

By: Senator(s) Bryan

To: Public Health and Welfare

COMMITTEE SUBSTITUTE
FOR
SENATE BILL NO. 2906

1 AN ACT TO AMEND SECTION 41-21-63, MISSISSIPPI CODE OF 1972,
2 TO CLARIFY THAT THE CHANCERY COURT HAS JURISDICTION IN COMMITMENT
3 PROCEEDINGS EXCEPT IN CASES OF PENDING FELONY CHARGES; TO AMEND
4 SECTION 41-21-67, MISSISSIPPI CODE OF 1972, TO CLARIFY USE OF THE
5 72-HOUR HOLD PROCEDURES AND AUTHORIZE USE OF CRISIS INTERVENTION
6 TEAMS; TO AMEND SECTION 41-21-73, MISSISSIPPI CODE OF 1972, TO
7 PROVIDE THAT COMMITMENT HEARINGS MAY BE HELD AT THE LOCATION WHERE
8 THE RESPONDENT IS BEING HELD; TO CREATE NEW SECTION 41-4-10,
9 MISSISSIPPI CODE OF 1972, TO PROVIDE FOR IMPLEMENTATION OF CRISIS
10 INTERVENTION TEAMS; TO PROVIDE THAT CRISIS INTERVENTION TEAMS BE
11 OPERATED WITHIN LOCAL CATCHMENT AREAS SERVED BY CERTAIN LAW
12 ENFORCEMENT AGENCIES; TO PROVIDE THAT ONLY ONE LICENSED MEDICAL
13 FACILITY WILL SERVE AS A SINGLE POINT OF ENTRY FOR A CRISIS
14 INTERVENTION TEAM CATCHMENT AREA; TO AUTHORIZE CERTAIN TRAINED LAW
15 ENFORCEMENT OFFICERS TO TAKE INTO CUSTODY PERSONS WITH SUBSTANTIAL
16 LIKELIHOOD OF BODILY HARM FOR THE PURPOSE OF EMERGENCY TREATMENT
17 IN A LICENSED MEDICAL FACILITY SERVING AS A SINGLE POINT OF ENTRY;
18 TO EXEMPT LAW ENFORCEMENT OFFICERS FROM CIVIL AND CRIMINAL
19 LIABILITY FOR DETAINING A MENTALLY ILL PERSON IN GOOD FAITH; TO
20 AUTHORIZE CERTAIN LICENSED PSYCHIATRIC NURSE PRACTITIONERS AND
21 CERTAIN QUALIFIED PHYSICIAN ASSISTANTS TO HOLD A PATIENT FOR
22 TREATMENT IN A LICENSED MEDICAL FACILITY SERVING AS A SINGLE POINT
23 OF ENTRY; TO EXEMPT PSYCHIATRIC NURSE PRACTITIONERS AND
24 PSYCHIATRIC PHYSICIAN ASSISTANTS FROM CIVIL AND CRIMINAL LIABILITY
25 FOR DETAINING A MENTALLY ILL PERSON IN GOOD FAITH; TO PROVIDE FOR
26 COMPREHENSIVE PSYCHIATRIC EMERGENCY SERVICES OPERATED BY A
27 LICENSED MEDICAL FACILITY THAT IS SERVING AS THE SINGLE POINT OF
28 ENTRY FOR A CRISIS INTERVENTION TEAM CATCHMENT AREA; TO REQUIRE
29 THAT COMPREHENSIVE PSYCHIATRIC EMERGENCY SERVICES PROVIDE BEDS
30 NEEDED FOR EXTENDED TREATMENT AND TO REQUIRE THAT THESE BEDS BE
31 LICENSED BY THE STATE BOARD OF HEALTH; TO PROVIDE THAT A
32 COMPREHENSIVE PSYCHIATRIC EMERGENCY SERVICE MAY PROVIDE TREATMENT
33 OF A PERSON WITH MENTAL ILLNESS UP TO BUT NOT EXCEEDING 72 HOURS;
34 AND FOR RELATED PURPOSES.

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

36 **SECTION 1.** Section 41-21-63, Mississippi Code of 1972, is
37 amended as follows:

38 41-21-63. (1) No person, other than persons charged with
39 crime, shall be committed to a public treatment facility except
40 under the provisions of Sections 41-21-61 through 41-21-107 or
41 43-21-611 or 43-21-315. However, nothing herein shall be



42 construed to repeal, alter or otherwise affect the provisions of
43 Section 35-5-31 or to affect or prevent the commitment of persons
44 to the Veterans Administration or other agency of the United
45 States under the provisions of and in the manner specified in said
46 sections.

47 (2) The chancery court, or the chancellor in vacation shall
48 have jurisdiction under Sections 41-21-61 through 41-21-107 except
49 over persons with unresolved felony charges pending.

50 (3) The circuit court shall have jurisdiction under Sections
51 99-13-7, 99-13-9 and 99-13-11.

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

54 41-21-67. (1) Whenever the affidavit provided for in
55 Section 41-21-65 is filed with the chancery clerk, the clerk, upon
56 direction of the chancellor of the court, shall issue a writ
57 directed to the sheriff of the proper county to take into
58 his * * * custody the person alleged to be in need of treatment
59 and to bring the person before the clerk or chancellor, who shall
60 order pre-evaluation screening and treatment by the appropriate
61 community mental health center established under Section 41-19-31
62 and for examination as set forth in Section 41-21-69. The order
63 may provide where the person shall be held prior to the appearance
64 before the clerk or chancellor. However, when the affidavit fails
65 to set forth factual allegations and witnesses sufficient to
66 support the need for treatment, the chancellor shall refuse to
67 direct issuance of the writ. Reapplication may be made to the
68 chancellor. If a pauper's affidavit is filed by a guardian for
69 commitment of the ward of the guardian, the court shall determine
70 if the ward is a pauper and if the ward is determined to be a
71 pauper, the county of the residence of the respondent shall bear
72 the costs of commitment, unless funds for those purposes are made
73 available by the state.



74 In any county which has established a Crisis Intervention
75 Team pursuant to the provisions of Section 41-4-10(2), the clerk,
76 upon the direction of the chancellor, may require that the person
77 be referred to the Crisis Intervention Team for appropriate
78 psychiatric or other medical services prior to the issuance of the
79 writ.

80 (2) Upon issuance of the writ, the chancellor shall
81 immediately appoint and summon two (2) reputable, licensed
82 physicians or one (1) reputable, licensed physician and either one
83 (1) psychologist, nurse practitioner or physician assistant to
84 conduct a physical and mental examination of the person at a place
85 to be designated by the clerk or chancellor and to report their
86 findings to the clerk or chancellor. Provided, however, that any
87 nurse practitioner or physician assistant conducting the
88 examination shall be independent from, and not under the
89 supervision of, the other physician conducting the examination.
90 In all counties in which there is a county health officer, the
91 county health officer, if available, may be one (1) of the
92 physicians so appointed. Neither of the physicians nor the
93 psychologist, nurse practitioner or physician assistant selected
94 shall be related to that person in any way, nor have any direct or
95 indirect interest in the estate of that person nor shall any
96 full-time staff of residential treatment facilities operated
97 directly by the State Department of Mental Health serve as
98 examiner.

99 (3) The clerk shall ascertain whether the respondent is
100 represented by an attorney, and if it is determined that the
101 respondent does not have an attorney, the clerk shall immediately
102 notify the chancellor of that fact. If the chancellor determines
103 that the respondent for any reason does not have the services of
104 an attorney, the chancellor shall immediately appoint an attorney
105 for the respondent at the time the examiners are appointed.



106 (4) If the chancellor determines that there is probable
107 cause to believe that the respondent is mentally ill and that
108 there is no reasonable alternative to detention, the chancellor
109 may order that the respondent be retained as an emergency patient
110 at any available regional mental health facility or any other
111 available suitable location as the court may so designate pending
112 an admission hearing and may, if necessary, order a peace officer
113 or other person to transport the respondent to that mental health
114 facility or suitable location. Any respondent so retained may be
115 given such treatment by a licensed physician as is indicated by
116 standard medical practice. However, the respondent shall not be
117 held in a hospital operated directly by the State Department of
118 Mental Health; and shall not be held in jail unless the court
119 finds that there is no reasonable alternative.

120 (5) Whenever a licensed physician or psychologist certified
121 to complete examinations for the purpose of commitment has reason
122 to believe that a person poses an immediate substantial likelihood
123 of physical harm to himself or others or is gravely disabled and
124 unable to care for himself by virtue of mental illness, as defined
125 in Section 41-21-61(e), then the physician or psychologist may
126 hold the person or the physician may admit the person to and treat
127 the person in a licensed medical facility, without a civil order
128 or warrant for a period not to exceed seventy-two (72) hours or
129 the end of the next business day of the chancery clerk's office.
130 Except that, if the seventy-two-hour period begins when the
131 chancery clerk's office is closed, or within three (3) hours of
132 closing, and the chancery clerk's office will be continuously
133 closed for a time that exceeds seventy-two (72) hours, then the
134 seventy-two-hour period is extended until the end of the next
135 business day that the chancery clerk's office is open. Such
136 person may be held and treated as an emergency patient at any
137 licensed medical facility, available regional mental health
138 facility, or crisis intervention center. The physician or



139 psychologist who holds the person shall certify in writing the
140 reasons for the need for holding.

141 If a person is being held and treated in a licensed medical
142 facility, and that person decides to continue treatment by
143 voluntarily signing consent for admission and treatment, the
144 seventy-two-hour hold may be discontinued within filing an
145 affidavit for commitment. Any respondent so held may be given
146 such treatment by a licensed physician as indicated by standard
147 medical practice. Persons acting in good faith in connection with
148 the detention of a person believed to be mentally ill shall incur
149 no liability, civil or criminal, for those acts.

150 **SECTION 3.** Section 41-21-73, Mississippi Code of 1972, is
151 amended as follows:

152 41-21-73. (1) The hearing shall be conducted before the
153 chancellor. However, the hearing may be held at the location
154 where the respondent is being held. Within a reasonable period of
155 time before the hearing, notice of same shall be provided the
156 respondent and his attorney, which shall include: (a) notice of
157 the date, time and place of the hearing; (b) a clear statement of
158 the purpose of the hearing; (c) the possible consequences or
159 outcome of the hearing; (d) the facts that have been alleged in
160 support of the need for commitment; (e) the names, addresses and
161 telephone numbers of the examiner(s); and (f) other witnesses
162 expected to testify.

163 (2) The respondent must be present at the hearing unless the
164 chancellor determines that the respondent is unable to attend and
165 makes that determination and the reasons therefor part of the
166 record. At the time of the hearing the respondent shall not be so
167 under the influence or suffering from the effects of drugs,
168 medication or other treatment so as to be hampered in
169 participating in the proceedings. The court, at the time of the
170 hearing, shall be presented a record of all drugs, medication or
171 other treatment that the respondent has received pending the



172 hearing, unless the court determines that such a record would be
173 impractical and documents the reasons for that determination.

174 (3) The respondent shall have the right to offer evidence,
175 to be confronted with the witnesses against him and to
176 cross-examine them and shall have the privilege against
177 self-incrimination. The rules of evidence applicable in other
178 judicial proceedings in this state shall be followed.

179 (4) If the court finds by clear and convincing evidence that
180 the proposed patient is a mentally ill or mentally retarded person
181 and, if after careful consideration of reasonable alternative
182 dispositions, including, but not limited to, dismissal of the
183 proceedings, the court finds that there is no suitable alternative
184 to judicial commitment, the court shall commit the patient for
185 treatment in the least restrictive treatment facility that can
186 meet the patient's treatment needs. Treatment prior to admission
187 to a state-operated facility shall be located as closely as
188 possible to the patient's county of residence and the county of
189 residence shall be responsible for that cost. Admissions to
190 state-operated facilities shall be in compliance with the
191 catchment areas established by the Department of Mental Health. A
192 nonresident of the state may be committed for treatment or
193 confinement in the county where such person was found.

194 Alternatives to commitment to inpatient care may include, but
195 shall not be limited to: voluntary or court-ordered outpatient
196 commitment for treatment with specific reference to a treatment
197 regimen, day treatment in a hospital, night treatment in a
198 hospital, placement in the custody of a friend or relative or the
199 provision of home health services.

200 For persons committed as mentally ill or mentally retarded,
201 the initial commitment shall not exceed three (3) months.

202 (5) No person shall be committed to a treatment facility
203 whose primary problems are the physical disabilities associated
204 with old age or birth defects of infancy.



205 (6) The court shall state the findings of fact and
206 conclusions of law that constitute the basis for the order of
207 commitment. The findings shall include a listing of less
208 restrictive alternatives considered by the court and the reasons
209 that each was found not suitable.

210 (7) A stenographic transcription shall be recorded by a
211 stenographer or electronic recording device and retained by the
212 court.

213 (8) Notwithstanding any other provision of law to the
214 contrary, neither the Board of Mental Health or its members, nor
215 the Department of Mental Health or its related facilities, nor any
216 employee of the Department of Mental Health or its related
217 facilities, unless related to the respondent by blood or marriage,
218 shall be assigned or adjudicated custody, guardianship, or
219 conservatorship of the respondent.

220 (9) The county where a person in need of treatment is found
221 is authorized to charge the county of such person's residence for
222 the costs incurred while such person is confined in the county
223 where such person was found.

224 **SECTION 4.** The following shall be codified as Section
225 41-4-10, Mississippi Code of 1972:

226 41-4-10. (1) As used in this section:

227 (a) "Crisis Intervention Team" means a community
228 partnership among a law enforcement agency, a Community Mental
229 Health Center, a hospital, other mental health providers,
230 consumers and family members of consumers.

231 (b) "Participating partner" means a law enforcement
232 agency, a community mental health center or a hospital that have
233 each entered into collaborative agreements needed to implement a
234 Crisis Intervention Team.

235 (c) "Catchment area" means a geographical area in which
236 a Crisis Intervention Team operates and is defined by the



237 jurisdictional boundaries of the law enforcement agency that is
238 the participating partner.

239 (d) "Crisis Intervention Team officer" means a law
240 enforcement officer who is authorized to make arrests under
241 Section 99-3-1 and who is trained and certified in crisis
242 intervention and who is working for a law enforcement agency that
243 is a participating partner in a Crisis Intervention Team.

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

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

247 (ii) The person has threatened or attempted
248 homicide or other violent behavior; or

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

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

253 (v) There is substantial likelihood that serious
254 harm will occur unless the person is placed under emergency
255 treatment.

256 (f) "Single point of entry" means a specific hospital
257 that is the participating partner in a Crisis Intervention Team
258 and that has agreed to provide psychiatric emergency services and
259 triage and referral services.

260 (g) "Psychiatric emergency services" means services
261 designed to reduce the acute psychiatric symptoms of a person who
262 is mentally ill and, when possible, to stabilize that person so
263 that continuing treatment can be provided in the local community.

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

268 (i) "Comprehensive Psychiatric Emergency Service" means
269 a specialized psychiatric service, operated by the single point of



270 entry and located in or near the hospital emergency department
271 that can provide psychiatric emergency services for a period of
272 time greater than can be provided in the hospital emergency
273 department.

274 (j) "Extended observation bed" means a hospital bed
275 that is utilized by a Comprehensive Psychiatric Emergency Service
276 and is licensed by the State Department of Health for that
277 purpose.

278 (k) "Psychiatric nurse practitioner" means a registered
279 nurse who has completed the educational requirements specified by
280 the State Board of Nursing, has successfully passed either the
281 adult or family psychiatric nurse practitioner examination and is
282 licensed by the State Board of Nursing to work under the
283 supervision of a physician at a single point of entry following
284 protocols approved by the State Board of Nursing.

285 (l) "Psychiatric physician assistant" means a physician
286 assistant who has completed the educational requirements and
287 passed the certification examination as specified in Section
288 73-26-3, is licensed by the State Board of Medical Licensure, has
289 had at least one (1) year of practice as a physician assistant
290 employed by a regional community mental health center, and is
291 working under the supervision of a physician at a single point of
292 entry.

293 (2) Any county is authorized to establish Crisis
294 Intervention Teams to provide for psychiatric emergency services
295 and triage and referral services for persons who are at
296 substantial likelihood of bodily harm as a more humane alternative
297 to confinement in a jail.

298 (3) Any county is authorized to require that a Crisis
299 Intervention Team have one or more designated hospital(s) within
300 the specified catchment area that has agreed to provide
301 psychiatric emergency services, triage and referral services and
302 other appropriate medical services for persons in custody of a



303 Crisis Intervention Team officer (CIT officer) or referred by the
304 Community Mental Health Center within the specified catchment
305 area.

306 (4) Any county is authorized to establish Comprehensive
307 Psychiatric Emergency Services to provide psychiatric emergency
308 services to a person with mental illness under a collaborative
309 agreement for a period of time greater than allowed in a hospital
310 emergency department, when, in the opinion of the treating
311 physician, psychiatric nurse practitioner or psychiatric physician
312 assistant, that person likely can be stabilized within seventy-two
313 (72) hours so that continuing treatment can be provided in the
314 local community rather than a Crisis Intervention Center or state
315 psychiatric hospital.

316 (5) Community Mental Health Centers shall have oversight of
317 Crisis Intervention Teams operating within their service area.
318 Proposals for Crisis Intervention Teams shall include the
319 necessary collaborative agreements among the Community Mental
320 Health Center, a law enforcement agency and a hospital that will
321 serve as the single point of entry for the Crisis Intervention
322 Team catchment area.

323 (6) The collaborative agreements shall specify that the
324 hospital acting as the single point of entry shall accept all
325 persons who are in custody of a CIT officer operating within the
326 catchment area, when custody has been taken because of substantial
327 likelihood of bodily harm, and shall accept all persons with
328 mental illness who are referred by the Community Mental Health
329 Center serving the catchment area, when a qualified staff member
330 of the Community Mental Health Center has evaluated the person and
331 determined that the person needs acute psychiatric emergency
332 services that are beyond the capability of the Community Mental
333 Health Center.

334 (7) The Director of the Community Mental Health Center shall
335 determine if all collaborative agreements address the needs of the



336 proposed Crisis Intervention Team, including generally accepted
337 standards of law enforcement training, as specified by the State
338 Department of Mental Health, before authorizing operation of the
339 plan. Said generally accepted standards for law enforcement
340 training shall be specified by the State Department of Mental
341 Health, and the department shall develop and issue detailed
342 training requirements for law enforcement officers relating to
343 handling respondents in commitment proceedings.

344 (8) If the Director of the Community Mental Health Center
345 has reason to believe that an authorized Crisis Intervention Team
346 is not operating in accordance with the collaborative agreements
347 and within general acceptable guidelines and standards, the
348 director has the authority to review the operation of the Crisis
349 Intervention Team and, if necessary, suspend operation until
350 corrective measures are taken.

351 (9) The Director of the Community Mental Health Center shall
352 establish a process whereby complaints from the public regarding
353 the operation of a Crisis Intervention Team can be evaluated and
354 addressed and provide for the inclusion of consumer
355 representatives in that process.

356 (10) The internal operation of a single point of entry shall
357 be governed by the administration of the hospital and regulated by
358 the State Department of Health, the Joint Commission on
359 Accreditation of Healthcare Organizations and other state and
360 federal agencies that have regulatory authority over hospitals.
361 All collaborative agreements must be in compliance with these
362 governing authorities.

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

367 (12) A hospital operating as a single point of entry for a
368 Crisis Intervention Team shall appoint a medical director to



369 oversee the operation of the hospital-based service. The medical
370 director will assure that the services provided are within the
371 guidelines established by collaborative agreements.

372 (13) If a CIT officer determines that a person has a
373 substantial likelihood of bodily harm, that officer may take the
374 person into custody for the purpose of transporting the person to
375 the designated single point of entry serving the catchment area in
376 which the officer works. The CIT officer shall certify in writing
377 the reasons for taking the person into custody.

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

382 (15) A CIT officer acting in good faith in connection with
383 the detention of a person believed to have a substantial
384 likelihood of bodily harm shall incur no liability, civil or
385 criminal, for such acts.

386 (16) Only CIT officers authorized to operate within a
387 catchment area may bring persons in custody to the single point of
388 entry for that catchment area. Law enforcement officers working
389 outside the designated catchment area are not authorized to
390 transport any person into the catchment area for the purpose of
391 bringing that person to the single point of entry.

392 (17) Any person transported by a CIT officer to the single
393 point of entry or any person referred by the Community Mental
394 Health Center following guidelines of the collaborative agreements
395 shall be examined by a physician, psychiatric nurse practitioner
396 or psychiatric physician assistant. If the person does not
397 consent to voluntary evaluation and treatment, and the examiner
398 determines that the person is a mentally ill person, as defined in
399 Section 41-21-61(e), the examiner shall then determine if that
400 person can be held under the provisions of Section 41-21-67(5).
401 All other provisions of Section 41-21-67(5) shall apply and be



402 extended to include licensed psychiatric nurse practitioners and
403 psychiatric physician assistants employed by the single point of
404 entry, including protection from liability, as stated, when acting
405 in good faith.

406 (18) To implement a Comprehensive Psychiatric Emergency
407 Service, a single point of entry must request licensure from the
408 State Department of Health for the number of extended observation
409 beds that are required to adequately serve the designated
410 catchment area. A license for the requested beds must be obtained
411 before beginning operation.

412 (19) If the Executive Director of the State Department of
413 Mental Health determines that a Comprehensive Psychiatric
414 Emergency Service can provide for the privacy and safety of all
415 patients receiving services in the hospital, he or she may approve
416 the location of one or more of the extended observation beds
417 within another area of the hospital rather than in proximity to
418 the emergency department.

419 (20) Each Comprehensive Psychiatric Emergency Service shall
420 provide or contract to provide qualified physicians, psychiatric
421 nurse practitioners, psychiatric physician assistants and
422 ancillary personnel necessary to provide services twenty-four (24)
423 hours per day, seven (7) days per week.

424 (21) A Comprehensive Psychiatric Emergency Service shall
425 have at least one (1) physician, psychiatric nurse practitioner or
426 psychiatric physician assistant, who is a member of the staff of
427 the hospital, on duty and available at all times. Except that,
428 the medical director of the service, may waive this requirement if
429 provisions are made for a physician in the emergency department to
430 assume responsibility and provide initial evaluation and treatment
431 of a person in custody of a CIT officer or referred by the
432 Community Mental Health Center and provisions are made for the
433 physician, psychiatric nurse practitioner or psychiatric physician
434 assistant on call for the Comprehensive Psychiatric Emergency



435 Service to evaluate the person onsite within thirty (30) minutes
436 of notification that the person has arrived.

437 (22) Any person admitted to a Comprehensive Psychiatric
438 Emergency Service must have a final disposition within a maximum
439 of seventy-two (72) hours. If a person cannot be stabilized
440 within seventy-two (72) hours, that person shall be transferred
441 from an extended observation bed to a more appropriate inpatient
442 unit.

443 (23) Community Mental Health Center directors shall actively
444 encourage hospitals to develop Comprehensive Psychiatric Emergency
445 Services. If a collaborative agreement can be negotiated with a
446 hospital that can provide a Comprehensive Psychiatric Emergency
447 Service, that hospital shall be given priority when designating
448 the single point of entry.

449 (24) The State Department of Mental Health shall encourage
450 Community Mental Health Center directors to actively work with
451 hospitals and law enforcement agencies to develop Crisis
452 Intervention Teams and Comprehensive Psychiatric Emergency
453 Services and shall facilitate the development of these programs.

454 (25) State universities and colleges that provide classes in
455 criminal justice are encouraged to collaborate with law
456 enforcement agencies to develop training guidelines and standards
457 for CIT officers and to provide educational classes and continuing
458 education programs by which CIT officers can earn continuing
459 education credits.

460 (26) Two or more counties may jointly provide Crisis
461 Intervention Teams and Comprehensive Psychiatric Services
462 authorized under this Section 41-4-10. For the purpose of
463 addressing unique rural service delivery needs and conditions, the
464 State Department of Mental Health may authorize two (2) or more
465 Community Mental Health Centers to collaborate in the development
466 of Crisis Intervention Teams and Comprehensive Psychiatric



467 Emergency Services and will facilitate the development of these
468 programs.

469 **SECTION 5.** This act shall take effect and be in force from
470 and after its passage.

