

**HB 1541 by Rep. Burkett** directs HHSC to develop a Medicaid state plan service for peer support services, designating certified peer specialist and certified recovery specialists as approved providers.

**House Human Services Committee | Monday, April 13, 2015**

**CPPP Position: FOR**

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During the last interim, CPPP issued a report, [\*From Recidivism to Recovery: The Case for Peer Support in Texas Correctional Facilities\*](#). In this paper, we explore the use of mental health peer support services as one way to support recovery, improve continuity of care, and reduce recidivism for inmates with mental illness during the re-entry process. An analysis of Texas' current re-entry landscape for inmates with mental illness reveals a need for additional continuity of care programming at the point of community re-entry, especially at the local jail level. We recommend that Texas develop a re-entry peer support program pilot program in a local county jail to the fill gaps where services are limited or unavailable.

**Each 2016 – 2017 budget proposal includes *Mental Health Peer Support Re-entry Pilot Rider in Art. II (HB 1 - Rider 78 and SB 2 - Rider 80)*, that allocates at least \$ 1million to DSHS to implement a mental health peer support re-entry program.** The pilot program will use certified peer specialist to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.

**HB 1541 will provide the opportunity to allow certified peer specialist to bill Medicaid for peer support services provided to inmate once released from a county jail.**

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Below are several data facts pulled from the CPPP "From Recidivism to Recovery..." report:

**Problem: Local Jail Inmates with Mental Illness Lack Access to Re-entry Support Services**

- Studies have shown that inmates with mental illness are **more likely to recidivate** or **end up in the emergency room** following release from a correctional facility than are inmates with no mental illness. Relatedly, many former inmates with mental illness also experience a **decline in prescription medication use** or **decline in mental health treatment** during the post-release period.
- Up to **40% of bookings into local Texas county jails in 2013** were for individuals who had previously received public mental health services and who may have mental health needs.
- Some Texas counties have implemented innovative re-entry program models to help transition inmates with mental illness out of the jail and back into the community (e.g. The Jail In-Reach program in Harris County), and the Texas Correctional Office on Offenders with Medical or Mental Impairments provides some service coordination for special needs probation and parole populations being released from local jails in some areas of the state. However, there is **no requirement that local jails provide re-entry assistance to inmates with mental health needs**

**who have served out a sentence in a local jail, or who are released directly into the community without supervision.**

- Many local jail inmates with mental illness, across the state, are **reportedly released without any pre-release care coordination or planning**, oftentimes at midnight, and with only a minimal amount of medication.

#### **Opportunity: Mental Health Peers Can Help Transition Inmates Out of the Local Jails**

- In order to keep former inmates with mental illness, and co-occurring substance abuse disorders, out of the local county jails and in their homes and communities, we **need to provide adequate re-entry support** which connects people to **critical community-based services**, including mental health care.
- **Peer support is an evidence-based practice** in which in which an individual with a lived experience of mental illness who has gone through the recovery process **provides guidance, mentorship, and supportive case management assistance** to another individual with a lived experience of mental illness.
- Numerous studies have demonstrated the clinical and social benefits of peer support, which **include reductions in symptoms, hospitalizations, use of crisis services, and substance abuse**. Peer support has been utilized successfully in both community and hospital settings.
- In our research on the use of peer support in a *correctional* setting, we learned that the state of Pennsylvania is home to an innovative peer support re-entry program at the local level that could be adapted and replicated here in Texas.
- A private organization called Peerstar, LLC currently **employs peer support specialists to provide services in seven Pennsylvania county jails**. The peer support specialist enters the county jail 30 – 90 days prior to an inmate’s release and provides that inmate with pre-release planning, case management assistance, and mentorship. Post-release, the peer support specialist connects directly with the client at the point of exit from the jail and helps them transition into community-based care.
- Peerstar’s program is currently **undergoing evaluation by the Program for Recovery and Community Health at the Yale School of Medicine** with very positive preliminary results.
- Yale researchers have found a **3-year re-incarceration rate of 24%** for Peerstar program participants (63% of whom were deemed to be at medium to high risk for recidivism) – a rate significantly lower than reported rates for similar populations (i.e. a 2013 study which found a

**46% re-incarceration rate for Pennsylvania state prison inmates, or a 2010 Utah study which found a 77% re-incarceration rate for prison inmates with severe mental illness).**

- Texas has a **significant opportunity** not only to improve continuity of care and reduce recidivism for Texas inmates, but to **provide national leadership and policy innovation** in a growing field at the pivotal intersection of mental health and criminal justice.
- We recommend that Texas take steps to implement a **peer support re-entry pilot program at the local county level, which** would help reduce recidivism and improve well-being for local Texas inmates with mental illness and co-occurring substance abuse disorders.

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