Katelyn Hamilton Peer Workforce Coordinator/Peer Bridger

Todd Noack Executive Director

PEER BRIDGING

Dewitt, la







SO, WHAT IS THE PEER BRIDGING MODEL OF PEER SUPPORT?

"Transitioning from inpatient services to outpatient treatment is both difficult and anxietyinducing for many individuals with serious mental illnesses. While peer support has addressed this through a variety of means of support, the oldest and most reproduced program is known as the "Peer Bridger" model. It was first introduced in 1994 by the New York Association for Psychiatric Rehabilitation Services (NYAPRS) to provide support for individuals with long or repeated psychiatric hospitalizations as they made the transition back to their home communities."

SO, WHAT IS THE PEER BRIDGING MODEL OF PEER SUPPORT?

It is a manualized model that focuses on:

- 1. Outreach and engagement;
- 2. Crisis stabilization;
- 3. Wellness and self-management skills; and
- 4. Community support.



WHO COULD BE A GOOD CANDIDATE FOR PEER BRIDGING SERVICES?

- Someone coming out of the criminal justice system
- Someone being discharged from inpatient mental health services
- Someone being discharged from the hospital
- Someone looking to begin long term residential services
- Someone looking to get support finding housing, insurance, food assistance, other resources.
- Someone referred from the county care coordinator



THE PEER BRIDGER ROLE

Bridger performs a variety of functions in their unique peer relationships:

- Skill teaching
- Role model
- Social and emotional support
- Recreation companionship
- Advocacy
- One-on one peer support
- Source of encouragement and hope

THE PEER BRIDGER ROLE CONT.

This Bridger will work with individuals in their home and community in a variety of different ways.



The Bridger can help the individual with socialization, advocating for their needs, arranging and keeping appointments, reminders, securing transportation, and utilizing other needed services in the community.

THE PEER BRIDGER RELATIONSHIP



Personal relationship building emphasizing the development of trust, mutual respect, encouragement and emotional support. As the above becomes solidified, the encouragement of deeper involvement in peer support groups, exposure to community resources, attention to skills inventory (and working on mastering identified desired skills)

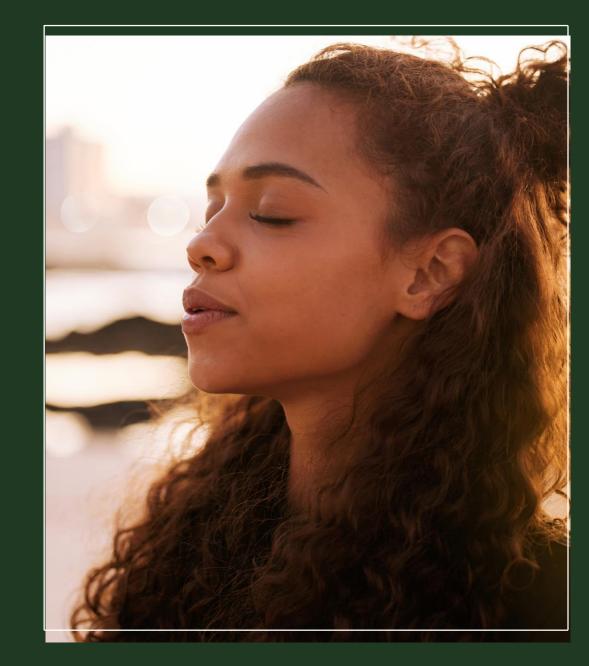
Following discharge, intensified peer supports are paramount. Deeper involvement in skills teaching, learning wellness selfmanagement skills. increased connections to resources, and regular, honest communication is emphasized. Peer **Bridgers** may encourage more frequent contact to promote increased involvement, support and social contact.

Setting the stage and laving the groundwork for independence. Again, revisiting the skill inventory and addressing those skills not yet quite developed are worked on. Support for the establishment of a wider circle of friendships and enhanced social activities in the community. Positive risk-taking and greater independence are supported.

DURATION OF PEER BRIDGING SERVICES

The time allotted for the development of a trusting relationship between the Bridger and the person to be discharged is to be defined by that person's desires and needs.

As a rule of thumb, Bridger will work with **three** to **five** individuals at a time, typically beginning their involvement at about 2-3 months prior to planned discharge.



WHAT IS THE GOAL?

The goal of the project is to provide hospital residents with a "match" with a peer Bridger for intensive personal support services in preparing for discharge and during the initial period of community adjustment.



OUR REGION- EASTERN IOWA

ATTACHMENT A

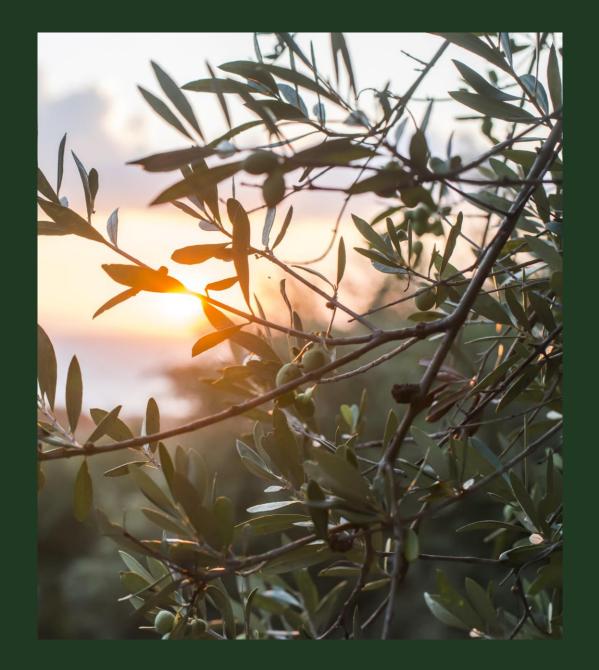
SERVICE DEFINITIONS AND RATES

Service Description	Unit of Service	Rate		
<u>Individual Peer Support Services</u> : Evidence based practices that assist individuals in their own recovery, connect them to other mental health services if needed, promote community integration and encourage self-reliance and independence.	15 minute	\$13.13		

HOW WE MEASURE & DOCUMENT

-	<u>n</u>		~	<u> </u>	-	•	<u> </u>	_
2	Agency/Organization: Life Connections Peer Recovery Services			Date:				11
3	Program: Peer Bridger							
4								
5	Program Description:							
6	To provide peer delivered wellness and recovery services to individuals struggling with emotional distress, psychiatric diagnosis, substance	e abuse, traun	na, and/or a	variety of other	life-interrupting	challenges	5. Services	
7	offer an alternative to more traditional crisis services and hospitalizations.							
8								
9								
10	Regional Funding: \$13.13 Hr.							
11	Purpose: To provide alternative support and options for long term treatment services							
12								
13	Report Monthly to Eastern Iowa MH/DS Region							
14								
15	Outputs							
16	4/4/2023 Met with Jon Doe at (location). Include details of what was accomplished, discussed, decided, etc. Include information about							
17	next scheduled visits, the amount of time spent together during visit and any other requests from the peer.							
18								Ŧ
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20	Number of Individuals Referred -initial meeting	Hours	Age	Gender	County			
21	Jon Doe	26	32	Male	Clinton			
22								
23	Number of Individuals Served	1						
24	Average hrs served	1.5						
				Law	Homeless			
25	Referral Sources		Hospitals	Enforcement	Shelters	Families	Other	
26	Benevolent Society						x	Г
27	Information and Referral						x	
28	Church of the Open Door Food Pantry						x	
29								
30	Performance Measures							
31		Total						
32	Number of Individuals transitioned back to ongoing services	1						
33								
34	Provide brief narrative on types of interventions used and success stories							
38	Ex: active listening- include details							-



OUR STATS JULY 2022 – APRIL 2023

of peers referred:10

peers served total: 8

peers successfully transferred into ongoing services: 5

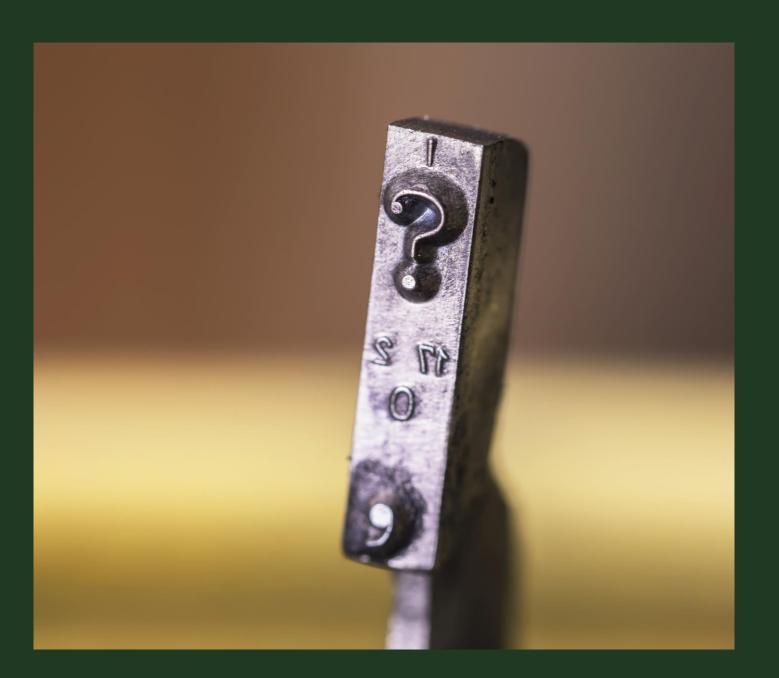
peers who have discontinued services: 0

peers who have paused services due to incarceration: 1

peers currently active: 2

CASE EXAMPLE

- The peer served an extended sentence in local penitentiary. The peer was released and living with his family near where he lived prior to his incarceration. The peer attempted suicide, was hospitalized, sent to an access center, set up with a case manager, treated and then referred to us. After the peer's treatment in the access center, the peer was homeless and had no income. The case manager and I worked together to get them resources, housing, healthcare, mental health services through a local IHH program, clothing, extended residential treatment, etc.
- Through peer support, this peer was able to adjust to the everchanging world and feel more in control of their life and the things happening around them.
- This peer has now transitioned into ongoing care with another agency, they have not been re-hospitalized or in legal trouble since beginning services.



QUESTIONS?

Life Connections

Peer Recovery Services

Sources: *Peer Bridger Project NYAPRS*. Available at: <u>https://www.nyaprs.org/peer-bridger</u>