**Recovery Navigator Program Quarterly Report**

Organization Name: Click here to enter text.

Reporting Period: Click here to enter text.

**Legal System Involvement**

Describe your team’s collaboration with the criminal legal system and/or law enforcement.

Click here to enter text.

Include a list of all meetings/workgroups the team participated in this quarter related to your collaboration with the legal system and law enforcement. Please explain how these meetings have been beneficial to your program and team.

Click here to enter text.

Please include any agendas and meeting notes with PCG or OWG meetings that occur during the reporting period. Are there any upcoming meetings? If so, with whom?

Click here to enter text.

**Engagement/involvement with LEAD National Support Bureau and other outreach teams in your community this quarter**

Describe how the team was able to engage with LEAD TA in your community this quarter.

Click here to enter text.

Please provide LEAD TA meeting dates and list of attendees.

Click here to enter text.

Please provide a narrative of collaboration with outreach programs in the community.

Click here to enter text.

How has collaboration with community partners and/or other outreach programs impacted the RNP program?

Click here to enter text.

Please describe any barriers the team has encountered and what, if any, support might be needed?

Click here to enter text.

**Personnel:**

List all current Recovery Navigator Program staff and their roles.

Click here to enter text.

Please note any staffing changes since last reporting period.

Click here to enter text.

If the team is not fully staffed, please discuss efforts made to recruit new team members.

 Click here to enter text.

Discuss what, if any, impact personnel changes have had on the program’s progress. What strategies have been put into place to minimize any negative impact this might have on the team’s success?

Click here to enter text.

Provide an update on progress made towards your program’s ability to provide 24/7 coverage?

Click here to enter text.

**Trainings:**

List all trainings attended by team members this quarter. Please provide dates and who the training was provided by.

Click here to enter text.

**Services:**

Provide specific strategies of how the Recovery Navigator Team has incorporated to better link individuals to services in the community.

Click here to enter text.

Please share any new policies/procedures/processes that have been established by your program’s steering committee and/or policy workgroup in the last quarter.

Click here to enter text.

**Program Coordination:**

Please describe the coordination between the RNP Administrator and Project Manager, to include convening and facilitating the PCG and OWG.

Click here to enter text.

Please discuss any barriers to the development of the PCG and OWG.

Click here to enter text.

Please list new community partners you have engaged with during this reporting period. (i.e. Emergency Department, Syringe Service Program, Recovery Café)

Click here to enter text.

Please provide and share any updates on steps taken to incorporate local tribes into RNP development.

Click here to enter text.

**Data:**

Please attach the data collection template to this report.

**Success Story:**

Click here to enter text.