

## Bridger Program

The Peer Support Bridger concept was first used 1995 by the New York Association of Psychiatric Rehabilitation Services (NYAPRS) to aid consumers in psychiatric facilities at discharge. This program was run by fellow consumers of mental health services. Presently NYAPRS provides not only assistance with discharge but community integration, resource linking, attainment of independent living, maintaining gainful employment, and what ever services are needed to complete the journey to recovery. This is accomplished via Peer Support Specialists known as Bridgers. There are other agencies that have adopted this model including the University of New Mexico's Psychiatric Center.

This service starts in the hospital as the consumer is either exploring or approaching discharge. This service is a complement to metal health providers and is not meant to be a stand alone service.

The goal of the PBH Bridger Program is to ensure that consumers with Severe and Persistent Mental Illness become engaged in community treatment and that they make progress in their Consumer Journey to Recovery. The Bridger program has been specifically designed to provide support for consumers with Severe and Persistent Mental Illness as defined below:

### **SPMI (Persons with Severe and Persistent Mental Illness):**

1. Age eighteen (18) or older;
2. Substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or the ability to cope with the ordinary demands of life;
3. Global Assessment Scale (GAF) score less than or equal to thirty (30) **AND**
4. Three (3) or more psychiatric hospitalizations or crisis admissions in the last year.
5. Includes all persons diagnosed with:
  - i. Bipolar Disorders 296.00-296.96
  - ii. Schizophrenia 295.20-295.90
  - iii. Major Depressive Disorders 296.20-296.36
  - iv. Borderline Personality Disorder 301.83

The Bridger program has many attributes of recovery to include but not all inclusive:

1. A strong supportive relationship with the consumer
2. Advocacy for the consumer
3. Empowerment of the consumer to manage their own recovery journey
4. Support from not only the Bridger but also for natural supports
5. Education of the consumer about their illness
6. Meaningful employment for the consumer.

An element of a Bridger program that is essential is the relationship between the Bridger and the consumer. This relationship needs to ongoing and consistent. The Bridgers needs to follow the person from the hospital or crisis center, through the maze of service linkage and attainment of treatment and support services.

The Bridger may also provide support services such as assisting attainment of stable housing and employment. The Bridger will support the consumer in developing a Wellness Recovery Action Plan. The Bridger may also, if not done by the provider, link the consumer to a community based psychiatrist, preferably located with the chosen Clinical Home Provider. If needed, the Bridger will assist the consumer in participating with the Clinical Home Provider and others in Treatment Planning, in development of the Person Centered Plan, as well as in the development of a Crisis Plan and Advance Directive. The length of service will vary from consumer to consumer but most consumers will not need this service after one year.

The following is an outline of the Bridger Program for PBH

- I. The Bridger
  - a. A Peer Support Specialist who has completed 40hours of training recognized by the State of North Carolina and as outlined in the PBH B3 waiver definition.
  - b. Needs to meet the definition delineated by PBH B3 waiver service “Peer Support Services” [PBH B3 Service Definitions](#)
  - c. Receive additional training
    - i. Hospital practices
    - ii. How to liaison with hospitals and acute care settings
    - iii. How to liaison other community support/case management functions
    - iv. Basic documentation in the mental health/SA fields as it pertains to their duties
    - v. Wellness Recovery Action Planning
  
- II. The Program
  - a. Consumers that are at high risk for relapse will be identified in conjunction with the PBH UM/Access department.
  - b. The Bridger will start by meeting the consumer in the hospital, Detox Center, or Facility Based Crisis Center prior to discharge. If this is not possible secondary to short length of stays, the Bridger should meet with the consumer shortly after discharge. At times, if appropriate, the Bridger may meet with a high user of inpatient services before they relapse in order to **develop a relationship with the consumer prior to hospital stays and possibly avoid a hospital admission.**
  - c. The Bridger will start with coordination of care with the provider before the consumer is discharged. If the Community Support provider is not identified at discharge, the Bridger will quickly make that link
  - d. The Bridger will be available to the consumer during normal business hours Monday through Friday.
  - e. The Bridger will not assume the role of First Responder nor will they be ‘on call’ after business hours. Community Support to be the First Responder for the consumer. Crisis backup will be provided by the resources of the service provider, the PBH Access Line, and Mobile Crisis.
  - f. The Bridger will be part of the treatment team. The main function of the Bridger on this team is to aid and oversee the transition from hospital to recovery, to act as a guide, advocate, and educator. Community Support’s role is more of managing the care as it pertains to linking services, and helping the consumer attain housing, medical and psychiatric care. There is also a skills building function of the case manager.

### III. Structure

- a. The Bridger will be provided with an office for consumer interviewing, working on pre-and post-crisis plans, and Wellness Recovery Action Plans.
- b. The Bridger must document as appropriate in the consumer's chart
- c. Supervision will be given by a Qualified Professional (QP).
- d. The Bridger will administer the **Recovery Assessment Scale-Short Form** to all consumers in the program within 30 days after the consumer starts services. The **Recovery Assessment Scale** will then be administered every 90 days after the initial.
- e. There will be a written job description provided by the employer for the duties of the Bridger.

#### References:

1. University of New Mexico Psychiatric Center Peer Bridger Program:  
[http://hospitals.unm.edu/UNMPC/PeerBridgers/PB\\_Index.shtml](http://hospitals.unm.edu/UNMPC/PeerBridgers/PB_Index.shtml)
2. New York Association of Psychiatric Rehabilitation Services Peer Bridger Project: [http://nyaprs.org/Pages/View\\_Content\\_A.cfm?ContentID=47](http://nyaprs.org/Pages/View_Content_A.cfm?ContentID=47)
3. Recovery Works Peer Support Services:  
<http://recoveryworksnc.com/contactus.aspx>

### RECOVERY ASSESSMENT SCALE – Short Form

Below is a list of statements that describe how people sometimes feel about themselves and their lives. Please read each one carefully and indicate the response that best describes the extent to which you agree or disagree with the statement. Please indicate whether you strongly disagree (1), disagree (2), not sure (3), agree (4), or strongly agree (5) with these statements.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Not Sure</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. I have a desire to succeed.	1	2	3	4	5
2. I have my own plan for how to stay or become well.	1	2	3	4	5
3. I have goals in life that I want to reach.	1	2	3	4	5
4. I believe I can meet my current personal goals.	1	2	3	4	5
5. I have a purpose in life.	1	2	3	4	5
6. Even when I don't care about myself, other people do.	1	2	3	4	5
7. I can handle what happens in my life.	1	2	3	4	5
8. I like myself.	1	2	3	4	5
9. If people really knew me, they would like me.	1	2	3	4	5
10. Something good will eventually happen.	1	2	3	4	5
11. I'm hopeful about my future.	1	2	3	4	5
12. Coping with my mental illness is no longer the main focus of my life.	1	2	3	4	5
13. My symptoms interfere less and less with my life.	1	2	3	4	5
14. My symptoms seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5
15. I know when to ask for help.	1	2	3	4	5
16. I am willing to ask for help.	1	2	3	4	5
17. I ask for help, when I need it.	1	2	3	4	5
18. I have people I can count on.	1	2	3	4	5
19. Even when I don't believe in myself, other people do.	1	2	3	4	5
20. It is important to have a variety of friends.	1	2	3	4	5