# Recovery Navigator Program Regional Success Stories

November 2022

# **North Central**

#### Participant Success Story:

#### **Okanogan-Family Health Centers-Advance:**

One program participant self-referred to Recovery Navigator. She was just released from incarceration from the Spokane Correctional Facility. She had no place to live, no resources and nobody to turn to. The RNP case manager assisted her by getting her into the Shove House (sober living). Since then, she has been going to 12-Step meetings, intensive outpatient at Behavioral Health, and has established care with a primary healthcare provider. Her case manager assisted her with filling out housing applications and she was approved to move into her own place. RNP was able to help connect her with CBRA funds to pay her move-in deposit. She is doing amazing! She wrote an article to the local newspaper. She stated, "With the help of Recovery Navigator, I have been given a second chance!"

#### **Grant-Family Health Centers-Advance:**

The Recovery Navigator team was able to help a program participant secure a bed at an inpatient treatment facility in Spokane. He had been at Spokane Regional Stabilization Center for about a week when he was referred to RNP. He was being discharged and wasn't going to be able to graduate into the full program because his insurance wouldn't cover inpatient treatment for SUD only. He was getting ready to be discharged from detox with nowhere to go. The RNP case manager was able to successfully collaborate with the staff at The Center to secure him a bed in a full 28-day program in Spokane. This week, the program participant called to report he is doing very well and has expressed that he would like to find an Oxford House in Spokane. He is still in Spokane and has been provided Oxford House information in the Spokane region.



## North Central cont.

#### **Chelan/Douglas-Family Health Centers-Advance:**

A Recovery Navigator Program case manager came across a couple living in their car while he was doing outreach. The male in the car is a veteran and reported he was turned away and denied housing through the VA due to lack of income. The couple reported they have been told by other housing providers that they must make three times the amount of rent to qualify. They do not qualify for state assistance because their income is too much. The case manager utilized his contact at the VA and made a phone call. He was able to get the couple qualified for St. Jude Housing right away and they will be moving into their new apartment at the end of the month.

#### Partner/Systemic Change Success Story:

Over the last few months in Okanogan County there have been numerous connections made with stakeholders and local businesses. In August, a RNP staff person was invited to attend Family Therapeutic Court due to a success they had with a program participant. The staff person presented about RNP and became part of the court counsel. She is a huge asset now to program participants who are navigating the court system. Because of this partnership, several program participants have accessed long-term housing, parenting classes, local 12-step meetings, and been helped with connections to other recovery support groups. The Superior Court Judge, prosecutor, and attorney have been able to reach out and refer individuals who have barriers. This partnership has been invaluable for Okanogan County.



# **North Sound**

#### Participant Success Story:

#### **Skagit-Community Action:**

RNP case managers have been providing intensive case management to a program participant. This person was referred to the program in August because he needed support. He struggles with medical problems and has been to the hospital several times. He was removed from his encampment by law enforcement and during that time the RNP team was able to store some of his belongings. He is working with Adult Protective Services (APS) due to his lack of attending to his own medical needs. He completed an intake for services through APS. He was assisted with obtaining his ID card, medical insurance, a monthly bus-pass, and a new EBT card. The case manager is working closely with the social worker to ensure his needs are being met. He is now waiting for a SUD intake so he can enter an inpatient program.

#### **Whatcom-Whatcom County LEAD:**

An individual was referred by Bellingham Police Department and was enrolled in RNP while simultaneously experiencing immense hardship due to the death of his partner, homelessness, and legal issues. Prior to enrolling in RNP, the program participant had numerous interactions with Bellingham PD and other law enforcement agencies. Since receiving intense case management, this individual has had little to no interaction with police. He connects with his case manager multiple times per week for services such as: shelter, clothing, food, and steps to resolve his legal issues. Since he's been engaged with RNP he has obtained housing after being homeless for the last 15 years.



## North Sound cont.

#### **Snohomish-Snohomish County LEAD:**

A program participant was referred to RNP in April '22 by Snohomish County Syringe Services. She expressed her desire to get off the streets and get help with her Fentanyl addiction. RNP staff assisted with transferring her medical insurance to WA State so she could get an SUD assessment. She attended the assessment and continue to express her desire to access treatment. She was charged with Drug Loitering and was offered a chance to try a new program at Everett Municipal Court called Therapeutic Alternatives Court. She completed five days of detox and is now at Holman Recovery for 30 days. RNP staff continue to support her over the phone several times a week. She is now looking into sober living and intensive outpatient treatment once she's completed her inpatient time at Holman.

#### **Island-Island County:**

An individual was referred through the co-responder program through the jail. This person is regularly involved with law enforcement for his substance use. RNP case managers met with this individual while he was in jail. He agreed to go to treatment. Arrangements were made for an intake, a safety plan, essential toiletries, and food. He utilized local supports and staff to remain sober while he awaited transportation to the treatment center once he was released from jail. He continues to maintain contact with the RNP case manager while in treatment. He has secured a room at an Oxford house upon completion of treatment. He has hopes for a successful future and is looking forward to having no interaction with law enforcement and the jail.



## North Sound cont.

#### San Juan-Compass Health:

A program participant had been in crisis for several months. She was not taking her prescribed medication. She was homeless, delusional, experiencing emotional outbursts, lost friends, and employment. She was detained and taken to a psychiatric hospital. When she was discharged, she was referred to RNP. She has fully engaged in case management and as a result she has obtained temporary housing, takes her medications regularly and has begun outpatient counseling. Some time has passed, and she now has a job secured with housing included. She continues to remain stable in her mental health and is doing great!

#### Partner/Programmatic Success Story:

While no programmatic success were reported for this quarter, North Sound will have some to share next quarter. They dedicated their efforts last quarter to hiring staff in all five counties. The North Sound region is now fully staffed and accepting referrals. That is a huge success, as it took them a bit longer than the rest of the state to get contracts signed and staff hired.



# **Greater Columbia**

#### Participant Success Story:

#### Walla Walla-Blue Mountain Heart to Heart:

A program participant who has been chronically homeless and incarcerated got into Oxford housing with the help of the Recovery Navigator/LEAD team. This was a team effort between law enforcement and the LEAD/RNP team.

#### **Benton/Franklin-3 Rivers Therapy:**

An individual was enrolled in services after being diverted by law enforcement to Recovery Navigator Program. The program participant stated that his immediate need was for help with insurance as he needed help transferring it from California to Washington. The case manager was able to connect him with a partnering agency and enroll him in Medicated Assisted Treatment. Because his insurance was inactive, the Recovery Navigator Program was able to pay for his assessment along with his first prescription. The program participant also reported homelessness and was connected to permanent supportive housing through the help of the RNP case manager.

#### Yakima/Kittitas-Merit:

Merit Resources internally referred an individual to the Recovery Navigator Program. This program participant needed help with several resources (WA State ID, SS card, and a phone). He was also in need of some shoes and underwear. When he first began working with RNP staff he was very quiet and shy. Since engaging with RNP case managers he began to open-up and has become more talkative. Through case management, the program participant was able to get his ID and social security card. He was also able to get a government issued phone. He is now using his new phone to reach out to family for additional support.



# **Greater Columbia cont.**

#### **Whitman-Palouse River Counseling:**

There are multiple program participants who are involved in residential SUD programs. One most recent referral was an individual who requested staff take him to detox. Upon completion of detox, program staff found this individual a residential program and he checked himself in. There have been two program participants connected to inpatient SUD services in a month! There are also two program participants living in Oxford housing, one of these individuals is also engaged in intensive outpatient services.

#### **Asotin/Garfield-Quality Behavioral Health:**

A program participant expressed struggles with PTSD, anxiety, medical issues, and was able to establish a solid rapport with RNP staff. The RNP staff and program participant were able to work together to find different options for temporary housing. The participant connected with a family member and was able to stay with them and use their washer/dryer. The participant is interested in case management ongoing, even though their immediate needs were met. Staff have worked towards building a rapport with other program participants as well. They have provided transportation to court appointments. One individual had previously missed his last three court dates.



## **Greater Columbia cont....**

#### **Partner/Systemic Change Success Story:**

Garfield County's culture towards individuals with SUD and/or behavioral health and certain medical conditions is highly stigmatized. There has been continuous conversations during their PCG meeting about stigma and the effects of it. Harm reduction was first discussed and ways to reduce harm to individuals and the community. Having sharps containers throughout the community for safe disposal was suggested. They are now working with the entire community to find a method for distributing sharps containers to people with diabetes and individuals who use syringes for other medical conditions and/or substance use. A schedule has been set up to bring full sharps containers to hospitals for safe disposal. Additionally, the PCG in Garfield County is working on a flyer to share these disposal sites with the community.



# Southwest

#### Participant Success Story:

#### Clark/Klickitat/Skamania-Recovery Café Clark County:

One program participant was referred through the Salvation Army about 10 weeks ago. At the time of referral, she was homeless, living under a bridge and was using meth. She expressed a strong desire to get clean and sober. She connected with a case manager and in the 10 weeks she's been working with the RNP staff she entered detox, tried getting into inpatient (sadly no beds were available), and has been working her own treatment plan through 12-Steps with the support of a sponsor. She has secured a room at the Gates of Grace through Recovery Café Clark County for six weeks. Once the six weeks was up, she moved into an Oxford House, she obtained Apple Health, she's working on establishing a primary care provider for medication needs and has applied for a job. Her next goal(s) are to get her photo ID, her social security card and her birth certificate. She has a goal of becoming a Recovery Coach in January '23. She has made so much progress since the RNP team met her.

#### Partner/Systemic Change Success Story:

In August, Vancouver Housing Authority approached RCCC with a challenge they were experiencing in the Housing First programs. These facilities were increasingly becoming dysfunctional and instead of building recovery communities, were in fact becoming overrun with aspects of the local drug culture. The Elwood Housing location was having daily crises related to drugs including sales and overdoses. Seeing this as covered by the RNP program, we approached the Policy Review Board who wholeheartedly support the collaboration. This included Vancouver Police Lieutenant verifying almost daily calls to the location.

In September, we initiated RNP staff attending weekly meetings of the tenants and provided case management to those in need. RNP staff intervened each week that month in crises that avoided calls to VPD. Based on that model, RCCC was requested to expand the model under a new contract with Clark County. Beginning in January, RCCC will be funded to provide Recovery Coaching to VHA facilities with 4 contracted staff in the model of RNP. These staff will provide daily supports to the residents of VHA housing first models and should relieve RNP staff from responsibilities except after business hours. Until then, RNP staff are providing weekly contacts to two buildings of VHA.



# **Great Rivers**

#### Participant Success Story:

#### **Lewis-Cascade/Gather Church:**

The Lewis County Syringe Service Program referred a client who had an abscess and needed immediate medical attention. The RNP team was able to transport the individual to the hospital where he was admitted for two weeks. He would have died without their help. The outreach staff checked in with him during his stay to ensure he knew that he hadn't been forgotten about. He was resistant to the help at first, but after this encounter he has been much more receptive to services.

#### **Cowlitz/Wahkiakum-Community Integrated Health Services/Love Overwhelming:**

Several program participants are receiving intensive case management and have been actively engaging in services.



## **Great Rivers cont.**



#### **Grays Harbor/Pacific- Destination Hope and Recovery:**

Destination Hope and Recovery received an email from Officer Loren Neil and it states:

"I just wanted to say thanks so much for you two helping with program participant X this afternoon. It was great to see you guys come out and provide another option rather than her arrest. I hope you don't mind, I took a photo showing your compassionate actions today and wanted to share it with you. You guys rock!" -Officer Loren Neil

Photo credit: Loren Neil, Aberdeen Police Department

#### Partner/Systemic Change Success Story:

Wahkiakum RNP has received positive support from the community as well as local law enforcement. Sergeant Mason of Wahkiakum his confirmed his seat at their PCG. Kelso Chief of Police, Dar Kirk, has confirmed his seat at the Cowlitz PCG. In Lewis County the local prosecutor is attending their PCG.



# **Pierce**

#### Participant Success Story:

#### **Pierce-Recovery Café Orting:**

A program participant was referred through Community Court in Bonney Lake. The client had a minor charge and needed support to stay compliant with court. Through the support of the Recovery Navigator Program, she was able to get community service hours, transportation and support with basic needs. She has been able to maintain sobriety and compliance with her court requirements and will now be graduating community court after seven months. She was able to get her car fixed with the support of RNP, which resulted in her being able to get a job and provide for herself moving forward.

#### **Pierce-Pierce County Alliance (PCA):**

A program participant had an intake at Wellfound a local behavioral health hospital. Once the individual was discharged from Wellfound, they were referred to PCA. The RNP case manager established a relationship with this person and from there, the case manager was able to help advocate for the participant and assisted with him getting an SUD assessment the same day. The case manager coordinated with this person's family and was able to get him inpatient treatment.



## Pierce Cont.

#### Partner/Systemic Change Success Story:

Recovery Café Orting Valley is coordinating with Dave Purchase Project to bring a Narcan vending machine to the Recovery Café. It will be free to the public and no one will be questioned when coming in for Narcan. This endeavor is being supported through Dave Purchase Project who received a grant from Pierce Region Beacon Health Options. There has been media coverage, which has included coverage of the Recovery Navigator Program. Recovery Café Orting has been partnering with other agencies and local events to include Glow Ride to spread the word about Recovery Navigator Program. Media coverage links:

- Tacoma News Tribune:
- https://www.thenewstribune.com/opinion/article265463456.html#subtopper
- KING5: <a href="https://www.king5.com/video/news/health/pierce-county-to-get-narcan-vending-machines/281-603c420b-acf2-40a3-8cc1-acbd2b1a826d">https://www.king5.com/video/news/health/pierce-county-to-get-narcan-vending-machines/281-603c420b-acf2-40a3-8cc1-acbd2b1a826d</a>
- KIRO: <a href="https://www.kiro7.com/news/local/narcan-vending-machines-coming-pierce-county/6X5ORCRVZJBUPNHCCBSGRM7RSY/">https://www.kiro7.com/news/local/narcan-vending-machines-coming-pierce-county/6X5ORCRVZJBUPNHCCBSGRM7RSY/</a>



# King

#### Participant Success Story:

#### **King-Evergreen Treatment Services (REACH):**

No staff have been hired at this time. King Co. BHASO is still working with Public Defenders Association on their referral process and project management.

#### **King-Peer Washington:**

The RNP team has made a connection with the executive director of the Food Bank in Maple Valley. They partnered with RNP to place program participants in the shelter. This will allow immediate access for individuals referred from RNP. RNP also receives referrals from the shelter to provide support as needed with some of the recipients who struggle with SUD and mental health challenges.

#### **King-Community Passageways:**

During a recent case management appointment with a RNP participant, the individual and her case manager were discussing her S.M.A.R.T. goals. She decided she would put more effort towards going to school. She had been attending school twice a week. She will now focus on her goal of attending school all five days. She is looking for a job as well. She continues to focus on her goals. The RNP case manager shares her own work towards positive changes with her program participants in order to show that little changes go along way.



# King Cont.

#### Partner/Systemic Change Success Story:

A successful partnership was formed with Mark Hampton, President of AAHAA Sober Living. They provide sober living services. They also opened a few facility to provide supportive living for individuals with severe mental health challenges. Mark has offered RNP a housing placement for program participants within 24-48 hours of contacting his organization.



# Spokane

#### Participant Success Story:

#### **Adams-Adams County Integrated Health Care Services:**

Adams County has a very strong partnership with law enforcement. They have been receiving referrals from law enforcement for many months now. This partnership has been crucial given the rural community of Adams County.

#### **Ferry-NE Washington Alliance Counseling Services:**

The Ferry County RNP team has an excellent relationship with the Ferry County Jail. They have received referrals from jail staff. They have provided contact information to the RNP team as RNP staff are sometimes unable to locate the referrals in the community. In addition, the RNP staff have been attending District and Superior Court hearings after reviewing the dockets for referred persons. Outreach connections are made when the individual appears for their court date/time. They have also been outreaching individuals who appear in court who may meet the criteria for RNP services.

#### **Lincoln-NE Washington Alliance Counseling Services:**

Staffing has been a challenge in Lincoln County due to this area being a frontier rural community. NEWACS is utilizing existing staff to fulfill the roles of RNP staff. They have an Outreach Navigator hired who works in the field and responds to all incoming referrals. Lincoln County has a well-established relationship with law enforcement and have been receiving referrals from them.



# Spokane cont.

#### **Stevens-NE Washington Alliance Counseling Services:**

The Outreach Navigator has developed a strong relationship with many program participants. They are often in need of support and will reach out to her for their SUD and mental health needs. The team is focused on harm reduction, providing food, cell phones, clothing, hygiene items, tents, sleeping bags, etc. They actively check the jail roster daily for program participants who might have ended up in jail and/or for individuals who are in jail on simple drug possession charges who might qualify for RNP services.

#### **Spokane-Pioneer Human Services:**

The RNP team began working with an individual who had been homeless and struggling with unstable recovery. He was referred by the City of Spokane Valley's Homeless Outreach Team after one of their law enforcement officers (Officer P) interacted with him. Officer P referred this individual and since being referred he has obtained employment. He has also begun the process of applying for housing. He was able to get a bed at the Wayout Center as he continues to look for stable housing. He was helped with obtaining clothing and shoes for his new job. He continues to work towards his goals and is excited about his future.



# Spokane cont.

#### **Pend Oreille-Pend Oreille County Counseling:**

A program participant was in jail. During two of her criminal legal hearings, she asked the judge to keep her incarcerated as she knew it was the best place for her at the time. RNP staff worked with her while she was in jail to create a plan for her recovery. The staff went over different options with her. She picked a few treatment facilities she was interested in. The RNP staff contacted Spokane Regional Crisis Stabilization Center to hold a bed for her. At her next hearing, the RNP case manager spoke to her attorney to let him know there was a bed waiting for her that day. The attorney asked the judge for the participant to be released into treatment. The judge granted this. Transportation was arranged through Family Crisis Network the same day and the participant was accompanied from jail into stabilization.

#### Partner/Systemic Change Success Story:

While a program participant was in jail, the Recovery Navigator Case Manager worked with her attorney, the county judge, and Spokane Regional Stabilization Center to arrange for her to release from jail to treatment. This partnership led to an increase in referrals from the County Sheriff's Department as well as an increase in community referrals that stemmed from frequent contact with the County Sheriff's Department.



# **Thurston-Mason**

#### Participant Success Story:

#### **Thurston-Mason-Olympic Health and Recovery Services:**

A program participant who has a history of being in and out of prison and spent over 10 years living on the streets was supported by the Recovery Navigator/LEAD team with moving from his encampment to permanent housing. He is working, active in his recovery, and has signed up to Certified Peer Counselor credential.

#### Partner/Systemic Change Success Story:

The RNP/LEAD team coordinated with providers at the Nisqually Jail to help provide supports to individuals in custody and upon their release. The team worked with Family Support Center (FSC), who manages the Coordinated Entry, to get trained on a new assessment tool to place program participants on the Coordinated Entry list. The FSC team has helped RNP with navigating housing resources for program participants. The team is also connected with Amerigroup for Medicaid MCO case management to help with barriers related to medical and medication needs. There has been a collaboration with the HOST team to outreach camps. There have been additional collaborations with Familiar Faces, AJA, mobile crisis, etc. Thurston-Mason held a very well attended (over 80 people) celebration of Thurston County LEAD that included stakeholders, law enforcement, community providers, program participants, and others.



# Salish

#### Participant Success Story:

#### **Jefferson-Discovery Behavioral Health:**

The Recovery Navigator REAL Team was able to advocate for 12 program participants at Bayside, a tiny home community in Jefferson County. These 12 individuals were at-risk of being evicted from their tiny homes. A few months later, one program participant stopped a RNP REAL Team case manager to let them know how much they all appreciated the help and support they received previously. They also reported that two of the 12 individuals are now in permanent housing.

#### **Clallam-Reflections:**

One evening a staff member of the RNP REAL Team was flagged down from someone on the side of the road. All staff carry Naloxone. The staff member pulled over and learned that the friend of the man flagging him down had overdosed. The staff member asked the friend to call 911. The staff member administered four doses of Naloxone nasal before the individual came to. By the time emergency personnel arrived, the individual's life had been saved.

#### Clallam-Peninsula Behavioral Health:

A program participant took some time trusting the RNP REAL Team staff, but after a few months, began showing up and asking for help. He has sought help for his mental health, substance use, and medical conditions. He has asked about going to inpatient treatment. He completed an SUD assessment and finally had the MERSA on his foot treated. Shortly after, his mental health declined, and he relapsed. He was arrested. He spent two months in jail. When he was released, he was ready to work towards a better life and sought out the help of the REAL team again. He has received wrap-around care from his medical provider, the REAL Team staff, and Rediscovery to maintain his goal of recovery. He is 30 days into treatment and has decided to stay longer. He is looking forward to returning to Clallam and exploring Oxford Housing again.



## Salish cont.

#### Kitsap-Agape:

A couple months ago a program participant moved to Kitsap County from another region in Washington. This individual did not know the area or the resources available. The were looking for a 12-Step Meeting. The RNP REAL case manager worked with the individual to look for meetings, assisted with obtaining ID, housing, and employment. This individual is now working for a company remodeling houses that are being turned into Oxford Houses. They are living in an Oxford House currently and have been attending intensive outpatient treatment. They are on target to graduate soon. They are fully engaged in their recovery and expressed great appreciation for the help that was received.

#### **Kitsap-West Sound Treatment Center:**

A program participant was facing time in jail for several driving infractions. The RNP REAL Team was able to pay for the individual to take their driving test and obtain their driver's license. They will now be able to present this to the court and hopefully have charges dismissed. They also have a job lined up now and are working on finding permanent housing. They also made the decision to actively work a recovery program!

#### **Partner/Systemic Change Success Story:**

Reflections RNP REAL Team has collaborated with Olympic Peninsula Community Clinic (OPCC) Rediscovery Program at a WRAP meeting. A program participant had been involved with OPCC for three years and had been resistant to mental health treatment. The meeting was facilitated by the REAL Team Program Manager and included every member of the program participant's care team. The participant was encouraged to invite their own friends/family for support. The participant shared his story, his goals, and with the support of everyone there, he was able to create a plan to enter a SUD treatment facility where he would also work on his mental health. This is a great demonstration of how effective collaborative relationships can be when everyone comes together to work towards the well-being of another. The OPCC team expressed many thanks and stated, "That was the most progress we've made in one meeting."

