



RECOVERY NAVIGATOR PROGRAM

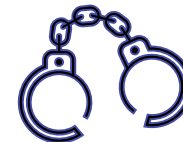
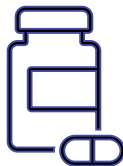
Administered by the Spokane County Regional Behavioral Health
(Administrative Services Organization)



Background

On Feb. 25, 2021, the Washington State Supreme Court issued a [decision](#) in the ruling *State v. Blake* declaring the state's felony drug possession statute ([RCW 69.50.4013\(1\)](#)) was unconstitutional, striking down the statute and voiding current charges and vacating previous convictions.

The court ruled that the statute violated the due process clause of the constitution. Without any mental state requirement, the law criminalized “unknowing” drug possession and people could be arrested and convicted even if they did not realize they had drugs on their person.



Background, cont.

Shannon Blake was arrested in Spokane on suspicion of driving with a suspended license.

At the booking stage, the officers discovered a bag of methamphetamine in the coin pocket of her jeans.

Blake argued that she did not know there was a baggie of methamphetamine in the jeans she had received from a friend.

Blake appealed her conviction to the State Supreme court, arguing that the current statute put an undue burden of proof on the defendant without showing intent to use or deliver



Legislative Intent

The 2021 Washington State legislative session brought debate on the best approach to “fix” the unconstitutional statute and recriminalize possession or alternatively to decriminalize and invest in public health approaches.



The resulting ESB 5476 bill was passed by the WA State Legislature.

- Drug possession has been reclassified from felony to misdemeanor.
- Individuals must be diverted to services at least twice prior to law enforcement and the courts proceeding with criminal charges.
- Sunset Clause: these changes will only be in effect until July 1, 2023 unless the legislature or voters change the law again. If the law is not changed, simple drug possession for controlled substances would become non-criminal again as a result of the *Blake* decision.
- Provides the language and funding for various diversion programs, including the Recovery Navigator Program.



From 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.”



SCRBH (ASO) Regional Service Area



Priority Populations

Persons who intersect with law enforcement due to simple drug possession (ESB 5476)

Persons with frequent contact with the legal system due to unmet behavioral health needs

Persons at risk of arrest

Those falling through gaps within existing services

Individuals experiencing homelessness, poverty, marginalization

People who are not served by office-based, appointment-based, time-delimited care



LEAD (Law Enforcement Assisted Diversion)

- Language in ESB 5476 states that RNP must be based on core principles of the LEAD model of diversion
- The model was developed by the Public Defender Association of King County in 2011
- It is an evidence-based practice that has been replicated nationally



LEAD Principles

- Voluntary, non-coercive
- Field-based, remove barriers to access
- Case management and care coordination beyond drug issues
- No fixed time limit for participation
- Trauma-Informed, Harm-Reduction based, cultural humility
- Lived experience and clinical skill are essential and must be well compensated
- Allow community referrals

- Power sharing between stakeholders and those with lived experience
- Involve the business community and public safety advocates
- Ensure community accountability
- Race equity, priority to those who would otherwise face legal system involvement
- Address secure housing and stable access to lawful income
- Legal system coordination addressing other non diverted cases

The LEAD Model: Work Groups

Recovery Navigator Collaborative

- Day to day operations, information sharing
- Staff cases
- Review referrals
- Provide feedback for Policy Work Group
- Recommended to include police officers and prosecutors in case staffing
- Meets throughout the month, once a week or once every two weeks

Diversion and Recovery Collaborative

- Develops local vision and work plan
- Review, approve, and modify program policies
- Receive feedback from community stakeholders
- Stewardship of budgets and program evaluation
- Meets Quarterly
- County-wide (not RSA wide)



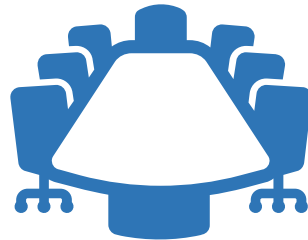
Work Group Composition

Recovery Navigator Collaborative

- RNP Agency Staff:
 - Outreach Navigators
 - Case Managers
 - Supervisor
 - Program Manager
- Police Officers
- City and County Prosecutors
- Public Defenders

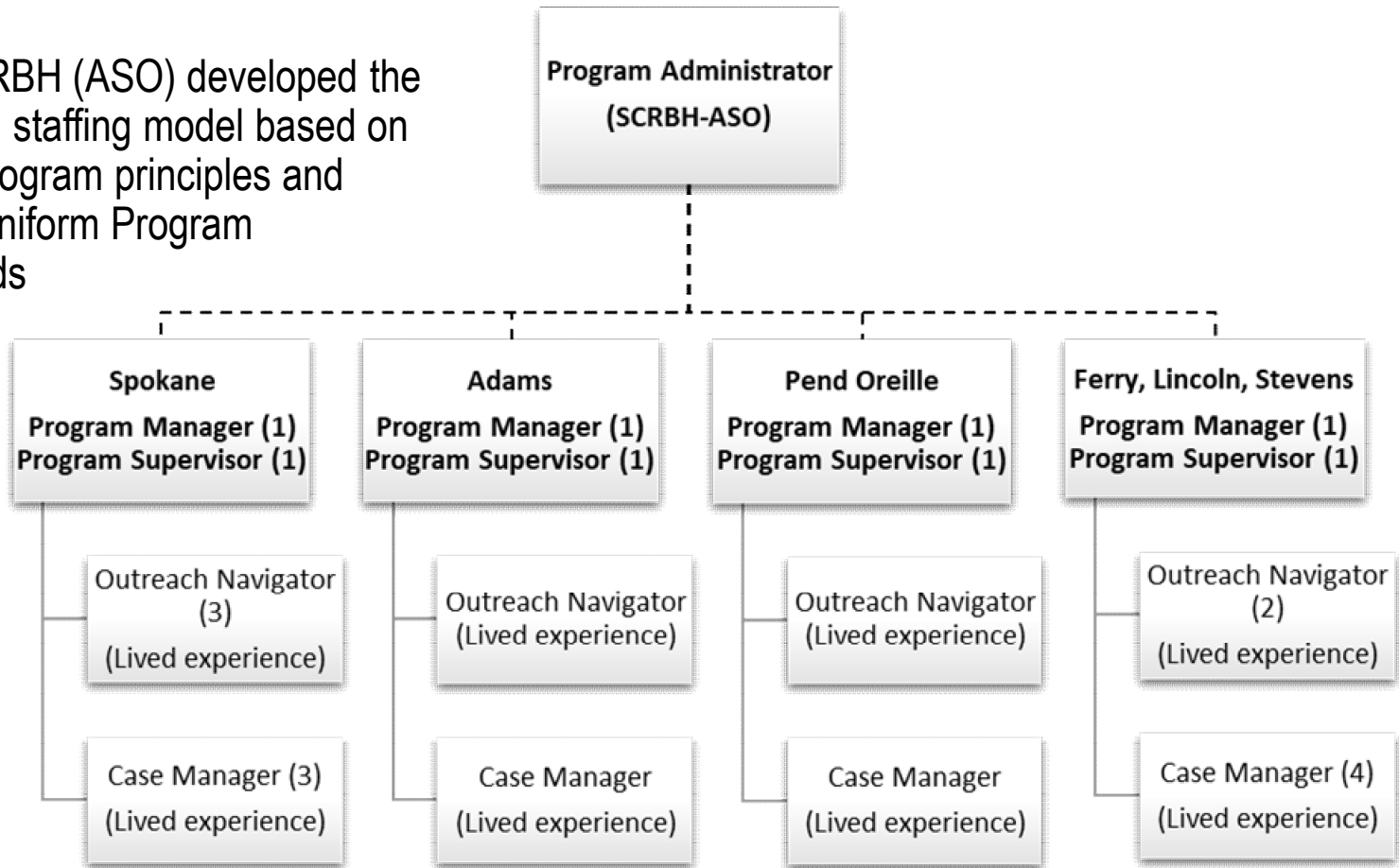
Diversion and Recovery Collaborative

- Representatives of law enforcement
- Public health agencies
- City and county elected officials/leadership
- Community behavioral health providers
- Prosecutors' office
- Public Defenders' office,
- Community representatives and advocates
- The business community
- RNP Administrator, Program Manager, and other RNP staff



RNP Staffing Model

The SCRBH (ASO) developed the following staffing model based on LEAD program principles and HCA's Uniform Program Standards



RNP Team Roles and Responsibilities

Case Manager

- Field-based intensive case management
- Building and maintaining rapport
- Develop and implement individual intervention plans
- Identify needs and resources (harm reduction)
- Coordinate with services and facilitate warm handoffs

Outreach Navigator

- Field-based outreach
- Respond to referrals from law enforcement
- Provide needs assessments
- Provide short term assistance to address immediate needs, if necessary (harm reduction)
- May need to use conflict resolution and de-escalation techniques



RNP Team Roles and Responsibilities

Program Manager

- Provides program outreach and communication
- Ensures contract compliance in conjunction with SCRBH (ASO) RNP Administrator
- Convenes meetings with community stakeholders to elicit feedback and develop work plan
- Identifies gaps in interagency communication and services

Program Supervisor

- Provides guidance, leadership, and support to case management and outreach staff
- Provide clinical supervision and day-to-day oversight
- Knowledge and expertise in behavioral health diagnoses, symptoms, and evidence-based treatments
- Understands the behavioral health system of care
- Provides guidance to staff on navigating the criminal legal system

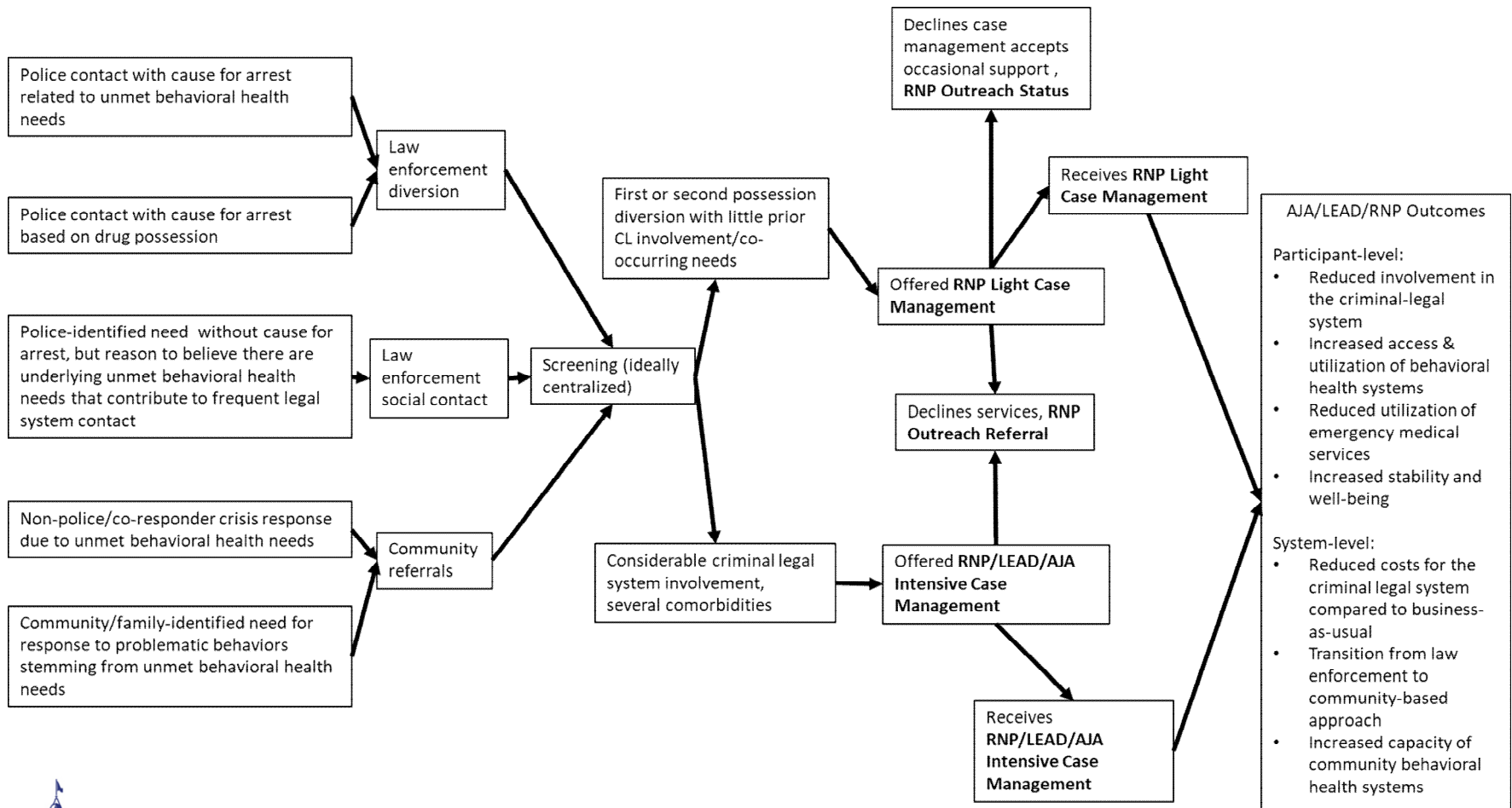


RNP Services: Examples

Based on screening and needs assessment, the RNP may assist individuals with:

- Medicaid, DSHS benefit enrollment
- Referral and warm hand-off to SUD assessment
- Contingency management
- Referral and warm-hand off to behavioral health outpatient providers (SUD/co-occurring/Mental Health)
- Housing referrals (light case management)
- Assistance with housing process (intensive case management)
- Obtaining ID, Social Security Cards
- Referral to harm-reduction resources (MAT, needle exchange)
- Walking with the individual through the process
- Identify low barrier community resources and collaborate with parallel systems

RNP Pre-Arrest Process Map



RNP Goals and Outcomes

Participant-level Outcomes

- Reduced involvement in the criminal legal system
- Increase access and utilization of behavioral health systems
- Reduced utilization of EMS
- Increased stability and well-being

System-level Outcomes

- Reduced costs to the criminal legal system
- Shift from law enforcement only engagement to community-based co-led response
- Increase capacity of community behavioral health systems



SCRBH (ASO) RNP Contracted Providers

Adams County

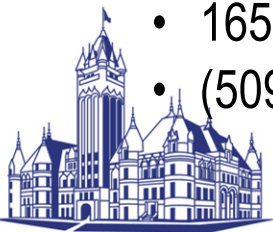
Adams County Integrated Healthcare Services

- Vicki Guse, Agency Director
- Gloria Ochoa, Program Manager
- Dennis Borgman, Supervisor
- 425 E Main Street Othello WA 99344
- (509) 488-5611

Ferry, Lincoln, Stevens Counties

Northeast Washington Alliance Counseling Services

- David Nielsen, Executive Director
- 165 E Hawthorne Ave Colville WA 99114
- (509) 684-4597



SCRBH (ASO) RNP Contracted Providers

Pend Oreille County

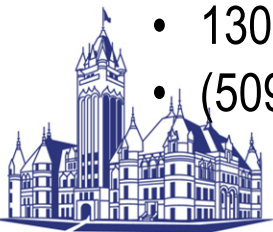
Pend Oreille County Counseling Services

- Annabelle Payne, Agency Director
- Nicole Vangrimbergen, Program Manager
- Jennifer Stout-Willett, Supervisor
- 105 S Garden Ave Newport WA 99156
- (509) 447-4651

Spokane County

Pioneer Human Services

- Dan Sigler, Regional Director
- Darin Christensen Program Manager/Supervisor
- 130 S Arthur St, Spokane WA 99202
- (509) 701-8105



Questions?



THANK YOU

Please reach out to us at Spokane County's Community Services, Housing, and Community Development Department, should you have any questions or concerns



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