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Submission Date Oct 14, 2025 3:18 PM

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Quarter Report **Quarter 3 (July to September '25- DUE by October 14th, 2025)**

Select Contract Submitting Report for: **Opioid Settlement**

Contract Number: TTS-OSF-Rec-2025

Confirming that none of the information you share includes client-identifying details. Names, dates of birth, and Social Security numbers are all protected information and should not be submitted to this portal. **Yes, I confirm.**

Total Number of Clients (both duplicated/unduplicated number): Interaction numbers provided may include duplicates, as unique identifiers are not collected during walk-in or street outreach engagements for several reasons, including the undue administrative burden such tracking would require on Triumph’s limited resources for the program. Between July 1 and September 30, 2025, the number of recorded interactions held steady at 390 with some slight variances in interaction ‘type’ (current peer enrolled in Triumph services, individual engaged via street outreach, individual who walked in seeking resources). Of these, 281 were interactions with individuals actively participating in Triumph services, 80 were the result of street outreach efforts, and 29 were from walk-in engagements. Gender demographics during this quarter showed a slight increase in females served over men (42% male/58% female). The age breakdown included 14 individuals ages 18 to 24, 305 individuals ages 25 to 55, 69 individuals ages 55 and older, and 2 individuals whose age was not recorded.

Narrative Summary Detailing Program Success:

Triumph's Peer Support Program continues to make a meaningful impact across Yakima County, thanks to the county grant that enabled us to expand our team from two to four Peer Counselors. This growth has allowed us to deepen our outreach efforts in 36 designated zones, including high-need areas such as West Valley, Selah, Moxee, Toppenish, and Wapato. Outreach Area "Zone Y3"—spanning Pine Street to Yakima Avenue near downtown Yakima—remains a focal point for engagement.

This quarter, our Peer Support staff have engaged in a wide range of interactions that reflect the trust, responsiveness, and lived experience they bring to their work. Notable examples include:

- Female, near 1st and NobHill, between 25-55 years of age. She initially visited the Peer Support office for food and clothing, later called asking for help getting to detox. She said, "I need your help, will you please take me to Detox?" A Peer Support staff member was able to transport her directly to Comprehensive Healthcare's clinical/social detox that same day.
- Male, in Triumph's parking lot, between 25-55 years of age. Another individual approached a Peer in the Triumph parking lot, visibly in distress. After a heartfelt conversation, he asked for help accessing inpatient services and transportation to detox, saying, "I'm done! I don't want to do this anymore and I need help!" The Peer was able to respond immediately and facilitate his entry into care.
- Female, a current peer-client was able to secure housing through a resource connection supported by a Triumph Peer Specialist. The individual shared, "I am so relieved, so happy, and I didn't know this was possible!"
- Female, a now current peer over 55 years of age, reached out by email asking for help getting into treatment. "I am ready to go to treatment I am just so tired." Peer Specialists assisted this peer with applying for medical assistance as well as transporting this peer to go to a clothing bank. Peer Specialists will continue to work with this peer throughout this peer's recovery journey.

These stories represent just a few of the over 105 individual narratives written during Q3, each capturing a unique moment in someone's journey. The Peer Support Program meets individuals at every stage of readiness—from those who are simply building trust and exploring the idea of change, to those actively seeking detox, treatment, and long-term recovery. Whether someone is in contemplation, preparation, action, or maintenance, our peers are equipped to walk alongside them, offering personalized support that reflects where they are and what they need. This quarter's stories highlight the emotional range and complexity of those interactions—from a quiet conversation in a park to a determined request for detox—and reinforce the value of lived experience in building authentic, healing relationships.

Encountered Barriers:

In addition to ongoing credentialing delays and workforce turnover, this quarter has highlighted challenges in our ability to effectively track and document peer engagement through outreach efforts. More specifically, how we "follow" an individual's successful enrollment in treatment services from our first interaction with them through outreach.

Our Peer Support staff are deeply embedded in the community, often connecting with individuals through street outreach, walk-ins, phone calls, and email inquiries. These interactions frequently lead to meaningful support and successful linkage to treatment services. However, our current technology infrastructure and staffing capacity are not robust enough to systematically track these engagements, especially for individuals who are not yet formally enrolled in services.

This presents a dual challenge:

1. Data Collection Limitations

Due to privacy concerns and ethical considerations, we are limited in the personal information we can collect and store for individuals who have not consented to formal enrollment. As a result, many impactful peer interactions go undocumented in our data systems or are entered as multiple interactions because we are unable to use a unique identifier, making it difficult to demonstrate trends, outcomes, and the full scope of our outreach efforts.

2. Technology and Staffing Constraints

Our existing systems are not optimized for flexible, real-time documentation of outreach contacts. Additionally, limited staffing resources make it difficult to maintain consistent data entry and follow-up tracking, especially when peers are focused on direct service delivery in the field. This barrier affects our ability to tell the full story of our program's impact and hinders strategic planning, reporting, and funding justification. We are exploring solutions that balance ethical data practices with the need for improved tracking and evaluation.

Significant Changes to the Program:

Over the past quarter there have been no significant changes to the peer support program.

Submission of current staffing model (Including vacant positions)

Current staff is one supervisor who does not work directly with peers, one peer support program lead who does hold a case-load, and three peer support specialists who both hold a case-load and rotate through outreach responsibilities.

While the Peer Support Program continues to grow in capacity and community impact, we are still navigating key challenges related to billing and sustainability. Currently, we are unable to bill for services provided by Peer Support staff when they engage with individuals who are not formally enrolled in Triumph Treatment Services. This limitation affects our ability to fully fund outreach activities, particularly those focused on street-based engagement. To address this, we are actively working to establish a partnership with Greater Health Now (GHN), the Accountable Community of Health for our region. Through this partnership, we aim to secure a Community-Based Worker (CBW) contract that would begin in 2026 that would allow us to report outreach activities into a regional system designed to track individuals served and resources provided. This contract would support the addition of two new Peer Support staff dedicated exclusively to street outreach, further expanding our reach across Yakima County. This Yakima County grant has already enabled us to grow from two to four peers. Now that we are starting to transition the two grant-funded peers into billable roles, this will allow us to leverage GHN funding to continue scaling our efforts. Additionally, we are in the early stages of discussions with Yakima Emergency Medical Services (EMS) to explore a "sprint car" model. This approach would deploy Peer Support staff to meet first responders at the scene when Narcan has been administered. Peers would provide immediate support, including helping individuals access injectable buprenorphine prescriptions, which can reduce withdrawal symptoms and serve as a bridge to more comprehensive substance use disorder (SUD) treatment. This concept will also feed into the efforts that Triumph is making around increasing Yakima County access to Medically Managed Withdrawal Services (medical detox).

Lastly, as a follow up, while our previously reported efforts to integrate Peer Support into Yakima Police Department ride-along have not progressed this quarter, we remain committed to exploring innovative partnerships that enhance access and engagement.

Anything Else?

Not at this time