MISSISSIPPI LEGISLATURE

By: Senator(s) Bryan

To: Public Health and Welfare; Appropriations

AN ACT ENTITLED THE "MISSISSIPPI MENTAL HEALTH REFORM ACT OF 2011"; TO AMEND SECTION 41-4-1, MISSISSIPPI CODE OF 1972, TO DEFINE THE PURPOSE OF THIS ACT; TO CODIFY SECTION 41-4-2, MISSISSIPPI CODE OF 1972, TO DEFINE AN INITIAL LIST OF CORE ADULT MENTAL HEALTH SERVICES, CHILD MENTAL HEALTH SERVICES AND INTELLECTUAL/DEVELOPMENTAL DISABILITIES SERVICES; TO CODIFY SECTION 41-4-6, MISSISSIPPI CODE OF 1972, TO ESTABLISH AND EMPOWER A STRATEGIC PLANNING AND BEST PRACTICES COMMITTEE FOR MENTAL HEALTH; TO AMEND SECTION 41-4-7, MISSISSIPPI CODE OF 1972, TO EMPOWER THE STATE BOARD OF MENTAL HEALTH TO ESTABLISH MINIMUM STANDARDS AND CERTIFY THE REQUIRED SERVICES FOR THE REGIONAL MENTAL HEALTH COMMISSIONS AND CENTERS AND OTHER COMMUNITY SERVICE PROVIDERS, TO IDENTIFY APPROPRIATE COMMUNITY SERVICE PROVIDERS TO PROVIDE SUCH CORE SERVICES, AND TO AUTHORIZE THE STATE DEPARTMENT OF MENTAL HEALTH TO SUPPORT AND IMPLEMENT THE RECOMMENDATIONS OF THE STRATEGIC PLANNING AND BEST PRACTICES COMMITTEE FOR MENTAL HEALTH SERVICES; TO AMEND SECTION 41-19-33, MISSISSIPPI CODE OF 1972, TO DIRECT THE REGIONAL MENTAL HEALTH/INTELLECTUAL DEVELOPMENTAL DISABILITY COMMISSIONS AND CENTERS TO ADMINISTER MENTAL HEALTH/INTELLECTUAL DISABILITY PROGRAMS REQUIRED BY THE STATE BOARD OF MENTAL HEALTH AND TO ANNUALLY SUBMIT AN ITEMIZED SERVICE PLAN TO THE DEPARTMENT FOR CERTIFICATION; TO AMEND SECTION 41-21-87, MISSISSIPPI CODE OF 1972, TO PROVIDE NOTICE FOR THE DISCHARGE OF A CIVILLY COMMITTED PATIENT, AND TO DIRECT THE DEPARTMENT OF MENTAL HEALTH TO PROVIDE THE DIRECTORS OF COMMUNITY MENTAL HEALTH CENTERS THE NAMES OF INDIVIDUALS DISCHARGED TO THEIR CATCHMENT AREA WITH A REFERRAL FOR COMMUNITY-BASED SERVICES; AND FOR RELATED PURPOSES.

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

SECTION 1. This act shall be known and may be cited as the
"Mississippi Mental Health Reform Act of 2011."

SECTION 2. Section 41-4-1, Mississippi Code of 1972, is amended as follows:

41-4-1. The goal of this act is to reform the current Mississippi mental health delivery system so that necessary services, supports and operational structures for all its citizens with mental illness and/or alcohol and drug dependence and/or co-morbidity, whether children, youth or adults, are accessible and
delivered preferably in the communities where these citizens live.

To accomplish this goal, this act provides that initially certain core services as defined in Section 41-4-2, Mississippi Code of 1972, should be available to residents of each county in the state. These services may be provided by community mental health/intellectual disability centers. In order to determine what services are available, the State Department of Mental Health is directed to survey the community mental health/intellectual disability centers, and the community mental health/intellectual disability centers are directed to report what services they are currently providing in each county. This act does not require any community mental health/intellectual disability center to provide any service. This act is not independent authority for any program not otherwise authorized.

SECTION 3. The following provision shall be codified as Section 41-4-2, Mississippi Code of 1972:

41-4-2. The core Adult Mental Health Services, Child Mental Health Services, Intellectual/Developmental Disability Services, and Substance Abuse Prevention and Treatment/Rehabilitation Services provided for in this act are initially defined as follows:

(a) Adult Mental Health Services:

(i) Outpatient Mental Health Services include intake bio-psycho-social assessment, and individual, family, group and multifamily group therapies (excluding Day Treatment and Case Management Services).

1. "Intake bio-psycho-social assessment (hereby referred to as "intake assessment") is the face-to-face securing of information from the individual receiving services and/or collateral contact, of the individual's family background, educational vocational achievement, presenting problem(s), problem history, history of previous treatment, medical history, current medication(s), source of referral and other pertinent information
in order to determine the nature of the individual's or family's problem(s), the factors contributing to the problem(s), and the most appropriate course of treatment for the individual and/or family. The intake bio-psycho-social assessment must be completed by a Department of Mental Health Certified Mental Health Therapist, IDD Therapist or Addictions Counselor. Individuals seeking mental health services and/or being referred for mental health services must receive the intake assessment within fourteen (14) days of the date that services are sought and/or of the date that referral is made.

2. "Individual therapy" is defined as one-on-one psychotherapy that takes place between a mental health therapist and the individual receiving services.

3. "Family therapy" is defined as psychotherapy that takes place between a mental health therapist and an individual's family members with or without the presence of the individual. Family therapy may also include other (DHS staff, foster family members, etc.) with whom the individual lives or has a family-like relationship.

4. "Group therapy" is defined as psychotherapy that takes place between a mental health therapist and at least two (2) but no more than eight (8) children or at least two (2) but not more than twelve (12) adults at the same time. Possibilities include, but are not limited to, groups that focus on relaxation training, anger management and/or conflict resolution, social skills training, and self-esteem enhancement.

5. "Multifamily group therapy" is defined as psychotherapy that takes place between a mental health therapist and family members of at least two (2) different individuals receiving services, with or without the presence of the individual, directed toward the reduction/resolution of identified mental health problems so that the individual and/or their
families may function more independently and competently in daily
life.

(ii) **Case Management Services** are the provision
and coordination of services that are an integral part of helping
individuals access needed medical, social, education and other
services in order to attain their highest level of independent
functioning. Activities include individual's identification,
assessment, reassessment, service planning, referral, service
delivery monitoring, transportation, housing and supportive
counseling as well as outreach services designed to seek out and
engage persons who are eligible for Case Management Services.
Individuals seeking mental health services and/or being referred
for mental health services must be evaluated for and begin
receiving Case Management Services, if they choose, within
fourteen (14) days of the date of the intake assessment or intake.

(iii) **Emergency/Crisis Services/Crisis Stabilization Units** are time-limited interventions, available
twenty-four (24) hours a day, seven (7) days per week, where
trained emergency/crisis response staff triage referrals and
respond in a timely and adequate manner to diffuse a current
personal crisis situation. A crisis situation is defined as a
situation in which an individual's mental health and/or behavioral
needs exceed the individual's resources, in the opinion of the
mental health professional assessing the situation. Program staff
must be able to triage and make appropriate clinical decisions,
including accessing the need for inpatient services or less
restrictive alternatives. Face-to-face contact (i.e. Mobile
Crisis Response) with a mental health professional twenty-four
(24) hours a day, seven (7) days a week must be available. The
staff person is not required to see the individual in the
individual's home, but this is strongly encouraged). There must
be designated, strategic, publicized locations where the person
can meet with a mental health professional. The individual must
be seen within one (1) hour of initial time if in an urban setting
and within two (2) hours of initial time of contact if in a rural
setting.

(iv) Psychosocial Rehabilitation/Clubhouse

Services are community support services for people with serious
mental illness which consists of a network of services that help
the service recipient develop the potential to live independently
and/or become employed. Psychosocial Rehabilitation/Clubhouse is
a program of structured activities designed to support and enhance
the role functioning of individuals with serious and persistent
mental illnesses who are able to live in their communities through
the provision of regular, frequent environmental support. Program
activities aim to improve reality orientation, social adaptation,
physical coordination, daily living skills, time and resource
management, and task completion, as well as to alleviate such
psychiatric symptoms as confusion, anxiety, disorientation,
distraction, preoccupation, isolation, withdrawal and feelings of
low self-worth.

1. "Senior psychosocial rehabilitation" is a
program of structured activities designed to support and enhance
the ability of the elderly to function at the highest possible
level of independence in the most integrated setting appropriate
to their needs. These activities are designed to target the
specific needs and concerns of the elderly, while aiming to
improve reality orientation, social adaptation, physical
coordination, daily living skills, time and resource management,
task completion and other areas of competence that promote
independence in daily life. Activities in the program are
designed to alleviate such psychiatric symptoms as confusion,
anxiety, disorientation, distraction, preoccupation, isolation,
withdrawal and feelings of low self-worth.

2. "Day support services" provide structured,
varied and age-appropriate activities (both active and passive)
and the option for individuals to make choices about the activities in which they participate. The activities are designed to support and enhance the individual's independence in the community through the provision of structured supports. Program activities aim to improve social adaptation, physical coordination, daily living skills, employment awareness, and task completion.

(v) Inpatient Referral Services are the provision of access to inpatient services in the individual's locale when appropriate. Access to inpatient services is facilitated by a current written agreement with a licensed hospital(s) to provide/make available inpatient services.

(vi) Prevaluation Screening is to determine the need for civil commitment and/or other mental health services, including outpatient or inpatient commitment. These services also include assessment and plans to link individuals with appropriate services.

(vii) Psychiatric/Physician's Services are medical services provided by medically trained staff to address medical conditions related to the individual's mental illness or emotional disturbance. Medical services include medication evaluation and monitoring, nurse assessment, and medication injection. Individuals seeking mental health services and/or being referred for mental health services must begin receiving Psychiatric/Physician's Services, within fourteen (14) days of the date of the intake assessment or intake.

1. "Medication evaluation and monitoring" is the intentional face-to-face interaction between a physician or a nurse practitioner and an individual for the purpose of: assessing the need for psychotropic medication, prescribing medications, and regular periodic monitoring of the medications prescribed for therapeutic effect and medical safety.
2. "Nursing assessment" between a registered nurse and an individual is for the purpose of assessing extra-pyramidal symptoms, medication history, medical history, progress on medication, current symptoms, progress or lack thereof since last contact, and providing education to the individual and the family about the illness and the course of available treatment.

3. "Medication injection" is the process of a licensed practical nurse, registered nurse, physician, or nurse practitioner injecting an individual with prescribed psychotropic medication for the purpose of restoring, maintaining or improving the individual's role performance and/or mental health status.

(b) Children and Youth Mental Health Services:

(i) Day Treatment Services are intensive outpatient programs available to children and adolescents, which provide an alternative to residential treatment or acute psychiatric hospitalization or serve as a transition from these services. Day Treatment Services are a behavioral intervention program, provided in the context of a therapeutic milieu, which provides children/adolescents with serious emotional/behavioral disturbances and/or intellectual/developmental disabilities the intensity of treatment necessary to enable them to live in the community. The program is based on behavior management principles and includes, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants in a particular program and may include skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution.

(ii) Outpatient Therapy - defined the same as Adult Mental Health Services.

(iii) Case Management - defined the same as Adult Mental Health Services.
(iv) **Intake/Functional Assessment** (hereby referred to as "intake assessment") is the face-to-face securing of information from the individual receiving services and/or collateral contact, of the individual's family background, educational/vocational achievement, presenting problem(s), problem history, history of previous treatment, medical history, current medication(s), source of referral and other pertinent information in order to determine the nature of the individual's or family's problem(s), the factors contributing to the problem(s), and the most appropriate course of treatment for the individual and/or family. The intake must be completed by a Department of Mental Health Certified Mental Health Therapist, IDD Therapist, or Addictions Counselor. Individuals seeking mental health services and/or being referred for mental health services must receive the intake assessment within fourteen (14) days of the date that services are sought and/or of the date that referral is made.

(v) **Emergency/Crisis Services** – defined the same as Adult Mental Health Services.

(vi) **Pre-Evaluation Screening** – defined the same as Adult Mental Health Services.

(vii) **Psychiatric/Physician Services** – defined the same as Adult Mental Health Services.

(viii) **Wraparound Services for children/youth** is an approach to individualized care planning encompassing the concept of wrapping services and supports around children, youth and families, utilizing both clinical treatment services and natural supports. It is a planning process that is family-driven, youth-guided, strengths-based, culturally competent and team-based that addresses the needs of youth with complex needs and/or in danger of out of home placement.

(ix) **Respite Services** are short-term planned relief care in the home or community for children/youth with serious emotional/behavioral disturbances (SED) or mental health...
challenges. This service offers time-out for caregivers and children/youth, helping family members to cope with their responsibilities, to rest and regroup, facilitates stability, and feel less isolated from the community, family and friends. The provision of services is child-centered with the family participating in all decision-making, community-based and culturally competent.

(x) School-Based Services are professional therapeutic services provided in a school setting where a therapist is collaborating with school personnel (i.e. teachers, principals, coaches, etc.) to assist the child or youth in meeting their individualized treatment objectives. It includes professional advice and support provided by a therapist to a child’s teachers, guidance counselors, and other school professionals, as well as to parents, community support providers, treatment teams, court systems, etc. Consultation may be provided as a form of early intervention when no formal treatment process has been established. Parent and/or teacher conferences are included in this service component. School-Based Services may be provided to children with SED and/or ID/DD.

(xi) The Mississippi System of Care for Children and Youth is defined as a coordinated network of public and private agencies and service providers at state, local and regional levels working as a team to ensure that a full range of mental health and other necessary services are available as needed by children and youth with mental illness/mental health needs and their families, in conformity with the Mississippi Statewide System of Care established and implemented under Section 43-14-1 et seq. The system shall include a statewide system of local interagency MAP Teams and A-Teams for assessment; case review and problem solving; local resource development; and gatekeeping to prevent children and youth from having to access restrictive care and to serve as the single point of entry and re-entry into the
local System of Care. The Mississippi Statewide System of Care, under the direction of the Department of Mental Health, the Interagency Coordinating Council for Children and Youth (ICCCY) and the Regional Commissioners of the Community Mental Health Centers, shall develop and implement basic management information systems that provide real-time management data, for both planning and day-to-day operational purposes and shall align data across agencies and across information systems, and coordinate the outcomes and experiences of children and youth and their families to the provision of service.

(c) Intellectual/Developmental Disabilities Services:

(i) Case Management Services – defined the same as Adult Mental Health Services.

(ii) Emergency/Crisis Services are time-limited interventions, available twenty-four (24) hours a day, seven (7) days per week. When needed, trained emergency/crisis response staff triage referrals and respond in a timely and adequate manner to diffuse the current personal crisis situation. A crisis situation is defined as a situation in which an individual's mental health and/or behavioral needs exceed the individual's resources, in the opinion of the mental health professional assessing the situation. Program staff must be able to triage and make appropriate clinical decisions, including accessing the need for inpatient services or less restrictive alternatives. Face-to-face contact (i.e. Mobile Crisis Response) with a mental health professional twenty-four (24) hours a day, seven (7) days a week must be available. The staff person is not required to see the individual in the individual's home, but this is permissible. There must be designated, strategic, publicized locations where the person can meet with a mental health professional. The individual must be seen within one (1) hour of initial time if in an urban setting and within two (2) hours of initial time of contact if in a rural setting. Emergency Services for individuals
with intellectual and/or developmental disabilities may also include Behavior Support and Intervention Services. Behavior Support and Intervention Services are designed for individuals who exhibit behavior problems which cause them not to be able to benefit from other services being provided or cause them to be so disruptive in their environment(s) that there is imminent danger of causing harm to themselves or others. Behavior Support and Intervention Services must include the following: assessing the individual's environment and identifying antecedents of particular behaviors, consequences of those behaviors, and maintenance factors for the behaviors; developing a positive Behavior Support Plan; implementing the plan, collecting data, and measuring outcomes to assess the effectiveness of the plan; training staff and/or family members to maintain and/or continue implementing the plan; and assisting the individual in becoming more effective in controlling his/her own behavior either through counseling or by implementing the behavioral support plan.

(d) Substance Abuse Prevention and Treatment/Rehabilitation Services:

(i) Primary Residential. The Primary Residential Treatment Program is a twenty-four-hour, seven (7) days a week onsite residential program for adult males and females who are addicted to alcohol/drugs. This type of treatment is prescribed for those who lack sufficient motivation and/or social support to remain abstinent in a setting less restrictive than "primary" but who do not meet the clinical criteria for hospitalization. Typically, primary residential treatment programs operate on a thirty-day cycle. Primary residential treatment's group living environment offers clients access to a comprehensive program of services that is easily accessible and immediately responsive to each client's individual needs. Various treatment modalities are available, including detoxification, group and individual therapy; family therapy; education/information services explaining
alcohol/drug abuse and dependency; personal growth/self-help
skills; relapse prevention; coping skills/anger management and the
recovery process; vocational counseling and rehabilitation
services; employment activities; and, recreational and social
activities. This program facilitates continuity of care
throughout the rehabilitation process and is designed to meet the
specific needs of each client.

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

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

2. General Outpatient Services for
Co-Occurring Disorders. Provided by the Bureau of Alcohol and
Drug Abuse from funds specifically earmarked for services for
Co-Occurring Disorders, with the collaboration of the Bureau of
Community Mental Health Services.

(iii) Outreach/Aftercare Services. Outreach
services assist persons with substance abuse problems and/or their
families by providing information on, encouraging utilization of,
and providing access to needed treatment or support services in
the community. Outreach activities may include speaking
engagements to community groups about substance abuse services
and/or visiting local courts and jails to inform and access
available services for offenders. Aftercare services are designed
to assist individuals in maintaining sobriety, and are a bridge
between active treatment and long-term recovery. Initiated at the
beginning of the treatment process, aftercare services are
designed for clients who have completed primary substance abuse
treatment. Aftercare services provide structured support and
assistance to the client through formal regularly scheduled
meetings and individual sessions, as needed. Aftercare program
personnel also assist in making referrals, securing additional
needed services from community mental health centers or from other
health or human services providers, while maintaining contact and
involvement with the client's family.

(iv) DUI Diagnostic Services. The DUI (Driving
Under the Influence) Diagnostic Assessment Services are for
individuals who have been convicted of two (2) or more DUI
violations which have resulted in the suspension of their driver's
license. Any free-standing site that provides a DUI assessment
must have an affiliation agreement with a certified treatment
program. The diagnostic assessment process, as sanctioned through
the Mississippi Implied Consent Law, is to encourage alcohol and
drug treatment and to reduce the suspension period for offenders.

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

SECTION 4. The following shall be codified as Section
41-4-6, Mississippi Code of 1972:

41-4-6. (1) There is hereby established an eleven-member
Strategic Planning and Best Practices Committee (committee) which
shall consist of three (3) members appointed by the State Board of
Mental Health, three (3) members who are representatives of and
appointed by the Community Mental Health Centers, and five (5)
members appointed by the Governor from the following groups: (a) consumers of mental health/intellectual disability services, (b) advocates for consumers of said services, (c) mental health/intellectual disability professionals, (d) representatives of hospitals, and (e) private providers of mental health/intellectual delivery system services.

(2) The Mississippi Department of Mental Health shall provide professional and technical support to the committee, including the services of the department's medical director, and its planning staff. Additionally, the committee shall be authorized to seek grants from public and private sources to conduct the necessary studies and evaluations to support the committee in carrying out its responsibilities. The committee may also seek the assistance of the State Institutions of Higher Learning, the Mississippi Department of Health, the Division of Medicaid, the State Department of Education, any community mental health center, and any other state agency whose expertise may be helpful to the committee. Any funds received in the form of grants shall be administered for the benefit of the committee by the Department of Mental Health. Grant funds may be used to secure additional staffing or other services necessary to assist the committee in carrying out its duties set out in subsections (3) and (4) of this section.

(3) The committee shall develop a system of strategic planning for the development of services for the mentally ill and the developmentally disabled. The plan shall include services provided by the Department of Mental Health, Community Mental Health Centers, other state and local government agencies, private providers and contractors with public agencies.

(4) The committee shall:

(a) Review the core services defined in Section 41-4-1(2) on a regular basis and may modify or revise the list.

This process shall include establishing measures for determining
the efficiency and effectiveness of programs required by Section 41-4-1(2);

(b) Conduct studies of community-based care in other jurisdictions to determine which programs offered in these jurisdictions have the potential to provide the citizens of Mississippi with more effective and efficient community-based care;

(c) Evaluate the efficiency and effectiveness of programs established in Section 41-4-1(2);

(d) Recommend to the Legislature by January 1, 2013, any necessary additions, deletions or other changes necessary to the program of mental health and intellectual developmental disability services;

(e) Implement by July 1, 2012, a system of performance measures for the program of mental health and intellectual developmental disability services;

(f) Assist in conducting all necessary strategic planning for the delivery of all other services of the department. Such planning shall be conducted so as to produce a single strategic plan for the services delivered by the department and shall establish appropriate mission statements, goals, objectives and performance indicators for all programs of the department. For programs other than those set out in Section 41-4-1(2), the committee shall recommend to the State Board of Mental Health a strategic plan which the board may adopt or modify;

(g) To implement best practices for all programs of mental health and intellectual developmental disability services, and to establish and implement all other services delivered by the Department of Mental Health. To carry out this responsibility, the committee shall develop best practices based on a comprehensive analysis of the mental health environment to determine what the best practices for each program are. In developing best practices, the committee shall consider the cost
and benefits associated with each practice with a goal of implementing only those practices that are cost-effective practices for service delivery. Such best practices shall be utilized by the committee in establishing performance standards and evaluations of the Community Mental Health Centers' programs;

(h) Conduct any other activities necessary to the evaluation and study of the program of mental health and intellectual developmental disability services;

(i) Recommend to the Legislature any changes the department believes are necessary to the current laws addressing civil commitment.

SECTION 5. Section 41-4-7, Mississippi Code of 1972, is amended as follows:

41-4-7. The State Board of Mental Health shall have the following powers and duties:

(a) To appoint a full-time Executive Director of the Department of Mental Health, who shall be employed by the board and shall serve as executive secretary to the board. The first director shall be a duly licensed physician with special interest and competence in psychiatry, and shall possess a minimum of three (3) years' experience in clinical and administrative psychiatry. Subsequent directors shall possess at least a master's degree or its equivalent, and shall possess at least ten (10) years' administrative experience in the field of mental health. The salary of the executive director shall be determined by the board;

(b) To set up state plans for the purpose of controlling and treating any and all forms of mental and emotional illness, alcoholism, drug misuse and developmental disabilities;

(c) To supervise, coordinate and establish standards for all operations and activities of the state related to mental health and providing mental health services. Nothing in this chapter shall preclude the services of a psychiatric/mental health nurse practitioner in accordance with an established nurse
practitioner-physician protocol. A physician, clinical psychologist or psychiatric/mental health nurse practitioner in accordance with an established nurse practitioner-physician protocol shall certify each client's record annually after seeing the client in person or by telemedicine, and more often if medically indicated by physically visiting the client and certifying same in the record. A licensed clinical social worker may review a client's record for certification by a physician, clinical psychologist or psychiatric/mental health nurse practitioner, as provided under this paragraph. The board shall have the authority to develop and implement all standards and plans and shall have the authority to establish appropriate actions, including financially punitive actions, to ensure enforcement of these established standards, in accordance with the Administrative Procedures Law (Section 25-43-1 et seq.). The regional community mental health/intellectual disability centers shall comply with all of the board's established standards that are applicable to those centers, and the board may withhold any state funds that otherwise would be allocated or paid to any of those centers that does not comply with the board's established standards. This paragraph (c) shall stand repealed on July 1, 2013;

(d) To enter into contracts with any other state or federal agency, or with any private person, organization or group capable of contracting, if it finds such action to be in the public interest;

(e) To collect reasonable fees for its services; however, if it is determined that a person receiving services is unable to pay the total fee, the department shall collect any amount such person is able to pay;

(f) To certify, coordinate and establish minimum standards and establish minimum required services, as defined in subsection (2), paragraph (a)(i), (ii), (iii), (iv), (v), (vi) and
paragraph (b)(i), (ii), (iii), (iv), (v), (vi), (vii), (viii), (ix) and (x); paragraph (c)(i) and (ii); and paragraph (d)(i), (ii), (iii), (iv) and (v) of Section 41-4-1, Mississippi Code of 1972, for regional mental health and intellectual disability commissions and other community service providers for community or regional programs and services in adult mental health, children and youth mental health, intellectual disabilities, alcoholism, drug misuse, developmental disabilities, compulsive gambling, addictive disorders and related programs throughout the state. Such regional mental health and intellectual disability commissions and other community service providers shall, on or before July 1 of each year, submit an annual operational plan to the State Department of Mental Health for approval or disapproval based on the minimum standards and minimum required services established by the department for certification and itemize the services as defined in subsection (2), paragraph (a)(i), (ii), (iii), (iv), (v), (vi) and (vii); paragraph (b)(i), (ii), (iii), (iv), (v), (vi), (vii), (viii), (ix) and (x); paragraph (c)(i) and (ii); and paragraph (d)(i), (ii), (iii), (iv) and (v) of Section 41-4-1, Mississippi Code of 1972. As part of the annual operation plan required by this paragraph (h) submitted by any regional community mental health center or by any other reasonable certification deemed acceptable by the department, the community mental health center shall state, by number and description, those services specified in Section 41-4-1(2), Mississippi Code of 1972, that it will provide and also, by number and description, those services that it will not provide. If the department finds deficiencies in the plan of any regional commission or community service provider based on the minimum standards and minimum required services established for certification, the department shall give the regional commission or community service provider a six-month probationary period to bring its standards and services up to the established minimum.
standards and minimum required services. After the six-month probationary period, if the department determines that the regional commission or community service provider still does not meet the minimum standards and minimum required services established for certification, the department may remove the certification of the commission or provider for the particular service or services in question. ** The Mississippi Department of Mental Health shall identify an appropriate community service provider to provide any core services in that county which is not provided by a community mental health center. The State Board of Mental Health shall promulgate rules and regulations necessary to implement the provisions of this paragraph (f), in accordance with the Administrative Procedures Law (Section 25-43-1 et seq.).**

Nothing contained in this act shall restrict the authority of any state agency to contract for services for children under the jurisdiction of the youth court;

(g) To establish and promulgate reasonable minimum standards for the construction and operation of state and all Department of Mental Health certified facilities, including reasonable minimum standards for the admission, diagnosis, care, treatment, transfer of patients and their records, and also including reasonable minimum standards for providing day care, outpatient care, emergency care, inpatient care and follow-up care, when such care is provided for persons with mental or emotional illness, an intellectual disability, alcoholism, drug misuse and developmental disabilities;

(h) To assist community or regional programs consistent with the purposes of this chapter by making grants and contracts from available funds;

(i) To establish and collect reasonable fees for necessary inspection services incidental to certification or compliance;
(j) To accept gifts, trusts, bequests, grants, endowments or transfers of property of any kind;
(k) To receive monies coming to it by way of fees for services or by appropriations;
(l) To serve as the single state agency in receiving and administering any and all funds available from any source for the purpose of service delivery, training, research and education in regard to all forms of mental illness, intellectual disabilities, alcoholism, drug misuse and developmental disabilities, unless such funds are specifically designated to a particular agency or institution by the federal government, the Mississippi Legislature or any other grantor;
(m) To establish mental health holding centers for the purpose of providing short-term emergency mental health treatment, places for holding persons awaiting commitment proceedings or awaiting placement in a state mental health facility following commitment, and for diverting placement in a state mental health facility. These mental health holding facilities shall be readily accessible, available statewide, and be in compliance with emergency services' minimum standards. They shall be comprehensive and available to triage and make appropriate clinical disposition, including the capability to access inpatient services or less restrictive alternatives, as needed, as determined by medical staff. Such facility shall have medical, nursing and behavioral services available on a twenty-four-hour-a-day basis. The board may provide for all or part of the costs of establishing and operating the holding centers in each district from such funds as may be appropriated to the board for such use, and may participate in any plan or agreement with any public or private entity under which the entity will provide all or part of the costs of establishing and operating a holding center in any district;
(n) To certify/license case managers, mental health therapists, intellectual disability therapists, mental health/intellectual disability program administrators, addiction counselors and others as deemed appropriate by the board. Persons already professionally licensed by another state board or agency are not required to be certified/licensed under this section by the Department of Mental Health. The department shall not use professional titles in its certification/licensure process for which there is an independent licensing procedure. Such certification/licensure shall be valid only in the state mental health system, in programs funded and/or certified by the Department of Mental Health, and/or in programs certified/licensed by the State Department of Health that are operated by the state mental health system serving persons with mental illness, an intellectual disability, a developmental disability or addictions, and shall not be transferable;

(o) To develop formal mental health worker qualifications for regional mental health and intellectual disability commissions and other community service providers. The State Personnel Board shall develop and promulgate a recommended salary scale and career ladder for all regional mental health/intellectual disability center therapists and case managers who work directly with clients. The State Personnel Board shall also develop and promulgate a career ladder for all direct care workers employed by the State Department of Mental Health;

(p) The employees of the department shall be governed by personnel merit system rules and regulations, the same as other employees in state services;

(q) To establish such rules and regulations as may be necessary in carrying out the provisions of this chapter, including the establishment of a formal grievance procedure to investigate and attempt to resolve consumer complaints;
(r) To grant easements for roads, utilities and any other purpose it finds to be in the public interest;
(s) To survey statutory designations, building markers and the names given to mental health/intellectual disability facilities and proceedings in order to recommend deletion of obsolete and offensive terminology relative to the mental health/intellectual disability system. Based upon a recommendation of the executive director, the board shall have the authority to name/rename any facility operated under the auspices of the Department of Mental Health for the sole purpose of deleting such terminology;
(t) To ensure an effective case management system directed at persons who have been discharged from state and private psychiatric hospitals to ensure their continued well-being in the community;
(u) To develop formal service delivery standards designed to measure the quality of services delivered to community clients, as well as the timeliness of services to community clients provided by regional mental health/intellectual disability commissions and other community services providers;
(v) To establish regional state offices to provide mental health crisis intervention centers and services available throughout the state to be utilized on a case-by-case emergency basis. The regional services director, other staff and delivery systems shall meet the minimum standards of the Department of Mental Health;
(w) To require performance contracts with community mental health/intellectual disability service providers to contain performance indicators to measure successful outcomes, including diversion of persons from inpatient psychiatric hospitals, rapid/timely response to emergency cases, client satisfaction with services and other relevant performance measures;
(x) To enter into interagency agreements with other state agencies, school districts and other local entities as determined necessary by the department to ensure that local mental health service entities are fulfilling their responsibilities to the overall state plan for behavioral services;

(y) To establish and maintain a toll-free grievance reporting telephone system for the receipt and referral for investigation of all complaints by clients of state and community mental health/intellectual disability facilities;

(z) To establish a peer review/quality assurance evaluation system that assures that appropriate assessment, diagnosis and treatment is provided according to established professional criteria and guidelines;

(aa) To develop and implement state plans for the purpose of assisting with the care and treatment of persons with Alzheimer's disease and other dementia. This plan shall include education and training of service providers, caregivers in the home setting and others who deal with Alzheimer's disease and other dementia, and development of adult day care, family respite care and counseling programs to assist families who maintain persons with Alzheimer's disease and other dementia in the home setting. No agency shall be required to provide any services under this section until such time as sufficient funds have been appropriated or otherwise made available by the Legislature specifically for the purposes of the treatment of persons with Alzheimer's and other dementia;

(bb) Working with the advice and consent of the administration of Ellisville State School, to enter into negotiations with the Economic Development Authority of Jones County for the purpose of negotiating the possible exchange, lease or sale of lands owned by Ellisville State School to the Economic Development Authority of Jones County. It is the intent of the Mississippi Legislature that such negotiations shall ensure that
the financial interest of the persons with an intellectual
disability served by Ellisville State School will be held
paramount in the course of these negotiations. The Legislature
also recognizes the importance of economic development to the
citizens of the State of Mississippi and Jones County, and
encourages fairness to the Economic Development Authority of Jones
County. Any negotiations proposed which would result in the
recommendation for exchange, lease or sale of lands owned by
Ellisville State School must have the approval of the State Board
of Mental Health. The State Board of Mental Health may and has
the final authority as to whether or not these negotiations result
in the exchange, lease or sale of the properties it currently
holds in trust for persons with an intellectual disability served
at Ellisville State School.

If the State Board of Mental Health authorizes the sale of
lands owned by Ellisville State School, as provided for under this
paragraph (bb), the monies derived from the sale shall be placed
into a special fund that is created in the State Treasury to be
known as the "Ellisville State School Client's Trust Fund." The
principal of the trust fund shall remain inviolate and shall never
be expended. Any interest earned on the principal may be expended
solely for the benefits of clients served at Ellisville State
School. The State Treasurer shall invest the monies of the trust
fund in any of the investments authorized for the Mississippi
Prepaid Affordable College Tuition Program under Section 37-155-9,
and those investments shall be subject to the limitations
prescribed by Section 37-155-9. Unexpended amounts remaining in
the trust fund at the end of a fiscal year shall not lapse into
the State General Fund, and any interest earned on amounts in the
trust fund shall be deposited to the credit of the trust fund.
The administration of Ellisville State School may use any interest
earned on the principal of the trust fund, upon appropriation by
the Legislature, as needed for services or facilities by the
clients of Ellisville State School. Ellisville State School shall
make known to the Legislature, through the Legislative Budget
Committee and the respective Appropriations Committees of the
House and Senate, its proposed use of interest earned on the
principal of the trust fund for any fiscal year in which it
proposes to make expenditures thereof. The State Treasurer shall
provide Ellisville State School with an annual report on the
Ellisville State School Client's Trust Fund to indicate the total
monies in the trust fund, interest earned during the year,
expenses paid from the trust fund and such other related
information.

Nothing in this section shall be construed as applying to or
affecting mental health/intellectual disability services provided
by hospitals as defined in Section 41-9-3(a), and/or their
subsidiaries and divisions, which hospitals, subsidiaries and
divisions are licensed and regulated by the Mississippi State
Department of Health unless such hospitals, subsidiaries or
divisions voluntarily request certification by the Mississippi
State Department of Mental Health.

All new programs authorized under this section shall be
subject to the availability of funds appropriated therefor by the
Legislature;

(cc) Working with the advice and consent of the
administration of Boswell Regional Center, to enter into
negotiations with the Economic Development Authority of Simpson
County for the purpose of negotiating the possible exchange, lease
or sale of lands owned by Boswell Regional Center to the Economic
Development Authority of Simpson County. It is the intent of the
Mississippi Legislature that such negotiations shall ensure that
the financial interest of the persons with an intellectual
disability served by Boswell Regional Center will be held
paramount in the course of these negotiations. The Legislature
also recognizes the importance of economic development to the
citizens of the State of Mississippi and Simpson County, and encourages fairness to the Economic Development Authority of Simpson County. Any negotiations proposed which would result in the recommendation for exchange, lease or sale of lands owned by Boswell Regional Center must have the approval of the State Board of Mental Health. The State Board of Mental Health may and has the final authority as to whether or not these negotiations result in the exchange, lease or sale of the properties it currently holds in trust for persons with an intellectual disability served at Boswell Regional Center. In any such exchange, lease or sale of such lands owned by Boswell Regional Center, title to all minerals, oil and gas on such lands shall be reserved, together with the right of ingress and egress to remove same, whether such provisions be included in the terms of any such exchange, lease or sale or not.

If the State Board of Mental Health authorizes the sale of lands owned by Boswell Regional Center, as provided for under this paragraph (cc), the monies derived from the sale shall be placed into a special fund that is created in the State Treasury to be known as the "Boswell Regional Center Client's Trust Fund." The principal of the trust fund shall remain inviolate and shall never be expended. Any earnings on the principal may be expended solely for the benefits of clients served at Boswell Regional Center. The State Treasurer shall invest the monies of the trust fund in any of the investments authorized for the Mississippi Prepaid Affordable College Tuition Program under Section 37-155-9, and those investments shall be subject to the limitations prescribed by Section 37-155-9. Unexpended amounts remaining in the trust fund at the end of a fiscal year shall not lapse into the State General Fund, and any earnings on amounts in the trust fund shall be deposited to the credit of the trust fund. The administration of Boswell Regional Center may use any earnings on the principal of the trust fund, upon appropriation by the Legislature, as

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needed for services or facilities by the clients of Boswell Regional Center. Boswell Regional Center shall make known to the Legislature, through the Legislative Budget Committee and the respective Appropriations Committees of the House and Senate, its proposed use of the earnings on the principal of the trust fund for any fiscal year in which it proposes to make expenditures thereof. The State Treasurer shall provide Boswell Regional Center with an annual report on the Boswell Regional Center Client's Trust Fund to indicate the total monies in the trust fund, interest and other income earned during the year, expenses paid from the trust fund and such other related information.

Nothing in this section shall be construed as applying to or affecting mental health/intellectual disability services provided by hospitals as defined in Section 41-9-3(a), and/or their subsidiaries and divisions, which hospitals, subsidiaries and divisions are licensed and regulated by the Mississippi State Department of Health unless such hospitals, subsidiaries or divisions voluntarily request certification by the Mississippi State Department of Mental Health.

All new programs authorized under this section shall be subject to the availability of funds appropriated therefor by the Legislature;

(dd) Notwithstanding any other section of the code, the Board of Mental Health shall be authorized to fingerprint and perform a criminal history record check on every employee or volunteer. Every employee and volunteer shall provide a valid current social security number and/or driver's license number which shall be furnished to conduct the criminal history record check. If no disqualifying record is identified at the state level, fingerprints shall be forwarded to the Federal Bureau of Investigation for a national criminal history record check;

(ee) The Department of Mental Health shall have the authority for the development of a consumer friendly single point
of intake and referral system within its service areas for persons
with mental illness, an intellectual disability, developmental
disabilities or alcohol or substance abuse who need assistance
identifying or accessing appropriate services. The department
will develop and implement a comprehensive evaluation procedure
ensuring that, where appropriate, the affected person or their
parent or legal guardian will be involved in the assessment and
planning process. The department, as the point of intake and as
service provider, shall have the authority to determine the
appropriate institutional, hospital or community care setting for
persons who have been diagnosed with mental illness, an
intellectual disability, developmental disabilities and/or alcohol
or substance abuse, and may provide for the least restrictive
placement if the treating professional believes such a setting is
appropriate, if the person affected or their parent or legal
guardian wants such services, and if the department can do so with
a reasonable modification of the program without creating a
fundamental alteration of the program. The least restrictive
setting could be an institution, hospital or community setting,
based upon the needs of the affected person or their parent or
legal guardian;

(ff) To have the sole power and discretion to enter
into, sign, execute and deliver long-term or multiyear leases of
real and personal property owned by the Department of Mental
Health to and from other state and federal agencies and private
entities deemed to be in the public's best interest. Any monies
derived from such leases shall be deposited into the funds of the
Department of Mental Health for its exclusive use. Leases to
private entities shall be approved by the Department of Finance
and Administration and all leases shall be filed with the
Secretary of State;

(gg) To certify and establish minimum standards and
minimum required services for county facilities used for housing,
feeding and providing medical treatment for any person who has
been involuntarily ordered admitted to a treatment center by a
court of competent jurisdiction. If the department finds
deficiencies in any such county facility or its provider based on
the minimum standards and minimum required services established
for certification, the department shall give the county or its
provider a six-month probationary period to bring its standards
and services up to the established minimum standards and minimum
required services. After the six-month probationary period, if
the department determines that the county or its provider still
does not meet the minimum standards and minimum required services,
the department may remove the certification of the county or
provider and require the county to contract with another county
having a certified facility to hold those persons for that period
of time pending transportation and admission to a state treatment
facility. Any cost incurred by a county receiving an
involuntarily committed person from a county with a decertified
holding facility shall be reimbursed by the home county to the
receiving county;

(hh) To provide professional and technical support for,
and to implement the programs recommended by the Strategic
Planning and Best Practices Committee established in Section
41-4-6, Mississippi Code of 1972.

SECTION 6. Section 41-19-33, Mississippi Code of 1972, is
amended as follows:
41-19-33. (1) Each region so designated or established
under Section 41-19-31 shall establish a regional commission to be
composed of members appointed by the boards of supervisors of the
various counties in the region. It shall be the duty of such
regional commission to administer mental health/intellectual
disability programs certified by the State Board of Mental Health
and as defined in Section 41-4-1(2), Mississippi Code of 1972, or
to assure that services are being provided by other providers or
to determine they cannot do so. In addition, once designated and established as provided hereinabove, a regional commission shall have the following authority and shall pursue and promote the following general purposes:

(a) To establish, own, lease, acquire, construct, build, operate and maintain mental illness, mental health, intellectual disability, alcoholism and general rehabilitative facilities and services designed to serve the needs of the people of the region so designated; provided that the services supplied by the regional commissions shall include those services determined by the Department of Mental Health to be necessary and may include, in addition to the above, services for persons with developmental and learning disabilities; for persons suffering from narcotic addiction and problems of drug abuse and drug dependence; and for the aging as designated and certified by the Department of Mental Health. Such regional mental health and intellectual disability commissions and other community service providers shall, on or before July 1 of each year, submit an annual operational plan to the State Department of Mental Health for approval or disapproval based on the minimum standards and minimum required services established by the department for certification and itemize the services as defined in subsection (2), paragraph (a)(i), (ii), (iii), (iv), (v), (vi) and (vii); paragraph (b)(i), (ii), (iii), (iv), (v), (vi), (vii), (viii), (ix) and (x); paragraph (c)(i) and (ii); and paragraph (d)(i), (ii), (iii), (iv) and (v) of Section 41-4-1, Mississippi Code of 1972. As part of the annual operation plan required by Section 41-4-7(h), Mississippi Code of 1972, submitted by any regional community mental health center or by any other reasonable certification deemed acceptable by the department, the community mental health center shall state, by number and description, those services specified in Section 41-4-1(2), Mississippi Code of 1972, that it will provide and also, by number and description, those
services that it will not provide. If the department finds deficiencies in the plan of any regional commission or community service provider based on the minimum standards and minimum required services established for certification, the department shall give the regional commission or community service provider a six-month probationary period to bring its standards and services up to the established minimum standards and minimum required services. After the six-month probationary period, if the department determines that the regional commission or community service provider still does not meet the minimum standards and minimum required services established for certification, the department may remove the certification of the commission or provider for the particular service or services in question. The Mississippi Department of Mental Health shall identify an appropriate community service provider to provide any core services in that county which is not provided by a community mental health center.

(b) To provide facilities and services for the prevention of mental illness, mental disorders, developmental and learning disabilities, alcoholism, narcotic addiction, drug abuse, drug dependence and other related handicaps or problems (including the problems of the aging) among the people of the region so designated, and for the rehabilitation of persons suffering from such illnesses, disorders, handicaps or problems as designated and certified by the Department of Mental Health.

(c) To promote increased understanding of the problems of mental illness, intellectual disabilities, alcoholism, developmental and learning disabilities, narcotic addiction, drug abuse and drug dependence and other related problems (including the problems of the aging) by the people of the region, and also to promote increased understanding of the purposes and methods of the rehabilitation of persons suffering from such illnesses,
disorders, handicaps or problems as designated and certified by
the Department of Mental Health.

(d) To enter into contracts and to make such other
arrangements as may be necessary, from time to time, with the
United States government, the government of the State of
Mississippi and such other agencies or governmental bodies as may
be approved by and acceptable to the regional commission for the
purpose of establishing, funding, constructing, operating and
maintaining facilities and services for the care, treatment and
rehabilitation of persons suffering from mental illness, an
intellectual disability, alcoholism, developmental and learning
disabilities, narcotic addiction, drug abuse, drug dependence and
other illnesses, disorders, handicaps and problems (including the
problems of the aging) as designated and certified by the
Department of Mental Health.

(e) To enter into contracts and make such other
arrangements as may be necessary with any and all private
businesses, corporations, partnerships, proprietorships or other
private agencies, whether organized for profit or otherwise, as
may be approved by and acceptable to the regional commission for
the purpose of establishing, funding, constructing, operating and
maintaining facilities and services for the care, treatment and
rehabilitation of persons suffering from mental illness, an
intellectual disability, alcoholism, developmental and learning
disabilities, narcotic addiction, drug abuse, drug dependence and
other illnesses, disorders, handicaps and problems (including the
problems of the aging) relating to minimum services established by
the Department of Mental Health.

(f) To promote the general mental health of the people
of the region.

(g) To pay the administrative costs of the operation of
the regional commissions, including per diem for the members of
the commission and its employees, attorney's fees, if and when
such are required in the opinion of the commission, and such other
expenses of the commission as may be necessary. The Department of
Mental Health standards and audit rules shall determine what
administrative cost figures shall consist of for the purposes of
this paragraph. Each regional commission shall submit a cost
report annually to the Department of Mental Health in accordance
with guidelines promulgated by the department.

(h) To employ and compensate any personnel that may be
necessary to effectively carry out the programs and services
established under the provisions of the aforesaid act, provided
such person meets the standards established by the Department of
Mental Health.

(i) To acquire whatever hazard, casualty or workers'
compensation insurance that may be necessary for any property,
real or personal, owned, leased or rented by the commissions, or
any employees or personnel hired by the commissions.

(j) To acquire professional liability insurance on all
employees as may be deemed necessary and proper by the commission,
and to pay, out of the funds of the commission, all premiums due
and payable on account thereof.

(k) To provide and finance within their own facilities,
or through agreements or contracts with other local, state or
federal agencies or institutions, nonprofit corporations, or
political subdivisions or representatives thereof, programs and
services for persons with mental illness, including treatment for
alcoholics, and promulgating and administering of programs to
combat drug abuse and programs for services for persons with an
intellectual disability.

(l) To borrow money from private lending institutions
in order to promote any of the foregoing purposes. A commission
may pledge collateral, including real estate, to secure the
repayment of money borrowed under the authority of this paragraph.
Any such borrowing undertaken by a commission shall be on terms
and conditions that are prudent in the sound judgment of the
members of the commission, and the interest on any such loan shall
not exceed the amount specified in Section 75-17-105. Any money
borrowed, debts incurred or other obligations undertaken by a
commission, regardless of whether borrowed, incurred or undertaken
before or after the effective date of this act, shall be valid,
binding and enforceable if it or they are borrowed, incurred or
undertaken for any purpose specified in this section and otherwise
conform to the requirements of this paragraph.

(m) To acquire, own and dispose of real and personal
property. Any real and personal property paid for with state
and/or county appropriated funds must have the written approval of
the Department of Mental Health and/or the county board of
supervisors, depending on the original source of funding, before
being disposed of under this paragraph.

(n) To enter into managed care contracts and make such
other arrangements as may be deemed necessary or appropriate by
the regional commission in order to participate in any managed
care program. Any such contract or arrangement affecting more
than one (1) region must have prior written approval of the
Department of Mental Health before being initiated and annually
thereafter.

(o) To provide facilities and services on a discounted
or capitated basis. Any such action when affecting more than one
(1) region must have prior written approval of the Department of
Mental Health before being initiated and annually thereafter.

(p) To enter into contracts, agreements or other
arrangements with any person, payor, provider or other entity,
under which the regional commission assumes financial risk for the
provision or delivery of any services, when deemed to be necessary
or appropriate by the regional commission. Any action under this
paragraph affecting more than one (1) region must have prior
written approval of the Department of Mental Health before being
initiated and annually thereafter.

(q) To provide direct or indirect funding, grants, financial support and assistance for any health maintenance organization, preferred provider organization or other managed care entity or contractor, where such organization, entity or contractor is operated on a nonprofit basis. Any action under this paragraph affecting more than one (1) region must have prior written approval of the Department of Mental Health before being initiated and annually thereafter.

(r) To form, establish, operate, and/or be a member of or participant in, either individually or with one or more other regional commissions, any managed care entity as defined in Section 83-41-403(c). Any action under this paragraph affecting more than one (1) region must have prior written approval of the Department of Mental Health before being initiated and annually thereafter.

(s) To meet at least annually with the board of supervisors of each county in its region for the purpose of presenting its total annual budget and total mental health/intellectual disability services system. The commission shall submit an annual report on the adult mental health services, children mental health services and intellectual disability services required by the State Board of Mental Health.

(t) To provide alternative living arrangements for persons with serious mental illness, including, but not limited to, group homes for persons with chronic mental illness.

(u) To make purchases and enter into contracts for purchasing in compliance with the public purchasing law, Sections 31-7-12 and 31-7-13, with compliance with the public purchasing law subject to audit by the State Department of Audit.

(v) To insure that all available funds are used for the benefit of persons with mental illness, persons with an
intellectual disability, substance abusers and persons with
developmental disabilities with maximum efficiency and minimum
administrative cost. At any time a regional commission, and/or
other related organization whatever it may be, accumulates surplus
funds in excess of one-half (1/2) of its annual operating budget,
the entity must submit a plan to the Department of Mental Health
stating the capital improvements or other projects that require
such surplus accumulation. If the required plan is not submitted
within forty-five (45) days of the end of the applicable fiscal
year, the Department of Mental Health shall withhold all state
appropriated funds from such regional commission until such time
as the capital improvement plan is submitted. If the submitted
capital improvement plan is not accepted by the department, the
surplus funds shall be expended by the regional commission in the
local mental health region on group homes for persons with mental
illness, persons with an intellectual disability, substance
abusers, children or other mental health/intellectual disability
services approved by the Department of Mental Health.

(w) Notwithstanding any other provision of law, to
fingerprint and perform a criminal history record check on every
employee or volunteer. Every employee or volunteer shall provide
a valid current social security number and/or driver's license
number that will be furnished to conduct the criminal history
record check. If no disqualifying record is identified at the
state level, fingerprints shall be forwarded to the Federal Bureau
of Investigation for a national criminal history record check.

(x) In general to take any action which will promote,
either directly or indirectly, any and all of the foregoing
purposes.

(2) The types of services established by the State
Department of Mental Health that must be provided by the regional
mental health/intellectual disability centers for certification by
the department, and the minimum levels and standards for those
services established by the department, shall be provided by the regional mental health/intellectual disability centers to children when such services are appropriate for children, in the determination of the department.

SECTION 7. Section 41-21-87, Mississippi Code of 1972, is amended as follows:

41-21-87. (1) The director of either the treatment facility where the patient is committed or the treatment facility where the patient resides while awaiting admission to any other treatment facility may discharge any civilly committed patient upon filing his certificate of discharge with the clerk of the committing court, certifying that the patient, in his judgment, no longer poses a substantial threat of physical harm to himself or others.

(2) A director of a treatment facility specified in subsection (1) above may return any patient to the custody of the committing court upon providing seven (7) days' notice and upon filing his certificate of same as follows:

(a) When, in the judgment of the director, the patient may be treated in a less restrictive environment; however, treatment in such less restrictive environment shall be implemented within seven (7) days after notification of the court; or

(b) When, in the judgment of the director, adequate facilities or treatment are not available at the treatment facility.

(3) Except as provided in Section 41-21-88, no committing court shall enjoin or restrain any director of a treatment facility specified in subsection (1) above from discharging a patient under this section whose treating professionals have determined that the patient meets one (1) of the criteria for discharge as outlined in subsection (1) or (2) of this section. The director of the treatment facility where the patient is committed may transfer any civilly committed patient from one (1)
facility operated directly by the Department of Mental Health to another as necessary for the welfare of that or other patients. 

Upon receiving the director's certificate of transfer, the court shall enter an order accordingly.

(4) Within twenty-four (24) hours prior to the release or discharge of any civilly committed patient, other than a temporary pass due to sickness or death in the patient's family, the director shall give or cause to be given notice of such release or discharge to one (1) member of the patient's immediate family, provided the member of the patient's immediate family has signed the consent to release form provided under subsection (5) and has furnished in writing a current address and telephone number, if applicable, to the director for such purpose. The notice of release shall also be provided to any victim of such person and/or to any person to whom a restraining order has been entered to protect from such person. The notice to the family member shall include the psychiatric diagnosis of any chronic mental disorder incurred by the civilly committed patient and any medications provided or prescribed to the patient for such conditions.

(5) All providers of service in a treatment facility, whether in a community mental health/intellectual disability center, region or state psychiatric hospital, are authorized and directed to request a consent to release information from all patients which will allow that entity to involve the family in the patient's treatment. Such release form shall be developed by the Department of Mental Health and provided to all treatment facilities, community mental health/intellectual disability centers and state facilities. All such facilities shall request such a release of information upon the date of admission of the patient to the facility or at least by the time the patient is discharged.

(6) Each month the Department of Mental Health Operated Facilities will provide the directors of community mental health
centers the names of all individuals who were discharged to their catchment area with referral for community-based services. The department will require community mental health care providers to report monthly the date that service(s) were initiated and type of service(s) initiated.

SECTION 8. This act shall take effect and be in force from and after July 1, 2011.