



**Report on the Mental Health
Peer Support Re-entry Pilot Program
for Fiscal Year 2016**

**As Required By
The 2016-17 General Appropriations Act, H. B. 1
84th Legislature, Regular Session, 2015 (Article II,
Department of State Health Services, Rider 73)**

**Health and Human Services Commission
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1. Executive Summary

The Texas Legislature directed the Department of State Health Services (DSHS) to establish a Mental Health Peer Support Re-entry pilot program. In collaboration with stakeholders, DSHS designed and implemented the Mental Health Peer Support Re-entry Pilot program in fiscal year 2016. The program provides community-based peer services and access to services from licensed mental health professionals which assists with transition or “Re-entry” into clinically appropriate community-based mental health services. The peer builds a relationship with the participant while incarcerated and maintains this relationship during and after transition into the community and community-based mental health services. The peer-participant relationship, supported by appropriate clinical services, is the catalyst for recovery. The goals of the program support recovery through on-going mental health peer support and the monitoring of individual outcomes based on recurrent assessments resulting in decreased hospitalization, decreased recidivism and criminal behavior, decreased symptomology of mental health and substance use disorders, and increased residential stability, employment, and living skills.

Three local mental health authorities (LMHAs) were selected based on the state’s assessment of the facility's level of need, capacity, and existing relationships with law enforcement. The LMHAs began community-based mental health peer support services in the fourth quarter of fiscal year 2016. Baseline data from initial assessments of incarcerated individuals chosen to participate in the pilot program has been collected and repeat assessments will be performed every 90 days while the participant remains in clinical services in order to track progress over time.

DSHS initially estimated 96 individuals would be served in fiscal year 2016, and 648 in fiscal year 2017 (unduplicated). The actual number served in fiscal year 2016 was roughly one-half of the initial estimate. The number served was smaller than projected due to the time necessary to select providers and contract for services. Additionally, there were several challenges new providers experienced in identifying eligible participants, hiring appropriately certified peers with prior criminal justice involvement, providing timely training, working with the county jail system to gain access to incarcerated individuals, and the availability of private or semi-private rooms necessary to complete assessments and provide services. As a result, program services started in the fourth quarter of fiscal year 2016. Baseline indicators from initial assessment data of participants will inform subsequent outcome measures.

HHSC, which now operates the pilot program, continues to provide technical assistance to providers, refine data collection methods, and is partnering with the Hogg Foundation for Mental Health to perform a process evaluation of the pilot program.

2. Introduction

The 2016-17 General Appropriations Act, House Bill (H.B.) 1, 84th Legislature, Regular Session, 2015 (Article II, DSHS, Rider 73) required DSHS to allocate up to \$1,000,000 in general revenue for the 2016-17 biennium to implement a mental health peer support re-entry program. DSHS was required to partner with LMHAs and county sheriffs to establish a pilot program using certified peer specialists to support inmates with a mental illness and assist the inmates with successfully transitioning from the county jail into clinically appropriate community-based

care. LMHAs were also required through contract to enter into memoranda of understanding (MOUs) with county sheriffs to implement the pilot programs.

As required by Rider 73 and prior to implementation, DSHS submitted a report to the Office of the Governor's and the Legislative Budget Board in October 2015, on the projected program, including an estimate of the total population to be served and client outcome measures. Rider 73 also required a status report by December 1, 2016.

Senate Bill (S.B.) 200, 84th Legislature, Regular Session, 2015, required the transfer of the DSHS Mental Health and Substance Abuse (MHSA) Division to HHSC on September 1, 2016. As a result, HHSC is now responsible for the Mental Health Peer Support Re-entry Program and must submit a report on the status of this pilot program no later than December 1, 2016. For purposes of this report, the DSHS MHSA Division will be referred to as the HHSC Behavioral Health Services Section.

As required by Rider 73, this report describes the implementation activities of the Mental Health Peer Support Re-entry Program, including the estimated number of population served and the client outcome measures.

3. Background

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), a peer provider is an individual who is in recovery from a mental health or substance abuse issue and has taken special training to work with others with similar issues. Peer providers do not provide clinical services, but rather build relationships with individuals who are receiving clinical services based upon shared life experiences. The role of the peer provider is to model trust, commitment, and stability; be non-judgmental; and model a life in recovery.

In order to become a Certified Peer Specialist, applicants must be at least 18 years of age, have at least a high school diploma or General Equivalent Degree, and have experience receiving behavioral health services in the community. Applicants must complete the HHSC Behavioral Health Services Section-approved 43-hour training and pass a written certification exam. The state contracts with Mental Health Resources of Texas: Via Hope to train and certify mental health peer specialists. Certifications are issued for a two-year period and require a minimum of 20 hours of approved continuing education units. In addition, Certified Peer Specialists are subject to the supervision and oversight of the employing provider. Peer providers work in a variety of settings in the public behavioral health system, as well as the criminal justice system.

4. Implementation of the Mental Health Peer Support Re-entry Program

The HHSC Behavioral Health Services Section held meetings with a stakeholder group in June and July 2015 to solicit stakeholder feedback on the proposed pilot program. The stakeholder group included representatives from the Sheriffs' Association of Texas, the Hogg Foundation for Mental Health, LMHAs, the DSHS State Hospital system, the Center for Public Policy Priorities, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), the Texas Council of Community Mental Health Centers, and Mental Health Resources of Texas:

Via Hope, to solicit feedback and guidance on the structure and implementation of the proposed pilot program. The stakeholder group established eligibility criteria for the target population, provider selection criteria, performance outcome measures, and made recommendations for peer training curriculums.

4.1 Program Recommendations

The stakeholder group established eligibility criteria for the Mental Health Peer Support Re-Entry Pilot program to ensure services would be provided to individuals not otherwise eligible to receive services from existing programs. In order to be eligible for the pilot program, participants must:

- Be scheduled for release from county jail for “time served”, and therefore, not eligible for benefits through the TCOOMMI
- Be scheduled for release from a county jail setting, placed on probation, and therefore, potentially TCOOMMI eligible, but unable to be served through TCOOMMI due to a lack of program capacity
- Be scheduled for release from a county jail setting and placed on pre-trial probation with conditions of release
- Have at least 30 days of incarceration remaining before release, and
- Have an identification number in the state electronic medical record, Client Assignment Registration System, to link previous involvement with the public behavioral health system

In addition, the stakeholder group established provider selection criteria to ensure peers providing services would be able to connect with participants who are involved with the criminal justice system. The program requires Certified Peer Specialists with prior criminal justice involvement be hired. Previous criminal justice involvement can range from a misdemeanor resulting in a single arrest and overnight stay in jail to someone with multiple felony convictions and prison time. Key to the success of the pilot, these Certified Peer Specialists are required to provide “reach-in” services to participants prior to release from jail in order to establish rapport and build trust and continue to support them post release as they engage in clinically appropriate community-based services.

With the support of the Hogg Foundation for Mental Health, a training program was developed as recommended by the stakeholder group. Named “Community Re-entry” and developed entirely by individuals previously involved with the criminal justice system, the intent is to train Certified Peer Specialists and Certified Recovery Coaches on issues specifically faced by newly released individuals with a mental health diagnosis. Certified Peer Specialists are also trained to utilize a toolkit titled “Getting into the Driver's Seat of Your Treatment: Preparing for Your Plan.” Certified Peer Specialists utilize this toolkit developed by the Yale Program for Recovery and Community Health to assist incarcerated individuals to utilize personalized recovery goals and skills they can implement with the support of clinically appropriate community-based services in order to be successful in the community. The Certified Peer Specialist, with support from the LMHA works directly in the jail with the individual. The peer provider uses their own story of lived experiences

with mental health or co-occurring disorders and previous incarceration to connect with and inspire participants to seek recovery through engagement in community-based services after release from jail. The Certified Peer Specialist continues to support the individual throughout the duration of the pilot or as long as they are engaged in services.

4.2 Provider Selection

To assist with provider selection, the HHSC Behavioral Health Services Section reached out to LMHAs to assess the facility's level of need, capacity, and existing relationships with law enforcement to develop the Mental Health Peer Support Re-Entry Program. The HHSC Behavioral Health Services Section selected three LMHAs based on the following criteria:

- The presence of a trauma informed, recovery-oriented, person-centered, peer supported proposed program
- The strength of existing partnerships with the local criminal justice systems.
- The cost effectiveness of the proposed program
- The distribution of LMHAs between urban and more rural locations

HHSC awarded \$400,000 in funding in fiscal year 2016 and \$600,000 in fiscal year 2017 to three LMHAs. The LMHAs and amount of funds awarded over the biennium is included in Table 1.

Table 1: Mental Health Peer Support Re-Entry Program Awards for Fiscal Years 2016-17

Awardee	Amount
Harris Center for Mental Health and IDD	\$382,258
MHMR of Tarrant County	\$447,284
Tropical Texas Behavioral Health	\$170,458
Total	\$1,000,000

LMHAs were required through contract to enter into MOUs with county sheriffs to implement the pilot programs.

5. Status on Number Served and Outcome Measures

The HHSC Behavioral Health Services Section initially estimated 96 individuals would be served in fiscal year 2016 and 648 individuals served in fiscal year 2017 in the Mental Health Peer Support Re-Entry Program. The estimated number served was based on an average caseload of 8 participants per Certified Peer Specialists per month for newly trained peer providers and 20 per Certified Peer Specialist per month for experienced peer providers.

In addition, at the recommendation of the stakeholder group, the HHSC Behavioral Health Services Section established performance measures to support clinically appropriate community-based care using the following outcome measures:

- Decreased hospitalizations
- Decreased recidivism and criminal behavior
- Decreased symptomology of mental health and substance use issues
- Increased life domain functioning, including improvement in residential stability, employment, living skills, self-care, and decision-making.

5.1 Number Served

The actual number served in the Mental Health Peer Support Re-Entry Program for fiscal year 2016 was 48 or roughly one-half of the initial estimate. The number served was smaller than projected due to the increased time necessary to select providers and contract for services. Additionally, there were several challenges new providers experienced in identifying eligible participants, hiring appropriately certified peers with prior criminal justice involvement, providing timely training, and working with the county jail system to gain access to incarcerated individuals and to private or semi-private rooms necessary to complete assessments and provide services. As a result, program services started in the fourth quarter of fiscal year 2016.

Staff continue to provide monthly technical assistance calls to assist providers in resolving issues as they arise. The three participating LMHAs are almost fully staffed with a total of 7 certified peers and 6 supervisors, and the supervision of the participating peers occurs regularly, covering topics such as working with incarcerated individuals, building rapport, community resources, documentation, ethical dilemmas, boundaries, and self-care.

The HHSC Behavioral Health Services Section anticipates the program will become more stable and continue to gain efficiencies as the program continues to develop. However, the initial estimate of 648 total individuals served in fiscal year 2017 was ambitious given the issues previously noted. Based on the current number of individuals enrolled, the current estimate is that a maximum of 400 individuals will be served in fiscal year 2017. Table 2 shows the total numbers served at each LMHA.

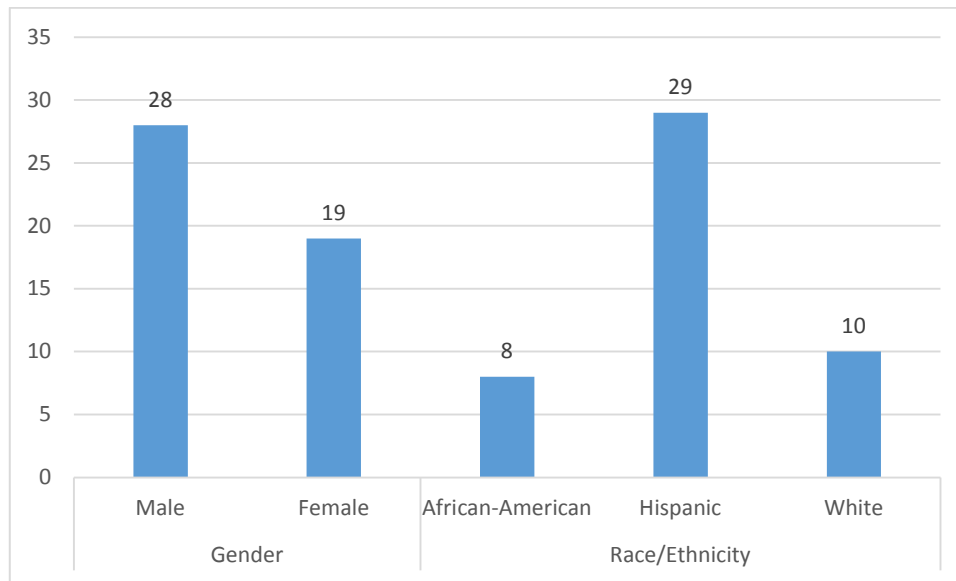
Table 2. Number Served in the Mental Health Peer Support Re-entry Pilot Program as of October 1, 2016

LMHA	Number Served
Harris Center for Mental Health and IDD	12
MHMR of Tarrant County	11
Tropical Texas Behavioral Health	25
Total	48

Source: HHSC, Medical and Social Services Division, Intellectual and Developmental Disability and Behavioral Health Services Department, Behavioral Health Services Section, Office of Decision Support, October 1, 2016.

As of October 1, 2016, the mean age of participants was 35 years old. In addition, Figure 1 illustrates the gender and race or ethnicity of program participants as of the same time frame.

Figure 1. Gender and Race or Ethnicity of Program Participants as of October 1, 2016



Note: One participant's gender and race or ethnicity was unknown.

Source: HHSC, Medical and Social Services Division, Intellectual and Developmental Disability and Behavioral Health Services Department, Behavioral Health Services Section, Office of Decision Support, October 1, 2016.

5.2 Outcome Measures

Outcome Measures Identified by Stakeholder Group

The stakeholder group assisted in identifying targeted outcome measures for the Mental Health Peer Support Re-entry Pilot program to ensure inmates with a mental illness have successfully transitioned from the county jail into clinically appropriate community-based care. Outcome data will be collected from the Adult Needs and Strengths Assessment (ANSA). The ANSA is an assessment tool designed to support care planning and allow for the monitoring of outcomes. Once the incarcerated individual has agreed to participate in the pilot, the initial baseline ANSA assessment is performed while the individual is still incarcerated. After individual is released from jail and has enrolled in clinically appropriate community-based services, the ANSA is repeated upon admission and every ninety days thereafter for the duration of the pilot or as long as the individual chooses to stay in services. The items on the ANSA are scored from low to high risk. Individual outcome measures include tracking participant information at set intervals in the following ANSA domains:

- Risk Behaviors related to criminal behavior (seriousness, history, arrests, planning, community safety, legal compliance, peer influences, immediate family criminal behavior influence, and environmental influences)
- Behavioral Health Needs related to substance use disorders (severity of use, duration of use, phase of recovery, peer influences, environmental influences, and recovery support in community)

- Life Functioning related to employment, living skills, residential stability, self-care, and decision-making
- Psychiatric Hospitalizations (number of psychiatric hospitalizations in the past 180 days)

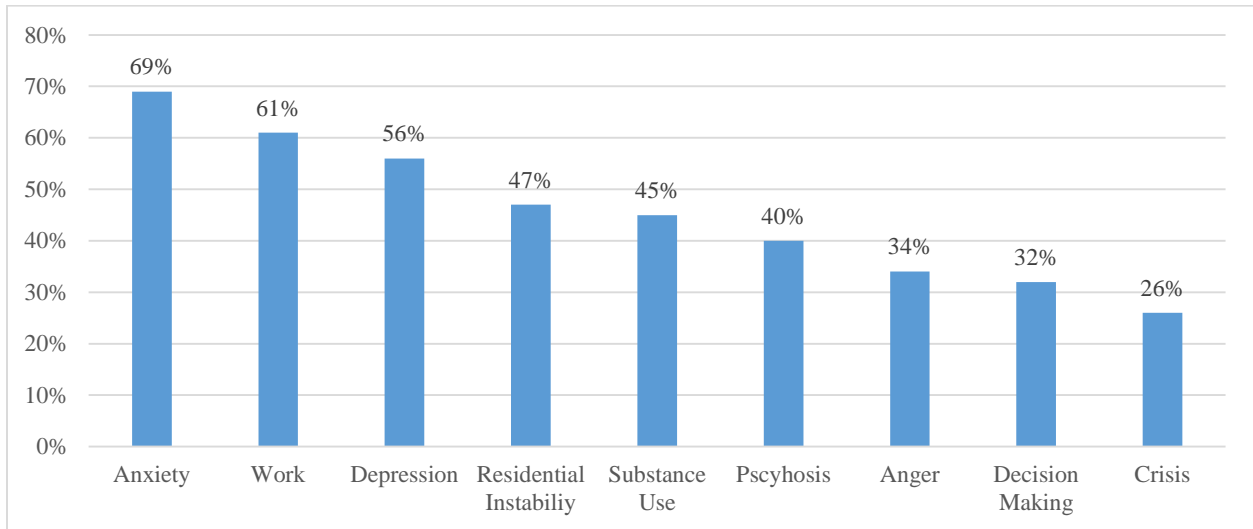
Programmatic outcomes such as number of individuals admitted into services and individual clinical outcomes in the ANSA assessment questions will be tracked over time. ANSA assessments will collect baseline data on participants while still incarcerated. Subsequent ANSA assessments, administered to participants every 90-days, will collect follow up data allowing the state to monitor, track, and report progress over time. It is anticipated as time progresses, areas such as employment and stable housing will improve, while recidivism and psychiatric hospitalizations will decrease.

Baseline Data

Clinical services began in the fourth quarter of fiscal year 2016 and data from the initial ANSA assessments of incarcerated participants is available for presentation in this report. Because assessments are given to participants while still incarcerated, it was noted 55 percent of individuals scored a moderate to severe level of risk related to criminal behaviors within the past year. A moderate level of criminal behavior indicates involvement in criminal activities such as vandalism, shoplifting, or other crimes do not pose a significant physical risk to the community. A severe level of criminal behavior indicates the individual has engaged in a violent criminal activity such as rape, armed robbery, or assault.

In addition, initial behavioral health, life domain needs, and psychiatric hospitalizations were assessed. The most prevalent behavioral health need identified was anxiety. The most prevalent life domain need identified was employment. Figure 2 includes additional assessment data on participants.

Figure 2. Initial Assessment of Participants Behavioral Health, Life Domain Needs, and Psychiatric Hospitalizations.



Note: Individuals reported the following:

- **Anxiety:** Moderate to severe levels of anxiety as evidenced by frequent anxiety attacks, flashbacks, and hyper-vigilance. The severity of anxiety impacted participation in school, work, social settings, and family life.
- **Work:** Severe degree of work problems including aggressive behavior and severe attendance problems. Individual may be recently fired or at high risk of being fired. Individual has not worked for a significant period of time.
- **Depression:** Moderate to severe symptoms of depression including social withdrawal, anxiety, sleep disturbance, changes in their eating habits or weight, and loss of motivation.
- **Residential instability:** A high degree of residential instability or experienced homelessness in the past six months.
- **Substance Use:** Moderate use of alcohol and other drugs or the misuse of prescription medications. This rating indicates the individual has a substance use problem consistently interfering with their ability to functioning optimally in an unstructured setting.
- **Psychosis:** Moderate disturbance in their thought processes or content and reported symptoms of psychosis such as hallucinations, delusions, and illogical thinking.
- **Anger:** Moderate to severe anger control problems and have an impaired ability to identify and manage their anger when frustrated.
- **Decision-Making:** Significant problems with decision making and struggled with thinking through problems, anticipating consequences and concentrating.
- **Crisis:** Experienced one to two crisis episodes within the last 90 days.

Source: HHSC, Medical and Social Services Division, Behavioral Health Services Section, Office of Decision Support, October 20, 2016.

At the time of this report, three individuals were re-incarcerated after admission into the program, and one individual has experienced a psychiatric hospitalization since admission,

according to Texas Law Enforcement Telecommunications System (TLETS) data. The TLETS is a software application facilitating the exchange of information between criminal justice agencies across the state.

In addition to the outcome measures listed above, the HHSC Behavioral Health Services Section is partnering with the Hogg Foundation for Mental Health to conduct a process evaluation of the pilot program. The process evaluation will provide the state with information on how the pilot program is being implemented and identify any barriers to be eliminated and or best practices to carry forward. Success will be determined by the individual enrolling into clinically appropriate community-based services upon release from jail and demonstrating a sustained recovery based upon continued engagement in community-based services and improvement on subsequent ANSA assessments.

6. Conclusion

As of October 1, 2016, 48 individuals have been served in the Mental Health Peer Support Re-entry Pilot program. The outcomes chosen by the stakeholder group have enabled the reporting of baseline data. The state will monitor participant outcomes through subsequent assessments. The HHSC Behavioral Health Services Section continues to provide technical assistance through monthly conference calls and individualized assistance as needed to providers, to refine data collection methods, and to collaborate with the Hogg Foundation for Mental Health to perform a process evaluation of the pilot program.

The involvement of mental health peer support is a critical factor in facilitating the transition of incarcerated individuals into clinically appropriate community-based services. The relationship built between the peer provider and the incarcerated individual during the initial meetings in the jail builds rapport and trust that can inspire and enhance the individual's willingness to enroll in clinically appropriate community-based services upon release. The early recovery planning occurring between the peer provider and the incarcerated individual prepares that individual for release and makes the transition into the community at large and into community-based based services much smoother. The continuity of the peer relationship throughout the pilot provides a stable resource for the individual as they work to sustained recovery and ultimately discharge from services.

List of Acronyms

Acronym	Full Name
ANSA	Adult Needs and Strength Assessment
DSHS	Department of State Health Services
H.B.	House Bill
HHSC	Health and Human Services Commission
IDD	Intellectual and Developmental Disability
LMHA	Local Mental Health Authority
MHMR	Mental Health and Mental Retardation
MHSA	Mental Health and Substance Abuse
MOU	Memorandum of Understanding
S.B.	Senate Bill
TCOOMMI	Texas Correctional Office on Offenders with Medical or Mental Impairments
TLETS	Texas Law Enforcement Telecommunication System