

ATTACHMENT A
A17 PEER SUPPORT RE-ENTRY PILOT

CONTRACTOR:

SECTION I. PERFORMING AGENCY RESPONSIBILITIES:

A. Purpose

1. As required by House Bill 1, 84th Legislature, Regular Session, 2015 (Article II, DSHS, Rider 73), DSHS was directed to implement a pilot project enabled by the following language in Rider 73: DSHS through a Memorandum of Understanding shall allocate up to \$1,000,000 in General Revenue for the 2016-17 biennium from strategy B.2.1, Mental Health Services for Adults, to implement a mental health peer support re-entry program. DSHS in partnership with LMHAs and county sheriffs shall establish a pilot program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.
2. The Substance Abuse and Mental Health Services Administration announced the availability of funding to address the national prescription opioid and heroin crisis. In response, Texas developed the Texas Targeted Opioid Response (TTOR) Program. The TTOR Program allows for the expansion of the current peer re-entry program by utilizing Recovery Coaches (RC) to provide peer provided “Reach-in” support during incarceration to ensure inmates with an Opioid Use Disorder (OUD) transition from a county jail into clinically appropriate community-based care.

B. Target Population

1. The Mental Health Peer Support Re-Entry Pilot target population is comprised of individuals that:
 - a. Are 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);
 - b. Are scheduled for release from a county jail setting, placed on probation, and therefore, potentially TCOOMMI eligible, but, unable to be served through TCOOMMI;
 - c. Are scheduled for release from a county jail setting and placed on pre-trial probation with conditions of release;
 - d. Have at least thirty days of incarceration remaining before release; and
 - e. Have a Client Assignment and Registration system (CARE) Identification Number to link to previous involvement with the public behavioral health system.
2. The TTOR Peer Support Re-Entry Program target population is comprised of individuals that:
 - a. Are scheduled for release from a county jail setting for Time Served and therefore are not eligible for benefits through the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI); or

- b. Are scheduled for release from a county jail setting, placed on probation, and therefore, potentially TCOOMMI eligible, but, unable to be served through TCOOMMI; or
- c. Are scheduled for release from a county jail setting and placed on pre-trial probation with conditions of release; and
- d. Have been formally diagnosed or otherwise identified, or self-identified with OUD.

C. Program Goals:

1. The Mental Health Peer Support Re-Entry Pilot is designed to:
 - a. Leverage the power of the peer experience to engage justice-involved individuals with a in a mutually empowering relationship in order to support successful transition from incarceration to the community;
 - b. Facilitate successful engagement in clinically appropriate community based mental health services; and
 - c. Support stable community tenure, decrease recidivism, and promote recovery.
2. The TTOR Peer Support Re-Entry Program is designed to:
 - a. Rapidly identify newly incarcerated individuals with OUD and connect them to the LMHA and recovery coach to reduce the risk of withdrawal;
 - b. Leverage the power of the peer experience to provide “Reach-in” support to engage justice-involved individuals with an OUD in a mutually empowering relationship in order to support successful “Re-entry” transition from incarceration to the community;
 - c. Reduce the risk of relapse and overdose due to OUD and promote recovery through clinically appropriate services combined with long-term recovery coach involvement;
 - d. Increase stable community tenure, decrease recidivism, and promote recovery;
 - e. Increase collaboration between the LMHA, MAT providers, other clinically appropriate community-based services, recovery organizations, and peer-run organizations to support recovery management; and
 - f. Provide “Re-entry” peer and appropriate clinical supports to individuals within the first forty eight hours after release, in keeping with national best practices for overdose prevention.

D. Required Program Elements

1. Funded Mental Health Peer Re-Entry Pilot projects must:
 - a. Establish or currently have a collaborative partnership with local sheriff(s) and jail(s); and
 - b. Identify incarcerated individuals who meet the requirements of the target populations.
2. Engage eligible individuals to participate in the pilot project;
 - a. Connect participants with Certified Peer Specialists (CPS). CPSs providing services for the project must:
 - i. Be certified in Texas with at least two years of experience working in the LMHA system;
 - ii. Complete Forensic Re-Entry training provided as part of the Mental Health Peer Re-Entry Pilot. Training will include instruction in the use of the curriculum

- iii. “Getting into the Driver’s Seat of Your Treatment, Preparing for Your Plan,” by J. Tondora, (i.e., Yale Program for Recovery and Community Health, 2011); and Complete a background check. Most county jails have specific requirements as to the involvement of previously justice-involved individuals working with currently incarcerated individuals and background checks will be required. This does not exclude previously justice-involved CPSs, however, county jails vary in terms of allowing access depending on types and time from previous convictions.
 - b. Provide “Reach-in” supports to incarcerated participants for at least 30 days prior to release. “Reach-in” is the process of building connections between the CPS and incarcerated individuals to assist in the transition from jail to clinically appropriate community services. The “Reach-in” supports provided through this pilot will be guided by the curriculum “Getting into the Driver’s Seat of Your Treatment, Preparing for Your Plan,” by J. Tondora, (Yale Program for Recovery and Community Health, 2011);
 - c. Provide mental health peer support services to facilitate successful transition from incarceration to community-based services. Peer support services include building a relationship with an individual based on mutuality and unconditional regard, guiding the individual to identify strengths and priorities for needed services, and working with the individual to reduce barriers to support successful re-entry into clinically appropriate community based services;
 - c. Continue providing mental health peer support services to participants for the duration of the pilot project;
 - d. Provide community based mental health services upon transition from jail and as determined by uniform assessment;
 - e. Assess participants every 90 days or if there is a significant change using the Adult Strengths and Needs Assessment (ANSA), which must be completed by an individual meeting the minimum qualification of a Qualified Mental Health Professional-Community Services;
 - f. Cooperate with DSHS and the Hogg Foundation for Mental Health in project evaluation activities; and
 - g. Actively participate in the DSHS Mental Health Peer Re-Entry Pilot workgroup.
3. Funded TTOR Peer Re-Entry Program must:
- a. Promote collaboration with county sheriffs, jail staff, Medication Assisted Treatment (MAT) providers, and community based recovery support organizations to identify individuals eligible for this program and provide peer support services and clinically appropriate “Reach-in” care during incarceration and facilitate re-entry into the community;
 - b. Facilitate the rapid identification and engagement of newly incarcerated individuals who meet the requirements of the target population with the LMHA and recovery coach;
 - c. Connect participants with Recovery coaches. Recovery coaches providing services for the project must be a certified Recovery Coach in Texas with at least two years of experience working in the Substance Use Disorder or LMHA system, and must complete the following trainings:

- i. Community Re-Entry training. Training will include instruction in the use of the curriculum “Getting into the Driver’s Seat of Your Treatment, Preparing for Your Plan,” by J. Tondora, (i.e., Yale Program for Recovery and Community Health, 2011); Intentional Peer Support;
- ii. Motivational Interviewing;
- iii. Applied Suicide Intervention Skills;
- iv. HHSC approved Medication Assisted Recovery;
- v. HHSC approved Medication Assisted Advocacy; and
- vi. HHSC approved Overdose Prevention Training.
- d. Ensure management staff complete training in the following:
 - i. HHSC approved Medication Assisted Recovery;
 - ii. HHSC approved Medication Assisted Advocacy; and
 - iii. HHSC approved overdose prevention training.
- e. Complete a background check. Most county jails have specific requirements as to the involvement of previously justice-involved individuals working with currently incarcerated individuals and background checks will be required. This does not exclude a previously justice-involved RC, however, county jails vary in terms of allowing access depending on types and time from previous convictions;
- f. Provide “Reach-in” supports to incarcerated participants as soon as the individual has been identified. “Reach-in” is the process of building connections between the Recovery coach and incarcerated individuals to assist in the transition from jail to clinically appropriate community services. The “Reach-in” supports provided through this pilot will be guided by the curriculum “Getting into the Driver’s Seat of Your Treatment, Preparing for Your Plan,” by J. Tondora, (Yale Program for Recovery and Community Health, 2011);
- g. Provide peer support services to engage justice-involved individuals with an OUD in a mutually empowering peer relationship in order to support “Re-entry” transition from incarceration to the community;
- h. Ensure that a follow-up appointment is scheduled for the participant with clinically appropriate community based services within forty-eight hours of release, in keeping with national best practices; and
- i. Provide OUD overdose prevention education prior to release.

E. Other Project Information

- 1. Unit Code: The LMHA must use accurate Local Authorizing Unit, service delivery unit or sub-unit codes in order for HHSC to create reports for this project.

SECTION II. PERFORMANCE MEASURES:

- 1. Performance measures: Assess participants every 90 days or if there is a significant change using the ANSA (Note: ANSAs must be completed by an individual meeting the minimum qualification of a Qualified Mental Health- Professional-Community Services). The following outcome measures will be monitored:
 - a. Decreased hospitalizations;
 - b. Decreased recidivism;

- c. Decrease symptomology of mental health and substance use issues; and
 - d. Increased life domain functioning, including improvement in:
 - i. Residential Stability
 - ii. Employment
 - iii. Living Skills
 - iv. Self-care
 - v. Decision-making
2. Evaluation: The Mental Health Peer Re-Entry Pilot evaluation will include data analysis conducted by DSHS and a qualitative evaluation completed by the Hogg Foundation for Mental Health.
 3. Training: Contractor shall submit documentation of Peer Specialist Re-Entry Training for participating CPSs upon request by DSHS.
 4. Funded TTOR Peer Re-Entry Program must:
 - a. Complete and submit Form CC – Narrative TTOR Peer Re-Entry Quarterly Report in accordance with the schedule outlined in Information Item S;
 - b. Complete and submit Form BB – TTOR Peer Re-entry Client Admin and ANSA Data Report in accordance with the schedule outlined in Information Item S;
 - c. Complete and submit Form EE – TTOR Peer Re-entry Quarterly Financial Report;
 - d. Complete a Uniform Assessment as soon as an individual is identified eligible for the program;
 - e. Complete the ANSA at least every 90 days, more frequently if a significant change in functioning presents;
 - f. Enter all Uniform Assessment data, including the ANSA scores, within two business days of the assessment being performed;
 - g. Show an improvement in ANSA Risk Behaviors domain related to Criminal Behavior;
 - h. Show improvement in ANSA Behavioral Health Needs domain related to Substance Abuse and areas related to their psychiatric diagnosis (i.e., Psychosis/Thought Disturbance, Cognition, Depression, Anxiety, and Mania);
 - i. Show improvement in ANSA Life Domain Functioning related to:
 - i. Employment;
 - ii. Living Skills;
 - iii. Residential Stability;
 - iv. Legal;
 - v. Sleep;
 - vi. Self-Care;
 - vii. Decision Making; and
 - viii. Involvement in Recovery.
 - j. Show a decreased in number of psychiatric crisis episodes in the past 90 days;
 - k. Show a decrease in number of state-funded hospitalizations;
 - l. Show a decrease in the number of incidents of overdose.

- m. Demonstrate that 90% of program participants received overdose prevention training prior to release in accordance with the format and timeframe outlined in Information Item S;
- n. Demonstrate that 90% of program participants had a scheduled appointment with the LMHA within forty-eight (48) hours of release in accordance with the format and timeframe outlined in Information Item S; and
- o. Demonstrate that 90% of program participants had a scheduled appointment with a MAT provider within forty-eight (48) hours of release in accordance with the format and timeframe outlined in Information Item S.

SECTION III. PAYMENT METHOD:

Quarterly Allocation