



# MISSISSIPPI

**“We thought that placing individuals who have lived experience in the jails to work would help engage people into services and reduce recidivism.”**

## EXPANDING THE USE OF FORENSIC CERTIFIED PEER SUPPORT SPECIALISTS (FCPSS)

### Project Background, Vision, and Outcomes

Prior to Transformation Transfer Initiative (TTI) funding, Mississippi established services at each intercept of SAMHSA's Sequential Intercept Model, pictured on the next page, to divert individuals with mental illness and/or substance use disorders from the legal system and into treatment. To decrease incarceration counts and increase referral rates in three counties (Harrison, Forest, and Jones), Mississippi used TTI funds to provide trauma informed training to justice teams (i.e., law enforcement and correctional officers) and hire three forensic peer support specialists. The vision was two-fold, including training law enforcement and correctional officers and hiring three forensic peer support specialists to work in county jails.

The project had various established outcomes, including increasing the number of individuals trained and the number of follow-up appointments

with community mental health centers, and reducing repeat incarceration rate among those with a serious mental illness. Data was collected on how Crisis Intervention Team (CIT) training has reduced incarceration rates, and no issues with collecting or reporting data were reported. One other measure of success was connections, or transfers, from jail to beds at the Alcohol & Drug Treatment facility.

### Project Implementation: Challenges and Lessons Learned

The major barriers to implementation were a hurricane, workforce shortages, and Covid-19. A major hurricane canceled the forensic training and it could not be rescheduled due to time constraints. Indeed, the award's quick timeline was a general barrier for implementation above and beyond rescheduling the canceled training. Ongoing workforce shortages have caused challenges

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in hiring staff at all levels, including clinical and administrative/operational personnel. Minor Covid-19 outbreaks in the jail prevented temporary access to patients inside the jails, but telehealth has been a useful solution to still connect with patients via virtual means.

A couple of lessons were learned throughout the award period, mainly focused on the benefit of forensic certified peer support specialists (FCPSS). Mississippi strongly advocates for the use of peers to improve programming and they found that utilizing FCPSS increased morale among officers in correctional settings as well as patients. This is because law enforcement and correctional officers appreciated the FCPSS’s “success story” and it helped them to “remain hopeful” about people’s ability to change and grow.

### Sustainability and Project Legacy

The project was originally designed to provide training to law enforcement, correctional officers, and FCPSS. When funding ends, Mississippi plans to continue training officers. The legacy of this project is the shifted perspectives for/from officers that have participated in the trainings with a peer support specialist. The officers feel more hopeful towards recovery and reductions in recidivism, and the peers feel less shame and increased self-efficacy by sharing their stories and working with law enforcement.

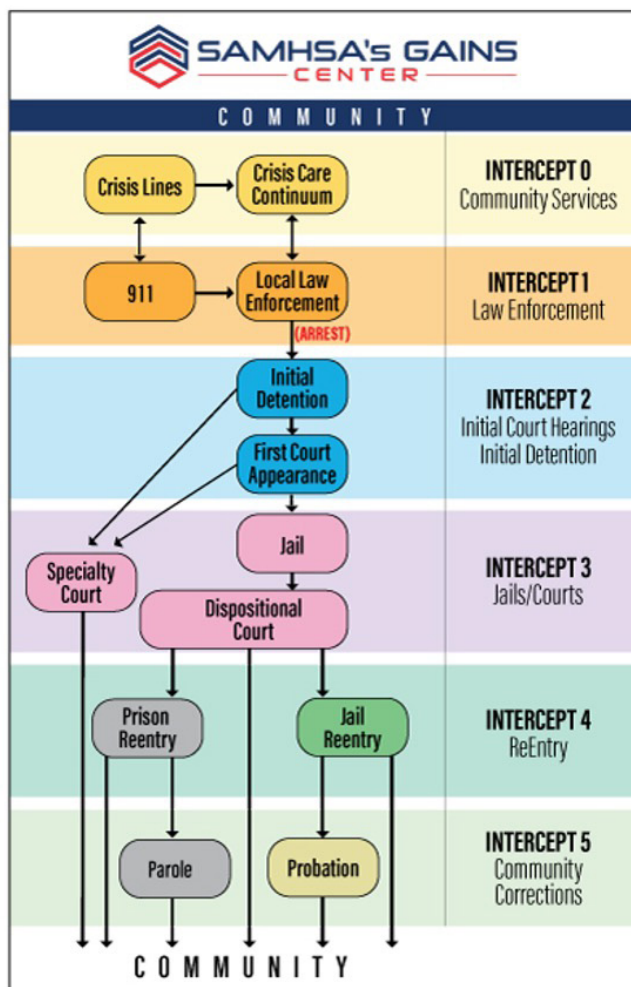
### Health Equity

This project was designed to address the needs of people with mental illness and/or a substance use disorder in jail, clearly representing the recognition of the need to provide equitable mental health services for legal-involved individuals.

### Peer Services Utilization

Peer support services were utilized before TTI award funding, and will continue after funding ends.

### SEQUENTIAL INTERCEPT MODEL (SIM)



According to Mississippi, peers are part of most treatment teams and they have a vested interest in the success of the peer support model.

### Trauma Informed Care

Currently, the Crisis Intervention Team programming and training are the largest representatives of trauma-informed care.

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