Statement of Work

Peer Bridger

PURPOSE

The Peer Bridger Program is intended to serve those program participants who are currently, or were recently, at Western or Eastern State Hospital (WSH or ESH). Program participants will be voluntary. The Peer Bridgers will attempt to engage individuals who may, have not wanted to engage with hospital staff in planning their discharge. Other program participants may be individuals whose symptoms, medical condition, or other issues have posed significant barriers to leaving the hospital. Hospital staff and the North Sound BH-ASO Hospital Liaisons will help the Peer Bridgers identify potential participants for engagement and discharge planning activities.

The role of the Peer Bridger is to offer peer support services to participants in state or community hospitals prior and post transitioning back to their communities. The Peer Bridger develops a relationship of trust with the participant. In developing this trust, the Peer Bridger may function as a role model, peer support, mentor, teacher, advocate, and ally as he or she communicates hope and encouragement. Ideally, the timeframe for developing a peer relationship between the potential program participant and the Peer Bridger is two (2) to three (3) months prior to the actual hospital discharge.

The in-community post-discharge transition period is the most intensive and critical stage of the program in order that the participant is not re-hospitalized and experiences being back in the community as a positive change. The Peer Bridger will transition from spending significant amounts of time on social support and begin teaching independent living skills, coping skills, and community adjustment skills. During this time, it is critical the Peer Bridger maintain the relationship with the participant, even though the participant will be enrolled in outpatient services. The hand-off between the Peer Bridger and the community mental health provider will be gradual. The anticipated duration of in-community Peer Bridger services is 120 days, with extensions granted by the North Sound BH-ASO on a case-by-case basis.

The Peer Bridger is not a case manager or a crisis worker; however, the Peer Bridger can assist the participant while they engage in those services, adding the value of recovery to all related activities. The participant can receive crisis services and individual clinical support services through the North Sound BH-ASO's provider network.

At any given time, the individual Peer Bridger will be working with 6-12 program participants. Prior to hospital discharge, the majority of the Peer Bridger work will be inside the state or community hospital. Post-discharge, the work activities for discharged individuals will be in the community. At all times, the Peer Bridger should keep the "pipeline open" (i.e., engaging and interacting with new potential program participants at the state hospital).

If demand for Peer Bridger services is so great that a North Sound BH-ASO's Peer Bridger program develops a waiting list, the North Sound BH-ASO should consult with Health Care Authority (HCA) to identify strategies for either program growth or alleviating the waitlist.

SERVICE POPULATION

In conjunction with the North Sound BH-ASO Hospital Liaisons and designated State Hospital Peer Bridger Liaison, the Peer Bridger will work to engage identified potential participants who are on the active discharge

list. These individuals may:

1. Have been on the hospital "active discharge list" for more than one (1) year; and/or
2. Are individuals with multiple state hospitalizations or involuntary hospitalizations; and/or
3. Are individuals with hospital stays of over one (1) year; and/or
4. Are individuals whom hospital staff and/or the North Sound BH-ASO Hospital Liaison have not been able to engage in their own discharge planning.

SERVICES

Hospital Based Activities

After the initial period of employee orientation and HCA's introductory training, the Peer Bridger will work directly with participants and potential participants at the state hospital. The Peer Bridger will be at the state hospital at least one (1) day per week. The balance of time spent between the community and the state hospital will be adjusted to be responsive to both participants in the hospital and participants in the community.

The Peer Bridger will facilitate engagement activities with individuals. Examples of the Peer Bridger engagement activities may include:

1. Spending time on the ward interacting with potential participants.
2. Developing a trusting peer relationship with participants through:
    a. Promoting a sense of self-direction and self-advocacy when working with participants;
    b. Sharing their experiences in recovery with participants;
    c. Helping build motivation through sharing the strengths and challenges of their own mental health success;
    d. Considering the participant's medical issues and helping plan wellness habits they can pursue; and
    e. Helping the participant plan how they will do the things the hospital and its staff currently do for the participant.
3. Educating participants about resources in their home community.
4. Provide education to hospital staff on recovery, peer support, and recovery supports.
5. Carry the participant and recovery perspective to team meetings and hospital staff and help the participant process and understand team thinking and team decisions.

The Peer Bridger will assist the participant in finding housing in the community as part of the discharge plan.

1. This assistance will include coordinating with the participant and hospital social work staff, Home and Community Services (HCS) workers, the North Sound BH-ASO's Hospital Liaison and with Behavioral Health Agencies (BHA) housing coordinators.
2. The Peer Bridger will coordinate activities with HARPS Peers and leverage off the HARPs project in finding post-discharge housing options.

If the participant requires Adult Family Home (AFH) level of care or some other type of structured setting, the Peer Bridger will coordinate efforts with the HCS worker assigned to the hospital, the discharge team and the North Sound BH-ASO's Hospital Liaison.

Assessing the living situation for the participant should be strengths-based and respect the participant's choice. In instances where the hospital discharge team's perception of the need for structured living differs

from that of the participant, the Peer Bridger should advocate on the behalf of the individual.

The Peer Bridger will assist the participant in developing a discharge plan.

1. Upon request of the participant, function as a member of the participant's hospital discharge team.
2. The Peer Bridger will frame the discharge as a positive outcome to the participant and focus on long-term placement issues.
3. Identify participant perceived barriers to discharge, such as fear of change, and work with the participant to work through those barriers and ensure the participant they will be supported throughout the process.
4. Coordinate with North Sound BH-ASO Hospital Liaison, hospital discharge worker in identifying recovery-based housing resources.
5. In coordination with the Liaison and the hospital team, the Peer Bridger will facilitate transportation back to their community.

Community-based Post-discharge Activities

The Peer Bridger will work with the participant in the community for an average of 120 days after the participant leaves the hospital. The frequency and duration of services will be determined by the participant's needs, what service level is required to help the individual stay safely in the community, and the caseload prioritization of the Peer Bridger. Peer Bridger services should only be decreased when the participant is actively engaged in receiving mental health treatment and peer services from a mental health treatment agency.

1. Peer Bridger services greater than 120 days post-discharge should be approved by the North Sound BH-ASO on a case-by-case basis.
2. If the participant is on a Less Restrictive Alternative (LRA) or Conditional Release (CR) Order, the Peer Bridger will explain to the participant what it means to be on a LR or CR.
3. The Peer Bridger will facilitate a "warm hand-off" to the community mental health provider chosen by the participant. Examples of activities the warm hand-off could include are:
    a. Being present with the participant and offering support during the participant's first appointment and at intake evaluation at the mental health agency.
    b. Helping the participant complete the necessary paperwork for enrolling in mental health services.
    c. Participating in treatment activities at the mental health agency with the participant, if requested by the participant.
    d. The Peer Bridger can offer to sit in and function as an advocate during appointments with the primary clinician, prescriber, etc.
    e. The Peer Bridger can serve as a strengths-based advocate and resource in developing the treatment plan with the participant and mental health agency.
    f. The Peer Bridger can assist the participant in scheduling and attending appointments with allied care providers, such as primary care clinics.
4. The Peer Bridger should assist the participant in developing a practical crisis plan with the participant's mental health service provider. The plan should assist the participant with identifying strengths and ensuring the elements of the plan are meaningful to the participant. During the first 120 days' post-discharge, the Peer Bridger should be 1 of the resources on the crisis plan.

5. The Peer Bridger should connect the participant with natural support resources and the local recovery community.

    a. Through modeling, the Peer Bridger should help the participant develop the skills to facilitate trust-based relationships that foster hope for positive change and empowerment.
    b. The Peer Bridger should help the participant identify and engage with a range of community-based supports.
    c. The Peer Bridger should help the participant develop strategies for maintaining wellness and support.
    d. The Peer Bridger should help the participant develop skills to support meaningful relationships and friendships.

6. The Peer Bridger should assist the participant in developing a new life structure, including developing and refining skills for daily living. Examples would include:

    a. The Peer Bridger should offer a structure or schedule for Peer Bridger activities based on the participant's recovery goals. Activities could include:

        i. Scheduling regular activities with the participant. Activities could include regular visits going to coffee shops, etc.
        ii. A method for the participant to contact the Peer Bridger when the participant feels the need for added support.
        iii. How to contact the Peer Bridger or other team members if there is a crisis.

    b. The Peer Bridger should help the participant develop the skills to schedule, track and attend appointments with the mental health provider, primary care doctors, etc.
    c. The Peer Bridger should connect the participant to support groups and initially attend meetings, as allowed, with the participant at the participant's request during the 120 days of in-community support.
    d. The Peer Bridger should assist the participant in identifying areas of community living skills in which the participant may have a need. Examples could include:

        i. How to use local transit.
        ii. How to open a checking account and if participant has a payee, how to work effectively with the payee service.
        iii. How to understand any benefits or entitlements the participant may receive, including the reporting requirements for keeping those benefits.
        iv. How to budget and live within the budget.
        v. Help with menu planning, meal preparation, shopping, and utilizing food banks.
        vi. Getting comfortable with leisure activities such as going to movies, visiting museums, visiting art galleries, using libraries, and shopping at malls.
        vii. Finding a church or faith home if the participant wishes.
        viii. Connecting with self-help or 12-step groups, if the participant wishes.
        ix. Learning to maintain housing standards.

    e. The Peer Bridger should help the participant develop skills for self-advocacy, so the participant can play an active role in defining his or her treatment plan and communicating clearly with professionals such as psychiatric prescribers, primary care doctors, etc. Examples could include preparing for appointments or identifying questions they may want to ask or

items they would like to communicate to the care provider.

f. The Peer Bridger should explore supported employment with the participant. The Peer Bridger should address:

    i. Employment goals and how they relate to recovery.
    ii. The availability of additional training and education to help the participant become employable.
    iii. The array of employment programs and supported employment opportunities available within the North Sound BH-ASO.

General Program Activities

1. Demonstrate recovery is possible to co-workers and model recovery, through professionalism, etc. Spreading recovery principles through North Sound BH-ASO and state hospitals acting as change agent.
2. Participate in HCA sponsored Peer Bridger training activities.
3. Coordinate activities with the North Sound BH-ASO Hospital Liaison.
4. Participate in monthly, statewide Peer Bridger Program support conference calls.
5. Attend and participate in bi-monthly Peer Bridger team coordination meetings. Meetings will be scheduled at both ESH and WSH for Peer Bridgers in the respective hospital catchment areas.
6. Participate in hospital training and other HCA and North Sound BH-ASO trainings.
7. Complete Peer Bridger Tracking logs monthly and submit logs to North Sound BH-ASO.
8. Meet the documentation requirements of the state hospital and their employer.

Principles and Core Values Outcomes of the Peer Bridger Program

1. The Peer Bridger will facilitate linkage to a broad range of community-based services and natural supports.
2. The Peer Bridger will promote choice of treatment provider, when more than one (1) community treatment agency is available.
3. The Peer Bridger will demonstrate and teach effective goal setting and communication skills with treatment providers and the members of the community.
4. The Peer Bridger will assist the participant in finding access to housing and privacy.
5. The Peer Bridger will provide peer services in a manner that is flexible and recovery-focused.
6. The Peer Bridger will assist in formulating recovery goals based on the participant's strengths and interests, as well as action steps to achieve those goals.
7. The Peer Bridger will demonstrate the core values of providing peer support:

    a. Building empowering relationships;
    b. Promoting personal responsibility;
    c. Building individual resilience;
    d. Establishing meaningful social roles;
    e. Developing natural supports;
    f. Supporting freedom of choice; and
    g. Redefining crises as learning opportunities.

PROGRAM STAFFING

The Peer Bridger Job Description must contain the following elements:

1. Required Qualifications

a. Lived experience of mental health recovery and the willingness to share his/her own experiences as appropriate.
b. Confidence in his/her own wellness.
c. Passion and enthusiasm for peer support the recovery possibilities for everybody.
d. Ability to work flexible hours.
e. Valid Washington Driver's license.
f. Ability to meet timely documentation requirements.
g. Ability to work in a cooperative and collaborative manner as a team member with program participants
h. Strong written and verbal communication skills.
i. General office and computer experience.
j. Washington Certified Peer Specialist with at least two (2) years' experience working as a peer.

2. Desired Qualifications

a. At least two (2) years' experience working as a peer specialist.
b. Ability and experience working with people from diverse cultures.
c. Experience with state hospital system.
d. Ability to form trusting and reciprocal relationships.

Principal Duties and Responsibilities

1. Be mindful of the ethics, boundaries, power and control issues unique to Peer Specialists.
2. Intentionally share their Recovery Story as appropriate to assist service recipients, providing hope and help in changing patterns and behaviors.
3. Set mutually acceptable boundaries with the program participants.
4. Be able to assist participants with constructing their own wellness or recovery plan.
5. Work with participants from a strengths-based perspective and communicating that strengths-based perspective to others.

COORDINATION

The Peer Bridger or Peer Bridger team will:

1. Participate in statewide HCA Peer Bridger Orientation training.
2. Participate in Peer Bridger training provided by HCA.
3. Participate in required North Sound BH-ASO training, including orientation to community resources with the North Sound BH-ASO's hospital liaisons and other staff. Identify recovery resources for their respective North Sound BH-ASO. The Peer Bridgers may coordinate resource inventory with the Housing and Recovery Through Peer Support (HARPS) team. This activity will be a joint project with the North Sound BH-ASO HARPS team.
4. Participate in ESH or WSH 32-hour New Employee Orientation (NEO).

POLICIES AND PROCEDURES RELATING TO THIS PROGRAM

Policy # 1596.00 *Peer Bridger Program*