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North Sound Behavioral Health Administrative Services Organization, LLC

Section 1596 – Clinical: Peer Bridger Program

Authorizing Source:

Approved by: Assistant Director

Date: 5/27/2025

Signature:

POLICY # 1596.00

SUBJECT: PEER BRIDGER PROGRAM

PURPOSE

To provide support and oversight to the North Sound Peer Bridgers assigned to Western State Hospital (WSH) and 90/180 Long Term Community Commitment beds.

POLICY

North Sound Behavioral Health Administrative Services Organization (North Sound BH-ASO) will monitor the contract for North Sound Peer Bridgers. The North Sound Peer Bridgers will coordinate with the North Sound BH-ASO designee regarding referrals and services provided. North Sound BH-ASO's complete Peer Bridger program requirements in the HCA Peer Bridger Manual.

Definitions

"Peer Bridger" means a trained individual who offers peer services to participants in state hospitals and inpatient mental health facilities prior to discharge and after their return to their communities. The Peer Bridger must be an employee of a Behavioral Health agency licensed by DOH that provides Recovery services. Until December 31, 2026, a Peer Bridger is a Certified Peer Counselor, and also beginning July 1, 2025, a Peer Bridger may be a Certified Peer Specialist or Certified Peer Specialist Trainee.

PROCEDURES

The Peer Bridger Program serves individuals who are on the active discharge list at WSH, Eastern State Hospital (ESH), are in 90/180 Long Term Community Commitment beds, or who have recently discharged to the community from those facilities. If the client is a patient at ESH or has transitioned to a county outside the North Sound region, the Peer Bridger shall contact another Peer Bridger who services ESH or that area to transfer the case to them.

Participation in the Peer Bridger program is voluntary. The Peer Bridger shall begin meeting with the participants while committed in hospital settings and can continue to meet with the participant for up to 120 days post discharge, if requested by the client. Additional time can be granted on a case-by-case basis by submitting a request to the North Sound BH-ASO.

North Sound BH-ASO will establish regular meetings with the North Sound Peer Bridgers to review potential referrals and program needs. A list of residents on the active discharge list for the North Sound region is regularly provided to the Peer Bridger Lead by WSH.

Peer Bridgers shall comply with all regulations and procedures of WSH or 90/180 Civil Commitment facilities and complete all training requirements prior to meeting with participants at the hospital. These training requirements have been identified as:

1. Participation in statewide HCA Peer Bridger Orientation and training;

2. Participation in statewide specialized training as requested by the inpatient setting;
3. Complete required non-disclosure, acknowledgement of health care screening for contractors, and other required forms as requested by the inpatient setting; and
4. Additional trainings as required by North Sound BH-ASO.

Ethical principles that apply to professionals working with vulnerable adults will be followed by Peer Bridgers to include discrimination based on protected statuses, accurate documentation, sexual and financial exploitation, and conflict of interest.

Peer Bridgers will follow the program duties as outlined in the HCA Peer Bridger Manual and any additional requirements outlined in North Sound BH-ASO Supplemental Provider Service Guide (SPSG). Referrals to the Peer Bridger Program can be made by the North Sound BH-ASO WSH Liaison, MCO liaisons, treatment providers, or patient self-referral.

Data Reporting

The Peer Bridger team will:

1. Submit to HCA the Peer Bridger Participant Treatment Engagement Resources Monthly Report by the fifteenth (15) calendar day of the month following the month being reported, for each region, on the template provided by HCA;
2. When reporting service encounters, use the Rehabilitation Case Management Services code for services within inpatient settings or other appropriate outpatient modalities ensuring no duplication of services occur; and
3. When reporting Behavioral Health Supplemental Transactions into BHDS, ensure the "Program ID – 42" start/stop date is recorded.

ATTACHMENTS

1596.01 HCA Peer Bridger Manual