

April 21, 2014

## **Integrating Peer Support into the Re-entry Process** Maintaining Continuity of Care and Reducing Recidivism at the Local Level

### **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.<sup>1</sup>
- 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 likely have mental health needs.<sup>2</sup>
- While 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 Inreach program in Harris County), there is **no current requirement that local jails provide re-entry assistance to inmates with mental health needs.**
- 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.**<sup>3</sup> 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 reincarceration 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% reincarceration rate for Pennsylvania state prison inmates**, or a 2010 Utah study which found a **77% reincarceration 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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## ENDNOTES

<sup>1</sup> Jacques Baillargeon et al., "Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door," *American Journal of Psychiatry* 166.1 (January 2009): 106, accessed 12 March 2014 at <http://ajp.psychiatryonline.org/article.aspx?articleid=100490>; and Kamala Mallik-Kane and Christy A. Visher, *Health and Prisoner Re-entry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration*, Washington, DC: Urban Institute Justice Policy Center, February 2008, pp. 34-43, accessed 12 March 2014 at [http://www.urban.org/UploadedPDF/411617\\_health\\_prisoner\\_reentry.pdf](http://www.urban.org/UploadedPDF/411617_health_prisoner_reentry.pdf).

<sup>2</sup> Texas Commission on Jail Standards, "Request from County Jail by Match Type," 2013. Reflects bookings with a "probable" service match.

<sup>3</sup> Phyllis Solomon, "Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients," *Psychiatric Rehabilitation Journal* 27.4 (2004), p. 393, accessed 15 March 2014 at [http://www.parecovery.org/documents/Solomon\\_Peer\\_Support.pdf](http://www.parecovery.org/documents/Solomon_Peer_Support.pdf); Jean Campbell, *Federal Multi-site Study Finds Consumer-Operated Service Programs are Evidence-based Practices*, Missouri Institute of Mental Health, January 2009, pp. 6 – 8, accessed 15 March 2014 at <http://cosp.mimhtraining.com/2010/12/federal-multi-site-study-finds-consumer-operated-service-programs-are-evidence-based-practices/>; Larry Davidson et al., "Peer support among persons with severe mental illness: a review of evidence and experience," *World Psychiatry* 11.2 (2012), p. 124, accessed 15 March 2014 at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363389/pdf/wpa020123.pdf>;