Washington State Health Care Authority

Peer Bridger Manual

Peer Bridger Program Support Manual

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This manual is intended for use by Behavioral Health Administrative Service Organizations (BH-ASO) and BH-ASO Subcontractors.

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Peer Bridger Program Overview

A) The Peer Bridger Program serves individuals at Western State Hospital (WSH) and Eastern State Hospital (ESH). Peer Bridgers dedicated to WSH or ESH should not serve individuals in evaluation and treatment centers or community hospitals with inpatient mental health beds and lengthy hospitalization or individuals with a history of frequent, multiple hospitalizations.

B) Peer Bridger positions that are not dedicated to WSH or ESH should prioritize individuals who are civilly committed at WSH and ESH. After that priority is met, they may serve individuals who are at evaluation and treatment facilities or community hospitals with inpatient mental health beds, provided those individuals have experienced lengthy hospitalization or a history of frequent, multiple hospitalizations. All Peer Bridger positions conduct post-discharge activities in the community for individuals discharged from inpatient care.

C) Participation in the program is voluntary. The Peer Bridgers will offer services to help individuals plan their discharge. Health Care Authority (HCA) program manager, hospital staff, and the integrated managed care (IMC) / BH-ASO hospital liaisons will help Peer Bridgers identify potential participants.

D) Peer Bridgers will be required to reach out to each individual after admission. If requested by the individual, a Peer Bridger will work with them throughout hospitalization and discharge planning process.

E) The state hospital discharge transition team may include the Peer Bridger who, with the individual's consent, identifies the individual's strengths, needs, preferences, capabilities, and interests, and meets them in the most integrated setting appropriate.

F) The Peer Bridger will transition from spending time on social support and begin offering assistance with independent living, coping, and community adjustment. The hand-off between the Peer Bridger and the community behavioral health provider who is providing mental health services will be gradual and based on the individual's needs and their person-centered plan. The anticipated duration of in-community Peer Bridger services is 120 calendar days with extensions granted by the BH-ASO on a case-by-case basis.

G) The Peer Bridger is not a case manager, discharge planner, or a crisis worker. However, the Peer Bridger can bring the individual's perspective into the provision of those services.

Peer Bridger Program Duties

A) Each Behavioral Health Service Organization is allocated a number of Peer Bridger full-time equivalents (FTE) by HCA and the Division of Behavioral Health and Recovery (DBHR). If the regions' Peer Bridger teams are not fully staffed, monthly invoices will be prorated. The Peer Bridger will work with an average of 6 to 15 individuals. Prior to hospital discharge the majority of the work will be inside the state or local psychiatric hospitals or evaluation and treatment facilities. Post discharge activities will be in the community. Peer Bridgers should routinely engage with potential program participants.

B) Current Peer Bridger FTEs include:

Region	Number of Peer Bridgers	Number of hospital based Peer Bridgers	Total number of Peer Bridgers per county
King	6	0	6
Pierce	3	2	5
Great Rivers	2	0	2
Greater Columbia	3	0	3
Southwest	4	0	4
North Sound	3	0	3
North Central	2	0	2
Salish	2	0	2
Thurston/Mason	3	0	3
Spokane	4	1	5
TOTAL	32	3	35

i) The Contractor should contract with an agency licensed as a community behavioral agency by the Department of Health (DOH) to provide recovery support services.

ii) After being recruited, and prior to beginning hospital related activities, the Peer Bridger or Peer Bridger team will:

(1) Participate in statewide Peer Bridger orientation and training.

(2) Participate in statewide specialized training as requested by the inpatient settings.

(3) Complete required non-disclosure, acknowledgement of health care screening for contractors, and other required forms as requested by the inpatient setting.

C) Peer Bridgers should prioritize individuals who are civilly committed at ESH and WSH. The same Peer Bridger should work with current and potential

program participants and follow the individuals into the community setting to ensure consistency with the bridging process. After discharge, the time spent between the community and the inpatient setting shall be adjusted to respond to individuals in the hospital and individuals in the community. In conjunction with the MCO/BH-ASO hospital liaisons and state hospital Peer Bridger liaison (identified during orientation), the Peer Bridger will work to engage potential individuals. These individuals may:

i) Have been on the hospital "referred for active discharge planning";

ii) Have had multiple state hospitalizations or involuntary hospitalizations;

iii) Have hospital stays of over one year;

iv) Be individuals whom hospital staff and/or the hospital liaison have been unable to engage in their own discharge planning;

v) Require additional assistance to discharge and/or need support in the community; or

vi) Be civilly committed or be individuals who will be converted from forensic to civil commitment.

D) Examples of Peer Bridger engagement may include:

i) Interacting with potential participants.

ii) Developing a trusting relationship with participants.

iii) Promoting a sense of self-direction and self-advocacy.

iv) Sharing their experiences in recovery.

v) Helping motivate through sharing the strengths and challenges of their own illness.

vi) Considering the individual's medical issues and helping them develop wellness plans they can pursue in accordance with their physician recommendations.

vii) Helping the individual plan how they will successfully manage their life in the community.

viii) Educating individuals about resources in their home community.

ix) Join the individual when requested in treatment team meetings. Help convey the individual's perspectives and assist them with understanding the process.

E) The Peer Bridger should support the individual in discharge planning to include the following:

i) Function as a member of the individual's hospital discharge planning efforts.

ii) Identify perceived barriers to discharge, help the individual work through barriers, and assure them that they will be supported throughout the process.

iii) Coordinating in conjunction with discharge planning efforts for the individual to travel back to their community.

iv) The Peer Bridgers shall conduct routine hospital-based engagement groups for any individual willing to participate.

v) Peer Bridger positions dedicated to ESH or WSH shall conduct routine hospital-based engagement groups at the state hospital to which they are dedicated.

vi) The Peer Bridgers shall be available periodically on treatment malls or wards and at evening groups.

vii) Peer Bridger position dedicated to ESH or WSH shall be available periodically on treatment malls or wards at evening groups at the state hospital to which their positions are dedicated.

F) Peer Bridger team shall:

i) Participate in monthly statewide Peer Bridger Program administrative support conference calls. At least one Peer Bridger per region shall attend.

ii) Participate in Peer Bridger Training events scheduled by HCA.

iii) Complete the current DBHR Peer Bridger report/log, submit log to HCA via secure email every month, enter program enrollment start and stop dates into behavioral health data system (BHDS), and enter encounters using the rehabilitation case management code.

iv) Participate in hospital and IMC/BH-ASO Peer Bridger training.

v) Coordinate activities with the IMC/BH-ASO hospital liaison.

vi) Attend and participate in Peer Bridger team coordination meetings as directed by HCA.

vii) Meet the documentation requirements of the inpatient setting and their employer.

G) Community-based post-discharge activities include:

i) The frequency and duration of community-based Peer Bridger services will be determined by the individual's needs, the service level required to help the individual stay safely in the community and caseload prioritization. Peer Bridger services will be decreased when the individual is receiving behavioral health treatment and peer services from a behavioral health agency or when the individual no longer wants the Peer Bridger's support. The Peer Bridger shall facilitate a warm hand-off to the behavioral health agency chosen by the individual. Warm hand-off activities may include:

(1) Being present and supportive during the individual's first appointment and during the intake evaluation, primary provider, or prescriber appointments, etc.

(2) Helping the individual complete any necessary paperwork for receiving behavioral health services.

(3) Supporting the individual's self-advocacy in the development of their own community treatment plan and treatment activities.

ii) The Peer Bridger may help the individual create a crisis plan with the individual's behavioral health service agency. The Peer Bridger may be identified as a non-crisis resource in the plan.

iii) The Peer Bridger shall:

(1) Attempt to connect the individual with natural support resources and the local recovery community and attend meetings as allowed.

(2) Help the individual develop skills to facilitate trust-based relationships, develop strategies for maintaining wellness, and develop skills to support relationships.

(3) Help the individual create a life structure, including skills for daily living such as visiting coffee shops, using local transportation, opening a bank account, working effectively with a payee if needed, understanding benefits, budget planning, shopping and meal preparation, accessing leisure activities, finding a church or faith home, attaining and maintaining housing, etc.

(4) Help the individual develop skills to schedule, track, and attend appointments with providers.

(5) Help the individual develop skills for self-advocacy so they can define a treatment plan and communicate clearly with professionals such as psychiatric prescribers, primary care doctors, etc. The Peer Bridger should help individuals prepare for appointments and identify questions or comments the individual might have for the provider.

(6) Explore supported employment that addresses:

(a) Employment goals and how they relate to recovery.

(b) Availability of additional training and education to help the individual become employable.

(c) The array of employment programs and supported employment opportunities available within the region.

H) Peer Bridgers should demonstrate that recovery is possible and model the ten components of recovery as defined in the Substance Abuse and Mental Services Administration (SAMHSA) Consensus Statement on Mental Health Recovery.

i) The Peer Bridger team, including Peer Bridger Supervisor will:

i) Participate in monthly, statewide Peer Bridger Program administrative support conference calls.

ii) Participate in bi-annual Peer Bridger training events scheduled by DBHR.

iii) Ensure that Peer Bridgers complete tracking logs monthly and submit logs to DBHR via secure or encrypted emails.

iv) Coordinate and communicate Peer Bridger team schedules for participation at the inpatient settings with Peer Bridger coordinator.

v) Participate in scheduled supervisory sessions to address topics that align with HCA Peer Bridger training such as ethics, personal bias, self-care, and safety.

l) The Peer Bridger job description must contain the following elements:

i) Required qualifications:

(1) Lived experience of mental health recovery and the willingness to share own experiences.

(2) Ability to work flexible hours.

(3) Valid Washington driver's license or the ability to travel via public transportation.

(4) Ability to meet timely documentation requirements.

(5) Ability to work in a cooperative and collaborative manner as a team member with hospital staff, MCO/BH-ASO staff, and program individuals.

(6) Strong written and verbal communication skills.

(7) General office and computer experience.

(8) Washington Certified Peer Specialist with at least two years experience working as a peer.

(9) Dress professionally and appropriately.

ii) Desired Qualifications

(1) Ability and experience working with people from diverse cultures.

(2) Experience with state hospital system.

(3) Ability to form trusting and reciprocal relationships.