INTRODUCTION
In 2013 King County (Washington State) contracted with Harborview Medical Center and Navos Mental Health Solutions to implement the Peer Bridger Program. This 2 ½ year grant-funded intervention aimed at reducing hospitalization and improving quality of life after discharge from psychiatric hospitals. Program staff are state Certified Peer Support Specialists.

Peer Bridgers in the King County program are sited within the hospital setting, working collaboratively on discharge planning and engaging participants in community-based services and supports. The program has statistically proven to:
- increase enrollment in outpatient services
- shorten length of stay
- reduce number of hospital episodes/days
- increase enrollment in Medicaid
- to reduce re-hospitalizations

Anecdotally, program participants overwhelmingly report improvement in their quality of life through the increased support they received.

KEY METHODS
The Relationship
Key to program success has been the use of Certified Peer Support Specialists who share their lived experiences openly. This helps to build meaningful, trusting relationships that have depth and weight. The quality of these relationships is paramount and cannot be underestimated in producing successful outcomes.

Trusting relationships enable participants to:
- learn how to communicate openly and honestly with providers and other people in their lives
- reduce internalized stigma, providing role models that demonstrate recovery is truly possible
- recognize their own strengths and develop personal goals
- feel like someone is truly on their side, who will advocate for them and help them overcome overwhelming stressors in their lives
- learn how to observe limits with themselves and other people

Inpatient Clinical Teams
Peer Bridgers are fully integrated within the clinical interdisciplinary teams (psychiatry, nursing, social work, rehab therapy, and addictions) and at all stages:
- demonstrate that recovery is possible for clinical staff through their own success stories and professionalization – increasing the adoption of recovery principles across the disciplines
- model compassionate, open relationships that inspire hope
- bring the participant perspective to the team and help to communicate and explain clinical strategies back to the participant
- advocate for the participant and challenge staff to consider alternative perspectives
- assist with the discharge planning process

Outpatient/Community
Once discharge takes place, the range of services provided by Peer Bridgers is customized to the individualized need of the participant. Peer Bridgers often provide temporary case management until the participant is successfully connected with outpatient services. In the community, Peer Bridgers:
- focus first on the crisis needs – hope begins to emerge as overwhelming tasks begin to be systematically addressed
- sit in on intake sessions with case managers and psychiatrists
- help people:
  - connect with, (and successfully utilize) their outpatient services
  - recognize their own strengths and develop personal goals
  - learn about their medications (obtaining and effective use)
  - develop and utilize natural supports
  - learn time management skills
  - navigate complex social service systems
- obtain housing
- follow-up with obtaining and understand their benefits
- connect with recovery communities (12-step, CD, etc)
- cope with life changes (diagnosis, loss, homelessness, etc.)
- learn to tolerate challenging living situations (shelters, streets, families, etc.)
- practice skills learned while in the hospital (DBT, CBT, WRAP, etc.)
- learn self-sufficiency
- learn and start to practice recovery principles

RESULTS
According to King County data analysts, there were 494 participants who had had the opportunity for at least 90 days of Peer Bridger services as of October 31, 2015. The hospital episode that launches Peer Bridger services is considered their “index” hospitalization. For analysis purposes, this hospitalization is counted within the year prior (“pre”) to Peer Bridger enrollment. Outcome analysis compares “pre” year hospitalizations with the year following Peer Bridger enrollment (“post”).

- Participants significantly reduced hospital episodes and days, reducing hospital days an average of 23.4 days per participant and hospital length-of-stay by an average of 7 days per participant.
- About one-fifth of participants were re-hospitalized within 90 days of discharge from their “index” hospitalization.
- Participants increased their rate of enrollment in outpatient mental health services and in Medicaid within 90 days of hospital discharge.

STRATEGY
The Peer Bridger program prioritizes services for:
1. People who are not insured, and not enrolled in ongoing mental health services
2. People who are insured and enrolled, but disengaged from their ongoing mental health provider

- King County provided initial training in the Peer Bridger model and in trauma-informed care, crisis intervention, motivational interviewing
- Peer Bridgers are sited within the hospital setting
- Peer Bridgers work collaboratively within the clinical teams
- A key to the King County program strategy is the utilization of the same Peer Bridgers who work with participants throughout the program duration (both in the hospital and post discharge)
- Peer Bridgers work with people up to 90 days post discharge
- Provide “slush fund” for basic services and essential needs such as bus passes, cell phones, clothing, food, engagement activities, etc.

CONCLUSIONS
The Peer Bridger program successfully serves individuals with complex needs who are being discharged from psychiatric hospitals. By providing short term dedicated peer services, the program is meeting its goals of reducing hospital use and increasing engagement in community-based mental health and other services. Separate analysis suggests that reductions in hospitalization and increases in outpatient mental health service and Medicaid enrollment are greater for participants than for a matched comparison group further underscoring the success of the program.