LEAD participants.

Job Functions – List the principle tasks, duties and responsibilities of the job

Be point of contact and primary liaison with law enforcement, community, and others making LEAD referrals. Provide initial screening and engagement with referred individuals. Manage and maintain information regarding referrals in database. Provide street outreach to engage referred individuals and help facilitate client engagement with assigned case manager. Support case managers in finding individuals when necessary. Provide immediate response to Seattle Police Dept, King County Sheriff Office and Dept of Corrections officers regarding LEAD participants when LEAD case managers are not available. Develop and maintain positive, collaborative relationships with LEAD partners and other service providers including SUD and mental health treatment providers, health care providers, shelter providers, landlords, detox centers, DSHS workers. Provide after-hours on call phone response to Law Enforcement referring arrest diversions to LEAD case management; this may often require in person response to precinct or other facility staffed by 24/7 reception (in person response will be based on clinical appropriateness).

Minimum Qualifications – Minimum knowledge, skills and abilities to enter the job. Also, list any certifications, degrees, etc. that are required. High school diploma or equivalent required. Undergraduate degree preferred. Relevant experience may substitute for degree. Must have competence using smartphone and entering data into electronic database daily.

Desired Experience – Desired/preferred experience, education, and training.

Demonstrated ability providing street based outreach and engagement services to low level drug offenders and difficult to engage populations. Demonstrated experience developing positive, collaborative relationships with law enforcement and social services providers to effectively serve mutual clients. Understanding of substance use disorders and harm reduction strategies along with a demonstrated passion for serving individuals experiencing homelessness and behavioral health challenges highly desired.

Special Working Conditions (If required): Examples: chemicals, fumes, heat/cold, evening/weekend hours, travel.

Ability to be in rotation for 24/7 on-call response to law enforcement for arrest diversion referrals. Ability to flex schedule when necessary to accommodate special program needs. Street outreach requires the ability to easily navigate city streets on foot and tolerate a variety of weather conditions.

Public Defender Association Equity Public Health & Safety Justice System Reform

LEAD Project Manager Job Description

ORGANIZATION DESCRIPTION

Law Enforcement Assisted Diversion (LEAD) is an innovative, widely replicated alternative to jail and prosecution for people who commit law violations or engage in problematic behavior due to behavioral health conditions and/or extreme poverty. LEAD was launched in Seattle in 2011 and now is established in nearly 20 jurisdictions nationally, with many more jurisdiction in various stages of LEAD design and implementation work.

The Public Defender Association (PDA), the project manager of LEAD in Seattle/King County, is a non-profit organization that advocates for justice system reform and develops alternatives that shift from a punishment paradigm to a system that supports individual and community health. We also provide technical assistance to community partners who are committed to these goals.

We advance justice system reform and alternative practices and policy through several core programs and policy initiatives, including:

- **Law Enforcement Assisted Diversion (LEAD):** Under LEAD, police officers exercise discretionary authority at the point of contact to divert individuals to a community-based intervention program for low-level criminal offenses (such as drug possession, sales, and prostitution offenses). PDA is the project manager for the flagship LEAD program in Seattle-King County, and provides technical support for jurisdictions nationally and internationally that want to replicate LEAD through our LEAD National Support Bureau.

- **Voices of Community Activists and Leaders – Washington (VOCAL-WA):** VOCAL-WA builds power among low- and no-income people directly affected by the war on drugs, homelessness, mass incarceration, and the HIV/AIDS epidemic to create healthy and just communities for all.

- **Transforming Policing:** The Public Defender Association's Racial Disparity Project (RDP) worked to improve police accountability and reconsider the role of the police since its inception in 1998. PDA staff have chaired Seattle's innovative Community Police Commission since it was launched in 2013; work in partnership with law enforcement agencies as they innovate and transform; advocate for the reform of Washington's deadly force laws; and represent families of individuals killed in police custody or jail.

- **System Reform:** In the spirit of our four decade history as a public defense office committed to system reform, the current incarnation of the Public Defender Association continues to do policy advocacy, litigation, public education and organizing on issues that systemically affect people who are or are likely to be engaged by the justice system. This work includes efforts such as the campaign for safe consumption spaces in Seattle/King County.

POSITION DESCRIPTION

The available LEAD Project Manager (1.0 FTE) position would be part of a team engaged in the project management of PDA's local LEAD work, and would entail close collaboration with law enforcement, case managers, prosecutors, and neighborhood and community leaders. In addition to day to day maintenance and troubleshooting of LEAD operations, this position likely will focus on developing LEAD in South King County, including Burien and White Center.

Project Manager positions are FLSA-exempt. Work outside of normal business hours is expected. Travel throughout King County and Seattle will be required, and some travel outside King County may be required. This Project Manager position will report directly to LEAD Seattle-King County Project Director, Tara Moss, and would work under the overall guidance of PDA Director, Lisa Daugaard.

JOB RESPONSIBILITIES

In addition to day to day maintenance and troubleshooting of LEAD operations, this position likely will focus on developing LEAD in interested cities in the South King County area, including Burien, White Center and Kent. Depending on the background and community connections of the individual hired, the expected geographic concentration for this position could shift to other areas within Seattle and/or elsewhere in King County.

- **Project Design*:*** Work with PDA's LEAD Team (including PDA Director, LEAD Seattle-King County Project Director, and other Project Managers) and other King County LEAD partners (including the King County Prosecutor, Executive, Sheriff and Council, and King County's Behavioral Health & Recovery Division) to identify and support interested South King County cities that are interested in launching LEAD in their city;

- **Project Implementation:** Coordinate with city stakeholders (including law enforcement, service providers, city prosecutor's office, businesses and other community safety advocates) to design and implement LEAD within their jurisdiction;

- **Project Management:** Day to day maintenance and troubleshooting of LEAD as implemented in new jurisdictions and/or in existing areas of operation, as assigned by the LEAD Project Director;

- **Management of Regular Operation Workgroup (OWG) Meeting and Process:** Facilitation of the biweekly OWG with key operational partners in LEAD. LEAD partners use OWGs to share information about program participants' situation and progress, discuss referral criteria, program capacity and compliance with the LEAD protocol, and to focus the attention of LEAD program staff and law enforcement in particular areas viewed with concern by neighborhood representatives;

- **Community Education and Engagement:** Educate community members (including individuals, businesses community groups, and social service providers) on how LEAD works and potential ways to implement program in their community. Work with community groups to understand current public health and public safety needs within their community;
- From time to time there will be involvement in other work of PDA such as other police reform advocacy to development of other diversion and justice system reform initiatives and other duties as assigned.

REQUIREMENTS / QUALIFICATIONS

- Demonstrated understanding of, and commitment to, LEAD's core principles
- Knowledge of the Burien and White Center communities
- Ability to clearly communicate core principles and support and advise others with less experience in harm reduction-based social work and in police-social work partnership
- Deep understanding of substance use disorder, motivational interviewing and harm reduction strategies
- Experience facilitating meetings
- Excellent written and verbal communication skills
- The ideal candidate will be a self-motivated individual who has strong interpersonal, public speaking and problem-solving skills; interest in working as a member of a team and in a fast-paced, dynamic environment is essential
- Candidates must have demonstrated interest in criminal justice, homelessness, and/or drug policy reform and a willingness to approach these issues with a racial justice analysis
- Experience and knowledge of local homeless services and housing systems is preferred
- Experience or familiarity with community and human services dynamics and public safety/order issues in South King County communities is valuable in this position
- Commitment to the mission and approach of the Public Defender Association
- Basic computer skills, including ability to use the internet, email (Google platforms as used at PDA), word processing (e.g. Microsoft Word) and spreadsheets (e.g. Excel) are required

COMPENSATION

The starting range is $64,456 -$100,944 annually, depending on experience, with a scale with up to 10 annual step increases effective on the anniversary date, and annual cost of living increase at Board discretion. Benefits include up to 4% 401k match after six months employment, plus annual profit sharing of (typically) 2% more in office 401k contribution; generous medical and dental benefits for employees and family members; three weeks vacation accrued annually to start, increasing over time to 4 weeks annually; an unlimited ORCA public transit card; and other benefits.

EQUAL OPPORTUNITY STATEMENT

The Public Defender Association is an equal opportunity employer. People of color and people who are formerly incarcerated or homeless, or frequently subject to law enforcement focus, HIV-positive, women and/or LGBTQIA+ are strongly encouraged to apply.

HOW TO APPLY

Please send a cover letter and résumé to Tara Moss, tara.moss@defender.org. In the subject line, please put "LEAD Project Manager [Your Name]". No phone calls please.

The position will remain open until filled. **Note: Only those candidates under consideration will be contacted.**

JOB SUMMARY- Program Supervisor

This position is critical to the functioning of the Recovery Navigator Program (RNP) and the effective allocation of goods and services to the RNP clientele. The Supervisor will be responsible for day to day supervision of RNP case managers through regularly scheduled individual meetings and clinical supervision. The Supervisor will also be available to supervisees as needed for consultation when questions arise. The Supervisor will monitor the productivity and documentation of those supervised. The Supervisor will maintain effective collaborative relationships with all RNP partners and community stakeholders.

JOB FUNCTIONS (May Include):

1. Supervision of RNP Case Managers to ensure that supervisees are:
   - Engaging clients through outreach, trusting relationships and individually tailored case management services.
   - Collaborating with clients to develop an individualized service plan and helping clients achieve identified goals.
   - Advocating for clients to gain access to a wide variety of community resources.
   - Identifying gaps and barriers in available community resources and advocating for systemic changes.
   - Attending RNP Team meetings and other required meetings.
   - Developing and maintaining client files for assigned caseload according to agency and contract requirements.
   - Tracking all purchasing activities accurately and timely.
2. Utilize resiliency practices to provide clinical support for supervisees with lived experience related to RNP clientele and/or experiencing secondary trauma.
3. Conduct performance evaluations of supervisees in accordance with agency policies.
4. Approve leave requests submitted by supervisees to ensure adequate leave and coverage.
5. Facilitate conflict resolution between supervisees and other staff or partners.
6. Keep the RNP Program Manager informed of the material needs of RNP staff.
7. Represent the RNP to community stakeholders using effective communication and strategic partnerships to best leverage the RNP strengths and contribute to the success of the program.
8. Participate as a member of the leadership team providing overall program leadership and support.
9. Additional duties as assigned

QUALIFICATIONS

Education
High school diploma or equivalent required, undergraduate degree preferred. Academic training in the social service field and in the area of substance use disorder treatment desirable. Master's Degree preferred.

Experience
A minimum of five years' experience in work related to social work or outreach programs. Experience providing services to addicted individuals from a harm reduction perspective is essential. Experience with case management, homelessness and co-occurring disorders preferred. Two years supervisory experience (or equivalent) required.

Knowledge Requirements
1. Computer literate, with basic knowledge of Microsoft Office Suite, as well as a high level of initiative in keeping current with technological change
2. Ability to prioritize workload and daily activities and complete tasks in a timely and efficient manner
3. Ability to develop and maintain basic budgeting and accounting systems that function in a transparent manner.
4. Ability to set boundaries, resolve conflict and de-escalate issues
5. Dependable, able to work under pressure; receptive to change, willingness to learn, cooperative

approach to problem-solving

6. Ability to establish and maintain effective working relationships with staff, participants, and outside contacts from a wide variety of ethnic, socioeconomic and cultural backgrounds, good diplomatic skills.
7. Must be able to pass a Washington State Patrol criminal background check
8. Flexible team player
9. Excellent attention to detail
10. Knowledge of budgeting

Language Skills:

1. Ability to read and interpret general business correspondence, policies and procedures, referral information, financial documentation and applicable government regulations.
2. Ability to write case file notes, uncomplicated reports, instructions and procedures.
3. Ability to present information effectively and respond to questions from participants, staff, collaborative partners and the general public.

Mathematical Skills and Reasoning Ability:

1. Thorough knowledge of and ability to apply business arithmetic skills accurately and rapidly.
2. Ability to solve practical problems and deal with a variety of concrete variables in situations where standardization may be limited. Ability to interpret a variety of instructions furnished in written, oral, schedule or diagram format.
3. Basic math skills

Physical Requirements

1. The employee is regularly required to sit; use hands to finger, handle or feel objects, tools or controls; reach with hands and arms and talk or hear; frequently required to stand, walk and kneel; occasionally to climb balance, or stoop; rarely to crouch or crawl.
2. The employee must occasionally lift and/or move up to 30 pounds. Specific vision abilities required by this job include close, color and peripheral vision and the ability to adjust focus. The noise level in the work environment is moderate.
3. Valid Driver's License and acceptable driving record required

Equipment used

Computer, photocopier, fax machine, cell phone, and possible use of the program vehicle.

Note: Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time.

I have read and understand all of the above. I have reviewed the duties and responsibilities, as well as the minimum requirements of this position, with an authorized agency representative. I understand that this document does not create an employment contract and that Evergreen Treatment Services is an "at will" employer.

Employee Name: _____

Employee Signature: _____ **Date:** _____

Supervisor Name: _____

Supervisor Signature: _____ **Date:** _____

JOB SUMMARY- Case Manager

This position is critical to the Recovery Navigator Program. The main roles of the Case Manager are outreach, engagement, and intensive case management services to individuals whom have been referred by law enforcement, community based organizations, emergency medical services, and other individuals and organizations who might come in contact with an individual who could benefit from compassionate support. The Case Manager will provide direct services to a case load of approximately 25-30 individuals. Case managers provide outreach, long-term engagement and supportive services for participants through intensive case management activities and collaboration with Behavioral Health Administrative Service Organizations (BHASOs), local partners, service providers, housing providers and other community organizations.

JOB FUNCTIONS (May Include):

1. Provide Outreach and Intensive Case Management services for assigned participants:
    - Engage participants at the referral location, on the street and at social service provider facilities to establish a working relationship and offer services.
    - Assess participants for severity of chemical dependency and housing status and determine needs for other services, e.g., medical, mental health.
    - Assist participants in gaining access to a variety of funding programs (e.g., SSI, ABD, VA).
    - Assist participants in finding housing and maintaining occupancy.
    - Develop and implement with the participant's input an individualized Service Plan which addresses the needs of the participant for food, clothing, shelter, and health care and substance use disorder treatment or reduction/elimination of drug/alcohol use through self-change methods. Update this Plan periodically to reflect movement toward or attainment of articulated goals and the emergence of new participant needs and to help the participant move toward the achievement of autonomy.
    - Develop and maintain a working relationship with crisis stabilization facilities, crisis responders, evaluation and treatment facility staff, DSHS workers, chemical dependency treatment providers, mental health providers, health care providers, shelter providers, landlords, detox centers, Assessment Center staff, protective or representative payees, and other community programs which may support participants.
    - Provide structured Intensive Case Management services consistent with program policies.
    - Develop and maintain collaborative relationships with local partners including local law enforcement and fire departments.
    - Provide advocacy and support for participants within the criminal justice system including court appearances and written communication.
    - Attend regularly scheduled Operational Work Group Meetings and the staffing of participants with partners.
    - Accompany participants to appointments as needed.
    - Assist participants in developing a spending plan and in shopping.
2. Advocate for the participant with a wide variety of other service providers:
    - Assist participants in gaining entry into service programs.
    - Develop relationships with housing resources, and assist the participant in gaining access to appropriate housing.
3. Identify gaps and barriers in available community resources and advocate for systemic changes.
4. Attend stakeholder work groups and committees to represent the experiences of program participants.
5. Develop and maintain participant files for assigned caseload according to program, contract and state requirements.

QUALIFICATIONS

Education
High school diploma or equivalent required. Further education/training is desirable.

Experience
The ability to respectfully engage and develop a working alliance with the people we are serving is essential. Understanding of harm reduction along with a demonstrated passion for serving individuals experiencing homelessness and co-occurring disorders required. Street outreach experience a plus. Skills necessary to provide advocacy and support for participants within the criminal justice system including court appearances and written communication. Ability to advocate and effectively communicate and problem solve under pressure in high stress situations.

Training
Certified Peer Counseling, Agency Affiliated Counselor, Crisis Intervention Training,

Knowledge Requirements
1. Computer literate, with basic knowledge of Microsoft Office Suite, as well as a high level of initiative in keeping current with technological change
2. Ability to prioritize workload and daily activities and complete tasks in a timely and efficient manner
3. Ability to set boundaries, resolve conflict and de-escalate issues
4. Dependable, able to work under pressure; receptive to change, willingness to learn, cooperative approach to problem-solving
5. Ability to establish and maintain effective working relationships with staff, participants, and outside contacts from a wide variety of ethnic, socioeconomic and cultural backgrounds, good diplomatic skills.
6. Must be able to pass a Washington State Patrol criminal background check
7. Flexible team player
8. Excellent attention to detail

Language Skills:
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Equipment used
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Recovery Navigator Program Administration