

**Section:** Substance Abuse  
**Policy:** Adult Alcohol and Drug Recovery Support Services  
**Policy No.:** SA 01  
**Effective:** 01/01/1998  
**Revised/Approved:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services to offer Recovery Support Services to all individuals 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 individual's maintenance of sobriety and achieving positive vocational, family and personal adjustment; to offer the individual structured support and assistance which may include securing additional needed services from Community Counseling Services or other health/human service providers and to maintain contact and involvement with the individual's family.

**PROCEDURE:** Recovery Support Services are non-clinical services that are offered before, during, and after any service that assists individuals 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 individuals 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 resident during 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 individual

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 individual/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 individual/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 individuals 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 individual on his/her caseload prior to discharging the individual. A record of contacts/attempts shall be maintained in the individual's record. Contacts should include the most appropriate means of engagement preferred by the individual 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 an individual'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 individual 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, individuals can be admitted immediately, and no waiting list is necessary.

Admissions to recovery support services are also accepted for individuals who completed primary treatment at a non-Community Counseling Services 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 individual 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 individual 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 an individual is determined by the Assessment to be at high risk for HIV, he/she must be informed of available HIV testing resources. If an individual 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 individual determined to be at high risk cannot be

admitted into a treatment program until testing confirms the individual 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 individual 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 individual 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 Aftercare/Outreach 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 individual 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 an individual receiving services is leaving the catchment area, the Recovery Support Specialist calls the appropriate agency in the area to which the individual is moving and makes an appointment for continued treatment providing appropriate consent forms have been signed. The individual is also made aware of local resources in the area to which he/she is moving. When an individual receiving services rejects recovery support services, the Recovery Support Specialist continues to follow up with the individual 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:** 03/28/2017

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

**PURPOSE:** To facilitate the education of individuals 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 Oktibbeha County Administrator, 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 (10<sup>th</sup>) 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 Community Counseling Services 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: Community Counseling Services offers Employee Assistance Programs (EAP) to non-Community Counseling Services 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/Supervisors are responsible for maintaining contracts in his/her county, as well as, initiating contacts with potential new EAP contracts.

Mississippi Operational Standards addressed: Rule 52.1

**Section:** Substance Abuse  
**Policy:** Intensive Outpatient Services – Substance Use Disorders  
**Policy No:** SA 03  
**Effective:** 01/01/1998  
**Revised/Approved:** 3/28/2017

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**POLICY:** It is the policy of Community Counseling Services to provide intensive outpatient substance use disorder treatment for both adults and adolescents.

**PURPOSE:** To make available an alternative to residential/inpatient alcohol and drug treatment which allows individuals to continue to fulfill obligations to family, job, and community while obtaining intensive treatment.

**PROCEDURE:** The ten (10) week Intensive Outpatient Program for Individuals with a Substance Use Disorder (IOP-SUD) and Adolescent-Intensive Outpatient Program (A-IOP) are community-based outpatient programs which provides an alternative to traditional Residential Treatment Services or hospital settings. These programs are directed to persons who need services more intensive than traditional outpatient services, but who have less severe alcohol and other drug disorders than those typically addressed in Residential Treatment Services. The IOP-SUD and A-IOP allows individuals to continue to fulfill their obligations to family, job, school, and community while obtaining intensive treatment. IOP-SUD and A-IOP 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: A minimum of three (3) days/nights per week for three (3) hours each day/night for at least ten (10) weeks. 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 individual. These sessions may be provided with or without the individual receiving services being present based on the needs of the individual (with appropriate consent forms signed).

### Adolescent IOP (A-IOP)

Adolescent-Intensive Outpatient Program (A-IOP) is available for adolescents ages 12-18 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.

Group therapy: A minimum of six and a half (6.5) hours per week for at least ten (10) weeks. Groups types include, but not limited to, those areas listed under IOP-SUD Services.

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 individual. These sessions may be provided with or without the individual receiving services being present based on the needs of the individual (with appropriate consent forms signed).

The programmatic material will consist of Evidence-Based Practices (EBP) or best practices in the provision of A-IOP, specifically the Adolescent Community Reinforcement Approach (A-CRA). Documentation will be maintained in the personnel file showing that staff members working in the A-IOP program have completed appropriate training or independent study in accordance with the model/practice being utilized.

### General Guidelines:

The County Administrator is responsible and accountable for the development, implementation and coordination of the Intensive Outpatient Program-SUD in his/her County. Currently, Community Counseling Services' IOP program is operated in Oktibbeha County. It is the responsibility of the County Administrator to ensure that substance use disorder program staff includes professionals representing multiple disciplines that have clinical training and experience specifically pertaining to providing substance use disorder services. Each staff member assigned to the Intensive Outpatient Program must meet the staff qualifications as outlined in the Department of Mental Health Operational Standards. It is also the responsibility of the County Administrator to ensure that adequate space is available for privacy of outpatient individual and group counseling sessions.

### Admission Criteria

The individual receiving services must be eighteen (18) years or older and must have a substance use disorder diagnosis. At the time of admission, the individual receiving services does not require residential treatment or detoxification, but does require more intensive service than general outpatient. In addition, the individual 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 Intensive Outpatient Program - SUD will be referred to appropriate alternative services.



### Program Capacity

Intensive Outpatient Programs must be limited to no more than twelve (12) individuals per session. If a program is operating at full capacity, individuals wishing to enter the program will be seen weekly for individual therapy until a slot is available in the group. 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 intake. 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 individual 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 onside and reported to DMH.

### Equal Access

Individuals who are HIV-positive and/ or individual with disabilities who are otherwise eligible shall have equal access to treatment and services.

### Assessment Process:

An assessment of the participant's condition and treatment needs is made based on information gathered by the collection of information included in the following forms:

- 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
  - Adolescents – PADDI-5 (Practical Adolescent Dual Diagnosis Interview-5)
- Additional assessments as deemed necessary by the clinician to complete a thorough assessment (i.e., SASSI, Achenbach System of Empirically Based Assessments, MAYSI-2, CAFAS)

If during the assessment process it is determined that the individual 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 to the individual and determine if he/she is interested in participating.

### Intake/Admission Process

The individual (and any family member/significant other who is accompanying him/her) is given an orientation to the program, including an overview of the substance use disorder 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 the payment of the participant's fee sign(s) the form. A copy of the form is placed in the participant's file. For non-Medicaid referrals, full payment (\$850.00) is expected at the time of admission. If the individual does not pay in full at the time of the intake, the intake (\$40.00) and assessment (\$150.00) 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.

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 individual 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:
  - 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 an individual is determined by the Assessment to be at high risk for HIV, he/she must be informed of available HIV testing resources. If an individual 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 individual determined to be at high risk cannot be admitted into a treatment program until testing confirms the individual does not have TB.

For individuals 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 participant's progress and attendance. When the individual 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 individual 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 the first five (5) steps of Alcoholics Anonymous
- Payment of all fees

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

Criteria for an individual receiving services 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 participants

For individuals who leave the program before completion of treatment goals, program staff will contact the individual encouraging him/her to return to the program. Documentation of attempts will be kept in the individual's case record. If there is no response from the individual or the individual refuses to return to program, the individual will be discharged. For individuals who move away from the region and desires continued treatment, program staff will facilitate the referral and the transfer of the individual to another facility (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:** 03/28/2017

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**POLICY:** It is the policy of Community Counseling Services 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 Community Counseling Services, like all DMH funded service providers of an alcohol and other drug disorders services, submits the Mississippi Substance Abuse Management Information System (MSMAMIS) report to the DMH Bureau of Alcohol and Drug Abuse by the tenth (10<sup>th</sup>) working day of the month following the reporting period. This submission is the responsibility of the person responsible for reporting for each Alcohol and/or Other Drug Abuse program.

Community Counseling Services has written policies and procedures for the discharge of an individual 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 ninety days

In order to help DMH assist with placement of individuals 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 individual 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.

Mississippi Operational Standards addressed: Rule 49.1A-E

**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

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**POLICY:** It is the policy of Community Counseling Services 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 individual 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 Community Counseling Services are equipped to provide each individual the type of substance abuse treatment indicated by the results and interpretation of the assessment. Community Counseling Services is able to provide, at a minimum, outpatient and primary 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 an individual 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 individual'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 individual desiring services. The length and severity of use and the degree to which the individual'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 individual seeking services and/or the court system as applicable.

**Access to SUD Services:** As stated above, Community Counseling Services is equipped to provide each individual the type of substance abuse treatment indicated by the results and interpretation of the assessment (components listed above). Substance abuse treatment is offered through Community Counseling Services, which is equipped to provide outpatient and primary 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 Oktibbeha County Administrator, with assistance from the Personnel Officer, to ensure that individuals 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 individual convicted of DUI will be referred by the Court or by him/herself to the Structured Intervention program in Oktibbeha County or to an Adult Outpatient Therapist in other counties in the Region. In situations where the individual is referred to an Adult Outpatient Therapist, the therapist will refer the individual to the Structured Intervention program as appropriate. Upon receipt of a court referral, the Structured Intervention Program will contact the individual by phone or letter indicating the time and place for the Diagnostic Assessment to occur. If the referral is by the individual him/herself, the appointment will be arranged at the individual's initial contact. All aspects of the DUI Diagnostic Assessment must be documented in the individual's case file. The Department of Mental Health 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 an individual 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 individual must be offered immediate transportation to an appropriate health care facility. If an individual 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 individual determined to be at high risk cannot be admitted into a treatment program until testing confirms the individual does not have TB.

Program cost: The agency intake fee for all new service recipients is \$40, payable by the individual 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 an individual 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 individual will not be able to begin program until all fees are paid. No information regarding completion of the program will be disclosed until the fee is paid.

Services: Individuals 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 individual's record. Before completion of treatment, each individual receiving service 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 individual 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 individual receiving services will receive the Department of Mental Health Certification of DUI In-Depth Diagnostic Assessment and Treatment Form.

An individual 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 individual interfering with other group members being able to benefit/participate. An individual 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 individual's file. If there is no response from the individual or the individual refuses to return to program, the individual's case will be closed.

Referral: An individual 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 individual 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 of individual receiving services 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:** 03/28/2017

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

**PURPOSE:** To ensure individuals 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 individual receiving services and to ensure that each individual receiving services will have an Individualized Service Plan. The individualized plan of care is developed in collaboration with the individual receiving services and with input from the treatment team. Individuals 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 individual 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 to individuals receiving 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 individuals receiving substance use services to the Department of Mental Health on the MSAMIS form. Reports will be submitted to Department of Mental Health no later than the 10<sup>th</sup> of the following month.

Staff qualifications: The program in each county is supervised by the County Administrator/Supervisor. 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 services staff delivering substance abuse services includes professionals representing multiple

disciplines that have clinical training and experience working with a variety of mental health issues, specifically training and education in the substance use field.

Assessment/Intake: Any individual desiring outpatient substance use services will follow the regular Community Counseling Services intake procedure as outlined in Policy: OFM 02, Admission and Readmission and Policy: CI 14 Intake. For any individual thought to have a problem with substance issues, the Substance Use Disorder Specific Assessment will also be completed. At intake all individuals receiving substance abuse services must receive the Risk Assessment Interview and Educational Activities for TB/HIV/STD's. Documentation must be maintained in the individual'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 individual, based on his/her history and current substance use. An individual 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. Individuals 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 individual 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 individual receiving services 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 an individual completes his/her individual/program recovery goals and has made payment of all applicable fees. Termination for noncompliance will occur if the individual does not attend appointments as scheduled or work towards self-identified recovery goals, does not pay required fees, and/no contact has been recorded for ninety (90) days. Attempts will be made to contact an individual who leaves the program encouraging him/her to resume treatment. Documentation of attempts will be kept in the individual's file. If the individual does not respond to the letter or refuses to return to services, his/her case will be closed.

Mississippi Operational Standards addressed: Rule 16.8G