

MIDD 2 Initiative RR-11: Peer Bridgers and Peer Support Pilot (NEW)

How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of “divert individuals with behavioral health conditions from costly interventions, such as jail, emergency rooms, and hospitals.”

Specifically, through its two program components, the initiative provides:

- Transition supports for adult individuals who have been hospitalized in inpatient psychiatric units by supporting peer bridger programs that have been shown to be effective in reducing hospital episodes and lengths of stay; reducing rehospitalization; and increasing Medicaid enrollment
- Peer specialists strategically deployed to substance use disorder (SUD) service settings where peers’ unique experiences and skills can have a significant impact on participants’ ability to maintain recovery by supporting them to engage successfully with ongoing treatment services and other supports. These peer services are critical to diverting people from criminal justice and emergency medical settings.

1. Program Description

◇ A. Service Components/Design (Brief)

The initiative includes two discrete but related components: MIDD support for the Peer Bridger programs at Navos Mental Health Solutions and Harborview Mental Health and Addiction Services, and a pilot to support the strategic use of peer services in settings serving individuals with elevated or emergent substance use needs and risks.

Peer Bridger Component

The Peer Bridger programs provide transition supports for adult individuals who have been hospitalized at the psychiatric inpatient units at Navos and Harborview.¹³² Teams of certified peer specialists work in coordination with the inpatient treatment teams to identify individuals in need of this support, and to develop individualized plans to promote each person’s successful transition to the community.

Peer Bridgers work with individuals for up to 90 days after discharge. Participants are offered:

- Concrete support to obtain personal identification documents, medical insurance benefits, housing, treatment services, medications, social supports, transportation, cell phones, and other basic necessities
- One-to-one and group services during hospitalization

¹³² The Peer Bridger Program was originally funded in the spring of 2013 by a grant from the State of Washington Attorney General’s Office, Consumer Protection Division, from proceeds associated with a class action lawsuit. Those grant funds were exhausted in December 2015. MIDD fund balance dollars were provided to sustain the current program through 2016.

- Support for wellness self-management using evidence-based tools
- An authentic personal connection based on personal experience.

If this aspect of the initiative is expanded in future years, peer bridger services could expand to serve additional psychiatric units in King County's other evaluation and treatment facilities and/or community hospitals.

SUD Peer Support Component

SUD peers are people with lived experience who have initiated their recovery journey and are able and willing to assist others who are earlier in the recovery process. They can have a unique role in the provision of recovery support services including access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; and illness management. Peers can also play a key role in helping people engage successfully with formal SUD treatment. Peer support removes barriers to access and is invaluable throughout the continuum of care, prior to treatment, during treatment, and as after-care support.

Peer specialist staff are deployed in two stand-alone recovery community organizations (RCOs) that have been strong leaders in developing a peer-to-peer infrastructure in King County. At RCOs, peer positions build connections with recovering people, helping link them to community support and providing emotional assistance to their recovery journey. Peers provide mentoring or coaching, recovery groups or circles, recovery resource connecting, and community-building activities. Peers also refer people to other community supports including behavioral health services, medical services, housing resources, employment services, education services, and other informal or formal support systems.

◇ *B. Goals*

Peer Bridger Component

The primary goal of the Peer Bridger Programs is to promote successful community tenure for the identified population. System goals include reductions in King County-funded inpatient admissions, readmissions and hospital days. The program prioritizes services for the most vulnerable of hospitalized individuals:

- People who are not insured and not enrolled in ongoing mental health services
- People who are insured and enrolled, but disengaged from their ongoing mental health provider and at high risk of re-hospitalization.

SUD Peer Support Component

The SUD peer support component creates peer positions at a small number of RCOs to assist individuals, with a goal of reducing their recurring use of emergency systems, including the criminal justice system. As would be the case if the pilot were expanded more broadly, these peers will work to facilitate effective linkage and engagement with ongoing treatment services in the recovery community, outpatient treatment services, withdrawal management and/or residential settings.

◇ C. Preliminary Performance Measures (based on MIDD 2 Framework)¹³³

1. How much? Service Capacity Measures

Peer Bridger Component

The Peer Bridger programs at Navos and Harborview together currently serve approximately 200 individuals per year.

SUD Peer Support Component

The SUD peer support component will be determined.

2. How well? Service Quality Measures

Peer Bridger Component

- Increased use of preventive (outpatient) services

SUD Peer Support Component

- Improved wellness self-management

3. Is anyone better off? Individual Outcome Measures

Peer Bridger Component

- Increased enrollment in Medicaid or other health insurance
- Reduced unnecessary incarceration, hospital and emergency department use

SUD Peer Support Component

- Reduced substance use
- Improved wellness and social relationships
- Reduced unnecessary incarceration and emergency department use

¹³³ Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

◇ *D. Provided by: Contractor*

Services provided under both components of this program will be provided by contracted agencies.

2. Spending Plan

Year	Activity	Amount
2017	Peer Bridger teams at two inpatient psychiatric facilities	\$604,750
2017	Peer support specialists deployed to RCOs and other key SUD service settings	\$164,000
2017 Annual Expenditure		\$768,750
2018	Peer Bridger teams at two inpatient psychiatric facilities	\$620,474
2018	Peer support specialists deployed to RCOs and other key SUD service settings	\$168,264
2018 Annual Expenditure		\$788,738
Biennial Expenditure		\$1,557,488

3. Implementation Schedule

◇ *A. Procurement and Contracting of Services*

Peer Bridger Component

Funding for this component supports two peer bridger providers: Navos and Harborview Medical Center. No request for proposals (RFP) is necessary.

SUD Peer Support Component

Funding for this component is expected to continue to be disbursed to the same RCO agencies. No RFP is necessary.

◇ *B. Services Start date (s)*

MIDD 2 funding for Peer Bridger programs at Navos and Harborview, and for SUD peer services at RCOs, were implemented January 1, 2017 to ensure continuous services.

4. Community Engagement Efforts

Peer Bridger Component

This component is continuing an established program model with minimal expected change. Feedback from all program stakeholders, including program staff, is discussed and addressed as part of regular program operations discussions.

SUD Peer Support Component

This component is continuing an established program model with minimal expected change. Routine community engagement that occurs as part of the ongoing delivery of this program includes: targeted community outreach to programs, services and populations that are directly or indirectly impacted by substance abuse who can benefit from peer support engagement; and routine discussions with people receiving services and community stakeholders to help determine program needs.