
2015 Mental Health Peer Support Re-entry Pilot

**As Required By
H. B. 1, 84th Legislature, Regular Session, 2015 (Article II,
Department of State Health Services, Rider 73)**

**Department of State Health Services
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Executive Summary

The 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, Department of State Health Services, Rider 73) requires the Department of State Health Services (DSHS) to implement a mental health peer support re-entry program.

Rider 73. Mental Health Peer Support Re-entry Pilot.

http://www.lbb.state.tx.us/Documents/Budget/Session_Code_84/HB1-Conference_Committee_Report_84.pdf

a. Out of funds appropriated above, the Department of State Health Services (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 Local Mental Health Authorities 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.

b. Prior to implementation, DSHS shall submit a report to the Governor's Office and the Legislative Budget Board by December 1, 2015 on the projected program that includes an estimate of the total population to be served and client outcome measures. A status report on these factors shall be provided by December 1, 2016.

DSHS will utilize stakeholder feedback to structure the pilot program. DSHS will provide an opportunity for interested LMHAs to submit proposals to develop this pilot program that identify local need, capacity, and existing relationships with law enforcement. DSHS estimates that 96 individuals will be served in fiscal year 2016 and 648 will be served in fiscal year 2017. DSHS plans to establish and monitor performance outcome measures that support the successful transition from county jail into clinically appropriate community-based care. DSHS is also partnering with the Hogg Foundation for Mental Health to do an evaluation of the pilot.

Introduction

H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, DSHS, Rider 73) requires DSHS to implement a mental health peer support re-entry program. DSHS is required to partner with LMHAs and county sheriffs to establish a pilot program that uses certified peer specialists (CPS) to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.

This report is required to be submitted to the Governor's Office and the Legislative Budget Board prior to the implementation of the projected program. The report must include an estimate of the total population to be served and client outcome measures. A status report regarding the results of the pilot will be submitted by December 2016.

Background

A peer provider is an individual who is in recovery from mental health and/or substance use issues, has maintained that recovery, typically for a year or longer, and has taken special training to work with others. In Texas, there is an official certification process for mental health peer providers that includes required training and testing to become a Certified Peer Specialist (CPS). There is a separate, but similar, process to become either a Certified Recovery Support Specialist or Certified Recovery Coach for substance use disorders. Both types of peer providers 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. Both types of certified peer providers may be utilized in the implementation of this pilot program.

CPSs, Certified Recovery Support Specialists and Certified Recovery Coaches work in a variety of settings in the public behavioral health system including LMHAs and Consumer Operated Service Providers (COSPs). COSPs are peer-run service programs that are owned, administratively controlled, and managed by mental health and substance use disorder consumers. These providers emphasize self-help as their operational approach. Peer services typically include support, advocacy, role modeling, and life skill building.

Implementation Plan

DSHS held meetings in June and July 2015 to solicit stakeholder feedback on the proposed pilot. The meetings included CPSs as well as representatives from LMHAs, state hospitals, sheriffs, advocacy groups, and mental health foundations. The stakeholders involved in the meetings provided feedback related to:

- Identification of provider selection criteria
- Tentative performance measures and evaluation
- Recommendations for a potential program curriculum

DSHS will provide an opportunity for interested LMHAs to submit proposals for the development of the pilot program; the proposals will identify local need, capacity, and existing relationships with law enforcement. The pilot program will include up to two sites selected based on the proposals submitted. Selection criteria will include, but not be limited to, the presence of a

trauma-informed program design that requires training in trauma-informed practices like person-centered care planning, the strength of existing partnerships with the local criminal justice systems, and the cost-effectiveness of the proposed program.

DSHS will make up to \$300,000 available in fiscal year 2016 and \$600,000 in fiscal year 2017 for the selected pilot site(s). DSHS estimates 96 individuals will be served in fiscal year 2016, and 648 in fiscal year 2017 (unduplicated). This estimated number served is based on an average caseload of 8 per CPS per month for newly trained peer providers and increases to 20 per CPS per month for experienced peer providers. This estimate factors in the ramp up in fiscal year 2016, and part-time peer providers; it was informed by research on best practices.^{1,2} Once a provider is chosen, DSHS will complete contract negotiations and services can start.

Outcomes

DSHS anticipates the program will leverage the unique role of CPSs to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care. DSHS plans to establish and monitor performance measures that 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
 - Decision-making

Outcome measures initially identified will be collected from the Adult Needs and Strengths Assessment (ANSA), the standard assessment tool utilized by LMHAs, and other data collection tools, including, but not limited to, established jail booking data reports and hospital data reports.

¹ Salzer M, Katz, J. Training, Employment and Work Satisfaction Outcomes Associated with the Pennsylvania Certified Specialist Training Initiative. University of Pennsylvania.
http://www.parecovery.org/documents/CMS_Salazar_Peer_Specialist_Report_082307.pdf. Published October 16 2007. Accessed October 9 2015.

² Schwenk EB, Brusilovskiy E, Salzer MS. Results from a National Survey of Certified Peer Specialist Job Titles and Job Descriptions: Evidence of a Versatile Behavioral Health Workforce. The University of Pennsylvania Collaborative on Community Integration: Philadelphia, PA.
http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/peer_support_consumer_run_services_peer_specialists/Results_from_a_National_Survey_of_CPS_Job_Titles_and_Descriptions.pdf. Published 2009. Accessed October 9 2015.

Conclusion

In addition to the outcome measures listed above, DSHS will partner with the Hogg Foundation for Mental Health to conduct an evaluation of the program to supplement data collection and enhance proposed outcome measures. A status report regarding the results of the pilot will be submitted by December 2016.