

**Adopted
COMMITTEE AMENDMENT NO 1 PROPOSED TO**

Senate Bill No. 2610

BY: Committee

**Amend by striking all after the enacting clause and inserting
in lieu thereof the following:**

64 **SECTION 1.** This act shall be known and may be cited as the
65 Rose Isabel Williams Mental Health Reform Act of 2020. The goal
66 of the act is to reform the current Mississippi mental health
67 delivery system so that necessary services, supports and
68 operational structures for all its citizens with mental illness
69 and/or alcohol and drug dependence and/or comorbidity, whether
70 children, youth or adults, are accessible and delivered preferably
71 in the communities where these citizens live. To accomplish this
72 goal, this act provides for a Coordinator of Mental Health
73 Accessibility with the powers and duties set forth in this act.



74 **SECTION 2.** As used in this act, the following terms shall
75 have the following meanings, unless the context clearly indicates
76 a different meaning:

77 (a) "Community mental health center" means a facility
78 authorized under Section 41-19-33.

79 (b) "Mental health services" includes all services
80 offered by the mental health system in Mississippi, including, but
81 not limited to, the following:

82 (i) Community mental health services, including:

- 83 1. Programs of assertive community treatment;
- 84 2. Mobile crisis response services;
- 85 3. Crisis stabilization units;
- 86 4. Community support services;
- 87 5. Peer support services;
- 88 6. Supported employment; and
- 89 7. Permanent supported housing; and

90 (ii) Institutional mental health services, which
91 are services that encompass civil commitment or hospitalization in
92 a psychiatric hospital;

93 (iii) Mental health services provided in
94 facilities authorized in Title 47, Mississippi Code of 1972;

95 (iv) Core adult mental health services;

96 (v) Child mental health services;

97 (vi) Intellectual/developmental disability
98 services;



99 (vii) Substance abuse prevention and
100 treatment/rehabilitation services; and

101 (viii) Any combination of the services defined in
102 this paragraph (b).

103 (c) "Mental health system" means the facilities,
104 institutions, centers, entities, persons and providers that
105 provide mental health services in Mississippi.

106 (d) "Regional commission" means a commission
107 established in Section 41-19-33.

108 **SECTION 3.** (1) There is created within the State Department
109 of Mental Health a position to be known as the Coordinator of
110 Mental Health Accessibility, which shall be appointed by the State
111 Board of Mental Health.

112 (2) The coordinator must have a master's degree, doctoral
113 degree or juris doctorate from an accredited institution of higher
114 learning and have not less than five (5) years of professional
115 experience.

116 (3) The Executive Director of the Department of Mental
117 Health shall make recommendations for the position of coordinator
118 to the board, and the board may consult with the Division of
119 Medicaid, the regional commissions and any advocacy groups that it
120 determines to be necessary, before the board appoints the
121 coordinator.



122 (4) The board shall appoint the coordinator within thirty
123 (30) days from the effective date of this act. The coordinator
124 may be removed only by majority vote of the board.

125 (5) All of the expenses of the coordinator, including the
126 coordinator's salary and the salaries of any staff of the
127 coordinator, shall be paid out of funds specifically appropriated
128 for that purpose.

129 **SECTION 4.** The coordinator shall have the following powers
130 and duties:

131 (a) To perform a comprehensive review of Mississippi's
132 mental health system to determine whether mental health services,
133 including community mental health services, are offered in each
134 county and available to the entire population of each county,
135 especially to those with serious and persistent mental illness.

136 (b) To analyze and review the structure of the mental
137 health system.

138 (c) To review the adequacy and quality of the
139 individualized supports and services provided to persons
140 discharged from the state hospitals or to persons at risk of
141 institutionalization throughout the state.

142 (d) To review the quarterly financial statements and
143 status reports of the individual community mental health centers
144 described in Section 41-19-33(3)(b).

145 (e) To consult with the Special Master appointed in the
146 United States of America v. State of Mississippi, No.



147 3:16-CV-622-CWR-FKB (S.D. Miss. Feb. 25, 2020) or any monitor or
148 other person appointed by the court, the State Department of
149 Mental Health, the Division of Medicaid, the State Department of
150 Rehabilitation Services, the State Department of Health, county
151 boards of supervisors, regional commissions, community mental
152 health centers, mental health advocates, community leaders and any
153 other necessary parties or entities, both private and
154 governmental, regarding the status of the services offered by
155 Mississippi's mental health system.

156 (f) To determine where in any county, or geographic
157 area within a county, the delivery or availability of mental
158 health services are inadequate.

159 (g) To determine whether each community mental health
160 center has sufficient funds to provide the required mental health
161 services.

162 (h) To report on the status of the mental health system
163 quarterly to the Governor, the Lieutenant Governor, the Speaker of
164 the House, the State Department of Mental Health, the regional
165 commissions, the Division of Medicaid, the State Department of
166 Rehabilitative Services, the State Department of Health, the
167 Department of Finance and Administration, the PEER Committee and
168 the Legislative Budget Office. The coordinator shall deliver the
169 quarterly status report to the Secretary of the Senate and the
170 Clerk of the House, who shall disseminate the report to the
171 appropriate members.



172 (i) In addition to the quarterly report required by
173 paragraph (h), to provide the PEER Committee each quarter with a
174 financial report, assessment and review of each community mental
175 health region and the services provided by the region, together
176 with findings by the coordinator on other relevant matters
177 relating to the region. The State Department of Mental Health and
178 the regional commissions shall cooperate with the PEER Committee
179 in its assessment and review of the community mental health
180 regions and shall provide the committee with all necessary
181 information and documentation as requested by the committee.

182 **SECTION 5.** In fulfilling the responsibilities of this act,
183 the coordinator may, subject to federal law:

184 (a) Hire staff needed for the performance of his or her
185 duties under this act, subject to the approval of the State Board
186 of Mental Health and provided that funds are specifically
187 appropriated for that purpose. The State Department of Mental
188 Health, upon request from the coordinator, may supplement the
189 staff of the coordinator. The coordinator shall have full control
190 over any staff hired and any staff provided by the department
191 under this paragraph (a);

192 (b) Enter any part of the mental health system,
193 including any facility or building used to provide mental health
194 services.

195 (c) Interview, on a confidential basis or otherwise,
196 persons and employees in the mental health system.



197 (d) Access services, documents, records, programs and
198 materials as necessary to assess the status of the mental health
199 system.

200 (e) Recommend changes to any portion of the mental
201 health system either in the coordinator's status reports or to the
202 board(s) of supervisors or regional commissions or to the State
203 Department of Mental Health or as otherwise determined to be
204 necessary by the coordinator.

205 (f) Develop and implement a plan to provide access to
206 mental health services in any county or geographic area within a
207 county, where services are determined to be inadequate, if
208 required by Section 6 of this act.

209 (g) Communicate with any governmental entity as is
210 necessary to fulfill the coordinator's duties under this act.

211 (h) Perform any other actions as the coordinator deems
212 necessary to fulfill the coordinator's duties under this act.

213 **SECTION 6.** (1) When the coordinator determines that a
214 county or a geographic area within a county offers inadequate
215 mental health services, the coordinator shall inform the board(s)
216 of supervisors and the regional commission of the geographic areas
217 where the services are inadequate.

218 (2) When the coordinator determines services are inadequate,
219 the coordinator shall determine if there is a plan in place or a
220 plan being developed to increase access to mental health services
221 in that county or the geographic area within the county where



222 mental health services are inadequate and shall assess the
223 viability of the plan, including its sufficiency to address the
224 inadequacy of the available mental health services.

225 (3) If there is no plan in place or being developed, the
226 coordinator may allow the county board of supervisors or the
227 regional commission a reasonable time to develop and implement a
228 plan.

229 (4) If the coordinator determines that the plan is or will
230 be insufficient to provide mental health services to the
231 population of the county or the geographic area within the county
232 where the services are inadequate, the coordinator shall develop
233 and implement a plan to facilitate increased access to mental
234 health services in the county or geographic area by:

235 (a) First working with one or more of the regional
236 commissions that are adjacent to the county or the geographic area
237 within the county where the mental health services are inadequate
238 to determine if one of those regional commissions is willing to
239 provide those services in the county or geographic area; or

240 (b) If no regional commission adjacent to the county or
241 the geographic area within the county where the mental health
242 services are inadequate is willing to provide those services in
243 the county or geographic area, then working with one or more of
244 the regional commissions that are not adjacent to the county or
245 geographic area to determine if one of those regional commissions



246 is willing to provide those services in the county or geographic
247 area.

248 (5) If the coordinator determines that no regional
249 commission in the state is willing to provide the necessary mental
250 health services in the county or the geographic area within the
251 county where the services are inadequate, the coordinator shall
252 notify the State Board of Mental Health. Within a reasonable time
253 after receiving such notice from the coordinator, the board shall
254 issue a request for proposals to obtain public or private
255 providers of mental health services to provide the necessary
256 mental health services in the county or the geographic area within
257 the county where the services are inadequate. The request for
258 proposals process followed by the board to obtain those services
259 shall not be subject to the rules, regulations or approval of the
260 Public Procurement Review Board.

261 **SECTION 7.** The State Department of Mental Health, the
262 regional commissions, the Division of Medicaid, the State
263 Department of Rehabilitation Services, the State Department of
264 Health, the PEER Committee, and the Legislative Budget Office
265 shall cooperate with the coordinator under this act and shall
266 allow the coordinator or his or her staff to, as it relates to the
267 performing of his or her duties:

268 (a) Enter any part of the mental health system,
269 including any facility or building used to provide mental health
270 services;



271 (b) Interview any person employed by or receiving
272 services from the respective entity; and

273 (c) Access services, documents, records, programs and
274 materials as necessary to assess the status of the mental health
275 system.

276 **SECTION 8.** Section 41-4-7, Mississippi Code of 1972, is
277 amended as follows:

278 41-4-7. The State Board of Mental Health shall have the
279 following powers and duties:

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

290 (b) To appoint a Medical Director for the Department of
291 Mental Health. The medical director shall provide clinical
292 oversight in the implementation of evidence-based and best
293 practices; provide clinical leadership in the integration of
294 mental health, intellectual disability and addiction services with
295 community partners in the public and private sectors; and provide



296 oversight regarding standards of care. The medical director shall
297 serve at the will and pleasure of the board, and will undergo an
298 annual review of job performance and future service to the
299 department;

300 (c) To cooperate with the Strategic Planning and Best
301 Practices Committee created in Section 41-4-10, Mississippi Code
302 of 1972, in establishing and implementing its state strategic
303 plan;

304 (d) To develop a strategic plan for the development of
305 services for persons with mental illness, persons with
306 developmental disabilities and other clients of the public mental
307 health system. Such strategic planning program shall require that
308 the board, acting through the Strategic Planning and Best
309 Practices Committee, perform the following functions respecting
310 the delivery of services:

311 (i) Establish measures for determining the
312 efficiency and effectiveness of the services specified in Section
313 41-4-1(2);

314 (ii) Conducting studies of community-based care in
315 other jurisdictions to determine which services offered in these
316 jurisdictions have the potential to provide the citizens of
317 Mississippi with more effective and efficient community-based
318 care;

319 (iii) Evaluating the efficiency and effectiveness
320 of the services specified in Section 41-4-1(2);



321 (iv) Recommending to the Legislature by January 1,
322 2014, any necessary additions, deletions or other changes
323 necessary to the services specified in Section 41-4-1(2);

324 (v) Implementing by July 1, 2012, a system of
325 performance measures for the services specified in Section
326 41-4-1(2);

327 (vi) Recommending to the Legislature any changes
328 that the department believes are necessary to the current laws
329 addressing civil commitment;

330 (vii) Conducting any other activities necessary to
331 the evaluation and study of the services specified in Section
332 41-4-1(2);

333 (viii) Assisting in conducting all necessary
334 strategic planning for the delivery of all other services of the
335 department. Such planning shall be conducted so as to produce a
336 single strategic plan for the services delivered by the public
337 mental health system and shall establish appropriate mission
338 statements, goals, objectives and performance indicators for all
339 programs and services of the public mental health system. For
340 services other than those specified in Section 41-4-1(2), the
341 committee shall recommend to the State Board of Mental Health a
342 strategic plan that the board may adopt or modify;

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



346 (f) [Repealed]

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

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

355 (i) To certify, coordinate and establish minimum
356 standards and establish minimum required services, as specified in
357 Section 41-4-1(2), for regional mental health and intellectual
358 disability commissions and other community service providers for
359 community or regional programs and services in adult mental
360 health, children and youth mental health, intellectual
361 disabilities, alcoholism, drug misuse, developmental disabilities,
362 compulsive gambling, addictive disorders and related programs
363 throughout the state. Such regional mental health and
364 intellectual disability commissions and other community service
365 providers shall, on or before July 1 of each year, submit an
366 annual operational plan to the State Department of Mental Health
367 for approval or disapproval based on the minimum standards and
368 minimum required services established by the department for
369 certification and itemize the services specified in Section
370 41-4-1(2), including financial statements. As part of the annual



371 operation plan required by this paragraph (i) submitted by any
372 regional community mental health center or by any other reasonable
373 certification deemed acceptable by the department, the community
374 mental health center shall state those services specified in
375 Section 41-4-1(2) that it will provide and also those services
376 that it will not provide. If the department finds deficiencies in
377 the plan of any regional commission or community service provider
378 based on the minimum standards and minimum required services
379 established for certification, the department shall give the
380 regional commission or community service provider a six-month
381 probationary period to bring its standards and services up to the
382 established minimum standards and minimum required services. The
383 regional commission or community service provider shall develop a
384 sustainability business plan within thirty (30) days of being
385 placed on probation, which shall be signed by all commissioners
386 and shall include policies to address one or more of the
387 following: the deficiencies in programmatic services, clinical
388 service staff expectations, timely and appropriate billing,
389 processes to obtain credentialing for staff, monthly reporting
390 processes, third party financial reporting and any other required
391 documentation as determined by the department. After the
392 six-month probationary period, if the department determines that
393 the regional commission or community service provider still does
394 not meet the minimum standards and minimum required services
395 established for certification, the department may remove the



396 certification of the commission or provider and from and after
397 July 1, 2011, the commission or provider shall be ineligible for
398 state funds from Medicaid reimbursement or other funding sources
399 for those services. However, the department shall not mandate a
400 standard or service, or decertify a regional commission or
401 community service provider for not meeting a standard or service,
402 if the standard or service does not have funding appropriated by
403 the Legislature or have a state, federal or local funding source
404 identified by the department. No county shall be required to levy
405 millage to provide a mandated standard or service above the
406 minimum rate required by Section 41-19-39. After the six-month
407 probationary period, the department may identify an appropriate
408 community service provider to provide any core services in that
409 county that are not provided by a community mental health center.
410 However, the department shall not offer reimbursement or other
411 accommodations to a community service provider of core services
412 that were not offered to the decertified community mental health
413 center for the same or similar services. The State Board of
414 Mental Health shall promulgate rules and regulations necessary to
415 implement the provisions of this paragraph (i), in accordance with
416 the Administrative Procedures Law (Section 25-43-1.101 et seq.);
417 (j) To establish and promulgate reasonable minimum
418 standards for the construction and operation of state and all
419 Department of Mental Health certified facilities, including
420 reasonable minimum standards for the admission, diagnosis, care,



421 treatment, transfer of patients and their records, and also
422 including reasonable minimum standards for providing day care,
423 outpatient care, emergency care, inpatient care and follow-up
424 care, when such care is provided for persons with mental or
425 emotional illness, an intellectual disability, alcoholism, drug
426 misuse and developmental disabilities;

427 (k) To implement best practices for all services
428 specified in Section 41-4-1(2), and to establish and implement all
429 other services delivered by the Department of Mental Health. To
430 carry out this responsibility, the board shall require the
431 department to establish a division responsible for developing best
432 practices based on a comprehensive analysis of the mental health
433 environment to determine what the best practices for each service
434 are. In developing best practices, the board shall consider the
435 cost and benefits associated with each practice with a goal of
436 implementing only those practices that are cost-effective
437 practices for service delivery. Such best practices shall be
438 utilized by the board in establishing performance standards and
439 evaluations of the community mental health centers' services
440 required by paragraph (d) of this section;

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



444 (m) To establish and collect reasonable fees for
445 necessary inspection services incidental to certification or
446 compliance;

447 (n) To accept gifts, trusts, bequests, grants,
448 endowments or transfers of property of any kind;

449 (o) To receive monies coming to it by way of fees for
450 services or by appropriations;

451 (p) To serve as the single state agency in receiving
452 and administering any and all funds available from any source for
453 the purpose of service delivery, training, research and education
454 in regard to all forms of mental illness, intellectual
455 disabilities, alcoholism, drug misuse and developmental
456 disabilities, unless such funds are specifically designated to a
457 particular agency or institution by the federal government, the
458 Mississippi Legislature or any other grantor;

459 (q) To establish mental health holding centers for the
460 purpose of providing short-term emergency mental health treatment,
461 places for holding persons awaiting commitment proceedings or
462 awaiting placement in a state mental health facility following
463 commitment, and for diverting placement in a state mental health
464 facility. These mental health holding facilities shall be readily
465 accessible, available statewide, and be in compliance with
466 emergency services' minimum standards. They shall be
467 comprehensive and available to triage and make appropriate
468 clinical disposition, including the capability to access inpatient



469 services or less restrictive alternatives, as needed, as
470 determined by medical staff. Such facility shall have medical,
471 nursing and behavioral services available on a
472 twenty-four-hour-a-day basis. The board may provide for all or
473 part of the costs of establishing and operating the holding
474 centers in each district from such funds as may be appropriated to
475 the board for such use, and may participate in any plan or
476 agreement with any public or private entity under which the entity
477 will provide all or part of the costs of establishing and
478 operating a holding center in any district;

479 (r) To certify/license case managers, mental health
480 therapists, intellectual disability therapists, mental
481 health/intellectual disability program administrators, addiction
482 counselors and others as deemed appropriate by the board. Persons
483 already professionally licensed by another state board or agency
484 are not required to be certified/licensed under this section by
485 the Department of Mental Health. The department shall not use
486 professional titles in its certification/licensure process for
487 which there is an independent licensing procedure. Such
488 certification/licensure shall be valid only in the state mental
489 health system, in programs funded and/or certified by the
490 Department of Mental Health, and/or in programs certified/licensed
491 by the State Department of Health that are operated by the state
492 mental health system serving persons with mental illness, an



493 intellectual disability, a developmental disability or addictions,
494 and shall not be transferable;

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

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

507 (u) To establish such rules and regulations as may be
508 necessary in carrying out the provisions of this chapter,
509 including the establishment of a formal grievance procedure to
510 investigate and attempt to resolve consumer complaints;

511 (v) To grant easements for roads, utilities and any
512 other purpose it finds to be in the public interest;

513 (w) To survey statutory designations, building markers
514 and the names given to mental health/intellectual disability
515 facilities and proceedings in order to recommend deletion of
516 obsolete and offensive terminology relative to the mental
517 health/intellectual disability system. Based upon a



518 recommendation of the executive director, the board shall have the
519 authority to name/rename any facility operated under the auspices
520 of the Department of Mental Health for the sole purpose of
521 deleting such terminology;

522 (x) To ensure an effective case management system
523 directed at persons who have been discharged from state and
524 private psychiatric hospitals to ensure their continued well-being
525 in the community;

526 (y) To develop formal service delivery standards
527 designed to measure the quality of services delivered to community
528 clients, as well as the timeliness of services to community
529 clients provided by regional mental health/intellectual disability
530 commissions and other community services providers;

531 (z) To establish regional state offices to provide
532 mental health crisis intervention centers and services available
533 throughout the state to be utilized on a case-by-case emergency
534 basis. The regional services director, other staff and delivery
535 systems shall meet the minimum standards of the Department of
536 Mental Health;

537 (aa) To require performance contracts with community
538 mental health/intellectual disability service providers to contain
539 performance indicators to measure successful outcomes, including
540 diversion of persons from inpatient psychiatric hospitals,
541 rapid/timely response to emergency cases, client satisfaction with
542 services and other relevant performance measures;



543 (bb) To enter into interagency agreements with other
544 state agencies, school districts and other local entities as
545 determined necessary by the department to ensure that local mental
546 health service entities are fulfilling their responsibilities to
547 the overall state plan for behavioral services;

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

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

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



567 Legislature specifically for the purposes of the treatment of
568 persons with Alzheimer's and other dementia;

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

590 If the State Board of Mental Health authorizes the sale of
591 lands owned by Ellisville State School, as provided for under this



592 paragraph (ff), the monies derived from the sale shall be placed
593 into a special fund that is created in the State Treasury to be
594 known as the "Ellisville State School Client's Trust Fund." The
595 principal of the trust fund shall remain inviolate and shall never
596 be expended. Any interest earned on the principal may be expended
597 solely for the benefits of clients served at Ellisville State
598 School. The State Treasurer shall invest the monies of the trust
599 fund in any of the investments authorized for the Mississippi
600 Prepaid Affordable College Tuition Program under Section 37-155-9,
601 and those investments shall be subject to the limitations
602 prescribed by Section 37-155-9. Unexpended amounts remaining in
603 the trust fund at the end of a fiscal year shall not lapse into
604 the State General Fund, and any interest earned on amounts in the
605 trust fund shall be deposited to the credit of the trust fund.
606 The administration of Ellisville State School may use any interest
607 earned on the principal of the trust fund, upon appropriation by
608 the Legislature, as needed for services or facilities by the
609 clients of Ellisville State School. Ellisville State School shall
610 make known to the Legislature, through the Legislative Budget
611 Committee and the respective Appropriations Committees of the
612 House and Senate, its proposed use of interest earned on the
613 principal of the trust fund for any fiscal year in which it
614 proposes to make expenditures thereof. The State Treasurer shall
615 provide Ellisville State School with an annual report on the
616 Ellisville State School Client's Trust Fund to indicate the total



617 monies in the trust fund, interest earned during the year,
618 expenses paid from the trust fund and such other related
619 information.

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

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

631 (gg) Working with the advice and consent of the
632 administration of Boswell Regional Center, to enter into
633 negotiations with the Economic Development Authority of Simpson
634 County for the purpose of negotiating the possible exchange, lease
635 or sale of lands owned by Boswell Regional Center to the Economic
636 Development Authority of Simpson County. It is the intent of the
637 Mississippi Legislature that such negotiations shall ensure that
638 the financial interest of the persons with an intellectual
639 disability served by Boswell Regional Center will be held
640 paramount in the course of these negotiations. The Legislature
641 also recognizes the importance of economic development to the



642 citizens of the State of Mississippi and Simpson County, and
643 encourages fairness to the Economic Development Authority of
644 Simpson County. Any negotiations proposed which would result in
645 the recommendation for exchange, lease or sale of lands owned by
646 Boswell Regional Center must have the approval of the State Board
647 of Mental Health. The State Board of Mental Health may and has
648 the final authority as to whether or not these negotiations result
649 in the exchange, lease or sale of the properties it currently
650 holds in trust for persons with an intellectual disability served
651 at Boswell Regional Center. In any such exchange, lease or sale
652 of such lands owned by Boswell Regional Center, title to all
653 minerals, oil and gas on such lands shall be reserved, together
654 with the right of ingress and egress to remove same, whether such
655 provisions be included in the terms of any such exchange, lease or
656 sale or not.

657 If the State Board of Mental Health authorizes the sale of
658 lands owned by Boswell Regional Center, as provided for under this
659 paragraph (gg), the monies derived from the sale shall be placed
660 into a special fund that is created in the State Treasury to be
661 known as the "Boswell Regional Center Client's Trust Fund." The
662 principal of the trust fund shall remain inviolate and shall never
663 be expended. Any earnings on the principal may be expended solely
664 for the benefits of clients served at Boswell Regional Center.
665 The State Treasurer shall invest the monies of the trust fund in
666 any of the investments authorized for the Mississippi Prepaid



667 Affordable College Tuition Program under Section 37-155-9, and
668 those investments shall be subject to the limitations prescribed
669 by Section 37-155-9. Unexpended amounts remaining in the trust
670 fund at the end of a fiscal year shall not lapse into the State
671 General Fund, and any earnings on amounts in the trust fund shall
672 be deposited to the credit of the trust fund. The administration
673 of Boswell Regional Center may use any earnings on the principal
674 of the trust fund, upon appropriation by the Legislature, as
675 needed for services or facilities by the clients of Boswell
676 Regional Center. Boswell Regional Center shall make known to the
677 Legislature, through the Legislative Budget Committee and the
678 respective Appropriations Committees of the House and Senate, its
679 proposed use of the earnings on the principal of the trust fund
680 for any fiscal year in which it proposes to make expenditures
681 thereof. The State Treasurer shall provide Boswell Regional
682 Center with an annual report on the Boswell Regional Center
683 Client's Trust Fund to indicate the total monies in the trust
684 fund, interest and other income earned during the year, expenses
685 paid from the trust fund and such other related information.

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



692 divisions voluntarily request certification by the Mississippi
693 State Department of Mental Health.

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

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

706 (ii) The Department of Mental Health shall have the
707 authority for the development of a consumer friendly single point
708 of intake and referral system within its service areas for persons
709 with mental illness, an intellectual disability, developmental
710 disabilities or alcohol or substance abuse who need assistance
711 identifying or accessing appropriate services. The department
712 will develop and implement a comprehensive evaluation procedure
713 ensuring that, where appropriate, the affected person or their
714 parent or legal guardian will be involved in the assessment and
715 planning process. The department, as the point of intake and as
716 service provider, shall have the authority to determine the



717 appropriate institutional, hospital or community care setting for
718 persons who have been diagnosed with mental illness, an
719 intellectual disability, developmental disabilities and/or alcohol
720 or substance abuse, and may provide for the least restrictive
721 placement if the treating professional believes such a setting is
722 appropriate, if the person affected or their parent or legal
723 guardian wants such services, and if the department can do so with
724 a reasonable modification of the program without creating a
725 fundamental alteration of the program. The least restrictive
726 setting could be an institution, hospital or community setting,
727 based upon the needs of the affected person or their parent or
728 legal guardian;

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

739 (kk) To certify and establish minimum standards and
740 minimum required services for county facilities used for housing,
741 feeding and providing medical treatment for any person who has



742 been involuntarily ordered admitted to a treatment center by a
743 court of competent jurisdiction. The minimum standard for the
744 initial assessment of those persons being housed in county
745 facilities is for the assessment to be performed by a physician,
746 preferably a psychiatrist, or by a nurse practitioner, preferably
747 a psychiatric nurse practitioner. If the department finds
748 deficiencies in any such county facility or its provider based on
749 the minimum standards and minimum required services established
750 for certification, the department shall give the county or its
751 provider a six-month probationary period to bring its standards
752 and services up to the established minimum standards and minimum
753 required services. After the six-month probationary period, if
754 the department determines that the county or its provider still
755 does not meet the minimum standards and minimum required services,
756 the department may remove the certification of the county or
757 provider and require the county to contract with another county
758 having a certified facility to hold those persons for that period
759 of time pending transportation and admission to a state treatment
760 facility. Any cost incurred by a county receiving an
761 involuntarily committed person from a county with a decertified
762 holding facility shall be reimbursed by the home county to the
763 receiving county * * *; and

764 (11) To provide orientation training to all new
765 commissioners of regional commissions and annual training for all
766 commissioners with continuing education regarding the Mississippi



767 mental health system and services as developed by the State
768 Department of Mental Health. Training shall be provided at the
769 expense of the department except for travel expenses which shall
770 be paid by the regional commission.

771 **SECTION 9.** Section 41-19-33, Mississippi Code of 1972, is
772 amended as follows:

773 41-19-33. (1) Each region so designated or established
774 under Section 41-19-31 shall establish a regional commission to be
775 composed of members appointed by the boards of supervisors of the
776 various counties in the region. It shall be the duty of such
777 regional commission to administer mental health/intellectual
778 disability programs certified and required by the State Board of
779 Mental Health and as specified in Section 41-4-1(2). In addition,
780 once designated and established as provided hereinabove, a
781 regional commission shall have the following authority and shall
782 pursue and promote the following general purposes:

783 (a) To establish, own, lease, acquire, construct,
784 build, operate and maintain mental illness, mental health,
785 intellectual disability, alcoholism and general rehabilitative
786 facilities and services designed to serve the needs of the people
787 of the region so designated, provided that the services supplied
788 by the regional commissions shall include those services
789 determined by the Department of Mental Health to be necessary and
790 may include, in addition to the above, services for persons with
791 developmental and learning disabilities; for persons suffering



792 from narcotic addiction and problems of drug abuse and drug
793 dependence; and for the aging as designated and certified by the
794 Department of Mental Health. Such regional mental health and
795 intellectual disability commissions and other community service
796 providers shall, on or before July 1 of each year, submit an
797 annual operational plan to the Department of Mental Health for
798 approval or disapproval based on the minimum standards and minimum
799 required services established by the department for certification
800 and itemize the services as specified in Section 41-4-1(2),
801 including financial statements. As part of the annual operation
802 plan required by Section 41-4-7(h) submitted by any regional
803 community mental health center or by any other reasonable
804 certification deemed acceptable by the department, the community
805 mental health center shall state those services specified in
806 Section 41-4-1(2) that it will provide and also those services
807 that it will not provide. If the department finds deficiencies in
808 the plan of any regional commission or community service provider
809 based on the minimum standards and minimum required services
810 established for certification, the department shall give the
811 regional commission or community service provider a six-month
812 probationary period to bring its standards and services up to the
813 established minimum standards and minimum required services. The
814 regional commission or community service provider shall develop a
815 sustainability business plan within thirty (30) days of being
816 placed on probation, which shall be signed by all commissioners



817 and shall include policies to address one or more of the
818 following: the deficiencies in programmatic services, clinical
819 service staff expectations, timely and appropriate billing,
820 processes to obtain credentialing for staff, monthly reporting
821 processes, third party financial reporting and any other required
822 documentation as determined by the department. After the
823 six-month probationary period, if the department determines that
824 the regional commission or community service provider still does
825 not meet the minimum standards and minimum required services
826 established for certification, the department may remove the
827 certification of the commission or provider, and from and after
828 July 1, 2011, the commission or provider shall be ineligible for
829 state funds from Medicaid reimbursement or other funding sources
830 for those services. After the six-month probationary period, the
831 Department of Mental Health may identify an appropriate community
832 service provider to provide any core services in that county that
833 are not provided by a community mental health center. However,
834 the department shall not offer reimbursement or other
835 accommodations to a community service provider of core services
836 that were not offered to the decertified community mental health
837 center for the same or similar services.

838 (b) To provide facilities and services for the
839 prevention of mental illness, mental disorders, developmental and
840 learning disabilities, alcoholism, narcotic addiction, drug abuse,
841 drug dependence and other related handicaps or problems (including



842 the problems of the aging) among the people of the region so
843 designated, and for the rehabilitation of persons suffering from
844 such illnesses, disorders, handicaps or problems as designated and
845 certified by the Department of Mental Health.

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

855 (d) To enter into contracts and to make such other
856 arrangements as may be necessary, from time to time, with the
857 United States government, the government of the State of
858 Mississippi and such other agencies or governmental bodies as may
859 be approved by and acceptable to the regional commission for the
860 purpose of establishing, funding, constructing, operating and
861 maintaining facilities and services for the care, treatment and
862 rehabilitation of persons suffering from mental illness, an
863 intellectual disability, alcoholism, developmental and learning
864 disabilities, narcotic addiction, drug abuse, drug dependence and
865 other illnesses, disorders, handicaps and problems (including the



866 problems of the aging) as designated and certified by the
867 Department of Mental Health.

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

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

883 (g) To pay the administrative costs of the operation of
884 the regional commissions, including per diem for the members of
885 the commission and its employees, attorney's fees, if and when
886 such are required in the opinion of the commission, and such other
887 expenses of the commission as may be necessary. The Department of
888 Mental Health standards and audit rules shall determine what
889 administrative cost figures shall consist of for the purposes of
890 this paragraph. Each regional commission shall submit a cost



891 report annually to the Department of Mental Health in accordance
892 with guidelines promulgated by the department.

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

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

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

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

914 (l) To borrow money from private lending institutions
915 in order to promote any of the foregoing purposes. A commission



916 may pledge collateral, including real estate, to secure the
917 repayment of money borrowed under the authority of this paragraph.
918 Any such borrowing undertaken by a commission shall be on terms
919 and conditions that are prudent in the sound judgment of the
920 members of the commission, and the interest on any such loan shall
921 not exceed the amount specified in Section 75-17-105. Any money
922 borrowed, debts incurred or other obligations undertaken by a
923 commission, regardless of whether borrowed, incurred or undertaken
924 before or after March 15, 1995, shall be valid, binding and
925 enforceable if it or they are borrowed, incurred or undertaken for
926 any purpose specified in this section and otherwise conform to the
927 requirements of this paragraph.

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

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



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

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

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

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



966 Department of Mental Health before being initiated and annually
967 thereafter.

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

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

978 (u) To make purchases and enter into contracts for
979 purchasing in compliance with the public purchasing law, Sections
980 31-7-12 and 31-7-13, with compliance with the public purchasing
981 law subject to audit by the State Department of Audit.

982 (v) To * * * ensure that all available funds are used
983 for the benefit of persons with mental illness, persons with an
984 intellectual disability, substance abusers and persons with
985 developmental disabilities with maximum efficiency and minimum
986 administrative cost. At any time a regional commission, and/or
987 other related organization whatever it may be, accumulates surplus
988 funds in excess of one-half (1/2) of its annual operating budget,
989 the entity must submit a plan to the Department of Mental Health
990 stating the capital improvements or other projects that require



991 such surplus accumulation. If the required plan is not submitted
992 within forty-five (45) days of the end of the applicable fiscal
993 year, the Department of Mental Health shall withhold all state
994 appropriated funds from such regional commission until such time
995 as the capital improvement plan is submitted. If the submitted
996 capital improvement plan is not accepted by the department, the
997 surplus funds shall be expended by the regional commission in the
998 local mental health region on group homes for persons with mental
999 illness, persons with an intellectual disability, substance
1000 abusers, children or other mental health/intellectual disability
1001 services approved by the Department of Mental Health.

1002 (w) Notwithstanding any other provision of law, to
1003 fingerprint and perform a criminal history record check on every
1004 employee or volunteer. Every employee or volunteer shall provide
1005 a valid current social security number and/or driver's license
1006 number that will be furnished to conduct the criminal history
1007 record check. If no disqualifying record is identified at the
1008 state level, fingerprints shall be forwarded to the Federal Bureau
1009 of Investigation for a national criminal history record check.

1010 (x) Notwithstanding any other provisions of law, each
1011 regional commission shall have the authority to create and operate
1012 a primary care health clinic to treat (i) its patients; and (ii)
1013 its patients' family members related within the third degree; and
1014 (iii) its patients' household members or caregivers, subject to
1015 the following requirements:



1016 (i) The regional commission may employ and
1017 compensate any personnel necessary and must satisfy applicable
1018 state and federal laws and regulations regarding the
1019 administration and operation of a primary care health clinic.

1020 (ii) A Mississippi licensed physician must be
1021 employed or under agreement with the regional commission to
1022 provide medical direction and/or to carry out the physician
1023 responsibilities as described under applicable state and/or
1024 federal law and regulations.

1025 (iii) The physician providing medical direction
1026 for the primary care clinic shall not be certified solely in
1027 psychiatry.

1028 (iv) A sliding fee scale may be used by the
1029 regional commission when no other payer source is identified.

1030 (v) The regional commission must ensure services
1031 will be available and accessible promptly and in a manner that
1032 preserves human dignity and assures continuity of care.

1033 (vi) The regional commission must provide a
1034 semiannual report to the Chairmen of the Public Health Committees
1035 in both the House of Representatives and Senate. At a minimum,
1036 for each reporting period, these reports shall describe the number
1037 of patients provided primary care services, the types of services
1038 provided, and the payer source for the patients. Except for
1039 patient information and any other information that may be exempt
1040 from disclosure under the Health Information Portability and



1041 Accountability Act (HIPAA) and the Mississippi Public Records Act,
1042 the reports shall be considered public records.

1043 (vii) The regional commission must employ or
1044 contract with a core clinical staff that is multidisciplinary and
1045 culturally and linguistically competent.

1046 (viii) The regional commission must ensure that
1047 its physician as described in subparagraph (ii) of this paragraph
1048 (x) has admitting privileges at one or more local hospitals or has
1049 an agreement with a physician who has admitting privileges at one
1050 or more local hospitals to ensure continuity of care.

1051 (ix) The regional commission must provide an
1052 independent financial audit report to the State Department of
1053 Mental Health and, except for patient information and any other
1054 information that may be exempt from disclosure under HIPAA and the
1055 Mississippi Public Records Act, the audit report shall be
1056 considered a public record.

1057 For the purposes of this paragraph (x), the term "caregiver"
1058 means an individual who has the principal and primary
1059 responsibility for caring for a child or dependent adult,
1060 especially in the home setting.

1061 (y) In general to take any action which will promote,
1062 either directly or indirectly, any and all of the foregoing
1063 purposes.

1064 (z) All regional commissioners shall receive new
1065 orientation training and annual training with continuing education



1066 regarding the Mississippi mental health system and services as
1067 developed by the State Department of Mental Health. Training
1068 shall be provided at the expense of the department except for
1069 travel expenses which shall be paid by the regional commission.

1070 (2) The types of services established by the State
1071 Department of Mental Health that must be provided by the regional
1072 mental health/intellectual disability centers for certification by
1073 the department, and the minimum levels and standards for those
1074 services established by the department, shall be provided by the
1075 regional mental health/intellectual disability centers to children
1076 when such services are appropriate for children, in the
1077 determination of the department.

1078 (3) Each regional commission shall compile quarterly
1079 financial statements and status reports from each individual
1080 community health center. The compiled reports shall be submitted
1081 to the coordinator quarterly. The reports shall contain a:

1082 (i) Balance sheet;
1083 (ii) Statement of operations;
1084 (iii) Statement of cash flows; and
1085 (iv) Description of the status of individual
1086 community health center's actions taken to increase access to and
1087 availability of community mental health services.

1088 **SECTION 10.** This act shall take effect and be in force from
1089 and after its passage.



Further, amend by striking the title in its entirety and inserting in lieu thereof the following:

1 AN ACT TO ENACT THE ROSE ISABEL WILLIAMS MENTAL HEALTH REFORM
2 ACT OF 2020; TO DEFINE CERTAIN TERMS; TO CREATE THE POSITION OF
3 THE COORDINATOR OF MENTAL HEALTH ACCESSIBILITY WITHIN THE STATE
4 DEPARTMENT OF MENTAL HEALTH; TO PROVIDE THAT THE COORDINATOR SHALL
5 BE APPOINTED BY THE STATE BOARD OF MENTAL HEALTH UPON
6 RECOMMENDATIONS OF THE EXECUTIVE DIRECTOR OF THE DEPARTMENT, AND
7 THE COORDINATOR MAY BE REMOVED ONLY BY MAJORITY VOTE OF THE BOARD;
8 TO PROVIDE THE MINIMUM QUALIFICATIONS OF THE COORDINATOR AND
9 PROVIDE FOR PAYMENT OF THE EXPENSES OF THE COORDINATOR; TO REQUIRE
10 THE COORDINATOR TO PERFORM A COMPREHENSIVE REVIEW OF THE MENTAL
11 HEALTH SYSTEM, TO CONSULT WITH CERTAIN DEPARTMENTS AND ENTITIES,
12 TO REVIEW THE QUARTERLY FINANCIAL STATEMENTS AND STATUS REPORTS OF
13 THE INDIVIDUAL COMMUNITY MENTAL HEALTH CENTERS, TO DETERMINE WHERE
14 IN ANY COUNTY OR GEOGRAPHIC AREA WITHIN A COUNTY THE DELIVERY OR
15 AVAILABILITY OF MENTAL HEALTH SERVICES ARE INADEQUATE, AND TO
16 REPORT ON THE STATUS OF THE MENTAL HEALTH SYSTEM TO CERTAIN
17 GOVERNMENTAL AUTHORITIES; TO AUTHORIZE THE COORDINATOR TO HIRE
18 STAFF; TO AUTHORIZE THE COORDINATOR TO INSPECT FACILITIES WITHIN
19 THE MENTAL HEALTH SYSTEM, TO INTERVIEW CERTAIN PERSONS, AND TO
20 ACCESS CERTAIN PROGRAMS, SERVICES, DOCUMENTS AND MATERIALS; TO
21 REQUIRE THE COORDINATOR TO COMMUNICATE WITH THE COUNTY BOARD OF
22 SUPERVISORS AND THE REGIONAL COMMISSION FOR THE COUNTY OR
23 GEOGRAPHIC AREA WHERE MENTAL HEALTH SERVICES ARE INADEQUATE TO
24 DETERMINE IF A PLAN IS BEING EXECUTED OR DEVELOPED TO INCREASE
25 ACCESS TO MENTAL HEALTH SERVICES; TO HAVE THE COORDINATOR ASSESS
26 THE VIABILITY OF ANY SUCH PLAN; TO REQUIRE THE COORDINATOR, WHEN
27 ANY SUCH PLAN IS DETERMINED TO BE INSUFFICIENT, TO DEVELOP AND
28 IMPLEMENT HIS OR HER OWN PLAN TO FACILITATE INCREASED ACCESS TO
29 MENTAL HEALTH SERVICES IN THE COUNTY OR GEOGRAPHIC AREA WHERE
30 MENTAL HEALTH SERVICES ARE INADEQUATE; TO REQUIRE THE COORDINATOR
31 TO FIRST WORK WITH THE REGIONAL COMMISSIONS THAT ARE ADJACENT TO
32 THE COUNTY OR THE GEOGRAPHIC AREA WHERE MENTAL HEALTH SERVICES ARE
33 INADEQUATE TO DETERMINE IF ONE OF THOSE REGIONAL COMMISSIONS IS
34 WILLING TO PROVIDE THOSE SERVICES IN THE COUNTY OR GEOGRAPHIC
35 AREA; TO PROVIDE THAT IF NO REGIONAL COMMISSION ADJACENT TO THE
36 COUNTY OR THE GEOGRAPHIC AREA WHERE MENTAL HEALTH SERVICES ARE
37 INADEQUATE IS WILLING TO PROVIDE THOSE SERVICES IN THE COUNTY OR
38 GEOGRAPHIC AREA, THE COORDINATOR THEN SHALL WORK WITH NONADJACENT
39 REGIONAL COMMISSIONS TO DETERMINE IF ONE OF THOSE REGIONAL
40 COMMISSIONS IS WILLING TO PROVIDE THOSE SERVICES IN THE COUNTY OR
41 GEOGRAPHIC AREA; TO PROVIDE THAT IF THE COORDINATOR DETERMINES
42 THAT NO REGIONAL COMMISSION IN THE STATE IS WILLING TO PROVIDE THE
43 NECESSARY MENTAL HEALTH SERVICES IN THE COUNTY OR THE GEOGRAPHIC
44 AREA WITHIN THE COUNTY WHERE THE SERVICES ARE INADEQUATE, THE



45 COORDINATOR SHALL NOTIFY THE STATE BOARD OF MENTAL HEALTH; TO
46 PROVIDE THAT THE BOARD THEN SHALL ISSUE A REQUEST FOR PROPOSALS TO
47 OBTAIN PUBLIC OR PRIVATE PROVIDERS OF MENTAL HEALTH SERVICES TO
48 PROVIDE THE NECESSARY MENTAL HEALTH SERVICES IN THE COUNTY OR THE
49 GEOGRAPHIC AREA WITHIN THE COUNTY WHERE THE SERVICES ARE
50 INADEQUATE; TO REQUIRE CERTAIN AGENCIES AND THE REGIONAL
51 COMMISSIONS TO COOPERATE WITH THE COORDINATOR; TO AMEND SECTIONS
52 41-4-7 AND 41-19-33, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT
53 WHEN A REGIONAL COMMISSION IS PLACED ON PROBATION BY THE STATE
54 DEPARTMENT OF MENTAL HEALTH FOR DEFICIENCIES IN THE COMMISSION'S
55 PLAN BASED ON THE MINIMUM STANDARDS AND MINIMUM REQUIRED SERVICES,
56 THE REGIONAL COMMISSION SHALL DEVELOP A SUSTAINABILITY BUSINESS
57 PLAN WITHIN THIRTY DAYS OF BEING PLACED ON PROBATION, WHICH SHALL
58 INCLUDE POLICIES TO ADDRESS CERTAIN SPECIFIED MATTERS; TO PROVIDE
59 THAT THE DEPARTMENT SHALL PROVIDE ORIENTATION TRAINING TO ALL NEW
60 COMMISSIONERS OF REGIONAL COMMISSIONS AND ANNUAL TRAINING FOR ALL
61 COMMISSIONERS WITH CONTINUING EDUCATION REGARDING THE MENTAL
62 HEALTH SYSTEM AND SERVICES; AND FOR RELATED PURPOSES.

