

December 16, 2013

Peerstar
Executive Vice President and
Director of Forensic Programs
Peerstar LLC
2900 Plank Road, Suite 8
Altoona PA 16601

Re: Peerstar LLC Forensic Peer Support Program Research

Dear Peerstar:

The Yale School of Medicine Program on Recovery and Community Health (Yale PRCH) recently conducted an evaluation of the Peerstar LLC Forensic Peer Support Program (Peerstar FPSP) operating as a jail re-entry program for inmates with serious mental illnesses and/or co-occurring substance abuse disorders (SMI/COD) in six Pennsylvania county jails (Blair, Cambria, Clearfield, Jefferson, Somerset and Franklin). The purpose of this letter is to provide you with a preliminary report of our findings.

Utilizing certified peer specialists who received supplemental forensic peer support training developed jointly by Yale PRCH and Peerstar, the Peerstar FPSP provides mental health peer support mentoring services to inmates with SMI/COD, commencing between 30 and 90 days prior to release from jail with continuing peer support services in the community for eligible released individuals who choose to continue with the program.

Our evaluation of the Peerstar FPSP included the period from inception of the program in July 2010 through March 2013. In compliance with HIPAA and Yale Human Investigation Committee standards for protecting the rights of individuals and their data, we analyzed de-identified data taken from Peerstar FPSP clinical and tracking documents for program participants. Among other things, these de-identified data included information about program participant mental illness diagnoses, substance abuse, criminal histories, program participation/services received, and re-incarceration experience after release (from publicly available state criminal justice databases).

The data set for our study included a total of 300 individuals who participated in the Peerstar FPSP and were released from jail during the study period. The sample was approximately one-half male and one-half female. An overwhelming majority had been previously incarcerated (86.1%), with about fifty percent having 1-4 previous incarcerations and thirty-five percent having five or more incarcerations. Almost one-third of participants had been hospitalized within the past year, and fifty-five percent had received mental health treatment. Approximately two-thirds of participants reported using drugs in the past year (209, 69.7%), and forty-one percent received substance abuse services (n=123). Approximately 63 percent of participants were determined to be at medium to high risk for recidivism using the Pennsylvania Department of Corrections Risk Screen Tool.

Of the total study sample, 23.7% of participants in the Peerstar FPSP were re-incarcerated after their release during the study period. Compared to recidivism rates reported in other studies and reports, Peerstar FPSP participants appear to have a lower re-incarceration rate. For example, compared to 52% of prisoners in the 1994 U.S. Bureau of Justice Statistics recidivism study who returned to prison within 3 years of release (Bureau of Justice Statistics, 2000), 46% of prisoners in the 2013 Pennsylvania Department of Corrections recidivism study who returned to state prison within 3 years of release (Pennsylvania Department of Corrections, 2013), and to 77% of prisoners with severe mental illness in Utah who returned to prison within 3 years after release (Cloyes, Wong, Latimer, & Abarca, 2010)¹. Reincarceration rates for participants in Peerstar were at 23.7%; a *significantly* lower rate than these other samples (Chi-square goodness of fit statistic= 96.49, 60.24, and 481.84, respectively, all $p < .001$). This preliminary evidence suggests that the Peerstar FPSP can increase the likelihood of positive outcomes and reduce the recidivism rate for individuals with mental illnesses and co-occurring challenges.

Please note that our study has various limitations and strengths. Among the limitations are lack of comparison group, little follow-up data on community participation in the Peerstar FPSP, simple comparison with other published reports on recidivism that did not control for variability and potentially important covariates such as age (Peerstar FPSP participants tended to be in their early 30s) and gender (nearly half of Peerstar FPSP participants were female) which may not be representative of the jail/prison population. Also many assessments were based on single-item measures (e.g., any substance use in past year, no assessment of what drugs, frequency of use, or duration of use), self-report psychiatric diagnoses and rough categorization of criminal convictions. Among the strengths of our study are the fairly large sample size, the novelty of the intervention, use of a hard outcome "re-incarceration", longitudinal assessment, and ability to examine variables that preceded re-incarceration as predictors.

We continue to analyze the data and will update you with our findings. In the interim, we hope you find this information useful as you continue to operate and refine the Peerstar FPSP.

Sincerely,



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¹ Cloyes, K. G., Wong, B., Latimer, S., & Abarca, J. (2010). Time to Prison Return for Offenders With Serious Mental Illness Released From Prison A Survival Analysis. *Criminal Justice and Behavior*, 37(2), 175-187.