

By: Representative Clarke

To: Public Health and Human  
Services

## HOUSE BILL NO. 1049

1 AN ACT TO AMEND SECTION 41-21-61, MISSISSIPPI CODE OF 1972,  
2 TO DEFINE THE TERM "SUBSTANTIAL LIKELIHOOD OF BODILY HARM" FOR THE  
3 PURPOSES OF THE COMMITMENT LAWS FOR PERSONS IN NEED OF MENTAL  
4 TREATMENT; TO AMEND SECTION 41-21-67, MISSISSIPPI CODE OF 1972, TO  
5 PROVIDE THAT THE SEVENTY-TWO-HOUR PERIOD FOR HOLDING PERSONS UNDER  
6 THE COMMITMENT LAWS MAY BE EXTENDED OR DISCONTINUED UNDER CERTAIN  
7 CONDITIONS; TO CREATE NEW SECTION 41-4-10, MISSISSIPPI CODE OF  
8 1972, TO PROVIDE FOR IMPLEMENTATION OF CRISIS INTERVENTION TEAMS;  
9 TO PROVIDE THAT CRISIS INTERVENTION TEAMS BE OPERATED WITHIN LOCAL  
10 CATCHMENT AREAS SERVED BY CERTAIN LAW ENFORCEMENT AGENCIES; TO  
11 PROVIDE THAT ONLY ONE LICENSED MEDICAL FACILITY WILL SERVE AS A  
12 SINGLE POINT OF ENTRY FOR A CRISIS INTERVENTION TEAM CATCHMENT  
13 AREA; TO PROVIDE FOR LOCAL COMMUNITY MENTAL HEALTH CENTERS TO  
14 COORDINATE AND OVERSEE THE DEVELOPMENT OF CRISIS INTERVENTION  
15 TEAMS IN THE DISTRICT SERVED; TO AUTHORIZE CERTAIN TRAINED LAW  
16 ENFORCEMENT OFFICERS TO TAKE INTO CUSTODY PERSONS WITH SUBSTANTIAL  
17 LIKELIHOOD OF BODILY HARM FOR THE PURPOSE OF EMERGENCY TREATMENT  
18 IN A LICENSED MEDICAL FACILITY SERVING AS A SINGLE POINT OF ENTRY;  
19 TO EXEMPT LAW ENFORCEMENT OFFICERS FROM CIVIL AND CRIMINAL  
20 LIABILITY FOR DETAINING A MENTALLY ILL PERSON IN GOOD FAITH; TO  
21 AUTHORIZE CERTAIN LICENSED PSYCHIATRIC NURSE PRACTITIONERS TO HOLD  
22 A PATIENT FOR TREATMENT IN A LICENSED MEDICAL FACILITY SERVING AS  
23 A SINGLE POINT OF ENTRY; TO EXEMPT PSYCHIATRIC NURSE PRACTITIONERS  
24 FROM CIVIL AND CRIMINAL LIABILITY FOR DETAINING A MENTALLY ILL  
25 PERSON IN GOOD FAITH; TO PROVIDE FOR COMPREHENSIVE PSYCHIATRIC  
26 EMERGENCY SERVICES OPERATED BY A LICENSED MEDICAL FACILITY THAT IS  
27 SERVING AS THE SINGLE POINT OF ENTRY FOR A CRISIS INTERVENTION  
28 TEAM CATCHMENT AREA; TO REQUIRE THAT COMPREHENSIVE PSYCHIATRIC  
29 EMERGENCY SERVICES PROVIDE BEDS NEEDED FOR EXTENDED TREATMENT AND  
30 TO REQUIRE THAT THESE BEDS BE LICENSED BY THE STATE DEPARTMENT OF  
31 HEALTH; TO PROVIDE THAT A COMPREHENSIVE PSYCHIATRIC EMERGENCY  
32 SERVICE MAY PROVIDE TREATMENT OF A PERSON WITH MENTAL ILLNESS UP  
33 TO BUT NOT EXCEEDING SEVENTY-TWO HOURS; TO REQUIRE THAT THE STATE  
34 DEPARTMENT OF MENTAL HEALTH SHALL ENCOURAGE AND FACILITATE  
35 COMMUNITY MENTAL HEALTH CENTERS IN THE DEVELOPMENT OF CRISIS  
36 INTERVENTION TEAMS AND COMPREHENSIVE PSYCHIATRIC EMERGENCY  
37 SERVICES; TO ENCOURAGE COLLEGES AND UNIVERSITIES THAT HAVE  
38 CRIMINAL JUSTICE PROGRAMS TO COLLABORATE WITH LAW ENFORCEMENT  
39 AGENCIES IN TRAINING CRISIS INTERVENTION TEAM OFFICERS; AND FOR  
40 RELATED PURPOSES.

41 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

42 **SECTION 1.** Section 41-21-61, Mississippi Code of 1972, is  
43 amended as follows:



44 41-21-61. As used in Sections 41-21-61 through 41-21-107,  
45 unless the context otherwise requires, the following terms defined  
46 have the meanings ascribed to them:

47 (a) "Chancellor" means a chancellor or a special master  
48 in chancery.

49 (b) "Clerk" means the clerk of the chancery court.

50 (c) "Director" means the chief administrative officer  
51 of a treatment facility or other employee designated by him as his  
52 deputy.

53 (d) "Interested person" means an adult, including but  
54 not limited to, a public official, and the legal guardian, spouse,  
55 parent, legal counsel, adult, child next of kin, or other person  
56 designated by a proposed patient.

57 (e) "Mentally ill person" means any person who has a  
58 substantial psychiatric disorder of thought, mood, perception,  
59 orientation, or memory which grossly impairs judgment, behavior,  
60 capacity to recognize reality, or to reason or understand, which  
61 (i) is manifested by instances of grossly disturbed behavior or  
62 faulty perceptions; and (ii) poses a substantial likelihood of  
63 physical harm to himself or others as demonstrated by (A) a recent  
64 attempt or threat to physically harm himself or others, or (B) a  
65 failure to provide necessary food, clothing, shelter or medical  
66 care for himself, as a result of the impairment. "Mentally ill  
67 person" includes a person who, based on treatment history and  
68 other applicable psychiatric indicia, is in need of treatment in  
69 order to prevent further disability or deterioration which would  
70 predictably result in dangerousness to himself or others when his  
71 current mental illness limits or negates his ability to make an  
72 informed decision to seek or comply with recommended treatment.  
73 "Mentally ill person" does not include a person having only one or  
74 more of the following conditions: (1) epilepsy, (2) mental  
75 retardation, (3) brief periods of intoxication caused by alcohol



76 or drugs, (4) dependence upon or addiction to any alcohol or  
77 drugs, or (5) senile dementia.

78 (f) "Mentally retarded person" means any person (i) who  
79 has been diagnosed as having substantial limitations in present  
80 functioning, manifested before age eighteen (18), characterized by  
81 significantly subaverage intellectual functioning, existing  
82 concurrently with related limitations in two or more of the  
83 following applicable adaptive skill areas: communication,  
84 self-care, home living, social skills, community use,  
85 self-direction, health and safety, functional academics, leisure  
86 and work, and (ii) whose recent conduct is a result of mental  
87 retardation and poses a substantial likelihood of physical harm to  
88 himself or others in that there has been (A) a recent attempt or  
89 threat to physically harm himself or others, or (B) a failure and  
90 inability to provide necessary food, clothing, shelter, safety, or  
91 medical care for himself.

92 (g) "Physician" means any person licensed by the State  
93 of Mississippi to practice medicine in any of its branches.

94 (h) "Psychologist" when used in Sections 41-21-61  
95 through 41-21-107, means a licensed psychologist who has been  
96 certified by the State Board of Psychological Examiners as  
97 qualified to perform examinations for the purpose of civil  
98 commitment.

99 (i) "Treatment facility" means a hospital, community  
100 mental health center, or other institution qualified to provide  
101 care and treatment for mentally ill, mentally retarded, or  
102 chemically dependent persons.

103 (j) "Substantial likelihood of bodily harm" means that:

104 (i) The person has threatened or attempted suicide  
105 or to inflict serious bodily harm to himself; or

106 (ii) The person has threatened or attempted  
107 homicide or other violent behavior; or



108                   (iii) The person has placed others in reasonable  
109 fear of violent behavior and serious physical harm to them; or  
110                   (iv) The person is unable to avoid severe  
111 impairment or injury from specific risks; and  
112                   (v) There is substantial likelihood that serious  
113 harm will occur unless the person is placed under emergency  
114 treatment.

115           **SECTION 2.** Section 41-21-67, Mississippi Code of 1972, is  
116 amended as follows:

117           41-21-67. (1) Whenever the affidavit provided for in  
118 Section 41-21-65 is filed with the chancery clerk, the clerk, upon  
119 direction of the chancellor of the court, shall issue a writ  
120 directed to the sheriff of the proper county to take into his or  
121 her custody the person alleged to be in need of treatment and to  
122 bring the person before the clerk or chancellor, who shall order  
123 pre-evaluation screening and treatment by the appropriate  
124 community mental health center established under Section 41-19-31  
125 and for examination as set forth in Section 41-21-69. However,  
126 when the affidavit fails to set forth factual allegations and  
127 witnesses sufficient to support the need for treatment, the  
128 chancellor shall refuse to direct issuance of the writ.

129 Reapplication may be made to the chancellor. If a pauper's  
130 affidavit is filed by a guardian for commitment of the ward of the  
131 guardian, the court shall determine if the ward is a pauper and if  
132 the ward is determined to be a pauper, the county of the residence  
133 of the respondent shall bear the costs of commitment, unless funds  
134 for those purposes are made available by the state.

135           (2) Upon issuance of the writ, the chancellor shall  
136 immediately appoint and summon two (2) reputable, licensed  
137 physicians or one (1) reputable, licensed physician and either one  
138 (1) psychologist, nurse practitioner or physician assistant to  
139 conduct a physical and mental examination of the person at a place  
140 to be designated by the clerk or chancellor and to report their



141 findings to the clerk or chancellor. Provided, however, that any  
142 nurse practitioner or physician assistant conducting the  
143 examination shall be independent from, and not under the  
144 supervision of, the other physician conducting the examination.  
145 In all counties in which there is a county health officer, the  
146 county health officer, if available, may be one (1) of the  
147 physicians so appointed. Neither of the physicians nor the  
148 psychologist, nurse practitioner or physician assistant selected  
149 shall be related to that person in any way, nor have any direct or  
150 indirect interest in the estate of that person nor shall any  
151 full-time staff of residential treatment facilities operated  
152 directly by the Department of Mental Health serve as examiner.

153 (3) The clerk shall ascertain whether the respondent is  
154 represented by an attorney, and if it is determined that  
155 respondent does not have an attorney, the clerk shall immediately  
156 notify the chancellor of that fact. If the chancellor determines  
157 that respondent for any reason does not have the services of an  
158 attorney, the chancellor shall immediately appoint an attorney for  
159 the respondent at the time the examiners are appointed.

160 (4) If the chancellor determines that there is probable  
161 cause to believe that the respondent is mentally ill and that  
162 there is no reasonable alternative to detention, the chancellor  
163 may order that the respondent be retained as an emergency patient  
164 at any available regional mental health facility or any other  
165 available suitable location as the court may so designate pending  
166 an admission hearing and may, if necessary, order a peace officer  
167 or other person to transport the respondent to that mental health  
168 facility or suitable location. Any respondent so retained may be  
169 given such treatment by a licensed physician as is indicated by  
170 standard medical practice. However, the respondent shall not be  
171 held in a hospital operated directly by the Department of Mental  
172 Health, and shall not be held in jail unless the court finds that  
173 there is no reasonable alternative.



174 (5) Whenever a licensed physician or psychologist certified  
175 to complete examinations for the purpose of commitment has reason  
176 to believe that a person poses an immediate substantial likelihood  
177 of physical harm to himself or others or is gravely disabled and  
178 unable to care for himself by virtue of mental illness, as defined  
179 in Section 41-21-61(e), then the physician or psychologist may  
180 hold the person or the physician may admit the person to and treat  
181 the person in a licensed medical facility, without a civil order  
182 or warrant for a period not to exceed seventy-two (72) hours or  
183 the end of the next business day of the chancery clerk's office.  
184 However, if the seventy-two-hour period begins when the chancery  
185 clerk's office is closed, or within three (3) hours of closing,  
186 and the chancery clerk's office will be continuously closed for a  
187 time that exceeds seventy-two (72) hours, then the  
188 seventy-two-hour period is extended until the end of the next  
189 business day that the chancery clerk's office is open. The person  
190 may be held and treated as an emergency patient at any licensed  
191 medical facility, available regional mental health facility, or  
192 crisis intervention center. The physician or psychologist who  
193 holds the person shall certify in writing the reasons for the need  
194 for holding. If a person is being held and treated in a licensed  
195 medical facility and that person decides to continue treatment by  
196 voluntarily signing consent for admission and treatment, the  
197 seventy-two-hour hold may be discontinued without filing an  
198 affidavit for commitment. Any respondent so held may be given  
199 such treatment by a licensed physician as indicated by standard  
200 medical practice. Persons acting in good faith in connection with  
201 the detention of a person believed to be mentally ill shall incur  
202 no liability, civil or criminal, for those acts.

203 **SECTION 3.** The following shall be codified as Section  
204 41-4-10, Mississippi Code of 1972:

205 41-4-10. (1) As used in this section:

206 (a) "Crisis intervention team" means a community



207 partnership among a law enforcement agency, a community mental  
208 health center, a hospital, other mental health providers,  
209 consumers and family members of consumers.

210 (b) "Participating partner" means a law enforcement  
211 agency, a community mental health center or a hospital that have  
212 each entered into collaborative agreements needed to implement a  
213 crisis intervention team.

214 (c) "Catchment area" means a geographical area in which  
215 a crisis intervention team operates and is defined by the  
216 jurisdictional boundaries of the law enforcement agency that is  
217 the participating partner.

218 (d) "Crisis intervention team officer" means a law  
219 enforcement officer who is authorized to make arrests under  
220 Section 99-3-1 and who is trained and certified in crisis  
221 intervention and who is working for a law enforcement agency that  
222 is a participating partner in a crisis intervention team.

223 (e) "Substantial likelihood of bodily harm" means that:

224 (i) The person has threatened or attempted suicide  
225 or to inflict serious bodily harm to himself; or

226 (ii) The person has threatened or attempted  
227 homicide or other violent behavior; or

228 (iii) The person has placed others in reasonable  
229 fear of violent behavior and serious physical harm to them; or

230 (iv) The person is unable to avoid severe  
231 impairment or injury from specific risks; and

232 (v) There is substantial likelihood that serious  
233 harm will occur unless the person is placed under emergency  
234 treatment.

235 (f) "Single point of entry" means a specific hospital  
236 that is the participating partner in a crisis intervention team  
237 and that has agreed to provide psychiatric emergency services and  
238 triage and referral services.

239 (g) "Psychiatric emergency services" means services



240 designed to reduce the acute psychiatric symptoms of a person who  
241 is mentally ill and, when possible, to stabilize that person so  
242 that continuing treatment can be provided in the local community.

243 (h) "Triage and referral services" means services  
244 designed to provide evaluation of a person with mental illness in  
245 order to direct that person to a mental health facility or other  
246 mental health provider that can provide appropriate treatment.

247 (i) "Comprehensive psychiatric emergency service" means  
248 a specialized psychiatric service, operated by the single point of  
249 entry and located in or near the hospital emergency department  
250 that can provide psychiatric emergency services for a period of  
251 time greater than can be provided in the hospital emergency  
252 department.

253 (j) "Extended observation bed" means a hospital bed  
254 that is utilized by a comprehensive psychiatric emergency service  
255 and is licensed by the State Department of Health for that  
256 purpose.

257 (k) "Psychiatric nurse practitioner" means a registered  
258 nurse who has completed the educational requirements specified by  
259 the Mississippi Board of Nursing, has successfully passed either  
260 the adult or family psychiatric nurse practitioner examination and  
261 is licensed by the Board of Nursing to work under the supervision  
262 of a physician at a single point of entry following protocols  
263 approved by the Board of Nursing.

264 (2) The intent of the Legislature in establishing crisis  
265 intervention teams is to provide for psychiatric emergency  
266 services and triage and referral services for persons who are at  
267 substantial likelihood of bodily harm as a more humane alternative  
268 to confinement in a jail.

269 (3) The intent of the Legislature in establishing a single  
270 point of entry is to require that a crisis intervention team have  
271 one (1) designated hospital within the specified catchment area  
272 that has agreed to provide psychiatric emergency services, triage





273 and referral services and other appropriate medical services for  
274 persons in custody of a crisis intervention team officer (CIT  
275 officer) or referred by the community mental health center within  
276 the specified catchment area.

277 (4) The intent of the Legislature in establishing  
278 comprehensive psychiatric emergency services is to provide  
279 psychiatric emergency services to a person with mental illness for  
280 a period of time greater than allowed in a hospital emergency  
281 department, when, in the opinion of the treating physician or  
282 psychiatric nurse practitioner, that person likely can be  
283 stabilized within seventy-two (72) hours so that continuing  
284 treatment can be provided in the local community rather than a  
285 crisis intervention center or state psychiatric hospital.

286 (5) Community mental health centers shall have oversight of  
287 crisis intervention teams operating within their service area.  
288 Proposals for crisis intervention teams must include the necessary  
289 collaborative agreements among the community mental health center,  
290 a law enforcement agency and a hospital that will serve as the  
291 single point of entry for the crisis intervention team catchment  
292 area.

293 (6) The collaborative agreements shall specify that the  
294 hospital acting as the single point of entry shall accept all  
295 persons who are in custody of a CIT officer operating within the  
296 catchment area, when custody has been taken because of substantial  
297 likelihood of bodily harm, and shall accept all persons with  
298 mental illness who are referred by the community mental health  
299 center serving the catchment area, when a qualified staff member  
300 of the community mental health center has evaluated the person and  
301 determined that the person needs acute psychiatric emergency  
302 services that are beyond the capability of the community mental  
303 health center.

304 (7) The director of the community mental health center shall  
305 determine if all collaborative agreements address the needs of the



306 proposed crisis intervention team, including generally accepted  
307 standards for law enforcement training, as specified by the State  
308 Department of Mental Health, before authorizing operation of the  
309 plan. Those generally accepted standards for law enforcement  
310 training shall be specified by the State Department of Mental  
311 Health.

312 (8) If the director of the community mental health center  
313 has reason to believe that an authorized crisis intervention team  
314 is not operating in accordance with the collaborative agreements  
315 and within general acceptable guidelines and standards, the  
316 director has the authority to review the operation of the crisis  
317 intervention team and, if necessary, suspend operation until  
318 corrective measures are taken.

319 (9) The director of the community mental health center shall  
320 establish a process by which complaints from the public regarding  
321 the operation of a crisis intervention team can be evaluated and  
322 addressed and provide for the inclusion of consumer  
323 representatives in that process.

324 (10) The internal operation of a single point of entry shall  
325 be governed by the administration of the hospital and regulated by  
326 the State Department of Health, the Joint Commission on  
327 Accreditation of Healthcare Organizations and other state and  
328 federal agencies that have regulatory authority over hospitals.  
329 All collaborative agreements must be in compliance with these  
330 governing authorities.

331 (11) Notwithstanding any other provision of law, nothing in  
332 this section shall be interpreted to create an entitlement for any  
333 individual to receive psychiatric emergency services at a single  
334 point of entry.

335 (12) A hospital operating as a single point of entry for a  
336 crisis intervention team shall appoint a medical director to  
337 oversee the operation of the hospital-based service. The medical  
338 director shall assure that the services provided are within the



339 guidelines established by collaborative agreements.

340 (13) If a CIT officer determines that a person has a  
341 substantial likelihood of bodily harm, that officer may take the  
342 person into custody for the purpose of transporting the person to  
343 the designated single point of entry serving the catchment area in  
344 which the officer works. The CIT officer shall certify in writing  
345 the reasons for taking the person into custody.

346 (14) A CIT officer shall have no further legal  
347 responsibility or other obligations once a person taken into  
348 custody has been transported and received at the single point of  
349 entry.

350 (15) A CIT officer acting in good faith in connection with  
351 the detention of a person believed to have a substantial  
352 likelihood of bodily harm shall incur no liability, civil or  
353 criminal, for those acts.

354 (16) Only CIT officers authorized to operate within a  
355 catchment area may bring persons in custody to the single point of  
356 entry for that catchment area. Law enforcement officers working  
357 outside the designated catchment area are not authorized to  
358 transport any person into the catchment area for the purpose of  
359 bringing that person to the single point of entry.

360 (17) Any person transported by a CIT officer to the single  
361 point of entry or any person referred by the community mental  
362 health center following guidelines of the collaborative agreements  
363 shall be examined by a physician or psychiatric nurse  
364 practitioner. If the person does not consent to voluntary  
365 evaluation and treatment, and the examiner determines that the  
366 person has a mental illness, as defined in Section 41-21-61(e),  
367 the examiner shall then determine if that person can be held under  
368 the provisions of Section 41-21-67(5). All other provisions of  
369 Section 41-21-67(5) shall apply and be extended to include  
370 licensed psychiatric nurse practitioners employed by the single  
371 point of entry.



372 (18) To implement a comprehensive psychiatric emergency  
373 service, a single point of entry must request licensure from the  
374 State Department of Health for the number of extended observation  
375 beds that are required to adequately serve the designated  
376 catchment area. A license for the requested beds must be obtained  
377 before beginning operation.

378 (19) If the Executive Director of the State Department of  
379 Health determines that a comprehensive psychiatric emergency  
380 service can provide for the privacy and safety of all patients  
381 receiving services in the hospital, he or she may approve the  
382 location of one or more of the extended observation beds within  
383 another area of the hospital rather than in proximity to the  
384 emergency department.

385 (20) Each comprehensive psychiatric emergency service shall  
386 provide or contract to provide qualified physicians, psychiatric  
387 nurse practitioners and ancillary personnel necessary to provide  
388 services twenty-four (24) hours per day, seven (7) days per week.

389 (21) A comprehensive psychiatric emergency service shall  
390 have at least one (1) physician or psychiatric nurse practitioner,  
391 who is a member of the staff of the hospital, on duty and  
392 available at all times. However, the medical director of the  
393 service may waive this requirement if provisions are made for a  
394 physician in the emergency department to assume responsibility and  
395 provide initial evaluation and treatment of a person in custody of  
396 a CIT officer or referred by the community mental health center  
397 and provisions are made for the physician or licensed psychiatric  
398 nurse practitioner on call for the comprehensive psychiatric  
399 emergency service to evaluate the person onsite within thirty (30)  
400 minutes of notification that the person has arrived.

401 (22) Any person admitted to a comprehensive psychiatric  
402 emergency service must have a final disposition within a maximum  
403 of seventy-two (72) hours. If a person cannot be stabilized  
404 within seventy-two (72) hours, that person shall be transferred



405 from an extended observation bed to a more appropriate inpatient  
406 unit.

407 (23) Community mental health center directors shall actively  
408 encourage hospitals to develop comprehensive psychiatric emergency  
409 services. If a collaborative agreement can be negotiated with a  
410 hospital that can provide a comprehensive psychiatric emergency  
411 service, that hospital shall be given priority when designating  
412 the single point of entry.

413 (24) The State Department of Mental Health shall encourage  
414 community mental health center directors to actively work with  
415 hospitals and law enforcement agencies to develop crisis  
416 intervention teams and comprehensive psychiatric emergency  
417 services and shall facilitate the development of these programs.

418 (25) State universities and colleges that provide classes in  
419 criminal justice are encouraged to collaborate with law  
420 enforcement agencies to develop training guidelines and standards  
421 for CIT officers and to provide educational classes and continuing  
422 education programs by which CIT officers can earn continuing  
423 education credits.

424 (26) For the purpose of addressing unique rural service  
425 delivery needs and conditions, the State Department of Mental  
426 Health may authorize two (2) or more community mental health  
427 centers to collaborate in the development of crisis intervention  
428 teams and comprehensive psychiatric emergency services and shall  
429 facilitate the development of these programs.

430 **SECTION 4.** This act shall take effect and be in force from  
431 and after July 1, 2010.

