

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

STATE PLAN

FOR

ALCOHOL AND DRUG ABUSE SERVICES

FY 2007

DRAFT

TABLE OF CONTENTS

| | Page |
|--|-------------|
| Purpose of the Plan | 1 |
| Philosophy of the Department of Mental Health (DMH) | 2 |
| Overview of the Service System | 3 |
| Organization of the DMH | 11 |
| Comprehensive Community Mental Health/Mental Retardation Centers | 12 |
| Alcohol and Drug Abuse Treatment Beds | 16 |
| Alcohol and Drug Abuse Prevention and Treatment Services | 19 |
| Service System | 19 |
| Resources | 22 |
| Expenditures | 24 |
| Population Served by the System | 25 |
| Ideal System Model | 30 |
| Components of the Alcohol/Drug Abuse Prevention and Treatment System | 32 |
| Prevention Services | 32 |
| Treatment Services | 33 |
| Therapeutic Support Services | 36 |
| Other Support Services | 38 |
| Quality Assurance | 40 |
| Employee Assistance Programs | 42 |
| Goals and Objectives | 43 |
| References | 71 |

Purpose of the Plan

The purpose of the State Plan for Alcohol and Drug Abuse Services is: 1) to describe the comprehensive, community-based service system envisioned for individuals with substance abuse problems upon which program planning and development are based; 2) to identify gaps in development of the service system; and, 3) to set forth long-term goals and annual objectives to address these needs. The document serves as a communication tool to assist the public in understanding efforts currently employed and planned by the Department of Mental Health to deal with problems associated with alcohol and drug abuse, including prevention, treatment and aftercare support programs. The Plan also provides a basis for the utilization of federal, state and other available resources for planning, development and implementation of these programs, thereby promoting maximization of resources and accountability. The time period for implementation of objectives in the Plan is October 1, 2006 through September 30, 2007. Since the State Plan is considered a working document, it is subject to continuous review and revision. The public is encouraged to review this Plan and submit comments by July 29, 2006 to:

MS Department of Mental Health
Division of Alcohol and Drug Abuse Services
Attn: Mr. Herbert L. Loving
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
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Comments regarding the FY 2007 State Plan submitted after July 29, 2006 will be considered in development of the FY 2008 State Plan.

Philosophy of the Department of Mental Health

The Department of Mental Health is committed to developing and maintaining a comprehensive, statewide system of prevention and service options for adults and children with mental illness or emotional disturbance, substance abuse problems, and/or mental retardation/developmental disabilities. This array of services includes prevention, treatment, support and training services offered in hospitals or institutional settings, as well as a system of community-based services and programs. The Department is also committed to developing and implementing state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia, specifically in the areas of day care programs and care-giver training.

The Department supports the philosophy of making available a comprehensive system of services so that individual consumers and their families have access to the most appropriate type and level of services that will meet their needs. The facilities operated by the Department of Mental Health, the 15 regional community mental health/mental retardation centers and other nonprofit agencies that receive funding through the Department form a statewide network of public services and support systems. Consistent with its philosophy, the Department strives to maintain formal standards and continually improve the availability, accessibility and quality of services provided through this public system.

A priority of the Department is to work with individual consumers and their families to develop the capacity of communities, so that needed services and supports can be offered locally. The Department has attempted to do this by developing an array of community-based programs that will provide services to individuals as close to their homes and communities as possible.

The Department also strives to prevent or reduce unnecessary use of hospital or institutional services when individual needs can be met in less intensive/restrictive levels of care. However, for individuals who need services of this nature and intensity, the Department provides accessible hospital and institutional services as part of the comprehensive statewide service network. Therefore, efforts to maintain and improve the quality of services at the facilities operated by the Department are ongoing.

Underlying these efforts in community, hospital and institutional services is the belief that all components of the system should be consumer-centered and build on individuals' and their families' strengths, while also meeting their needs for special services. Finally, the Department of Mental Health develops and implements an annual State Plan as a working document to: 1) assist the Department in remaining focused on its obligated goals and objectives pertaining to its commitment of efficiently administering its human and fiscal resources; 2) accomplish them in a logically sequential manner that will most effectively and efficiently bring its philosophy and mission to fruition; and, 3) maintain the awareness of existing needs and advocate for resources to meet these needs.

Overview of the Service System

Statutory Authority of the Department of Mental Health

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

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

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

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

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

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

Organization of the Department of Mental Health

The basic organizational structure of the Department of Mental Health is reflected in the chart on page 11. This structure reflects a decentralized management approach to facilitate more efficient use of resources, accountability in service delivery, and control of administrative costs in order to achieve its mission of providing easily accessible, affordable and appropriate services to individuals and their families in their local communities.

Two of the three primary components comprising the Department of Mental Health are the State Board of Mental Health and the State Central Office. Within the Central Office is housed the Executive Branch which includes the Executive Director, the Deputy Executive Director and the Legal Services Unit. Also in the organization design are three primary Bureaus and various Divisions which are all located in the State Central Office. Bureau Chiefs report directly to the Executive Director. The organization of service delivery and administration through these Bureaus and Divisions are described in the following sections. Finally, the third primary component is the State-Operated Facilities which are located throughout the state. All of the field programs are overseen by one of the three Central Office Bureaus.

State Board of Mental Health

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

State Central Office

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

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

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

The Division of Accounting is responsible for the accounting of funds provided to the Department of Mental Health including purchasing of goods, services, and equipment.

The Division of Auditing is responsible for auditing funds utilized by the Department of Mental Health contractors in order to assure compliance with contracts and for internal auditing of the facilities directly administered by the Department of Mental Health.

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

The Division of Planning and Public Information is responsible for coordinating the annual plans and reports for mental health, mental retardation, and/or alcohol/drug abuse services, and for providing data, presentations, and other public information requested by the public, including consumers or families, professionals, and elected officials. The Division also provides administrative or technical support to other Bureaus or Divisions on special projects, as assigned or requested.

The Division of Human Resources is responsible for monitoring the Department of Mental Health's compliance with State Personnel Board requirements and other governmental requirements concerning personnel management. The Division is also responsible for recruiting staff and evaluating the personnel requirements of programs directly administered by the Department of Mental Health. The Division serves as the primary liaison between the Department of Mental Health facilities and the State Personnel Board.

The Division of Professional Development is responsible for human resource development in the Department of Mental Health. The Division of Human Resources works to increase mental health training opportunities throughout the state and to coordinate special projects in manpower development and recruitment of staff.

The Division of Professional Licensure and Certification is responsible for developing and implementing licensure and certification programs for categories of professionals employed or funded by the Department of Mental Health not already professionally licensed, such as mental health therapists, mental retardation therapists, addiction counselors and administrators.

The Bureau of Mental Health has the primary responsibility for the development and implementation of services to meet the needs of persons with mental illness and substance abuse problems. This Bureau also has the responsibility of developing and implementing state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia. It also works in conjunction with the Bureau of Mental Retardation to coordinate the emergency/crisis response of the Department with the Mississippi Emergency Management Agency (MEMA). The Bureau of Mental Health provides a variety of community and hospital-based

services through its Divisions/Office, State Psychiatric Facilities, Specialized Treatment Facilities and Crisis Intervention Centers.

The Division of Alcohol and Drug Abuse Services is responsible for establishing, maintaining, monitoring and evaluating the statewide system of drug abuse services, including prevention, treatment and rehabilitation. In order to carry out its administrative duties, the Division believes it must adhere to a commitment to quality care, cost-effective services, and the health and welfare of individuals through the reduction of substance abuse. Reflecting its philosophy that substance abuse is a treatable and preventable illness, the Division's goal is to provide a comprehensive continuum of easily accessible and appropriate services. The services include assessment and referral, prevention, general outpatient, intensive outpatient, detoxification, chemical dependency, community-based primary and transitional residential treatment, outreach/aftercare and DUI diagnostic assessment for second and subsequent offenders. These services are delivered through grants/contracts with community-based programs and hospital-based facilities. In addition to these services, the Division of Alcohol and Drug Abuse also coordinates the Employee Assistance Program for the Department and provides technical assistance on development and implementation of EAP programs to other state agencies and interested organizations.

The Division of Community Services has the primary responsibility for the development and maintenance of community-based mental health services for adults. Community mental health services for adults are currently provided through the 15 Regional Community Mental Health Centers and the Community Service Divisions of the two larger State Psychiatric Hospitals. The priority population addressed by the Department's Division of Community Services is adults with serious mental illness. An array of treatment and support services is available through the public community mental health system. The major goal of the Division of Community Services in providing this network of community-based services for adults with serious mental illness is to make available the support needed by individuals with mental illness, which may vary across time.

The Division of Children and Youth Services is responsible for determining the mental health service needs for children and youth in Mississippi and for planning and developing programs to meet those identified needs. The staff of the Division of Children and Youth Services direct, supervise and coordinate the implementation of department-funded children and youth mental health programs which are operated by the 15 Regional Community Mental Health Centers and other nonprofit agencies/organizations funded through the Department of Mental Health. The Division develops and supervises evaluation procedures for these programs to ensure their quality and oversees the enforcement of federal, state, and local regulations, including Department of Mental Health guidelines and standards for services.

The Division of Accreditation and Licensure for Mental Health is responsible for the coordination and development of certification standards, certification site reviews and compliance requirements for community programs operated and/or funded through the Bureau of Mental Health. The Division works with other service divisions in the central

office to implement the ongoing program monitoring process. This division is also responsible for the coordination of peer review/quality assurance teams which may review community programs operated and/or funded through the Department. Peer review/quality assurance teams include consumers, family members, and other service providers.

The Office of Constituency Services documents, investigates and resolves complaints/grievances regarding programs and services operated and/or certified by the Department of Mental Health which are received from individuals receiving services, family members and the general public. This office operates a toll-free HELP line for reporting complaints/grievances 24 hours a day, seven days a week. The OCS utilizes a comprehensive computerized database, including information about all Department of Mental Health certified programs, listings of regional Medicaid offices, county Chancery Clerk offices, and local school district offices which can be readily accessed by staff in assisting callers who need information about services in their respective area.

The Division of Alzheimer's Disease and Other Dementia, located in the state central office in Jackson along with satellite offices in Long Beach at South Mississippi Regional Center and in Magee at Boswell Regional Center and in Cleveland, MS is responsible for developing and implementing state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia. The Division oversees the development of adult day programs for these individuals. The Division is also responsible for coordinating counseling, education and training for family members, care givers and service providers of individuals with Alzheimer's disease and other dementia.

Regional State Psychiatric Facilities

Public medically-based inpatient services for individuals with mental illness and/or substance abuse service needs are provided through two comprehensive regional psychiatric hospitals (Mississippi State Hospital in Whitfield and East Mississippi State Hospital in Meridian) and two acute regional psychiatric hospitals (North Mississippi State Hospital in Tupelo and South Mississippi State Hospital in Purvis). Central Mississippi Residential Center in Newton is serving adults with long-term, serious mental illness discharged/transferred from the state hospitals. The program focus is on psychosocial rehabilitation rather than acute care. CMRC also currently operates Footprints, an adult day program for persons with Alzheimer's disease and other dementia.

Both comprehensive psychiatric facilities provide a range of psychiatric and chemical dependency services for adults, including acute psychiatric services, intermediate psychiatric services, continued treatment and chemical dependency treatment. Public short-term inpatient psychiatric and chemical dependency services for adolescents in the state are provided at East Mississippi State Hospital, Bradley Sanders Complex and short-term inpatient psychiatric services for children and adolescents are provided at Mississippi State Hospital. Nursing facility services are located on the campuses of both of these hospitals. The comprehensive psychiatric facilities also operate some community-based mental health

services. These services include community-based housing options (such as group homes), case management, clubhouse rehabilitation programs and special programs for homeless individuals with mental illness. North Mississippi State Hospital and South Mississippi State Hospital provide acute psychiatric services to male and female adults in designated regions of the state. Individuals requiring substance abuse treatment services or longer-term treatment than that provided by these facilities may be referred to one of the comprehensive psychiatric facilities. There are also seven crisis intervention centers operated as satellites of existing facilities. These centers provide stabilization and treatment services to persons who are in psychiatric crisis who have been committed to a psychiatric hospital and for whom a bed is not available. There is also a specialized treatment facility for youth with emotional disturbances located in Gulfport, MS. It provides residential care and habilitation services for 48 adolescent Mississippians who have come before Youth Court and have been diagnosed with a mental disorder. Age of adolescents appropriate for admission is 13 years.

The **Bureau of Mental Retardation** has the primary responsibility for the development and implementation of services to meet the needs of individuals with developmental disabilities/mental retardation. The Bureau provides a variety of services through the following divisions, comprehensive regional centers and a juvenile rehabilitation center:

The Division of Community Mental Retardation Services is responsible for the development of community mental retardation programs established with state, Social Services Block Grant (SSBG) or Home and Community-Based Services-MR/DD Waiver funds; for working with the comprehensive regional centers (which include the community-based satellite programs operated by these centers in counties throughout the regions they serve), the community mental health and mental retardation centers (CMHCs), and other service providers in the development of community programs for persons with developmental disabilities/mental retardation; for developing the “State Plan for Related Services and Supports for Individuals with Developmental Disabilities/Mental Retardation” and for supporting the Bureau of Mental Retardation State Plan Advisory Council. The Division is also responsible for the development of Early Intervention Services for infants and toddlers with developmental disabilities or the potential for developmental delay. Each of the five comprehensive regional centers provide community early intervention services.

The Mississippi Developmental Disabilities Council is located in the Department of Mental Health, Bureau of Mental Retardation. DMH serves as the Designated State Agency (DSA) for the Mississippi Developmental Disabilities (DD) Council. The DD Council members and the DSA are appointed by the Governor. The priority for utilization of DD Council funds for all states, including Mississippi, is to promote systemic change which improves the quality of life for people with developmental disabilities and their families and the community at large. Improvement in quality of life is provided through initiatives which have potential for replication and continuation, thus creating systemic change. Initiatives (service grants) are awarded to programs through an annual Request for Proposals (RFP) process. All initiatives are selected by the DD Council. The Council also develops and

approves the annual Developmental Disabilities State Plan with support and input from the DSA.

The Division of Accreditation, Licensure and Quality Assurance for Mental Retardation is responsible for coordinating the development of licensure standards, certification site visits, and compliance requirements for community programs. The Division is also responsible for working with the five comprehensive regional centers for individuals with mental retardation which include the community-based satellite programs operated by the centers, the comprehensive mental health/mental retardation centers, the specialized juvenile rehabilitation facility and other providers. The Division ensures quality of care and compliance with licensure standards.

The Comprehensive Regional Mental Retardation Centers provide residential services through licensed intermediate care facilities for the mentally retarded (ICF/MR). These centers provide services in the following areas: psychology, social services, medical, nursing, recreation, special education, speech therapy, occupational therapy, physical therapy, audiology and vocational or work training. These programs are designed primarily for persons with severe to profound mental retardation and secondary medical or behavioral disorders.

The comprehensive regional mental retardation centers are also a primary vehicle for delivering community services to the various counties throughout Mississippi. The comprehensive regional mental retardation centers provide community-based living arrangements including group homes, supervised apartments, and supported living arrangements. The centers also provide services for older adults with developmental disabilities/mental retardation, diagnostic and evaluation services, employment services, early intervention services, work activity services, case management services, Home and Community-Based Services - MR/DD Waiver services, and transitional training services.

The Juvenile Rehabilitation Facility, a specialized residential facility, located in Brookhaven, is dedicated to providing adolescents with mental retardation an individualized array of rehabilitation service options. This 48-bed complex serves youth who meet commitment criteria for mental retardation and whose behavior makes it necessary for their treatment to be provided in a specialized treatment facility. Though most clients served are between the ages of 13 and 21, persons under age 13 may be considered for services on an individual basis as space is available.

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

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| <p>Region 1: Coahoma, Quitman, Tallahatchie, Tunica</p> | <p>Region One Mental Health Center Michele Carroll, Psych. D., Executive Director 1742 Cheryl Street P. O. Box 1046 Clarksdale, MS 38614 (662) 627-7267</p> |
| <p>Region 2: Calhoun, DeSoto, Lafayette, Marshall, Panola, Tate, Yalobusha</p> | <p>Communicare Michael D. Roberts, Ph.D., Executive Director 152 Highway 7 South Oxford, MS 38655 (662) 234-7521</p> |
| <p>Region 3: Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union</p> | <p>Region III Mental Health Center Robert J. Smith Executive Director 2434 South Eason Boulevard Tupelo, MS 38801 (662) 844-1717</p> |
| <p>Region 4: Alcorn, Prentiss, Tippah, Tishomingo</p> | <p>Timber Hills Mental Health Services Charlie D. Spearman, Sr., Executive Director 303 N. Madison Street P. O. Box 839 Corinth, MS 38835-0839 (662) 286-9883</p> |
| <p>Region 5: Bolivar, Issaquena, Sharkey, Washington</p> | <p>Delta Community Mental Health Services Gilbert S. Macvaugh, Jr., 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> |

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| <p>Region 7: Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston</p> | <p>Community Counseling Services Jackie Edwards, Executive Director 302 North Jackson Street P. O. Box 1188 Starkville, MS 39760-1188 (662) 323-9261</p> |
| <p>Region 8: Copiah, Madison, Rankin, Simpson</p> | <p>Region 8 Mental Health Services Dave Van, Executive Director 613 Marquette Road P. O. Box 88 Brandon, MS 39043 (601) 825-8800 (Service); (601) 824-0342 (Admin.)</p> |
| <p>Region 9: Hinds</p> | <p>Jackson Mental Health Center Margaret L. Harris, Director 969 Lakeland Drive St. Dominic Hospital Jackson, MS 39216 (601) 364-6103</p> |
| <p>Region 10: Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith</p> | <p>Weems Community Mental Health Center Maurice Kahlmus, Executive Director 1415 College Road P. O. Box 4378 Meridian, MS 39304 (601) 483-4821</p> |
| <p>Region 11: Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Lincoln, Pike, Walthall, Wilkinson</p> | <p>Southwest MS Mental Health Complex Steve Ellis, Ph.D., Executive Director 1701 White Street P. O. Box 768 McComb, MS 39649-0768 (601) 684-2173</p> |
| <p>Region 12: Covington, Forrest, Greene, Jeff Davis, Jones, Lamar, Marion, Perry, Wayne</p> | <p>Pine Belt Mental Healthcare Resources Jerry Mayo, Executive Director 103 South 19th Avenue P. O. Box 1030 Hattiesburg, MS 39403 (601) 544-4641</p> |

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

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

FY 2006 Community-Based Primary Residential Alcohol/Drug Treatment Programs

| Location | Program | Agency | Beds |
|-----------------|---|---|-------------|
| Clarksdale | Fairland Center | Region 1 Community Mental Health Center | 48 |
| Oxford | The Haven House | Communicare | 32 |
| Tupelo | Region III Chemical Dependency Program | Region III Mental Health Center | 26 |
| Corinth | Timber Hills Haven House | Timber Hills Mental Health Services | 24 |
| Greenville | Nunan Center | Delta Community Mental Health Services | 18 |
| Greenwood | Denton House | Life Help | 32 |
| Columbus | Cady Hill & The Pines | Community Counseling Services | 26 |
| Jackson | Harbor House | Harbor House, Inc. | 46 |
| Jackson | Born Free Residential Treatment Program | Catholic Charities | 18 |
| Mendenhall | New Roads | Human Services Center | 15 |
| Meridian | Weems Life Care | Weems Community Mental Health Center | 20 |
| Brookhaven | Newhaven Recovery Center | Southwest Mental Health Complex | 36 |
| Moselle | Clearview Recovery Center | Pine Belt Mental Healthcare Resources | 27 |
| Pascagoula | Stevens Center | Singing River Services | 20 |
| Gulfport | Live Oaks | Gulf Coast Mental Health Center | 18 |

| FY 2006 Community-Based Primary Residential Alcohol/Drug Treatment Programs | | | |
|--|------------------|-------------------------------------|-------------|
| Location | Program | Agency | Beds |
| Vicksburg | Warren-Yazoo CDC | Warren-Yazoo Mental Health Services | 21 |

| FY 2006 Community-Based Primary Residential Substance Abuse Programs for Adolescents | | |
|---|----------------------|-------------|
| Location | Program | Beds |
| Clarksdale | Sunflower Landing | 24 |
| Starkville | Cart House | 12 |
| Jackson | Cares Center/The ARK | 20 |

| FY 2006 Community-Based Transitional Residential Alcohol/Drug Treatment Programs | | | |
|---|--|---|-------------|
| Location | Program | Agency | Beds |
| Clarksdale | Fairland Center | Region I Community Mental Health Center | 5 |
| Oxford | The Haven House | Communicare | 16 |
| Tupelo | Region III Chemical Dependency Program | Region III Mental Health Center | 18 |
| Corinth | Timber Hills Haven House | Timber Hills Mental Health Services | 12 |
| Greenville | Nunan Center | Delta Community Mental Health Services | 12 |

| FY 2006 Community-Based Transitional Residential Alcohol/Drug Treatment Programs | | | |
|---|----------------------------------|---------------------------------------|-------------|
| Location | Program | Agency | Beds |
| Columbus | Cady Hill & The Pines | Community Counseling Services | 14 |
| Columbus | Recovery House | Recovery House, Inc. | 13 |
| Jackson | Harbor House | Harbor House, Inc. | 31 |
| Jackson | New Beginnings Treatment Program | Catholic Charities | 10 |
| Jackson | New Life for Women | New Life for Women | 20 |
| Jackson | Center for Independent Learning | Center for Independent Learning | 30 |
| Jackson | Metro Counseling Center | Metro Counseling Center, Inc. | 16 |
| Meridian | Alexander House | Weems Community Mental Health Center | 17 |
| Moselle | Clearview Recovery Center | Pine Belt Mental Healthcare Resources | 27 |
| Pascagoula | Stevens Center | Singing River Services | 8 |
| Jackson | MICARE | Mississippi State Hospital | 12 |

| FY 2006 Hospital-Based Inpatient Chemical Dependency Alcohol/Drug Treatment Programs | | |
|---|---------------------------------|------------------|
| Location | Program | Beds |
| Meridian | East Mississippi State Hospital | 25 - Adults |
| Meridian | Bradley Sanders Complex | 10 - Adolescents |
| Whitfield | Mississippi State Hospital | 90 - Adults |

Alcohol And Drug Abuse Prevention And Treatment Services

Service System

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

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

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

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

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

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

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

Regional Community Mental Health/Mental Retardation Centers

The community mental health/mental retardation centers (CMHCs) with whom DMH contracts, are the foundation and primary service providers of the public substance abuse services delivery system.

Each CMHC serves a designated number of Mississippi counties. There are sixty-nine community-based “satellite centers” throughout the state which allow greater access to services by the area’s residents. The goal is for each Community Mental Health Center to have a full range of treatment options available for citizens in its region.

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

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

Process for Funding Community-Based Services

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

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

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

Sources of Funding

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

Federal Sources

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

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

Center for Substance Abuse Treatment

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

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

State Sources

Alcohol Tax

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

State General Funds

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

**PROJECTED EXPENDITURES FOR FY 2006 AND 2007
ACTUAL EXPENDITURES FOR FY 2005**

| FEDERAL | FUNDING SOURCE | Projected FY 2007 | Projected FY 2006 | Actual FY 2005 |
|----------------------|---|------------------------------|------------------------------|---------------------------|
| | Substance Abuse Block Grant | 14,215,234 | 14,215,234 | 14,352,357 |
| | Social Services Block Grant | 373,178 | 373,178 | 373,178 |
| | Vocational Rehabilitation | 529,154 | 529,154 | 529,154 |
| | State Incentive Grant | | 200,000 | 3,000,000 |
| | Data Infrastructure | | 156,000 | 150,000 |
| | Ecstasy & Other Club Drugs Prevention Services | 292,396 | 292,396 | |
| | State Epidemiological Outcomes Workgroup | 200,000 | 200,000 | |
| Total Federal | | 15,609,962 | 15,965,962 | 18,404,689 |
| | | | | |
| STATE | Three Percent Alcohol Tax | 4,524,368 | 4,524,368 | 4,524,368 |
| | State General Funds | 403,500 | 403,500 | 403,500 |
| Total State | | 4,927,868 | 4,927,868 | 4,927,868 |
| | | | | |
| GRAND TOTAL | | 20,537,830 | 20,893,830 | 23,332,557 |

Population Served By the System

State Population

The U.S. Census Bureau figures estimated Mississippi's 2005 population at 2,921,088. Mississippi has 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 61.3% Caucasian and 36.8% African American with approximately 3% other races. The percentage of population under the age of 5 is reported at 7.2% and the percentage of population under the age of 18 is 25.8%. The Division of Alcohol and Drug Abuse targets youth 18 and under by providing prevention and treatment programs due to the increase in alcohol and drug use.

The U.S. Census Bureau indicated that in 2003, 18.3% of Mississippi families lived below the poverty level and the capita income per person was \$15,853 and the median household income was estimated at \$32,397 compared to \$43,318 nationally. High school graduates account for 72.9% of the population in the state while 16.9% hold a bachelor's degree or higher. Mississippi is the 31st largest state in population. It is a slowly growing state, as measured by population, with a significantly growing rate of employment. Most jobs in Mississippi's rural areas are in sectors also common in urban areas: construction, transportation, manufacturing, business and trade and services and government. The three economic sectors which have the largest number of establishments in the state are retail trade, health care and construction. The areas of the state where its population is most concentrated are in the west central area of the state (the Jackson metropolitan area), the northeastern area of the state and the Gulf Coast. Mississippi has 82 counties and 295 municipalities.

Service Population

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

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

SmartTrack

SmartTrack is a web-based data collection tool developed by DREAM, Inc. which provides needs assessment data related to the Center for Substance Abuse Prevention core measures. It collects data on severity of substance abuse, risk and protective factors and identification of the most pressing prevention issues.

The data is collected from schools in communities throughout the state with the goal being to establish base-line data on prevalence and severity of substance abuse, as well as related behaviors and attitudes. A survey of 109,773 6th-11th grade public school students conducted during the 2004-05 school term reveals the following protective factors among MS youth. Approximately 59% of students indicated smoking marijuana regularly posed a great risk and 47% stated that consuming four to five alcoholic beverages per day was a great risk. Approximately 35% of surveyed students strongly felt that they belonged to their school compared to 8% that strongly disagreed. The survey found that 24% of students indicated that they almost always enjoyed being in school as compared to 10% that stated the opposite. Approximately 46% of students stated that they never have major fights or arguments with their parent/guardian(s), while 41% indicated that they could ask their parents for help in dealing with a personal problem. Finally, 60% of students indicated that their parents enforce rules at home.

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

According to statistics cited in SAMHSA’s 2003-04 *National Survey on Drug Use and Health* (NSDUH) state estimates, 6% of Mississippians 12 years or older were past month illicit drug users. By age group, 12-17 year old Mississippians represented 9% of past month illicit users; 18-25 year olds represented 13%; and persons 26 years or older represented 4%. Past month marijuana use among Mississippians 12 years and older was 4%. By age group, 12-17 year olds represented 6% of past month marijuana users; 18-25 year olds represented 11%; and persons 26 years or older represented 3%. Approximately 37% of Mississippians were past month alcohol users. By age group, 12-17 year olds represented 14% of past month alcohol users; 18-25 year olds represented 51%; and persons 26 years or older represented 37%. Past month binge alcohol use among Mississippians was 20%.

Kids Count

Economically, the lack of a viable non-agriculture-based economy has resulted in stagnant incomes and low-skilled jobs. Hence, approximately 20% of Mississippians live below the poverty line compared to just 12% of Americans nationally. According to The Annie E. Casey Foundation’s 2005 *KIDS COUNT Data Book* the following conditions exist for children in MS today.

| Table 1—Child Well-being Indicators | Ranking |
|--|------------------|
| Percent of children in poverty | 49 th |
| Teen birth rate (Births per 1,000 females ages 15-17) | 50 th |
| Infant mortality rate (Death per 1,000 live births) | 49 th |
| Percent of children in single-parent households | 50 th |
| Percent of teens not attending school and not working (Ages 16-19) | 46 th |
| Percent of teens who are high school dropouts (Ages 16-19) | 35 th |
| Child death rate (Deaths per 100,000 Children Ages 1-14) | 50 th |
| Teen death rate (Deaths per 100,000 teens ages 15-19) | 46 th |

| | |
|------------------------------------|------------------|
| Overall child well-being (2002-05) | 50 th |
|------------------------------------|------------------|

It is unimaginable to think that any discussion of the socioeconomic status of MS can occur without at least briefly mentioning the devastating impact of Hurricane Katrina. For example, MS’s January 2006 unemployment rate was 9% compared to 5% nationally, while unemployment rates along the MS Gulf Coast ranged from 14% to 19% six months after Katrina. Approximately 64,915 homes were destroyed along the MS Gulf Coast and south MS; moreover, a total of 497,793 insurance claims were filed representing \$6.8 billion in losses. As thousands of Coastal Mississippians continue the arduous task of rebuilding broken lives, homes, and communities, the threat of drugs, crime, and other risk factors pose an imminent threat to recovery efforts. According to the Harrison County Sheriff’s Department, “there has been an increase of up to 300% in alcohol- and drug-related crimes...” as people continue to move in and out of the hurricane-affected areas.

The Mississippi Department of Education reported 494,038 youth attended public schools, 2005-2006 and 39,084 youth attended private schools according to the Mississippi Private Schools Association. These numbers do not include youth who are home-schooled, in detention centers, treatment centers or hospitals. Many of these youth may be at risk for substance use/abuse and in need of treatment.

Mississippi’s 2003 Youth Risk Behavior Survey

The Mississippi YRBS measures the incidence and prevalence of behaviors that contribute to the leading causes of mortality and morbidity among youth. The YRBS is part of a larger effort to help communities promote the “resiliency” of young people by reducing high risk behaviors and increasing health behaviors. Centers for Disease Control and the staff of WESTAT developed the survey and analyzed the data collection. The Mississippi Department of Health conducted the survey and developed the report. The YRBS was completed by 1,488 students in 34 public high schools, grades 9-12 in Mississippi during the spring of 2003. The school response rate was 76%, the student response rate was 89% and the overall response rate was 34%. Students completed a voluntary, self administrated anonymous, 87-item questionnaire.

MS youth exhibit substance use rates and risk behaviors similar to national rates according to statistics published in the *2003 Youth Risk Behavior Survey (YRBS)*. Table 2 illustrates the YRBS trends for MS youth over a 10-year period. Statistics reveal that marijuana use among MS youth increased significantly from a low of 9% in 1993 to 21% in 2003.

| Table 2—MS Youth Risk Behavior Survey Trends 1993-2003 | | | | | | | |
|--|-----------|------|------|------|------|------|------|
| Substances & Risk Factors | U.S. 2003 | 2003 | 2001 | 1999 | 1997 | 1995 | 1993 |
| Alcohol use, past month | 45% | 42% | 42% | 43% | 46% | 49% | 47% |
| Episodic heavy drinking, past month | 28% | 25% | 22% | 25% | 24% | 30% | 27% |
| Marijuana use, past month | 22% | 21% | 17% | 19% | 21% | 16% | 9% |
| Ever used cocaine | 9% | 6% | 5% | 6% | 4% | 3% | 2% |
| Ever used inhalants | 12% | 11% | 10% | 13% | 17% | 18% | n/a |
| Alcohol use before age 13 | 28% | 32% | 32% | 34% | 36% | 31% | 34% |

Although past month alcohol use has declined over a ten-year period, the percentage of youth reporting 30-day alcohol use has remained constant since 2001. Binge drinking rates reflect that one in four MS youth (25%) report that they have consumed more than five alcoholic beverages in the past 30 days. Approximately one-third of MS youth have consumed alcohol before age 13. This statistic supports the fact that motor vehicle crashes are the leading causes of death among Mississippians 10 to 24 years old at 36% compared to a national rate of 32%. The prevalence of underage drinking is higher among males than females and is higher among white males than black and Hispanic males.

Tobacco Use

Measures of tobacco use among Mississippi students are compared to national numbers in 2003.

- 66% of Mississippi students have ever smoked cigarettes, compared to 58% nationally.
- 25% of Mississippi students have smoked cigarettes during the past month, compared to 22% nationally.
- 12% of Mississippi students have smoked cigarettes on 20 or more of the past 30 days, compared to 10% nationally.
- 18% of Mississippi students have smoked cigars during the past month, compared to 15% nationally.
- 8% of Mississippi students have used smokeless tobacco during the past month, compared to 7% nationally.

There has been significant improvement, an overall downward trend, in several measures of tobacco use among Mississippi students.

The percentage of students who have ever tried cigarette smoking has decreased from 76% in 1993 to 66% in 2003.

The percentage of students who have smoked cigarettes during the past 30 days has decreased from 28% in 1993 and 35% in 1995 to 25% in 2003.

The percentage of students who have smoked cigarettes on school property during the past 30 days has decreased from 9% in 1993 to 6% in 2003.

The percentage of students who have used chewing tobacco or snuff during the past 30 days was 10% in 1995 and 8% in 2003.

The percentage of students who have used any form of tobacco during the past 30 days has decreased from 39% in 1999 to 34% in 2003.

Mississippi HIV/AIDS Data

The MS Department of Health, Bureau of STD/HIV reported that in 2004 there were 607 diagnosed cases of HIV disease. Persons living with HIV/AIDS in Mississippi in 2004 totaled 3,357. African Americans constituted 78% of AIDS cases reported in 2004. This is particularly important to note since they represent only 36.8% of Mississippi's general population. There has been a 14% increase toward life expectancy with persons living with AIDS since 2002. This is attributed to the success of the Highly Active Anti-Retroviral Therapy (HAART). The challenge still remains to provide HAART access earlier to delay the development of AIDS – defining illnesses. Out of the nine Public Health Districts, the top counties in 2004 which had persons diagnosed with HIV disease were: Hinds, Harrison, Forrest, Lauderdale, DeSoto, Washington, Lee, Pike and Lowndes.

Treatment for Opiate Addiction

The Division of Alcohol and Drug Abuse in collaboration with the Center for Substance Abuse Treatment (CSAT) continues its relationship in addressing issues of treatment for individuals who are addicted to prescription pain medications and patients who are addicted to heroin and other opiates. The State Methadone Authority (SMA) works closely with the State's opiate replacement program in an attempt to correct the misconceptions about opiate replacement treatment and to promote the best possible outcome in eradicating the prejudice too often directed towards sufferers of this disease.

Victims impacted by Hurricane Katrina, this new and displaced population of opiate addicted patients, has caused an increase in services on our system for methadone treatment. The opiate replacement program located in Jackson has experienced a 25% increase in patient population. Gap Analysis (the difference between available treatment resources which are in place within the planning area and the demand based on treatment capacity) is becoming more fine-tuned with the use of treatment logs which capture the number of calls, referrals and walk-ins resulting in admissions for detoxification and outpatient opiate replacement services. It has also provided a more realistic look at the present condition relative to the under-reporting of clients who would be better served in opiate management facilities.

Our focus is a continuation of awareness, support and encouragement for sufferers of this chronic, neurobiological disease, with genetic, psychosocial and environmental factors. Our communities will see a decrease in “street pharmacy” which has the potential of harm to both the addict and others.

Ideal System Model

The development of an alcohol and drug abuse services system in Mississippi was established as a priority in 1974, with the inclusion of state alcohol and drug abuse programs in the new Department of Mental Health, which combined all state mental health, alcohol/drug abuse and mental retardation programs into one agency. Based on the Department of Mental Health's philosophy for all service areas, the system envisioned for substance abuse services depicts a comprehensive, statewide system of prevention, treatment and support services (see figure, p. 31). Long-term goals in the State Plan reflect the state's targets for developing service components envisioned in the model. Realistic annual objectives have been formulated to address gaps in the system, given available human and fiscal resources. For those components of the system available on a statewide basis, annual objectives generally address maintaining the availability of services or increasing the accessibility or quality of services. Efforts to maximize and increase human and fiscal resources necessary to sustain and build the system are ongoing. All goals and objectives represent ongoing efforts to advance development of a comprehensive statewide system of accessible, quality substance abuse services.

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

IDEAL SYSTEM MODEL
Mississippi Comprehensive Alcohol and Drug Abuse Services System

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

Substance Abuse Prevention Services

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

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

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

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

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

fund additional programs utilizing evidence-based programs and more than doubling the amount of individuals and families served.

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

Substance Abuse Treatment Services

Community-Based Primary Residential Services

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

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

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

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

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

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

Community-Based Transitional Residential Services

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

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

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

Specialized Transitional Residential Services for Female Ex-offenders: This program provides immediate support for women leaving primary substance abuse treatment programs in correctional facilities. Priority is given to pregnant women and

plans are currently underway for this program to include parenting women, where their children are housed with them.

Specialized Transitional Residential Services for Dually Diagnosed 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. The Division contracts with Mississippi State Hospital (MSH), Division of Community Services to provide this service.

Community-Based Outpatient Services

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

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

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

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

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

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

Hospital-Based Inpatient Chemical Dependency Unit Services

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

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

Substance Abuse Therapeutic Support Services

Community-Based Aftercare/Outreach Services

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

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

Services For Co-occurring Disorders

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

DUI Diagnostic Assessment Services

The DUI (Driving Under the Influence) Diagnostic Assessment Services are for individuals who have been convicted of two or more DUI violations which have resulted in the suspension of their driver's license. The diagnostic assessment process was 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.

To ensure that the process is complete, 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 22,511 DUI arrests in 2005. Out of the 931 MS traffic fatalities in 2005, 349 were alcohol related. The top five counties which had the highest number of alcohol related traffic fatalities in 2005 were Hinds, Harrison, Rankin, Forrest and Marshall.

Mississippi Drug Courts

There are fifteen drug courts now in operation in Mississippi and nine more are in the planning stages. 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.

Currently, the Division of Alcohol and Drug Abuse allocates funding support for a private, non-profit free standing community-based program, IQOL (Improving Quality of Life) to implement the ICMS's (Intensive Case Management Services) phase of the Drug Court Program. The case managers work closely with the court system to assist the client in meeting the judicial requirements administered by the court. The director of the Division of Alcohol and Drug Abuse serves on the State Drug Courts Advisory Committee which meets monthly.

Vocational Rehabilitation Services

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

Tuberculosis and HIV/AIDS Assessment/Educational Services

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

Referral Services

For many years the Division of Alcohol and Drug Abuse has published the Mississippi Alcohol and Drug Treatment and Prevention Resources Directory. The directory is comprised of all DMH certified substance abuse treatment and prevention programs as well as other recognized programs across the state of Mississippi. It is revised, updated and redistributed by the DMH every two years. It is distributed to treatment facilities, human services organizations, and a wide variety of other interested parties statewide. The manual is extensively used for a variety of referral purposes. In addition, individuals seeking referral information through the Department of Mental Health may do so by contacting a toll-free help line, operated by the DMH Office of Constituency Services. In 2005-2006, approximately 5,700 copies have been distributed throughout the U.S.A.

Other Substance Abuse Prevention and Treatment Support Services

Collaboration with Other Service Systems

Staff from the Division of Alcohol and Drug Abuse actively participate in and/or serve on numerous interagency committees, task forces, and other entities dedicated to the continuous development and maintenance of appropriate, accessible substance abuse prevention and treatment services. The Division's Prevention Director and Coordinator continue to be a member of the Mississippi Executive Prevention Council (MEPC). The MEPC, coordinated by DREAM, is an interagency committee that facilitates communication among local and

state agencies/entities involved in substance abuse prevention services and support. The Division continues to work in collaboration with the Attorney General's Office in enforcement of the state statute prohibiting the sale of tobacco products to minors and to ensure that the state compliance check survey is completed in a scientifically sound manner. Representatives from the Department of Mental Health participate on The State Tobacco Control Advisory Council. This Council is comprised of a variety of state and private agencies whose mission is to achieve a comprehensive approach to tobacco control involving prevention and cessation services. The DMH Division of Alcohol and Drug Abuse continues its contract with the Department of Rehabilitation Services (Office of Vocational Rehabilitation) to fund substance abuse treatment services to individuals in transitional residential programs. The Division continues to contract with Mississippi State Hospital (MSH), Division 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 Division actively participate on the Dual Diagnosis Task Force. 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 Division 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. Division staff also serve on the Mississippi Association of Highway Safety Leaders, a group whose overall mission is to reduce deaths and serious injuries on Mississippi roadways through public education; increase enforcement of highway safety laws; progressive legislation and support of national and state transportation policies and programs. The DMH, Divisions of Alcohol and Drug Abuse and Community Services, the Department of Human Services (DHS), and several regional community mental health centers began a collaborative effort to determine the need for and access to substance abuse services for individuals who receive services through the DHS's Mississippi Recipients of Temporary Assistance for Needy Families (TANF) program. A second objective is to determine a possible correlation between substance abuse and domestic violence. Several of the DMH staff are members of the Mississippi Chapter of the National Coalition Building Institute (NCBI), a non-profit organization founded in 1984 in an effort to eliminate prejudice and reduce intergroup polarization. The establishment of a Minority Issues Task Force was one objective of the Department of Mental Health State Plan. 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 Division 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. A Division staff member serves as President of the Mississippi Association of Addiction Professionals (MAAP) which is the certifying body for alcohol and drug counselors. Additionally, a Division 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 Division's Prevention Director serves on the Advisory Council for the Mississippi Council on Problem and Compulsive Gambling. The Director of the Division of Alcohol and Drug Abuse and two of his staff serve on the State Drug Courts Advisory Committee which meets monthly.

Human Resources Development

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

Division of Alcohol and Drug Abuse Advisory Council

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

Substance Abuse Prevention and Treatment Quality Assurance Services

Certification and Monitoring

The Division of Accreditation and Licensure within the Bureau of Mental Health, is responsible for the coordination and development of the Minimum Standards for Community Mental Health/Mental Retardation Services for community programs that receive funds through the authority of the Department of Mental Health. Representatives from all human services divisions, including the Division of Alcohol and Drug Abuse participate in this ongoing process of review, monitoring and certification during on-site visits to determine continued compliance with the service delivery or client-related requirements in the Minimum Standards. Monitoring includes the review and evaluation of each specific service

area as well as case record management and client records, environmental and safety requirements, clients' rights, and confidentiality policies and procedures.

Peer Review

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

Consumer Grievances and Complaints

The Office of Constituency Services receives, investigates, and resolves consumer complaints and reports of serious incidents in all programs and services operated and/or certified by the Department of Mental Health. Consumer complaints and serious incident reports are logged into a computer system for reporting purposes but are followed through on paper to protect the confidentiality of the consumer. During FY 2006, OCS received approximately 1,741 calls associated with alcohol and drug abuse.

Performance/Outcome Measures

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

Mississippi Substance Abuse Management Information System (MSAMIS)

This system was developed to provide current information on consumers and the treatment provided to them in order to aid in the planning, management and evaluation of substance abuse treatment programs. The Division of Alcohol and Drug Abuse provides an instruction manual for utilization of the MSAMIS to the service providers. The manual includes data definitions and requirements for the collection and transmission of all data items pertaining to

clients. The Department of Mental Health, Division of Information Systems works closely with DADA collecting data regarding services from the alcohol and drug abuse free-standing, nonprofit providers.

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

Employee Assistance Programs Services

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

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

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

An Employee Assistance Program Instructional Manual was developed and distributed to organizations and agencies statewide. The Department of Mental Health has a contract with St. Dominic Behavioral Health Services, EAP Counseling Center, which provides EAP services for mental health employees and their families. The Mental Health EAP Coordinator works closely with the counseling staff to insure the needs of the Department's employees and their families are being met.

**ALCOHOL AND DRUG ABUSE SERVICES
GOALS AND OBJECTIVES
FY 2007**

Substance Abuse Prevention Services

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

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

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

**Strategy/
Indicator:** The Division of Alcohol/Drug Abuse staff will implement a new State Strategic Prevention Framework Plan that is being developed with input from DMH Prevention Services staff; alcohol, tobacco and drug (ATOD) abuse Prevention Coordinators, the Executive Prevention Council (MEPC) and technical assistance and feedback provided by Center for Substance Abuse Prevention (CSAP). This plan will be effective October 1, 2005. Division staff will continue to review the plan and make revisions based on progress achieved during the plan's implementation period, continued service provider input and continued technical assistance and feedback received from the Center for Substance Abuse Prevention.

Funding: Federal, State, and/or Local

Objective: To initiate revision of a Specific Strategic Prevention Framework Plan for prevention services to include objectives for workforce development, implementation of science-based prevention, and evaluation.

**Strategy/
Indicator:** The New State Strategic Prevention Framework Plan will be revised with input from alcohol, tobacco and drug (ATOD) abuse Prevention Coordinators, the Mississippi Alcohol and Drug Abuse Advisory Council and the Mississippi

Executive Prevention Council (MEPC), and technical assistance and feedback provided by the Center for Substance Abuse Prevention.

Funding: SAPT Block Grant and State

Objective: To administer the Mississippi Alliance for Prevention (MAP), the State Incentive Cooperative Agreement awarded in October 2002, in order to build our capacity to develop and implement a comprehensive substance abuse prevention system in Mississippi.

Strategy: The Division plans to coordinate funding streams, develop a more comprehensive statewide prevention system with stronger emphasis on science-based programming, increase the focus on sustained ability, and measure the progress through a proactive commitment to evaluating prevention programs. MAP will also address the self-identified gaps in Mississippi's prevention infrastructure such as a lack of certification and up-to-date training, insufficient data collection and coordination of data among agencies, insufficient coordination of community and school-based prevention efforts, insufficient familiarity with and adoption of science-based prevention programs, and insufficient proactive involvement of youth in planning and implementing prevention efforts targeting youth.

Indicator: Progress reports submitted to CSAP.

Funding: State Incentive Cooperative Agreement and SAPT Block Grant

Objective: To increase communication and collaboration between the Division and Prevention Professionals from programs funded and/or certified by DMH.

Strategy: The Division will host and facilitate biannual meetings to address the latest technology and national and state initiatives in the field of prevention. Program personnel will be given the opportunity to showcase activities or programs to their colleagues.

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

Funding: SAPT Block Grant and State

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

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

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

Funding: SAPT Block Grant and State

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

Strategy: Prevention personnel will present on current topics related to substance abuse prevention at statewide or regional conferences such as the annual Mental Health/Mental Retardation Conference, and the Faith and Communities Together Conference. Prevention personnel will also host the Southeastern School of Alcohol and Drug Studies. Programs funded or certified by DMH will be encouraged to attend and/or present at conferences.

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

Funding: SAPT Block Grant and State

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

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

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

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

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

Funding: SAPT Block Grant and State Incentive Grant

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

Strategy: Prevention programs which submitted a Request for Proposal (RFP) and were funded were required to implement at least one effective evidence-based curriculum spending at least 20% of direct service hours dedicated to the implementation of an evidence-based curriculum. The type of program (effective or model) is determined by the list developed by the National Registry of Effective Programs (NREP). Subrecipients will be required to document daily activity on the SureTool which is an internet-based interface with database connectivity. Information collected with the SureTool includes process data such as intervention, dosage and the number and demographic characteristics of persons served. Division of Alcohol and Drug Abuse staff will conduct site reviews annually which will ensure compliance with the DMH’s Minimum Standards for Community Mental Health/Mental Retardation Services and programmatic visits to monitor program implementation. Programs will submit quarterly reports describing progress made toward achieving outcomes and objectives and documenting activities of evidence-based programs including any fidelity or adaptation issues encountered during implementation.

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

Funding: SAPT Block Grant, State Incentive Grant and Local

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

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

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

Funding: SAPT Block Grant

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

Strategy: Through contract, the Division will offer all courses required by the certifying body at no charge to participating personnel from programs funded or certified by DMH. The courses will each be offered twice on different dates in FY 2005 and the Division will track the number of personnel trained.

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

Funding: SAPT Block Grant

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

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

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

Funding: SAPT Block Grant

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

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

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

Funding: SAPT Block Grant and the Southeast CAPT

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

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

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

Funding: SAPT Block Grant

Tobacco Use Prevention

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

Strategy: The DMH, Division of Alcohol and Drug Abuse Request for Proposal (RFP) continues to require that all programs conduct 40 merchant education trainings

in their region. Regions that contain more than one funded program should divide the 40 programs to eliminate the possibility of duplication. Training on how to conduct merchant education will be provided by a DMH contractor.

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

Funding: SAPT Block Grant

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

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

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

Funding: SAPT Block Grant

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

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

Strategy: The Department of Mental Health, Division of Alcohol and Drug Abuse will require in FY 2006 Request for Proposal (RFP) that each subrecipient initiate a program targeting marijuana use by youth. The DMH will research and identify the best evidence-based marijuana use by youth program. This information will be available to subgrantees and DMH prevention services staff will assist them in selecting the most appropriate model for their community based on their community needs and resources. This process will be implemented by April 1, 2006.

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

Funding: SAPT Block Grant

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

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

Strategy: The RFP will require all subrecipients to implement an underage drinking campaign within their community. DMH Prevention staff will research and identify best evidence-based underage drinking campaigns. This information will be made available to the subrecipients and assist them in selecting the most appropriate model for their community based on their community needs and resources. This strategy will be aimed at changing attitudes as well as changing community ordinances, regulations, legislation and public policy to prevent the sale of alcohol beverages. This process will be implemented April 1, 2006.

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

Funding: SAPT Block Grant

Goal: To reduce/prevent/delay methamphetamine use through implementation of a Methamphetamine Initiative.

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

Strategy: The RFP will require all subrecipients to implement a program called the Mississippi Meth Watch Prevention Program. This environmental strategy involves utilization of a variety of people at the community and state level. Each of the community mental health center prevention programs will be given guidelines and technical assistance regarding the implementation of the program in their respective communities. The Department of Mental Health, Division of alcohol and Drug Abuse will designate a lead agency to provide leadership for the implementation of the Meth Watch program.

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

Funding: SAPT Block Grant

Goal: To collect, analyze and report substance use data for information sharing and guide decision makers in the use of prevention resources in their community.

Objective: To report and analyze substance use incidence, prevalence and related data.

Strategy: The State Epidemiological Outcomes Workgroup Project will acquire the services of an epidemiologist and workgroup members to assist with retrieving and analyzing archival and extent data, complying with National Outcome Measures and creating epidemiological profiles to be used for state and community level planning.

Indicator: Submission of statewide data, monthly reports and epidemiological profiles.

Funding: Federal

Substance Abuse Treatment Services

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

Community-Based Primary Residential Services

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

Strategy: Services will be provided through community mental health centers and/or other private/public nonprofit free-standing organizations. The DMH's Division of Alcohol and Drug Abuse will continue to certify and provide funding to support 15 community-based primary residential treatment programs for adult males. Five additional programs are certified by the DMH, but not funded, making available 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, Division of Alcohol and Drug Abuse.

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

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

Strategy: Services will be provided through community mental health centers and/or other private/public nonprofit free-standing organizations. The DMH's Division of Alcohol and Drug Abuse will continue to certify and provide funding to support 15 community-based primary residential treatment programs for adult females. Two of the 15 programs serve pregnant and parenting women. Four additional programs are certified by the DMH, but not funded, making available 19 primary residential substance abuse treatment programs located throughout the 15 community mental health regions. Service contracts made with DMH funded substance abuse treatment programs include an assurance that states pregnant women will be given first priority for substance abuse treatment services and must be signed by the service provider. Also, DMH funded substance abuse treatment programs will submit a written report to the DADA 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 Division of Alcohol and Drug Abuse.

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

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

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

5) sufficient case management and transportation services to ensure that women and their children have access to the services provided by (1) through (4).

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

Funding: SAPT Block Grant

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

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

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

Funding: SAPT Block Grant and SSBG

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

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

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

Funding: State Three Percent Alcohol Tax

Community- Based Transitional Residential Services

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

Strategy: Services will be provided through community mental health centers and/or other private/public nonprofit free-standing organizations. DMH Division of Alcohol/Drug Abuse will continue to certify and provide funding to support 11 community-based transitional residential treatment programs for adult males. The DMH also certifies but does not fund, seven additional transitional residential programs. An additional DMH funded regional community mental health center is in the planning stage for adding transitional services for adult males. Presently transitional residential services for adult males are offered in 111 of the 15 community mental health regions.

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

Funding: SSBG, Three Percent Alcohol Tax and State

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

Strategy: The DMH has awarded funding to a community-based transitional residential treatment facility for adult males with dual disorders. 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 Division of Alcohol and Drug Abuse to maintain one transitional residential treatment program for dually diagnosed adult males.

Funding; SAPT Block Grant

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

Strategy: The DMH Division of Alcohol and Drug Abuse has set funding of this objective as a priority. Services will be provided through regional community mental health centers and/or other private/public nonprofit free-standing organizations. The DMH's Division of Alcohol and Drug Abuse will continue to certify and provide funding to support 11 community-based transitional residential treatment programs for adult females. The DMH certifies, but does not fund, 2 additional programs. Presently, transitional residential services for adult females are offered in 11 of the 15 community mental health regions. An additional DMH funded regional community mental health center is in the planning stage for adding transitional residential services for adult females. Service contracts made with DMH funded substance abuse treatment programs include an assurance that the state's pregnant women population will be given first priority for substance abuse treatment services. Also, DMH funded substance abuse treatment programs will submit a written report to the DADA 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's Division of Alcohol and Drug Abuse, and efforts to expand these services to other areas of the state.

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

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

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

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

Funding: SAPT Block Grant

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

Strategy: Services will be provided through community mental health centers and/or other private/public nonprofit free-standing organizations. The DMH, Division of Alcohol and Drug Abuse will continue to certify and provide funding to support two existing transitional residential treatment programs specifically designed for pregnant women and women with dependent children. Additionally, the DADA 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 Division of Alcohol and Drug Abuse, and efforts to expand and improve these services.

Funding: SAPT Block Grant

Community-Based Outpatient Services

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

Strategy: Outpatient substance abuse treatment services will be provided by community mental health centers and/or other private/public nonprofit free standing organizations. DMH Division of Alcohol and Drug Abuse will continue to certify and fund general outpatient substance abuse treatment services in all 15 community mental health center regions.

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

Funding: SAPT Block Grant

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

Strategy: Intensive outpatient treatment programs will be provided by community mental health centers and/or other nonprofit free standing organizations. The DMH Division of Alcohol and Drug Abuse will continue to certify and provide funding for 13 IOPs and certify 1 IOP. Presently, there are 14 adult IOP programs located within 11 of 15 community mental health regions.

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

Funding: SAPT Block Grant

Objective: To maintain specialized intensive outpatient services for adolescents.

Strategy: Intensive outpatient (IOP) treatment programs for adolescents will be provided by a community mental health center. One 10-15 week IOP treatment programs for adolescents will be maintained.

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

Funding: SAPT Block Grant

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

Strategy: Services will continue to be provided through a private nonprofit 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's Division of Alcohol and Drug Abuse for a specialized day treatment program for female inmates.

Funding: SAPT Block Grant

Hospital-Based Inpatient Chemical Dependency Services

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

Strategy: The Division of Alcohol and Drug Abuse will continue to provide funds to the adult male and female chemical dependency units at Mississippi State Hospital. The Division 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 dually diagnosed individuals) located at the Bradley A. Sanders Adolescent Complex.

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

Funding: State and Three Percent Alcohol Tax

Substance Abuse Therapeutic Support Services

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

Community-Based Outreach/Aftercare Services

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

Strategy: Services will be provided through community mental health centers and/or other private/public nonprofit free-standing organizations.

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

Funding: SAPT block Grant and/or State Three Percent Alcohol Tax
Dual Diagnosis Services (Co-occurring Disorders)

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

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

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

Funding: SAPT Block Grant and State

DUI Diagnostic Assessment Services

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

Strategy: The DMH will continue to apply established minimum standards to certify interested agencies in providing DUI Diagnostic Assessment services for individuals convicted of second and subsequent DUI offenses. The purpose of this service is to maintain compliance with Mississippi's Implied Consent Law and to evaluate the multi-offender's need for substance abuse treatment. After the DUI assessment process is complete, if treatment is warranted, the individual will be referred to a certified substance abuse treatment program for services. DUI Diagnostic Assessment services will continue to be available in the 15 community mental health regions through the community mental health centers and/or public/private non-profit free standing substance abuse treatment programs.

Indicator: The number of CMHCs and public/private non-profit free standing programs that provide DUI Diagnostic Assessment services.

Funding: State and/or Federal

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

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

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

Funding: State and/or Federal

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

Strategy: Division of Alcohol and Drug Abuse staff will review the number of second and subsequent adolescent DUI offenders whose “Certification of DUI In-Depth Diagnostic Assessment and Treatment Program Completion” forms are processed through the Division. 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 Division 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 Division 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 Division and records of related information obtained from the DPS/OHS and MASEP.

Funding: State and/or Federal

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

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

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

Funding: State

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

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

Funding: State

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

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

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

Funding: State

Vocational Rehabilitation Services

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

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

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

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

Tuberculosis and HIV/AIDS Assessment/Educational Services

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

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

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

Funding: State and/or Federal

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

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

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

Funding: State and/or Federal

Referral Services

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

Strategy: The DMH, DADA, will distribute the 2005 - 2006 edition of the MS Alcohol and Drug Treatment and Prevention Resources directory, which includes, but is not limited to, all substance abuse programs certified by the DMH. The directory is used for reference and to make referrals to substance abuse prevention and treatment services across the state.

Indicator: Updating and distribution of the resource directory.

Funding: Three Percent Alcohol Tax

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

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

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

Funding: State

Other Substance Abuse Prevention and Treatment Support Services

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

Collaboration with Other Service Systems

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

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

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

Funding: Federal and/or State

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

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

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

Funding: SAPT Block Grant and State
Division of Alcohol and Drug Abuse Advisory Council

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

Strategy: The Advisory Council will continue to meet with the Division of Alcohol and Drug Abuse staff on a quarterly basis. They will continue to serve on various

committees, assist in developing the State Plan for Alcohol and Drug Abuse Services, and participate in the Peer Review process.

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

Funding: State

Substance Abuse Prevention and Treatment Quality Assurance Services

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

Certification and Monitoring

Objective: To continue to implement the Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Services which pertain to substance abuse prevention and treatment services.

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

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

Funding: SAPT Block Grant

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

Strategy: Each service provider submits a detailed budget in their annual grant application to the DMH, DADA. No grants will be awarded to a service provider that designates funds to be utilized for the purchase of hypodermic needles or syringes. Additionally, all awarded funds are distributed to service

providers through a cash reimbursement process. All cash requests are screened as they are received by the DMH for budgetary compliance. No service provider will be reimbursed for reported expenditures of hypodermic needles or syringes. Finally, all programs are fiscally and programmatically monitored by the DMH at least annually to determine compliance with grant and purchase of service agreements.

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

Funding: SAPT Block Grant

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

Strategy: The Minimum Standards for Community Mental Health/Mental Retardation Services provide extensive guidelines and regulations governing the compilation, storage and disclosure of client records that ensure clients' rights to privacy and confidentiality. This process is reviewed for compliance during regularly scheduled on-site monitoring visits by DMH staff. All DMH-certified programs are also required to provide annual training on confidentiality of client information and records. Documentation of this training is reviewed in personnel files during site/certification visits.

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

Funding: SAPT Block Grant

Peer Review

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

Strategy: Selected peer reviewers will oversee the review process during visits, with support being provided by DMH staff. The pool of reviewers is selected from the 15 community mental health centers, public/private non-profit free standing programs and the Division of Alcohol and Drug Abuse Advisory Council. DMH staff will continue to provide orientation regarding the peer review process to new peer reviewers. An orientation manual of the peer review process has been developed and will continue to be revised, as necessary. The DMH Division of Alcohol and Drug Abuse will continue to participate on the DMH Peer Review Advisory Group. Peer reviews for alcohol and drug

abuse prevention and treatment programs will be conducted in conjunction with selected on-site monitoring visits.

Indicator: Peer review reports will be completed and a copy will be sent to programs in conjunction with the DMH monitoring visit report.

Funding: State

Consumer Grievances and Complaints Services

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

Strategy: The DMH Office of Constituency Services will continue to receive consumer grievances and complaints via the DMH toll-free Help-line. This Office will also process and attempt to resolve complaints through formal and informal procedures. The DMH, Division of Alcohol and Drug Abuse will receive reports and assist in resolving problems, as needed.

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

Funding: State

Performance Outcome Measures

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

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

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

Funding: SAPT Block Grant

Mississippi Substance Abuse Management Information System (MSAMIS)

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

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

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

Funding: SAPT Block Grant and State

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

Strategy: The Division of Alcohol and Drug Abuse will continue to monitor the following CSAT requirements: 1) that programs, upon reaching 90% capacity, notify the DADA; 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 Division will monitor these requirements through the utilization of the Bureau of Mental Health Capacity Management and Waiting List Form developed and implemented during FY 2001 in accordance with the CSAT requirement(s). All substance abuse programs must address and submit this form to the DADA in conjunction with their monthly cash reimbursement requests. The information received will identify utilization rate as well as the need for additional revisions of substance abuse treatment service provider programming and/or funding locations. Regarding outreach activities, the treatment programs are required to conduct and keep records of all outreach activities. These records are monitored by the DADA during on site visits.

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

Funding: SAPT Block Grant

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

Strategy: If a facility is unable to admit a pregnant woman due to insufficient capacity, it will make an immediate attempt to place her in another program of the same type in another location or find alternative substance abuse treatment and prenatal care. If the program cannot accomplish this within 24 hours, it will notify the Division of Alcohol and Drug Abuse. The Division will assist in locating appropriate services. The entire process will be completed within 48 hours of a woman's request for treatment. The Division of Alcohol and Drug Abuse will continue to monitor this CSAT requirement through the utilization of the Capacity Management and Waiting List Form developed and implemented during FY 2001 in accordance with the CSAT requirement. All substance abuse programs must address and submit this form to the DADA in conjunction with their monthly cash reimbursement requests. The information received will provide immediate information to the DADA if services are not available for a pregnant woman and ensure that she receives services in another facility or that interim services are made available for the client until proper services are available. This information will also provide the utilization rate as well as the need for additional or revisions to substance abuse treatment service provider programming and/or funding allocations.

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

Funding: SAPT Block Grant

Employee Assistance Programs Services

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

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

Strategy: EAP Services contracted through St. Dominic Behavioral Health Services Counseling Center, will continue to provide services to Department of Mental Health employees and their families. The EAP Coordinator will work closely with St. Dominic Behavioral Health Services in order to provide assistance where needed. The EAP Coordinator will also provide 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 (through technical assistance) of employee assistance programs.

Funding: Three Percent Alcohol Tax

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