

ATTACHMENT B: 2022-113 STATEMENT OF WORK -REAL Program

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

2. The SBH-ASO REAL Program subcontractor provides community-based outreach services throughout the region:
 - a. The REAL Program provides field-based engagement and services.
 - b. Expected response time to referral for the Salish Region is sixty (60) to ninety (90) minutes.
 - c. Services are ideally provided face-to-face. If barriers exist, virtual or telephone visits may be utilized.
 - d. There is no specified time limitations for participation in the REAL Program. Timelines are individually self-determined.
 - e. Participation is a voluntary and is non-coercive.
 - f. Employs staff with lived experiences with substance use disorder.
 - g. Prioritizes staffing that reflects the diversity of the community they serve, e.g. Black Indigenous and People of Color (BIPOC) peers, trans peers, LGBTQ peers, peers with visible and non-visible disabilities.
 - h. Engages in and facilitates Cross Agency Coordination with Golden Thread Service Coordination
 - i. Engages in Overdose Prevention and Response.
 - j. Does not require abstinence from drug or alcohol use for program participation.

3. The priority population of the REAL Program are individuals with substance use disorders and/or co-occurring substance use disorder and mental health who are at risk of arrest and/or have frequent contact with first responders (including law enforcement and emergency medical services), community members, friends, family, and who could benefit from being connected to supportive resources and public health services when appropriate. The REAL Program providers will provide referrals to crisis services (e.g. voluntary and involuntary options), as needed.
4. The REAL Program providers will provide the following services to youth and adults with behavioral health conditions, including:
 - a. Community-based outreach;
 - b. Brief Wellbeing Screening
 - c. Referral services;
 - d. Needs assessments;
 - e. Connection to services; and
 - f. Warm handoffs to treatment recovery support services along the continuum of care.

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

- a. Long-term intensive outreach support/care management.
 - b. Development of Individual Intervention Plan.
 - c. Recovery coaching.
 - d. Recovery support services.
 - e. Coordinating treatment services (excludes provision of treatment services).
5. The REAL Program referral Process:
 - a. Law Enforcement is considered a priority referral and REAL providers will accept all referrals.
 - i. For counties with multiple REAL Program providers, it will be based on referent or individual choice and assessed needs.
 - a. REAL Program providers will coordinate and transition individuals upon request.
 - ii. “No wrong door” for an individual to be referred to REAL Program.
 - b. Referrals may be completed by direct access phone number, online referral form, and/or in-person referrals.
 - i. During business hours REAL Program staff will accept referral and coordinate appropriate response.
 - a. All referrals to be expected to occur where the individual is at, engaging them through any referral venue, as well as known locations, like shelters or community-based programs.

- b. Expected in person response time will be one hour to one and a half hours.
 - ii. After hours referrals can be left by voicemail. REAL Program staff will provide follow up on the next calendar day.
6. The REAL Program Involuntary Discharge protocol:
- a. Individuals may be involuntarily discharged from the program due to lack of contact.
 - i. There will be at least 5 attempted contacts over a 60-day period prior to program discharge.
 - ii. If contact is made after that 60-day timeframe, there will be no barriers to re-engaging with the REAL Program.
 - b. Individuals may be discharged if expected incarceration of more than 1 year or
 - c. Individuals presenting significant safety risk to team members (e.g., threats to staff or agency with plan and means).
 - d. Upon discharge, appropriate referrals to other community resources or, if possible, another REAL Program, will be assessed.
7. The REAL Program Staff Training Plan includes:
- a. *Prior to First Contact:*
 - i. LEAD CORE Principles
 - ii. CPR and Medical First Aid
 - iii. Safety Training
 - iv. Confidentiality, HIPAA, and 42 CFR Part 2 training
 - v. Harm reduction
 - vi. Trauma- informed responses
 - vii. Cultural appropriateness
 - viii. Conflict resolution and de-escalation techniques
 - ix. Crisis Intervention
 - x. Introduction to Regional Crisis System
 - xi. Overdose Prevention/Naloxone Training, Recognition, and Response
 - xii. Local Resources, *e.g., meal programs, hygiene/showers, veterans, domestic violence, bus passes, transportation, medical providers, behavioral health, furniture, clothing, tents/tarps, etc.*
 - b. *Within 90 days:*
 - i. Diversity training
 - ii. Suicide Prevention
 - iii. Outreach strategies
 - iv. Working with American Indian/Alaska Native individuals
 - v. Basic cross-system access, *e.g., Program for Assertive Community Treatment (PACT), Wraparound with Intensive Services (WISe), Housing and Recovery through Peer Services (HARPS), Community Behavioral*

Health Rental Assistance Program (CBRA), Program for Adult Transition to Health (PATH), Foundational Community Supports (FCS), etc.—Regional Specific

- vi. GAINS
- vii. Ethics
- viii. CMS Benefits Training
- ix. Housing and Homelessness
- x. OST/MAT Treatment options
- xi. Working with People with Intellectual/Developmental Disorders
- xii. Early intervention/prevention
- xiii. Ombuds
- xiv. Cross-training between Law Enforcement and REAL PROGRAM Outreach/Care Managers (LEAD National Support Bureau WA State)
- xv. Building relationships (LEAD National Support Bureau WA State)
- xvi. Shared Decision-Making Processes for Services

c. Additional Trainings Recommended:

- i. Peer Certification Training (Optional)
- ii. SOAR Training (Optional)
- iii. Mental Health First Aid
- iv. Vicarious Trauma/Secondary Trauma
- v. Stigma
- vi. Motivational Interviewing
- vii. Government to Government Training for collaborating with Tribes
- viii. CIT

8. The REAL Program Operational Workgroup:

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

9. The REAL Program Policy Coordinating Group:

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

10. REAL Program Reporting Requirements:

Monthly submission of the REAL Program Logs by the 10th of the month following month of service to the SBH-ASO via Provider Portal or other agreed method. SBH-ASO will require supplemental data reporting and for enrolled case management individuals