

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
BUREAU OF ALCOHOL AND DRUG ABUSE**

FY 2010 STATE PLAN

Presented by

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Bureau of Alcohol and Drug Abuse Services**

August 20, 2009

Approved by

**Edwin C. LeGrand III
Executive Director**

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BUREAU OF ALCOHOL AND DRUG ABUSE

MISSION STATEMENT

The Bureau of Alcohol and Drug Abuse is committed to supporting a better tomorrow by making a difference in the lives of Mississippians with substance abuse problems, one person at a time. The Bureau maintains a statewide comprehensive system of substance abuse services of prevention, treatment and rehabilitation and promotes quality care, cost-effective services and ensures the health and welfare of individuals through the reduction of substance abuse.

VISION

In an effort to support the Mississippi Department of Mental Health's philosophy of promoting excellence in the provision of services and supports as stated in the DMH Strategic Plan, the Bureau of Alcohol and Drug Abuse will promote the highest standards of practice and the continuing development of alcohol and drug abuse programs. The Bureau of Alcohol and Drug Abuse envisions a better tomorrow will exist when all Mississippians have equal access to alcohol and substance abuse services and supports in their communities; people actively participate in designing services; the stigma surrounding substance abuse has disappeared, and research, outcome measures and technology are routinely utilized to enhance prevention and treatment services and supports.

Purpose of the Plan

The purpose of the State Plan for Alcohol and Drug Abuse Services is: 1) to describe the comprehensive, community-based service system envisioned for individuals with substance abuse problems upon which program planning and development are based; 2) to identify gaps in development of the service system; and, 3) to set forth long-term goals and annual objectives to address these needs. The document serves as a communication tool to assist the public in understanding efforts currently employed and planned by the Department of Mental Health to deal with problems associated with alcohol and drug abuse, including prevention, treatment and aftercare support programs. The Plan also provides a basis for the utilization of federal, state and other available resources for planning, development and implementation of these programs, thereby promoting maximization of resources and accountability. The time period for implementation of objectives in the Plan is October 1, 2009 through September 30, 2010. Since the State Plan is considered a working document, it is subject to continuous review and revision. The public is encouraged to review this Plan and submit comments by August 1, 2009 to:

MS Department of Mental Health
Bureau of Alcohol and Drug Abuse Services
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239 North Lamar Street
Jackson, MS 39201
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Comments regarding the FY 2010 State Plan submitted after August 1, 2009 will be considered in development of the FY 2011 State Plan.

Core Values and Guiding principles of the Department of Mental Health

People: We believe people are the focus of the public mental health system. We respect the dignity of each person and value their participation in the design, choice and provision of services to meet their unique needs.

Community: We believe the community-based service and support options should be available and easily accessible in the communities where people live. We believe that services and support options should be designed to meet the particular needs of the person.

Commitment: We believe in the people we serve, our vision and mission, our workforce, and the community-at-large. We are committed to assisting people in improving their mental health, quality of life, and their acceptance and participation in the community.

Excellence: We believe services and supports must be provided in an ethical manner, met established outcome measures, and be based on clinical research and best practices. We also emphasize the continued education and development of our workforce to provide the best care possible.

Accountability: We believe it is our responsibility to be good stewards in the efficient and effective use of all human, fiscal, and material resources. We are dedicated to the continuous evaluation and improvement of the public mental health system.

Collaboration: We believe that services and supports are the shared responsibility of state and local governments, communities, families, and service providers. Through open communication, we continuously build relationships.

Integrity: We believe the public mental health system should act in an ethical and trustworthy manner on a daily basis. We are responsible for providing services based on principles in legislation, safeguards, and professional codes of conduct.

Awareness: We believe awareness, education, prevention and early intervention strategies will minimize the behavioral health needs of Mississippians. We also encourage community education and awareness to promote an understanding and acceptance of people with behavioral health needs.

Innovation: We believe it is important to embrace new ideas and change in order to improve the public mental health system. We seek dynamic and innovative ways to provide evidence-based services/supports and strive to find creative solutions to inspire hope and help people obtain their goals.

Respect: We believe in respecting the culture and values of the people and families we serve. We emphasize and promote diversity in our ideas, our workforce, and the services/supports provided through the mental health system.

Overview of the Service System

Statutory Authority of the Department of Mental Health

The public alcohol and drug abuse prevention and treatment system is administered by the Mississippi Department of Mental Health, which also administers public services for individuals with mental illness and for persons with mental retardation and/or developmental disabilities. The Mississippi Department of Mental Health was created in 1974 by an Act of the Mississippi Legislature, Regular Session, as outlined in Sections 41-4-1 et seq. of the Mississippi Code of 1972, Annotated. The statute placed into one agency mental health, alcohol/drug abuse and mental retardation programs which had previously been under the direction of the State Board of Health, the Interagency Commission on Mental Illness and Mental Retardation, the Board of Trustees of Mental Institutions, and the Governor's Office. (In addition to these service areas, the preceding section addresses the Department of Mental Health's responsibility concerning Alzheimer's disease and other dementia, as also outlined in Sections 41-4-1 et seq. of the Mississippi Code of 1972, Annotated.)

The network of services comprising the public system is delivered through three major components:

State-operated facilities by the MS Department of Mental Health include five state psychiatric facilities, five comprehensive regional facilities for persons with intellectual and developmental disabilities, two specialized facilities and seven crisis intervention centers. One of the state psychiatric facilities, Central MS Residential Center which is fully operational is a specialized residential treatment program for adults with long-term, serious mental illness discharged/transferred from the state hospitals. The program is based on a bio-psychosocial rehabilitation model and includes personal care homes and supervised apartments. The Center also currently operates Footprints, an adult day services program for persons with Alzheimer's disease and other dementia which is located near the main campus. These facilities serve designated counties or service areas in the state and provide inpatient psychiatric, chemical dependency, forensic, limited medical/surgical hospital services, some community mental health services in areas near the state comprehensive psychiatric hospitals, intermediate care facility services for persons with intellectual disabilities and a range of community services for persons with developmental disabilities. Nursing facility services are also located on the grounds of the state comprehensive psychiatric facilities.

Regional Community Mental Health Centers operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 15 regional centers make available a range of community-based mental health, substance abuse and intellectual and developmental disabilities services. The Regional Commissions Act, passed in 1966 and amended in 1972, 1974, 1977 and 1997, provides the structure for community program development by authorizing counties to join together and form multi-county regional commissions on mental health and intellectual and developmental disabilities to plan and implement services in their respective areas. The governing authorities are considered regional and not state level entities. The Department of Mental Health is responsible for certifying, monitoring, and assisting the regional community mental health centers. These regional community mental health centers are the primary service providers with whom the Department of Mental Health contracts to provide

community-based services. Generally, community mental health centers have the first option to contract to provide mental health services when funds are available. In addition to state and federal funds, these centers receive county tax funds and generate funds through sliding fees for services, third party payments including Medicaid, grants from other agencies, such as the United Way, service contracts, and donations.

Other Nonprofit Service Agencies/Organizations which make up a smaller part of the service system may also receive funding through the Department of Mental Health to provide community-based services. Many of these nonprofit corporations may also receive funding from other sources. These agencies typically provide one or two specialized programs, which serve a specific population such as persons with substance abuse, intellectual and/or developmental disabilities and adults or children with mental illness or emotional problems. Information regarding these services available through these nonprofit organizations funded by the Department of Mental Health can be located by visiting the Department of Mental Health's website: www.dmh.ms.gov and/or utilizing the toll-free HELP LINE Number: 1-877-210-8513.

Organization of the Department of Mental Health

The basic organizational structure of the Department of Mental Health is reflected in the chart on page 12. This structure reflects a decentralized management approach to facilitate more efficient use of resources, accountability in service delivery, and control of administrative costs in order to achieve its mission of providing easily accessible, affordable and appropriate services to individuals and their families in their local communities.

Two of the three primary components comprising the Department of Mental Health are the State Board of Mental Health and the State Central Office. Within the Central Office is housed the Executive Division which includes the Executive Director, the Division of Legal Services, the Division of Constituency Services, the Division of Disaster Preparedness and Response and the Division of Public Information. Also in the organization design are seven primary Bureaus with various Divisions under each Bureau which are all located in the State Central Office. Bureau Chiefs report directly to the Executive Director. The organization of service delivery and administration through these Bureaus and Divisions are described in the following sections. Finally, the third primary component is the State Facilities which are operated through the Bureau of Mental Health and the Bureau of Intellectual and Developmental Disabilities. These facilities are located throughout the state. All of the field programs are overseen by one of the seven Central Office Bureaus.

State Board of Mental Health

The Department of Mental Health is governed by the State Board of Mental Health, whose nine members are appointed by the Governor of Mississippi and confirmed by the State Senate. Members' terms are staggered to ensure continuity of quality care and professional oversight of services. By statute, the nine member board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and one citizen representative from each of Mississippi's four congressional districts.

State Central Office

The Executive Division

The Executive Director of the Department is responsible for all administrative functions and implements policies established by the State Board of Mental Health.

The Division of Legal Services is responsible for coordinating efforts with the Attorney General's Office and serving as general counsel to the State Board of Mental Health, the Executive Director of the Department of Mental Health and Department staff in legal matters, such as policy development, special personnel actions, and other areas of department, facility and program administration. The Division also drafts legislation proposed by the Department of Mental Health.

The Division of Constituency Services is responsible for the documentation, investigation and resolution of all complaints/grievances regarding state and community mental health and intellectual/developmental disabilities facilities that are received from individuals receiving

services, family members and the general public. The Division also operates and maintains a computerized database to provide information regarding services for persons with mental illness, intellectual/developmental disabilities and substance abuse/dependence to callers through a toll-free help line, which is available 24 hours a day, 7 days a week.

The Division of Disaster Preparedness and Response carries out DMH's responsibilities as outlined in Mississippi's Comprehensive Emergency Plan, refines DMH's statewide disaster response system and creates and maintains the agency's disaster response plan. The Division also assists the DMH operated facilities and local Community Mental Health Centers with disaster preparedness and response efforts.

The Division of Public Information is responsible for providing presentations and other public information requested by the general public, including individuals receiving services or families, media representatives and elected officials.

The Bureau of Administration and its Divisions work collaboratively with the direct Service Bureaus, including the state facilities, to administer effectively the Department of Mental Health and the programs it funds. The Bureau provides the following services through its Divisions:

The Division of Accounting is responsible for all aspects of accounting and reporting for funds provided to the Department of Mental Health including accounts payable, cash management, federal financial reporting, budget management, and purchasing of goods, services.

The Division of Audit and Grants Management is responsible for the coordination of the subgrant approval and payment process. The Division conducts internal and external grant and Medicaid compliance audits of DMH service providers as well as oversight of the internal audit functions of DMH regional facilities and psychiatric hospitals.

The Division of Information Systems provides data processing support to the Central Office and is responsible for information systems planning in the Department of Mental Health. In addition, the Director of the Division works with institutional data processing managers and community providers involved in implementing systems to collect/report data requested/required by DMH and federal funding sources.

The Bureau of Mental Health administers services at four state psychiatric facilities, a specialized treatment facility for youth, the Central Mississippi Residential Center and the seven state-operated crisis centers.

The Bureau of Intellectual and Developmental Disabilities is responsible for the supervision of the following divisions, the five comprehensive regional facilities for persons with intellectual and developmental disabilities and the MS Adolescent Center.

The Division of Home and Community-Based (HCBS) ID/DD Waiver provides services to persons with mental retardation/developmental disabilities who would require the level of care found at an intermediate care facility for the mentally retarded (ICF/MR) if these

services were not available. Statewide program capacity has increased over time and will continue to expand pending federal approval and appropriation of the state general fund match.

The Division of Early Intervention Services provides programming for infants and toddlers with developmental delay. Early intervention services are provided to assist parents in helping their child reach an improved functioning level.

The Division of Accreditation, Licensure and Quality Assurance for Intellectual and Developmental Disabilities is responsible for coordinating the development of licensure standards, certification site visits and compliance requirements for community programs. The division is also responsible for working with the public community health system, the regional facilities for persons with developmental disabilities and the specialized juvenile rehabilitation facility to ensure quality of care and compliance with accreditation standards in these facilities.

The Mississippi Council on Developmental Disabilities members are appointed by the Governor. The purpose of the Council funds is to promote systemic change that improves the quality of life for people with developmental disabilities and their families.

The Bureau of Community Services has the primary responsibility for the development and implementation of services to meet the needs of adults and children with mental illness or emotional disturbances and/or substance abuse problems. This bureau also has the responsibility of developing and administering services to persons with Alzheimer's disease and other dementia.

The Division of Adult Community Services has the primary responsibility for the development and maintenance of community-based mental health services for adults. An array of treatment and support services is available through the public community health system. The major goal in providing this network of community-based services is to continually make available the support needed by individuals with mental illness, which may vary across time.

The Division of Children and Youth Services is responsible for determining the mental health service needs of children and youth in Mississippi and for planning and developing programs to meet those identified needs. The staff of the Division of Children and Youth Services direct, supervise and coordinate services provided for youth through the public community mental health system and other non-profit agencies and organizations.

The Division of Alzheimer's Disease and Other Dementia is responsible for developing

and implementing state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia. The division oversees the development of adult day programs for these individuals and develops educational and training programs for family members, other caregivers and service providers. In addition to the Central Office in Jackson, the division has satellite offices in Cleveland, Magee and Long Beach.

The Division of Accreditation, Licensure and Quality Assurance for Mental Health is responsible for coordinating the development of licensure standards, certification site visits and compliance requirements for community programs. The division is also responsible for working with the state psychiatric facilities, public community mental health system and the specialized treatment facility to ensure quality of care and compliance with accreditation standards in these facilities.

The Division of Consumer and Family Affairs promotes the empowerment of individuals and families with mental health needs through education, support and access to mental health services. The division works closely with consumers of mental health services.

The Division of Policy and Planning is responsible for coordinating the annual plans and reports for mental health, intellectual and developmental disabilities and alcohol and drug abuse services. The Division also provides administrative support to the MS State Mental Health Planning and Advisory Council and its committees.

The Bureau of Alcohol and Drug Abuse Services is responsible for establishing, maintaining, monitoring and evaluating the statewide system of drug abuse services, including prevention, treatment and rehabilitation. The bureau's goal is to provide a comprehensive continuum of easily accessible and appropriate services. The services include assessment and referral, prevention, general outpatient, intensive outpatient, detoxification, chemical dependency, community-based primary and transitional residential treatment, outreach/aftercare and DUI diagnostic assessment for second and subsequent offenders. These services are delivered through grants/contracts with community-based programs and hospital-based facilities. In addition to these services, the Bureau of Alcohol and Drug Abuse also coordinates the Employee Assistance Program for the Department and provides technical assistance on development and implementation of EAP programs to other state agencies and interested organizations.

The Bureau of Workforce Development is responsible for the coordination of the human resource function, staff training and staff certification. This bureau is responsible for monitoring the Department of Mental Health's compliance with the State Personnel Board requirements and other governmental requirements concerning personnel management. This bureau also serves as a liaison for all DMH facilities to the State Personnel Board.

The Division of Professional Development is responsible for staff training and development. The division works to increase mental health training opportunities

throughout the state and to coordinate special projects in manpower development and recruitment of staff for DMH.

The Division of Professional Licensure and Certification is responsible for developing and implementing licensure and certification programs, such as mental health therapists, intellectual disabilities therapists, case managers, addiction counselors and administrators.

The Bureau of Interdisciplinary Programs works with all other DMH programmatic bureaus and staff from each of their divisions, the twelve Directors of the DMH Mental Health, Intellectual and Developmental Disabilities, Specialized Treatment and Crisis Center Facilities; the state's fifteen Directors of the community mental health centers; all Directors of DMH certified service providers and supports for individuals with mental illness, mental retardation/developmental disabilities, alcohol and drug abuse and Alzheimer's disease and other dementias and staff from other state agencies.

Specifically, the Director of the Bureau of Interdisciplinary programs facilitates and coordinates the collection of information from all these groups to develop reports, formulates policies, rules and regulations as necessary for the Board of Mental Health and Executive Director, develop strategies for project management and organization, and complete special projects for the Board of Mental Health and DMH. The Bureau Director also provides administrative leadership to all programmatic bureaus and divisions in the planning, directing and coordinating of the revision of the Minimum Standards to ensure that they fairly and adequately include the necessary standards for service provision for all different services certified by the DMH statewide.

Organization Chart

**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
COMPREHENSIVE COMMUNITY MENTAL HEALTH
CENTERS**

<p>Region 1: Coahoma, Quitman, Tallahatchie, Tunica</p>	<p>Region One Mental Health Center Karen Corley, Interim Executive Director 1742 Cheryl Street P. O. Box 1046 Clarksdale, MS 38614 (662) 627-7267</p>
<p>Region 2: Calhoun, DeSoto, Lafayette, Marshall, Panola, Tate, Yalobusha</p>	<p>Communicare Michael D. Roberts, Ph.D., Executive Director 152 Highway 7 South Oxford, MS 38655 (662) 234-7521</p>
<p>Region 3: Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union</p>	<p>Region III Mental Health Center Robert J. Smith Executive Director 2434 South Eason Boulevard Tupelo, MS 38801 (662) 844-1717</p>
<p>Region 4: Alcorn, Prentiss, Tippah, Tishomingo</p>	<p>Timber Hills Mental Health Services Charlie D. Spearman, Sr., Executive Director 303 N. Madison Street P. O. Box 839 Corinth, MS 38835-0839 (662) 286-9883</p>
<p>Region 5: Bolivar, Issaquena, Sharkey, Washington</p>	<p>Delta Community Mental Health Services Douglas Cole, Ph.D., Interim Executive Director 1654 East Union Street P. O. Box 5365 Greenville, MS 38704-5365 (662) 335-5274</p>
<p>Region 6: Attala, Carroll, Grenada, Holmes, Humphreys, Leflore, Montgomery, Sunflower</p>	<p>Life Help Madolyn Smith, Executive Director Old Browning Road P. O. Box 1505 Greenwood, MS 38935-1505 (662) 453-6211</p>

<p>Region 7: Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston</p>	<p>Community Counseling Services Jackie Edwards, Executive Director 302 North Jackson Street P. O. Box 1188 Starkville, MS 39760-1188 (662) 323-9261</p>
<p>Region 8: Copiah, Madison, Rankin, Simpson</p>	<p>Region 8 Mental Health Services Dave Van, Executive Director 613 Marquette Road P. O. Box 88 Brandon, MS 39043 (601) 825-8800 (Service); (601) 824-0342 (Admin.)</p>
<p>Region 9: Hinds</p>	<p>Jackson Mental Health Center Margaret L. Harris, Director 3450 Highway 80 West P.O. Box 7777 Jackson, MS 39284 (601) 321-2400</p>
<p>Region 10: Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith</p>	<p>Weems Community Mental Health Center Maurice Kahlmus, Executive Director 1415 College Road P. O. Box 4378 Meridian, MS 39304 (601) 483-4821</p>
<p>Region 11: Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, Wilkinson</p>	<p>Southwest MS Mental Health Complex Steve Ellis, Ph.D., Executive Director 1701 White Street P. O. Box 768 McComb, MS 39649-0768 (601) 684-2173</p>
<p>Region 12: Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Perry, Wayne</p>	<p>Pine Belt Mental Healthcare Resources Jerry Mayo, Executive Director 103 South 19th Avenue P. O. Box 1030 Hattiesburg, MS 39403 (601) 544-4641</p>

<p>Region 13: Hancock, Harrison, Pearl River, Stone</p>	<p>Gulf Coast Mental Health Center Jeffrey L. Bennett, Executive Director 1600 Broad Avenue Gulfport, MS 39501-3603 (228) 863-1132</p>
<p>Region 14: George, Jackson</p>	<p>Singing River Services Sherman Blackwell, II, Executive Director 3407 Shamrock Court Gautier, MS 39553 (228) 497-0690</p>
<p>Region 15: Warren, Yazoo</p>	<p>Warren-Yazoo Mental Health Services Steve Roark, Executive Director 3444 Wisconsin Avenue P. O. Box 820691 Vicksburg, MS 39182 (601) 638-0031</p>

**Community
Mental Health/Mental Retardation Center
Service Areas**

FY 2010 Community-Based Primary Residential Alcohol/Drug Treatment Programs			
Location	Program	Agency	Beds
Clarksdale	Fairland Center	Region 1 Community Mental Health Center	48
Oxford	The Haven House	Communicare	32
Tupelo	Region III Chemical Dependency Program	Region III Mental Health Center	26
Corinth	Timber Hills Haven House	Timber Hills Mental Health Services	24
Greenville	Gloria Darden Center	Delta Community Mental Health Services	18
Greenwood	Denton House	Life Help	32
Columbus	Cady Hill & The Pines	Community Counseling Services	26
Jackson	Harbor House	Harbor House, Inc.	46
Jackson	Born Free Residential Treatment Program	Catholic Charities	18
Mendenhall	Region VIII Residential Treatment Center	Region VIII Mental Health Services	20
Meridian	Weems Life Care	Weems Community Mental Health Center	20
Brookhaven	Newhaven Recovery Center	Southwest Mental Health Complex	36
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	27
Pascagoula	Stevens Center	Singing River Services	20
Gulfport	Live Oaks	Gulf Coast Mental Health Center	18

FY 2010 Community-Based Primary Residential Alcohol/Drug Treatment Programs			
Location	Program	Agency	Beds
Vicksburg	Warren-Yazoo CDC	Warren-Yazoo Mental Health Services	21

FY 2010 Community-Based Primary Residential Substance Abuse Programs for Adolescents		
Location	Program	Beds
Clarksdale	Sunflower Landing	24
West Point	C.A.R.T. House	12
Jackson	Cares Center/The ARK	20

FY 2010 Community-Based Transitional Residential Alcohol/Drug Treatment Programs			
Location	Program	Agency	Beds
Clarksdale	Fairland Center	Region I Community Mental Health Center	5
Oxford	The Haven House	Communicare	16
Tupelo	Region III Chemical Dependency Program	Region III Mental Health Center	18
Corinth	Region IV Chemical Dependency	Timber Hills Mental Health Services	12
Greenville	Gloria Darden Center	Delta Community Mental Health Services	12

FY 2010 Community-Based Transitional Residential Alcohol/Drug Treatment Programs			
Location	Program	Agency	Beds
Columbus	Cady Hill & The Pines	Community Counseling Services	14
Columbus	Recovery House	Recovery House, Inc.	13
Jackson	Harbor House	Harbor House, Inc.	31
Jackson	New Beginnings Treatment Program	Catholic Charities	10
Jackson	New Life for Women	New Life for Women	20
Jackson	Center for Independent Learning	Center for Independent Learning	30
Jackson	Metro Counseling Center	Metro Counseling Center, Inc.	16
Meridian	Alexander House	Weems Community Mental Health Center	17
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	27
Pascagoula	Stevens Center	Singing River Services	8
Jackson	MICARE	Mississippi State Hospital	12

FY 2010 Hospital-Based Inpatient Chemical Dependency Alcohol/Drug Treatment Programs		
Location	Program	Beds
Meridian	East Mississippi State Hospital	25 - Adults
Meridian	Bradley Sanders Complex	10 - Adolescents
Whitfield	Mississippi State Hospital	90 – Adults

Alcohol and Drug Abuse Prevention and Treatment Services

Service System

The DMH, Bureau of Alcohol and Drug Abuse, administers the public system of substance abuse assessment, referral, prevention, treatment and aftercare/continuing care support services for the individuals it is charged to serve. It is also responsible for establishing, maintaining, and evaluating the network of service providers, which includes state-operated facilities, regional community mental health centers, and other nonprofit community-based programs.

In accordance with these beliefs, the Bureau of Alcohol and Drug Abuse strives to achieve and/or maintain high standards through the service delivery systems across the state. Therefore, the bureau is mandated to establish standards for the state's alcohol/drug abuse prevention, treatment, and support programs; assure compliance with these standards; effectively administer the use of available resources; advocate for and manage financial resources; develop the state's human resources by providing training opportunities; and develop an alcohol/drug abuse data system. In order to address the problems of substance abuse, the bureau believes a successful program is based on the following philosophical tenets:

- * Alcoholism and drug addiction are illnesses which are treatable and preventable.
- * Effective prevention services not only decrease the need for treatment, but provide for a better quality of life.
- * Substance abuse problems are prevalent in all subgroups of the population and in all socioeconomic categories.

- * A comprehensive program for substance abuse assessment, referral, prevention, treatment and post-treatment support must be easily accessible to individuals across all socioeconomic levels.
- * If appropriate, services should be delivered in a community setting.
- * Continuity of care is essential to an effective substance abuse treatment service program.
- * Vocational rehabilitation is an integral part of the recovery process.
- * Effective treatment and recovery include delivery of services to the individual and his/her family.
- * Individuals with substance abuse problems can return to a productive role within society, their local community and their families.

All substance abuse services are provided through a grant/contract with other state agencies, and/or non-profit free-standing organizations. Primarily, the network of services comprising the public system is delivered through the following avenues:

State-operated facilities: Two of the four state psychiatric hospitals which are operated by the Department of Mental Health, provide medically-based inpatient chemical dependency treatment and aftercare services. These facilities serve designated counties or service areas in the state. East Mississippi State Hospital provides 25 beds for adult males. The Bradley Sanders Adolescent Complex provides 10 beds for chemically dependent and dually diagnosed male adolescents. Chemical Dependency treatment services at Mississippi State Hospital consists of two units. One provides 51 beds for adult males who live within its service area. The second unit provides 39 beds for adult females statewide. These facilities provide services including: detoxification; individual and group counseling; family conferences/counseling; medical care; vocational counseling; educational programs targeting recovery from substance abuse, including understanding the disease of substance abuse, the recovery process, relapse prevention skills, anger management, etc. The programs also include recreational and social activities that present alternatives to continued alcohol and drug use and emphasize the positive aspects of recovery, and outreach/aftercare (continuing care) planning and implementation. The adolescent programs include accredited educational services through the MS Department of Education.

The Community Services program of the Mississippi State Hospital operates the Mental Illness with Chemical Addiction Recovery Environment (MICARE) facility. This facility is a 12 bed transitional residential facility for adult males with a dual diagnosis of mental illness and chemical addiction.

Regional Community Mental Health Centers

The community mental health/mental retardation centers (CMHCs) with whom DMH contracts, are the foundation and primary service providers of the public substance abuse services delivery system. Each CMHC serves a designated number of Mississippi counties. There are sixty-nine community-based “satellite centers” throughout the state which allow greater access to services by the area’s residents. The goal is for each Community Mental Health Center to have a full range of treatment options available for citizens in its region.

Substance abuse services usually include: (1) alcohol, tobacco, and other drug prevention services; (2) general out-patient treatment including individual, group, and family counseling; (3) outreach/aftercare (continuing care) support planning and implementation services; (4) primary residential treatment services (including detoxification services); (5) transitional residential treatment services; (6) vocational counseling and employment seeking assistance; (7) emergency services (including a 24-hour hotline); (8) educational programs targeting recovery from substance abuse which include understanding the disease, the recovery process, relapse prevention and anger management; (9) recreational and social activities presenting alternatives to continued alcohol and drug use and emphasizing the positive aspects of recovery; (10) 10-15 week intensive outpatient treatment programs for individuals who are in need of treatment but are still able to maintain job or school responsibilities; (11) community-based residential substance abuse treatment for adolescents; (12) specialized women's services (including day treatment and residential treatment with emphasis on outreach activities and programs for children of alcohol and drug abusers); (13) priority treatment for pregnant/parenting women; (14) services for individuals with dual diagnoses of substance abuse and serious mental illness; (15) priority substance abuse treatment services to former SSI/SSDI recipients who are disabled by their continued substance abuse; and, (16) employee assistance programs. In addition, some centers offer specialized services for particular populations such as day treatment for female prisoners.

Other Nonprofit Service Agencies/Organizations, which make up a smaller part of the service system, also receive funding through the Department of Mental Health to provide community-based services. Many of these free-standing nonprofit organizations receive additional funding from other sources such as grants from other state agencies, community service agencies, donations, etc. These agencies typically provide one or two specialized programs such as prevention services, exclusively, or one to two types of substance abuse treatment.

Process for Funding Community-Based Services

Within the Department of Mental Health, the Bureau of Alcohol and Drug Abuse is responsible for administering the fiscal resources for alcohol and drug abuse services. The authority for funding programs to provide services to persons in Mississippi with alcohol/drug abuse problems (as well as persons with mental illness and/or mental retardation) was established through state statute. Funding is provided to community service providers by the Department of Mental Health through purchase of services (POS) or grant mechanisms. Funds are allocated by the Department through a Request for Proposals and Application Review Process. Requests for Proposals (RFPs) are disseminated among

service providers through the Department's Grants Management office and detail all requirements necessary for a provider to be considered for funding. The RFP may also address any special requirements mandated by the funding source, as well as Department of Mental Health requirements for programs providing alcohol and drug abuse services.

Agencies or organizations submit proposals which address needs of substance abuse and prevention services in their local communities to the DMH for their review. The decision-making process for selection of proposals to be funded is based on the applicant's fulfillment of the requirements set forth in the RFP, funds available for existing programs, funds available for new programs, and funding priorities set by state and/or federal funding sources or regulations and the State Board of Mental Health. Applications for funding of substance abuse prevention or treatment programs are reviewed by DMH Bureau of Alcohol and Drug Abuse staff, with decisions for approval based on (1) the applicant's success in meeting all requirements set forth in the RFP, (2) the applicant's provision of services' compatibility with established priorities, and (3) availability of resources.

Sources of Funding

Sources of funding for alcohol and drug abuse prevention and treatment services are provided by both state and federal resources.

Federal Sources

Mississippi Governor's Office, MS Department of Human Services (DHS)

Social Services Block Grant (SSBG) funds are distributed in Mississippi by the Governor's Office, MS Department of Human Services (DHS). The MS Department of Mental Health receives the funds from DHS to utilize toward developmental disabilities and substance abuse primary residential treatment services.

Center for Substance Abuse Treatment

The **Substance Abuse Prevention and Treatment (SAPT) Block Grant**, is applied for annually by the Bureau of Alcohol and Drug Abuse. Detailed goals and objectives for addressing specific federal requirements included in the SAPT Block Grant program are included in this application. The SAPT Block Grant is the primary funding source for DMH to administer substance abuse prevention and treatment services in Mississippi. The Bureau allocates these awarded funds to its programs statewide. Funds are used to provide the following services: (1) general outpatient treatment; (2) intensive outpatient treatment; (3) primary residential treatment programs; (4) transitional residential treatment; (5) outreach/aftercare support services; (6) prevention services; (7) community-based residential substance abuse treatment for adolescents; (8) special women's services which include day treatment and residential treatment with priority on specialized outreach activities and programs for pregnant women and women with dependent children; (9) services for individuals with a co-occurring disorder of substance abuse and serious mental illness; and, (10) priority substance abuse treatment services to former SSI/SSDI recipients who are disabled by their

continued substance abuse. In administering SAPT block Grant funds, the DMH Bureau of Alcohol and Drug Abuse maintains minimum required expenditure levels (set asides) for substance abuse services in accordance with federal regulations and guidelines.

State Sources

Alcohol Tax

In 1977 the Mississippi Legislature levied a three percent tax on alcoholic beverages, excluding beer, for the purpose of using these tax collections to match federal funding, as deemed necessary, in order to fund alcoholism treatment and rehabilitation programs. The earmarked alcohol tax is tied directly to the volume of alcoholic beverages sold in the state. Funds from the three percent alcohol tax are used to provide hospital-based inpatient chemical dependency treatment at MS State Hospital and an alcohol and drug treatment program at the MS Department of Corrections in Parchman.

State General Funds

State general funds are utilized to help support community-based primary residential treatment services and hospital-based inpatient chemical dependency services at the two larger state psychiatric facilities.

**PROJECTED EXPENDITURES FOR FY 2009 AND 2010
ACTUAL ALLOCATIONS FOR FY 2008**

FEDERAL	FUNDING SOURCE	Projected FY 2009	Projected FY 2008	Actual FY 2007
	Substance Abuse Block Grant	14,258,225	14,258,225	14,208,700
	Social Services Block Grant	373,178	373,178	373,178
	Vocational Rehabilitation	529,154	529,154	529,154
	Juvenile Accountability Block Grant	89,505	89,505	89,505
	Strategic Prevention Framework State Incentive Grant	2,093,000	2,093,000	1,046,500
Total Federal		17,343,062	17,343,062	16,247,037
STATE	Three Percent Alcohol Tax	4,658,410	4,658,410	4,658,410
	State General Funds	403,500	403,500	403,500
Total State		5,061,910	5,061,910	5,061,910
GRAND TOTAL		22,404,972	22,404,972	21,308,947

Population Served By the System

State Population

Mississippi is the 31st largest state in population. The U.S. Census Bureau figures estimated Mississippi's 2008 population at 2,938,618. Mississippi has 82 counties and 290 incorporated cities and towns. Statistics reveal that over 53% of the state's population lives in rural areas since many of these incorporated are nevertheless rural. The Census reveals that Mississippi's population is 60.1% Caucasian and 37.1% African American, .4% American Indian, .8% Asian and 1.8% Hispanics. The percentage of population under the age of 5 is reported at 7.5% and the percentage of population under the age of 18 is 26.3% and 12.5% over the age of 65. The Bureau of Alcohol and Drug Abuse targets youth 18 and under by providing prevention and treatment programs due to the increase in alcohol and drug use.

The U.S. Census Bureau indicated that in 2007, 20.7% of Mississippi families lived below the poverty level and the capita income per person was \$15,853 and the median household income was estimated at \$36,424 compared to \$50,740 nationally. High school graduates account for 72.9% of the population in the state while 16.9% hold a bachelor's degree or higher. Mississippi is a great place to do business. Small business remains the backbone of the economy. The MS Development Authority (MDA) makes it a priority to help small business owners compete successfully in the marketplace. Industrial, commercial and consumer goods are all produced in our state. Mississippi made products are shipped regularly to well over 100 countries. In 2007, Mississippi exported more than five billion dollars worth of products.

Service Population

In general, activities to estimate or determine and monitor needs for alcohol and drug abuse services can be divided into two categories: (1) estimation of the number of persons with alcohol and/or drug abuse problems and at risk for needing services; and (2) estimation or determination of need for specific services among persons with alcohol and/or drug abuse problems and among subgroups of the population.

To gather comprehensive information about the prevalence of alcohol and drug problems among the general population and among subgroups of the population, as well as more detailed information on service needs and demand, the Bureau of Alcohol and Drug Abuse has collected the following data through needs assessments and/or surveys.

The Mississippi Department of Education reported 491,194 youth attended public schools, 2008-2009 and 39,500 youth attended private schools according to the Mississippi Private Schools Association. These numbers do not include youth who are home-schooled, in detention centers, treatment centers or hospitals. Many of these youth may be at risk for substance use/abuse and in need of treatment.

SmartTrack

SmartTrack is a web-based data collection tool developed by DREAM, Inc. which provides needs assessment data related to the Center for Substance Abuse Prevention core measures. It collects data on severity of substance abuse, risk and protective factors and identification of the most pressing prevention issues. The data is collected from schools in communities throughout the state with the goal being to establish base-line data on prevalence and severity of substance abuse, as well as related behaviors and attitudes. A survey of 120,365 4th-12th grade public school students conducted during the 2008-09 school term reveals the following protective factors among MS youth. Approximately 54% of students indicated smoking marijuana regularly posed a great risk and 45% stated that consuming four to five alcoholic beverages per day was a great risk. Approximately 36% of surveyed students strongly felt that they belonged to their school compared to 7% that strongly disagreed. Approximately 47% of students stated that they never have major fights or arguments with their parent/guardian(s), while 70% indicated that they could ask their parents for help in dealing with a personal problem. Finally, 59% of students indicated that their parents enforce rules at home.

National Survey on Drug Use and Health (NSDUH) for Mississippi

According to statistics cited in SAMHSA’s 2006-07 *National Survey on Drug Use and Health* (NSDUH) state estimates, 7% of Mississippians 12 years or older were past month illicit drug users. By age group, 12-17 year old Mississippians represented 9% of past month illicit users; 18-25 year olds represented 17%; and persons 26 years or older represented 5%. Past month marijuana use among Mississippians 12 years and older was 5%. By age group, 12-17 year olds represented 5% of past month marijuana users; 18-25 year olds represented 13%; and persons 26 years or older represented 7%. Approximately 37% of Mississippians were past month alcohol users. By age group, 12-17 year olds represented 14% of past month alcohol users; 18-25 year olds represented 47%; and persons 26 years or older represented 38%. Past month binge alcohol use among Mississippians was 18%.

Kids Count

Economically, the lack of a viable non-agriculture-based economy has resulted in stagnant incomes and low-skilled jobs. Hence, approximately 29.5% of Mississippians live below the poverty line compared to just 18.3% of Americans nationally. According to The Annie E. Casey Foundation’s 2008 *KIDS COUNT Data Book* the following conditions exist for children in MS today.

Table 1—Child Well-being Indicators	Statistic	Ranking
Percent of children in poverty (2006)	30%	50 th
Teen birth rate (Births per 1,000 females ages 15-19) (2005)	61	48 th
Infant mortality rate (Death per 1,000 live births) (2005)	11.3	50 th
Percent of children in single-parent households (2006)	45%	50 th
Percent of teens not attending school and not working (Ages	12%	48 th

16-19) (2006)		
Percent of teens who are high school dropouts (Ages 16-19) (2006)	10%	47 th
Child death rate (Deaths per 100,000 Children Ages 1-14) (2005)	33	49 th
Teen death rate (Deaths per 100,000 teens ages 15-19) (2005)	101	48 th
Overall child well-being (2005-06)		50 th

Mississippi's 2007 Youth Risk Behavior Survey

The Mississippi YRBS measures the incidence and prevalence of behaviors that contribute to the leading causes of mortality and morbidity among youth. The YRBS is part of a larger effort to help communities promote the “resiliency” of young people by reducing high risk behaviors and increasing health behaviors. Centers for Disease Control and the staff of WESTAT developed the survey and analyzed the data collection. The Mississippi Department of Health conducted the survey and developed the report. The YRBS was completed by students in grades 9-12 throughout Mississippi schools during the spring of 2007. Students completed a voluntary, self administrated anonymous, 87-item questionnaire. The YRBS is conducted every two years.

SmartTrack Data (ATOD)

Alcohol Use

The percentage of students who have ever had at least one drink of beer was 42.28% in 2004 to 47.3% in 2008.

The percentage of students who have ever had at least one drink of a wine cooler was 34.25% in 2004 to 37% in 2008.

The percentage of students who have ever had at least one drink of other alcohol (liquor, wine, mixed drink, etc.) was 35.27% in 2004 to 37% in 2008.

The percentage of students who had their first drink of beer before age 15 was 34.46% in 2004 to 29.83% in 2008.

The percentage of students who had their first drink of a wine cooler before age 15 was 27.72% in 2004 to 19.42% in 2008.

The percentage of students who had their first drink of other alcohol (liquor, wine, mixed drink, etc.) before age 15 was 25.3% in 2004 to 21.3% in 2008.

Tobacco Use

The percentage of high school students who have ever tried cigarette smoking has increased from 59.4% in 2004 to 61.2% in 2008.

The percentage of middle school students who have ever tried cigarette smoking has decreased from 38.9% in 2004 to 33.3% in 2008.

The percentage of students who have smoked cigarettes during the past 30 days has decreased from 31.3% in 1997 to 15.5% in 2008.

The percentage of students who have used chewing tobacco or snuff during the past 30 days has increased from 6.8% in 1997 and 9.4% in 2008.

The percentage of students who have ever tried chewing tobacco or snuff has decreased from 17.5% in 2004 and 15% in 2008

Other Drug Use

The percentage of students who used any form of cocaine including powder, crack, or freebase one or more times during their life was 3.5% in 2002 and 4.5% in 2008.

The percentage of students who use heroin one or more times during their life was 2.33% in 2002 and 4.5% in 2008.

The percentage of students who sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life was 6.22% in 2002 and 6.75% in 2008.

The percentage of students who tried marijuana for the first time before age 15 was 14.81% in 2002 and 10.25% in 2008.

The percentage of students who used marijuana one or more times during the past 30 days was 21.3% in 1997 and 11.25% in 2008.

Mississippi HIV/AIDS Data

The MS Department of Health, Bureau of STD/HIV reported that in 2008 there were 606 newly diagnosed cases of HIV disease. Persons living with HIV/AIDS in Mississippi in 2008 totaled 9,055. African Americans constituted 70% of AIDS cases reported in 2008. This is particularly important to note since they represent only 37.1% of Mississippi's general population. There has been a small increase toward life expectancy with persons living with AIDS since 2002. This is attributed to the success of the Highly Active Anti-Retroviral Therapy (HAART). The challenge still remains to provide HAART access earlier to delay the development of AIDS – defining illnesses. Out of the nine Public Health Districts, the top counties in 2008 which had persons diagnosed with HIV disease were: Hinds (105), Harrison (46), Rankin (41), Forrest (24), DeSoto (23), Washington (19), Lee (15), Pike (14), and Lowndes (11).

Treatment for Opiate Addiction

The Bureau of Alcohol and Drug Abuse in collaboration with the Center for Substance Abuse Treatment (CSAT) continues its relationship in addressing issues of treatment for individuals who are addicted to prescription pain medications and patients who are addicted to heroin and other opiates. The State Methadone Authority (SMA) works closely with the State's opiate replacement program to promote programs which stress the core values of opiate treatment including the right of the client to be treated with dignity and respect.

The Bureau of Alcohol and Drug Abuse is becoming more focused on the need to increase awareness of treatment for opiate addiction as well as educate community members and its leaders. Also, the Commission on Accreditation of Rehabilitation Facilities (CARF) is a certifying body which serves as a catalyst for improving the quality of life of clients in opiate treatment facilities. This mission coupled with State Standards provides the best possible optimal care. Currently, the State has one certified treatment program located in Jackson. As resources become available, additional programs will be established.

Ideal System Model

The development of an alcohol and drug abuse services system in Mississippi was established as a priority in 1974, with the inclusion of state alcohol and drug abuse programs in the new Department of Mental Health, which combined all state mental health, alcohol/drug abuse and mental retardation programs into one agency. Based on the Department of Mental Health's philosophy for all service areas, the system envisioned for substance abuse services depicts a comprehensive, statewide system of prevention, treatment and support services (see figure, p. 32). Long-term goals in the State Plan reflect the state's targets for developing service components envisioned in the model. Realistic annual objectives have been formulated to address gaps in the system, given available human and fiscal resources. For those components of the system available on a statewide basis, annual objectives generally address maintaining the availability of services or increasing the accessibility or quality of services. Efforts to maximize and increase human and fiscal resources necessary to sustain and build the system are ongoing. All goals and objectives represent ongoing efforts to advance development of a comprehensive statewide system of accessible, quality substance abuse services.

Central to the comprehensive substance abuse service system is the belief that persons with alcohol and drug abuse problems are most effectively treated in their community, close to their personal resources and support systems, including their families and jobs. Therefore, the geographic areas in which statewide alcohol and drug abuse services have been developed are in correspondence with the 15 community mental health regions. The Department of Mental Health has as an overall goal of developing a full range of community-based prevention, treatment and support options in each of the 15 regions. The development of the system reflects integration of these services to meet individual needs and to facilitate accessibility and continuity of care. In meeting individual needs throughout the system, emphasis is placed on preserving individual dignity and rights including privacy and confidentiality. The major components of the comprehensive system of substance abuse services include: prevention services, treatment services, support services and quality assurance.

IDEAL SYSTEM MODEL
Mississippi Comprehensive Alcohol and Drug Abuse Services System

COMPONENTS OF THE ALCOHOL/DRUG ABUSE PREVENTION AND TREATMENT *SERVICE* SYSTEM

Substance Abuse Prevention Services

Prevention is a process that involves interacting with people, communities, and systems to promote the programs aimed at substantially preventing alcohol, tobacco and other drug abuse. Based on identified risk and 'protective' factors, these activities must be carried out in an intentional, comprehensive, and systematic way in order to impact large numbers of people.

Most substance abuse prevention programs today are targeted at youth; however, the prevalence of alcohol and drug use indicates that all age groups are at risk. Since adults serve as role models, their behavior and attitudes toward substance use determine, to a large extent, the environment in which choices will be made about use by children and adolescents. Therefore, the Bureau of Alcohol and Drug Abuse supports prevention services that target adults as well as young people.

The causes of substance abuse are complex and multi-dimensional. According to research, factors that play a role in the development of drug dependency can include genetics or deficiencies in knowledge, skills, values, or spirituality. Also, social norms, public policies, and media messages often promote or convey acceptance of drug abuse behaviors. All of these factors must be addressed in prevention programming. Equally important is the willingness of prevention professionals to remain aware of new research and be prepared to expand or modify their programs, as needed, to address any new causes.

A variety of strategies must be employed to successfully reduce problems associated with substance abuse. Prevention strategies have been categorized in a variety of different ways. The Bureau of Alcohol and Drug Abuse requires that each funded program use no less than three of the six strategies promoted by the Substance Abuse Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Prevention (CSAP). The six strategies are information dissemination, education, alternative activities, problem identification and referral, community-based process, and environmental. (The definition of each strategy may be found in the *Federal Register*, Volume 58, Number 60, March 31, 1993).

Through the Bureau of Alcohol and Drug Abuse, Mississippi has made great strides in improving the prevention delivery service system during the past five years. BADA has instituted many new policies for subgrantees funded by the 20 percent prevention set aside of the SAPT Block Grant. Two examples include: 1) designation of an individual to coordinate prevention services and 2) requiring each program to implement at least one evidence-based program. The State Incentive Grant (SIG) awarded to BADA in 2001 allowed BADA to

fund additional programs utilizing evidence-based programs and more than doubling the amount of individuals and families served. In October 2006, BADA received a Substance Abuse and Mental Health Services Administration (SAMHSA) five-year incentive grant to meet the following federal goals: (1) Build prevention capacity and infrastructure at state and community levels; (2) prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; and (3) Reduce substance abuse-related problems in communities.

The Bureau of Alcohol and Drug Abuse serves as the state Regional Alcohol and Drug Awareness Resource (RADAR). Six of the twenty-seven DMH funded prevention programs serve as RADAR network centers. These centers maintain and provide access to a collection of substance abuse resources for reference and circulation through support for the National Clearinghouse for Alcohol and Drug Information located in Maryland.

Substance Abuse Treatment Services

Community-Based Primary Residential Services

The Primary Residential Treatment Program is a twenty-four hour, seven days a week onsite residential program for adult males and females who are addicted to alcohol/drugs. This type of treatment is prescribed for those who lack sufficient motivation and/or social support to remain abstinent in a setting less restrictive than 'primary' but who do not meet the clinical criteria for hospitalization. Typically, primary residential treatment programs operate on a 30-day cycle.

Primary residential treatment's group living environment offers clients a comprehensive program of services that is easily accessible and immediately responsive to each client's individual needs. Because alcohol and drug dependency is a multidimensional problem, various treatment modalities are available, including detoxification, group and individual therapy; family therapy; education/information services explaining alcohol/drug abuse and dependency; personal growth/self help skills; relapse prevention; coping skills/anger management and the recovery process; vocational counseling and rehabilitation services; employment activities; and, recreational and social activities. This program facilitates continuity of care throughout the rehabilitation process and is designed to meet the specific needs of each client.

Although all substance abuse treatment programs are accessible to pregnant women, there are two, described in the following paragraph, that are specifically designed for this population. Additionally, there are primary residential treatment programs tailored for adolescents and for prisoners. These are described below:

Specialized Primary Residential Services for Pregnant Women and Women with Dependent Children: In addition to traditional treatment modalities described above, these programs provide pre/post-natal care to pregnant women throughout the

treatment process and afford infants/young children the opportunity to remain with their mothers. The treatment program also focuses on parenting skills education, nutrition, medical and other needed services.

Specialized Primary Residential Services for Adolescents: While providing many of the same therapeutic, informational/educational, social/recreational services as adult programs, the content is modified to accommodate the substance abusing adolescent population. Adolescent treatment programs are generally longer in duration than adult primary residential programs. Some allow the client to remain from six months up to as long as a year, depending on several factors that may include the program's recommendations, parental participation, and the client's progress and adaptability. Also, all programs provide regularly scheduled academic classes individually designed for each client following a MS Department of Education approved curriculum by an MDE certified teacher. Adolescents with a co-occurring disorder of substance abuse and mental illness are also accepted in these programs.

Specialized Services for Prisoners: Substance abuse screening and a primary treatment unit are provided for the inmates at the Mississippi Correctional Facility in Parchman.

Community-Based Transitional Residential Services

The Transitional Residential Treatment Program is a less intensive program for adult males and females, who typically remain from two to six months depending on the individual needs of the client. The client must have completed a primary substance abuse treatment program before being eligible for participation in a transitional program.

Intended to be an intermediate stage between primary treatment and independent re-entry into the community, the treatment focuses on the enhancement of coping skills needed to lead a productive, fulfilling life, free of chemical dependency. A primary objective of this type of treatment is to encourage and aid the client in the pursuit and acquisition of vocational, employment and/or related activities. Although all substance abuse treatment programs are accessible to pregnant women, there are two, described in the following paragraph, that are specifically designed for this population. There are also programs that provide services for female ex-offenders and dually diagnosed adult males. They are described below.

Specialized Transitional Residential Services for Pregnant Women and Women with Dependent Children: These programs provide pre/post-natal care to pregnant women throughout the treatment process and afford infants/young children the opportunity to remain with their mothers. In addition to traditional therapeutic activities, the treatment program also focuses on parenting skills education, nutrition, medical and other needed services.

Specialized Transitional Residential Services for Female Ex-offenders: This program provides immediate support for women leaving primary substance abuse treatment programs in correctional facilities. Priority is given to pregnant women and plans are currently underway for this program to include parenting women, where their children are housed with them.

Specialized Transitional Residential Services for Co-occurring Adult Males: This program is designed to address both the individual's chemical dependency and mental illness. These individuals, primarily from the Mississippi State Hospital population, are ready to leave the hospital environment but still require a supported living environment. Treatment is provided in a group living environment which promotes a life free from chemical dependency and provides appropriate support for the client's mental illness. BADA contracts with Mississippi State Hospital (MSH), Bureau of Community Services to provide this service.

Community-Based Outpatient Services

Each program providing alcohol and drug abuse outpatient services must provide multiple treatment modalities, techniques and strategies which include individual, group, and family counseling. Program staff must include professionals representing multiple disciplines who have clinical training and experience specifically pertaining to the provision of alcohol and drug abuse services.

General Outpatient: This program is appropriate for individuals whose clinical condition or environmental circumstances do not require an intensive level of care. The duration of treatment is tailored to individual needs and may vary from a few months to several years.

Intensive Outpatient Program (IOP) for Adults: This program provides an alternative to traditional residential or hospital settings. It is directed to persons whose substance abuse problems are of a severity that require treatment services of a more intensive level than general outpatient but less severe than those typically addressed in residential or inpatient treatment programs.. The IOP allows the client to continue to fulfill his/her obligations to family, job, and community while obtaining treatment. Typically, the IOP provides 3-hour group therapy sessions, which are conducted at least three times per week for at least ten to fifteen weeks. Individual therapy sessions are also provided to each group member at least once per week.

Specialized Intensive Outpatient Services for Adolescents: These programs operate in the same manner as those described above, but focus on the special needs of adolescents. The program allows the young person to maintain responsibilities related to education, family, employment and community while receiving treatment.

Specialized Day Treatment Services for Women : This community program typically involves group therapy that is offered for a minimum of four hours per day from three to four days per week to women. It is operated by a DMH- funded/certified free-standing standing substance abuse treatment program.

Specialized Day Treatment Services for Female Inmates: This program typically involves group therapy that is offered for a minimum of four hours per day from three to four days per week to the female inmates at a local correctional facility. It is operated by a DMH-funded/certified free-standing substance abuse treatment program.

Hospital-Based Inpatient Chemical Dependency Unit Services

Inpatient or hospital-based facilities offer treatment and rehabilitation services for individuals whose substance abuse problems require a medically monitored environment. These may include: (a) patients with drug overdoses that cannot be safely treated in an outpatient or emergency room setting; (b) patients with withdrawal and who are at risk for a severe or complicated withdrawal syndrome; (c) those with an acute or chronic medical condition; (d) those who do not benefit from less intensive treatment; and/or (e) clients who may be a danger to themselves or others. In addition to medical services, treatment usually includes detoxification, assessment and evaluation, intervention counseling, aftercare, a family support program and referral services.

Inpatient services also provide treatment for dually diagnosed individuals with mental illness and substance abuse problems. The program is designed to break the cycle of frequent re-hospitalization by treating the substance addiction/abuse simultaneously with the mental illness.

Substance Abuse Therapeutic Support Services

Community-Based Aftercare/Outreach Services

Aftercare services are designed to assist individuals in maintaining sobriety. It is a bridge between active treatment and long-term recovery. Initiated at the beginning of the treatment process, aftercare is designed for clients who have completed primary substance abuse treatment. Aftercare provides structured support and assistance to the client through formal regularly scheduled meetings and individual sessions, as needed. The group meeting usually facilitated by program staff, allows the members to offer encouragement and support to each other in maintaining sobriety. Aftercare program personnel also assist in making referrals, securing additional needed services from community mental health centers or from other health or human services providers, while maintaining contact and involvement with the client's family.

Outreach services assist persons with substance abuse problems and/or their families by providing information on, encouraging utilization of, and providing access to needed treatment or support services in the community. Outreach activities may include speaking engagements to community groups about substance abuse services and/or visiting local courts and jails to inform and access available services for offenders.

Services For Co-occurring Disorders

In addition to the funding provided by the Bureau of Alcohol and Drug Abuse to community-based transitional residential programs, mentioned earlier, the Bureau also allocates funds specifically earmarked for services for Co-occurring Disorders (dual diagnosis) through each regional community mental health center.

DUI Diagnostic Assessment Services

The DUI (Driving Under the Influence) Diagnostic Assessment Services are for individuals who have been convicted of two or more DUI violations which have resulted in the suspension of their driver's license. The diagnostic assessment process was first developed and sanctioned through the Mississippi Implied Consent Law by our State Legislature to encourage alcohol and drug treatment and to reduce the suspension period for offenders. During the 2007 Legislative Session, the Implied Consent Law was amended requiring first offenders' license suspension to be no less than 90 days and to enroll and complete the Mississippi Alcohol Safety Education Program (MASEP) before their license can be reinstated.

The diagnostic assessment process ensures the following steps are taken. First, an approved DMH diagnostic assessment instrument is administered. Secondly, the results of the assessment is evaluated as well as the client intake assessment. Thirdly, the BAC (Blood Alcohol Content) report and the motor vehicle record are reviewed and fourthly, collateral contacts and if appropriate other clinical observations are recorded. If treatment is warranted after the completion of the process, the offender is placed in an appropriate treatment setting.

There were 32,530 DUI arrests in 2008. Out of the 783 MS traffic fatalities in 2008, 298 were alcohol related. There were 2,615 DUI arrests made to individuals under the age of twenty-one (21). The Mississippi underage driver accounts for 10.6% of all Mississippi drivers arrested for DUI. The most alarming fact is that these young drivers are committing two serious offenses – both drinking illegally and then driving under the influence. The average (mean) BAC (Blood Alcohol Content) for all DUI arrests during 2008 was .141. This is evidently well above the BAC of .08 and .02 for under age twenty-one (21). The impaired driver is the primary contributing factor in fatal traffic crashes every year. The fines assessed for DUI are above 7 million dollars annually. The alcohol traffic safety indicators did show a positive change during 2008. The “Over the Limit – Under Arrest” public information and education campaign coupled with strict enforcement showed significant progress in reducing deaths on our roadways.

Mississippi Drug Courts

Mississippi currently has 31 drug courts covering 64 of the 82 counties. There are 21 adult programs and 10 juvenile programs. Eight new programs have been created in the past year. The mission of the drug courts is to establish a system with judicial requirements which will effectively reduce crime by positively impacting the lives of substance abusers and their families. The target population of the program is for first time non-violent offenders, age 18.

An evaluation process determines whether or not an offender is eligible for the program. The total enrollment in drug courts statewide is 2,224. During 2008, there were 273 individuals who graduated from Mississippi drug courts. In that same year, participants paid \$1,059,553 in fines and fees and 49 drug-free babies were born to drug court enrollees.

Senate Bill 2246 which becomes effective July 1, 2008 states that the State Drug Court Advisory Committee “shall establish through rules and regulations a viable and fiscally responsible plan to expand the number of adult and juvenile drug court programs operating in Mississippi. These rules and regulations shall include plans to increase participation in existing and future programs while maintaining their voluntary nature.”

Currently, the Bureau of Alcohol and Drug Abuse allocates funding support for a private, non-profit free standing community-based program, IQOL (Improving Quality of Life) to implement the ICMS’s (Intensive Case Management Services) phase of the Drug Court Program. The case managers work closely with the court system to assist the client in meeting the judicial requirements administered by the court. Clients are offered the incentive of a chance to remain out of jail and the sanction of a jail sentence if they fail to remain drug-free and noncompliant. The director of the Bureau of Alcohol and Drug Abuse serves on the State Drug Courts Advisory Committee which meets monthly.

Vocational Rehabilitation Services

Each primary residential treatment program provides vocational counseling to individuals while they are in the treatment program. In transitional treatment the primary focus is assisting the client, if needed, in securing employment and/or maintaining employment. The Department of Rehabilitation Services, Office of Vocational Rehabilitation, provides some monetary support for eligible clients in the transitional residential programs.

Tuberculosis and HIV/AIDS Assessment/Educational Services

All clients receiving substance abuse treatment services are assessed for the risk of tuberculosis and HIV/AIDS. If the results of the assessment indicate the client to be at high risk for infection, they are referred for additional testing. Clients also receive educational information and materials concerning HIV/AIDS, TB, and STDs either in individual or group sessions during the course of treatment.

Referral Services

For many years the Bureau of Alcohol and Drug Abuse has published the Mississippi Alcohol and Drug Prevention and Treatment Resources Directory. The directory is comprised of all DMH certified substance abuse treatment and prevention programs as well as other recognized programs across the state of Mississippi. It is revised, updated and redistributed by the BADA every two years. The current publication, 2009-2010 has been distributed to treatment facilities, human services organizations, and a wide variety of other interested parties statewide. The manual is extensively used for a variety of referral purposes. In addition, individuals seeking referral information through the Department of Mental Health may do so by contacting a toll-free help line, operated by the DMH Office of Constituency Services. In 2009, approximately 2,000 copies have been distributed throughout the United States.

Other Substance Abuse Prevention and Treatment Support Services

Collaboration with Other Service Systems

Staff from the Bureau of Alcohol and Drug Abuse actively participate in and/or serve on numerous interagency committees, task forces, and other entities dedicated to the continuous development and maintenance of appropriate, accessible substance abuse prevention and treatment services. The Bureau's Prevention Director and Coordinator continue to be a member of the Mississippi Executive Prevention Council (MEPC). The MEPC, coordinated by DREAM, is an interagency committee that facilitates communication among local and state agencies/entities involved in substance abuse prevention services and support. The Division continues to work in collaboration with the Attorney General's Office in enforcement of the state statute prohibiting the sale of tobacco products to minors and to ensure that the state compliance check survey is completed in a scientifically sound manner. Representatives from the Department of Mental Health participate on The State Tobacco Control Advisory Council. This Council is comprised of a variety of state and private agencies whose mission is to achieve a comprehensive approach to tobacco control involving prevention and cessation services. The DMH Bureau of Alcohol and Drug Abuse continues its contract with the Department of Rehabilitation Services (Office of Vocational Rehabilitation) to fund substance abuse treatment services to individuals in transitional residential programs. The Bureau continues to contract with Mississippi State Hospital (MSH), Bureau of Community Services to support one transitional residential facility for the treatment of individuals with co-occurring disorders (substance abuse and mental illness). Staff from the Bureau actively participate on the Co-Occurring Disorder Coordinating Committee. The Coordinator of DMH's Employee Assistance Program is a member of the Employee Assistance Professional Association which facilitates communication between public and private EAP providers throughout the state. A Bureau staff member serves on The MS Community Planning Group for HIV Prevention, a diverse body of individuals representative of various HIV- and STD-affected communities in the state. This group coordinated by the MS Department of Health functions to foster the principles of HIV

prevention community planning and to develop an annual Comprehensive HIV Prevention Plan for Mississippi. Bureau staff also serve on the Mississippi Association of Highway Safety Leaders, a group whose overall mission is to reduce deaths and serious injuries on Mississippi roadways through public education; increase enforcement of highway safety laws; progressive legislation and support of national and state transportation policies and programs.

The DMH, Bureau of Alcohol and Drug Abuse and the Department of Human Services (DHS), and several regional community mental health centers began a collaborative effort to determine the need for and access to substance abuse services for individuals who receive services through the DHS's Mississippi Recipients of Temporary Assistance for Needy Families (TANF) program. A second objective is to determine a possible correlation between substance abuse and domestic violence. Several of the DMH staff are members of the Mississippi Chapter of the National Coalition Building Institute (NCBI), a non-profit organization founded in 1984 in an effort to eliminate prejudice and reduce intergroup polarization. Having worked closely with NCBI, the Department decided to establish a Multicultural Task Force and it is currently active. The mission of the task force is to address issues relevant to providing mental health services to minority populations in Mississippi and make recommendations to the State Mental Health Planning Council. The Bureau is represented on this task force which has provided training to increase the awareness and sensitivity of different cultures. This includes an annual Day of Diversity which focuses on embracing the diversity of individuals. Many of the DMH service providers have begun to sponsor this day in their own communities. BADA works closely with the Mississippi Association of Addiction Professionals (MAAP) which is the certifying body for alcohol and drug counselors. Additionally, a Bureau staff member serves on the Board of Directors of the Mississippi Alliance for School Health (MASH) which is a non-profit organization dedicated to promoting and encouraging the use of the Centers for Disease Control and Prevention's components of a coordinated school health program (CSHP). The Bureau's Prevention Director serves on the Advisory Council for the Mississippi Council on Problem and Compulsive Gambling. The Director of the Bureau of Alcohol and Drug Abuse serves on the State Drug Courts Advisory Committee which meets monthly.

Human Resources Development

The DMH Bureau of Alcohol/Drug Abuse provides regularly scheduled, ongoing training/technical assistance to substance abuse treatment and prevention service providers. The purpose is to teach, maintain, and improve treatment and prevention skills/techniques in order to assure optimum quality, state of the art services to clients. Additionally, all DMH funded/certified programs must provide training that meets the staff development requirements outlined in the Operational Standards for Community Mental Health/Intellectual and Developmental Disabilities Services. The Bureau of Alcohol and Drug Abuse also provides funds to help support the attendance of the staff of community services providers at other training/continuing education opportunities.

Bureau of Alcohol and Drug Abuse Advisory Council

An important mechanism for public input is the Mississippi Alcohol and Drug Abuse Advisory Council. The Council advises and supports the Bureau of Alcohol and Drug Abuse, promotes and assists in developing effective prevention programs, and promotes the further development of alcohol and drug treatment programs at the community level. Specific activities of the Council include the following: providing input into the development of the annual State Plan for Alcohol and Drug Abuse Services; participating in the Department of Mental Health's peer review process; and, participating on various committees, conferences, and meetings related to the prevention and treatment of substance abuse. Council members represent a broad range of geographic, ethnic, and socio-economic backgrounds. The Council meets quarterly and may hold other meetings upon requests.

Substance Abuse Prevention and Treatment Quality Assurance Services

Certification and Monitoring

The Division of Accreditation and Licensure within the Bureau of Community Services, is responsible for the coordination and development of the Operational Standards for Community Mental Health/Intellectual and Developmental Disabilities Services for community programs that receive funds through the authority of the Department of Mental Health. Representatives from all human services Bureaus and Divisions, including the Bureau of Alcohol and Drug Abuse participate in this ongoing process of review, monitoring and certification during on-site visits to determine continued compliance with the service delivery or client-related requirements in the Operational Standards. Monitoring includes the review and evaluation of each specific service area as well as case record management and client records, environmental and safety requirements, clients' rights, and confidentiality policies and procedures.

Peer Review

The DMH, including the Bureau of Alcohol and Drug Abuse, has developed a peer review process for the purpose of evaluating the quality, appropriateness, and efficacy of the DMH-funded substance abuse prevention and treatment programs. The peer review process is designed to assist these programs in assessing their strengths and weaknesses; to make changes toward effective services; and to promote information sharing among the programs. The projected outcome of this process is to improve the quality of alcohol and drug abuse prevention and treatment services across the state. A pool of nine peer reviewers with expertise in alcohol and drug abuse prevention and/or treatment was selected from the fifteen (15) regional community mental health centers, the Mississippi Alcohol and Drug Abuse Advisory Council and the private and/or public nonprofit substance abuse prevention and treatment programs funded by the DMH. The BADA peer reviewers meet quarterly in Jackson for orientation and technical assistance regarding the peer review process. The peer reviewers submit a written report to the program reviewed at the conclusion of the monitoring

visit. In 2008-2009, peer reviews were conducted on one-third of the community mental health centers during their certification visits which are conducted every two years.

Consumer Grievances and Complaints

The Office of Constituency Services receives, investigates, and resolves consumer complaints and reports of serious incidents in all programs and services operated and/or certified by the Department of Mental Health. Consumer complaints and serious incident reports are logged into a computer system for reporting purposes but are followed through on paper to protect the confidentiality of the consumer. During FY 2009, OCS received approximately 1,586 calls associated with alcohol and drug abuse.

Performance/Outcome Measures

The Bureau of Alcohol and Drug Abuse has established a data infrastructure for the purpose of developing and reporting performance indicators for alcohol and drug prevention and treatment services. Implementation of these measures will be initiated over a three-year period in order to comply with National Outcome Measures (NOMS) as mandated by the Center for Substance Abuse Prevention, a Division of SAMHSA.

Mississippi Substance Abuse Management Information System (MSAMIS)

This system was developed to provide current information on consumers and the treatment provided to them in order to aid in the planning, management and evaluation of substance abuse treatment programs. The Bureau of Alcohol and Drug Abuse provides an instruction manual for utilization of the MSAMIS to the service providers. The manual includes data definitions and requirements for the collection and transmission of all data items pertaining to clients. The Department of Mental Health, Division of Information Systems works closely with BADA collecting data regarding services from the alcohol and drug abuse free-standing, nonprofit providers.

All data (hard copies, diskettes and CDs) received by the Bureau of Alcohol and Drug Abuse is reviewed for quality assurance by a staff member and the information from the hard copies is entered into the central system. The data from the diskettes or CDs is submitted to the Division of Information Systems. Also, the DMH is in the process of integrating federal minimum data sets for alcohol (Treatment Episode Data Set {TEDS}) and mental health services within a statewide information management system. TEDS contains information on substance abuse treatment admissions that is routinely collected by States in monitoring substance abuse treatment programs. Data items for each admission include demographic information, substances of abuse, and information on prior treatment episodes and the treatment plan. TEDS now includes a discharge data set as well. A contract has been developed with Boston Technology, Inc., to collect NIDA/NIAAA data from the CMHCs. Implementation of the statewide information management system is ongoing. The Bureau of

Alcohol and Drug Abuse continues to collaborate with the DMH, Division of Information Systems, in order to improve the quality and expediency of substance abuse data collection.

Employee Assistance Programs Services

An employee assistance program (EAP) is a worksite-based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including, but not limited to: family, marital, health, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance. The Department of Mental Health, Bureau of Alcohol and Drug Abuse provides information and technical assistance to other state agencies and organizations interested in planning or developing employee assistance programs.

Specific objectives include: (1) assisting other agencies and organizations in planning and developing an EAP and providing guidance throughout the process, as requested; (2) working as an advocate for

EAP services and with community organizations, agencies, and institutions to solicit participation in EAPs so the adequate resources are available for proper delivery of services to program participants; and (3) working with agency management and other administration officials to coordinate EAP activities and to resolve problems or issues that impair the effectiveness and efficiency of the program.

The Department of Mental Health Employee Assistance Program Handbook has been updated and distributed to organizations and agencies upon requests. DMH contracts with St. Dominic's Psychiatric Associates, to provide EAP services for mental health employees and their families. The Mental Health EAP coordinator works closely with the counseling staff to ensure the needs of the Department's employees and their families are met. The EAP coordinator also provides training and technical assistance to local and state entities who are interested in developing an employee assistance program.

**ALCOHOL AND DRUG ABUSE SERVICES
GOALS AND OBJECTIVES
FY 2009**

Substance Abuse Prevention Services

The Bureau of Alcohol and Drug Abuse will spend at least 20 percent of the Substance Abuse Prevention and Treatment Block Grant to educate and counsel individuals on substance abuse, provide activities to reduce the risk of such abuse by the individuals and give priority to programs for populations that are at risk of developing a pattern of such abuse.

Goal: Revise and implement a statewide plan to provide effective substance abuse prevention services for all citizens of the State.

Objective: To implement a new State Strategic Prevention Framework Plan for providing prevention services to include objectives for workforce development, implementation of evidence-based prevention and evaluation.

**Strategy/
Indicator:** The Bureau of Alcohol/Drug Abuse staff implemented a new State Strategic Prevention Framework Plan which was developed with input from DMH Prevention Services staff; alcohol, tobacco and drug (ATOD) abuse Prevention Coordinators, the Executive Prevention Council (MEPC) and technical assistance and feedback provided by Center for Substance Abuse Prevention (CSAP). This plan became effective October 1, 2006. Bureau staff will continue to review the plan and make revisions based on progress achieved during the plan's implementation period, continue service provider input and continue technical assistance and feedback received from the Center for Substance Abuse Prevention.

Funding: Federal, State, and/or Local

Objective: To administer the State Prevention Framework State Incentive Grant (SPFSIG) awarded to BADA in October 2006, in order to build our capacity to develop and implement a comprehensive substance abuse prevention system in Mississippi.

Strategy: BADA's priorities for the SPF SIG include: (1) developing and implementing a strategy to coordinate, leverage and/or redirect appropriate legally permissible and relevant substance abuse funding streams and programs; (2) developing and implementing a comprehensive, long-range prevention system filling existing gaps with evidence-based programming; and (3) measuring progress in reducing substance abuse.

Indicator: Progress reports submitted to CSAP.

Funding: State Incentive Cooperative Agreement and SAPT Block Grant.

Objective: To increase communication and collaboration between the bureau and prevention professionals from programs funded and/or certified by DMH.

Strategy: The bureau will host and facilitate biannual meetings to address the latest technology and national and state initiatives in the field of prevention. Program personnel will be given the opportunity to showcase activities or programs to their colleagues. Three initiatives were sponsored by BADA in 2009 on topics related to Juvenile Drug Dealing, Evidence-based kernels of Prevention and Alcohol Policy and Social Change.

Indicator: Summary Report by the Bureau of Alcohol and Drug Abuse in regard to meetings where activities and programs were showcased.

Funding: SAPT Block Grant and State

Objective: To provide technical assistance to prevention program personnel upon request.

Strategy: The Bureau of Alcohol and Drug Abuse will provide technical assistance on-site to programs upon request or as initiated by the bureau if indicated as necessary by quarterly reports, annual progress reports, or on-site monitoring.

Indicator: The number of technical assistance sessions provided by the Bureau of Alcohol and Drug Abuse.

Funding: SAPT Block Grant and State

Objective: To increase the knowledge and awareness of professionals and other social service personnel on current issues in substance abuse prevention.

Strategy: Prevention personnel will present on current topics related to substance abuse prevention at statewide or regional conferences such as the Annual summer School offered through Jackson State University, Mental Health/Intellectual and Developmental Disabilities Conference, and the Annual Juvenile Justice Conference. Prevention personnel will also host the Mississippi School for Addiction Professionals. Programs funded or certified by DMH will be

encouraged to attend and/or present at conferences. A current listserv will be maintained by BADA to communicate technology from prevention professionals from around the country to our community-based providers in Mississippi.

Indicator: Summary of training provided by prevention personnel during the fiscal year.

Funding: SAPT Block Grant and State

Objective: To maintain the current network of substance abuse prevention service providers across the state.

Strategy: DMH Bureau of Alcohol/Drug Abuse will continue to fund prevention activities, statewide. These activities will continue to be provided through the 15 community mental health/mental retardation centers and 19 private nonprofit free-standing organizations. All prevention programs will continue to utilize at least three of the six prevention strategies established by the Center for Substance Abuse Prevention (CSAP), the DMH's federal funding source. These strategies include:

1. Information Dissemination
2. Education
3. Alternatives
4. Problem Identification and Referral
5. Community-Based Process
6. Environmental

All prevention programs will submit activities monthly to the bureau electronically using Version 2 of *SureTool*, an Internet prevention database developed and made available by Dream, Inc. through a contract with the Bureau of Alcohol and Drug Abuse. The information received through the database includes specific activities, responsible staff, location, type of activity (approved, promising, model),-strategy utilized, number of participants and participant demographic information.

Indicator: Quarterly and annual progress reports submitted to the bureau by the prevention program describing the program's activities, strategies, progress, and accomplishments. Documentation by Bureau of Alcohol and Drug Abuse Services staff that programs have implemented these activities, based on monitoring conducted during regularly scheduled biannual on-site visits.

Funding: SAPT Block Grant and SPF SIG

Objective: The State will work with selected community subrecipients to implement evidence-based prevention programs.

Strategy: Prevention programs which submitted a Request for Proposal (RFP) and were funded were required to implement at least one effective evidence-based curriculum spending at least 50% of direct service hours dedicated to the implementation of an evidence-based curriculum. The type of program (effective or model) is determined by the list developed by the National Registry of Effective Programs (NREP). Subrecipients will be required to document daily activity on the SureTool which is an internet-based interface with database connectivity. Information collected with the SureTool includes process data such as intervention, dosage and the number and demographic characteristics of persons served. Bureau of Alcohol and Drug Abuse staff will conduct site reviews annually which will ensure compliance with the Operational Standards for Community Mental Health/Intellectual and Developmental Disabilities Services and programmatic visits to monitor program implementation. Programs will submit quarterly reports describing progress made toward achieving outcomes and objectives and documenting activities of evidence-based programs including any fidelity or adaptation issues encountered during implementation.

Indicator: The number of prevention programs utilizing evidence-based curricula and the number of persons who complete an evidence-based curriculum.

Funding: SAPT Block Grant, State Incentive Grant, SPF SIG and Local

Objective: To insure that each community mental health center employs a full-time prevention staff member.

Strategy: The bureau will maintain current funding for the 15 community mental health centers.

Indicator: The number of community mental health centers which employ a full-time prevention staff member.

Funding: SAPT Block Grant

Objective: To increase the number of certified prevention professionals employed at programs funded or certified by DMH.

Strategy: Through contract, the bureau has offered all courses required by the certifying

body at no charge to participating personnel from programs funded or certified by DMH. The courses have each been offered twice on different dates and the bureau tracked the number of personnel trained. This strategy is ongoing. BADA will continue to monitor the training calendar to ensure the provision of appropriate topics.

Indicator: The number of personnel from DMH certified and/or funded programs trained and certified as prevention professionals.

Funding: SAPT Block Grant

Objective: To provide 40 hours of prevention training based on a curriculum from the Western Center for the Applied Prevention Technology (CAPT).

Strategy: The prevention coordinators from each of the 15 regional community mental health centers and at least one staff member from the free-standing prevention programs will be required to complete this training. Two 40-hour training sessions will be available in separate geographical areas of the state allowing easier access for all programs. The bureau will provide financial support to assist in allowing as many staff to attend as possible. Documentation that staff attended these training sessions will be collected through a written record of attendance at the training. Attendance is also entered in staff personnel files and reviewed by bureau staff during on-site monitoring visits.

Indicator: The number of staff who attend this training, with at least one staff member from each of the 15 CMHCs and free-standing programs attending.

Funding: SAPT Block Grant

Objective: To provide opportunities for continuing education to prevention personnel who have completed the 40 hour CAPT training to maintain an effective and trained prevention workforce, statewide.

Strategy: Provide opportunities for training at no cost to attendees from programs funded or certified by the bureau. Prevention coordinators who have completed the 40 hour CAPT training will be required to complete 15 hours of continuing education. Documentation that staff attended these training sessions will be collected through a written record of attendance at the training. Staff development attendance is also entered in staff personnel files and reviewed by bureau staff during on-site monitoring visits.

Indicator: The number of prevention staff who meet continuing education training requirements.

Funding: SAPT Block Grant and the Southeast CAPT

Objective: Prevention program personnel from all programs within each of the 15 mental health regions will participate in required quarterly meetings to facilitate communication, coordination, and collaboration among the providers in an effort to improve the efficiency and quality of all programs.

Strategy: The community mental health center prevention coordinator in each mental health region will coordinate these meetings on a rotating basis. Agendas, attendance sheets, and other required information will be submitted to the Bureau of Alcohol and Drug Abuse.

Indicator: Documentation of meeting dates and activities, as submitted to the Bureau of Alcohol and Drug Abuse.

Funding: SAPT Block Grant and SPF SIG

Tobacco Use Prevention

Objective: To educate employees of retailers licensed to sell tobacco products on the MS Juvenile Tobacco Access Prevention Act of 1998.

Strategy: The DMH, Bureau of Alcohol and Drug Abuse Request for Proposal (RFP) continues to require that all programs conduct 25 merchant education trainings in their region. Regions that contain more than one funded program should divide the 25 programs to eliminate the possibility of duplication. Training on how to conduct merchant education will be provided by a DMH contractor.

Indicator: The number of CMHCs meeting the above training requirements.

Funding: SAPT Block Grant

Objective: To prevent the initiation of tobacco use by the implementation of policies, practices and programs targeting tobacco use by youth.

Strategy: The DMH staff will serve on the Mississippi's Comprehensive Tobacco Control and Treatment Strategic Planning Committee. This committee consists of best

practices, guidelines and recommendations in having a comprehensive tobacco control program. Objectives and goals in the five-year plan surround the Center for Disease Control's four goal areas: eliminating exposure to environmental tobacco smoke, preventing the initiation of tobacco by youth, access to cessation resources for adults and youth and the development of an infrastructure for tobacco, prevention. DMH prevention staff will participate in all meetings.

Indicator: Development of a final plan (MS Comprehensive Tobacco Control and Treatment Strategic Plan). Participation by prevention services staff at all committee meetings and in the development and implementation of the plan.

Funding: SAPT Block Grant

Goal: To reduce /prevent/delay marijuana use by youth through implementation of a targeted marijuana initiative.

Objective: Prevention Services will develop and implement programs, policies and practices targeting the prevention of marijuana use by youth.

Strategy: The Department of Mental Health, Bureau of Alcohol and Drug Abuse required in FY 2007 Request for Proposal (RFP) that each subrecipient initiate a program targeting marijuana use by youth. The DMH researched and identified the best evidence-based marijuana use by youth program. This information was made available to subgrantees and DMH prevention services staff assisted them in selecting the most appropriate model for their community based on their community needs and resources. Implementation began April 1, 2007 and is ongoing.

Indicator: Development of the RFP to include requirements and to monitor programs for implementation during annual site visits.

Funding: SAPT Block Grant

Goal: To reduce/prevent/delay alcohol use by youth through implementation of a targeted Underage Drinking Initiative.

Objective: The BADA Prevention Services will develop and implement an underage drinking campaign for statewide implementation.

Strategy: The RFP required all subrecipients to implement an underage drinking campaign within their community. DMH Prevention staff researched and

identified best evidence-based underage drinking campaigns. This information was made available to the subrecipients and prevention staff assisted them in selecting the most appropriate model for their community based on their community needs and resources. This strategy was aimed at changing attitudes as well as changing community ordinances, regulations, legislation and public policy to prevent the sale of alcohol beverages. Implementation began April 1, 2007 and is ongoing. Staff will continue to participate on the Mississippians Advocating Against Underage Drinking (MAAUD). BADA will maintain funding for 21 community-based agencies targeting underage drinking. Also, continue providing funding for a state level Underage Drinking Coordinator.

Indicator: Development of the RFP to include requirements and the implementation of campaigns within communities.

Funding: SAPT Block Grant and SPF SIG

Goal: To reduce/prevent/delay methamphetamine use through implementation of a Prescription Drug Use Initiative.

Objective: To develop a specialized statewide prevention initiative focused on reducing the recent growing trend of methamphetamine use/abuse.

Strategy: The RFP required all subrecipients to implement an initiative on prescription drug use/abuse level. The goal is to decrease the prevalence of this problem by increasing community and state awareness of prescription drug abuse. Implementation began on April 1, 2009 and is ongoing.

Indicator: Development of the RFP to include requirements and the implementation of the initiative within communities.

Funding: SAPT Block Grant

Goal: Create a Culturally Competent service delivery system.

Objective: To develop culturally competent programs, practices and policies.

Strategy: All funded agencies are required to incorporate cultural competence within their memorandum of understanding. BADA will continue to encourage all funded agencies to utilize the Cultural Competence self-test.

Indicator: Submission RFP requirements include addressing cultural competence.

Funding: SAPT Block Grant and SPF SIG

Substance Abuse Treatment Services

Goal: To provide a statewide continuum of comprehensive, accessible and affordable community-based substance abuse treatment services that meet the needs for services identified by the state.

Community-Based Primary Residential Services

Objective: To maintain primary residential treatment services for adult males.

Strategy: Services will be provided through community mental health centers and/or free-standing programs. The DMH's Bureau of Alcohol and Drug Abuse will continue to certify and provide funding to support community-based primary residential treatment programs for adult males in the 15 CMHCs. Eight free-standing programs are certified by the DMH, making available 23 primary residential substance abuse treatment programs located throughout the 15 community mental health regions.

Indicator: The number of primary residential treatment programs for adult males certified and/or funded by the DMH, Bureau of Alcohol and Drug Abuse.

Funding: SAPT Block Grant, SSBG, Three Percent Alcohol Tax, State General funds

Objective: To maintain current programs and expand primary residential treatment services for adult females, giving first priority to pregnant women.

Strategy: Services will be provided through community mental health centers and/or free-standing programs. The DMH's Bureau of Alcohol and Drug Abuse will continue to certify and provide funding to support 15 community-based primary residential treatment programs for adult females. Two of the 15 programs serve pregnant and parenting women. Eight free-standing programs are certified by the DMH, making available 23 primary residential substance abuse treatment programs located throughout the 15 community mental health regions. Service contracts made with DMH funded substance abuse treatment programs include an assurance that states pregnant women will be given first priority for substance abuse treatment services and must be signed by the service provider. Also, DMH funded substance abuse treatment programs will submit a written report to the BADA on a monthly basis indicating the number of pregnant women served by the program.

Indicator: The number of primary residential treatment programs for adult females certified and/or funded by the DMH's Bureau of Alcohol and Drug Abuse.

Funding: SAPT Block Grant, SSBG, Three Percent Alcohol Tax and State

Objective: To maintain specialized primary residential services designed specifically for pregnant women and women with dependent children.

Strategy: Services will be provided through community mental health centers and/or free-standing programs. The DMH, Bureau of Alcohol and Drug Abuse will continue to certify and provide funding to support two existing primary residential treatment programs specifically designed for pregnant women and women with dependent children. In addition to substance abuse treatment, these specialized primary residential programs will provide the following services: 1) primary medical care; prenatal care and child care; 2) primary pediatric care for their children including immunizations; 3) gender specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, parenting, and child care, while the women are receiving these services; 4) therapeutic interventions for children in custody of women in treatment which may among other things address their developmental needs and their issues of sexual and physical abuse and neglect; 5) sufficient case management and transportation services to ensure that women and their children have access to the services provided by (1) through (4).

Indicator: The number of primary residential treatment programs specifically designed for pregnant women and women with dependent children certified and funded by the DMH's Bureau of Alcohol and Drug Abuse.

Funding: SAPT Block Grant

Objective: To maintain specialized primary residential treatment services for adolescents.

Strategy: Community-based primary residential treatment programs for adolescents with substance abuse problems will be provided through regional community mental health centers and/or free-standing programs. Adolescents who have co-occurring disorders (substance abuse/mental illness) will also be accepted in these programs. Two community-based residential treatment programs for adolescents, one for male adolescents and one for female and male adolescents with substance abuse problems and mental illness will continue to be certified and funded by the Bureau of Alcohol and Drug Abuse. Another program of

this type, female and male is certified and funded by CY5 of the Department of Mental Health.

Indicator: The number of primary residential treatment programs for adolescents certified and/or funded by the DMH's Bureau of Alcohol and Drug Abuse.

Funding: SAPT Block Grant and SSBG

Objective: To continue providing treatment for alcohol and drug problems to inmates at the Mississippi Department of Corrections in Parchman.

Strategy: As part of the admission process, each new inmate is screened for alcohol and drug problems. If initial screening results indicate a problem with alcohol and/or drugs, inmates will be referred to the penitentiary's alcohol/drug abuse treatment program. The state penitentiary will report the number of individuals admitted to their treatment program through this screening process to the DMH.

Indicator: The number of inmates who are screened and admitted to the penitentiary's substance abuse treatment service, as reported to the DMH's Bureau of Alcohol and Drug Abuse.

Funding: State Three Percent Alcohol Tax

Community- Based Transitional Residential Services

Objective: To maintain current programs and expand transitional residential treatment services for adult males.

Strategy: Services will be provided through community mental health centers and/or free-standing programs. DMH Bureau of Alcohol/Drug Abuse will continue to certify and provide funding to support 10 community-based transitional residential treatment programs for adult males in the CMHCs. The DMH also certifies 9 free-standing transitional residential programs. Presently there are 19 transitional residential services offered to adult males.

Indicator: The number of transitional residential treatment programs for adult males certified and/or funded by the DMH's Bureau of Alcohol and Drug Abuse, and efforts to expand these services to other areas of the state.

Funding: SSBG, Three Percent Alcohol Tax and State

Objective: To maintain a specialized transitional residential substance abuse treatment services for adult males with co-occurring disorders (mental illness and substance abuse).

Strategy: The DMH has awarded funding to a community-based transitional residential treatment facility for adult males diagnosed with a co-occurring disorder. These individuals, primarily drawn from the Mississippi State Hospital population, are ready to leave the hospital but still require a supported living environment.

Indicator: Continued funding from the DMH's Bureau of Alcohol and Drug Abuse to maintain one transitional residential treatment program for co-occurring adult males.

Funding: SAPT Block Grant

Objective: To maintain current programs and expand transitional residential treatment services for adult females, giving first priority to pregnant women.

Strategy: The DMH Bureau of Alcohol and Drug Abuse has set funding of this objective as a priority. Services will be provided through regional community mental health centers and/or free-standing programs. The DMH's Bureau of Alcohol and Drug Abuse will continue to certify and provide funding to support 9 community-based transitional residential treatment programs for adult females. The DMH also certifies 8 free-standing programs. Presently, transitional residential services are offered through 17 programs for adult females. Service contracts made with DMH funded substance abuse treatment programs include an assurance that the state's pregnant women population will be given first priority for substance abuse treatment services. Also, DMH funded substance abuse treatment programs will submit a written report to the BADA on a monthly basis indicating the number of pregnant women served by the program.

Indicator: The number of transitional residential treatment programs for adult females certified and/or funded by the DMH Bureau of Alcohol and Drug Abuse, and efforts to expand these services to other areas of the state.

Funding: SAPT Block Grant, SSBG, Three Percent Alcohol Tax and State

Objective: To continue providing transitional residential substance abuse treatment services for women recently released from correctional facilities. (Included in original count of transitional residential programs for women in previous objective)

Strategy: Services will be provided through a free-standing nonprofit organization. The DMH Bureau of Alcohol and Drug Abuse will continue to certify and make available funding to support a specialized transitional substance abuse treatment program for women transitioning from correctional facilities. This program also serves women and pregnant women as well from the community who do not come from correctional facilities.

Indicator: Continued funding from the DMH's Bureau of Alcohol and Drug Abuse for transitional residential services for women transitioning from correctional facilities.

Funding: SAPT Block Grant

Objective: To maintain and expand specialized transitional residential services designed specifically for pregnant women and women with dependent children.

Strategy: Services will be provided through community mental health centers and/or free-standing programs. The DMH, Bureau of Alcohol and Drug Abuse will continue to certify and provide funding to support two existing transitional residential treatment programs specifically designed for pregnant women and women with dependent children. Additionally, the BADA will add beds, specifically for pregnant women, to an existing transitional program. There will be a special emphasis placed on teaching parenting skills in this program. In addition to substance abuse treatment, these specialized transitional residential programs will provide the following services: 1) primary medical care; prenatal care and child care; 2) primary pediatric care for their children including immunizations; 3) gender specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships sexual and physical abuse and parenting, and child care while the women are receiving these services; 4) therapeutic interventions for children in custody of women in treatment which may among other things address their developmental needs and their issues of sexual and physical abuse and neglect; 5) sufficient case management and transportation services to ensure that women and their children have access to the services provided by (1) through (4).

Indicator: The number of specialized transitional residential programs for pregnant women certified and funded by the DMH's Bureau of Alcohol and Drug Abuse, and efforts to expand and improve these services.

Funding: SAPT Block Grant

Community-Based Outpatient Services

Objective: To maintain general outpatient services (individual, group, family, etc.) in all 15 community mental health center regions.

Strategy: Outpatient substance abuse treatment services will be provided by community mental health centers and/or free-standing programs. DMH Bureau of Alcohol and Drug Abuse will continue to certify and fund general outpatient substance abuse treatment services in all 15 community mental health centers and certify 9 free-standing programs.

Indicator: The number of programs that receive funding or certification from the DMH Bureau of Alcohol and Substance Abuse to provide outpatient substance abuse services.

Funding: SAPT Block Grant

Objective: To maintain the provision of intensive outpatient services (IOP) for adults.

Strategy: Intensive outpatient treatment programs will be provided by community mental health centers and/or free-standing programs. The DMH Bureau of Alcohol and Drug Abuse will continue to certify and provide funding for 13 IOPs in the 15 community mental health centers and certify 12 adult free-standing IOPs.

Indicator: The number of Intensive Outpatient Programs certified and/or funded by the DMH Bureau of Alcohol and Drug Abuse.

Funding: SAPT Block Grant

Objective: To maintain specialized intensive outpatient services for adolescents.

Strategy: Intensive outpatient (IOP) treatment programs for adolescents will be provided by a free-standing program. One 10-15 week IOP treatment program for adolescents will be maintained.

Indicator: Continued funding by the DMH Bureau of Alcohol and Drug Abuse for specialized intensive outpatient services for adolescents.

Funding: SAPT Block Grant

Objective: To maintain specialized day treatment services for female inmates at the Rankin County Correctional Facility.

Strategy: Services will continue to be provided through a free-standing substance abuse service provider. Four-hour group therapy sessions will be provided for women on site, four days per week.

Indicator: Continued funding by the DMH Bureau of Alcohol and Drug Abuse for a specialized day treatment program for female inmates.

Funding: SAPT Block Grant

Hospital-Based Inpatient Chemical Dependency Services

Objective: To maintain inpatient chemical dependency units at two state psychiatric hospitals.

Strategy: The Bureau of Alcohol and Drug Abuse will continue to provide funds to the adult male and female chemical dependency units at Mississippi State Hospital. The Bureau will continue to provide funding for the Residential Detoxification Program at East Mississippi State Hospital as well as certify a non-funded twenty-five (25) bed unit for adult males and 10 beds for adolescents (which also serves those with co-occurring disorders) located at the Bradley A. Sanders Adolescent Complex.

Indicator: The number of hospital-based chemical dependency programs funded.

Funding: State and Three Percent Alcohol Tax

Substance Abuse Therapeutic Support Services

Goal: To provide a comprehensive, easily accessible network of support services that contribute to the quality of substance abuse treatment programs, provide services for specific populations, and aid individuals in maintaining sobriety after they are no longer receiving formal substance abuse treatment.

Community-Based Outreach/Aftercare Services

Objective: To maintain statewide alcohol and drug abuse aftercare/outreach services.

Strategy: Services will be provided through the 15 community mental health centers and 20 free-standing programs and 1 adolescent program.

Indicator: Evidence, based on monitoring activities of the Bureau of Alcohol and Drug Abuse, that aftercare/outreach services are provided in all 15 CMHC regions.

Funding: SAPT block Grant and/or State Three Percent Alcohol Tax

Co-Occurring Services

Objective: Treatment services will continue to be provided for individuals with co-occurring disorders (mental illness and substance abuse)) in all 15 community mental health center regions.

Strategy: The Bureau of Alcohol and Drug Abuse will continue to allocate funds to each of the 15 regional community mental health centers specifically earmarked for the provision of substance abuse treatment services for individuals with co-occurring disorders (mental illness and substance abuse) as well as staff training regarding the provision of these services.

Indicator: The number of CMHCs in which specialized services for individuals with co-occurring disorders is provided.

Funding: SAPT Block Grant and State

DUI Diagnostic Assessment Services

Objective: To continue making available substance abuse DUI Diagnostic Assessment services to multi-offenders.

Strategy: The DMH will continue to apply established minimum standards to certify interested agencies in providing DUI Diagnostic Assessment services for

individuals convicted of second and subsequent DUI offenses. The purpose of this service is to maintain compliance with Mississippi's Implied Consent Law and to evaluate the multi-offender's need for substance abuse treatment. After the DUI assessment process is complete, if treatment is warranted, the individual will be referred to a certified substance abuse treatment program for services. DUI Diagnostic Assessment services will continue to be available in the 15 community mental health centers and 16 free-standing substance abuse treatment programs.

Indicator: The number of CMHCs and free-standing programs that provide DUI Diagnostic Assessment services.

Funding: State and/or Federal

Objective: To continue making available substance abuse treatment services to multi-offenders.

Strategy: Substance abuse treatment services will continue to be available through the existing system (i.e., community mental health centers and public/private non-profit free standing substance abuse treatment programs.) If treatment is required and successfully completed, multi-offenders will be eligible to receive a reduction in their driver's license suspension time.

Indicator: Availability of funding from the DMH Bureau of Alcohol and Drug Abuse to support community-based substance abuse services for individuals referred through the DUI Diagnostic Assessment network.

Funding: State and/or Federal

Objective: To continue evaluation of the impact of the MS Zero Tolerance Law on the need for DMH-funded DUI Diagnostic Assessment and treatment services for minors.

Strategy: Bureau of Alcohol and Drug Abuse staff will review the number of second and subsequent adolescent DUI offenders whose "Certification of DUI In-Depth Diagnostic Assessment and Treatment Program Completion" forms are processed through the Bureau. This required form is used by programs that are certified by the DMH to conduct DUI assessments and provide substance abuse treatment for DUI offenders. Documentation of an individual's completion of this process provides the opportunity for license reinstatement through the Mississippi Department of Public Safety. The Bureau will also collect information regarding new programs which address the adolescent DUI

first-offender population from the Mississippi Alcohol and Safety Education Program (MASEP), the organization responsible for the provision of statewide educational programs for court-ordered DUI first offenders. Additionally, the Bureau will obtain adolescent DUI arrest record information from the Department of Public Safety (DPS), Office of Highway Safety (OHS).

Indicator: Maintenance and review of copies of adolescent DUI offender “Certification of DUI In-Depth Diagnostic Assessment and Treatment Program Completion” forms that are processed through the Bureau and records of related information obtained from the DPS/OHS and MASEP.

Funding: State and/or Federal

Objective: To ensure that Department of Mental Health telephone help-line numbers (toll-free and local) are made available to convicted multi-offenders.

Strategy: Staff from the Bureau of Alcohol and Drug Abuse will continue to work with the Department of Mental Health, Office of Constituency Services and the Department of Public Safety, Office of Driver Improvement to monitor the number of DUI assessment referrals. This information will be collected and evaluated on a regular basis to determine if DUI clients are utilizing the help-line numbers.

Indicator: Evaluation and summary of utilization of the OCS Help-line by DUI clients.

Funding: State

Objective: To continue to facilitate training in the BADA adopted uniform substance abuse diagnostic assessment instrument, a required component of the Comprehensive DUI Diagnostic Assessment process, to be utilized by DUI diagnostic assessment providers.

Strategy: The Bureau of Alcohol and Drug Abuse will continue to facilitate training to DUI Assessment providers, statewide. All new service provider personnel who conduct DUI Diagnostic Assessments must receive training and become certified in the use of this instrument.

Indicator: The number of service provider personnel who receive training on the uniform diagnostic assessment instrument.

Funding: State

Objective: To improve the Bureau of Alcohol and Drug Abuse's in-house system for tracking documentation received from DUI assessment and treatment service providers (concerning consumers who have completed the requirements to receive a shorter license suspension time.)

Strategy: The BADA will facilitate the development of a database program into which all information received from DUI assessment and treatment service providers will be entered. Additionally, each step of the in-house process will be entered including the date the information is received, all steps involved in the in-house processing of the information and the date forwarded to the Highway Patrol, Division of Public Safety. One staff member will be in charge of the data input; however, the remaining staff will be able to review the information on their computers to answer telephone inquiries from individuals requesting the status of their information.

Indicator: Summary by the Bureau of Alcohol and Drug Abuse on improvements made to this tracking system.

Funding: State

Vocational Rehabilitation Services

Objective: To continue integrating substance abuse treatment with vocational services for eligible individuals.

Strategy: The DMH Bureau of Alcohol and Drug Abuse and the Department of Rehabilitation Services, Office of Vocational Rehabilitation will continue to participate in an interagency effort to integrate vocational services and substance abuse treatment for individuals with alcohol and/or drug abuse diagnoses who are also eligible for VR services. These services are provided through contracts between the Office of Vocational Rehabilitation and local providers of substance abuse services.

Indicator: At a minimum, contracts for provision of services will be in effect between the Office of Vocational Rehabilitation and each of the existing transitional residential treatment programs (for specified funding levels and services).

Funding: Funds generated by the state's Three-Percent Alcohol Tax will be matched by Vocational Rehabilitation federal funds.

Tuberculosis and HIV/AIDS Assessment/Educational Services

Objective: To routinely make available tuberculosis assessment and treatment services to each individual receiving treatment for substance abuse.

Strategy: All clients receiving any type of substance abuse treatment service at programs certified by the DMH will be assessed for the risk of tuberculosis and receive testing and additional needed services, if determined to be at high-risk. If clients are housed in a residential setting, transportation is provided to location where the assessment is being conducted. Additionally, clients will continue to receive educational information and materials concerning TB either in an individual or group session during the course of treatment. Client records will continue to be monitored routinely for documentation of these activities by Bureau of Alcohol and Drug Abuse staff.

Indicator: Evidence, based on monitoring activities of the Bureau of Alcohol and Drug Abuse, that program providers are in compliance with this service requirement.

Funding: State and/or Federal

Objective: To provide HIV/AIDS early intervention services to individuals receiving substance abuse treatment.

Strategy: All clients receiving any type of substance abuse treatment service in programs certified by the DMH be assessed for the risk of HIV/AIDS and, provide counseling to all clients who elect to receive HIV/AIDS testing. Additionally, clients will continue to receive educational information and materials concerning HIV/AIDS either in an individual or group session during the course of treatment. Client records will continue to be monitored routinely for documentation of these activities by the Bureau of Alcohol and Drug Abuse staff.

Indicator: Evidence, based on monitoring activities of the Bureau of Alcohol and Drug Abuse, that program providers are in compliance with this requirement.

Funding: State and/or Federal

Referral Services

Objective: To continue to publish, up-date biennially and distribute, at no charge, the Mississippi Alcohol and Drug Prevention and Treatment Resources directory.

Strategy: The DMH, BADA, will distribute the 2009 - 2010 edition of the MS Alcohol and Drug Prevention and Treatment Resources directory, which includes, but is not limited to, all substance abuse programs certified by the DMH. The

directory is used for reference and to make referrals to substance abuse prevention and treatment services across the state.

Indicator: Updating and distribution of the resource directory.

Funding: Three Percent Alcohol Tax

Objective: To continue collaboration with the DMH, Office of Constituency Services to serve individuals seeking substance abuse treatment.

Strategy: The Bureau of Alcohol and Drug Abuse will receive quarterly reports from the Office of Constituency Services indicating the number, types, and locations of calls received via its state-wide toll-free telephone number. This information will be utilized to determine types and quantity of services needed in different areas throughout the state.

Indicator: Summary of collaborative efforts between the Office of Constituency Services and the Bureau of Alcohol and Drug Abuse.

Funding: State

Other Substance Abuse Prevention and Treatment Support Services

Goal: To enhance the statewide system of substance abuse services through collaboration with other agencies, facilitation of training opportunities and continuing evaluation of service needs.

Collaboration with Other Service Systems

Objective: To continue participating in interagency committees, task forces and other groups related to the planning, provision and/or evaluation of alcohol/drug prevention and treatment services.

Strategy: Bureau of Alcohol/Drug Abuse Services staff will remain active (as requested) in relevant interagency committees, task forces and other groups through their attendance at regularly scheduled meetings and participation in related activities.

Indicator: List of interagency committees, task forces and groups in which Division of Alcohol and Drug Abuse staff participate.

Funding: Federal and/or State

Objective: To identify substance abuse treatment needs of women receiving public assistance through the Department of Human Service's Temporary Assistance for Needy Families program.

Strategy: The Bureau of Alcohol and Drug Abuse and the Department of Human Services will collaborate in this effort. Data collected will identify the treatment needs of women who are receiving TANF funding.

Indicator: Summary of collaborative efforts in which Bureau of Alcohol and Drug staff participate, related to the TANF program.

Funding: SAPT Block Grant and State

Bureau of Alcohol and Drug Abuse Advisory Council

Objective: To collaborate with and facilitate communication with the Alcohol and Drug Abuse Advisory Council in developing and promoting substance abuse prevention and treatment programs.

Strategy: The Advisory Council will continue to meet with the Bureau of Alcohol and Drug Abuse staff on a quarterly basis. They will continue to serve on various committees, assist in developing the State Plan for Alcohol and Drug Abuse Services, and participate in the Peer Review process.

Indicator: Documentation of dates, meetings and summary of activities of the Advisory Council.

Funding: State

Substance Abuse Prevention and Treatment Quality Assurance Services

Goal: To maintain high quality substance abuse prevention and treatment services.

Certification and Monitoring

Objective: To implement the Department of Mental Health Operational Standards for Community Mental Health/Intellectual and Developmental Disabilities Services which pertain to substance abuse prevention and treatment services.

Strategy: The DMH will continue to monitor the quality of services provided by DMH certified programs through regular on-site visits. The visits consist of reviewing the program's services in accordance with the requirements of the standards. If a program does not meet a particular standard, then it receives a deficiency from the DMH which is submitted in a written deficiency report. In turn, the program must submit a written plan of correction to the DMH for approval. The DMH conducts a follow-up visit to verify the program's implementation of its plan of correction. All DMH certified programs are visited by DMH central office personnel at least twice a year.

Indicator: The number of site visits conducted by Bureau of Alcohol and Drug Abuse.

Funding: SAPT Block Grant

Objective: To ensure that no program funded through the SAPT Block Grant uses funds to provide individuals with hypodermic needles or syringes which may be used for illegal drug consumption.

Strategy: Each service provider submits a detailed budget in their annual grant application to the DMH, BADA. No grants will be awarded to a service provider that designates funds to be utilized for the purchase of hypodermic needles or syringes. Additionally, all awarded funds are distributed to service providers through a cash reimbursement process. All cash requests are screened as they are received by the DMH for budgetary compliance. No service provider will be reimbursed for reported expenditures of hypodermic needles or syringes. Finally, all programs are fiscally and programmatically monitored by the DMH at least annually to determine compliance with grant and purchase of service agreements.

Indicator: Summary of findings related to compliance with grant and purchase of services.

Funding: SAPT Block Grant

Objective: To ensure that the State has a system in effect to protect consumer confidentiality.

Strategy: The Operational Standards for Community Mental Health/Intellectual and Developmental Disabilities Services provide extensive guidelines and regulations governing the compilation, storage and disclosure of client records that ensure clients' rights to privacy and confidentiality. This process is reviewed for compliance during regularly scheduled on-site monitoring visits by DMH staff. All DMH-certified programs are also required to provide

annual training on confidentiality of client information and records. Documentation of this training is reviewed in personnel files during site/certification visits.

Indicator: Summary of findings related to compliance with consumer confidentiality standards by Bureau of Alcohol and Drug Abuse staff.

Funding: SAPT Block Grant

Peer Review

Objective: To continue conducting peer reviews of A&D funded programs.

Strategy: Selected peer reviewers will oversee the review process during visits, with support being provided by DMH staff. The pool of reviewers is selected from the 15 community mental health centers, free standing programs and the Bureau of Alcohol and Drug Abuse Advisory Council. DMH staff will continue to provide orientation regarding the peer review process to new peer reviewers. An orientation manual of the peer review process will continue to be revised, as necessary. The DMH Bureau of Alcohol and Drug Abuse will continue to participate on the DMH Peer Review Advisory Group. Peer reviews for alcohol and drug abuse prevention and treatment programs will be conducted in conjunction with scheduled certification visits.

Indicator: Peer review reports will be written and submitted to programs at the completion of their certification visits.

Funding: State

Consumer Grievances and Complaints Services

Objective: To collaborate with the DMH Office of Constituency Services (OCS) in investigating and resolving consumer complaints and grievances which are received regarding substance abuse prevention and treatment programs.

Strategy: The DMH Office of Constituency Services will continue to receive consumer grievances and complaints via the DMH toll-free Help-line. This Office will also process and attempt to resolve complaints through formal and informal

procedures. The DMH, Bureau of Alcohol and Drug Abuse will receive reports and assist in resolving problems, as needed.

Indicator: The nature/frequency of calls as tracked via computerized caller information and reporting mechanisms included in the information/referral software, and periodic reports from the OCS which summarize information regarding these calls.

Funding: State

Performance Outcome Measures

Objective: To comply with National Outcome Measures (NOMS) as mandated by the Center for Substance Abuse Prevention, a Bureau of SAMHSA.

Strategy: The DMH Bureau of Alcohol and Drug Abuse has established a data infrastructure in order to both develop and report performance indicators for alcohol and drug prevention and treatment services. BADA will initiate implementation of these measures as per federal guidelines over the next three years.

Indicator: Full implementation and reporting abilities of NOMS by 2009.

Funding: SAPT Block Grant

Mississippi Substance Abuse Management Information System (MSAMIS)

Objective: To continually improve the quality of data being collected from DMH-funded substance abuse treatment providers.

Strategy: DMH Bureau of Alcohol and Drug Abuse staff will continue to provide technical assistance to funded substance abuse treatment providers in order to ensure the submission of timely, accurate and current service provider data. The DMH, Bureau of Alcohol and Drug Abuse will also continue to update and utilize the Bureau's data input system for entering Treatment Episode Data Set (TEDS) data, federally-mandated data standards.

Indicator: Summary of efforts to improve the substance abuse data collection system utilized by the DMH.

Funding: SAPT Block Grant and State

Objective: To ensure that service providers comply with CSAT guidelines related to treatment of intravenous drug users.

Strategy: The Bureau of Alcohol and Drug Abuse will continue to monitor the following CSAT requirements: 1) that programs, upon reaching 90% capacity, notify the BADA; 2) admit the individual to a program of such treatment not later than 14 days after making the request of admission; 3) if the individual cannot be placed within 14 days, they be offered interim services no later than 48 hours after the request until placement can be arranged; 4) admit the individual into an appropriate treatment program no later than 120 days after the date of the initial request; and, 5) carry-out outreach activities to encourage individuals in need of such treatment to obtain it. The Bureau will monitor these requirements through the utilization of the Bureau of Mental Health Capacity Management and Waiting List Form. All substance abuse programs must address and submit this form to the BADA in conjunction with their monthly cash reimbursement requests. The information received will identify utilization rate as well as the need for additional revisions of substance abuse treatment service provider programming and/or funding locations. Regarding outreach activities, the treatment programs are required to conduct and keep records of all outreach activities. These records are monitored by the BADA during on site visits.

Indicator: Number of programs providing services to intravenous drug users in accordance with CSAT requirements.

Funding: SAPT Block Grant

Objective: To ensure that pregnant women be given preference in admission to treatment facilities.

Strategy: If a facility is unable to admit a pregnant woman due to insufficient capacity, it will make an immediate attempt to place her in another program of the same type in another location or find alternative substance abuse treatment and prenatal care. If the program cannot accomplish this within 24 hours, it will notify the Bureau of Alcohol and Drug Abuse. The Bureau will assist in locating appropriate services. The entire process will be completed within 48 hours of a woman's request for treatment. The Bureau of Alcohol and Drug Abuse will continue to monitor this CSAT requirement through the utilization of the Capacity Management and Waiting List Form. All substance abuse programs must address and submit this form to the BADA in conjunction with their monthly cash reimbursement requests. The information received will provide immediate information to the BADA if services are not available for a pregnant woman and ensure that she receives services in another facility or that interim services are made available for the client until proper services are available. This information will also provide the utilization rate as well as the need for additional or revisions to substance abuse treatment service provider programming and/or funding allocations.

Indicator: Summary of compliance by service providers with the above requirements.

Funding: SAPT Block Grant

Employee Assistance Programs Services

Goal: To facilitate statewide development of Employee Assistance Programs (EAP).

Objective: To assist DMH employees and continue to provide technical assistance to state agencies and other organizations interested in planning and/or developing employee assistance programs.

Strategy: EAP Services contracted through St. Dominic's Psychiatric Associates will continue to provide services to Department of Mental Health employees and their families. The EAP Coordinator will work closely with St. Dominic's Psychiatric Associates in order to provide assistance where needed. The EAP Coordinator will also provide training and technical assistance to other state agencies and organizations in the planning and development of their Employee Assistance Programs.

Indicator: Documentation and summary of activities and accomplishments related to the development and improvement of employee assistance programs.

Funding: Three Percent Alcohol Tax

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