

2016 Community Health Leadership Award – Nomination

Nominator Name: Dr. David M. Johnson, Chief Executive Officer

Organization Being Nominated: Navos and Harborview Medical Center

Name of Program: Peer Bridgers

Program Contact: Cindy Spanton, Navos, and Sunny Lovin, Harborview Medical Center

Program Description:

The Peer Bridger program began in 2013 as a grant-funded intervention applied for and administered through King County's Behavioral Health and Recovery Division (BHRD). The program was based on a national best practice model originally developed in New York State in the 1990s. Following the two-year grant period, King County has continued to support the program with dedicated recovery funds. Program staff are Peer Specialists who have lived experience with mental health and substance use challenges and are currently advanced in their own recovery. They have completed a six-month education program, worked as an intern, and passed a state exam to be certified as Peer Specialists.

Peer Bridger teams are currently sited at Navos' and Harborview Medical Center's involuntary inpatient psychiatric units, which are both located in King County. Peer Bridgers initially engage with program participants in the hospital setting and can continue working with individuals for up to 90 days post-discharge. Two of the most important program components, which are first addressed during the hospital stay, are to begin building trusting relationships and formulating a client-centered plan for discharge. At both hospitals, typical activities might include obtaining Medicaid, assistance with public financial benefits applications, and connecting individuals with housing and outpatient mental health/SUD treatment. Navos' internal program evaluation for quality improvement purposes gives us further insight into other important aspects of building successful relationships. Data supports the importance of first paying close attention to client-identified needs, whether it be a pet left home alone, pending court involvement, obtaining identification or a phone, or a myriad of other individualized needs.

Following hospital discharge Peer Bridgers continue to assist participants on their individual roads to recovery. Our internal records indicate the most important aspects of this include driving clients upon hospital discharge to pick up prescription medications and then to the identified discharge location. Peers also accompany clients to intake, case management, and prescriber appointments, and help set up an appropriate transportation plan for ongoing care needs. The peers continue to assist with client-identified barriers to successful community living, which can include anything from a listening ear to identifying community supports to finding the best available place to call home.

Population Served:

The Peer Bridger program serves adults from inpatient psychiatric settings, with priority given to certain individuals who meet the following criteria: 1) people who are not insured and not enrolled in ongoing mental health services; and 2) people who are insured and enrolled, but disengaged from their ongoing mental health provider and at high risk of re-hospitalization.

Goal and measure of success:

The goal of the Peer Bridger program is to help enrollees reduce their psychiatric hospitalizations and improve their quality of life after discharge from hospitalization. Analytics were designed to measure a reduction in hospital stays, as well as a reduction in the average number of days spent in the hospital as related to a comparison group.

Evaluation of the first two years of the program found that, “The Peer Bridger program has been successful in serving individuals with complex needs who are being discharged from psychiatric hospitalizations. Nearly half of the participants are ethnic minority and about half are homeless. The program serves about 50 participants per month, who receive referrals and linkages to mental health services and other services and supports.” (King County Peer Bridger Final Report, January 2016)

Outcome analysis showed that the program is meeting its goals of reducing hospital use and increasing engagement in community-based mental health and other services. Specifically:

- 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 18 days per participant. Reductions were greater for participants in the Peer Bridger program than a comparison group.
- Jail stays were relatively rare both before and after Peer Bridger enrollment and they showed little change over time.
- Participants increased their enrollment, within 90 days of hospital discharge, in outpatient mental health services from 29% to 70%, and their enrollment in Medicaid from 42% to 81%.

Survey responses indicated that Peer Bridgers were particularly helpful in providing information and resources, providing an understanding and trusting relationship, and helping participants stay motivated for recovery.

How did the nominee identify the community’s health need, for example, did you use the community health needs assessment?

Navos and Harborview Medical Center are members of the Hospitals for a Healthier Community (HHC) collaborative which includes all 12 hospitals and health systems in King County, and Public Health—Seattle & King County. HHC members collectively developed the King County Community Health Needs Assessment 2015-2016. The King County CHNA included review of several existing reports and plans including Navos’ Community Health Needs Assessment which was conducted over a six-month period in 2013. Navos’ CHNA included consultation with community members, other behavioral health care and primary care providers, Public Health—Seattle & King County, King County’s Mental Health Chemical Abuse and Dependency Services Division, and the Washington State Hospital Association. It identified four areas of greatest need. Navos’ CHNA implementation plan stated that over the next three years, Navos would address three of the four priority areas:

- Integrated primary and behavioral health care
- Prevention and population-based care strategies specific to this community
- Improved access to outpatient mental health services

Among the needs identified in the King County CHNA were:

- Access to Care, including lack of health insurance
- Behavioral Health, with access to behavioral health care, the integration of behavioral and physical health care, and psychiatric boarding identified as key issues
- Preventable Causes of Death, including obesity, tobacco use, access to healthy food, and physical activity

The Peer Bridger program responds to these identified needs by improving access to integrated primary and behavioral health care, working with individuals to address preventable causes of death, and providing care strategies specific to the vulnerable populations we serve. In the final version of the King County CHNA, the Peer Bridger program at Navos and Harborview was listed as an asset in addressing our community's Behavioral Health needs.

Describe how community partners were involved:

As noted, the Peer Bridger program is supported financially and through trainings arranged by King County's Behavioral Health and Recovery Division. Navos and Harborview also maintain a close working relationship, and meet regularly to discuss program improvement goals and strategies. Both teams work closely with the Department of Social and Health Services and have established a streamlined process for clients to apply for state financial benefits. Peer Bridgers accompany participants to intake and follow-up appointments with numerous community behavioral health agencies, and work collaboratively with staff in those agencies toward a warm handoff between services. Peer Bridgers have also established effective working relationships with various housing entities and the Social Security Administration.

Was the Board of Trustees or the Board of Commissioners involved in the program?

The Boards of Directors of Navos and Harborview Medical Center endorsed the pilot for the Peer Bridger program and based on successful outcomes, its full implementation.

Did you use data in benchmarking and goal setting? If you didn't use data, how did you evaluate effectiveness? Please describe.

The Peer Bridgers at both Navos and Harborview were asked to gather and collect data on each individual enrolled in services. Data elements collected included basic demographics, housing situation, number of contacts provided per month, group vs. individual contacts, service types (linkage to other services, illness self-management, natural supports, medication supports, financial benefits assistance, WRAP plans, etc.). Data was also collected to calculate the number of days individuals were enrolled in services, outcome analysis, and referral information. King County employed a data analyst who collected and evaluated the information. In addition, one member of the Navos Peer Bridger team who is experienced with analytics collected internal data to determine best practices and quality improvement measures.

How did this project help to advance the cause of Equity of Care in Washington State?

Most Navos clients live in poverty, and people of color are disproportionately affected by poverty. Through our policies, training and organizational culture, Navos ensures that staff and services are sensitive to this disparity. The mission of Navos is to transform the quality of life of people vulnerable to mental illness and substance use disorders by providing a broad continuum of care. We believe that

diversity, inclusion and equity are vital to living our values and achieving our mission. Navos' Equity & Inclusion effort is part of our Quality Improvement Program, a high priority initiative in our strategic plan. The purpose is "to foster an agency cultural shift towards an emphasis on equity and inclusion with our clients, our employees, and at all levels, by better understanding the social inequities that impact the mental health of the people and communities we serve."

Thirty percent of Navos' staff are people of color. We have bilingual and bicultural therapists, and minority mental health specialists on staff. We use language interpretation contractors as necessary, and they provide reports showing the top ethnic groups using our services so that we can provide essential publications in these languages. When our redeveloped website is completed this fall, information will be available in four languages—English, Spanish, Russian and Cantonese. We are proud to work in partnership with mental health consumers, and a number of Navos' staff are current or former mental health consumers. Navos' Peer Advisory Council meets regularly with and advises Navos' CEO.

The Peer Bridger program helped to advance the cause of Equity of Care by providing individualized services to vulnerable adults with significant health disparities. Among the 271 people served by Navos' Peer Bridgers over the past two years, 48% were non-White, primarily African American/Black; 7% spoke a language other than English. About half of Peer Bridger participants are homeless when they first begin services, significantly higher than the 10% of outpatient clients who are homeless. Thirty-one percent of Peer Support Specialists and Peer Bridgers employed at Navos are people of color. The Peer Bridger program implemented trauma-informed care to provide a welcoming, culturally-inclusive environment, and we tailored care planning to individual cultural and linguistic needs.

Harborview Medical Center is the only Level 1 Trauma Center to serve a five state region (Washington, Oregon, Idaho, Montana and Alaska). As the designated King County hospital, the mission of Harborview Medical Center includes providing and teaching exemplary patient care and providing health care for those patients King County is obligated to serve. Patients who are given priority for care at Harborview Medical Center include Persons incarcerated in the King County Jail, Mentally ill patients, particularly those treated involuntarily, persons with sexually transmitted diseases, substance users, indigents without third-party coverage, non-English speaking poor, trauma victims, burn victims, those requiring specialized emergency care, victims of domestic violence, and victims of sexual assault.

The addition of the Peer Bridger program to Harborview Medical Center enhances services offered to our mission population and helps promote equity of care by assuming and maintaining a strong leadership position in the Pacific Northwest and the local community. This leadership role is nurtured through the delivery of health services of the highest quality to all of its patients and through effective use of its resources. This example of equitable care can be replicated by other hospitals in the region.

What results are you seeing? What difference has this program made in the community?

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 18 days per participant. Additionally, participants significantly increased their rate of enrollment in both Medicaid and outpatient mental health services.

Has this program been awarded or recognized by others?

Although there have not been any awards (to date) for the Peer Bridger program, Seattle Times opinion editor Jonathan Martin published an article recognizing the program for its innovation and early success. The rewards of the Peer Bridger program are also realized on a daily basis through the numerous large and small successes of the program participants. In King County's Behavioral Health and Recovery Division, as well as in various work groups (such as the Committee to End Boarding Task Force), the success of the Peer Bridger program is well-recognized and appreciated. King County's behavioral health care system considers the program one of their greatest successes. House Speaker Frank Chopp successfully lobbied for funds in the Governor's 2016 budget to bring the Peer Bridger program to Western State Hospital based on the success at Navos and Harborview.

Who else was involved in making this successful?

The people most involved in making this program a success were the Peer Bridgers and the program participants themselves. It's also important to recognize the work of the existing teams at both inpatient facilities, who embraced the role of the Peer Bridgers from the beginning. The teams incorporated the Peer Bridgers into the interdisciplinary teams and helped promote the unique services and skill set offered.

In addition, the King County Behavioral Health and Recovery Division has been instrumental in helping to launch this program and advocate for continued funding. The Mental Illness and Drug Dependency (MIDD) oversight committee should also be recognized for acknowledging the great work of this program and recommending continued funding as one of the MIDD funded strategies beginning in 2017. The OptumHealth Pierce Behavioral Health Organization has operated a Peer Bridger program since 2010 and assisted the King County programs with training and mentorship.

Anything else you want to add about this program?

The Peer Bridger program is playing a significant part in improving the overall health of our community in ways that may not be fully realized for years to come. Although it may be difficult, if not impossible, to count the full health benefits of treating people with dignity, respect, and concrete resources, we can rely on well-documented research on the significant positive impact of Trauma-Informed Care as affirmation of the potential for the program's ongoing effectiveness. In fact, "Peer Support and Mutual Self-Help" is one of the six Guiding Principles of Trauma-Informed Care.

The Peer Bridger program in King County is a somewhat unique program in that although there is funding and oversight provided by King County, two similar and yet separate entities—Navos and Harborview Medical Center, have each successfully implemented the program and attained similar outcome results. Similar programs have been operating in other parts of the country, including OptumHealth in Pierce County, and the New York Association of Psychiatric Rehabilitation Services which has offered a peer bridging program since 1995. The Peer Bridger program could be successfully replicated in other communities.