BUREAU OF ALCOHOL & DRUG SERVICES

STATE PLAN

2015—2016

DRAFT

Think *Recovery*

Supporting a Better Tomorrow...Today

DMH

Mississippi Department of Mental Health

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PURPOSE

The Purpose of the State Plan for Alcohol and Drug Services is:

- To describe the comprehensive, community-based service delivery system for individuals with substance use disorders upon which program planning and development are based;
- To set forth annual goals/objectives to address identified needs;
- To assist the public in understanding efforts employed and planned by the Department of Mental Health to provide supports to Mississippi's citizens with substance use disorders;
- To serve as a basis for utilization of federal, state, and other available resources; and
- To provide an avenue for individuals, family members, and service providers to work together in identifying and planning an array of services and supports through the annual update of this Plan in consultation with the Alcohol and Drug Advisory Council.

The State Plan's implementation time period is October 1, 2015 – September 30, 2016. Since the Plan is considered a working document, it is subject to continuous review and revision. The public is encouraged to review the Plan and submit comments by July 9, 2015.

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Bureau of Alcohol and Drug Services
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Department of Mental Health Services

Mission Statement

Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance use disorders, and intellectual/ development disabilities one person at a time.

Vision Statement

We envision a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports.

A better tomorrow exists when…

- All Mississippians have equal access to quality mental health care, services, and supports in their communities.
- People actively participate in designing services.
- The stigma surrounding mental illness, intellectual/developmental disabilities, substance use disorders, and dementia has disappeared.
- Research, outcome measures, and technology are routinely utilized to enhance prevention, care, services, and supports.

Bureau of Alcohol and Drug Services

Mission Statement

The Bureau of Alcohol and Drug Services is committed to DMH's mission and maintains a statewide comprehensive system of substance use disorder services for prevention, treatment, and rehabilitation and promotes quality care, cost-effective services, and ensures the health and welfare of individuals through the reduction of substance use disorders.

Vision Statement

In an effort to support this vision, the Bureau of Alcohol and Drug Services will promote the highest standards of practice and the continuing development of substance use disorders programs.

Core Values and Guiding Principles

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 community-based service and support options should be available and easily accessible in the communities where people live. We believe 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, meet 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.*

The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention, service, and support options for adults and children with mental illness or emotional disturbance, alcohol/drug problems, and/or intellectual or developmental disabilities, as well as adults with Alzheimer's disease and other dementia. The Department supports the philosophy of making available a comprehensive system of services and supports so that individuals and their families have access to the least restrictive and appropriate level of services and supports that will meet their needs. Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. DMH is committed to preventing or reducing the unnecessary use of inpatient or institutional services when individuals' needs can be met with less intensive or least restrictive levels of care as close to their homes and communities as possible. Underscoring these efforts is the belief that all components of the system should be person-centered, community-based and recovery-oriented.

Overview of the State Mental Health System

The State's Public Mental Health Service System

The public mental health system in Mississippi is administered by the Mississippi Department of Mental Health (DMH), which was created in 1974 by an act of the Mississippi Legislature, Regular Session. The creation, organization, and duties of the DMH are defined in the annotated Mississippi Code of 1972 under Sections 41-4-1 through 41-4-23.

Organizational Structure of the Mississippi Department of Mental Health

The structure of the DMH is composed of three interrelated components: the Board of Mental Health, the DMH Central Office, and DMH-operated Behavioral Health Programs.

Board of Mental Health – DMH 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. By statute, the Board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and citizen representatives from each of Mississippi's five congressional districts (as existed in 1974). Members' seven-year terms are staggered to ensure continuity of quality care and professional oversight of services.

DMH Central Office – The Executive Director directs all administrative functions and implements policies established by the State Board of Mental Health. DMH has a state Central Office for administrative, monitoring, and service areas.

DMH has seven bureaus: the Bureau of Administration, the Bureau of Mental Health, the Bureau of Community Services, the Bureau of Alcohol and Drug Services, the Bureau of Intellectual and Developmental Disabilities, the Bureau of Quality Management, Operations and Standards, and the Bureau of Workforce Development and Training.

- **The Bureau of Administration** works in concert with all bureaus to administer and support development and administration of mental health services in the state. The Bureau of Administration includes the following divisions: Division of Accounting, Division of Audit and Grants Management, and the Division of Information Systems.
- **The Bureau of Community Services** has the primary responsibility for the development and implementation of community-based services to meet the needs of adults with serious mental illness and children with serious emotional disturbance, as well as to assist with the care and treatment of persons with Alzheimer's disease/other dementia. The Bureau of Community Services provides a variety of services through the following divisions: Division of Children and Youth Services, Division of Adult Grants Management, Division of Alzheimer's Disease and Other Dementia, Division of State Planning, Division of Adult Crisis Response, and Division of Adult Peer Services and Supports.
- **The Bureau of Alcohol and Drug Services** is responsible for the administration of state and federal funds utilized in the prevention, treatment, and rehabilitation of persons with substance use disorder problems, including state Three-Percent Alcohol Tax funds for DMH. The overall goal of the state's substance use disorder service system is to provide a continuum of community-based, accessible services, including prevention, outpatient, intensive outpatient, withdrawal management, community-based primary and transitional residential treatment, inpatient chemical dependency units, recovery support services, and opioid treatment services. The Bureau includes two divisions: the Division of Prevention Services and the Division of Treatment Services.

- **The Bureau of Mental Health** oversees the six state behavioral health programs which include public inpatient services for individuals with mental illness and/or alcohol/drug issues as well as the Central Mississippi Residential Center.
- **The Bureau of Intellectual and Developmental Disabilities (IDD)** is responsible for planning, development and supervision of an array of services for individuals in the state with intellectual and developmental disabilities. This public service delivery system is comprised of five state-operated comprehensive programs for individuals with intellectual and developmental disabilities, one juvenile rehabilitation program for youth with intellectual and developmental disabilities whose behavior requires specialized treatment, regional community mental health centers, and other nonprofit community agencies/organizations that provide community services. The Bureau of IDD includes three divisions, the Division of Home and Community-Based Services, the Division of Housing and Community Living, and the Division of Transition Services.
- **The Bureau of Quality Management, Operations and Standards** is responsible for the development of DMH standards of care for providers, provider certification and compliance with DMH standards, development of the peer review system as a part of DMH's overall quality management system, provision of support to programmatic divisions/bureaus with DMH to assist with information management and reporting, oversight of agency and provider emergency management/ disaster response systems to ensure continuity of operations within the public mental health system, oversight of constituency services, and the future development of agency and provider performance measures. The Bureau is comprised of: the Office of Consumer Support, the Division of Disaster Preparedness and Response, and the Division of Certification.
- **The Bureau of Outreach, Planning, and Development** is responsible for the agency's strategic planning process, internal and external communications, public awareness campaigns, transformation to a Person-Centered and Recovery-Oriented System of Care, special projects, workforce development, and professional licensure and certification. This includes the Division of Professional Development, Division of PLACE, and the Division of Recovery and Resiliency.

Functions of the Mississippi Department of Mental Health

State Level Administration of Community-Based Mental Health Services: The major responsibilities of the state are to plan and develop community mental health services, to set operational standards for the services it funds, and to monitor compliance with those operational standards. Provision of community mental health services is accomplished by contracting to support community services provided by regional commissions and/or by other community public or private nonprofit agencies.

State Certification and Program Monitoring: Through an ongoing certification and review process, DMH ensures implementation of services which meet the established operational standards.

State Role in Funding Community-Based Services: DMH's funding authority was established by the Mississippi Legislature in the Mississippi Code, 1972, Annotated, Section 41-45. Except for a 3% state tax set-aside for alcohol services, DMH is a general state tax fund agency.

Agencies or organizations submit proposals to DMH for review to address needs in their local communities. The decision-making process for selection of proposals to be funded are based on the applicant's fulfillment of the requirements set forth in the Request for Proposal (RFP), funds available for existing programs, funds available for new programs, and funding priorities or regulations set by state and/or federal funding sources and the State Board of Mental Health.

Service Delivery System

The mental health service delivery system is comprised of three major components: state-operated programs and community services programs, regional community mental health centers, and other non-profit/profit service agencies/organizations.

State-operated programs: DMH administers and operates six state behavioral health programs, five regional programs for people with IDD, and a juvenile rehabilitation program. These programs serve specified populations in designated counties/service areas of the State.

The behavioral health programs provide inpatient services for people (adults and children) with serious mental illness (SMI). These programs include: Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, Specialized Treatment Facility (STF), and Central Mississippi Residential Center. Nursing program services are also located on the grounds of Mississippi State Hospital and East Mississippi State Hospital.

The Intellectual and Developmental Disabilities programs provide on-campus residential services for persons with intellectual and developmental disabilities. These programs include Boswell Regional Center, Ellisville State School, Hudspeth Regional Center, North Mississippi Regional Center, and South Mississippi Regional Center.

The Mississippi Adolescent Center (MAC) in Brookhaven is a residential program dedicated to providing adolescents with intellectual and developmental disabilities an individualized array of rehabilitation service options. MAC serves youth who have a diagnosis of intellectual and developmental disabilities and whose behavior makes it necessary for them to reside in a structured therapeutic environment. The Specialized Treatment Facility in Gulfport is a Behavioral Health Residential Treatment Program for adolescents with mental illness and a secondary need of substance use disorders prevention/ treatment.

State-operated Community Service Programs: All of the Behavioral Health Programs and IDD programs provide community services in all or part of their designated service areas. Community services include: residential, employment, in-home, and other supports to enable people to live in their community.

Regional Community Mental Health Centers *(CMHCs)*: The CMHCs operate under the supervision of regional commissions appointed by county boards of supervisors comprising their respective service areas. The 14 CMHCs make available a range of community-based mental health, substance use disorders, and in some regions, intellectual/developmental disabilities services. CMHC governing authorities are considered regional and not state-level entities. DMH is responsible for certifying, monitoring, and assisting the CMHCs. The CMHCs are the primary service providers with whom DMH contracts to provide community-based mental health and substance use disorders services.

Other Nonprofit/Profit Service Agencies/Organizations: These agencies and organizations make up a smaller part of the service system. They can be certified by DMH and some also receive funding to provide community-based services. Many of these nonprofit agencies may also receive additional funding from other sources. Services currently provided through these nonprofit agencies include community-based substance use disorders services, community services for persons with intellectual/ developmental disabilities, and community services for children with mental illness or emotional problems.

Available Services and Supports

Both facility and community-based services and supports are available through DMH service system. The type of services provided depends on the location and provider.

Behavioral Health Services

The types of services offered through the regional behavioral health programs vary according to location but include:

- Acute Psychiatric Care
- Intermediate Psychiatric Care
- Continued Treatment Services
- Adolescent Services
- Community Service Programs
- Nursing Home Service
- Medical/Surgical Hospital Services
- Forensic Services
- Substance Use Disorder Services

The types of services offered through the programs for individuals with intellectual/ developmental disabilities vary according to location but statewide include:

- ICF/MR Residential Services
- Psychological Services
- Social Services
- Medical/Nursing Services
- Diagnostic and Evaluation Services
- Special Education
- Recreation
- Speech/Occupational/Physical Therapy
- Vocational Training/Employment
- Community Services Programs

Community Services

A variety of community services and supports are available. Services are provided to adults with mental illness, children and youth with serious emotional disturbance, children and adults with intellectual/ developmental disabilities, individuals with a substance use disorder/mental illness, and persons with Alzheimer's disease or other dementia.

Services for Adults with Mental Illness

- Psychosocial Rehabilitation
- Consultation and Education Services
- Co-Occurring Disorder Services
- Inpatient Referral Services
- Intensive Residential Treatment
- Supervised Housing
- Physician/Psychiatric Services
- SMI Homeless Services
- Mental Illness Management Services
- Individual Therapeutic Support
- Crisis Emergency Mental Health Services
- Pre-Evaluation Screening/Civil Commitment Exams
- Halfway House Services
- Group Home Services
- Partial Hospitalization
- Elderly Psychosocial Rehabilitation
- Outpatient Therapy
- Consumer Support Services
- Day Support
- Drop-In Centers
- Crisis Stabilization Programs
- Individual/Family Education and Support

Services for Children and Youth with Serious Emotional Disturbance

Therapeutic Group Homes
Therapeutic Foster Care
Prevention/Early Intervention
Crisis/Emergency Mental Health Services
Mobile Crisis Response Services
Intensive Crisis Intervention Services
Consumer Support Services
Family Education and Support
Day Treatment
Outpatient Therapy
Physician/Psychiatric Services
MAP (Making A Plan) Teams
School Based Services
Mental Illness Management Services
Individual Therapeutic Support
Acute Partial Hospitalization

Services for People with Alzheimer's Disease and Other Dementia

Adult Day Centers
Caregiver Training

Services for People with Intellectual/Developmental Disabilities

Early Intervention
Work Activity Services
Day Support
HCBS Behavioral Support/Intervention
HCBS In-home Nursing Respite
HCBS Day Habilitation
Community Living Programs
Supported Employment Services
HCBS Attendant Care
HCBS Community Respite
HCBS ICF/MR Respite
HCBS Support Coordination
HCBS Occupational, Physical, and Speech/Languages Therapies

Services for Individuals with Substance Use Disorders

Withdrawal Management
General Outpatient Services
Prevention Services
Recovery Support Services
Opioid Treatment Services
Co-Occurring Disorder Services
DUI Diagnostic Assessment Services
Intensive Outpatient Services
Primary Residential Services
Recovery Housing Services
Transitional Residential Services

SUBSTANCE USE DISORDER SERVICES

Contact Information

Region I: **Coahoma, Quitman, Tallahatchie, and Tunica** **http://www.regionone.org**	**Community Mental Health Center** **Shane Garrard, Director, Alcohol & Drug Services** **1742 Cheryl Street** **P.O. Box 1046** **Clarksdale , MS 38614** **(662) 627-7267**
Region II: **Calhoun, Lafayette, Marshall, Panola, Tate, and Yalobusha** **http://www.communicarems.org/index.html**	**Communicare** **Melody Copp, Director, Alcohol & Drug Services** **152 Highway 7 South** **Oxford, MS 38655** **(662) 234-7521**
Region III: **Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, and Union** **http://famecreative.com/lifecore**	**Lifecore Health Group** **Amanda Wilson, Director, Alcohol & Drug Services** **499 Gloster Creek Village, Suite A3** **Tupelo, MS 38801** **(662) 987-4261**
Region IV: **Alcorn, DeSoto, Prentiss, Tippah, and Tishomingo** **http://www.regionivmhs.com**	**Region IV Mental Health Services** **Nikki Tapp, Director, Alcohol & Drug Services** **303 North Madison Street** **P.O. Box 839** **Corinth, MS 38835-0839** **(662) 286-9883**
Region VI: **Attala, Bolivar, Carroll, Grenada, Holmes, Humphreys, Issaquena, Leflore, Montgomery, Sharkey, Sunflower, and Washington** **http://www.region6-lifehelp.org**	**Life Help** **Fred Guenther, Director, Alcohol & Drug Services** **254 Browning Road** **P.O. Box 1505** **Greenwood, MS 38935-1505** **(662)453-6211**

SUBSTANCE USE DISORDER SERVICES

Contact Information

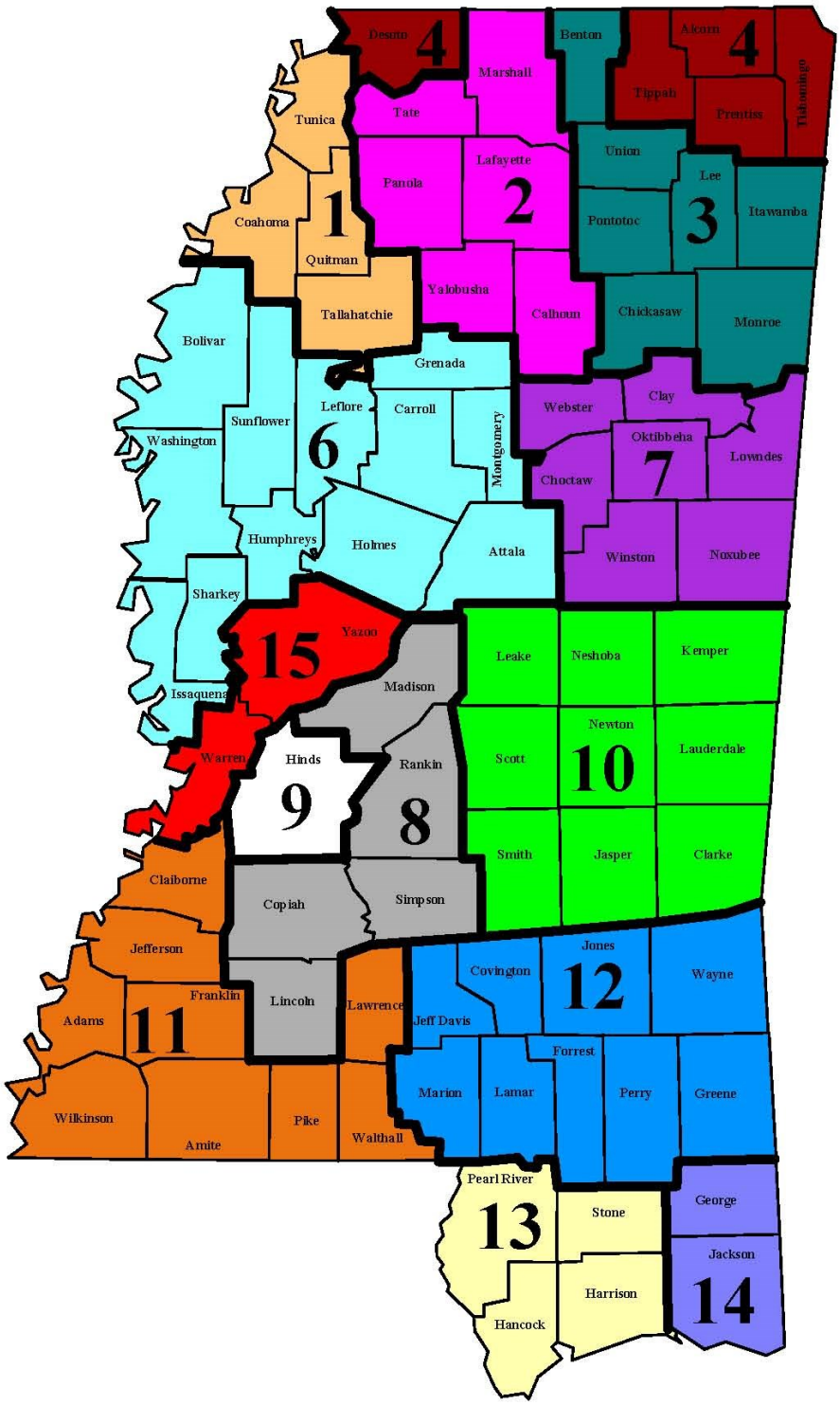
Region VII: **Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, and Winston** **http://www.ccsms.org**	**Community Counseling Services** **Lori Latham, Director, Alcohol & Drug Services** **1001 Main Street** **Columbus, MS 39701** **(662) 328-9225**
Region VIII: **Copiah, Lincoln, Madison, Rankin, and Simpson** **http://www.region8mhs.org**	**Region VIII Mental Health Services** **Heather Pitts, Director, Alcohol & Drug Services** **613 Marquette Road, Box 88** **Brandon, MS 39042** **(601) 591-5553**
Region IX: **Hinds** **http://www.hbhs9.com**	**Hinds Behavioral Health Services** **Marva Clark, Director, Alcohol & Drug Services** **3450 Highway 80 West** **P.O. Box 7777** **Jackson, MS 39284** **(601) 321-2400**
Region X: **Clarke, Jasper, Kemper, Lauderdale, Leake,** **Neshoba, Newton, Scott, and Smith** **http://www.weemsmh.com**	**Weems Community Mental Health Center** **Russ Andreacchio, Director, Alcohol & Drug Services** **1415 College Drive, Box 4378** **Meridian, MS 39325** **(601) 483-4821**
Region XI: **Adams, Amite, Claiborne, Franklin, Jefferson,** **Lawrence, Pike, Walthall, Wilkinson** **http://www.swmmhc.org**	**Southwest MS Mental Health Complex** **Debra Stegenga, Director, Alcohol & Drug Services** **1701 White Street, Box 768** **McComb, MS 39649** **(601) 684-2173**

SUBSTANCE USE DISORDER SERVICES

Contact Information

Region XII: **Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Perry, Wayne** **http://pbmhr.com**	**Pine Belt Mental Healthcare Resources** **Carol Brown, Director, Alcohol & Drug Services** **103 S. 19th Ave., Box 18678** **Hattiesburg, MS 39403** **(601) 594-1499**
Region XIII: **Hancock, Harrison, Pearl River, and Stone** **http://www.gcmhc.com**	**Gulf Coast Mental Health Center** **Lisa Crain-Kersanac, Director, Alcohol & Drug Services** **1600 Broad Ave.** **Gulfport, MS 39501** **(228) 248-0125**
Region XIV: **George and Jackson** **http://www.singingriverservices.com**	**Singing River Services** **Dean Doty, Director, Alcohol & Drug Services** **3407 Shamrock Ct.** **Gautier, MS 39553** **(228) 497-0690 X 2028** **(866) 497-0690**
Region XV: **Warren and Yazoo** **http://www.warren-yazoo.org**	**Warren-Yazoo Mental Health Services** **Peter Anderson, Director, Alcohol & Drug Services** **3444 Wisconsin Ave.** **Vicksburg, MS 39180** **(601) 634-0181**

Community
Mental Health/Intellectual Disability Center
Service Areas



2014

SUBSTANCE USE DISORDER SERVICES

TOTAL BED CAPACITY

Primary Residential (Adults)	449
Primary Residential (Adolescents)	32
Transitional Residential	213
Chemical Dependency Units	181

Outpatient Services in 80 of 82 Counties

Community-Based Primary Residential Substance Use Disorders

Adult Programs

Region or Free Standing	Location	Program	Agency	Beds *M= Male* *F= Female* *E= Either*
Region	Clarksdale	Fairland Center	Region I: Community Mental Health Center	**44** *M-20/F-24*
Region	Oxford	Haven House	Region II: Communicare	**32** *M-22/F-10*
Region	Tupelo	Region III: CDC	Region III: Lifecore	**26** *M-16/F-10*
Region	Corinth	Region IV: CDC 32 Male/12 Female	Region IV: Timber Hills Mental Health Services	**36** *M-24/F-12*
Region	Greenwood	Denton House CDC	Region VI: Life Help	**44** *M– 32/F-12*
Region	Columbus	Cady Hill The Pines	Region VII: Community Counseling Serv.	**16** *Female* **26** *Male*
Region	Hazlehurst	Female Residential Treatment Center	Region VIII: Mental Health Services	**11** *Female Only*
Region	Mendenhall	Male Residential Treatment Center	Region VIII: Mental Health Services	**21** *Male Only*
Region	Meridian	Weems Life Care	Region X: Weems Community Mental Health Center	**20** *M-10/F-10*
Region	Moselle	Clearview Recovery Center	Region XII: Pine Belt Mental Healthcare Resources	**24** *M-12/F-12*
Region	Gulfport	Crossroads Recovery Center	Region XIII: Gulf Coast Mental Health Center	**42** *M-24/F-18*
Region	Pascagoula	Stevens Center	Region XIV: Singing River Services	**22** *M-14/F-8*
Region	Vicksburg	Warren-Yazoo CDC	Region XV: Warren-Yazoo Mental Health Services	**21** *M-15/F-6*

Total Bed Capacity Regionally for Primary Residential (Adults): 385

Community-Based Primary Residential Substance Use Disorders

Adult Programs

Region or Free Standing	Location	Program	Agency	Beds *M= Male* *F= Female* *E= Either*
Free Standing	Jackson	Born Free	Catholic Charities	**8** *Female Only*
Free Standing	Jackson	Harbor House of Jackson	Harbor House of Jackson, Inc. (Region IX contracts with Harbor House of Jackson)	**44** *M-24/F-20*
Free Standing	Jackson	The Friendship Connection	Center for Independent Learning	**6** Female Only
Free Standing	Columbus	Recovery House	Recovery House	**6** Female Only

Total Bed Capacity at Free-Standing for Primary Residential (Adults): 64

Community-Based Transitional Residential Substance Use Disorders Programs

Region or Free Standing	Location	Program	Agency	Beds *M= Male F= Female E= Either*
Region	Tutwiler	Fairland	Region I: Community Mental Health Center	**8** *M-4/F-4*
Region	Oxford	Haven House	Region II: Communicare	**16** *M-14/F-2*
Region	Tupelo	Region III CDC	Region III: Life Core	**18** *M-12/F-6*
Region	Greenville	Gloria Darden Center	Region VI: Life Help	**36** *M-24/F-12*
Region	Columbus	Cady Hill The Pines	Region VII: Community Counseling Services	**16** *Female* **26** *Male*
Region	Meridian	Alexander House	Region X: Weems Community Services	**17** *M-8/F-8/E-1*
Region	Moselle	Clearview Recovery	Region XII: Pine Belt Health Care Resources	**24** *M-12F-12*
Region	Pascagoula	Stevens Center	Region XIV: Singing River Services	**4** *M-2/F-2*
Region	Vicksburg	Warren-Yazoo CD	Region XV: Warren-Yazoo Mental Health	**4** *M-2/F-2*
Free Standing	Jackson	Harbor House of Jackson	Harbor House of Jackson	**24** *M-12/F-12*
Free Standing	Jackson	New Beginnings	Catholic Charities	**8** *Female Only*
Free Standing	Jackson	The Friendship Connection	Center for Independent Learning	**6** *Female Only*
Free Standing	Columbus	Recovery House	Recovery House, Inc.	**6** *Female Only*

Total Bed Capacity Statewide for Transitional Residential: 213

Community-Based Primary Residential Substance Use Disorders Adolescents Programs				
Region or Free Standing	**Location**	**Program**	**Agency**	**Beds** ***M= Male***
Region	Clarksdale	Sunflower Landing	Region I: Community Mental Health Center	**32** *M–16/F-16*

Total Bed Capacity Statewide for Primary Residential (Adolescents): 32

Hospital-Based Inpatient Chemical Dependency Substance Use Disorders Programs		
Location	**Program**	**Beds** ***M= Male*** ***F= Female***
Meridian	East Mississippi State Hospital	**25**- Adults *Male Only*
Meridian	Bradley A. Sanders Adolescent Complex	**25**- Adolescents *Male Only*
Whitfield	Mississippi State Hospital	**131**- Adults *M-50/F-81*

Total Bed Capacity Statewide for Inpatient Chemical Dependency: 181

Correctional-Based Primary Residential Substance Use Disorders Adult Programs				
Region or Free Standing	**Location**	**Program**	**Agency**	**Beds** ***M= Male***
Free Standing	Cleveland	Alcohol and Drug Program	Bolivar County Regional Correctional Facility	**66** *Male Only*
Free Standing	Parchman	Alcohol and Drug Program	MDOC: MS State Penitentiary	**432** *Male Only*

Total Bed Capacity Statewide for Correctional-Based Primary Residential (Adult Males): 498

Bureau of Alcohol and Drug Services

Prevention and Rehabilitation/Treatment Services Service System

The DMH, Bureau of Alcohol and Drug Services, administers the public system of substance use disorder assessment, referral, prevention, treatment, and recovery 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 include state-operated behavioral health programs, regional community mental health centers, and other nonprofit community-based programs.

The Bureau of Alcohol and Drug Services 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 prevention, treatment, and recovery 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 data collection system. In order to address the issues of substance use disorders, the bureau believes a successful program is based on the following philosophical tenets:

- Substance use disorders are illnesses which are treatable and preventable.
- Effective prevention services reduce, delay, and prevent substance abuse. It decreases the need for treatment and provides for a better quality of life.
- Substance use disorders are prevalent in all culturally diverse subgroups and socioeconomic categories.
- Services should be delivered in a community setting, if appropriate.
- Continuity of care is essential to an effective substance use disorders treatment 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 in recovery from a substance use disorder can return to a productive role within their community.

The network of services comprising the public substance use disorder treatment system is provided through the following avenues:

State-operated Behavioral Health Programs

Two of the six state behavioral health programs which are operated by the Department of Mental Health, provide medically-based inpatient chemical dependency treatment and recovery support services. These facilities serve designated counties or service areas in the state. East Mississippi State Hospital provides 25 beds for adult males. The Bradley A. Sanders Adolescent Complex provides 25 beds for chemically dependent and co-occurring male adolescents. Chemical Dependency treatment services at Mississippi State Hospital consist of two units. One unit provides 51 beds for adult males who live within its service area. The second unit provides 39 beds for adult females statewide.

Regional Community Mental Health Centers

The community mental health centers (CMHCs) with whom DMH contracts are the foundation and primary service providers of the public substance use disorders services delivery system. Each CMHC serves a designated number of Mississippi counties. There are sixty-seven 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 use disorders services usually include: (1) alcohol, tobacco, and other drug prevention services; (2) general outpatient treatment including individual, group, and family counseling; (3) recovery support (continuing care) planning and implementation services; (4) primary residential treatment services (including withdrawal management); (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 use disorders which include understanding the disease, the recovery process, relapse prevention, and anger management; (9) recreational and social activities presenting alternatives to continued substance 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 use disorders treatment for adolescents; (12) specialized women's services ; (13) priority treatment for pregnant/parenting women; 14) services for individuals with a co-occurring disorder of substance use disorder and serious mental illness; and, (15) employee assistance programs.

Other Nonprofit Service Agencies/Organizations

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.

PROCESS FOR FUNDING COMMUNITY-BASED SERVICES

Within the Department of Mental Health, the Bureau of Alcohol and Drug Services is responsible for administering the fiscal resources for substance use disorder services. The authority for funding programs to provide services to persons in Mississippi with substance use disorder issues was established through state statute.

Funding is provided to community service providers by the Department of Mental Health through purchase Proposals and Application of Services (POS) or grant mechanisms. Funds are allocated by the Department through a Request for 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 substance use disorders services.

Agencies or organizations submit proposals which address needs of prevention and treatment services in their local communities to DMH for their review. Applications for funding of prevention or treatment programs are reviewed by DMH Bureau of Alcohol and Drug Services 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 substance use disorders prevention and treatment services are provided by both state and federal resources.

Federal Sources

Substance Abuse Mental Health Services Administration

The **Substance Abuse Block Grant (SABG)**, is applied for annually by the Bureau of Alcohol and Drug Services. Detailed goals and objectives for addressing specific federal requirements included in the SABG program are included in this State Plan. The Substance Abuse Block Grant is the primary funding source for DMH to administer substance use disorders 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; (4) transitional residential treatment; (5) recovery support services; (6) prevention services; (7) community-based residential substance use disorders treatment for adolescents; (8) special women's services which include day treatment and residential treatment with priority on recovery support activities and programs for pregnant women and women with dependent children; (9) DUI assessment, opioid treatment services, and withdrawal management services for individuals with a co-occurring disorder. In administering SABG funds, the DMH Bureau of Alcohol and Drug Services maintains minimum required expenditure levels (set aside) for substance use disorders 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 alcohol 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 treatment for alcohol use disorders at DMH operated behavioral health programs and community based programs.

BUREAU OF ALCOHOL AND DRUG SERVICES
PROJECTED EXPENDITURES FOR FY 2015
ACTUAL EXPENDITURES FOR FY 2013-2014

FEDERAL/STATE	FUNDING SOURCE	PROJECTED FY 2015	ACTUAL FY 2014	ACTUAL FY 2013
	Substance Abuse Block Grant	$13,714,768	$13,705,865	$14,150,075
	Strategic Prevention Enhancement Grant	N/A	N/A	$278,297
	Strategic Prevention Framework State Incentive Grant	N/A	N/A	$128,932
	MS Prevention Partnership Grant	N/A	$876,168	$241,476
	MS State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Grant	$950,000	$950,000	$947,490
TOTAL FEDERAL		$14,664,768	$15,532,033	$15,504,794
STATE	3% Alcohol Tax	$6,691,056	$6,691,056	$5,812,060
	State General Funds	$412,939	$412,939	$412,939
STATE TOTAL		$7,103,995	$7,103,995	$6,224,999
GRAND TOTAL		$21,768,763	$22,636,028	$21,729,793

POPULATION SERVED BY THE SYSTEM

State Population

Mississippi is the 31st largest state in population. The U.S. Census Bureau figures estimated Mississippi's 2013 population at 2,991,207. Mississippi has 82 counties and 297 incorporated cities, towns and villages. Statistics reveal that over 50.1% 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% Caucasian and 37% African American, 0.6% American Indian, 1% Asian, 0.1% Native Hawaiian, and 2.9% Hispanics. The percentage of population under the age of 5 is reported at 6.6%, and the percentage of population under the age of 18 is 24.7%, and 13.9% over the age of 65. The Bureau of Alcohol and Drug Services targets youth 18 and under by providing prevention and treatment programs due to the increase in substance use.

The U.S. Census Bureau indicated that in 2013, 22.7% of Mississippi families lived below the poverty level and the median household income was estimated at $39,031 compared to $53,046 nationally. High school graduates account for 81.5% of the population in the state while 20.1% hold a bachelor's degree or higher. Mississippi is one of the best states in the U.S. to do business. In fact, Mississippi has a diverse economy with a growing footprint in industries. 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 to other countries regularly.

Service Population

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

To gather comprehensive information about the prevalence of substance use disorder 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 Services has collected the following data through needs assessments and/or surveys.

SUSTANCE USE DISORDER DATA COLLECTION

There are a significant number of individuals in Mississippi at any given time which need substance use disorder treatment services. The Division of Information Systems collects data regarding admissions, discharges, types of services provided, and the number of individuals served.

Mississippi Department of Education and Mississippi Private Schools

The Mississippi Department of Education reported 490,000 youth attended public schools in 2013-2014 and according to surveillance data on private schools in Mississippi, 49,000 youth attended private schools. These numbers do not include youth who are home-schooled, in detention centers, treatment centers, or hospitals. Many of these youth are at risk for substance use/abuse and in need of treatment due to peer pressure, easy access to drugs, and an increase in the advertising industry. The Department of Education is instrumental in conducting the Youth Risk Behavior Survey to gather data on middle and high school students.

Mississippi's 2013 Youth Risk Behavior Surveillance System Survey (YRBS)

The Mississippi YRBS survey measures the 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. The Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health developed the survey. The CDC provides technical assistance to the MS State Department of Health (MSDH) to administer the survey. The MSDH collaborates with the MS Department of Education to administer the survey in schools. The MSDH is responsible for all analyses associated with the survey. The YRBS was completed by students in high school, grades 9-12 during the spring of 2013. The YRBS is conducted every two years.

SmartTrack

SmartTrack is a web-based data collection tool which provides needs assessment data related to the Center for Substance Abuse Prevention core measures. It collects data on severity of substance use, 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 use, as well as related behaviors and attitudes. A survey of 111,851 6th-11th grade public school students conducted during the 2012-2013 school term reveals the following protective factors among MS youth. Approximately 37% of students indicated that smoking marijuana regularly posed a great risk. Additionally, 35.1% of students stated that consuming four to five alcoholic beverages per day posed a great risk. Approximately 64% of surveyed students felt that they belonged to their school; 35.7% strongly felt that they belonged to their school compared to 8.4% that strongly disagreed. Approximately 50.3% of students stated that they never have major fights or arguments with their parent/guardian(s), while 78.9% indicated that they could ask their parents for help in dealing with a personal problem. Finally, 77.1% of students indicated that their parents always or frequently enforce rules at home.

DataGadget

DataGadget is an online data portal that permits the state of Mississippi to track processes and outcomes associated with state-funded substance use disorders prevention and treatment programs. Through DataGadget, programs are required to report data on types of prevention services provided and clients served, the duration of service programs and outcomes associated with prevention. DataGadget is also utilized to track outcomes associated with substance use disorders treatment programs implemented throughout Mississippi. DataGadget facilitates the centralized tracking of activities and outcomes associated with Mississippi's funding of prevention and treatment programs. DataGadget enhances accountability between the state and regional programs and allows the Bureau of Alcohol and Drug Services to engage in data-driven planning and promote and increase evidence-based programming.

Alcohol , Tobacco and Other Drug Data

Alcohol Use

According to the 2013 Mississippi Smart Track Survey:

- The percentage of students who had at least one alcoholic beverage in the past 30 days decreased from 21% in 2012 to 19% in 2013.
- The percentage of students who reported having at least one drink of beer in the past 30 days decreased from 13.4% in 2012 to 12.91% in 2013.
- The percentage of students who reported having at least one drink of a wine cooler in the past 30 days decreased from 8.5% in 2012 to 7.39% in 2013.
- The percentage of students who reported having at least one drink of other alcohol (liquor, wine, mixed drink, etc.) in the past 30 days decreased from 14.8% in 2012 to 13.8% in 2013.
- The percentage of students who engaged in binge drinking within the past 30 days decreased from 12.6% in 2012 to 12.1% in 2013.
- The percentage of students who reported drinking alcohol before the age of 13 was 23.1% in 2013; the national average was 18.6%. (YRBS, 2013)

Tobacco Use

The percentage of students who reported cigarette use in the past 30 days was 17.2% in 2013; the national average was 15.7%. (YRBS, 2013) Estimates from the 2013 Smart Track Survey showed that about 10% of grade 6-11 students used cigarettes in the past month.

The percentage of students who have used chewing tobacco or snuff during the past 30 days remained constant from 6% in 2012 to 6% in 2013. (SmartTrack, 2012 and 2013)

The percentage who smoked a whole cigarette before age 13 was 12.1% in 2013; the national average was 9.3%. (YRBS, 2013)

Other Drug Use

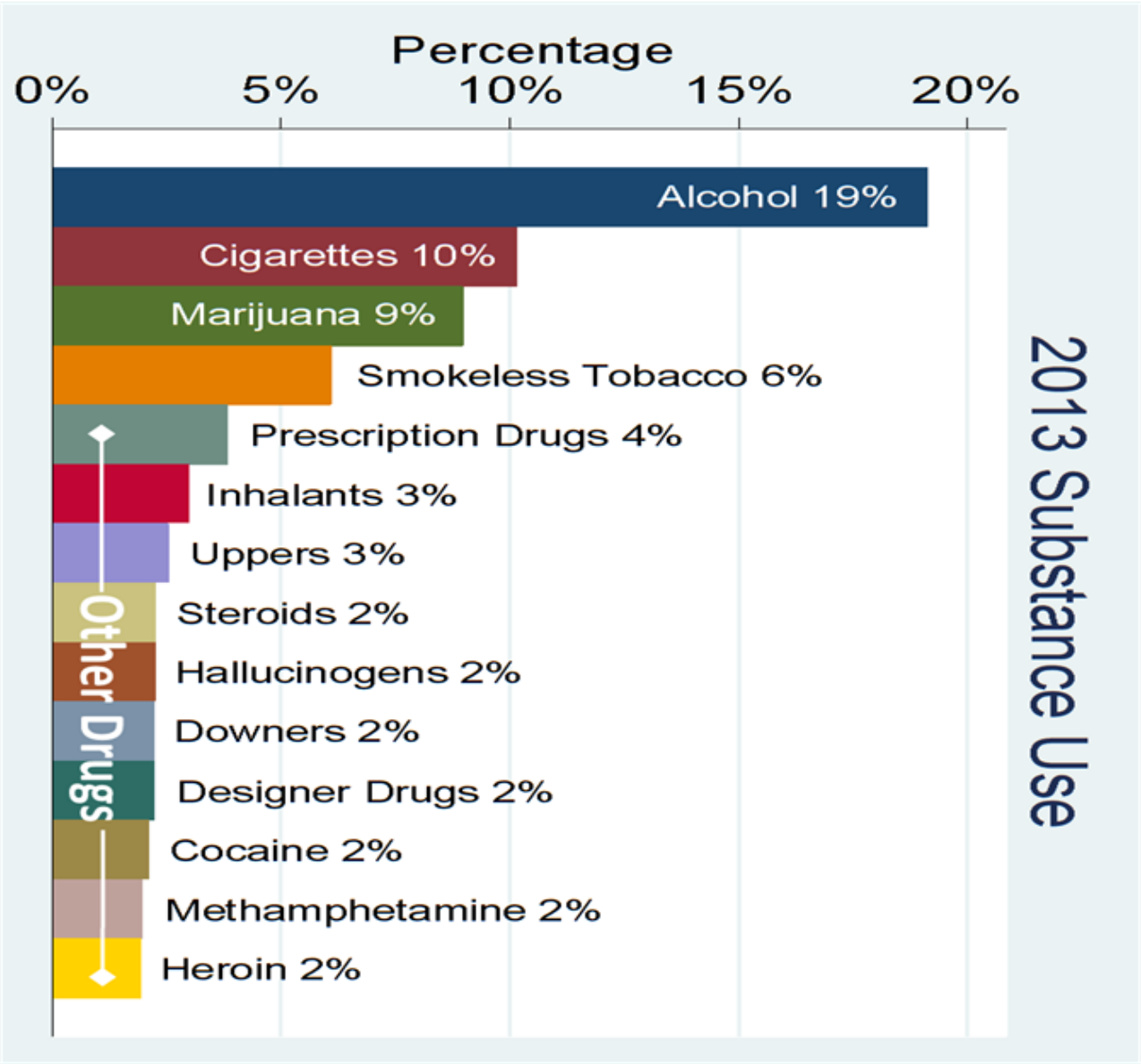
According to the 2013 Mississippi SmartTrack Survey:

- The percentage of students who used any form of cocaine including powder, crack, or freebase one or more times in the past 30 days was 2.0% in 2013.
- The percentage of students who use heroin one or more times in the past 30 days was 2% in 2013.
- 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 in the past 30 days was 3% in 2013.
- An estimated 4.0% of 6th -11th grade students reported non-medical use of prescription drugs at least once in the past month.
- The percentage of students who used marijuana one or more times during the past 30 days increased from 8.9% in 2009 to 9% in 2013.

- The percentage of students who tried marijuana for the first time before age 13 years was 10% in 2013 up from 8.6% in 2011; the national average was 8.6%. (YRBS, 2013) The percentage of students that have ever used prescription drugs one or more times without a doctor's prescription (such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax, during their life) was 16.2%; the national average was 17.8%.(YRBS, 2013)

Figure 1: Past 30 day ATOD use among MS Students.

Results from the MS SmartTrack Survey, 2013.



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

According to statistics cited in SAMHSA's *2011-2012 National Survey on Drug Use and Health (NSDUH)* the percentage of Mississippians aged 12 or older reporting use of any illicit drug other than marijuana or prescription drugs in the past month was 3.5%. The percentage of persons aged 12 or older reporting dependence on or abuse of any illicit drug was 2.65%. By age group, an estimated 3.08% of 12-17 year olds; 6.85% of 18-25 year olds; and 1.82% of persons age 26 or older reported dependence on or abuse of any illicit drug. Past month marijuana use among Mississippians 12 years and older was 5.8%. By age group, an estimated 6.32% of 12-17 year olds; 15.86% of 18-25 year olds; and 3.88% among persons 26 years or older. It is important to note that overall reported use for marijuana has increased since the previous reporting period. Approximately 41.2% of Mississippians age 12 or older were past month alcohol users. By age group, an estimated 13% of 12-17 year olds; 54.1% of 18-25 year olds; and 42.62% of persons 26 or older were past month alcohol users. Past month binge alcohol use among Mississippians was 20.1%. An estimated 5.2% of Mississippians age 12 or older reported dependence on or abuse of alcohol. Rates for dependence were higher within the 18-25 year age group (11.4%), with 12-17 year olds and persons older than 26 reporting dependence rates 3.14% and 4.35%, respectively.

Kids Count

With an estimated population of 2,991,207 in 2013**,** Mississippi is predominantly a rural state with an estimated 22.7% of its population reported to be living in poverty – the highest rate in the nation (US Census Bureau, 2013); this translates to about one in five Mississippians living below the poverty line. Approximately 27.1% of Mississippi children under the age of 18 live below the federal poverty level, while 17.8% of all families and 42.4% of families with a female householder and no husband present also have incomes below the poverty level. Economically, the lack of a viable non-agriculture-based economy has resulted in stagnant incomes and low-skilled jobs. The link between poverty, mental health, and substance use disorders is undisputable. Furthermore, the challenges associated with living in a rural state often present barrier to the prevention and treatment of substance use disorders and mental health disorders. According to The Annie E. Casey Foundation's *2013 KIDS COUNT Data Book,* the following conditions exist for children in MS today.

TABLE 1: CHILD WELL-BEING INDICATORS	STATISTICS		CHANGE FROM PREVIOUS YEAR	RANK
	National Average	MS		
Percent of children in poverty (2013)	22%	34%	decreased	50th
Teen birth rate (Births per 1,000 females ages 15-19) (2012)	29%	46%	decreased	28th
Infant mortality rate (Death per 1,000 live births) (2011)	6.1%	9.4%	decreased	50th
Percent of children in single-parent families (2013)	35%	48%	decreased	48th
Percent of teens not attending school and not working (Ages16-19) (2013)	8%	12%	unchanged	49th
Percent of teens who are high school dropouts (Ages 16-19) (2013)	4%	6%	unchanged	42nd
Child death rate (Deaths per 100,000 Children Ages 1-14) (2011)	17%	30%	increased	48th
Teen death rate (Deaths per 100,000 teens ages 15-19) (2011)	49%	69%	decreased	43rd

Mississippi HIV/AIDS Data

The MS Department of Health, Bureau of STD/HIV reported that in 2013 there were 556 newly diagnosed cases of HIV disease. The majority (422 or 75.9%) of the cases were African American while 93 (16.7%) were Caucasian. Persons living with HIV/AIDS in Mississippi in 2013 totaled 10,473. In 2013, there were 7,552 (72.1%) individuals of African American descent living in MS with HIV. This is particularly important to note since African Americans represent only 37.4% of MS's general population (Census, 2013). In 2013, there were 2,309 (22%) individuals of Caucasians descent living in MS with HIV. Out of the 82 counties in MS, the top seven counties in 2013 which had persons living with HIV were: Hinds (2,631), Harrison (774), Rankin (567), Forrest (413), DeSoto (357), Jackson (330), and Lauderdale (276).

SUBSTANCE USE DISORDERS SYSTEM MODEL

The Mississippi Substance Use Disorders System Model incorporates and reflects commitment to the mission, vision, core values, and guiding principles of the agency. Individuals receiving appropriate services, each with his or her individual strengths and needs, are the essence of the model. Central to the comprehensive public mental health service system is the belief that individuals are most effectively treated in their community and close to their homes, personal resources, and natural support systems.

The development of the model reflects integration of 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, in the most culturally appropriate manner.

The state's vision consist of person-centered, community-based, and comprehensive system of care. This system emphasizes the importance of access, coordination, and the utilization of support services provided through a variety of other agencies or entities. Inherent in the Substance Use Disorders System Model are the characteristics of consistency, accountability and flexibility to allow for responsiveness to changing needs and service environments.

Substance Use Disorders System Model

COMPONENTS OF THE SUBSTANCE USE DISORDERS PREVENTION AND REHABILITATION/TREATMENT SERVICE SYSTEM

The components of the substance use disorders prevention and treatment service system are aligned with the Department of Mental Health's Strategic Plan. The components encompass the strategic plan's nine (9) themes which include accountability, person-centeredness, access, community, outcomes, prevention awareness, partnerships, workforce training, and information manage-

PREVENTION SERVICES

Prevention is an awareness 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 use disorder prevention programs today are targeted at youth; however, the prevalence of substance use indicates that all age groups are at risk. Since adults serve as role models, their behavior and attitudes toward substance use disorders 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 Services supports prevention services that target adults as well as young people.

The causes of substance use disorders 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 use 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 use. Prevention strategies have been categorized in a variety of different ways. The Bureau of Alcohol and Drug Services 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 at http://dbhdid.ky.gov/pds/ServiceTypeCodes.pdf).

Through the Bureau of Alcohol and Drug Services, Mississippi has made great strides in improving the prevention delivery service system during the past five years. The Bureau of Alcohol and Drug Services has instituted many new policies for sub-grantees funded by the 20 percent prevention set aside of the SABG. 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

the Bureau of Alcohol and Drug Services in 2001, allowed the Bureau of Alcohol and Drug Services to fund additional programs utilizing evidence-based programs and more than doubling the amount of individuals and families served. In October 2006, the Bureau of Alcohol and Drug Services 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 use, including childhood and underage drinking; and (3) Reduce substance use-related problems in communities. In 2012 the Bureau of Alcohol and Drug Services was awarded the Partnership for Success II Grant from SAMHSA/CSAP which will continue to combat underage drinking and related consequences but also target the reduction of prescription drug abuse rates and consequences for youth and young adults.

REHABILITATION/TREATMENT SERVICES

Treatment Modalities

The Bureau of Alcohol and Drug Services encourages "Best Practices" that aim to investigate the potential problem of substance use disorders and motivate the individual to do something about it either by natural, client-directed means or by seeking additional treatment. This can be done by utilizing brief interventions in an outpatient setting, which is the most common modality of treatment. If the individual needs a more intense level of treatment, a residential setting is recommended. Some evidence-based practices currently being utilized in treatment are brief interventions, group-based approaches to therapy, Cognitive-Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, Applied Suicide Intervention Skills Training, Trauma Focused-Cognitive Behavioral Therapy, and 12 Step Facilitation.

Family Support

For many individuals with substance use disorders, interaction with their family is vital to the recovery process. The family has a central role to play in the treatment of the individual. They can assist by both participating in the development of the treatment plan and family therapy. Where family support is active, the user relies on the strengths of every family member as a source of healing. Several ways the providers encourage and help elicit family support is through the distribution of printed materials, education, internet access, and knowledge of the referral and placement process.

Access to Community-Based Primary Residential Services

The Primary Residential Treatment Program is a twenty-four hour, seven days a week on-site residential program for adult males and females who have substance use disorders. This type of treatment is prescribed for those who lack sufficient motivation and/or social support to remain abstinent in a setting less restrictive. Primary residential treatment programs operate on a 30-day cycle, on average.

Primary residential treatment's group living environment offers clients access to a

comprehensive program of services that is easily accessible and immediately responsive to each client's individual needs. Because substance dependency is a multidimensional problem, various treatment modalities are available; including withdrawal management; group and individual therapy; family therapy; education/information services explaining alcohol/drug use 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 use disorders treatment programs are accessible to pregnant women, there are two specifically designed for this population. Additionally, there are primary residential treatment programs tailored for adolescents and for persons in the criminal justice system. The Bureau of Alcohol and Drug Services supports specialized services for the following populations:

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, and social/recreational services as adult programs, the content is modified to accommodate the substance using adolescent population. Adolescent treatment programs are generally longer in duration than adult primary residential programs. Some allow the client to remain from six months to 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.

Specialized Services for Persons in the Criminal Justice System: Substance use disorders screening and a primary treatment unit are provided for the inmates at the Mississippi Correctional Facility in Parchman.

Access to 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 treatment program before being eligible for participation in a transitional program.

Intended to be an intermediate stage between primary treatment and independent reentry into the community, the treatment focuses on the enhancement of coping skills needed to lead a productive and fulfilling life, free of chemical dependency. A primary objective of this type of treatment is to encourage and aid in the pursuit and acquisition of vocational, employment, and/or related activities. Although all substance use disorder

treatment programs are accessible to pregnant women, there are two specifically designed for this population. There are also programs that provide services for female ex-offenders and adult males who have been diagnosed with a co-occurring disorders.

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 treatment programs in correctional facilities.

Access to Community-Based Outpatient Services

Each program providing substance use disorder 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 substance use disorders.

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.

General Outpatient Services for Opiate Addiction: The Bureau of Alcohol and Drug Services 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 support programs which stress the core values of opiate treatment including the right of the individual to be treated with dignity and respect.

Intensive Outpatient Program (IOP) for Adults: This program provides an alternative to traditional residential or hospital settings. It is directed to persons whose substance use 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 individual 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.

Access to Hospital-Based Inpatient Chemical Dependency Unit Services

Inpatient or hospital-based programs offer treatment and rehabilitation services for individuals whose substance use 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 in 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 withdrawal management, assessment and evaluation, intervention counseling, aftercare, a family support program, and referral services.

Inpatient services also provide treatment for individuals with a co-occurring disorder of mental illness and substance use. The program is designed to break the cycle of being frequently hospitalized by treating the substance use simultaneously with the mental illness.

SUPPORT SERVICES

Access to Recovery Support Services

A key component to a Person-Centered Recovery Oriented System of Care, is recovery support services. These services are non-clinical services that assist individuals and their families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. Recovery support services may be provided in conjunction with treatment and/or as separate and distinct services to individuals and families who desire and need them. Recovery support services may be delivered by peers, professionals, faith-based and community-based groups, and others designed to help individuals stabilize and sustain their recovery. They also may provide structured support and assistance to the client in making referrals to secure 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. Research indicates that strong social supports assist recovery and recovery outcomes.

Access to Services for the Older Adult

Services are provided to the older adult with substance use disorder issues and/or their families by providing information and access to needed treatment. Alcohol and prescription drug misuse and abuse are prevalent among older adults due to the aging process of their mind and body. Many older adults also suffer from dementia as well and may require intensive treatment. Substance dependence are directly correlated with other potential causes of cognitive impairment. Coupled with drug addiction and cognitive impairment, they should be encouraged to seek appropriate treatment. Counselors often use the opportunity to educate the older adult and to help them to acknowledge their addiction. Patient understanding and cooperation for the older adult are essential in eliciting accurate information in order to carry out the appropriate type of treatment. Depending on the individual's particular situation, the person's needs may change over time and require different levels and intensities of rehabilitation.

DUI Diagnostic Assessment Services

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 DUI (Driving Under the Influence) Diagnostic Assessment is a process by which the diagnostic assessment, Substance Abuse Subtle Screening Inventory (SASSI) is administered and the result is combined with other required information to determine the offenders appropriate treatment environment for second and subsequent offenders.

The diagnostic assessment process ensures the following steps are taken. First, an

approved DMH diagnostic assessment instrument is administered. Second, the results of the initial assessment along with the DMH Substance Abuse Specific Assessment are evaluated. Third, the Blood Alcohol Content (BAC) and the motor vehicle report are reviewed. And last, collateral contacts along with other clinical observations, if appropriate, are recorded. After this process is completed, the DUI offender is placed or referred to the appropriate treatment environment for services.

The Mississippi Implied Consent Law was amended during the last legislative session of 2014 and House Bill 412 was passed. The effective date of this bill was moved from July 1, 2014 to October 1, 2014 because of all the changes that were needed to insure compliancy without current state and federal laws/guidelines. One major change was that this law made it possible for all convicted DUI offenders, first through third, to secure an ignition interlock and a new special driver's license. Because of these two provisions, ignition interlock and a special license, a convicted offender could still drive while they are under suspension. Several service providers have voiced their concerns that these changes will cause a decrease in offender seeking services. The Bureau of Alcohol and Drug Services will monitor the numbers of offender seeking services by reviewing the Certification of DUI In-Depth Diagnostic Assessment and Treatment Program Completion Forms, DUI Data System, and the Central Data Repository (CDR).

Mississippi Drug Courts

Mississippi currently has 40 drug courts covering all 82 counties. There are 22 adult felony programs, 3 adult misdemeanor programs, 13 juvenile programs, and 2 family programs. The mission of the drug court is to establish a system with judicial requirements which will effectively reduce crime by positively impacting the lives of substance users and their families. The target population of the program is for anyone whose criminal behaviors are rooted in their substance use. An evaluation process determines whether or not an offender is eligible for the program. As of December 31, 2014, there were 3,483 individuals enrolled in drug courts statewide. There were 725 graduates of the program in 2014. In that same year statewide participants paid $1,153,101.31 in fines to the county's general fund and $1,337,242.97 in fees that were deposited within the county's local drug court fund to support the program's budget.

House Bill 585, which became effective July 1, 2014, implemented a standardized certification process for all drug courts that requires the programs to implement evidence based treatment services. House Bill 585 authorizes the State Drug Court Advisory Committee to establish rules relating to the creation of Veteran's Treatment Courts.

Currently, the Bureau of Alcohol and Drug Services allocates funding to support 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 Services

serves on the State Drug Court Advisory Committee.

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 in securing employment and/or maintaining employment. The Department of Rehabilitation Services, Office of Vocational Rehabilitation, partners with the Bureau of Alcohol and Drug Services in providing some monetary support for eligible individuals in the transitional residential treatment programs.

Tuberculosis and HIV/AIDS Assessment/Educational Services

All individuals receiving substance use disorder treatment services are assessed for the risk of tuberculosis and HIV/AIDS. If the results of the assessment indicate the individual to be at high risk for infection, testing is made available. Individuals also receive educational information regarding HIV/AIDS, STDs, TB, and Hepatitis either in individual or group sessions during the course of treatment.

Referral Services

For many years the Bureau of Alcohol and Drug Services has published the Mississippi Alcohol and Drug Prevention and Treatment Resources Directory in order for the public to access substance use disorder services. The directory is comprised of all DMH certified substance use treatment and prevention programs as well as other recognized programs across the state of Mississippi. It is revised, updated and redistributed by the Bureau of Alcohol and Drug Services every three years. The 2015-2017 publication will be distributed in December of 2015 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. Approximately 5,000 copies have been distributed throughout the United States over the past few years. 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 Consumer Support.

Other Alcohol and Drug Prevention and Treatment/Rehabilitation Support Services

Linkages/Partnerships with Other Service Systems

Staff from the Bureau of Alcohol and Drug Services 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 use prevention and treatment services. The Bureau's Prevention Director and Coordinator continue to be a member of the Mississippi Prevention Network (MPN). The MPN, coordinated by DREAM, is an interagency committee that facilitates communication among local and state agencies/entities involved in substance use 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 Services continues its contract with the Department of Rehabilitation Services (Office of Vocational Rehabilitation) to fund substance use treatment services to individuals in transitional residential programs. A Bureau staff member serves on The MS HIV Planning Council, 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 though public education; increase enforcement of highway safety laws; progressive legislation and support of national and state transportation policies and programs. 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. The Bureau of Alcohol and Drug Services works closely with the Mississippi Association of Addiction Professionals (MAAP) which is the certifying body for alcohol and drug counselors. The Director of the Bureau of Alcohol and Drug Services serves on the State Drug Courts Advisory Committee.

Inter-Bureau Collaboration

The Bureau of Alcohol and Drug Services collaborates with all six bureaus in the Department of Mental Health. Inter-bureau collaboration is a vital component in carrying out the responsibilities and duties of the Department. The Bureau of Alcohol and Drug Services works closely with the following areas: Human Resources, Staff Development and Training, Certification and Licensure, Grants Management, Purchasing, and Referral and Placement.

Workforce Development

The DMH Bureau of Alcohol and Drug Services use a Prevention and Treatment Workforce Plan in order to create a meaningful, evolving plan to serve as a guide for Mississippi's substance use prevention and treatment workforce. Competent staff would not only improve quality of services and care to the clients but would also decrease turnover. The Bureau of Alcohol and Drug Services provides regularly scheduled, ongoing training/ technical assistance to substance use treatment and prevention service providers. The purpose is to teach, maintain, and improve treatment and prevention skills and techniques. Additionally, all DMH funded/certified programs must provide training that meets the staff development requirements outlined in the *Operational Standards for Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Community Service Providers.* The Bureau of Alcohol and Drug Services also provides funds to staff of community services providers to attend training/continuing education opportunities.

Bureau of Alcohol and Drug Services Advisory Council

An important mechanism for public input is the Mississippi Alcohol and Drug Services Advisory Council. The Council advises and supports the Bureau of Alcohol and Drug Services, 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 Services; participating in the Department of Mental Health's peer recovery support process; and, participating on various committees, conferences, and meetings related to the prevention and treatment of substance use. The Council also supports the Bureau of Alcohol and Drug Services as staff carries out its duties to ensure that alcohol and drug services are provided to those individuals in need. The Council members represent a broad range of geographic, ethnic, and socio-economic backgrounds. The Council meets quarterly and may hold other meetings upon request.

Certification and Monitoring

The Bureau of Quality Management, Operations and Standards is responsible for the coordination and development of the *Operational Standards for Mental Health, Intellectual/ Developmental Disabilities and Substance Abuse Community Service Providers* for programs that receive funds through the authority of the Department of Mental Health. Representatives from all Bureaus and Divisions, including the Bureau of Alcohol and Drug Services, participate in this ongoing accountability 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. The Division of Certification which is in the Bureau of Quality Management, Operations and Standards is responsible for ensuring that all programs receiving DMH funding are appropriately certified and in compliance with DMH Operational Standards. This division also plans and schedules on-site monitoring visits as well as generates Reports of Findings from each visit.

Peer Review

The DMH, including the Bureau of Alcohol and Drug Services, has developed a peer review process for the purpose of determining if a provider is meeting the Council on Quality and Leadership's (CQL) 21 Personal Outcome Measures (POM) in the provider's provision of targeted services. Peer Review visits take place with a provider 2-4 weeks before a DMH Certification Visit. Members of the Peer Review Team conduct personal interviews with individuals who are receiving services to determine the presence of the 21 Personal Outcome Measures in the individual's life. Interviews are based on a standardized instrument developed by CQL and administered by peers who have been trained in administering the survey. Peers also conduct personal interviews with support staff to compare the information provided by individuals to determine the types of services/supports provided that support the 21 Personal Outcome Measures. The Peer Review Team Leader compiles all of the interviews into a final report. At the end of the peer review visit, the team leader will give the provider an overview of the findings. The report is then distributed to the DMH staff pre-visit meeting to review the findings and a copy of the report is sent to the DMH Clinical Services Liaison for review. The Clinical Services Liaison will review the results and areas of concern (<85% outcome) and if needed, technical assistance will be offered by DMH.

Consumer Grievances and Complaints

The Office of Incident Management (OIM) is to ensure that DMH responds in a timely and appropriate manner to all incidents affecting and/or involving the mental health and/or safety of those we serve. Serious Incident Reports (SIRs) are received from all DMH certified programs and reviewed by OIM. All SIRs are read and assessed for triage immediately to insure that appropriate follow up action has been or is taken. In 2014, the Office of

Incident Management received and reviewed 1,736 Serious Incident reports.

The Office of Consumer Support is responsible for maintaining a 24 hour, 7 days a week service for responding to needs for information, referral, and crisis intervention by a National Suicide Prevention Lifeline. The Office of Consumer Support responds and attempts to resolve consumer grievances about services operated and/or certified by the DMH. During 2014, OCS received approximately 2,192 calls associated with alcohol and drug services.

Performance/Outcome Measures

The Substance Abuse and Mental Health Services Administration (SAMHSA) is interested in demonstrating program accountability and efficacy for prevention and treatment programs through the National Outcome Measures (NOMs). The NOMS are intended to document the performance of federally supported programs and systems of care. The Bureau of Alcohol and Drug Services has established a data infrastructure for the purpose of capturing data and reporting performance indicators for alcohol and drug prevention and treatment services. Compliance is maintained by the Bureau regarding the performance of these measures.

Central Data Repository (CDR)

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 use treatment programs. The Bureau of Alcohol and Drug Services provides an instruction manual for utilization of the CDR 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 the Bureau of Alcohol and Drug Services collecting data regarding services from the alcohol and drug treatment providers.

All data received by the Bureau of Alcohol and Drug Services is reviewed for quality assurance by the Division of Information Systems and entered into the Central Data Repository (CDR). DMH, Division of Information Systems, maintains the CDR which integrates the 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 use treatment admissions that is routinely collected by States in monitoring substance use treatment programs. Data items for each admission include demographic information, substances of abuse, and information on prior treatment episodes and the treatment plan. TEDS includes a discharge data set as well. Implementation of the statewide information management system is ongoing. The Bureau of Alcohol and Drug Services continues to collaborate with the DMH, Division of Information Systems, in order to improve the quality and expediency of substance use 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 has a designated employee assistance coordinator located in the Bureau of Alcohol and Drug Services. She provides information and technical assistance which 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; (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; and (4) distributing the EAP Handbook to organizations and agencies upon request.

MISSISSIPPI PRIORITIES

State Mental Health Authority (SMHA)

State Substance Abuse (SSA)

FY: 2015-2016

Priorities

1. *Integration of Behavioral Health & Primary Care Services - SMHA & SSA*
2. *Recovery Supports - SMHA & SSA*
3. *Co-Occurring Activities - SMHA & SSA*
4. *Trauma - SMHA & SSA*
5. *Underage Drinking - SSA*
6. *Prescription Drug Use - SSA*
7. *Adolescent Marijuana Use - SSA*
8. *Enhance Emotional Health through Primary Prevention - SSA*
9. *Suicide Prevention - SSA*

State Priority #1:

Integration of Behavioral Health and Primary Care Services

The Mississippi Department of Mental Health envisions a better tomorrow where the lives of Mississippians are enriched through a public mental health system that promotes excellence in the provision of services and supports. The Bureaus and Divisions of the Department of Mental Health are committed to maintaining a statewide comprehensive system of prevention, treatment, and rehabilitation which promotes quality care, cost effective services, and ensures the health and welfare of individuals.

The FY 2015-2016 State Plans for Community Services and Alcohol and Drug Services reflect the elements in the Department of Mental Health's Three-Year Strategic Plan which encompasses Integration of Behavioral Health and Primary Care Services, Trauma Informed Services, Recovery Supports, and Provision of Services for Individuals with Co-Occurring Disorders.

Strategies designed to facilitate integration of mental illness and substance use disorders are included in the DMH Strategic Plan (objectives to increase integration of primary and mental health care and to increase effectiveness of collaboration among community mental health providers, state agencies, governmental entities, and non-governmental entities). Carrying out the goals of the strategic plan requires collaboration with many community and state partners. For example, The Department of Mental Health and Mississippi Primary Healthcare Association have been involved in preliminary discussions regarding re-establishing a structured collaborative effort and inviting partner agencies, such as the Division of Medicaid, the Mississippi State Department of Health, the Department of Human Services, and the University of Mississippi Medical Center, to promote communication among specialty system providers and primary care providers. Collaborative efforts include assessing in more detail the status of integration of primary and behavioral health care at local levels and consideration of model integration approaches that would be most effective in different parts of the state, given factors such as geography (rural versus urban areas), workforce availability and expertise, and the needs of the population for primary and specialty care. Dr. Robert Maddux is the new Medical Director who serves as the Department of Mental Health's content expert on primary care and behavioral health integration. In addition, DMH established a multidisciplinary, interagency Integration Work Group in 2011 which works collaboratively to promote integrated care.

Other examples of current collaborative activities involving mental health and/or substance use, primary health, and other support service providers include:

- Life Core (Region III Mental Health Center) offers lab services, pharmacy services, and primary care services. Life Core works with LabCorp to offer on-site lab services; Life Core operates a pharmacy which provides services at all clinic locations; and Life Core provides primary care services. The primary care services are offered to residents of all counties within the Life Core catchment area, via a mobile medical clinic which is certified as a Rural Health Clinic (RHC). The mobile medical unit is stationed in Lee County, Pontotoc County, Monroe County, and Benton County throughout the week. The unit is set up in the parking lots of our county mental health clinics.
- A representative from Mississippi Department of Health and the Division of Medicaid are among child and family service agencies participating on the Interagency System of Care Council, the Interagency Coordinating Council for Children and Youth and the State Level Case Review Team. Additionally, local representatives from the Mississippi State Department of Health are required to participate on local, interagency Making A Plan (MAP) teams across the state.

- A representative from Mississippi Department of Health and the Division of Medicaid are among child and family service agencies participating on the Interagency System of Care Council, the Interagency Coordinating Council for Children and Youth, and the State Level Case Review Team. Additionally, local representatives from the Mississippi State Department of Health are required to participate on local, interagency Making A Plan (MAP) teams across the state.
- As part of their application to DMH for CMHS Block Grant funding, community mental health centers are required to describe how health services (including medical, dental, and other supports) will be addressed for adults with serious mental illness. The community mental health centers maintain a list of resources to provide medical/dental services.
- The DMH, Division of Consumer and Family Affairs, continues to facilitate incorporation of practices and procedures that promote a philosophy of recovery/resiliency across bureaus and in the DMH *Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Providers*.
- The DMH, Division of Alzheimer's Disease and Other Dementia, partners with host agencies such as hospitals, long term care providers, and private entities, to provide education and training events.
- The DMH, Bureau of Alcohol and Drug Services, continues to work with the Attorney General's Office in enforcement of the state law prohibiting the sale of tobacco products to minors and to ensure that the state compliance check survey is completed in a scientifically sound manner.
- The DMH, Bureau of Alcohol and Drug Services, partners with the MS Department of Rehabilitation Services to fund substance use treatment services to individuals in transitional residential programs.
- The DMH, Bureau of Alcohol and Drug Services, works collaboratively with the MS Band of Choctaw Indians and continues to fund prevention services with Choctaw Behavioral Health.
- The DMH, Bureau of Alcohol and Drug Services, works collaboratively with the MS Department of Health's Office of Tobacco Control to integrate tobacco cessation materials in all 14 CMHCS and their substance use treatment facilities.

Priority Area #1: Integration of Behavioral Health and Primary Health Care Services (Combined-SMHA/SSA)

Goal #1: To improve the coordination of services for all individuals across primary care and mental health systems through co-integration and collaboration with and among DMH Bureaus and Divisions, Primary Healthcare Providers (PHPs), consumers, family members, and other interested stakeholders.

Strategy: DMH Bureaus and Divisions (described earlier) will continue to develop and maintain partnerships with PHPs through a collaborative effort including, but not limited to: Making A Plan Teams (MAP), Community Support Specialists, Substance use Coordinators, and Peer Specialists. DMH collaborates with PHPs regarding how specific functions and services can be enhanced, blended, and streamlined between Community Mental Health Centers (CMHCs) and PHPs. DMH will continue to increase partnership activities

between local entities and community providers such as hospitals, holding facilities, Crisis Stabilization Units, and CMHCs to establish triage, treatment, and diversion plans and to develop a plan for integrating mental illness, addiction, and Intellectual and Developmental Disabilities (IDD) services with primary health care.

Performance Indicator: List of PHPs in Mississippi for dissemination; Number of modifications in provider policies and procedures; monthly service reports; meeting minutes and attendance sheets; explore evidence-based practice (EBP) models related to successful integration; documentation of collaboration via grant planning meetings to acquire funding; receipt of funding opportunities awarded to promote integration; development of a plan to integrate behavioral health and primary care services; number of MOUs developed with PHPs.

Description of Collecting and Measuring Changes in Performance Indicator: A record of dialog with PHPs will be established and maintained as well as documentation of outreach efforts and process for development of a plan for integrating behavioral health and primary care services will be maintained.

Goal #2: To educate PHPs, consumers, family members, mental health/substance use providers and other workforce professionals on: 1) current issues and trends in alcohol, tobacco and other drug abuse (ATOD) prevention and 2) physical health topics affecting those with SMI, addiction and/or individuals with SMI and a co-occurring substance use disorder, and suicide prevention.

Strategy: Continue to increase staff, consumers', and family members' understanding of health-related topics and the connection between physical and behavioral health; the DMH Bureaus/Divisions will partner with PHPs to plan resource /health fairs; DMH will use web, print, social media, public appearances, and the press to reach the general public, PHPs, mental health and substance use providers and other stakeholders in culturally and linguistically appropriate ways; DMH Bureaus and Divisions will continue to provide substance use prevention and suicide prevention materials and resources around the state, including to the MS Choctaw Tribal Schools; and the Bureau of Alcohol and Drug Services will expand efforts to educate PHPs on the prevention of ATOD abuse.

Performance Indicator: Educational materials disseminated to PHPs will be tracked; list of MH/SA trainings/participation by PHPs; list of PHP trainings/participation by MH/SA providers; summary of meetings and conferences provided by prevention and mental health staff; and quarterly distribution of materials and resources.

Description of Collecting and Measuring Changes in Performance Indicator: Documentation of materials and dates provided will be tracked. All resources and materials uploaded to the DMH website will be updated and tracked.

Goal #3: With an emphasis on primary prevention, enhance Mississippi's capacity to bolster emotional health while preventing, delaying and mitigating symptoms and complications associated with the co-occurrence of substance use and mental illness.

Strategy: Capacity-Building/Infrastructure Enhancement Plan and the five-year Strategic Prevention Plan have been completed and approved; add validated measures of self

reported mental health status to the student survey to discern associations between youth drug use and mental health status; create a statewide registry of evidence-based prevention and braided programs suitable for use in Mississippi, with the identification of programs suited for highly vulnerable populations and co-occurring risks.

Performance Indicator: Addition of the mental health status measure to the student survey; creation and publication of statewide registry of evidence-based braided programs.

Description of Collecting and Measuring Changes in Performance Indicator: Evaluate results of the measures added to the student surveys including demographic trends identified by cross tabulation; increase in utilization of evidence-based braided programs.

Goal #4: Enhance Mississippi's capacity to prevent suicides and attempted suicides among populations at risk, with emphasis on military families, sexual minority (LGBTQ) youth, and Native Americans.

Strategy: A series of indicators have been added to the student school survey to examine links between drug use (previously surveyed), suicide risk, military family status, and Native American background. The utilization of an existing advisory council (Mississippi Prevention Network) to serve as the Advisory Council for the Suicide Prevention Grant; develop a process and support system with Mississippi Band of Choctaw Indians (MBCI) to determine co-occurring risks for Choctaw youth and adults, as well as strategies to address risks.

Performance Indicator: Development of other suicide-related indicators added to the student school surveys; evaluation and dissemination of results of the survey items; documentation of service of the Advisory Council for the Suicide Prevention Grant in minutes of the Executive Prevention Committee and development of a process and support system with the MBCI.

Description of Collecting and Measuring Changes in Performance Indicator: Development and addition of indicators; evaluation of survey results of suicide-related student survey items; review minutes of the Mississippi Prevention Network for documentation and evidence of who is serving as the Advisory Council for the Suicide Prevention Grant; review documentation of a process and support system established with MBCI and review process data documentation of the strategies to address risk.

State Priority #2:

Recovery Supports

Our system is person-centered and is built on the strengths of individuals and their families while meeting their needs for special services. DMH strives to provide a network of services and recovery supports for persons in need and the opportunity to access appropriate services according to their individual needs/strengths. Underlying these efforts is the belief that all components of the system should be person-driven, family-centered, community-based, results and recovery/resiliency oriented.

The DMH Strategic Plan sets forth DMH's vision of having individuals who receive services have a direct and active role in designing and planning the services they receive as well as evaluating how well the system meets and addresses their expressed needs. The Council on Quality and Leadership's Personal Outcome Measures is now the foundation of the Peer Review process. In the DMH Strategic Plan, Goal #1 highlights the transformation to a community-based service system. This transformation is woven throughout the entire Strategic Plan; however, this goal emphasizes the development of new and expanded services in the priority areas of crisis services, housing, supported employment, long-term community supports, and other specialized services. Goal #1 also provides a foundation on which DMH will continue to build a seamless community-based service delivery system, with collaboration from stakeholders.

Priority Area #2: Recovery Supports (Combined-SMHA/SSA)

Goal #1: To continue developing a program evaluation system that promotes accountability and improves quality of care in community mental health and alcohol and drug services.

Strategy: DMH will continue to refine the peer review/quality assurance process for all community mental health programs and services, including substance use services, by utilizing the Personal Outcome Measures (POM) interview protocol to measure outcomes of individuals receiving services. Consumer and family member meaningful involvement will be present on all levels of decision-making in policy development, planning, oversight, and evaluation.

Performance Indicator: Improved access and outcomes of services to individuals receiving services will be reported; Number of consumers and family members involved in decision-making activities, peer review/site visits; number of certified peer support specialists.

Description of Collecting and Measuring Changes in Performance Indicator: POM Reports and number of POMs conducted.

Goal #2: Continue to promote the empowerment of individuals and families with mental health needs through education, support, and access to mental health services.

Strategy: Continue to increase staff, consumers', and family members' understanding of topics related to recovery/recovery supports; the DMH Bureaus/Divisions will partner to plan resource/health fairs to educate others about recovery; continued funding will be made available by DMH for family education and family support programs/activities (drop-in centers, NAMI); and DMH will promote consumer information sharing and

exchange through the MS Mental Health Recovery social network website.

Performance Indicator: Number of family education groups and number of family workshops and training opportunities to be provided; list of MH/SA trainings/participation; summary of meetings and conferences provided by prevention and mental health staff; quarterly distribution of materials and resources will be tracked; and use and satisfaction of website services will be tracked.

Description of Collecting and Measuring Changes in Performance Indicator: Grant awards/monthly cash requests from service providers will be tracked; documentation/ dates of material provided.

Goal #3: To review policies and procedures to ensure consumer and family participation in planning/monitoring/evaluating the mental health system through the peer review process.

Strategy: DMH Bureaus and Divisions will review policies and procedures for the peer review process.

Performance Indicator: DMH will utilize the Council on Quality and Leadership's (CQL) Personal Outcome Measures (POM) tool to gain information about the level at which service providers are supporting personal outcomes of individuals being served. Increase the number of consumers and family members involved in the decision-making activities and increase the number of peer review/site visits.

Description of Collecting and Measuring Changes in Performance Indicator: Policies and procedures and number of POM interviews conducted by consumers and family members will be reviewed and tracked.

Goal #4: To maintain youth support and leadership teams in the current three project sites for the Mississippi Transitional Outreach Program (MTOP).

Strategy: Continue to support and fund the maintenance of youth support and leadership teams in CMHC Regions 4, 7 and 10.

Performance Indicator: A regular schedule and agenda of the meetings will be available during the year for CMHC Regions 4, 7, and 10.

Description of Collecting and Measuring Changes in Performance Indicator: The schedules and agenda are provided by the local project coordinators.

State Priority #3:

Co-Occurring Activities

The Bureau of Alcohol and Drug Services and the Bureau of Community Services have an ongoing collaboration to continue to provide treatment services for both mental illness and substance use disorders throughout the state. Both bureaus will work to identify needs, plan for improvement to services, and plan co-occurring activities for individuals diagnosed with co-occurring disorders. The DMH Bureau of Alcohol and Drug Services and the Bureau of Community Services participate in joint education and training initiatives and conduct monitoring of programs.

Priority Area #3: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders (Combined-SMHA/SSA)

Goal #1: Continue to promote the concepts of recovery and person-centeredness into services for individuals with co-occurring disorders.

Strategy: DMH will continue to provide state-wide training to all service providers on the recovery model, person-centered planning, and System of Care principles/values.

Performance Indicator: Improved outcomes of individuals receiving services will be reported; increased access to community based supports will be reported; increased knowledge of staff will be reported; and increased number of positive responses to the Council on Quality and Leadership's (CQL) 21 Personal Outcome Measures (POM) (Combined-SMHA/SSA).

Description of Collecting and Measuring Changes in Performance Indicator: POM interviews; number of trainings; documented changes in policy, and sign in sheets

Goal #2: Continue to expand and improve integrated treatment service options for individuals with co-occurring disorders (COD).

Strategy: DMH will continue to review alternative funding to provide additional training on COD; DMH will coordinate and partner with other agencies and organizations to provide and attend COD training; and DMH will continue to monitor and review services provided by the 14 mental health regions and Mississippi State Hospital.

Performance Indicator: Number of COD trainings provided and attended and number of COD programs reviewed.

Description of Collecting and Measuring Changes in Performance Indicator: Sign in sheets, agendas, and program monitoring schedules.

Goal #3: To further develop the linkage between the Bureau of Alcohol and Drug Services and the Bureau of Community Services regarding COD's.

Strategy: Both Bureaus will collaborate in a state-wide conference planned for FY 2016, (The 9th Annual MS School for Addiction Professionals), and both Bureaus will continue to monitor and provide technical assistance to co-occurring programs upon request.

Performance Indicator: Number of technical assistance and certification visits by DMH staff to programs implementing and/or planning programs to serve individuals with

co-occurring disorders will be tracked; conference planning minutes and conference agenda; and Division of Children and Youth Monthly Reporting Form which tracks technical assistance.

Description of Collecting and Measuring Changes in Performance Indicator: Conference program, sign in sheets, agendas, and program monitoring schedules.

State Priority #4:

Trauma

Most individuals seeking public health and many other public services, such as homeless and domestic violence services, have histories of physical and sexual abuse and other types of trauma-inducing experiences. These experiences often lead to mental health and co-occurring disorders, and HIV/AIDS, as well as contact with the criminal justice system. When programs take the step to become trauma-informed, every part of their organization, management and service delivery system should be assessed and have a basic understanding of how trauma affects the life of these individuals seeking services, the vulnerabilities and/or triggers of trauma survivors.

The Mississippi Department of Mental Health, Bureau of Community Services and the Bureau of Alcohol and Drug Services, is working collaboratively to provide training intended to address the effects of trauma. These trainings will be particularly helpful for adult and child survivors of abuse, disaster, crime, shelter populations, and others. It will be aimed at promoting relationships rather than focusing on the traumatic events in their lives. The trainings can also be utilized by first providers, frontline service providers, and agency staff.

Priority Area #4: Trauma (Combined-SMHA/SSA)

Goal #1: To educate and train community leaders on Mental Health First Aid.

Strategy: DMH staff will train pastors, teachers, civic groups, families, and friends on Mental Health First Aid.

Performance Indicator: Number of trainings by DMH staff; agenda; sign in sheets

Description of Collecting and Measuring Changes in Performance Indicator: Number of trainings, Sign in sheets, agendas.

Goal #2: To provide an array of trainings on trauma throughout the state.

Strategy: The Division of Children and Youth will provide trauma related trainings to agencies and community partners that are part of the MS System of Care.

Strategy: DMH will host a statewide Trauma-Informed Conference in September 2015. Sessions will focus on Trauma Informed Care, Trauma Focused Cognitive Behavioral Therapy (TFCBT) and Recovery.

Performance Indicator: Number of trainings by DMH staff; agenda; sign in sheets

Description of Collecting and Measuring Changes in Performance Indicator: Number of trainings, Sign in sheets, agendas.

BUREAU OF ALCOHOL & DRUG SERVICES

Prevention Services Goals and Strategies

The Bureau of Alcohol and Drug Services will spend at least 20 percent of the Substance use Block Grant (SABG) to educate and counsel individuals on substance use, provide prevention public awareness activities to reduce the risk of such use by the individuals, and give priority to programs for populations that are at risk of developing a pattern of such use.

Alcohol, Tobacco, and Other Drug (ATOD) Prevention

Goal #1: To continue implementation of the State Strategic Prevention Framework Plan for providing prevention services to include objectives for workforce development, implementation of evidence-based prevention and evaluation.

Strategy: The strategic planning team worked in concert with the Mississippi Prevention Network (MPN) to generate a plan consistent with the Strategic Prevention Framework (SPF) model. Assessment of needs and capacities were completed using various data sources, including Census indicators, school survey data, and focus group interviews with prevention specialists. This plan draws from diverse methodological approaches and multiple sources of data to render its strategic vision. This plan became effective December, 2012.

Indicator: By the second quarter of each year, the Division Director of Prevention Services and the Chair of MPN or MPN designee will review the plan on an annual bases and will make recommendations when necessary.

Description of Collecting and Measuring Changes in Indicator: A record of all revisions will be kept by the MPN and noted in meeting minutes and agendas.

Goal #2: To maximize effective communication and collaboration between the bureau and prevention professionals from programs funded and/or certified by DMH.

Strategy: The Bureau will host and facilitate annual meetings to address the latest technology and national and state initiatives in the field of prevention. The Bureau of Alcohol and Drug Services Prevention staff will commit to addressing traditional and social media concerns as it relates to substance use prevention.

Indicator: Program personnel will be given the opportunity to showcase activities or programs to their colleagues at the MPN meetings and Mississippi School Conference.

Description of Collecting and Measuring Changes in Indicator: Success will be defined at meeting at least 80% satisfaction. Showcase sign-in sheets and agendas.

Goal #3: To maintain the current network of substance use prevention service providers across the state.

Strategy: DMH Bureau of Alcohol/Drug Services will continue to fund prevention activities statewide. These activities will continue to be provided through the 14 community mental health centers and free-standing programs. Prevention programs will continue to utilize at least three of the six prevention strategies established by 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 contracts to the Bureau of Alcohol and Drug Services. 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: The Prevention RFP will be submitted to the Prevention Services Director by the DataGadget Coordinator describing the programs' activities, strategies, progress, and accomplishments.

Measuring Changes in Indicator: Documentation will be kept on programs which have implemented these activities, based on monitoring conducted during regularly scheduled bi-annual onsite visits. Workforce Development Trainings.

Goal #4: The State will work with community sub-recipients to implement evidence-based prevention programs.

Strategy: Prevention programs funded by DMH, Bureau of Alcohol and Drug Services, will continue to implement at least one effective evidence-based program (EBP) and spend at least 40% of staff direct service hours dedicated to the implementation of the EBP. The type of EBP is determined by the list developed by the National Registry of Evidence-based Programs and Practices (NREPP).

Indicator: Quarterly progress reports will be submitted to Prevention Services Division by the DataGadget Coordinator indicating the number of programs utilizing evidence-based curricula and the number of persons who complete an evidence-based curriculum.

Measuring Changes in Indicator: Percentage of evidence-based strategies being used. Monitoring Site Visits.

Goal #5: To ensure that each community mental health center employs a full-time prevention staff member.

Strategy: The bureau will maintain current funding for the 14 community mental health centers.

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

Measuring Changes in Indicator: Documentation for SABG on fulltime staff members.

Goal #6: To maintain a sufficient number of certified prevention professionals employed at programs funded or certified by DMH.

Strategy: Through contract, the bureau will offer courses required by the certifying body at no charge to participating personnel from programs funded or certified by DMH. The courses will be offered twice on different dates and the bureau will track the number of personnel trained.

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

Measuring Changes in Indicator: Number of certified prevention personnel will be kept on file at DMH.

Goal #7: To provide 40 hours of prevention training based on a curriculum from the Center for the Applied Prevention Technology (CAPT).

Strategy: The prevention coordinators from each of the 14 regional community mental health centers and at least one staff member from the free-standing prevention programs will be required to complete this training. A minimum of 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.

Indicator: Documentation that staff attended these trainings will be collected through a written record of attendance at the trainings.

Measuring Changes in Indicator: All attendance records will be sent to DMH yearly.

Goal #8: 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: The Bureau of Alcohol and Drug Services will 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 per year.

Indicator: Documentation that staff attended these training sessions will be collected through a written record of attendance at the training.

Measuring Changes in Indicator: All attendance records will be sent to DMH yearly.

Goal #9: Prevention program personnel from all programs within each of the 14 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.

Indicator: Agendas, attendance sheets and other required information will be submitted to the Bureau of Alcohol and Drug Services along with annual progress reports.

Measuring Changes in Indicator: Quarterly meeting agenda's and sign-in sheets.

Goal #10: 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 Services 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: Documentation in quarterly report by the DataGadget Coordinator of the number of CMHCs meeting the above training requirements.

Measuring Changes in Indictor: Merchant education will be kept on file by prevention staff.

Goal #11: 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 of the Committee are aligned with 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.

Indicator: Documentation of participation by prevention services staff at committee meetings.

Measuring Changes in Indicator: Meeting minutes and agenda will be kept on file.

Goal #12: To reduce/prevent/delay marijuana use by youth through implementation of a targeted Marijuana Initiative.

Strategy: The Bureau of Alcohol and Drug Services required in FY 2007 Request for Proposal (RFP) that each sub-recipient initiate a program targeting marijuana use by youth. The DMH researched and identified the best evidence-based youth marijuana prevention program. This information was made available to sub-grantees and DMH prevention services staff assisted them in selecting the most appropriate model for their community based on their community needs and resources. Programs continue to implement these evidence-based programs.

Indicator: Annual reports submitted to Prevention Services Division by DataGadget Coordinator.

Measuring Changes in Indicator: Documentation will be kept that programs have implemented these activities, based on monitoring conducted during regularly scheduled

bi-annual on-site visits.

Goal #13: To reduce/prevent/delay alcohol use by youth through implementation of a targeted Underage Drinking Initiative.

Strategy: The Bureau of Alcohol and Drug Services Prevention Services will develop and implement an underage drinking campaign for statewide implementation. The RFP required all sub-recipients to implement an underage drinking campaign within their community. DMH Prevention staff researched and identified the best evidence-based underage drinking campaigns. This information was made available to the sub-recipients, 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 Unhealthy Decisions (MAAUD). The Bureau of Alcohol and Drug Services will maintain funding for 21 community-based agencies targeting underage drinking. Also, continue providing funding for a state level Underage Drinking Coordinator.

Indicator: The Division of Prevention RFPs will include requirements and the implementation of campaigns within communities and be reported in annual progress reports.

Measuring Changes in Indicator: Documentation will be kept that programs have implemented these activities, based on monitoring conducted during regularly scheduled bi-annual on-site visits. The Division of Prevention Services will monitor.

Goal #14: To reduce/prevent/delay prescription drug abuse through implementation of a prescription Drug Abuse Initiative.

Strategy: The RFP required all sub-recipients to implement an initiative on prescription drug abuse. 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 and reported in annual progress reports.

Measuring Changes in Indicator: Documentation will be kept that programs have implemented these activities, based on compliance checks conducted during regularly scheduled biannual on-site visits.

Goal #15: Create Culturally Competent service delivery system.

Strategy: All funded agencies are required to incorporate cultural competence into their Memorandum of Understanding (a written agreement between two entities agreeing to be responsible for specific tasks of a project). The Bureau of Alcohol and Drug Services will continue to encourage all funded agencies to utilize the Cultural Competence self-test.

Indicator: RFP Submission requirements include addressing cultural competence annually RFP application; review of site visits and peer reviews.

Measuring Changes in Indicator: Documentation will be kept that programs have implemented these activities, based on monitoring conducted during regularly scheduled biannual on-site visits.

BUREAU OF ALCOHOL & DRUG SERVICES

Rehabilitation/Treatment Services Goals and Strategies

The Bureau of Alcohol and Drug Services will continue to provide a statewide continuum of comprehensive, accessible, and affordable community-based substance use treatment services identified by the state that meet the person-centered needs of the individual.

Goal #1: To maintain primary residential treatment services for adult males.

Strategy: Services will be provided through community mental health centers and free-standing programs. The DMH's Bureau of Alcohol and Drug Services will continue to certify and provide funding to support community-based primary residential treatment programs for adult males in twelve (12) of the CMHCs. one (1) free-standing program is certified by the DMH, making available thirteen (13) partially funded primary residential substance use treatment programs located throughout the 14 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 Services.

Measuring Changes in Indicator: Central Data Repository

Goal #2: 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 free-standing programs. The DMH's Bureau of Alcohol and Drug Services will continue to certify and provide funding to support twelve (12) community-based primary residential treatment programs for adult females. Two (2) of the fourteen (14) programs specialize in the treatment of pregnant and parenting women. Five (5) free-standing programs are certified by the DMH, making available nineteen (19) primary residential substance use treatment programs located throughout the 14 community mental health regions. Service contracts made with DMH funded substance use treatment programs include an assurance that states pregnant women will be given first priority for substance use treatment services and must be signed by the service provider.

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

Measuring changes in Indicator: Central Data Repository

Goal #3: 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 free-standing programs. The DMH's Bureau of Alcohol and Drug Services 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 use 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 use treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, parenting, and child care; 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 Bureau of Alcohol and Drug Services.

Measuring Changes in Indicator: Central Data Repository

Goal #4: To ensure that primary residential services are provided for adolescents.

Strategy: Community-based primary residential treatment programs for adolescents with substance use problems will be provided through regional community mental health centers. Adolescents who have co-occurring disorders (substance use/mental illness) will also be accepted in these programs. One community-based residential treatment program for adolescents will continue to be certified and funded by the Bureau of Alcohol and Drug Services.

Indicator: The number of primary residential treatment programs for adolescents certified and/or funded by the Bureau of Alcohol and Drug Services and efforts to expand these services to other areas of the state.

Measuring Changes in Indicator: Central Data Repository

Community-Based Transitional Residential Services

Goal #1: To maintain current programs and ensure effectiveness of transitional residential treatment services for adult males and adolescents with substance use disorders and psychiatric disorders.

Strategy: Services will be provided through community mental health centers and free-standing programs. DMH Bureau of Alcohol and Drug Services will continue to certify and provide funding to support ten (10) community-based transitional treatment programs for adult males in the CMHCs. The DMH also certifies four (4) free-standing transitional residential programs. There is a total of 14 transitional residential programs offered to adult males. The Bureau of Alcohol and Drug Services will also continue to certify and provide funding to one (1) CMHC transitional residential program for adolescents.

Indicator: The number of transitional residential treatment programs for adult males and adolescents certified and/or funded by the DMH's Bureau of Alcohol and Services and efforts to expand these services to other areas of the state. Reports will be required to demonstrate effectiveness.

Measuring Changes in Indicator: Program Registry. Consumer Satisfaction Data. Central Data Repository.

Goal #2: 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 Services has set funding of this objective as a priority. Services will be provided through regional community mental health centers and free-standing programs. The DMH's Bureau of Alcohol and Drug Services will continue to certify and provide funding to support ten (10) community-based transitional residential treatment programs for adult females. The DMH also certifies four (4) free-standing programs. There are 14 programs offered for adult females. Service contracts made with DMH funded substance use treatment programs include an assurance that the state's pregnant women population will be given first priory for substance use treatment services.

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

Measuring Changes in Indicator: Central Data Repository

Goal #3: To continue providing effective transitional residential substance use treatment services for women recently released from correctional facilities. (Included in original count of transitional residential programs for women in previous objective).

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

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

Measuring Changes in Indicator: Program Registry. Consumer Satisfaction Data.

Goal #5: 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 Services 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 Bureau of Alcohol and Drug Services 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 use 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 use treatment and other therapeutic interventions for women that may address issues of relationships sexual and physical abuse and parenting, and child care; 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 Services, and efforts to expand and improve these services.

Measuring Changes in Indicator: Central Data Repository

Community-Based Outpatient Services

Goal #1: To maintain effective general outpatient services (individual, group, and family) in all the regions.

Strategy: Outpatient substance use treatment services will be provided by community mental health centers and free-standing programs. DMH Bureau of Alcohol and Drug Services will continue to certify and fund general outpatient substance use treatment services in fourteen (14) community mental health centers and certify fifteen (15) free-standing programs.

Indicator: The number of programs that receive funding and/or certification from the DMH Bureau of Alcohol and Drug Services to provide outpatient substance use services.

Measuring Changes in Indicator: Program Registry. Consumer Satisfaction Data. Central Data Repository.

Goal #2: To provide effective Intensive Outpatient Services (IOP) for adults and adolescents

Strategy: DMH will continue to certify and monitor efficacy of intensive outpatient services for adults and adolescents offered by community health centers and free standing programs. DMH will increase capacity and sustainability of IOP programs.

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

Measuring Changes in Indicator: Central Data Repository. Program Registry. Consumer Satisfaction Data.

Hospital-Based Inpatient Chemical Dependency Services

Goal #1: To maintain inpatient chemical dependency units at two state behavioral health programs.

Strategy: The Bureau of Alcohol and Drug Services will continue to provide the support needed to Mississippi State Hospital to maintain certification of the adult male and female chemical dependency units. The Bureau will also continue to provide support needed to

East Mississippi State Hospital to maintain certification for the residential programs including twenty-five (25) beds for adult males and 25 beds for adolescents.

Indicator: The number of hospital-based chemical dependency program beds.

Measuring Changes in Indicator: Program Registry. Central Data Repository.

Goal #2: To assist the two state behavioral health programs in reducing wait time for admission by diverting individuals to DMH Certified community-based primary residential alcohol and drug treatment programs.

Strategy: The diversion project coordinator will send out a monthly report to the community mental health centers which provide community based residential care. This report will include contact information of court committed individuals who are awaiting placement in the state behavioral health programs. The community mental health centers will contact these individuals to attempt to divert them to the local community-based treatment program.

Indicator: Number of individuals diverted from state behavioral health programs waiting list each month.

Measuring Changes in Indicator: Monthly spreadsheets documenting the number of individuals diverted from the state behavioral health programs waiting lists.

BUREAU OF ALCOHOL & DRUG SERVICES

Therapeutic Support Services Goals and Strategies

To provide a comprehensive, easily accessible network of support services that contribute to the quality of substance use treatment programs, provide services for specific populations, and aid individuals in maintaining sobriety.

Community Supportive Recovery Housing Services

Goal #1: To increase the availability of safe and affordable housing for individuals in recovery.

Strategy: Maintain current Oxford Houses across Mississippi, which is an evidence-based model that is featured on the National Registry of Evidence Base Programs and Practices (NREPP).

Indicator: Number of Oxford Houses operating, number of beds available, and average statewide abstinence rate.

Measuring Changes in Indicator: Monthly capacity totals (house count), and additional data related to the model utilized.

Goal #2: To maintain effective alcohol and drug recovery support services.

Strategy: Services will be provided through thirteen (13) community mental health centers and four (4) free-standing programs.

Indicator: Grants awarded; monitoring activities by the Bureau of Alcohol and Drug Services to assure that recovery support services are provided in the 13 CMHC regions.

Measuring Changes in Indicator: Monitoring Visit Report. Program Registry. Consumer Satisfaction Data.

Co-Occurring Services

Goal #1: To provide effective treatment services for individuals with co-occurring disorders (mental illness and substance use) statewide.

Strategy: The Bureau of Alcohol and Drug Services will continue to allocate funds specifically earmarked for the provision of treatment services for individuals with co-occurring disorders (mental illness and substance use disorders) 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 are provided. The number of co-occurring grants awarded.

Measuring Changes in Indicator: Program Registry. Consumer Satisfaction Data.

DUI Diagnostic Assessment Services

Goal #1: To provide effective DUI Diagnostic Assessment services to second and subsequent DUI offenders.

Strategy: The DMH will continue to apply the operational 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 second offender's need for substance use treatment. After the DUI assessment process is complete, if treatment is warranted, the individual will be referred to a certified substance use treatment program for services. DUI Diagnostic Assessment services will continue to be available statewide.

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

Measuring Changes in Indicator: DUI Database, Program Registry, and Central Data Repository.

Goal #2: To ensure that DMH telephone help-line numbers (toll-free and local) are made available to convicted second offenders.

Strategy: Staff from the Bureau of Alcohol and Drug Services will continue to work with the Department of Mental Health, Office of Consumer Support (OCS), 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.

Measuring Changes in Indicator: OCS Documentation

Goal #3: To track documentation received from DUI assessment and treatment service providers regarding completion requirements for license suspension time.

Strategy: The Bureau of Alcohol and Drug Service's, DUI Coordinator, will utilize the database program which has been developed to track DUI information. All information received from DUI assessment and treatment service providers will be entered into the program. 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. The DUI Coordinator 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 Services regarding new tracking system.

Measuring Changes in Indicator: Monitoring Visit Repots.

Vocational Rehabilitation Services

Goal #1: To continue the partnership with vocational services in integrating substance use services for eligible individuals.

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

Measuring Changes in Indicator: Program Registry. Consumer Satisfaction Data.

Tuberculosis, HIV/AIDS, and STD Assessment & Educational Services

Goal #1: To routinely make available tuberculosis assessment and referrals for testing and treatment services to each individual receiving treatment for substance use.

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

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

Measuring Changes in Indicator: Monitoring Visit Report, DMH Record Guide.

Goal #2: To offer and provide effective HIV Early Intervention Services to each individual receiving treatment for substance use.

Strategy: All individuals receiving treatment for substance use will receive at a minimum an HIV risk assessment, access to HIV Rapid Testing Services onsite and/or referrals, and linkage to care, and both HIV prevention and risk reduction education.

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

Measuring Changes in Indicator: Monitoring Visit Report and Consumer Satisfaction Data.

Referral Services

Goal #1: To continue to update every three years, publish and distribute at no charge, the Mississippi Alcohol and Drug Prevention and Treatment Resources Directory.

Strategy: The DMH, Bureau of Alcohol and Drug Services, will distribute the 2015-2017 Mississippi Alcohol and Drug Prevention and Treatment Resources Directory in December, 2015 which includes but is not limited to all prevention and treatment programs certified by the DMH. The directory is used for reference and to make referrals to prevention and treatment services across the state.

Indicator: Updating the resource directory every two years and distributing it by the end of the 4th quarter of the revision year.

Measuring Changes in Indicator: Directory updates and number of distributed copies

Goal #2: To continue to collaborate with the DMH, Office of Consumer Support, to serve individuals seeking substance use treatment.

Strategy: The Bureau of Alcohol and Drug Services will receive quarterly reports from the Office of Consumer Support 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 Consumer Support and the Bureau of Alcohol and Drug Services.

Measuring Changes in Indicator: Documentation of annual reports.

BUREAU OF ALCOHOL & DRUG SERVICES

Other Alcohol and Drug Prevention and Treatment Support Services Goals and Strategies

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

Collaboration with Other Service Systems

Goal #1: To continue participation in interagency committees, task forces and other groups related to the planning, provision and evaluation of substance use disorders services.

Strategy: Bureau of Alcohol and Drug 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 Bureau of Alcohol and Drug Services staff participate.

Measuring Changes in Indicator: Agendas and number of meetings and sign-in sheets

Goal #2: To provide effective community-based crisis services through the Mobile Crisis Response Teams (MCeRTs) statewide that deliver solution-focused and recovery-oriented behavioral health assessments and stabilization of crisis in the location where the individual is experiencing the crisis. MCeRTs will help divert individuals with alcohol and drug related crisis from the criminal justice system and provide immediate access to care; to prevent inappropriate out of home placement.

Strategy: Educate MCeRT teams on all available resources for alcohol and drug related crisis, as well as require CMHCs to employ Certified Peer Support Specialists who are in recovery from alcohol and drug disorders.

Indicator: Number of MCeRT referrals to DMH alcohol and drug services, number of employed MCeRT staff who are in recovery of alcohol and drug services.

Measuring Changes in Indicator: Referral statistics, MCeRT service record statistics, and check for Resolution Summary's during the Monitoring Site Visits.

Bureau of Alcohol and Drug Services Advisory Council

Goal #1: To collaborate with and facilitate communication with the Alcohol and Drug Services Advisory Council in developing and promoting substance use disorders prevention and treatment programs.

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

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

Measuring Changes in Indicator: Annual survey of the members by the last quarter of every calendar year. Agendas, meetings, and summary of activities.

BUREAU OF ALCOHOL & DRUG SERVICES

Alcohol and Drug Prevention and Treatment Quality Assurance Services Goals and Strategies

To maintain high quality alcohol and drug prevention and treatment services.

Certification and Monitoring

Goal #1: To implement the Mississippi Department of Mental Health Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse and Community Service Providers which pertain to substance use 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 report of findings. 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. At least fifty percent of all DMH certified programs are visited by DMH central office personnel each year.

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

Measuring Changes in Indicator: Monitoring Visit Report and Report of Findings

Goal #2: To ensure that no program funded through the Substance Abuse 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, Bureau of Alcohol and Drug Services. 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 to determine compliance with grant and purchase of service agreements.

Indicator: Summary of findings related to compliance with grant per review of cash requests and purchase of services.

Measuring Changes in Indicator: DMH audit of certified programs

Goal #3: To ensure the certified providers utilize an effective system to protect consumer confidentially.

Strategy: *The Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers* provide extensive guidelines and regulations governing the compilation, storage and disclosure of individuals' records that ensure their 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.

Measuring Changes in Indicator: Monitoring Visit Report.

Peer Review

Goal #1: To continue conducting peer reviews of funded substance use disorder programs.

Strategy: The development of the peer review process is to determine if a provider is meeting the Council on Quality and Leadership's (CQL) 21 Personal Outcome measures (POM) in the provider's provision of targeted services. Peer reviews will take place with a provider 2-4 weeks before the DMH Certification Visit. The peer review team will conduct personal interviews with individuals who are receiving services to determine the presence of the 21 Personal Outcome Measures in the individual's life . Interviews are based on a standardized instrument. The peer review team leader will compile a report of findings at the end of each peer review and submit to the DMH monitoring staff and the DMH Clinical Services Liaison.

Indicator: Peer review reports will be written and submitted to the DMH monitoring staff before the certification visit and the Clinical Services Liaison.

Measuring Changes in Indicator: Peer Review, Monitoring Visit Report, and Report of Findings.

Consumer Grievances and Complaints Services

Goal #1: To collaborate with the DMH Office of Consumer Support (OCS) in investigating and resolving consumer complaints and grievances which are received regarding substance use prevention and treatment programs.

Strategy: The DMH, Office of Consumer Support, 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 Services, 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.

Measuring Changes in Indicator: OCS documentation

Performance Outcome Measures

Goal #1: To comply with National Outcome Measures (NOMS) as mandated by the Center for Substance use Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT), Bureaus of SAMHSA.

Strategy: The DMH, Bureau of Alcohol and Drug Services, has established a data infrastructure in order to both develop and report performance indicators for alcohol and drug prevention and treatment services. The Bureau of Alcohol and Drug Services has initiated implementation of these measures as per federal guidelines.

Indicator: Implementation and reporting to CSAP/CSAT.

Measuring Changes in Indicator: Central Data Repository, SmartTrack, and DataGadget

Central Data Repository (CDR)

Goal #1: To continually improve the quality of data collection from DMH-funded substance use treatment providers.

Strategy: DMH Bureau of Alcohol and Drug Services staff will continue to provide technical assistance to funded substance use treatment providers in order to ensure the submission of timely, accurate and current service provider data. The DMH, Bureau of Alcohol and Drug Services 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 use data collection system utilized by the DMH.

Measuring Changes in Indicator: Updated data collection system

Goal #2: To ensure that service providers comply with CSAT guidelines related to treatment of intravenous drug users.

Strategy: The Bureau of Alcohol and Drug Services will continue to monitor the following CSAT requirements: 1) that programs, upon reaching 90% capacity, notify the Bureau of Alcohol and Drug Services; 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 two forms, Capacity Management and Emergency Placement for IV Drug Users. All substance use programs must address and submit these forms to the Bureau of Alcohol and Drug Services when

their capacity is at 90% and when it is not at 90%. This form must be completed and submitted within 7 days and the emergency placement form for IV drug users must be submitted within 48 hours. The information received will identify utilization rate as well as the need for additional revisions of substance use disorders treatment service provider programming and/or funding locations. Regarding recovery support activities, the treatment programs are required to conduct and keep records of all recovery support activities. These records are monitored by the Bureau of Alcohol and Drug Services during Monitoring Visit Report.

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

Measuring Changes in Indicator: Monitoring Visit Report and DMH documentation

Goal #3: To ensure that pregnant women be given preference in admission to treatment facilities.

Strategy: All certified treatment facilities will be required to give pregnant women suitable placement within 48 hours of initial request for services.

Indicator: The Bureau of Alcohol and Drug Services will monitor placement through the utilization of two forms, Capacity Management and the Emergency Placement for Pregnant Women. Summary of compliance by service providers with the above requirements.

Measuring Changes in Indicator: Monitoring Visit Report and DMH documentation

BUREAU OF ALCOHOL & DRUG SERVICES

Employee Assistance Program Services Goals and Strategies

To facilitate statewide development of Employee Assistance Programs (EAP)

Goal #1: 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: DMH Central Office, EAP Services, has contracts with three providers that will provide services to Department of Mental Health employees and their families. The EAP Coordinator will work closely with the three providers 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.

Measuring Changes in Indicator: Number of Employee Assistance Programs/Activities.

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