



Report on the Mental Health Peer Support Re-entry Pilot Program

As Required by

**2018-19 General Appropriations Act,
Senate Bill 1, 85th Legislature, Regular
Session, 2017 (Article II, Health and
Human Services Commission, Rider 74)**

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Executive Summary

The *Mental Health Peer Support Re-entry Pilot Program* report is submitted in compliance with the 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 74), which directs HHSC to implement a mental health peer support re-entry program. The Legislature directed HHSC to work in partnership with local mental health authorities (LMHAs) and county sheriffs to establish a pilot program using certified peer specialists to ensure inmates with mental illness successfully transition from county jail to clinically appropriate community-based care.

Significant findings from the report include:

- The program has served a total of 214 participants from fiscal year 2016 through fiscal year 2018.¹
- Based on clients with two or more assessments administered while active in the program, statistically significant improvement was evident in the following Adult Needs and Strengths Assessment (ANSA) areas: (1) Criminal Behavior: Arrests, (2) Criminal Behavior: History, (3) Criminal Behavior: Peer Influences, (4) Criminal Behavior: Seriousness, (5) Life Domain Functioning: Employment, and (6) Risk Behaviors: Criminal Behavior. These ANSA items were selected to represent areas in which participants' behaviors could be potentially measured by peer support services.
- According to results from the uniform assessment tool administered by all LMHAs at each participant's intake to determine levels of care, 152 of 214 participants qualified for basic services such as case management and skills training, 3 participants qualified for counseling services, and 38 were ineligible.

¹ House Bill 1, 84th Legislature, Regular Session, 2015, required implementation of a peer support re-entry program by legacy Department of State Health Services. Participant data from program inception are included in this total.

1. Introduction

Individuals incarcerated in county jails with mental illness have traditionally faced difficulties in their transition from an incarcerated environment back into the community. Rider 74 continues the legislative directive originally established through the 2016-17 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015 (Article II, Department of State Health Services, Rider 73), requiring HHSC to implement a mental health peer support re-entry program. HHSC, in partnership with LMHAs and county sheriffs, established the pilot program using peer specialists to assist inmates to transition to the community. The re-entry program features trained certified peer support specialists that provide support to inmates diagnosed with a mental illness during incarceration as they move from county jails into clinically appropriate community-based care.

Rider 74 requires HHSC to submit a report on the program that includes the total population to be served and participant outcomes to the Office of the Governor and the Legislative Budget Board by December 1, 2018.

2. Background

A peer specialist must be at least 18 years of age, have at least a high school diploma or General Educational Development certificate, and have experience receiving behavioral health services in the community. Additionally, a peer specialist is an individual who is in recovery from mental health or substance use issues and is specially trained to work with others with similar issues.

Peer specialists build relationships with participants based upon shared life experiences. The role of the peer specialist is to be non-judgmental and to model trust, commitment, stability, and a life in recovery. Peer support services are evidence-based and may include one-on-one support, group facilitation, recovery education, and community resource connections.

In Texas, as in most other states, there is an official certification process for mental health peer specialists that includes required training and testing to become a certified peer specialist. These certified peer specialists work in a variety of settings in the public behavioral health system, as well as the criminal justice system.

The use of peer support in forensic settings is becoming widespread and the delivery of appropriate services to individuals with mental health issues who have been involved in the criminal justice system presents unique challenges. In light of this, peer support in community re-entry is essential to empower justice-involved individuals to successfully transition from jails to community-based services.

3. Program

The Rider 74 pilot began in fiscal year 2016 with a stakeholder workgroup. HHSC formed the stakeholder group with representatives from LMHAs, consumer-run organizations, individual peers with a history of lived experience with justice involvement, the Sheriffs' Association of Texas, Via Hope, and the Hogg Foundation for Mental Health. The workgroup provided critical input into the design of the pilot, the identification of measures, and the creation of a community re-entry class for peer specialists. The Hogg Foundation for Mental Health funded the development of the class, implemented by Via Hope, a peer training and certification organization. Stakeholders designed the pilot program based on the language in the original rider and identified the Adult Needs and Strengths Assessment as the tool to measure participant improvement.

Legacy Department of State Health Services conducted a competitive process to identify grantees. Grantees were required to demonstrate an existing strong peer program, existing relationships with local law enforcement and county jails, a trauma-informed and recovery-based environment, and person-centered values and practices. The three LMHAs selected were the Harris Center, My Health My Resource (MHMR) of Tarrant County, and Tropical Texas Behavioral Health.

Through partnerships between LMHAs and county jails, the pilot program enabled innovation in the delivery of mental health services. Specially trained in "community re-entry," certified peer specialists are now entering county jails and performing "reach-in" services traditionally performed by other provider types. By "reaching in," the peer specialists are building relationships with incarcerated participants before the participant is discharged. Upon release from jail, peer specialists assist the newly released participants with accessing clinical community services as well as other resources. The peer specialists continue working with formerly incarcerated participants for the duration of the pilot program or until they exit services.

4. Population Served

The population served by the program is one of the most difficult to engage in services. A participant's inability to transition to a normal existence after incarceration can impact various areas of the state's budget. There are increased costs to law enforcement, judicial systems, emergency medical services, and behavioral health crisis services. Finally, increased homelessness also impacts local and state resources.

To participate in the pilot program, an incarcerated participant must meet the following eligibility requirements:

- Scheduled for release from a county jail setting for "time served" and therefore not eligible for benefits through the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)²;
- Scheduled for release from a county jail setting, placed on probation and considered TCOOMMI eligible, but unable to be served through TCOOMMI due to a lack of program capacity;
- Scheduled for release from a county jail setting and placed on pre-trial probation with conditions of release; and
- Have at least 30 days of incarceration remaining before release and have a Client Assignment and Registration System identification number to link previous involvement with the public behavioral health system.

The program has served a total of 214 participants since fiscal year 2016. Table 1 provides demographic data for the 214 participants currently authorized to receive peer support services from the three LMHAs participating in the pilot program. Participant age ranges from 18 to 65 with a mean age of 37.

There are 129 male participants and 85 female participants. Texans representing minority groups comprise a substantial majority, as Black and Hispanic participants constitute 173 participants enrolled in the pilot.

² TCOOMMI is a Texas Department of Criminal Justice program that provides pre-release screening and referral to aftercare treatment services for special needs offenders releasing from correctional settings, local jails, or other referral sources. TCOOMMI contracts with LMHAs across the state to provide continuity of care services for persons on probation or parole by linking them with community-based interventions and support services.

Table 1. Demographic Characteristics of Peer Support Re-entry Participants

Demographic Characteristic	Tropical Texas Behavioral Health	MHMR Tarrant County	The Harris Center	Overall
Age				
Mean	32	38	39	37
Minimum	18	19	19	18
Maximum	59	65	65	65
Gender				
Female	28	16	41	85
Male	33	28	68	129
Race/Ethnicity				
Black	1	22	70	93
Hispanic	59	6	15	80
Multi-Racial	0	1	0	1
White	1	15	24	40
Total Participants	61	44	109	214

SOURCE: Clinical Management for Behavioral Health Services, November 19, 2018.

5. Participant Outcomes

At the inception of the pilot, the Hogg Foundation for Mental Health coordinated with HHSC to initiate a study to examine the impact of peer support on the pilot population. The study³ revealed the crucial role played by peer support when assisting recently discharged participants who are tasked with a potentially overwhelming list of obligations. These could include immediately meeting with parole officers, obtaining identification cards and housing, enrolling in community-based clinical care, securing employment, and resuming child support. To address these issues, peer specialists set up appointments, accompany participants to meetings, and assist in finding housing and employment.

The authorized levels of care⁴ for participants currently served by the three participating LMHAs appear to vary greatly according to the data depicted below in Table 2. MHMR of Tarrant County designated all 44 participants in A3, Community Based Services. Tropical Texas Behavioral Health determined 37 of 61 participants as A9, Not Eligible for Services, and one participant in C3, Complex Services for Children. The Harris Center has the majority of its caseload authorized for A1S, Basic Services. Of those served in the pilot program, Bipolar I Disorder is the most prevalent diagnosis followed by Schizophrenia. The shortest amount of time a participant was enrolled in the pilot program is one day. The longest period of enrollment is 724 days.

³ Reingle Gonzalez, J.M. (2017). *Process and Qualitative Outcomes of Rider 73*. Presented to the Hogg Foundation for Mental Health on October 12, 2017. http://hogg.utexas.edu/wp-content/uploads/2017/10/RIDER73_qualitativereports_report.pdf

⁴ After individuals are clinically assessed for services and determined eligible, the individuals are placed into an authorized level of care. These levels determine the services available to the individual. Individuals can move between levels of care. Descriptions of each level of care identified in this report can be found in Appendix A.

Table 2. First Level of Care Authorized of Mental Health Peer Support Re-entry Participants After Entering Program

Level of Care Authorized	Tropical Texas Behavioral Health	MHMR Tarrant County	The Harris Center	Total
A1S	9	0	77	86
A2	1	0	2	3
A3	11	44	11	66
A5	0	0	18	18
A8	2	0	0	2
A9	37	0	1	38
C9	1	0	0	1
Total	61	44	109	214

SOURCE: Mental Retardation and Behavioral Health Outpatient Warehouse, November 19, 2018.

A comparison of assessment scores at the time clients enrolled in the program to scores after they started receiving peer support services indicates statistically significant clinical improvements in the following areas, as represented by ANSA items⁵:

- Criminal Behavior: Arrests
- Criminal Behavior: History
- Criminal Behavior: Peer Influences
- Criminal Behavior: Seriousness
- Life Domain Functioning: Employment
- Risk Behaviors: Criminal Behavior

⁵ N=63, p<.05 - This indicates that the probability of obtaining these outcomes by chance (i.e., when program participation has no effect) is less than five percent.

6. Conclusion

The Rider 74 pilot program demonstrates that peer supported re-entry is possible, and is helpful for formerly incarcerated participants to have peer assistance as they re-enter the community. As the pilot program continues to grow, the larger sample size will help highlight positive or negative clinical trends in behavioral health and substance use related to the intervention of peer support and a successful transition to clinically appropriate community-based care.

List of Acronyms

Acronym	Full Name
HHSC	Health and Human Services Commission
LMHA	Local Mental Health Authority
MHMR	My Health My Resource
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments

Appendix A. Level of Care Descriptions

A1S, Adult Skills Training: Basic Services – The general focus of this array of services is to facilitate recovery by reducing or stabilizing symptoms, improve the level of functioning, and/or prevent deterioration of the individual’s condition. Services are most often provided in outpatient, office-based settings, and are primarily limited to medication, rehabilitative services, and education.

A2, Adult Basic Services Including Counseling – The overall focus of services in this level of care is to improve level of functioning and/or prevent deterioration of the individual’s condition so that the individual is able to continue to work towards identified recovery goals. Services are most often provided in outpatient, office-based settings and include psychotherapy services in addition to medication, rehabilitative services, and education.

A3, Adult Intensive Services with Team Approach – Services in this level of care are generally intended for individuals who enter the system of care with moderate to severe levels of need who require intensive rehabilitation to increase community tenure, establish support networks, increase community awareness, and develop coping strategies to function effectively in the social environment. Services are provided in outpatient, office-based settings and community settings.

A5, Adult Transitional Services – The major focus for this level of care is to provide flexible services that assist individuals in maintaining stability, preventing further crisis, and engaging the individual into the appropriate level of care or assisting the individual in obtaining appropriate community-based services. This level of care is highly individualized and the level of service intensity and length of stay is expected to vary dependent on individual need.

A8, Adult Waiting for all Authorized Services – Adult qualifies to receive services but is currently on a waiting list for all services.

A9, Adult Not Eligible for Services – Adult whose assessment scores or other service eligibility criteria do not qualify the youth to receive services other than Crisis Services should a psychiatric crisis occur.

C3, Complex Services for Children – Youth with complex behavioral and emotional needs. Core services include routine case management, counseling, and skills training.

C9, Child Ineligible – Youth whose assessment scores or other service eligibility criteria do not qualify the youth to receive services other than Crisis Services should a psychiatric crisis occur.

More information on levels of care can be found in the *Texas Resilience and Recovery Utilization Management Guidelines* available on the HHSC website at <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/utilization-management-guidelines-manual>.