

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

FY 2013 - 2014 STATE PLAN

Presented by:

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March 21, 2013

Approved by:

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FY 2013 – 2014 ALCOHOL AND DRUG SERVICES STATE PLAN

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PURPOSE OF THE PLAN

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 abuse;
- to serve as a basis for utilization of federal, state and other available resources; and
- to provide through the establishment of an Alcohol and Drug Advisory Council, 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.

The State Plan's implementation time period is April 1, 2013 – March 31, 2014. 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 March 15, 2013.

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Comments regarding the FY 2013 -2014 State Plan submitted after March 15, 2013 will be considered in development of the FY 2014-2015 State Plan.

BUREAU OF ALCOHOL AND DRUG SERVICES

DMH MISSION STATEMENT

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

The Bureau of Alcohol and Drug Services is committed to this mission and maintains a statewide comprehensive system of alcohol and drug services of prevention, treatment and rehabilitation and promotes quality care, cost-effective services and ensures the health and welfare of individuals through the reduction of substance abuse.

DMH 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 abuse and dementia has disappeared.
- Research, outcomes measures and technology are routinely utilized to enhance prevention, care, services and supports.

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 abuse programs.

Core Values and Guiding Principles of the Department of Mental Health

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

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

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

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

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

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

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

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

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

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

Philosophy of the Department of Mental Health

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. Underlying these efforts is the belief that all components of the system should be person-centered, community-based and outcomes and recovery-oriented.

Overview of the State Mental Health System

The State 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 and 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 abuse problems, including state Three-Percent Alcohol Tax funds for DMH. The overall goal of the state's alcohol and drug service system is to provide a continuum of community-based, accessible services, including prevention, outpatient, detoxification, community-based primary and transitional residential treatment, inpatient and recovery support 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 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

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 Workforce Development and Training advises the Executive Director and State Board of Mental Health on the human resource and training needs of the agency, assists in educating the Legislature as to budget needs, oversees the leadership development program, and serves as liaison for DMH programs to the State Personnel Board. This Bureau includes three divisions, the Division of Human Resources, the Division of Professional Development and the Division of Professional Licensure and Certification.

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 to DMH for review proposals 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 RFP, funds available for existing programs, funds available for new programs, and funding priorities set by state and/or federal funding sources or regulations and the State Board of Mental Health.

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 SMI. These programs include: Mississippi State Hospital, North Mississippi State Hospital, South Mississippi State Hospital, East Mississippi State Hospital, Specialized Treatment Program 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 Center, Ellisville State School, Hudspeth Center, North Mississippi Center, and South Mississippi 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 Program in Gulfport is a Behavioral Health Residential Treatment Program for adolescents with mental illness and a secondary need of substance abuse 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 15 CMHCs make available a range of community-based mental health, alcohol and drug, 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 abuse services.

Other Nonprofit/Profit Service Agencies/Organizations: These agencies and organizations make up a smaller part of the service system. They are certified by DMH and may 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 alcohol and drug 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 | Nursing Home Services |
| Intermediate Psychiatric Care | Medical/Surgical Hospital Services |
| Continued Treatment Services | Forensic Services |
| Adolescent Services | Alcohol and Drug Services |
| Community Service Programs | |

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 Therapies
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
Crisis/Emergency Mental Health Services
Inpatient Referral Services
Pre-Evaluation Screening/Civil Commitment Exams
Outpatient Therapy
Consumer Support Services
Day Support
Mental Illness Management Services
Individual Therapeutic Support
Individual/Family Education and Support

Halfway House Services
Group Home Services
Acute Partial Hospitalization
Elderly Psychosocial Rehabilitation
Intensive Residential Treatment
Supervised Housing
Physician/Psychiatric Services
SMI Homeless Services
Drop-In Centers
Crisis Stabilization Programs
Co-Occurring Disorder Services

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

Services for Individuals with a Substance Use Disorder

Detoxification Services
DUI Diagnostic Assessment
General Outpatient Services
Intensive Outpatient Services
Prevention Services
Primary Residential Services
Recovery Support Services
Transitional Residential Services

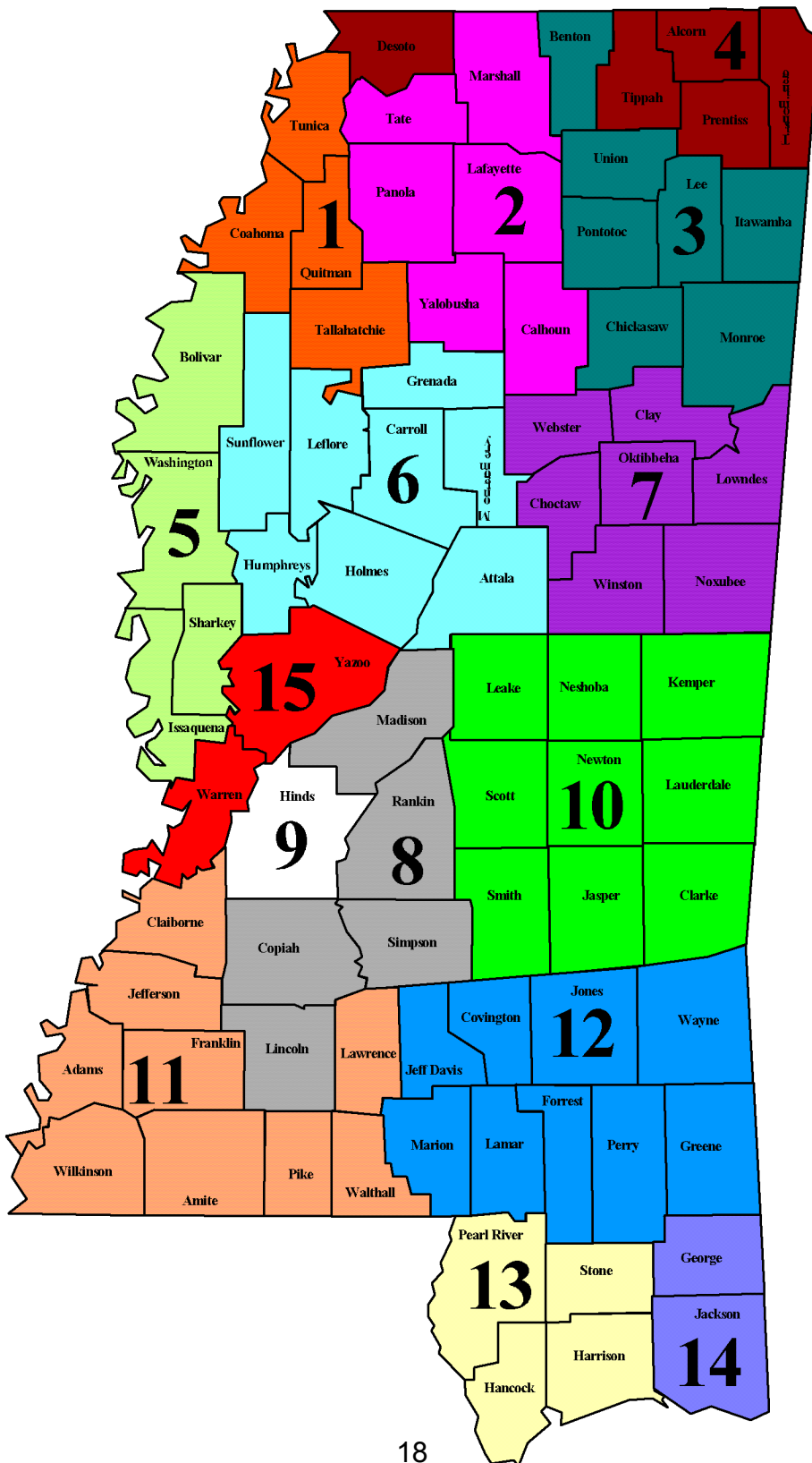
**MISSISSIPPI DEPARTMENT OF MENTAL HEALTH
COMPREHENSIVE COMMUNITY MENTAL HEALTH
CENTERS**

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

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

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

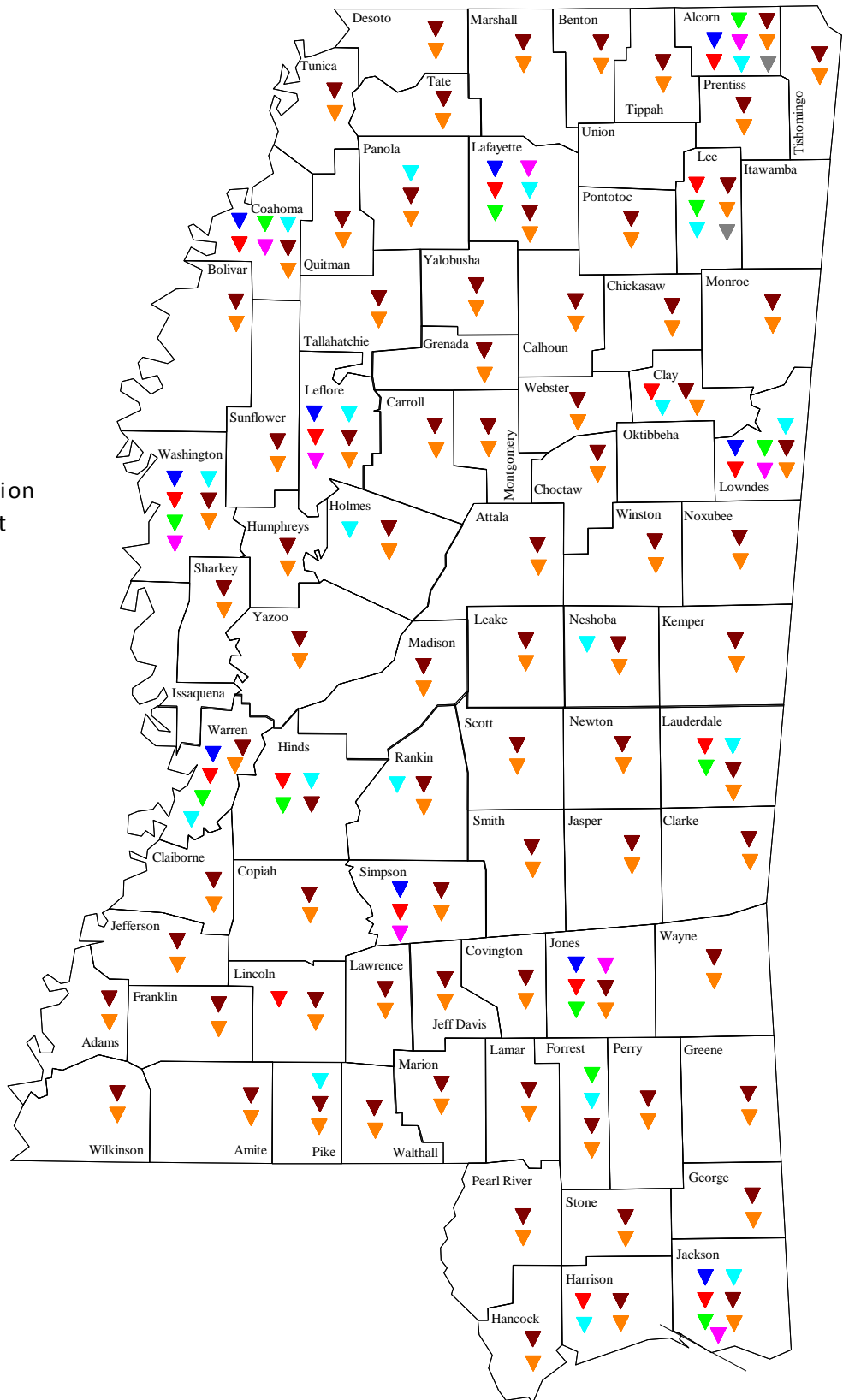
Community Mental Health/Mental Retardation Center Service Areas



ALCOHOL & DRUG ABUSE SERVICES

ALCOHOL & DRUG SERVICES

- ▼ Detoxification
- ▼ Primary Residential
- ▼ Transitional Residential
- ▼ Outreach/Aftercare
- ▼ Prevention
- Prevention Services
- SPF-SIG
- ▼ Chemical Dependency Unit
- ▼ Outpatient
- Day Treatment
- Intensive Outpatient
- Outpatient Opioid Addiction
- ▼ DUI Diagnostic Assessment



FY 2013-14 Community-Based Primary Residential Substance Abuse Programs

Location	Program	Agency	Beds
Clarksdale	Fairland Center	Region 1 Community Mental Health Center	52
Oxford	Haven House	Communicare	32
Tupelo	Region III CDC	Region III Mental Health Center	26
Corinth	Region IV CDC	Timber Hills Mental Health Services	24
Greenville	Gloria Darden Center	Delta Community Mental Health Services	24
Greenwood	Denton House CDC	Life Help	34
Columbus	Cady Hill The Pines	Community Counseling Services	10 18
Jackson	Harbor Houses of Jackson	Harbor Houses of Jackson, Inc.	43
Jackson	Born Free	Catholic Charities	7
Mendenhall	Region VIII Treatment Center	Region VIII Mental Health Services	20
Meridian	Weems Life Care	Weems Community Mental Health Center	20
Hazlehurst	Region VIII Treatment Center	Region VIII Mental Health Services	10
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	24
Gulfport	Crossroads Recovery Center	Gulf Coast Mental Health Center	42
Pascagoula	Stevens Center	Singing River Services	18

Location	Program	Agency	Beds
Vicksburg	Warren-Yazoo CDC	Warren-Yazoo Mental Health Services	21

FY 2013-14 Community-Based Primary Residential Substance Abuse Programs for Adolescents			
Location	Program		Beds
Clarksdale	Sunflower Landing		32

FY 2013-14 Community-Based Transitional Residential Substance Abuse Programs			
Location	Program	Agency	Beds
Clarksdale	Fairland Center	Region I Community Mental Health Center	8
Oxford	Haven House	Communicare	16
Tupelo	Region III CDC	Region III Mental Health Center	18
Corinth	Region IV CDC	Timber Hills Mental Health Services	12
Greenville	Gloria Darden Center	Delta Community Mental Health Services	12
Columbus	Cady Hill The Pines	Community Counseling Services	6 10
Columbus	Recovery House	Recovery House, Inc.	13

FY 2013-14 Community-Based Transitional Residential Substance Abuse Programs			
Location	Program	Agency	Beds
Jackson	Harbor Houses of Jackson	Harbor Houses of Jackson	27
Jackson	New Beginnings	Catholic Charities	5
Jackson	New Life for Women	New Life for Women	14
Jackson	Center for Independent Learning	Center for Independent Learning	30
Meridian	Alexander House	Weems Community Mental Health Center	16
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	24
Pascagoula	Stevens Center	Singing River Services	4
Jackson	MICARE	Mississippi State Hospital	12
Vicksburg	Warren-Yazoo CDC	Warren-Yazoo Mental Health	4

FY 2012 Hospital-Based Inpatient Chemical Dependency Substance Abuse Programs		
Location	Program	Beds
Meridian	East Mississippi State Hospital	25 - Adults
Meridian	Bradley Sanders Complex	10 - Adolescents
Whitfield	Mississippi State Hospital	90 – Adults
Saucier	MS Children’s Home/CARES	20 - Adolescents

Alcohol and Drug Prevention and Rehabilitation/Treatment Services

SERVICE SYSTEM

The DMH, Bureau of Alcohol and Drug Services administers the public system of alcohol and drug 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 includes state-operated behavioral health programs, regional community mental health centers, and other nonprofit community-based programs.

In accordance with these beliefs, 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 system. In order to address the issues of a substance use disorder, the bureau believes a successful program is based on the following philosophical tenets:

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

- * Alcohol and drug services are made accessible to individuals from different cultures and across all socioeconomic levels.
- * If appropriate, services should be delivered in a community setting.
- * Continuity of care is essential to an effective alcohol and drug treatment service program.
- * Vocational rehabilitation is an integral part of the recovery process.
- * Effective treatment and recovery include delivery of services to the individual and his/her family.
- * Individuals with alcohol and drug issues can return to a productive role within society, their local community and their families.

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

State-operated 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 Sanders Adolescent Complex provides 10 beds for chemically dependent and co-occurring male adolescents. Chemical Dependency treatment services at Mississippi State Hospital consists of two units. One provides 51 beds for adult males who live within its service area. The second unit provides 39 beds for adult females statewide. These facilities provide services which include detoxification, individual and group counseling family conferences/counseling; medical care; vocational counseling; educational programs targeting recovery from substance abuse, including understanding the disease of substance abuse, the recovery process, relapse prevention skills, anger management, etc. The programs also include recreational and social activities that present alternatives to continued alcohol and drug use and emphasize the positive aspects of recovery support. The adolescent programs include accredited educational services through the MS Department of Education.

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

Regional Community Mental Health Centers

The community mental health/mental retardation centers (CMHCs) with whom DMH contracts, are the foundation and primary service providers of the public alcohol and drug 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.

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

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

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 alcohol and drug services. The authority for funding programs to provide services to persons in Mississippi with alcohol and drug issues (as well as persons with mental illness and/or intellectual and developmental disabilities) was established through state statute. Funding is provided to community service providers by the Department of Mental Health through purchase of services (POS) or grant mechanisms. Funds are allocated by the Department through a Request for Proposals and Application Review Process. Requests for Proposals (RFPs) are disseminated among service providers through the

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

Agencies or organizations submit proposals which address needs of prevention and treatment services in their local communities to the 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 alcohol and drug prevention and treatment services are provided by both state and federal resources.

Federal Sources

Center for Substance Abuse Treatment

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 application. The Substance Abuse Block Grant is the primary funding source for DMH to administer alcohol and drug prevention and treatment services in Mississippi. The Bureau allocates these awarded funds to its programs statewide. Funds are used to provide the following services: (1) general outpatient treatment; (2) intensive outpatient treatment; (3) primary residential treatment programs; (4) transitional residential treatment; (5) recovery support services; (6) prevention services; (7) community-based residential alcohol and drug 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) services for individuals with a co-occurring disorder of substance abuse and serious mental illness. In administering SABG funds, the DMH Bureau of Alcohol and Drug Services maintains minimum required expenditure levels (set asides) for alcohol and drug services in accordance with federal regulations and guidelines.

State Sources

Alcohol Tax

In 1977 the Mississippi Legislature levied a three percent tax on alcoholic beverages, excluding beer, for the purpose of using these tax collections to match federal funding, as deemed necessary, in order to fund alcoholism treatment and rehabilitation programs. The earmarked alcohol tax is tied directly to the volume of alcoholic beverages sold in the state. Funds from the three percent alcohol tax are used to provide treatment for alcoholism at DMH operated behavioral health programs and community based programs.

**BUREAU OF ALCOHOL AND DRUG SERVICES
 PROJECTED EXPENDITURES FOR FY 2013
 ACTUAL EXPENDITURES FOR FY 2011 and 2012**

FEDERAL	FUNDING SOURCE	Projected FY 2013	Actual FY 2012	Actual FY 2011
	Substance Abuse Block Grant	13,449,228	13,449,228	13,470,817
	Strategic Prevention Enhancement Grant	278,297	317,775	3,903
	Strategic Prevention Framework State Incentive Grant		1,821,131	3,293,245
	MS Prevention Partnership Grant	891,396		
TOTAL FEDERAL		14,618,921	15,588,134	16,767,965
STATE	Three Percent Alcohol Tax	5,837,101	6,010,588	5,458,586
	State General Funds	141,496	141,496	16,518
TOTAL STATE		5,978,597	6,152,084	5,475,104
GRAND TOTAL		20,597,518	21,740,218	22,243,069

POPULATION SERVED BY THE SYSTEM

State Population

Mississippi is the 31st largest state in population. The U.S. Census Bureau figures estimated Mississippi's 2011 population at 2,978,512. Mississippi has 82 counties and 290 incorporated cities and towns. Statistics reveal that over 53% of the state's population lives in rural areas since many of these incorporated are nevertheless rural. The Census reveals that Mississippi's population is 60% Caucasian and 37% African American, 0.6% American Indian, 0.9% Asian, Native Hawaiian 0.1% and 2.9% Hispanics. The percentage of population under the age of 5 is reported at 7.0% and the percentage of population under the age of 18 is 25.2% and 13.0% 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 alcohol and drug use.

The U.S. Census Bureau indicated that in 2010, 21.2% of Mississippi families lived below the poverty level and the median household income was estimated at \$37,881 compared to \$51,914 nationally. High school graduates account for 79.6% of the population in the state while 19.5% 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 or determine and monitor needs for substance abuse 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 need 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 alcohol and drug problems among the general population and among subgroups of the population, as well as more detailed information on service needs and demand, the Bureau of Alcohol and Drug Services has collected the following data through needs assessments and/or surveys.

ALCOHOL AND DRUG DATA COLLECTION

There is a significant number of individuals in Mississippi at any given time which need alcohol and drug 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 Association

The Mississippi Department of Education reported 490,000 youth attended public schools 2011-2012 and 37,000 youth attended private schools according to the Mississippi Private Schools Association. These numbers do not include youth who are home-schooled, in detention centers, treatment centers or hospitals. Many of these youth 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. See paragraph below.

Mississippi's 2011 Youth Risk Behavior Survey

The Mississippi YRBS 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. Centers for Disease control developed the survey and the MS Department of Health and the MS Department of Education conducted the survey and the MS Department of Health analyzed the data collection for the report. The YRBS was completed by students in middle school, grades 6-8 and by students in high school, grades 9-12 during the spring of 2011. 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 abuse, risk and protective factors and identification of the most pressing prevention issues. The data is collected from schools in communities throughout the state with the goal being to establish base-line data on prevalence and severity of substance abuse, as well as related behaviors and attitudes. A survey of 113,834 6th-11th grade public school students conducted during the 2011-2012 school term reveals the following protective factors among MS youth. Approximately 39% of students indicated smoking marijuana regularly posed a great risk and 37.3% stated that consuming four to five alcoholic beverages per day was a great risk. Approximately 64% of surveyed students felt that they belonged to their school, 36.8% strongly felt they belonged to their school compared to 8.2% that strongly disagreed. Approximately 49.8% of students stated that they never have major fights or arguments with their parent/guardian(s), while 79% indicated that they could ask their parents for help in dealing with a personal problem. Finally, 76.7 % 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 abuse 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 alcohol and drug

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 2012 Mississippi Smart Track Survey:

- The percentage of students who had at least one alcoholic beverage in the past 30 days decreased from 22% in 2011 to 21% in 2012
- The percentage of students who reported having at least one drink of beer in the past 30 days decreased from 16.8% in 2011 to 13.4% in 2012.
- The percentage of students who reported having at least one drink of a wine cooler in the past 30 days decreased from 11.5% in 2011 to 8.5% in 2012.
- The percentage of students who reported having at least one drink of other alcohol (liquor, wine, mixed drink, etc.) in the past 30 days was 14.8% in 2012.
- The percentage of students who engaged in binge drinking was 12.6% in 2012.

The percentage of students who reported drinking Alcohol before the age of 13 years was 23.9% in 2011; the national average was 20.5%. (YRBS, 2011)

Tobacco Use

The percentage of students who reported cigarette use in the past 30 days was 17.9% based on 2011 YRBS estimates. Estimates from the 2012 Smart Track Survey showed that about 11% 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 declined from 7% in 2011 to 6% in 2012. (SmartTrack, 2011 and 2012)

The percentage who smoked a whole cigarette before age 13 was 13.3% in 2012, the national average was 10.3 %.(YRBS, 2011).

Other Drug Use

According to the 2010 Mississippi SmartTrack Survey:

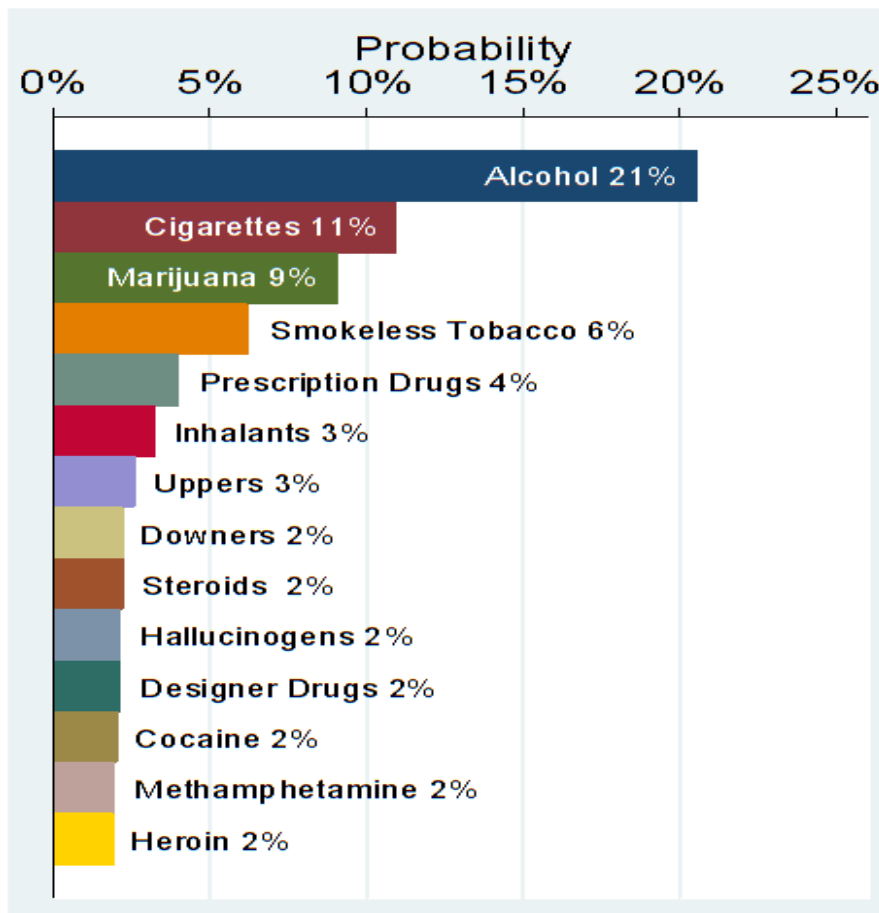
- The percentage of students who used any form of cocaine including powder, crack, or freebase one or more times in the past 30 days was 2.0% in 2012
- The percentage of students who use heroin one or more times in the past 30 days was 1.9% in 2012.
- The percentage of students who sniffed glue, breathed 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 3.3% in 2012.
- 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 9.1% in 2012.

The percentage of students who tried marijuana for the first time before age 13 years was 8.6% in 2011 up from 8.4% in 2009; the national average was 8.1% (YRBS, 2011)

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 15.7%, the national average was 20.7%.(YRBS, 2011)

Figure 1: Past 30 day ATOD use among MS Students. Results from the MS SmartTrack Survey, 2012



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

According to statistics cited in SAMHSA's 2009-2010 *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 3.4%. The percentage of persons aged 12 or older reporting dependence on or abuse of any illicit drug was 2.98%. By age

group, an estimated 3.97% of 12-17 year olds; 7.45% of 18-25 year olds; and 2.01% 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 4.69%. By age group, use among 12-17 year olds; was 5.22%; among 18-25 year olds, it was 12.57%; and among persons 26 years or older, it was 3.15%. It is important to note that overall reported use for marijuana has increased since the previous reporting period. Approximately 41% of Mississippians age 12 or older were past month alcohol users. By age group, an estimated 12.4% of 12-17 year olds; 52.9% of 18-25 year olds; and 42.8% of persons 26 or older were past month alcohol users. Past month binge alcohol use among Mississippians was 20.14%. An estimated 6.5% 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 (13.5%), with 12-17 year olds and persons older than 26 reporting dependence rates 5.6% and 6.8% respectively.

Kids Count

With an estimated population of 2,967,297 in 2010, Mississippi is predominantly a rural state with an estimated 21% of its population reported to be living in poverty – the highest rate in the nation (US Census Bureau, 2010); this translates to about one in five Mississippians living below the poverty line. Thirty percent of Mississippi children under the age of 18 live below the federal poverty level, while seventeen percent of all families and 42 percent 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 is undisputable. Furthermore, the challenges associated with living in a rural state often present barrier to the prevention and treatment of substance use and mental health disorders. According to The Annie E. Casey Foundation’s *2012 KIDS COUNT Data Book* the following conditions exist for children in MS today.

TABLE 1—CHILD WELL-BEING INDICATORS	STATISTIC		CHANGE FROM PREVIOUS YEAR	RANK
	National Average	MS		
Percent of children in poverty (2009)	20%	31%	increased	50th
Teen birth rate (Births per 1,000 females ages 15-19) (2008)	43	66	decreased	50th
Infant mortality rate (Death per 1,000 live births) (2007)	68	10.0	decreased	50th
Percent of children in single-parent households (2009)	34%	48%	increased	50th
Percent of teens not attending school and not working (Ages 16-19) (2008)	9%	12%	increased	45th
Percent of teens who are high school dropouts (Ages 16-19) (2009)	6%	7%	unchanged	29th
Child death rate (Deaths per 100,000 Children Ages 1-14) (2007)	19	34	increased	50th
Teen death rate (Deaths per 100,000 teens ages 15-19) (2007)	62	98	increased	49th
Overall child well-being (2009)				50th

Mississippi HIV/AIDS Data

The MS Department of Health, Bureau of STD/HIV reported that in 2011 there were 573 newly diagnosed cases of HIV disease. Persons living with HIV/AIDS in Mississippi in 2011 totaled 9,907. There are currently 7,184 African Americans who are living with HIV. This is particularly important to note since they represent only 37% of Mississippi's general population. There are currently 2,266 Caucasians who are living with HIV. Out of the nine Public Health Districts, the top five counties in 2011 which had persons diagnosed with HIV disease were: Hinds (122), Rankin (42), Harrison (32), Forrest (26) and DeSoto (22).

SUBSTANCE ABUSE SYSTEM MODEL

The Mississippi Substance Abuse 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, is 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 for a statewide person-driven, family-centered system of care emphasizes the importance of access and coordination with other service agencies. System-wide support services may include operational services that may be provided through a variety of other agencies or entities. Inherent in the Substance Abuse System Model are the characteristics of consistency, accountability and flexibility to allow responsiveness to changing needs and service environments.

Substance Abuse System Model

Person - Centered

Community - Based



Comprehensive Services

COMPONENTS OF THE ALCOHOL AND DRUG PREVENTION AND REHABILITATION/TREATMENT SERVICE SYSTEM

The components of the alcohol and drug 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 management.

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

The causes of substance abuse are complex and multi-dimensional. According to research, factors that play a role in the development of drug dependency can include genetics or deficiencies in knowledge, skills, values, or spirituality. Also, social norms, public policies, and media messages often promote or convey acceptance of drug 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 abuse. 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 in the *Federal Register*, Volume 58, Number 60, March 31, 1993).

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. BADS has instituted many new policies for subgrantees 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 BADS in 2001 allowed BADS to fund addition programs utilizing evidence-based programs and more than doubling the amount of individuals and families served. In October 2006, BADS received a Substance Abuse and Mental Health Services Administration (SAMHSA) five-year incentive grant to meet the following federal goals: (1) Build prevention capacity and infrastructure at state and community levels; (2) prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; and (3) Reduce substance abuse-related problems in communities. In 2012 BADS was awarded the Partnership for Success II Grant from SAMHSA/CSAP which will continue to combat underage drinking and related consequences but also target reducing prescription drug abuse rates and consequences for youth and young adults.

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

REHABILITATION/TREATMENT SERVICES

Treatment Modalities

The Bureau of Alcohol and Drug Services encourages “Best Practices” that aim to investigate the potential problem of substance abuse 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, cognitive-behavioral therapy, group-based approach therapy, dialectic behavioral therapy, motivational interviewing 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 onsite residential program for adult males and females who are addicted to alcohol/drugs. This type of treatment is prescribed for those who lack sufficient motivation and/or social support to remain abstinent in a setting less restrictive than 'primary' but who do not meet the clinical criteria for hospitalization. Typically, primary residential treatment programs operate on a 30-day cycle.

Primary residential treatment's group living environment offers clients access to a comprehensive program of services that is easily accessible and immediately responsive to each client's individual needs. Because alcohol and drug dependency is a multidimensional problem, various treatment modalities are available, including detoxification, group and individual therapy; family therapy; education/information services explaining alcohol/drug 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 alcohol and drug treatment programs are accessible to pregnant women, there are two, described in the following paragraph, that are specifically designed for this population. Additionally, there are primary residential treatment programs tailored for adolescents and for persons in the criminal justice system. These are described below:

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

Specialized Primary Residential Services for Adolescents: While providing many of the same therapeutic, informational/educational, social/recreational services as adult programs, the content is modified to accommodate the substance abusing adolescent population. Adolescent treatment programs are generally longer in duration than adult primary residential programs. Some allow the client to remain from six months up to as long as a year, depending on several factors that may include the program's recommendations, parental participation, and the client's progress and adaptability. Also, all programs provide regularly scheduled

academic classes individually designed for each client following a MS Department of Education approved curriculum by an MDE certified teacher.

Specialized Services for Persons in the Criminal Justice System: Substance abuse 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 re-entry into the community, the treatment focuses on the enhancement of coping skills needed to lead a productive, fulfilling life, free of chemical dependency. A primary objective of this type of treatment is to encourage and aid the client in the pursuit and acquisition of vocational, employment and/or related activities. Although all alcohol and drug treatment programs are accessible to pregnant women, there are two, described in the following paragraph, that are specifically designed for this population. There are also programs that provide services for pregnant women, female ex-offenders and adult males who have been diagnosed with a co-occurring disorder. They are described below.

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

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

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

Mississippi State Hospital (MSH), Bureau of Community Services to provide this service.

Access to Community-Based Outpatient Services

Each program providing alcohol and drug 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.

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

General Outpatient Services for Co-Occurring Disorders: In addition to the funding provided by the Bureau of Alcohol and Drug Services to community-based transitional residential programs, mentioned earlier, the Bureau also allocates funds specifically earmarked for services for Co-Occurring Disorders (mental illness and substance abuse) through each regional community mental health center. The Bureau of Alcohol and Drug Services collaborates with the Bureau of Community Services by ensuring that services are provided to individuals who have a diagnosis of a co-occurring disorder. Both bureaus provide joint co-occurring disorder trainings throughout the state and work together in preparation of the trainings.

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 group member at least once per week.

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

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

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

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 with withdrawal and who are at risk for a severe or complicated withdrawal syndrome; (c) those with an acute or chronic medical condition; (d) those who do not benefit from less intensive treatment; and/or (e) clients who may be a danger to themselves or others. In addition to medical services, treatment usually includes detoxification, assessment and evaluation, intervention counseling, aftercare, a family support program and referral services.

Inpatient services also provide treatment for 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.

THERAPEUTIC SUPPORT SERVICES

Access to Recovery Support Services

A key component to a 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 also to sustain their recovery. They also may provide structured support and assistance to the client in making referrals, securing additional needed services from community mental health centers or from other health or human services providers, while maintaining contact and involvement with the client's family. 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 alcohol and drug 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. Alcohol and drug 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

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

enroll and complete the Mississippi Alcohol Safety Education Program (MASEP) before their license can be reinstated.

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

There were 29,552 DUI arrests in 2011 and 1,801 were drivers under the age of 21. The Mississippi underage driver accounted for 8% of the total Mississippi drivers arrested for DUI in 2011. The most alarming fact is that these young drivers are committing two serious offenses – both drinking illegally and then driving under the influence. The average (mean) BAC (Blood Alcohol Content) for all DUI arrests during 2011 was .138. This is evidently well above the BAC of .08 and .02 for under age twenty-one (21). The impaired driver is the primary contributing factor in fatal traffic crashes every year. The fines assessed for DUI are above 7 million dollars annually. The alcohol traffic safety indicators did show a positive change from 2007 to 2011. The “Drive Sober or Get Pulled Over” public information and education campaign, coupled with strict enforcement showed significant progress in reducing deaths on our roadways. Traffic enforcement and seat belts not only save lives but remain two of our best defenses against impaired drivers.

Mississippi Drug Courts

Mississippi currently has 44 drug courts covering 72 of the 82 counties. There are 26 adult programs, 16 juvenile programs and 2 family programs. The mission of the drug courts is to establish a system with judicial requirements which will effectively reduce crime by positively impacting the lives of substance abusers and their families. The target population of the program is for first time non-violent offenders, age 18. An evaluation process determines whether or not an offender is eligible for the program. During 2012 there were 3,327 individuals enrolled in drug courts statewide. There were 355 individuals who were graduates of the program. In that same year, participants paid \$572,177 in fines to the counties and \$857,242 in fees to the drug courts.

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

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

Vocational Rehabilitation Services

Each primary residential treatment program provides vocational counseling to individuals while they are in the treatment program. In transitional treatment the primary focus is assisting the client, if needed, in securing employment and/or maintaining employment. The Department of Rehabilitation Services, Office of Vocational Rehabilitation 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 alcohol and drug 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, they are referred for additional testing. Individuals also receive educational information regarding HIV/AIDS, STDs, TB and MS Implied Consent Law 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 alcohol and drug services. The directory is comprised of all DMH certified substance abuse treatment and prevention programs as well as other recognized programs across the state of Mississippi. It is revised, updated and redistributed by the BADS every three years. The 2013-2015 publication will be distributed in January of 2013 to treatment facilities, human services organizations, and a wide variety of other interested parties statewide. The manual is extensively used for a variety of referral purposes. In addition, individuals seeking referral information through the Department of Mental Health may do so by contacting a toll-free help line, operated by the DMH Office of Consumer Support. Approximately 5,000 copies have been distributed throughout the United States over the past two years.

Other Alcohol and Drug Prevention and Rehabilitation/Treatment 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 abuse 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 abuse prevention services and support. The Division continues to work in collaboration with the Attorney General's Office in enforcement of the state statute prohibiting the sale of tobacco products to minors and to ensure that the state compliance check survey is completed in a scientifically sound manner. Representatives from the Department of Mental Health participate on The State Tobacco Control Advisory Council. This Council is comprised of a variety of state and private agencies whose mission is to achieve a comprehensive approach to tobacco control involving prevention and cessation services. The DMH Bureau of Alcohol and Drug Services continues its contract with the Department of Rehabilitation Services (Office of Vocational Rehabilitation) to fund substance abuse treatment services to individuals in transitional residential programs. The Bureau continues to contract with Mississippi State Hospital (MSH), Bureau of Community Services to support one transitional residential facility for the treatment of individuals with co-occurring disorders (substance abuse and mental illness). Staff from the Bureau actively participate on the Co-Occurring Disorder Coordinating Committee. The Coordinator of DMH's Employee Assistance Program is a member of the Employee Assistance Professional Association which facilitates communication between public and private EAP providers throughout the state. A Bureau staff member serves on The MS Community Planning Group for HIV Prevention, a diverse body of individuals representative of various HIV- and STD-affected communities in the state. This group coordinated by the MS Department of Health functions to foster the principles of HIV prevention community planning and to develop an annual Comprehensive HIV Prevention Plan for Mississippi. Bureau staff also serve on the Mississippi Association of Highway Safety Leaders, a group whose overall mission is to reduce deaths and serious injuries on Mississippi roadways through public education; increase enforcement of highway safety laws; progressive legislation and support of national and state transportation policies and programs. 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. BADS works closely with the Mississippi Association of Addiction Professionals (MAAP) which is the certifying body for alcohol and drug counselors. Additionally, a Bureau staff member serves on the Board of Directors of the Mississippi Alliance for School Health (MASH) which is a non-profit organization dedicated to promoting and encouraging the use of the Centers for Disease Control and Prevention's components of a coordinated school health program (CSHP). The Director of the Bureau of Alcohol and Drug Services serves on the State Drug Courts Advisory Committee which meets monthly.

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. BADS 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 developed in 2012 a Prevention and Treatment Workforce Plan in order to create a meaningful, evolving plan to serve as a guide for Mississippi's substance abuse prevention and treatment workforce. Competent staff would not only improve quality of services and care to the clients but would also decrease turnover. BADS provides regularly scheduled, ongoing training/technical assistance to substance abuse treatment and prevention service providers. The purpose is to teach, maintain, and improve treatment and prevention skills 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 abuse. 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 requests.

ALCOHOL AND DRUG PREVENTION AND TREATMENT QUALITY ASSURANCE SERVICES

Accountability – 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.

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 which is included in the provider's Written Report of Findings from the DMH site/program visit. 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 Consumer Support receives, investigates, and resolves consumer complaints and reports of serious incidents/deaths in all programs and services operated and/or certified by the Department of Mental Health. Consumer complaints and serious incident reports are logged into a computer system for reporting purposes but are followed through on paper to protect the confidentiality of the consumer. During 2012, OCS received approximately 2,453 calls associated with alcohol and drug abuse.

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.

Mississippi Substance Abuse Management Information System (MSAMIS)

This system was developed to provide current information on consumers and the treatment provided to them in order to aid in the planning, management and evaluation of substance abuse treatment programs. The Bureau of Alcohol and Drug Services provides an instruction manual for utilization of the MSAMIS to the service providers. The manual includes data definitions and requirements for the collection and transmission of all data items pertaining to clients. The Department of Mental Health, Division of Information Systems works closely with BADS 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 a staff member and the information is submitted to the Division of Information Systems and entered into the central system. Also, the DMH is in the process of integrating federal minimum data sets for alcohol (Treatment Episode Data Set {TEDS}) and mental health services within a statewide information management system. TEDS contains information on substance abuse treatment admissions that is routinely collected by States in monitoring substance abuse treatment programs. Data items for each admission include demographic information, substances of abuse, and information on prior treatment episodes and the treatment plan. TEDS 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 abuse data collection.

Employee Assistance Programs Services

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

DMH contracts with The Counseling Center in Ridgeland, MS to provide EAP services for mental health employees and their families. The Mental Health EAP coordinator works closely with the counseling staff to ensure the needs of the Department's employees and their families are met. She is on call twenty-four hours a day/seven days a week to assist DMH employees.

**MISSISSIPPI PRIORITIES
STATE MENTAL HEALTH AUTHORITY (SMHA)/STATE SUBSTANCE ABUSE (SSA)
GOALS/STRATEGIES**

Plan Year: 2013 - 2014

Priorities

1	Integration of Behavioral Health & Primary Care Services SMHA/SSA
2	Recovery Supports SMHA/SSA
3	Co-Occurring Plan 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 2013-2014 State Plans for Community Services and Alcohol and Drug Services reflect the elements in the Department of Mental Health’s Ten-Year Strategic Plan which encompasses Integration of Behavioral Health and Primary Care Services, Trauma, Recovery Supports and Provision of Services for Individuals with Co-Occurring Disorders.

Strategies designed to facilitate integration of mental illness and substance abuse are included in the Department’s 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). The DMH intends to build on a collaborative initiative with the Mississippi Primary Health Care Association (MPHCA) the Division of Medicaid, the regional community mental health centers which grew from a 2000 Mental Health and Behavioral Health Regional Summit, sponsored by SAMHSA and HRSA. 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. Lydia Weisser, the Department of Mental Health Medical Director, serves as the DMH "content expert" on primary care and behavioral health integration.

Examples of current collaborative activities involving mental health and/or substance abuse, primary health and other support service providers include:

- Region III Mental Health Center offers lab services, pharmacy services and primary care services. Region III works with LabCorp to offer on-site lab services, Region III operates a pharmacy which provides services at all clinic locations and Region III provides primary care services. The primary care services are offered to residents of all counties within the Region III catchment area, via a two exam room 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. We set up the unit 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. Local representatives from the Mississippi State Department of Health are also 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 telepsychiatry project is ongoing with funding from the Delta Health Alliance by the University of Mississippi Medical Center (UMMC) Department of Psychiatry in 18 counties in the Delta includes plans to utilize mobile technology to integrate basic medical screening into the mental health setting. Mental health services are integrated in a medical setting in at least one site as part of the Delta project.

- The DMH Division of Consumer and Family Affairs is facilitating 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 status 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 abuse 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 15 CMHCS and their substance abuse 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 in I.) 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 Abuse Coordinators and Peer Specialists. DMH in collaboration with PHPs regarding how specific functions and services can be enhanced, blended, 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 and documentation of outreach efforts and process for development of plan for integrating behavioral health and primary care services will be maintained.

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

Goal 2: To educate PHPs, consumers, family members, mental health/substance abuse 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 their families 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 abuse providers and other stakeholders in culturally and linguistically appropriate ways; DMH Bureaus and Divisions will continue to provide substance abuse 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.

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.

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

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 abuse 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 results measures added to the student surveys including demographic trends identified by cross tabulation; increase in utilization of evidence-based braided programs.

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

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 student school survey to examine links between drug use (previously surveyed), suicide risk, military family status, and Native American background. An indicator will also be added to the survey for sexual minority identification; utilize an existing advisory council (Executive Prevention Committee) to serve as the Advisory Council for the Suicide Prevention Grant (made application); develop 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 and other suicide related indicators added to the student school surveys; evaluation and dissemination of results of the survey items; documentation of serving as the Advisory Council for the Suicide Prevention Grant (made application) in minutes of the Executive Prevention Committee and development of 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 Executive Prevention Committee for documentation for evidence of serving as the Advisory Council for the Suicide Prevention Grant (made application); review documentation of process and support system established with MBCI and review process data documentation of 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. Goal 2 of the DMH Strategic Plan 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 2 also provides a foundation on which DMH will continue to build, with collaboration from stakeholders, a seamless community-based service delivery system.

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

Goal 1: To continue developing a program evaluation system which 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 abuse 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:
DMH data

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

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 their families 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.

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

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. Increased number of consumers and family members involved in decision-making activities, 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.

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

Goal 4: To maintain youth support and leadership teams in the current two project sites for the Mississippi Transitional Outreach Program (MTOPT)

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: Provision of Services for Individuals with Co-Occurring Mental and Substance Use Disorders

The Bureau of Alcohol and Drug Services and the Bureau of Community Services have an ongoing collaboration to continue to provide treatment services in both mental illness and substance use 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

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

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

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 15 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

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

Goal 3: To further develop the linkage between the Bureau of Alcohol and Drug Services and the Bureau of Community Services regarding COD's in individuals with SED, FASD, SMI and Substance Abuse

Strategy: Both Bureaus will collaborate in a state-wide conference planned for FY 2013 (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 (Combined-SMHA/SSA)

Most individuals seeking public health services 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 are 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.

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

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

Strategy: The Division of Children and Youth will provide training utilizing the Child Welfare Trauma Toolkit-Revised to agencies and community partners that are a part of the MS system of care.

Strategy: BADS will provide three trauma sessions at the MS School for Addiction Professionals in April, 2013. 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.

SUBSTANCE ABUSE SERVICES GOALS/STRATEGIES FY 2013-2014

SUBSTANCE ABUSE PREVENTION SERVICES

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

Goal: 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: Bureau staff will continue to make revisions when necessary.

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

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

Strategy: The Bureau will host and facilitate biannual meetings to address the latest technology and national and state initiatives in the field of prevention.

Indicator: Program personnel will be given the opportunity to showcase activities or programs to their colleagues.

Description of Collecting and Measuring Changes in Indicator: Showcase, sign-in sheets and agendas

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

Strategy: Prevention personnel will conduct trainings on current topics related to substance abuse prevention at statewide or regional conferences such as the Mental Health/Intellectual and Developmental Disabilities Conference, the Annual Juvenile Justice Conference and other conferences. Prevention personnel will also host the Mississippi School for Addiction Professionals. Programs funded or certified by DMH will be encouraged to attend and/or present at conferences. A current listserv will be maintained by BADS to communicate technology from prevention professionals from around the country to our community-based providers in Mississippi.

Indicator: Summary of training provided by prevention personnel biannually.

Measuring Changes in Indicator: Evaluations from trainings and conferences

Goal: To maintain the current network of substance abuse 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 15 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 (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 with 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: Quarterly progress reports 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 biannual onsite visits.

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

Strategy: Prevention programs which submitted a Request for Proposal (RFP) and were funded were required to implement at least one effective evidence-based curriculum spending at least 20% of direct service hours dedicated to the implementation of an evidence-based curriculum. In 2013-2014, direct services hours increased to 30% for providers. The type of program (effective or model) is determined by the list developed by the National Registry of effective Programs (NREP). Information collected with DataGadget includes process data such as intervention, dosage and the number and demographic characteristics of persons served. Bureau of Alcohol and Drug Services staff will conduct site reviews annually which will ensure compliance with the Operational Standards for Mental Health/Intellectual/Developmental Disabilities and Substance Abuse Community Service Providers and programmatic visits to monitor program implementation. Programs will submit quarterly reports describing progress made toward achieving outcomes and objectives and documenting activities of evidence-based programs including any fidelity or adaptation issues encountered during implementation.

Indicator: 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: Documented increase in number of evidence-based curricula implemented.

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

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

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

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

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

Strategy: The prevention coordinators from each of the 15 regional community mental health centers and at least one staff member from the free-standing prevention programs will be required to complete this training. Two 40-hour training sessions will be available in separate geographical areas of the state allowing easier access for all programs. The bureau will provide financial support to assist in allowing as many staff to attend as possible.

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: 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: BADS 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.

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: Prevention program personnel from all programs within each of the 15 mental health regions will participate in required quarterly meetings to facilitate communication, coordination,

and collaboration among the providers in an effort to improve the efficiency and quality of all programs.

Strategy: The community mental health center prevention coordinator in each mental health region will coordinate these meetings on a rotating basis.

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.

Tobacco Use Prevention

Goal: 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 Indicator: Merchant education will be kept on file by prevention staff.

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

Strategy: The DMH staff will serve on the Mississippi's Comprehensive Tobacco Control and Treatment Strategic Planning Committee. This committee consists of best practices, guidelines and recommendations in having a comprehensive tobacco control program. Objectives and goals in the five-year plan surround the Center for Disease Control's four goal areas: eliminating exposure to environmental tobacco smoke, preventing the initiation of tobacco by youth, access to cessation resources for adults and youth and the development of an infrastructure for tobacco, prevention.

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

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

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

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

Indicator: Quarterly 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 biannual on-site visits.

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

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

Indicator: Development of the RFP to include requirements and the implementation of campaigns within communities 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 biannual on-site visits.

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

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

Indicator: Development of the RFP to include requirements and the implementation of the initiative 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 biannual on-site visits.

Goal: Create a Culturally Competent service delivery system.

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

Indicator: Submission RFP requirements include addressing cultural competence in annual 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.

Goal: To increase public awareness of Fetal Alcohol Spectrum Disorder (FASD) and risk of drinking during pregnancy.

Strategy: FASD trainings will be provided to the 15 community mental health centers, alcohol and drug free-standing programs and both public and private schools within the catchment areas.

Indicator: The number of trainings conducted by the Bureau of Alcohol and Drug Services staff and the Prevention Specialists.

Measuring Changes in Indicator: Documentation will be kept regarding trainings.

ALCOHOL AND DRUG REHABILITATION/TREATMENT SERVICES

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

Community-Based Primary Residential Services

Goal: 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 the fourteen (14) CMHCs. Six (6) free-standing programs are certified by the DMH, making available twenty-one (20) primary residential substance abuse treatment programs located throughout the 15 community mental health regions.

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

Measuring Changes in Indicator: MS Substance Abuse Management Information System

Goal: 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 fourteen (14) community-based primary residential treatment programs for adult females. Two of the fourteen (14) programs serve pregnant and parenting women. Six (6) free-standing programs are certified by the DMH, making available twenty (20) primary residential substance abuse treatment programs located throughout the 15 community mental health regions. Service contracts made with DMH funded substance abuse treatment programs include an assurance that states pregnant women will be given first priority for substance abuse treatment services and must be signed by the service provider. Also, DMH funded substance abuse treatment programs will submit data on a monthly basis indicating the number of pregnant women served by the program.

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

Measuring changes in Indicator: MS Substance Abuse Management Information System

Goal: 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, 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 abuse treatment, these specialized primary residential programs will provide the following services: 1) primary medical care; prenatal care and child care; 2) primary pediatric care for their children including immunizations; 3) gender specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, parenting, and child care, while the women are receiving these services; 4) therapeutic interventions for children in custody of women in treatment which may among other things address their developmental needs and their issues of sexual and physical abuse and neglect; 5) sufficient case management and transportation services to ensure that women and their children have access to the services provided by (1) through (4).

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

Measuring Changes in Indicator: MS Substance Abuse Management Information System

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

Strategy: Community-based primary residential treatment programs for adolescents with substance abuse problems will be provided through regional community mental health centers and free-standing programs. Adolescents who have co-occurring disorders (substance abuse/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: MS Substance Abuse Management Information System

Goal: To continue providing treatment for substance abuse to inmates at the MS Department of Corrections in Parchman.

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

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

Measuring Changes in Indicator: MS Substance Abuse Management Information System

Community- Based Transitional Residential Services

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

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 eleven (11) community-based transitional treatment programs for adult males in the CMHCs. The DMH also certifies six (6) free-standing transitional residential

programs. There is a total of 17 transitional residential programs offered to adult males. BADS will also continue to certify and provide funding to one (1) free-standing 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.

Measuring Changes in Indicator: MS Substance Abuse Management Information System

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

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

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

Measuring Changes in Indicator: Funding

Goal: 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 eleven (11) community-based transitional residential treatment programs for adult females. The DMH also certifies six (6) free-standing programs. There are 17 programs offered for adult females. Service contracts made with DMH funded substance abuse treatment programs include an assurance that the state's pregnant women population will be given first priority for substance abuse treatment services. Also, DMH funded substance abuse treatment programs will submit data on a monthly basis indicating the number of pregnant women served by the program.

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

Measuring Changes in Indicator: MS Substance Abuse Management Information System

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

Strategy: Services will be provided through a free-standing nonprofit organization. The DMH Bureau of Alcohol and Drug Services will continue to certify and make available funding to support a specialized transitional substance abuse treatment program for women transitioning from correctional facilities. This program also serves women and pregnant women as well from the community who 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: Funding

Goal: 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 BADS will add beds, specifically for pregnant women, to an existing transitional program. There will be a special emphasis placed on teaching parenting skills in this program. In addition to substance abuse treatment, these specialized transitional residential programs will provide the following services: 1) primary medical care; prenatal care and child care; 2) primary pediatric care for their children including immunizations; 3) gender specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships sexual and physical abuse and parenting, and child care while the women are receiving these services; 4) therapeutic interventions for children in custody of women in treatment which may among other things address their developmental needs and their issues of sexual and physical abuse and neglect; 5) sufficient case management and transportation services to ensure that women and their children have access to the services provided by (1) through (4).

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

Measuring Changes in Indicator: MS Substance Abuse Management Information System

Community-Based Outpatient Services

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

Strategy: Outpatient substance abuse 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 abuse 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 abuse services.

Measuring Changes in Indicator: Funding

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

Strategy: Intensive outpatient treatment programs will be provided by community mental health centers and free-standing programs. The DMH Bureau of Alcohol and Drug Services will continue to certify and provide funding for 12 IOPs in the 15 community mental health centers and certify fourteen (14) adult free-standing IOPs.

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

Measuring Changes in Indicator: MS Substance Abuse Management Information

Goal: To maintain specialized intensive outpatient services for adolescents.

Strategy: Intensive outpatient (IOP) treatment programs for adolescents will be provided by one (1) certified/funded free-standing program. One 10-15 week IOP treatment programs for adolescents will be maintained.

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

Measuring Changes in Indicator: Funding

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

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

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

Measuring Changes in Indicator: Funding

Hospital-Based Inpatient Chemical Dependency Services

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

Strategy: The Bureau of Alcohol and Drug Services will continue to provide funds to

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

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

Measuring Changes in Indicator: Funding

Alcohol and Drug Therapeutic Support Services

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

Community-Based Recovery Support Services

Goal: To maintain alcohol and drug recovery support services.

Strategy: Services will be provided through fourteen (14) community mental health centers and eleven (11) free-standing programs.

Indicator: Evidence, based on monitoring activities of the Bureau of Alcohol and Drug Services that recovery support services are provided in the 15 CMHC regions.

Measuring Changes in Indicator: Monitoring Visits

Goal: To continue providing recovery support services to older adults

Strategy: Services will be provided through 14 Community Mental Health Centers utilizing program flexibility with various treatment options.

Indicator: Evidence, based on BADS monitoring activities that these services are provided by 14 CMHCs.

Measuring Changes in Indicator: Monitoring Visits

Co-Occurring Services

Goal: To continue treatment services for individuals with co-occurring disorders (mental illness and substance abuse) in 15 community mental health regions.

Strategy: The Bureau of Alcohol and Drug Services will continue to allocate funds specifically earmarked for the provision of substance abuse treatment services for individuals

with co-occurring disorders (mental illness and substance abuse) as well as staff training regarding the provision of these services.

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

Measuring Changes in Indicator: MS Substance Abuse Management Information System; peer review and site visit results

DUI Diagnostic Assessment Services

Goal: To continue making available substance abuse DUI Diagnostic Assessment services to multi-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 multi-offender's need for substance abuse treatment. After the DUI assessment process is complete, if treatment is warranted, the individual will be referred to a certified substance abuse treatment program for services. DUI Diagnostic Assessment services will continue to be available in 14 community mental health centers and fourteen (14) free-standing programs.

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

Measuring Changes in Indicator: MS Substance Abuse Management Information System

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

Strategy: Bureau of Alcohol and Drug Services staff will review the number of second and subsequent adolescent DUI offenders whose "Certification of DUI In-Depth Diagnostic Assessment and Treatment Program Completion" forms are processed through the Bureau. This required form is used by programs that are certified by the DMH to conduct DUI assessments and provide substance abuse treatment for DUI offenders. Documentation of an individual's completion of this process provides the opportunity for license reinstatement through the Mississippi Department of Public Safety. The Bureau will also collect information regarding new programs which address the adolescent DUI first-offender population from the Mississippi Alcohol and Safety Education Program (MASEP), the organization responsible for the provision of statewide educational programs for court-ordered DUI first offenders. Additionally, the Bureau will obtain adolescent DUI arrest record information from the Department of Public Safety (DPS), Office of Highway Safety (OHS).

Indicator: Maintenance and review of copies of adolescent DUI offender "Certification of DUI In-Depth Diagnostic Assessment and Treatment Program Completion" forms that are processed

through the Bureau and records of related information obtained from the DPS/OHS and MASEP.

Measuring Changes in Indicator: BADS documentation and monitoring visits

Goal: To ensure that DMH telephone help-line numbers (toll-free and local) are made available to convicted multi-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 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: To continue to facilitate training in the BADS adopted uniform substance abuse diagnostic assessment instrument, a required component of the Comprehensive DUI Diagnostic Assessment process, to be utilized by DUI diagnostic assessment providers.

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

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

Measuring Changes in Indicator: Documentation through monitoring visits

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

Strategy: The BADS'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: BADS documentation

Vocational Rehabilitation Services

Goal: To continue the partnership with vocational services in integrating substance abuse 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 abuse 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 abuse services.

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

Measuring changes in Indicator: Funding and contracts

Tuberculosis and HIV/AIDS Assessment/Educational Services

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

Strategy: All individuals receiving any type of substance abuse treatment service at programs certified by the DMH will be assessed for the risk of tuberculosis and receive testing and additional needed services, if determined to be at high-risk. If 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 Visits

Goal: To provide HIV Early Intervention Services to each individual receiving treatment for substance abuse.

Strategy: All individuals receiving treatment for substance abuse 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 Visits

Referral Services

Goal: 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, BADS, will distribute the 2013-2015 Mississippi Alcohol and Drug Prevention and Treatment Resources Directory in January, 2013 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 and distribution of the resource directory.

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

Goal: To continue collaboration with the DMH, Office of Consumer Support to serve individuals seeking substance abuse 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 quarterly reports

Other Alcohol and Drug Prevention and Treatment Support Services

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

Collaboration with Other Service Systems

Goal: To continue participation in interagency committees, task forces and other groups related to the planning, provision and evaluation of substance abuse 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

Bureau of Alcohol and Drug Services Advisory Council

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

Strategy: The Advisory Council will continue to meet with the Bureau of Alcohol and Drug 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: Agendas, meetings and summary of activities

Alcohol and Drug Prevention and Treatment Quality Assurance Services

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

Certification and Monitoring

Goal: To implement the Department of Mental Health Operational Standards for Mental Health/Intellectual/Developmental Disabilities and Substance Abuse Community Service Providers which pertain to substance abuse prevention and treatment services.

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

Goal: 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, BADS. 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 and purchase of services.

Measuring Changes in Indicator: DMH audit of certified programs

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

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 Visits/Confidentiality Standards

Peer Review

Goal: To continue conducting peer reviews of A&D funded 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 and Findings

Consumer Grievances and Complaints Services

Goal: To collaborate with the DMH Office of Consumer Support (OCS) in investigating and resolving consumer complaints and grievances which are received regarding substance abuse 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: To comply with National Outcome Measures (NOMS) as mandated by the Center for Substance Abuse 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. BADS has initiated implementation of these measures as per federal guidelines.

Indicator: Implementation and reporting to CSAP/CSAT

Measuring Changes in Indicator: MSAMIS, SmartTrack and DataGadget

Mississippi Substance Abuse Management Information System (MSAMIS)

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

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

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 abuse data collection system utilized by the DMH.

Measuring Changes in Indicator: Updated data collection system

Goal: 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 BADS; 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 abuse programs must address and submit these forms to the BADS 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 abuse 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 BADS during monitoring visits.

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

Measuring Changes in Indicator: Monitoring Visits and DMH documentation

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

Strategy: If a facility is unable to admit a pregnant woman due to insufficient capacity, it will make an immediate attempt to place her in another program of the same type in another location or find alternative substance abuse treatment and prenatal care. If the program cannot accomplish this within 24 hours, it will notify the Bureau of Alcohol and Drug Services. The Bureau will assist in locating appropriate services. The entire process will be completed within 48 hours of a woman's request for treatment. The Bureau of Alcohol and Drug Services will continue to monitor this CSAT requirement through the utilization of two forms, Capacity Management and emergency Placement for pregnant Women. All substance abuse programs must address and submit the capacity management form when their capacity is at 90% and when it is not at 90%. This capacity management form must be completed and submitted to the

BADS within 7 days. The emergency placement form for pregnant women must be completed and submitted within 48 hours. The information received will provide immediate information to the BADS if services are not available for a pregnant woman and ensure that she receives services in another facility or that interim services are made available for the individual until proper services are available. This information will also provide the utilization rate as well as the need for additional or revisions to substance abuse treatment service provider programming and/or funding allocations.

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

Measuring Changes in Indicator: Monitoring Visits and DMH documentation

Employee Assistance Programs Services

To facilitate statewide development of Employee Assistance Programs (EAP)

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

Strategy: EAP Services contracted through The Counseling Center in Ridgeland, MS will continue to provide services to Department of Mental Health employees and their families. The EAP Coordinator will work closely with The Counseling Center 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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