

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.



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

* This information is gathered in HMIS Profile

Primary Language _____ Interpreter Needed? Yes No

Ethnicity (select all that apply):

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> African-Ethnic	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian
<input type="checkbox"/> Thai	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Samoan	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Other Asian	<input type="checkbox"/> Not Reported/Unknown	<input type="checkbox"/> 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			<input type="checkbox"/>
Pensions/Retirement			<input type="checkbox"/>
Disability			<input type="checkbox"/>
Tribal Income			<input type="checkbox"/>
Veteran's benefits			<input type="checkbox"/>
SSI/SSDI			<input type="checkbox"/>
Worker's Compensation			<input type="checkbox"/>
Food stamps			<input type="checkbox"/>
ABD (Aged, Blind or Disabled)			<input type="checkbox"/>
TANF (Temporary Assistance to Needy Families)			<input type="checkbox"/>
HEN			<input type="checkbox"/>
WIC			<input type="checkbox"/>
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

<input type="checkbox"/> None/NA/Blank	<input type="checkbox"/> Retired	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Job Training/Internship	<input type="checkbox"/> Unable to work	<input type="checkbox"/> Unknown
<input type="checkbox"/> Paid Employment	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other, please describe:

Current Employment Level

<input type="checkbox"/> None/NA/Blank	<input type="checkbox"/> Part-time	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Day Laborer	<input type="checkbox"/> Retired	<input type="checkbox"/> Unknown
<input type="checkbox"/> Fulltime	<input type="checkbox"/> Unable to work	<input type="checkbox"/> 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**

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

Location

<input type="checkbox"/> None/NA/Blank	<input type="checkbox"/> Seattle	<input type="checkbox"/> WA (Outside King County)
<input type="checkbox"/> King County (Outside Seattle)	<input type="checkbox"/> Snohomish County	<input type="checkbox"/> Other Country
<input type="checkbox"/> Pierce County	<input type="checkbox"/> US (Outside WA)	<input type="checkbox"/> Unknown

Geographic Detail – Neighborhood: _____

Facility Name _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Move-in Date _____

Who Pays:

<input type="checkbox"/> None/NA/Blank	<input type="checkbox"/> Housing First Funds	<input type="checkbox"/> VASH Voucher
<input type="checkbox"/> Shelter Plus Care	<input type="checkbox"/> LEAD Funds	<input type="checkbox"/> GDP TIP
<input type="checkbox"/> Self-paid	<input type="checkbox"/> Section 8 – King County	<input type="checkbox"/> Scattered Sites
<input type="checkbox"/> Other	<input type="checkbox"/> Section 8 – KC HASP	<input type="checkbox"/> Vital Funds
<input type="checkbox"/> Unknown	<input type="checkbox"/> 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		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Tobacco		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Heroin		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Other Opiates & Synthetics		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Methadone (illicit)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Spice/K2		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Other Amphetamines		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Other Sedatives/Hypnotics/Tranquilizers		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Cannabis (Marijuana)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Cocaine (all forms)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Methamphetamine		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Hallucinogens		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
Inhalants		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
OTHER: _____		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X
OTHER: _____		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> X	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> 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.

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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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.

Recovery Navigator Program Administration

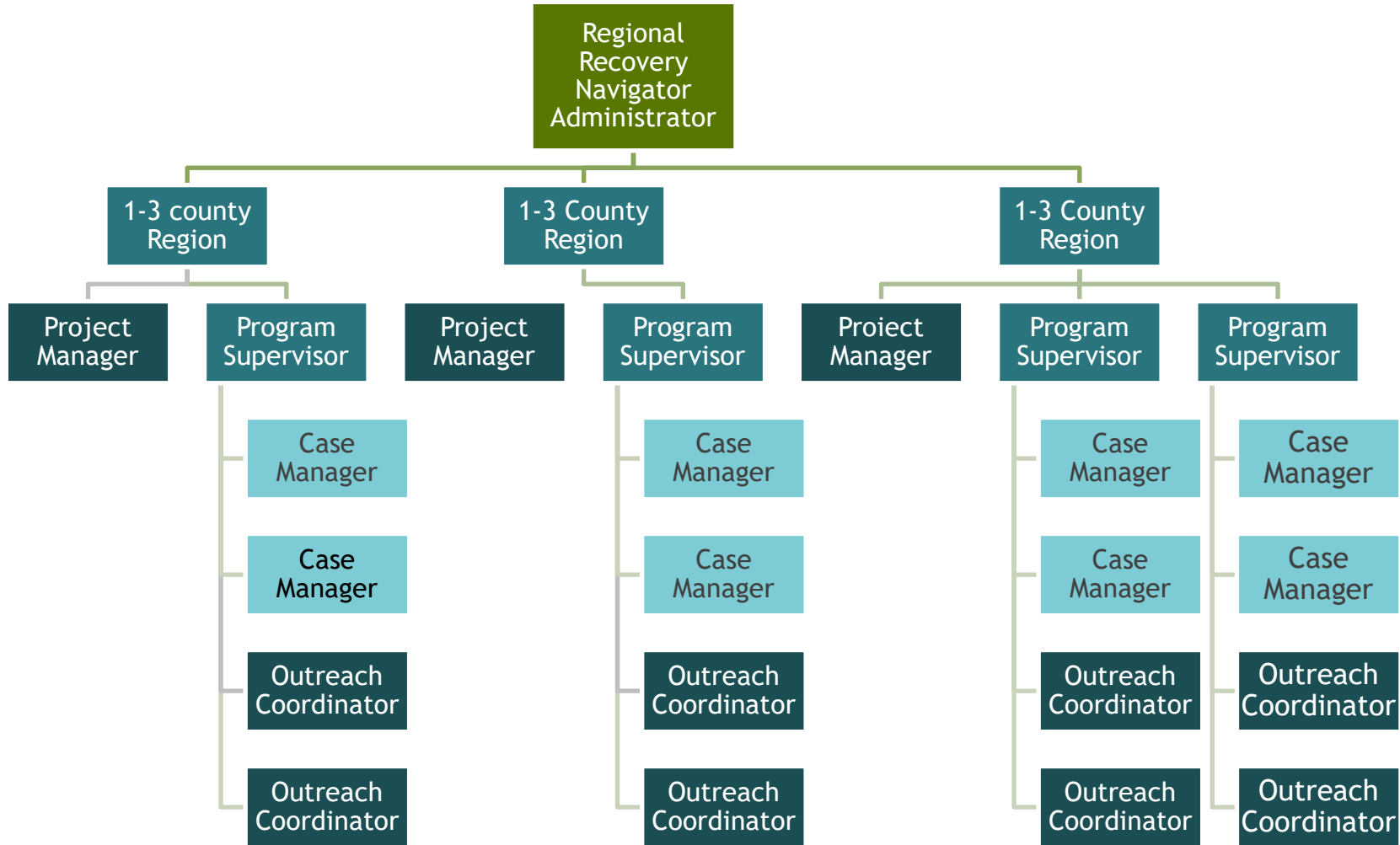




EXHIBIT D: PROVIDER DELIVERABLES

PROVIDER: WHATCOM COUNTY

CONTRACT: NORTH SOUND BH-ASO-WHATCOM COUNTY-RNP-23

CONTRACT PERIOD: July 1, 2023 – June 30, 2024

Identification of Deliverables

Provider shall provide all deliverables as identified in the Required Deliverables Grid below. Templates for all reports that the provider is required to submit to North Sound BH-ASO may be found on the North Sound BH-ASO website under *Forms & Reports* (click [here](#)). North Sound BH-ASO may update the templates from time to time and will notify providers of any changes. Deliverables are to be submitted to deliverables@nsbhaso.org on or before the indicated due date unless otherwise noted. For more information regarding a specific deliverable, please refer to the indicated Supplemental Provider Service Guide reference (as applicable) or by emailing deliverables@nsbhaso.org.

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Exclusion Attestation Monthly Report	Monthly	Last Business Day of each month following the month being reported	Chapter 11
Recovery Navigator Program Report	Quarterly	15 th of the month following the quarter following the quarter being reported (1/15, 4/15, 7/15, 10/15)	Chapter 19; Section 19.11
Certification of Liability Insurance	Annual	Annually prior to expiration	Not Applicable
Compliance Training Attestation Statement	Annual	Annual notification will be sent by North Sound BH-ASO Compliance Officer with further information	Chapter 11

DELIVERABLE	FREQUENCY	DUE DATE	SUPPLEMENTAL PROVIDER SERVICE GUIDE REFERENCE
Ownership and Control Disclosure Form	Annual	Initial credentialing and as changes occur	Not applicable