

Section: Substance Abuse
Policy: Adult Alcohol and Drug Recovery Support Services
Policy No.: SA 01
Effective: 01/01/1998
Revised/Approved: 11/28/2018

POLICY: It is the policy of Community Counseling Services (CCS) to offer Recovery Support Services to people who are receiving substance use services and are working towards recovery from substance use disorders.

PURPOSE:

Community Outreach: To provide information about, encourage utilization of, and provide access to needed treatment or support services to assist persons with substance use disorders and/or their families.

Recovery Support: To facilitate the recovery process and to aid in the person's maintenance of sobriety and achieving positive vocational, family and personal adjustment; to offer the person structured support and assistance which may include securing additional needed services from CCS or other health/human service providers and to maintain contact and involvement with the person's family.

PROCEDURE: Recovery Support Services are non-clinical services that are offered before, during, and after any service that assists people and families working towards recovery from substance use disorders. They incorporate a full range of social, legal, and other resources that facilitate recovery and wellness to reduce or eliminate environmental or personal barriers to recovery. RSS include social supports, linkage to and coordination among allied service providers, and other resources to improve quality of life for people in and seeking recovery and their families. Recovery Support Services are provided to people residing within the catchment area regardless of where the Primary Treatment Services have been completed.

Recovery Support Services at PACH Recovery Center: The Recovery Support Specialist begins working with each person while enrolled in primary residential treatment. Recovery Support Specialists participate at least weekly in scheduled group counseling sessions, are members of the treatment team, and participate regularly in staffing. It is the responsibility of the Recovery Support Specialist to ensure the completion of Recovery Support Plan within thirty days of enrollment.

Community Resources: The Recovery Support Staff maintains on site a comprehensive file of existing community resources. Each listed resource must include:

- The name, location, telephone number, and hours of operation of the resource
- The types of services provided by the resource
- Eligibility requirements
- Contact person(s)

Annual Plan: The Recovery Support Staff develops an annual plan for conducting community outreach activities that include:

- Each county in the catchment area
- An emphasis on alcohol and other drug treatment and prevention services offered by Community Counseling Services
- A minimum of twelve (12) community activities per year, not limited to exhibits or booths at community events
- Identification of targeted community health providers, areas, or populations such as workplaces of young adults, physicians, drug courts, etc.

Community outreach activities shall be documented. A log of public information, education and other outreach activities is maintained by each Recovery Support Specialist, including but not limited to, the type of contact/activity, brief description of the audience receiving the outreach contact/activity, date of contact/service, and number of participants. For staff members who engage in community outreach, activities should be documented in accordance with procedures outlined in Policy CR 02: Consultation and Education so outreach activities/education can be tracked.

The program has established the following Substance Abuse Recovery Support Services:

- Structured and organized group meetings with Recovery Support Staff a minimum of one (1) hour per week on a consistent basis
- Individual sessions are available with Recovery Support Staff as needed
- Family sessions are available with Recovery Support Staff as needed
- Employer contacts are available as needed
- Referrals and linkage with additional needed services including medical, housing, legal, vocational, education and any other service or support that would work towards improving outcomes for the person

Twelve (12) month step down:

Months 1-3: The highest level of frequency of contacts will be during the first one to three (1 – 3) months following discharge. At a minimum, contacts/activities include a) weekly contacts for an hour which can include psychoeducation groups, individual support, or family support sessions, b) community involvement which can include 12 step meetings, faith based support groups, or other means of support as mutually agreed upon that supports recovery, c) random drug screens weekly, and d) weekly family contact. If the person/family refuses to participate, documentation must be maintained.

Months 3-6: The subsequent three (3) months include, at a minimum: a) bi-weekly contacts for an hour every other week which can include psychoeducation groups, individual support, or family support sessions, b) continued community involvement which can include 12 step meetings, faith based support groups, or other means of support as mutually agreed upon that supports recovery, c) random drug screens monthly, and d) family contact as needed. If the person/family refused to participate during the first 3 month phase, it must be readdressed and documentation maintained.

Months 6-12: The remaining six (6) months should be determined following the outcomes of the first six (6) months.

Contacts/Engagement: For the six (6) months immediately following completion of treatment, Recovery Support Staff make at least one (1) attempt to contact each member

per month. Group or individual sessions are acceptable as contacts. Recovery Support Staff shall attempt to contact people immediately, but no longer than forty-eight (48) business hours following a missed appointment. Following a missed appointment, Recovery Support Staff make at least three (3) separate attempts to contact each person on his/her caseload prior to discharging the person. A record of contacts/attempts shall be maintained in the person's record. Contacts should include the most appropriate means of engagement preferred by the person to encourage continued participation and can include telephone calls, face to face visits, letters, e-mails or other electronic technology as long as full confidentiality is maintained.

Assessment/Admission: Assessment of a person's appropriateness for and motivation to Recovery Support Services and the process for admission is determined as set forth in the policy and procedure for adult residential and intensive outpatient substance abuse services. The Recovery Support Specialist meets with the person receiving services during his/her primary treatment or upon completion of IOP services and develops a Recovery Support Plan. Because of the design of the Recovery Support Services, people can be admitted immediately, and no waiting list is necessary.

Admissions to recovery support services are also accepted for people who completed primary treatment at a non-CCS treatment program. In these situations, the same procedure will be followed for admissions outlined in this policy with the following modifications:

- Upon initial contact, the Recovery Support Specialist will assist the person in having an intake completed. With proper consents forms signed, requests for records from the prior treatment facility will be requested.
- The Risk Assessment Interview and Educational Activities for TB/HIV/STD will be completed and maintained in the case record of the person receiving services. The Risk Assessment Interview must be completed at the time of intake, while the Educational Activities must be completed within 30 days of admission. Educational Activities will include: a) HIV: Modes of transmission, universal precautions and other preventative measures against contracting/spreading the virus, current treatment resources and how to access them, b) TB (Tuberculosis): Modes of transmission, current treatment resources and how to access them, c) Sexually Transmitted Diseases (STDs): Modes of transmission, precautions to take against contracting these diseases, progression of diseases, current treatment resources and how to access them, and d) Hepatitis: Modes of transmission, precautions to take against contracting these diseases, current treatment resources and how to access them. If a person is determined by the Assessment to be at high risk for HIV, he/she must be informed of available HIV testing resources. If a person is determined by the Assessment to be at high risk for TB, an appropriate TB tests must be provided by the agency or by an appropriate health care agency. Any person determined to be at high risk cannot be admitted into a treatment program until testing confirms the person does not have TB. If documentation can be provided indicating the completion of the risk assessment and follow-up (as needed) during primary substance abuse treatment, testing does not have to be re-administered. In addition, if the provider is able to document that the HIV/TB/STD educational activities were completed prior to admission to recovery support services, the educational activities do not have to be provided.

- The Recovery Support Specialist must determine and document at intake if the person has been convicted of more than one DUI that has resulted in a suspended driver's license. If so, the Recovery Support Specialist must explain the DUI assessment and treatment process to the person and determine if he/she is interested in participating.

Other: The program must give priority to the acceptance and treatment of pregnant women. Acceptance into the program shall be completed within forty-eight (48) hours of the initial Intake/Assessment, documented by the Recovery Support Specialist and documentation submitted to the Department of Mental Health Division of Alcohol and Drug Abuse.

Service Plan: The Recovery Support Specialist meets with the person receiving services to develop the Recovery Support Plan. The plan is reviewed every ninety (90) days thereafter and is updated as needed.

Successful completion of treatment shall be based upon the following: a) weekly attendance at recovery support groups for a minimum of one year, preferably two, or a valid reason for absence, b) attendance at scheduled individual therapy session for a minimum of one year, preferably two, or a valid reason for absence, c) abstinence from all mood- or mind-altering substances (documented by random drug screens and individual report), d) documented attendance at seven (7) community involvement groups/activities per week for a minimum of one, preferably two years, and e) utilization of an AA/NA sponsor, and documented healthy contact with that sponsor.

Discharge prior to completion of treatment: When a person receiving services is leaving the catchment area, the Recovery Support Specialist calls the appropriate agency in the area to which the person is moving and makes an appointment for continued treatment providing appropriate consent forms have been signed. The person is also made aware of local resources in the area to which he/she is moving. When a person receiving services rejects recovery support services, the Recovery Support Specialist continues to follow up with the person to remind him/her of the availability services.

Section: Substance Abuse
Policy: Alcohol and Drug Abuse Prevention Services
Policy No.: SA 02
Effective: 04/29/1980
Revised/Approved: 6/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to conduct substance use disorder prevention services on a regular and systematic basis throughout the region.

PURPOSE: To facilitate the education of people in the catchment area to the negative effects of substance use in every area of life, to substantially prevent alcohol, tobacco, and other drug use, delaying its onset and/or reducing substance abuse-related behaviors.

PROCEDURE: Prevention services are designed to reduce the risk factors and increase the protective factors linked to substance use and related problem behaviors to provide immediate and long-term positive results. Prevention Services represent a process that involves interacting with people, communities, and systems to promote programs aimed at substantially preventing alcohol, tobacco, and other drug use, delaying its onset, and reducing substance abuse-related behaviors such as underage drinking, prescription drug misuse, and illicit drug use. No prevention services will be provided to persons who are actively engaged in any substance use and addictive disorders programs or detained in a facility for drug related offenses.

A staff member is designated to coordinate the prevention program and has a company owned working computer with Internet access for research and data submission. The Prevention Specialist, under the supervision of the Director of A&D Services, is responsible for the implementation and coordination of the prevention program. All prevention activities are documented on the designated Internet-based tool or other required tool by the tenth (10th) working day of the month following the reporting period. Evidence must exist of ongoing use of at least one (1) model, evidence-based, curriculum recommended by the Center for Substance Abuse Prevention (CSAP). The percentage of implementation to an evidence-based curriculum must adhere to BADS grant requirements.

Prevention Services in the catchment area of Community Counseling Services consist of a wide range of activities, all designed to prevent the occurrence of problems associated with substance use. All prevention programs within the catchment area implement at least three (3) of the following six (6) strategies, required by the Center for Substance Abuse Prevention (CSAP) in the delivery of Prevention Services:

- Information/dissemination
- Affective education programs
- Alternative programs
- Problem/Identification and referral
- Community-based process (Community Development)
- Environmental programs

In addition, prevention programs operated by CCS implement at least three (3) strategies required by the Center for Substance Abuse Prevention (CSAP). The block grant prevention program at CCS utilizes the following 3 strategies:

- Information/dissemination programs designed to provide accurate and current information about alcohol and drugs
- Affective education program designed to work with children/youth in an effort to reduce or delay drug/alcohol use
- Environmental programs/strategies designed to involve/educate community leaders of the negative effects of substance abuse on our communities

The Block Grant Prevention Program currently utilizes Lifeskills as its model, which is an evidenced-based curricula recommended by the Center for Substance Abuse Prevention (CASAP). Additional programs such as Project Alert, Positive Action, and Too Good for Drugs will be considered for future programming. Affective education programs are utilized in schools and records are maintained as identified below. Evaluation is based on feedback from the programs presented, as well as pre/posttests utilized with identified curricula.

Prevention program documentation: Program records are maintained by utilization of the designated internet-based data collection tool. These records are collected by the Prevention Specialist and require inputting data into the designated software program monthly. Information supplied will indicate the date a service was provided, the travel time involved, the preparation time expended plus the actual program time spent. Additionally, the type of program provided, the agency/group for which it was provided, the number of participants receiving the program, and the county in which it was provided is all listed. Demographic information regarding participants of each activity will also be maintained.

Employee Assistance Programs: CCS offers Employee Assistance Programs (EAP) to non-CCS employers, industries, non-profit groups, governmental units, and the like. One of the purposes of EAP programs is to provide education on the prevention of alcohol and/or drug use problems and utilizes an affective education program to change the conditions which reinforce substance abuse. EAP contracts are maintained in the county in which the employer is based. County Administrators are responsible for maintaining contracts in his/her county, as well as, initiating contacts with potential new EAP contracts.

DataGadget: Each full time Prevention Specialist will conduct a minimum of 25 merchant education activities. These activities must be documented as an environmental strategy in DataGadget. In addition, programs must adhere to all requirements regarding the collection and submission of NOM's.

Coalition Meetings: Currently, CCS only has one (1) Prevention Specialists within the region. As such, quarterly coalition meetings will not be held. In order to provide/obtain support, the CCS' Prevention Specialist will reach out when needed to other Prevention Specialists throughout the state. He/she will also participate in prevention trainings which will give an opportunity to network with other prevention specialist's state wide.

Training: Prevention Specialists must complete required training with specified timeframes. Specifically, all prevention specialist must complete:

- SAMHSA's Online Primary Prevention Course within 2 weeks of start date and annually thereafter.
- Attend the 8 hour Prevention 101 training within 3 months of hire.
- Within 6 months of hire, prevention specialists must attend the 40 hour prevention course designated by the Bureau of Alcohol and Drug Addiction Services.
- After having completed the 40 hour prevention training, an additional 15 hours is required each grant year.

Health Fairs: No more than 10% of grant funds may be used to fund Prevention Services at health fairs or similar information dissemination activities.

Section: Substance Abuse
Policy: Intensive Outpatient Services – Substance Use Disorders
Policy No: SA 03
Effective: 01/01/1998
Revised/Approved: 6/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to provide intensive outpatient substance use disorder treatment for adults over the age of 18.

PURPOSE: To make available an alternative to residential/inpatient substance use disorder treatment which allows people to continue to fulfill obligations to family, job, and community while obtaining intensive treatment.

PROCEDURE: The ten (10) week Intensive Outpatient Program for adults with a Substance Use Disorder (IOP-SUD) is a community-based outpatient program which provides an alternative to traditional Residential Treatment Services or hospital settings. This program is directed to adults who need services more intensive than traditional outpatient services, but who have less severe substance use disorders than those typically addressed in Residential Treatment Services. The IOP-SUD program allows people to continue to fulfill their obligations to family, job, school, and community while obtaining intensive treatment. IOP-SUD may be conducted during the day or at night in order to meet the needs of the individuals being served.

IOP-SUD Services

Group therapy: IOP-SUD services consists of 9 hours of group therapy/week, a minimum of three (3) days/nights per week for at least ten (10) weeks. Session times may vary, but cannot be less than 1 hour and cannot exceed 3 hours daily. Groups may include, but are not limited to, the following:

- Psychoeducational groups
- Skills-development groups
- Drug or alcohol refusal training
- Relapse prevention techniques
- Assertiveness training
- Stress management
- Support groups (e.g., process-oriented recovery groups)
- Single-interest groups (can include gender issues, sexual orientation, criminal offense and histories of physical and sexual abuse)
- Family or couples groups

Individual therapy: A minimum of one (1) counseling session for a minimum of one (1) hour per week.

Family Therapy: A minimum of two (2) family sessions during the ten (10) week period to meet the needs of the person (with appropriate consent forms signed). Documentation will be kept in the medical record of families that choose not to participate in family session offered.

General Guidelines:

The Director of A&D Services is responsible and accountable for the development, implementation and coordination of the Intensive Outpatient Program-SUD. Currently, CCS' IOP program is operated in Lowndes County. Each staff member assigned to the Intensive Outpatient Program must meet the staff qualifications as outlined in DMH's Operational Standards. It is also the responsibility of the A&D Director to ensure that adequate space is available for privacy of outpatient individual and group counseling sessions. This space must not be used or accessible by other services/staff during the hours of program operation.

Admission Criteria

People eligible for IOP services must be eighteen (18) years or older and have a substance use disorder diagnosis. At the time of admission, the person assessed does not require residential treatment or detoxification, but does require more intensive service than general outpatient. In addition, the person must have reliable transportation and possess a valid driver's license or have access to a reliable individual to transport him/her to program activities. Individuals determined not to be appropriate for IOP-SUD will be referred to appropriate alternative services.

Program Capacity

IOP programs must be limited to no more than twelve (12) people per session. If a program is operating at full capacity, people wishing to enter the program will be seen weekly for individual and/or group therapy until a slot is available in the IOP Program. Priority shall be given to the acceptance and treatment of pregnant women, with the intake process being completed within forty-eight (48) hours of the initial request for admission. If a program is unable to admit a pregnant woman due to being at capacity or any other appropriate reason, the program must assess, refer and assist the person with placement in another DMH certified program within forty-eight (48) hours of request for intake. Written documentation of placement or assessment and referral of pregnant women must be maintained onsite and reported to DMH.

Equal Access

People who are HIV-positive and/or have a disability, who are otherwise eligible, shall have equal access to treatment and services.

Assessment Process:

An assessment of the person's condition and treatment needs is made based on information gathered during the intake process:

- Initial Assessment
- Psychological/Social History interview
- Substance Use Disorder Specific Assessment
- Diagnostic Impression
- A Substance Use Disorder Functional Assessment approved by the DMH
 - Adults – DLA-20 A/D
- Additional assessments as deemed necessary by the clinician to complete a thorough assessment (i.e., SASSI)

If during the assessment process it is determined that the person has been convicted of more than one DUI that has resulted in a suspended driver's license, the clinician will

explain the DUI assessment and treatment process and determine if the person is interested in participating.

Intake/Admission Process

The person is given an orientation to the program, including an overview of the IOP-SUD program, the purpose of the program, and program rules/expectations. Emphasis is placed on recovery being individualized and a lifelong task. The Payment Agreement is completed at the time of intake. The person(s) accepting responsibility for payment of the program's fee sign(s) the form. A copy of the form is placed in the medical record. For non-Medicaid referrals, a sliding fee scale is available for the cost of the 10 week intensive outpatient program. The **all-inclusive** sliding fee scale ranges from \$1200.00 - \$3900.00 (includes intake, assessment, and program fees). Payment is expected at the time of admission. If the individual does not pay in full at the time of the intake, the intake, assessment, and program fees totaling 50% of the program cost must be submitted prior to starting group. A payment plan will be established for the remaining balance which must be received prior to the completion of the program. People with no 3rd party payer and whose income is 200% of the poverty or less are eligible for the IOP grant while funds remain.

The intake is completed by a Master's level clinician and in accordance with policy OFM 02: Admission and Readmission. In addition to the documentation completed for all MH/SUD records, the following additional documentation is completed:

- The Risk Assessment Interview and Educational Activities for TB/HIV/STD must be completed and maintained in the case record of the person. The Risk Assessment Interview must be completed at the time of intake, while the Educational Activities must be completed within 30 days of admission.
- Educational Activities will include:
 - HIV: Modes of transmission, universal precautions and other preventative measures against contracting/spreading the virus, current treatment resources and how to access them
 - TB (Tuberculosis): Modes of transmission, current treatment resources and how to access them
 - Sexually Transmitted Diseases (STDs): Modes of transmission, precautions to take against contracting these diseases, progression of diseases, current treatment resources and how to access them
 - Hepatitis: Modes of transmission, precautions to take against contracting these diseases, current treatment resources and how to access them
- If a person is determined by the assessment to be at high risk for HIV or TB, they must be informed of available testing resources for HIV and/or TB. Any individual determined to be at high risk cannot be admitted into a treatment program until testing confirms the individual does not have TB.

For people who are court ordered, release forms will be obtained during the intake process in order to communicate with the court system regarding treatment participation and progress. The IOP-SUD staff will send monthly or weekly reports (determined by the court) on the person's progress and attendance. When the person ceases to participate in the program, whether by completion, discharge for noncompliance, transfer to another program, or self-determined discharge, a Service

Termination/Change Summary will be sent to the court, as well as, a Provider Discharge Summary if the person is being discharged from all CCS services.

Program Completion/Termination

Criteria for successful completion of treatment include:

- Attendance at (or excused absence from) all sessions
- Successful completion of therapeutic assignments as designated by IOP staff
- Payment of all fees

Recovery Support Services are available for graduates of the IOP-SUD program. ~~and are provided by the IOP program staff.~~

Criteria for a person to be considered non-compliant with the program and will be discharged from the program include:

- Any unexcused absence
- Attending any aspect of the program under the influence of alcohol or drugs
- Repeated disruption of group counseling sessions that interfere with the treatment of other people

For people who leave the program before completion of treatment goals, program staff will contact the person encouraging them to return to the program. Documentation of attempts will be kept in the medical record. If there is no response from the person or the person refuses to return to program, the individual will be discharged. For people who move away from the region and desire continued treatment, program staff will facilitate the referral and the transfer to another facility/program (with appropriate consent forms obtained).

Section: Substance Abuse
Policy: Bureau of Alcohol and Drug Abuse Outpatient/Residential/
Intensive Outpatient Reporting
Policy No.: SA 04
Effective: 01/01/1998
Revised/Approved: 06/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to report each month to the Department of Mental Health, Bureau of Alcohol and Drug Abuse, a summary of all outpatient/residential/intensive outpatient substance abuse treatment information.

PURPOSE: To conform to all requirements of the Department of Mental Health

PROCEDURE: It is the responsibility of the Executive Director to assure that CCS, submits the Mississippi Substance Abuse Management Information System (MSMAMIS) report to the DMH Bureau of Alcohol and Drug Abuse by the tenth (10th) working day of the month following the reporting period.

CCS has written policies and procedures for the discharge of a person from a program including, but not limited to:

- Successful completion of treatment
- Transfer of an individual to another program
- Program re-entry after any disruption of services
- Individual initiated discharges without completion
- Staff initiated discharges without completion (as a last resort)
- Acceptance and accommodation of individuals entering treatment services utilizing medication assisted treatment
- Discharge from services after no therapeutic contact within the last one-hundred and eighty days (180)

In order to help DMH assist with placement of people in need of service, programs certified by DMH must notify the DMH Office of Consumer Support or the Bureau of Alcohol and Drug Service by email within 24 hours of each time the program reaches ninety percent (90%) of capacity and when they subsequently fall below ninety percent (90%) of capacity.

Data Submission: Individuals receiving services that are currently being treated for Alcohol/Drug disability categories 3, 5, 6 or 7 as identified on the client face sheet shall be identified and reported as per Department of Mental Health Operational Standards.

Documentation Requirements: Each individual receiving substance abuse services, who has a substance abuse diagnosis, or has an A&D disability category must contain a Substance Abuse Specific Intake Assessment. It shall be completed at the time of intake or at the time the Substance Abuse diagnosis is identified as per DMH Record Keeping Guide. Any person receiving services that is transferred or is discharged from a substance use program, must have a Substance Abuse Transfer/Discharge form completed as per instructions of the Department of Mental Health Division of Alcohol and Drug Abuse. (Located in the Mississippi DMH Bureau of Alcohol and Drug Abuse

Mississippi Substance Abuse Management Information System Provider Instruction Manual). Copies of the Substance Abuse Specific Intake and any Substance Abuse Discharge/Transfer forms should be sent to the individual designated by the Executive Director no later than the last working day of the month.

Section: Substance Abuse
Policy: Diagnostic Assessment of Second and Subsequent DUI Offenders/Structured Intervention
Policy No.: SA 05
Effective: 05/01/1992
Revised/Approved: 04/22/2014

POLICY: It is the policy of Community Counseling Services (CCS) to make available an assessment/educational opportunity for those convicted of multiple offenses of Driving Under the Influence.

PURPOSE: To reduce the incidence of repeated offenses of DUI in order to facilitate a decrease in the tax costs to the community and to decrease the human suffering resulting from accidents caused by intoxicated drivers and to facilitate the early return of driver's license to people receiving services

PROCEDURE: The DUI Diagnostic Assessment is a process by which a diagnostic assessment (such as Substance Abuse Subtle Screening Inventory [SASSI], DLA-20, or other DMH approved tool) is administered and the results are combined with other required information to determine the appropriate treatment environment for the offender. All DUI Diagnostic Assessment services at CCS are equipped to provide each person the type of substance abuse treatment indicated by the results and interpretation of the assessment. CCS is able to provide, at a minimum, outpatient and residential substance abuse treatment.

Written policies and procedures are present and adhered to which describe:

- The criteria by which the treatment environment is determined
- The criteria by which successful completion of treatment is determined for DUI offenders
- The process by which a person is admitted into a substance abuse treatment program following completion of the DUI Diagnostic Assessment

Diagnostic Assessment: The DUI Diagnostic Assessment consists of the following components and is documented in the person's case record:

- Motor Vehicle Report from an official governmental source such as the MS Department of Public Safety, or a comparable agency (or a copy of a dated written request to DPS) after appropriate release forms have been obtained
- Results and interpretation of the SASSI or other DMH Bureau of Alcohol and Drug Abuse approved tool (i.e., DLA-20 A/D). In order to administer the diagnostic tool, at least one (1) staff member must be certified.
- An Initial Assessment

The results of the assessment and pre-assessment screening are utilized to determine the bio-psycho-social condition/needs of the person desiring services. The length and severity of use and the degree to which the person's life is disrupted by the use of alcohol/drugs are considered in determining the treatment environment which will be recommended. A summary and recommendation of whether or not treatment is

indicated will be given to the person seeking services and/or the court system as applicable.

Access to SUD Services: As stated above, CCS is equipped to provide each person the type of substance abuse treatment indicated by the results and interpretation of the assessment (components listed above). Substance abuse treatment is offered through CCS, which is equipped to provide outpatient and residential substance abuse treatment. Inpatient chemical dependency substance abuse treatment and medical detox is provided through an affiliation agreement with Baptist Memorial Hospital Behavioral Health.

Program Coordination: The Intensive Outpatient Program staff primarily carries out the requirements of the Structured Intervention Program, including conducting assessments and individual/group therapy sessions. In the A&D Residential Program, residential staff carry out the requirements of the Structured Intervention Program. It is the responsibility of the Director of A&D Services, with assistance from the HR Department, to ensure that staff conducting the DUI Diagnostic Assessment are trained to administer and interpret necessary assessments and complete the program's procedures. Documentation will be maintained in the employees personnel file regarding applicable training.

Admission/Assessment: The person convicted of a DUI will be referred by the Court or by him/herself to the Structured Intervention program or to an Adult Outpatient Therapist in other counties in the Region. In situations where the person is referred to an Adult Outpatient Therapist, the therapist will refer the person to the Structured Intervention program as appropriate. Upon receipt of a court referral, the Structured Intervention Program will contact the person by phone or letter indicating the time and place for the Diagnostic Assessment to occur. If the referral is by the person him/herself, the appointment will be arranged at the person's initial contact. All aspects of the DUI Diagnostic Assessment must be documented in the person's case file. The DMH Initial Assessment form is completed, as well as, a substance abuse specific history which will include:

- Previous treatment for alcohol and/or drug abuse problems (where, when, type of treatment, outcome)
- Drinking history (age onset, frequency, type of alcohol, family)
- Support systems present (family, job)
- Attitude (willingness to change, cooperative)

In addition, a Risk Assessment Interview and Educational Activities for TB/HIV/STD must be completed. If a person is determined by the Assessment to be at high risk for HIV at the time of intake, he/she must be informed of available HIV testing resources. If he/she agrees to testing, the person must be offered immediate transportation to an appropriate health care facility. If a person is determined by the Assessment to be at high risk for TB, all appropriate TB tests must be provided by the agency or by an appropriate health care agency. Any person determined to be at high risk cannot be admitted into a treatment program until testing confirms the person does not have TB.

Program cost: The agency intake fee for all new service recipients is \$40, payable by the person at the time of intake. The cost of the diagnostic assessment is \$150. This must

be paid at the time of the assessment. The fee for the structured intervention program (non-residential) is \$270.00. All fees (\$460.00) must be paid in full at the time of intake. If a person is unable to pay the full fee at this time, the \$270.00 program balance must be paid within four (4) weeks of the time of intake. The person will not be able to begin the program until all fees are paid. No information regarding completion of the program will be disclosed until the fees are paid in full.

Services: Persons receiving DUI assessment/treatment services through a DUI Outpatient Program Track receive a minimum of twenty (20) hours of direct services (individual and/or group therapy) in no less than ten (10) separate therapeutic sessions or as otherwise specified by the DMH BADS, before receiving the DMH Certification of DUI In-Depth Diagnostic and Assessment and Treatment Form. Documentation of treatment is maintained in the person's record. Before completion of treatment, each person in the program must receive the educational information concerning HIV/AIDS, Sexually Transmitted Diseases, Tuberculosis, and the Mississippi Implied Consent Law in either an individual or group session. The DMH Certification of DUI In-Depth Diagnostic Assessment and Treatment Form and a release of information must be sent to the BADS within ten (10) working days of when an individual has successfully completed the Structured Intervention program.

Criteria for successful completion of the program: a) Attendance at twenty (20) hours of direct service (not under the influence of mind- or mood-altering drugs, documented by random drug screens) documented in the case record of the person receiving services, b) Actively participate in all group/individual sessions, c) Sign all Department of Mental Health forms required for completion of the program, and d) Payment in full of all required fees. Upon successful completion of the program, the person will receive the Department of Mental Health Certification of DUI In-Depth Diagnostic Assessment and Treatment Form.

A person receiving services will be considered to have not successfully completed the program if any of the following are present: a) Unexcused absence from more than three sessions, b) Attending any aspect of the program under the influence of alcohol or other drugs, or c) Repeated disruption of group counseling sessions which results in the person interfering with other group members being able to benefit/participate. A person who leaves the program before completion of treatment goals will be contacted encouraging him/her to return to the program. Documentation of attempts will be kept in the person's file. If there is no response from the person or he/she refuses to return to program, the person's case will be closed.

Referral: A person who moves away from the region and desires continued treatment will receive appropriate referrals to services in the area to which he/she is moving. Program personnel will facilitate the referral and the transfer of the person to another facility with appropriate consent forms obtained.

Reporting Procedures of the Program: As requested, written reports will be made to the sentencing court which will include the following information when appropriate release forms/court orders are present:

- Failure to keep appointments for treatment
- Premature termination of treatment for any reason

- Documentation showing successful completion of the Structured Intervention Program

Section: Substance Abuse
Policy: Substance Abuse Outpatient Services
Policy No: SA 06
Effective: 01/01/1997
Revised/Approved: 06/22/2021

POLICY: It is the policy of Community Counseling Services (CCS) to offer outpatient treatment to people with substance use disorders. Services for people with co-occurring issues are addressed in Policy AMH 04.

PURPOSE: To ensure people with substance use issues have access to services at all levels based on severity of his/her presenting issues and substance use history. To provide holistic treatment that assesses for both mental health substance use issues.

PROCEDURE: CCS believes in the underlying belief that substance use disorders are chronic, multifaceted, and a progressive illness, which left untreated, will inevitably lead to serious consequences including, but not limited to, disability or death. One of the most successful interventions in this disease process is a supportive, reality oriented, and comprehensive treatment program. It is our belief that staff members should develop a plan of care that will address the specific physical, emotional, spiritual and social issues of the individual receiving services.

Program goals and objectives: It is the goal of CCS to provide treatment modalities that are consistent with the needs of the person receiving services and to ensure that each person will have an Individualized Service Plan. The individualized plan of care is developed in collaboration with the person receiving services and with input from the treatment team. People will understand their responsibilities for successful completion of their recovery goals and be kept informed of their progress during treatment. When appropriate and agreed upon by the person receiving services, the family will be involved in the treatment process so a positive support system can be created, especially once treatment is completed. The treatment team will provide adequate staff members who are competent and trained to provide quality services. On-going training will be provided for all staff members as specified in Policy HR 34, Training of Staff/Staff Development. Clinicians will meet qualifications as outlined in the Department of Mental Health Operational Standards.

Reporting: CCS will report all admission changes, discharges, and background information for people receiving substance use services to the Department of Mental Health by established timelines.

Staff qualifications: The program in each county is supervised by the County Administrator. Each County Administrator has adequate knowledge of the special needs of persons with substance abuse issues. The County Administrator is responsible and accountable for the development, implementation, and coordination of the outpatient substance abuse program in his/her county. The outpatient staff delivering substance abuse services includes professionals representing multiple disciplines that have clinical training and experience working with a variety of mental health issues, including training and education in the substance use field.

Assessment/Intake: Any individual desiring outpatient substance use services will follow the regular CCS intake procedure as outlined in Policy: OFM 02, Admission and Readmission and Policy: CI 14 Intake. For any person thought to have a problem with substance issues, the Substance Use Disorder Specific Assessment will also be completed. At intake all people receiving substance abuse services must receive the Risk Assessment Interview and Educational Activities for TB/HIV/STD's. Documentation must be maintained in the person's case record. Outpatient treatment for substance abuse problems shall give priority to the acceptance and treatment of pregnant women.

Treatment: During the intake process, the intake therapist will recommend a treatment modality which is most appropriate for the person, based on his/her history and current substance use. A person with a substance abuse diagnosis wishing to enroll in outpatient therapy may do so, even if that is not the recommendation of the therapist, unless he/she is in need of detoxification services. The intake therapist must describe the range of diagnostic and treatment modalities, as well as, family and education and support services offered by the agency. People in need of detoxification services will be referred for appropriate services. No individual who is otherwise eligible will be denied services due to disability or HIV status. The therapist performing the intake must determine and document at intake if the person has been convicted of more than one DUI that has resulted in a suspended driver's license. If so, the intake therapist must explain the DUI assessment process and determine if he/she is interested in participating.

Individual, group, and family (as appropriate) therapy will be utilized to aid the person in overcoming his/her substance use problem(s). It is the responsibility of the County Administrator to ensure that adequate space is available for privacy of outpatient individual and group counseling sessions.

Discontinuation of treatment: Successful completion will be met when a person completes his/her individual recovery goals and has made payment of all applicable fees. Termination for noncompliance will occur if the person does not attend appointments as scheduled, does not work towards self-identified recovery goals, does not pay required fees, and/or no contact has been recorded for one-hundred and eighty (180) days. Attempts will be made to contact a person who leaves the program encouraging him/her to resume treatment. Documentation of attempts will be kept in the person's file. If the person does not respond to the letter or refuses to return to services, his/her case will be closed.

Section: Substance Abuse
Policy: Medication Assisted Treatment (MAT)
Policy No: SA 07
Effective: 6/24/2019
Revised/Approved: 06/22/2021

POLICY: It is the policy of Community Counseling Services to offer medication assisted treatment (MAT) to individuals in both outpatient and residential substance use treatment programs, as well as, accommodating people who are entering treatment services utilizing MAT.

PURPOSE: To ensure people with substance use issues have access to medication assisted treatment.

PROCEDURE: CCS supports treatment for Opioid Use Disorders with Medication Assisted Treatment. The research behind MAT in preventing overdose and death is well documented. Region VII utilizes MAT primarily in outpatient services; however, MAT is also utilized to assist individuals who are coming into our facility from medical detox centers. MAT medications are allowed as a component of residential programming as long as they are prescribed by a medical professional, current, and self-administered according to our policy on medication dispersion. Medications will be overseen by a MAT Nurse Care Manager.

People seeking residential treatment who are currently utilizing medication assisted treatment are eligible for all services, including:

- recovery support services
- HIV/TB/STD education and HIV rapid on-site testing if desired
- Individual, family, and group therapy
- Psychoeducation

CCS currently maintains a memorandum of understanding with Pathways for services under the TeleMAT program. The MOU allows individuals wanting MAT services to have access to a prescriber for MAT, financial support for MAT medications, and patient education. With our interagency relationships, our plan of action for people on MAT is to get them the above mentioned services including outpatient therapy and medication management. People seeking services in addition to MAT medications will be treated following accepted best practices utilizing consultation with both facility staff as well as medical staff and with adherence to our policies. As mentioned above, people who choose MAT or other harm-reduction methods are open to services provided by Region VII.

Section:	Substance Abuse
Policy:	HIV and TB Risk Assessment and Testing
Policy No:	SA 08
Effective:	6/22/2021
Revised/Approved:	9/28/2021

POLICY: It is the policy of Community Counseling Services (CCS) that all people receiving substance use disorder services receives an HIV/TB risk assessment at the time of intake. For those determined to be high risk, testing options will be shared based on needed level of care.

PURPOSE: To ensure individuals with substance use issues have access to HIV testing if desired by the person.

PROCEDURE HIV Testing:

Available testing options are based on indicated level of care as outlined below:

- Outpatient Services: People are informed of available HIV testing resources available within the community.
- Primary Residential: People are encouraged to participate in on-site HIV rapid testing. If a person chooses to “opt-out”, documentation will be maintained in the person’s chart.
- Transitional and Recovery Support Services: People are encouraged to participate in on-site HIV rapid testing unless documentation is provided that the person received the risk assessment and was offered testing in the past 6 months. If testing was refused previously, staff will encourage the person to engage in testing.

The following steps outline the standardized procedures for conducting HIV/STD/TB risk assessment and HIV testing for residential and recovery support services:

1. People will complete an HIV risk assessment with their therapist upon admission (30 minutes in length).
2. Staff will explain the benefits of testing. For those who agree to testing, they will receive pre-test counseling preceding their HIV rapid test and delivery of results.
3. People will meet with their therapist following HIV testing for a posttest session to discuss results and follow up referrals/treatment as necessary (30 minutes negative results, 60 minutes positive).
4. People who refuse testing will sign an HIV Opt Out form to be kept in their chart.
5. All testing and results will be delivered in a private office to ensure confidentiality.
6. People will attend a minimum of two health education lectures from medical staff encompassing HIV/STD/TB/HepC transmission, treatment, and prevention.

As a provider of HIV on-site testing, the following will be maintained:

- CLIA Waiver
 - Posted in office where testing is conducted.
- Relevant employee training
 - Documented/maintained in the employee’s personnel file
- A protocol for HIV testing

- Follow protocols as outlined/provided by the Department of Health
- An agreement with Department of Health to obtain HIV test kits where applicable
 - Maintained on file
- A process for obtaining confirmation of a preliminary positive test results
 - If a person tests positive, they will be retested to ensure accuracy. If that test is also positive, the person will be set up for an appointment with the health department or medical clinic to re-test.

Quality Control/Safety

- Quality control measures for the proper storage of HIV test kits
 - Test kits will be kept at room temperature of 68-70 degrees.
- Documentation of when and how often controls are run to verify test accuracy
 - The control kit is kept in the medication room refrigerator at no higher than 36-46 degrees and the temperature is checked daily and documented to ensure this protocol is met. Control tests will be conducted upon delivery of supplies, after a refrigerator malfunction, after a power outage and at periodic intervals (quarterly). Results are documented and kept in a binder.
- Exposure Plan
 - If a staff member and/or a client is exposed or cross contamination occurs, both individuals will be tested immediately at the local health department for HIV, STD's, and Hep C. Due to the window period of exposure being so brief, both individuals will be re-tested again 3 months from date of initial test.
- Hazardous Materials and Waste
 - Biohazard bags and sharps containers will be kept on site for proper disposal of all hazardous materials.

PROCEDURE TB Testing: All residential providers must document that all people received a risk assessment for TB at the time of intake. Any person determined to be at high risk cannot be admitted into a treatment service until testing confirms the person does not have TB. Staff will assist people in obtaining TB testing from medical providers or the health department.

Mississippi State Department of Health (MSDH) HIV Testing/Prevention Counseling Flowchart

Pre-Test Counseling

- Explain purpose of the HIV test, including medical indications
- Explain possibility of false positive or false negative result
- Explain possible need for confirmatory testing
- Explain possible need for retesting
- Explain availability, benefits, and confidentiality of partner notification services
- Explain need to eliminate high-risk behavior (safer goal behaviors, PrEP, condom demo, etc.)

Informed Consent

- Assess readiness for same-day test results
- Obtain verbal or written consent
- Complete the EvaluationWeb Test Template

Administer Test and Interpret Test Result

Preliminary Positive Result:

1. Explain meaning of the test result.
2. Emphasize that result must be confirmed (if it is not a previous positive test in MSDH's database).
3. Emphasize the importance of precautions to avoid possible transmission of HIV.
4. Immediately report *all* preliminary positive rapid HIV test results to a data entry clerk at the MSDH STD/HIV Office at (601) 576-7833 before obtaining a blood draw. Identify your site and name. Advise the data entry clerk that you are reporting a preliminary positive rapid HIV test result.
5. The data entry clerk will perform a thorough record search to determine if the patient is a previous positive in our system. If the patient is identified as a previous positive, a follow-up will be initiated and a blood specimen for confirmatory testing will not be needed.
6. If the patient is *not* a previous positive found in the database by the data entry clerk, please obtain a blood sample using a "tiger top" HIV tube and submit it to your local health department for shipment to the Mississippi Public Health Lab (MPHL) for confirmatory HIV testing by 4 p.m. the same day. Complete a HIV Antibody Requisition Form 364, indicate "*Rapid Test Reactive*", and submit it with the blood specimen. *MSDH will not be responsible for costs associated with confirmatory testing at other labs outside of the MPHL.*
7. *A faxed copy of the completed EvaluationWeb testing form should be submitted to the data entry clerk's attention at the end of the call to 601-576-7909.*
** A Disease Intervention Specialist (DIS) in your area should only be contacted if assistance is needed with the transportation of the blood specimen to the local health dept. for shipment to the MPHL.*

Negative (Non-Reactive) Result:

- Explain the meaning of a negative test result.
- Explain the importance of taking another HIV test based on risk behaviors and the date of last exposure.
- Post-test counseling for negative test results for those at high risk should include the availability of Pre-Exposure Prophylaxis (PrEP)

Invalid Test Result:

- Follow QA guidelines.
- Explain to client that the test must be repeated.
- Explain to the client why invalid test occurred.
- Repeat test.

Please Note

If rapid HIV testing is conducted after-hours and a preliminary positive test result is identified, please proceed with obtaining a blood specimen and immediately report it to the STD/HIV Office the next business day.