

By: Representatives Creekmore IV, Lancaster,  
Miles, Felsher, McCarty

To: Judiciary B; Ways and  
Means

HOUSE BILL NO. 1222  
(As Passed the House)

1 AN ACT TO CREATE "THE MISSISSIPPI COLLABORATIVE RESPONSE TO  
2 MENTAL HEALTH ACT"; TO REQUIRE EACH MUNICIPAL AND COUNTY LAW  
3 ENFORCEMENT AGENCY TO PROVIDE MENTAL HEALTH FIRST AID TRAINING  
4 THAT IS EVIDENCE-BASED AND APPROVED BY THE DEPARTMENT OF MENTAL  
5 HEALTH; TO REQUIRE EACH MUNICIPAL AND COUNTY LAW ENFORCEMENT  
6 AGENCY TO HAVE AT LEAST ONE CRISIS INTERVENTION TRAINED OFFICER BY  
7 A CERTAIN DATE; TO CREATE NEW SECTION 41-21-77.1, TO REQUIRE COURT  
8 LIAISONS FOR CERTAIN COUNTIES; TO AMEND SECTION 41-4-3,  
9 MISSISSIPPI CODE OF 1972, TO REVISE THE TERMS OF THE MEMBERS OF  
10 THE STATE BOARD OF MENTAL HEALTH; TO AMEND SECTION 41-19-31,  
11 MISSISSIPPI CODE OF 1972, TO CONFORM TO THE PROVISION WHICH  
12 REGULATED REGIONAL COMMISSIONS TO THIS ACT; TO AMEND SECTION  
13 41-19-33, MISSISSIPPI CODE OF 1972, TO REQUIRE EACH REGIONAL  
14 COMMISSION TO EMPLOY OR CONTRACT WITH AN ACCOUNTANT TO MANAGE ITS  
15 FINANCES; TO REQUIRE THE ACCOUNTANT TO PROVIDE AN ANNUAL AUDIT IN  
16 ADDITION TO OTHER DUTIES; TO PROVIDE QUALIFICATIONS FOR MEMBERS OF  
17 THE BOARD; TO AMEND SECTION 41-19-35, MISSISSIPPI CODE OF 1972, TO  
18 PROVIDE THAT MEMBERS OF THE REGIONAL COMMISSION SHALL SERVE AT THE  
19 WILL AND PLEASURE OF THE APPOINTING BOARD OF SUPERVISORS; TO  
20 REQUIRE THE COMMISSIONERS TO ATTEND CERTAIN TRAININGS AS A  
21 CONDITION TO REMAINING A COMMISSIONER; TO REQUIRE REMOVAL OF ANY  
22 COMMISSIONER WHO FAILS TO ATTEND CERTAIN TRAININGS PROVIDED BY THE  
23 DEPARTMENT OF MENTAL HEALTH; TO AMEND SECTION 41-21-63,  
24 MISSISSIPPI CODE OF 1972, TO REMOVE THE RESTRICTION FOR UNRESOLVED  
25 FELONIES FOR PURPOSES OF MENTAL HEALTH COMMITMENT FOR NONVIOLENT  
26 CRIMES; TO AMEND SECTION 41-21-67, MISSISSIPPI CODE OF 1972, TO  
27 PROVIDE THAT PERSONS WHO PERFORM PRE-SCREENING EVALUATIONS SHALL  
28 BE CERTIFIED BY THE COMMUNITY MENTAL HEALTH CENTERS; TO REVISE WHO  
29 MAY PERFORM A PHYSICAL AND MENTAL EXAMINATION WHEN A LICENSED  
30 PHYSICIAN IS NOT AVAILABLE WITHIN 48 HOURS OF ISSUANCE OF A WRIT;  
31 TO AMEND SECTION 41-21-77, MISSISSIPPI CODE OF 1972, TO REQUIRE  
32 THE CHANCERY CLERK TO MAINTAIN A RECORD FOR THE NUMBER OF PERSONS  
33 ORDERED FOR ADMISSION TO A TREATMENT FACILITY, THE NUMBER OF  
34 HEARINGS TO DETERMINE WHETHER A PERSON SHOULD BE ADMITTED AND THE



35 NUMBER OF AFFIDAVITS FILED FOR PURPOSES OF ADMITTING A PERSON TO A  
36 TREATMENT FACILITY; TO AMEND SECTION 41-4-7, MISSISSIPPI CODE OF  
37 1972, TO REVISE THE POWERS AND DUTIES OF THE STATE BOARD OF MENTAL  
38 HEALTH; TO BRING FORWARD SECTIONS 41-21-69, 41-21-71 AND 41-21-77,  
39 MISSISSIPPI CODE OF 1972, WHICH REGULATE PROCEDURES AFTER AN ORDER  
40 FOR ADMISSION TO A TREATMENT FACILITY HAS BEEN RENDERED; TO  
41 REQUIRE LAW ENFORCEMENT OFFICERS TO TRANSPORT PERSONS IN CRISIS TO  
42 THE APPROPRIATE HEALTHCARE FACILITY AT THE REQUEST OF THE CRISIS  
43 INTERVENTION TEAM; AND FOR RELATED PURPOSES.

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

45 **SECTION 1.** This act shall be known and may be cited as "The  
46 Mississippi Collaborative Response to Mental Health Act".

47 **SECTION 2.** (1) Each county and municipal law enforcement  
48 agency shall provide Mental Health First Aid training that is  
49 evidence-based and approved by the Department of Mental Health to  
50 all law enforcement officers who are employed or contracted by the  
51 agency by July 1, 2031.

52 (2) Each county and municipal law enforcement agency shall  
53 have at least one (1) law enforcement officer that is a trained  
54 Crisis Intervention Team Officer as defined by Section 41-21-131  
55 at all times by July 1, 2027.

56 **SECTION 3.** The following shall be codified as Section  
57 41-21-77.1, Mississippi Code of 1972:

58 41-21-77.1. Subject to appropriation by the Legislature, the  
59 Department of Mental Health shall provide funding to community  
60 mental health centers to allow the centers to designate a court  
61 liaison for each county in which the chancery court admits more  
62 than twenty (20) persons per year to a behavioral treatment  
63 facility under the authority of Section 41-21-77.



64           **SECTION 4.** Section 41-4-3, Mississippi Code of 1972, is  
65 amended as follows:

66           41-4-3. (1) There is created a State Board of Mental  
67 Health, referred to in this chapter as "board," consisting of nine  
68 (9) members, to be appointed by the Governor, with the advice and  
69 consent of the Senate, each of whom shall be a qualified elector.  
70 One (1) member shall be appointed from each congressional district  
71 as presently constituted; and four (4) members shall be appointed  
72 from the state at large, one (1) of whom shall be a licensed  
73 medical doctor who is a psychiatrist, one (1) of whom shall hold a  
74 Ph.D. degree and be a licensed clinical psychologist, one (1) of  
75 whom shall be a licensed medical doctor, and one (1) of whom shall  
76 be a social worker with experience in the mental health field.

77           No more than two (2) members of the board shall be appointed  
78 from any one (1) congressional district as presently constituted.

79           Each member of the initial board shall serve for a term of  
80 years represented by the number of his congressional district; two  
81 (2) state at large members shall serve for a term of six (6)  
82 years; two (2) state at large members shall serve for a term of  
83 seven (7) years; subsequent appointments shall be for seven-year  
84 terms and the Governor shall fill any vacancy for the unexpired  
85 term.

86           The board shall elect a chairman whose term of office shall  
87 be one (1) year and until his successor shall be elected.



88 (2) Each board member shall be entitled to a per diem as is  
89 authorized by law and all actual and necessary expenses, including  
90 mileage as provided by law, incurred in the discharge of official  
91 duties.

92 (3) The board shall hold regular meetings quarterly and such  
93 special meetings deemed necessary, except that no action shall be  
94 taken unless there is present a quorum of at least five (5)  
95 members.

96 (4) No board member may be appointed for more than two (2)  
97 terms. For purposes of counting terms of any board member, when  
98 the term ends for any board member who is a member of the board as  
99 of the effective date of this act, the end of such term shall be  
100 considered the person's first term. If any person who is a member  
101 of the board as of the effective date of this act is re-appointed  
102 after the expiration of his or her term, such succeeding term  
103 shall be considered the second term and such person shall not be  
104 re-appointed to the board.

105 **SECTION 5.** Section 41-19-31, Mississippi Code of 1972, is  
106 amended as follows:

107 41-19-31. For the purpose of authorizing the establishment  
108 of mental illness and intellectual disability facilities and  
109 services in the State of Mississippi, the boards of supervisors of  
110 one or more counties are authorized to act singularly or as a  
111 group in the selection of a regional district by spreading upon



112 their minutes by resolution such designation in conformity with  
113 this act.

114 **SECTION 6.** Section 41-19-33, Mississippi Code of 1972, is  
115 amended as follows:

116 41-19-33. (1) Each region so designated or established  
117 under Section 41-19-31 shall establish a regional commission to be  
118 composed of members appointed by the boards of supervisors of the  
119 various counties in the region. Each regional commission shall  
120 employ or contract with a certified public accountant for the  
121 purpose of managing the finances of the commission. The  
122 accountant shall provide an annual audit to the commission in  
123 addition to his or her other duties. It shall be the duty of such  
124 regional commission to administer mental health/intellectual  
125 disability programs certified and required by the State Board of  
126 Mental Health and as specified in Section 41-4-1(2). In addition,  
127 once designated and established as provided hereinabove, a  
128 regional commission shall have the following authority and shall  
129 pursue and promote the following general purposes:

130 (a) To establish, own, lease, acquire, construct,  
131 build, operate and maintain mental illness, mental health,  
132 intellectual disability, alcoholism and general rehabilitative  
133 facilities and services designed to serve the needs of the people  
134 of the region so designated, provided that the services supplied  
135 by the regional commissions shall include those services  
136 determined by the Department of Mental Health to be necessary and



137 may include, in addition to the above, services for persons with  
138 developmental and learning disabilities; for persons suffering  
139 from narcotic addiction and problems of drug abuse and drug  
140 dependence; and for the aging as designated and certified by the  
141 Department of Mental Health. Such regional mental health and  
142 intellectual disability commissions and other community service  
143 providers shall, on or before July 1 of each year, submit an  
144 annual operational plan to the Department of Mental Health for  
145 approval or disapproval based on the minimum standards and minimum  
146 required services established by the department for certification  
147 and itemize the services as specified in Section 41-4-1(2),  
148 including financial statements. As part of the annual operation  
149 plan required by Section 41-4-7(h) submitted by any regional  
150 community mental health center or by any other reasonable  
151 certification deemed acceptable by the department, the community  
152 mental health center shall state those services specified in  
153 Section 41-4-1(2) that it will provide and also those services  
154 that it will not provide. If the department finds deficiencies in  
155 the plan of any regional commission or community service provider  
156 based on the minimum standards and minimum required services  
157 established for certification, the department shall give the  
158 regional commission or community service provider a six-month  
159 probationary period to bring its standards and services up to the  
160 established minimum standards and minimum required services. The  
161 regional commission or community service provider shall develop a



162 sustainability business plan within thirty (30) days of being  
163 placed on probation, which shall be signed by all commissioners  
164 and shall include policies to address one or more of the  
165 following: the deficiencies in programmatic services, clinical  
166 service staff expectations, timely and appropriate billing,  
167 processes to obtain credentialing for staff, monthly reporting  
168 processes, third-party financial reporting and any other required  
169 documentation as determined by the department. After the  
170 six-month probationary period, if the department determines that  
171 the regional commission or community service provider still does  
172 not meet the minimum standards and minimum required services  
173 established for certification, the department may remove the  
174 certification of the commission or provider, and from and after  
175 July 1, 2011, the commission or provider shall be ineligible for  
176 state funds from Medicaid reimbursement or other funding sources  
177 for those services. After the six-month probationary period, the  
178 Department of Mental Health may identify an appropriate community  
179 service provider to provide any core services in that county that  
180 are not provided by a community mental health center. However,  
181 the department shall not offer reimbursement or other  
182 accommodations to a community service provider of core services  
183 that were not offered to the decertified community mental health  
184 center for the same or similar services.

185 (b) To provide facilities and services for the  
186 prevention of mental illness, mental disorders, developmental and



187 learning disabilities, alcoholism, narcotic addiction, drug abuse,  
188 drug dependence and other related handicaps or problems (including  
189 the problems of the aging) among the people of the region so  
190 designated, and for the rehabilitation of persons suffering from  
191 such illnesses, disorders, handicaps or problems as designated and  
192 certified by the Department of Mental Health.

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

202 (d) To enter into contracts and to make such other  
203 arrangements as may be necessary, from time to time, with the  
204 United States government, the government of the State of  
205 Mississippi and such other agencies or governmental bodies as may  
206 be approved by and acceptable to the regional commission for the  
207 purpose of establishing, funding, constructing, operating and  
208 maintaining facilities and services for the care, treatment and  
209 rehabilitation of persons suffering from mental illness, an  
210 intellectual disability, alcoholism, developmental and learning  
211 disabilities, narcotic addiction, drug abuse, drug dependence and





212 other illnesses, disorders, handicaps and problems (including the  
213 problems of the aging) as designated and certified by the  
214 Department of Mental Health.

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

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

230 (g) To pay the administrative costs of the operation of  
231 the regional commissions, including per diem for the members of  
232 the commission and its employees, attorney's fees, if and when  
233 such are required in the opinion of the commission, and such other  
234 expenses of the commission as may be necessary. The Department of  
235 Mental Health standards and audit rules shall determine what  
236 administrative cost figures shall consist of for the purposes of



237 this paragraph. Each regional commission shall submit a cost  
238 report annually to the Department of Mental Health in accordance  
239 with guidelines promulgated by the department.

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

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

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

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



261           (1) To borrow money from private lending institutions  
262 in order to promote any of the foregoing purposes. A commission  
263 may pledge collateral, including real estate, to secure the  
264 repayment of money borrowed under the authority of this paragraph.  
265 Any such borrowing undertaken by a commission shall be on terms  
266 and conditions that are prudent in the sound judgment of the  
267 members of the commission, and the interest on any such loan shall  
268 not exceed the amount specified in Section 75-17-105. Any money  
269 borrowed, debts incurred or other obligations undertaken by a  
270 commission, regardless of whether borrowed, incurred or undertaken  
271 before or after March 15, 1995, shall be valid, binding and  
272 enforceable if it or they are borrowed, incurred or undertaken for  
273 any purpose specified in this section and otherwise conform to the  
274 requirements of this paragraph.

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

281           (n) To enter into managed care contracts and make such  
282 other arrangements as may be deemed necessary or appropriate by  
283 the regional commission in order to participate in any managed  
284 care program. Any such contract or arrangement affecting more  
285 than one (1) region must have prior written approval of the



286 Department of Mental Health before being initiated and annually  
287 thereafter.

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

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

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

308 (r) To form, establish, operate, and/or be a member of  
309 or participant in, either individually or with one or more other  
310 regional commissions, any managed care entity as defined in



311 Section 83-41-403(c). Any action under this paragraph affecting  
312 more than one (1) region must have prior written approval of the  
313 Department of Mental Health before being initiated and annually  
314 thereafter.

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

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

325 (u) To make purchases and enter into contracts for  
326 purchasing in compliance with the public purchasing law, Sections  
327 31-7-12 and 31-7-13, with compliance with the public purchasing  
328 law subject to audit by the State Department of Audit.

329 (v) To ensure that all available funds are used for the  
330 benefit of persons with mental illness, persons with an  
331 intellectual disability, substance abusers and persons with  
332 developmental disabilities with maximum efficiency and minimum  
333 administrative cost. At any time a regional commission, and/or  
334 other related organization whatever it may be, accumulates surplus  
335 funds in excess of one-half (1/2) of its annual operating budget,



336 the entity must submit a plan to the Department of Mental Health  
337 stating the capital improvements or other projects that require  
338 such surplus accumulation. If the required plan is not submitted  
339 within forty-five (45) days of the end of the applicable fiscal  
340 year, the Department of Mental Health shall withhold all state  
341 appropriated funds from such regional commission until such time  
342 as the capital improvement plan is submitted. If the submitted  
343 capital improvement plan is not accepted by the department, the  
344 surplus funds shall be expended by the regional commission in the  
345 local mental health region on group homes for persons with mental  
346 illness, persons with an intellectual disability, substance  
347 abusers, children or other mental health/intellectual disability  
348 services approved by the Department of Mental Health.

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

357 (x) Notwithstanding any other provisions of law, each  
358 regional commission shall have the authority to create and operate  
359 a primary care health clinic to treat (i) its patients; and (ii)  
360 its patients' family members related within the third degree; and



361 (iii) its patients' household members or caregivers, subject to  
362 the following requirements:

363 (i) The regional commission may employ and  
364 compensate any personnel necessary and must satisfy applicable  
365 state and federal laws and regulations regarding the  
366 administration and operation of a primary care health clinic.

367 (ii) A Mississippi licensed physician must be  
368 employed or under agreement with the regional commission to  
369 provide medical direction and/or to carry out the physician  
370 responsibilities as described under applicable state and/or  
371 federal law and regulations.

372 (iii) The physician providing medical direction  
373 for the primary care clinic shall not be certified solely in  
374 psychiatry.

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

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

380 (vi) The regional commission must provide a  
381 semiannual report to the Chairmen of the Public Health Committees  
382 in both the House of Representatives and Senate. At a minimum,  
383 for each reporting period, these reports shall describe the number  
384 of patients provided primary care services, the types of services  
385 provided, and the payer source for the patients. Except for



386 patient information and any other information that may be exempt  
387 from disclosure under the Health Information Portability and  
388 Accountability Act (HIPAA) and the Mississippi Public Records Act,  
389 the reports shall be considered public records.

390 (vii) The regional commission must employ or  
391 contract with a core clinical staff that is multidisciplinary and  
392 culturally and linguistically competent.

393 (viii) The regional commission must ensure that  
394 its physician as described in subparagraph (ii) of this paragraph  
395 (x) has admitting privileges at one or more local hospitals or has  
396 an agreement with a physician who has admitting privileges at one  
397 or more local hospitals to ensure continuity of care.

398 (ix) The regional commission must provide an  
399 independent financial audit report to the State Department of  
400 Mental Health and, except for patient information and any other  
401 information that may be exempt from disclosure under HIPAA and the  
402 Mississippi Public Records Act, the audit report shall be  
403 considered a public record.

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

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





411 (z) All regional commissioners shall receive new  
412 orientation training and annual training with continuing education  
413 regarding the Mississippi mental health system and services as  
414 developed by the State Department of Mental Health. Training  
415 shall be provided at the expense of the department except for  
416 travel expenses which shall be paid by the regional commission.

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

425 (3) Each regional commission shall compile quarterly  
426 financial statements and status reports from each individual  
427 community health center. The compiled reports shall be submitted  
428 to the coordinator quarterly. The reports shall contain a:

- 429 (a) Balance sheet;
- 430 (b) Statement of operations;
- 431 (c) Statement of cash flows; and
- 432 (d) Description of the status of individual community  
433 health center's actions taken to increase access to and  
434 availability of community mental health services.



435           **SECTION 7.** Section 41-19-35, Mississippi Code of 1972, is  
436 amended as follows:

437           41-19-35. Except as otherwise provided in subsection (2) of  
438 this section, the board of supervisors of each participating  
439 county in the program shall appoint one (1) member to represent  
440 its county on the regional commission in its respective region for  
441 a term of four (4) years who shall serve at the will and pleasure  
442 of the appointing board of supervisors. By July 1, 2027, at least  
443 one (1) county board of supervisors shall appoint its county  
444 chancery clerk; and at least one (1) county board of supervisors  
445 shall appoint its sheriff. Any compensation of such members shall  
446 be paid by the regional commission, in its discretion, from any  
447 funds available. Each member of the commission shall attend the  
448 orientation training for new commissioners and the annual training  
449 for all commissioners held by the Department of Mental Health. The  
450 Department of Mental Health shall notify the board of supervisors  
451 when a commissioner does not attend either the orientation training  
452 or annual training. Upon notice from the Department of Mental  
453 Health that a commissioner has failed to attend the required  
454 meetings, the appointing board of supervisors shall remove the  
455 commissioner.

456           **SECTION 8.** Section 41-21-63, Mississippi Code of 1972, is  
457 amended as follows:

458           41-21-63. (1) No person, other than persons charged with a  
459 crime of violence as defined by Section 97-3-2, shall be committed



460 to a public treatment facility except under the provisions of  
461 Sections 41-21-61 through 41-21-107 or 43-21-611 or 43-21-315.  
462 However, nothing herein shall be construed to repeal, alter or  
463 otherwise affect the provisions of Section 35-5-31 or to affect or  
464 prevent the commitment of persons to the Veterans Administration  
465 or other agency of the United States under the provisions of and  
466 in the manner specified in those sections.

467 (2) (a) The chancery court, or the chancellor in vacation,  
468 shall have jurisdiction under Sections 41-21-61 through 41-21-107  
469 except over persons with unresolved felony charges that are listed  
470 as crimes of violence under Section 97-3-2, unless paragraph (b)  
471 of this subsection applies.

472 (b) If a circuit court with jurisdiction over  
473 unresolved felony charges enters an order concluding that the  
474 person is incompetent to stand trial and is not restorable to  
475 competency in the foreseeable future, the matter should be  
476 referred to the chancery court to be subject to civil commitment  
477 procedures under Sections 41-21-61 through 41-21-107. The order  
478 of the circuit court shall be in lieu of the affidavit for  
479 commitment provided in Section 41-21-65. The chancery court shall  
480 have jurisdiction and shall proceed with civil commitment  
481 procedures under Section 41-21-61 through 41-21-107.

482 (3) The circuit court shall have jurisdiction under Sections  
483 99-13-7, 99-13-9 and 99-13-11.



484 (4) Before the release of a person referred for civil  
485 commitment under this section and committed under Sections  
486 41-21-61 through 41-21-107, the Department of Mental Health must  
487 notify the district attorney of the county where the offense was  
488 committed. The district attorney must notify the crime victim or  
489 a family member who has requested notification under Section  
490 99-43-35 and the sheriffs of both the county where the offense was  
491 committed and the county of the committed person's destination.

492 (5) The provisions of this section shall not be construed to  
493 relieve any person charged with a crime from the penalties for  
494 such crimes as applicable.

495 **SECTION 9.** Section 41-21-67, Mississippi Code of 1972, is  
496 amended as follows:

497 41-21-67. (1) Whenever the affidavit provided for in  
498 Section 41-21-65 is filed with the chancery clerk, the clerk, upon  
499 direction of the chancellor of the court, shall issue a writ  
500 directed to the sheriff of the proper county to take into custody  
501 the person alleged to be in need of treatment and to take the  
502 person for pre-evaluation screening and treatment by the  
503 appropriate community mental health center established under  
504 Section 41-19-31. The community mental health center will be  
505 designated as the first point of entry for pre-evaluation  
506 screening and treatment. If the community mental health center is  
507 unavailable, \* \* \* a reputable licensed physician, psychologist,  
508 nurse practitioner \* \* \* that has been certified by the Department



509 of Mental Health to perform pre-evaluation screening may conduct  
510 the pre-evaluation screening and examination as set forth in  
511 Section 41-21-69. The \* \* \* writ may provide where the person  
512 shall be held \* \* \* for pre-evaluation \* \* \* and examination.  
513 However, when the affidavit fails to set forth factual allegations  
514 and witnesses sufficient to support the need for treatment, the  
515 chancellor shall refuse to direct issuance of the writ.  
516 Reapplication may be made to the chancellor. If a pauper's  
517 affidavit is filed by an affiant who is a guardian or conservator  
518 of a person in need of treatment, the court shall determine if  
519 either the affiant or the person in need of treatment is a pauper  
520 and if \* \* \* the affiant or the person in need of treatment is  
521 determined to be a pauper, the county of the residence of the  
522 respondent shall bear the costs of the commitment proceedings in  
523 court, unless funds for those purposes are made available by the  
524 state.

525 In any county in which a Crisis Intervention Team has been  
526 established under the provisions of Sections 41-21-131 through  
527 41-21-143, the clerk, upon the direction of the chancellor, may  
528 require that the person be referred to the Crisis Intervention  
529 Team for appropriate psychiatric or other medical services before  
530 the issuance of the writ.

531 (2) Upon issuance of the writ, the chancellor shall  
532 immediately appoint and summon two (2) reputable, licensed  
533 physicians or one (1) reputable, licensed physician and either one



534 (1) psychologist, nurse practitioner or physician assistant to  
535 conduct a physical and mental examination of the person at a place  
536 to be designated by the clerk or chancellor and to report their  
537 findings to the clerk or chancellor. However, any nurse  
538 practitioner or physician assistant conducting the examination  
539 shall be independent from, and not under the supervision of, the  
540 other physician conducting the examination. A nurse practitioner  
541 or psychiatric nurse practitioner conducting an examination under  
542 this chapter must be functioning within a collaborative or  
543 consultative relationship with a physician as required under  
544 Section 73-15-20(3). In all counties in which there is a county  
545 health officer, the county health officer, if available, may be  
546 one (1) of the physicians so appointed. If a licensed physician  
547 is not available to conduct the physical and mental examination  
548 within forty-eight (48) hours of the issuance of the writ, the  
549 court, in its discretion and upon good cause shown, may permit the  
550 examination to be conducted by the following: (a) \* \* \* one  
551 (1) \* \* \* psychiatric nurse practitioner \* \* \*; one (1)  
552 psychologist or one (1) physician assistant. Neither of the  
553 physicians nor the psychologist, nurse practitioner or physician  
554 assistant selected shall be related to that person in any way, nor  
555 have any direct or indirect interest in the estate of that person  
556 nor shall any full-time staff of residential treatment facilities  
557 operated directly by the State Department of Mental Health serve  
558 as examiner.



559           (3) The clerk shall ascertain whether the respondent is  
560 represented by an attorney, and if it is determined that the  
561 respondent does not have an attorney, the clerk shall immediately  
562 notify the chancellor of that fact. If the chancellor determines  
563 that the respondent for any reason does not have the services of  
564 an attorney, the chancellor shall immediately appoint an attorney  
565 for the respondent at the time the examiners are appointed.

566           (4) (a) If the chancellor determines that there is probable  
567 cause to believe that the respondent is mentally ill and that  
568 there is no reasonable alternative to detention, the chancellor  
569 may order that the respondent be retained as an emergency patient  
570 at any licensed medical facility for evaluation by a physician,  
571 nurse practitioner or physician assistant and that a peace officer  
572 transport the respondent to the specified facility. If the  
573 community mental health center serving the county has partnered  
574 with Crisis Intervention Teams under the provisions of Sections  
575 41-21-131 through 41-21-143, the order may specify that the  
576 licensed medical facility be a designated single point of entry  
577 within the county or within an adjacent county served by the  
578 community mental health center. If the person evaluating the  
579 respondent finds that the respondent is mentally ill and in need  
580 of treatment, the chancellor may order that the respondent be  
581 retained at the licensed medical facility or any other available  
582 suitable location as the court may so designate pending an  
583 admission hearing. If necessary, the chancellor may order a peace



584 officer or other person to transport the respondent to that  
585 facility or suitable location. Any respondent so retained may be  
586 given such treatment as is indicated by standard medical practice.  
587 However, the respondent shall not be held in a hospital operated  
588 directly by the State Department of Mental Health, and shall not  
589 be held in jail unless the court finds that there is no reasonable  
590 alternative.

591 The respondent's status as an indigent or pauper shall not  
592 constitute sufficient grounds for the court to find that there is  
593 no reasonable alternative for the respondent to be held in jail.

594 (b) (i) For indigent patients with no payor source or  
595 without payor coverage before a chancellor's determination  
596 concerning psychiatric treatment, the respondent's county of  
597 residence may bear the costs of prehearing placement or detention  
598 provided by a licensed medical facility pursuant to an agreed upon  
599 fee schedule with the licensed medical facility. In the absence  
600 of an agreed upon fee schedule, the respondent's county of  
601 residence may pay for the cost of placement or detention in an  
602 amount no greater than the applicable reimbursement rate based on  
603 the Mississippi Medicaid reimbursement rate or schedule, and the  
604 county shall not be liable for any costs that exceed the  
605 Mississippi Medicaid reimbursement rate or schedule.

606 (ii) For indigent respondents with no payor source  
607 or without payor coverage where the chancellor has determined that  
608 the respondent is in need of psychiatric treatment and no State





609 Department of Mental Health beds or community mental health center  
610 crisis stabilization beds are available, the respondent's county  
611 of residence shall bear the costs of treatment at an amount  
612 negotiated with the treatment facilities, but the county shall not  
613 be liable for any costs that exceed the Mississippi Medicaid  
614 reimbursement rate or schedule.

615 (5) (a) Whenever a licensed psychologist, nurse  
616 practitioner or physician assistant who is certified to complete  
617 examinations for the purpose of commitment or a licensed physician  
618 has reason to believe that a person poses an immediate substantial  
619 likelihood of physical harm to himself or others or is gravely  
620 disabled and unable to care for himself by virtue of mental  
621 illness, as defined in Section 41-21-61(e), then the physician,  
622 psychologist, nurse practitioner or physician assistant may hold  
623 the person or may admit the person to and treat the person in a  
624 licensed medical facility, without a civil order or warrant for a  
625 period not to exceed seventy-two (72) hours. However, if the  
626 seventy-two-hour period begins or ends when the chancery clerk's  
627 office is closed, or within three (3) hours of closing, and the  
628 chancery clerk's office will be continuously closed for a time  
629 that exceeds seventy-two (72) hours, then the seventy-two-hour  
630 period is extended until the end of the next business day that the  
631 chancery clerk's office is open. The person may be held and  
632 treated as an emergency patient at any licensed medical facility,  
633 available regional mental health facility, or crisis intervention



634 center. The physician or psychologist, nurse practitioner or  
635 physician assistant who holds the person shall certify in writing  
636 the reasons for the need for holding.

637 If a person is being held and treated in a licensed medical  
638 facility, and that person decides to continue treatment by  
639 voluntarily signing consent for admission and treatment, the  
640 seventy-two-hour hold may be discontinued without filing an  
641 affidavit for commitment. Any respondent so held may be given  
642 such treatment as indicated by standard medical practice. Persons  
643 acting in good faith in connection with the detention and  
644 reporting of a person believed to be mentally ill shall incur no  
645 liability, civil or criminal, for those acts.

646 (b) Whenever an individual is held for purposes of  
647 receiving treatment as prescribed under paragraph (a) of this  
648 subsection, and it is communicated to the mental health  
649 professional holding the individual that the individual resides or  
650 has visitation rights with a minor child, and if the individual is  
651 considered to be a danger to the minor child, the mental health  
652 professional shall notify the Department of Child Protection  
653 Services prior to discharge if the threat of harm continues to  
654 exist, as is required under Section 43-21-353.

655 This paragraph (b) shall be known and may be cited as the  
656 "Andrew Lloyd Law."

657 **SECTION 10.** Section 41-21-77, Mississippi Code of 1972, is  
658 amended as follows:



659 41-21-77. (1) If admission is ordered at a treatment  
660 facility, the sheriff, his or her deputy or any other person  
661 appointed or authorized by the court shall immediately deliver the  
662 respondent to the director of the appropriate facility. Neither  
663 the Board of Mental Health or its members, nor the Department of  
664 Mental Health or its related facilities, nor any employee of the  
665 Department of Mental Health or its related facilities, shall be  
666 appointed, authorized or ordered to deliver the respondent for  
667 treatment, and no person shall be so delivered or admitted until  
668 the director of the admitting institution determines that  
669 facilities and services are available. Persons who have been  
670 ordered committed and are awaiting admission may be given any such  
671 treatment in the facility by a licensed physician as is indicated  
672 by standard medical practice. Any county facility used for  
673 providing housing, maintenance and medical treatment for  
674 involuntarily committed persons pending their transportation and  
675 admission to a state treatment facility shall be certified by the  
676 State Department of Mental Health under the provisions of Section  
677 41-4-7(kk). No person shall be delivered or admitted to any  
678 non-Department of Mental Health treatment facility unless the  
679 treatment facility is licensed and/or certified to provide the  
680 appropriate level of psychiatric care for persons with mental  
681 illness. It is the intent of this Legislature that county-owned  
682 hospitals work with regional community mental health/intellectual  
683 disability centers in providing care to local patients. The clerk



684 shall provide the director of the admitting institution with a  
685 certified copy of the court order, a certified copy of the  
686 appointed examiners' certificates, a certified copy of the  
687 affidavit, and any other information available concerning the  
688 physical and mental condition of the respondent. Upon  
689 notification from the United States Veterans Administration or  
690 other agency of the United States government, that facilities are  
691 available and the respondent is eligible for care and treatment in  
692 those facilities, the court may enter an order for delivery of the  
693 respondent to or retention by the Veterans Administration or other  
694 agency of the United States government, and, in those cases the  
695 chief officer to whom the respondent is so delivered or by whom he  
696 is retained shall, with respect to the respondent, be vested with  
697 the same powers as the director of the Mississippi State Hospital  
698 at Whitfield, or the East Mississippi State Hospital at Meridian,  
699 with respect to retention and discharge of the respondent.

700 (2) (a) When admission to a treatment facility is ordered  
701 by the court, the chancery clerk shall make record of the  
702 admission. Each chancery clerk shall maintain a record of the  
703 number of persons ordered by the court to be admitted to a  
704 treatment facility, the number of hearings held by the court to  
705 determine whether a person should be admitted to a treatment  
706 facility and the number of affidavits filed to admit a person to a  
707 treatment facility under Section 41-21-61 etc.



708           (b) The chancery clerk shall maintain a record each  
709 time such clerk receives a denial for admission to a community  
710 mental health center crisis stabilization bed, the reason provided  
711 to the clerk for such denial, and the subsequent action taken by  
712 the clerk upon receiving the denial.

713           (c) Each chancery clerk shall provide the records  
714 required by paragraphs (a) and (b) of this subsection (2) to the  
715 Department of Mental Health by January 1 of each year. Within  
716 sixty (60) days of receipt of the chancery clerk records, the  
717 Department of Mental Health shall provide a summary to the  
718 Chairpersons of the Appropriations, Public Health and Judiciary A  
719 and B Committees for the Mississippi House of Representatives and  
720 the Mississippi Senate.

721           **SECTION 11.** Section 41-4-7, Mississippi Code of 1972, is  
722 amended as follows:

723           41-4-7. The State Board of Mental Health shall have the  
724 following powers and duties:

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



733 administrative experience in the field of mental health. The  
734 salary of the executive director shall be determined by the board;

735 (b) To appoint a Medical Director for the Department of  
736 Mental Health. The medical director shall provide clinical  
737 oversight in the implementation of evidence-based and best  
738 practices; provide clinical leadership in the integration of  
739 mental health, intellectual disability and addiction services with  
740 community partners in the public and private sectors; and provide  
741 oversight regarding standards of care. The medical director shall  
742 serve at the will and pleasure of the board, and will undergo an  
743 annual review of job performance and future service to the  
744 department;

745 (c) To \* \* \* establish and implement its state  
746 strategic plan;

747 (d) To develop a strategic plan for the development of  
748 services for persons with mental illness, persons with  
749 developmental disabilities and other clients of the public mental  
750 health system. Such strategic planning program shall require that  
751 the board, acting through the Strategic Planning and Best  
752 Practices Committee, perform the following functions respecting  
753 the delivery of services:

754 (i) Establish measures for determining the  
755 efficiency and effectiveness of the services specified in Section  
756 41-4-1(2);



757 (ii) Conducting studies of community-based care in  
758 other jurisdictions to determine which services offered in these  
759 jurisdictions have the potential to provide the citizens of  
760 Mississippi with more effective and efficient community-based  
761 care;

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

764 (iv) Recommending to the Legislature by January 1,  
765 2014, any necessary additions, deletions or other changes  
766 necessary to the services specified in Section 41-4-1(2);

767 (v) Implementing by July 1, 2012, a system of  
768 performance measures for the services specified in Section  
769 41-4-1(2);

770 (vi) Recommending to the Legislature any changes  
771 that the department believes are necessary to the current laws  
772 addressing civil commitment;

773 (vii) Conducting any other activities necessary to  
774 the evaluation and study of the services specified in Section  
775 41-4-1(2);

776 (viii) Assisting in conducting all necessary  
777 strategic planning for the delivery of all other services of the  
778 department. Such planning shall be conducted so as to produce a  
779 single strategic plan for the services delivered by the public  
780 mental health system and shall establish appropriate mission  
781 statements, goals, objectives and performance indicators for all



782 programs and services of the public mental health system. For  
783 services other than those specified in Section 41-4-1(2), the  
784 committee shall recommend to the State Board of Mental Health a  
785 strategic plan that the board may adopt or modify;

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

789 (f) [Repealed]

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

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

798 (i) To certify, coordinate and establish minimum  
799 standards and establish minimum required services, as specified in  
800 Section 41-4-1(2), for regional mental health and intellectual  
801 disability commissions and other community service providers for  
802 community or regional programs and services in adult mental  
803 health, children and youth mental health, intellectual  
804 disabilities, alcoholism, drug misuse, developmental disabilities,  
805 compulsive gambling, addictive disorders and related programs  
806 throughout the state. Such regional mental health and





807 intellectual disability commissions and other community service  
808 providers shall, on or before July 1 of each year, submit an  
809 annual operational plan to the State Department of Mental Health  
810 for approval or disapproval based on the minimum standards and  
811 minimum required services established by the department for  
812 certification and itemize the services specified in Section  
813 41-4-1(2), including financial statements. As part of the annual  
814 operation plan required by this paragraph (i) submitted by any  
815 regional community mental health center or by any other reasonable  
816 certification deemed acceptable by the department, the community  
817 mental health center shall state those services specified in  
818 Section 41-4-1(2) that it will provide and also those services  
819 that it will not provide. If the department finds deficiencies in  
820 the plan of any regional commission or community service provider  
821 based on the minimum standards and minimum required services  
822 established for certification, the department shall give the  
823 regional commission or community service provider a six-month  
824 probationary period to bring its standards and services up to the  
825 established minimum standards and minimum required services. The  
826 regional commission or community service provider shall develop a  
827 sustainability business plan within thirty (30) days of being  
828 placed on probation, which shall be signed by all commissioners  
829 and shall include policies to address one or more of the  
830 following: the deficiencies in programmatic services, clinical  
831 service staff expectations, timely and appropriate billing,



832 processes to obtain credentialing for staff, monthly reporting  
833 processes, third-party financial reporting and any other required  
834 documentation as determined by the department. After the  
835 six-month probationary period, if the department determines that  
836 the regional commission or community service provider still does  
837 not meet the minimum standards and minimum required services  
838 established for certification, the department may remove the  
839 certification of the commission or provider and from and after  
840 July 1, 2011, the commission or provider shall be ineligible for  
841 state funds from Medicaid reimbursement or other funding sources  
842 for those services. However, the department shall not mandate a  
843 standard or service, or decertify a regional commission or  
844 community service provider for not meeting a standard or service,  
845 if the standard or service does not have funding appropriated by  
846 the Legislature or have a state, federal or local funding source  
847 identified by the department. No county shall be required to levy  
848 millage to provide a mandated standard or service above the  
849 minimum rate required by Section 41-19-39. After the six-month  
850 probationary period, the department may identify an appropriate  
851 community service provider to provide any core services in that  
852 county that are not provided by a community mental health center.  
853 However, the department shall not offer reimbursement or other  
854 accommodations to a community service provider of core services  
855 that were not offered to the decertified community mental health  
856 center for the same or similar services. The State Board of



857 Mental Health shall promulgate rules and regulations necessary to  
858 implement the provisions of this paragraph (i), in accordance with  
859 the Administrative Procedures Law (Section 25-43-1.101 et seq.);

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

870 (k) To implement best practices for all services  
871 specified in Section 41-4-1(2), and to establish and implement all  
872 other services delivered by the Department of Mental Health. To  
873 carry out this responsibility, the board shall require the  
874 department to establish a division responsible for developing best  
875 practices based on a comprehensive analysis of the mental health  
876 environment to determine what the best practices for each service  
877 are. In developing best practices, the board shall consider the  
878 cost and benefits associated with each practice with a goal of  
879 implementing only those practices that are cost-effective  
880 practices for service delivery. Such best practices shall be  
881 utilized by the board in establishing performance standards and



882 evaluations of the community mental health centers' services  
883 required by paragraph (d) of this section;

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

887 (m) To establish and collect reasonable fees for  
888 necessary inspection services incidental to certification or  
889 compliance;

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

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

894 (p) To serve as the single state agency in receiving  
895 and administering any and all funds available from any source for  
896 the purpose of service delivery, training, research and education  
897 in regard to all forms of mental illness, intellectual  
898 disabilities, alcoholism, drug misuse and developmental  
899 disabilities, unless such funds are specifically designated to a  
900 particular agency or institution by the federal government, the  
901 Mississippi Legislature or any other grantor;

902 (q) To establish mental health holding centers for the  
903 purpose of providing short-term emergency mental health treatment,  
904 places for holding persons awaiting commitment proceedings or  
905 awaiting placement in a state mental health facility following  
906 commitment, and for diverting placement in a state mental health



907 facility. These mental health holding facilities shall be readily  
908 accessible, available statewide, and be in compliance with  
909 emergency services' minimum standards. They shall be  
910 comprehensive and available to triage and make appropriate  
911 clinical disposition, including the capability to access inpatient  
912 services or less restrictive alternatives, as needed, as  
913 determined by medical staff. Such facility shall have medical,  
914 nursing and behavioral services available on a  
915 twenty-four-hour-a-day basis. The board may provide for all or  
916 part of the costs of establishing and operating the holding  
917 centers in each district from such funds as may be appropriated to  
918 the board for such use, and may participate in any plan or  
919 agreement with any public or private entity under which the entity  
920 will provide all or part of the costs of establishing and  
921 operating a holding center in any district;

922 (r) To certify/license case managers, mental health  
923 therapists, intellectual disability therapists, mental  
924 health/intellectual disability program administrators, addiction  
925 counselors and others as deemed appropriate by the board. Persons  
926 already professionally licensed by another state board or agency  
927 are not required to be certified/licensed under this section by  
928 the Department of Mental Health. The department shall not use  
929 professional titles in its certification/licensure process for  
930 which there is an independent licensing procedure. Such  
931 certification/licensure shall be valid only in the state mental



932 health system, in programs funded and/or certified by the  
933 Department of Mental Health, and/or in programs certified/licensed  
934 by the State Department of Health that are operated by the state  
935 mental health system serving persons with mental illness, an  
936 intellectual disability, a developmental disability or addictions,  
937 and shall not be transferable;

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

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

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

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



956 (w) To survey statutory designations, building markers  
957 and the names given to mental health/intellectual disability  
958 facilities and proceedings in order to recommend deletion of  
959 obsolete and offensive terminology relative to the mental  
960 health/intellectual disability system. Based upon a  
961 recommendation of the executive director, the board shall have the  
962 authority to name/rename any facility operated under the auspices  
963 of the Department of Mental Health for the sole purpose of  
964 deleting such terminology;

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

969 (y) To develop formal service delivery standards  
970 designed to measure the quality of services delivered to community  
971 clients, as well as the timeliness of services to community  
972 clients provided by regional mental health/intellectual disability  
973 commissions and other community services providers;

974 (z) To establish regional state offices to provide  
975 mental health crisis intervention centers and services available  
976 throughout the state to be utilized on a case-by-case emergency  
977 basis. The regional services director, other staff and delivery  
978 systems shall meet the minimum standards of the Department of  
979 Mental Health;



980 (aa) To require performance contracts with community  
981 mental health/intellectual disability service providers to contain  
982 performance indicators to measure successful outcomes, including  
983 diversion of persons from inpatient psychiatric hospitals,  
984 rapid/timely response to emergency cases, client satisfaction with  
985 services and other relevant performance measures;

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

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

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

999 (ee) To develop and implement state plans for the  
1000 purpose of assisting with the care and treatment of persons with  
1001 Alzheimer's disease and other dementia. This plan shall include  
1002 education and training of service providers, caregivers in the  
1003 home setting and others who deal with persons with Alzheimer's  
1004 disease and other dementia, and development of adult day care,





1005 family respite care and counseling programs to assist families who  
1006 maintain persons with Alzheimer's disease and other dementia in  
1007 the home setting. No agency shall be required to provide any  
1008 services under this section until such time as sufficient funds  
1009 have been appropriated or otherwise made available by the  
1010 Legislature specifically for the purposes of the treatment of  
1011 persons with Alzheimer's and other dementia;

1012 (ff) Working with the advice and consent of the  
1013 administration of Ellisville State School, to enter into  
1014 negotiations with the Economic Development Authority of Jones  
1015 County for the purpose of negotiating the possible exchange, lease  
1016 or sale of lands owned by Ellisville State School to the Economic  
1017 Development Authority of Jones County. It is the intent of the  
1018 Mississippi Legislature that such negotiations shall ensure that  
1019 the financial interest of the persons with an intellectual  
1020 disability served by Ellisville State School will be held  
1021 paramount in the course of these negotiations. The Legislature  
1022 also recognizes the importance of economic development to the  
1023 citizens of the State of Mississippi and Jones County, and  
1024 encourages fairness to the Economic Development Authority of Jones  
1025 County. Any negotiations proposed which would result in the  
1026 recommendation for exchange, lease or sale of lands owned by  
1027 Ellisville State School must have the approval of the State Board  
1028 of Mental Health. The State Board of Mental Health may and has  
1029 the final authority as to whether or not these negotiations result



1030 in the exchange, lease or sale of the properties it currently  
1031 holds in trust for persons with an intellectual disability served  
1032 at Ellisville State School.

1033         If the State Board of Mental Health authorizes the sale of  
1034 lands owned by Ellisville State School, as provided for under this  
1035 paragraph (ff), the monies derived from the sale shall be placed  
1036 into a special fund that is created in the State Treasury to be  
1037 known as the "Ellisville State School Client's Trust Fund." The  
1038 principal of the trust fund shall remain inviolate and shall never  
1039 be expended. Any interest earned on the principal may be expended  
1040 solely for the benefits of clients served at Ellisville State  
1041 School. The State Treasurer shall invest the monies of the trust  
1042 fund in any of the investments authorized for the Mississippi  
1043 Prepaid Affordable College Tuition Program under Section 37-155-9,  
1044 and those investments shall be subject to the limitations  
1045 prescribed by Section 37-155-9. Unexpended amounts remaining in  
1046 the trust fund at the end of a fiscal year shall not lapse into  
1047 the State General Fund, and any interest earned on amounts in the  
1048 trust fund shall be deposited to the credit of the trust fund.  
1049 The administration of Ellisville State School may use any interest  
1050 earned on the principal of the trust fund, upon appropriation by  
1051 the Legislature, as needed for services or facilities by the  
1052 clients of Ellisville State School. Ellisville State School shall  
1053 make known to the Legislature, through the Legislative Budget  
1054 Committee and the respective Appropriations Committees of the



1055 House and Senate, its proposed use of interest earned on the  
1056 principal of the trust fund for any fiscal year in which it  
1057 proposes to make expenditures thereof. The State Treasurer shall  
1058 provide Ellisville State School with an annual report on the  
1059 Ellisville State School Client's Trust Fund to indicate the total  
1060 monies in the trust fund, interest earned during the year,  
1061 expenses paid from the trust fund and such other related  
1062 information.

1063 Nothing in this section shall be construed as applying to or  
1064 affecting mental health/intellectual disability services provided  
1065 by hospitals as defined in Section 41-9-3(a), and/or their  
1066 subsidiaries and divisions, which hospitals, subsidiaries and  
1067 divisions are licensed and regulated by the Mississippi State  
1068 Department of Health unless such hospitals, subsidiaries or  
1069 divisions voluntarily request certification by the Mississippi  
1070 State Department of Mental Health.

1071 All new programs authorized under this section shall be  
1072 subject to the availability of funds appropriated therefor by the  
1073 Legislature;

1074 (gg) Working with the advice and consent of the  
1075 administration of Boswell Regional Center, to enter into  
1076 negotiations with the Economic Development Authority of Simpson  
1077 County for the purpose of negotiating the possible exchange, lease  
1078 or sale of lands owned by Boswell Regional Center to the Economic  
1079 Development Authority of Simpson County. It is the intent of the



1080 Mississippi Legislature that such negotiations shall ensure that  
1081 the financial interest of the persons with an intellectual  
1082 disability served by Boswell Regional Center will be held  
1083 paramount in the course of these negotiations. The Legislature  
1084 also recognizes the importance of economic development to the  
1085 citizens of the State of Mississippi and Simpson County, and  
1086 encourages fairness to the Economic Development Authority of  
1087 Simpson County. Any negotiations proposed which would result in  
1088 the recommendation for exchange, lease or sale of lands owned by  
1089 Boswell Regional Center must have the approval of the State Board  
1090 of Mental Health. The State Board of Mental Health may and has  
1091 the final authority as to whether or not these negotiations result  
1092 in the exchange, lease or sale of the properties it currently  
1093 holds in trust for persons with an intellectual disability served  
1094 at Boswell Regional Center. In any such exchange, lease or sale  
1095 of such lands owned by Boswell Regional Center, title to all  
1096 minerals, oil and gas on such lands shall be reserved, together  
1097 with the right of ingress and egress to remove same, whether such  
1098 provisions be included in the terms of any such exchange, lease or  
1099 sale or not.

1100 If the State Board of Mental Health authorizes the sale of  
1101 lands owned by Boswell Regional Center, as provided for under this  
1102 paragraph (gg), the monies derived from the sale shall be placed  
1103 into a special fund that is created in the State Treasury to be  
1104 known as the "Boswell Regional Center Client's Trust Fund." The



1105 principal of the trust fund shall remain inviolate and shall never  
1106 be expended. Any earnings on the principal may be expended solely  
1107 for the benefits of clients served at Boswell Regional Center.  
1108 The State Treasurer shall invest the monies of the trust fund in  
1109 any of the investments authorized for the Mississippi Prepaid  
1110 Affordable College Tuition Program under Section 37-155-9, and  
1111 those investments shall be subject to the limitations prescribed  
1112 by Section 37-155-9. Unexpended amounts remaining in the trust  
1113 fund at the end of a fiscal year shall not lapse into the State  
1114 General Fund, and any earnings on amounts in the trust fund shall  
1115 be deposited to the credit of the trust fund. The administration  
1116 of Boswell Regional Center may use any earnings on the principal  
1117 of the trust fund, upon appropriation by the Legislature, as  
1118 needed for services or facilities by the clients of Boswell  
1119 Regional Center. Boswell Regional Center shall make known to the  
1120 Legislature, through the Legislative Budget Committee and the  
1121 respective Appropriations Committees of the House and Senate, its  
1122 proposed use of the earnings on the principal of the trust fund  
1123 for any fiscal year in which it proposes to make expenditures  
1124 thereof. The State Treasurer shall provide Boswell Regional  
1125 Center with an annual report on the Boswell Regional Center  
1126 Client's Trust Fund to indicate the total monies in the trust  
1127 fund, interest and other income earned during the year, expenses  
1128 paid from the trust fund and such other related information.



1129           Nothing in this section shall be construed as applying to or  
1130 affecting mental health/intellectual disability services provided  
1131 by hospitals as defined in Section 41-9-3(a), and/or their  
1132 subsidiaries and divisions, which hospitals, subsidiaries and  
1133 divisions are licensed and regulated by the Mississippi State  
1134 Department of Health unless such hospitals, subsidiaries or  
1135 divisions voluntarily request certification by the Mississippi  
1136 State Department of Mental Health.

1137           All new programs authorized under this section shall be  
1138 subject to the availability of funds appropriated therefor by the  
1139 Legislature;

1140           (hh) Notwithstanding any other section of the code, the  
1141 Board of Mental Health shall be authorized to fingerprint and  
1142 perform a criminal history record check on every employee or  
1143 volunteer. Every employee and volunteer shall provide a valid  
1144 current social security number and/or driver's license number  
1145 which shall be furnished to conduct the criminal history record  
1146 check. If no disqualifying record is identified at the state  
1147 level, fingerprints shall be forwarded to the Federal Bureau of  
1148 Investigation for a national criminal history record check;

1149           (ii) The Department of Mental Health shall have the  
1150 authority for the development of a consumer friendly single point  
1151 of intake and referral system within its service areas for persons  
1152 with mental illness, an intellectual disability, developmental  
1153 disabilities or alcohol or substance abuse who need assistance



1154 identifying or accessing appropriate services. The department  
1155 will develop and implement a comprehensive evaluation procedure  
1156 ensuring that, where appropriate, the affected person or their  
1157 parent or legal guardian will be involved in the assessment and  
1158 planning process. The department, as the point of intake and as  
1159 service provider, shall have the authority to determine the  
1160 appropriate institutional, hospital or community care setting for  
1161 persons who have been diagnosed with mental illness, an  
1162 intellectual disability, developmental disabilities and/or alcohol  
1163 or substance abuse, and may provide for the least restrictive  
1164 placement if the treating professional believes such a setting is  
1165 appropriate, if the person affected or their parent or legal  
1166 guardian wants such services, and if the department can do so with  
1167 a reasonable modification of the program without creating a  
1168 fundamental alteration of the program. The least restrictive  
1169 setting could be an institution, hospital or community setting,  
1170 based upon the needs of the affected person or their parent or  
1171 legal guardian;

1172 (jj) To have the sole power and discretion to enter  
1173 into, sign, execute and deliver long-term or multiyear leases of  
1174 real and personal property owned by the Department of Mental  
1175 Health to and from other state and federal agencies and private  
1176 entities deemed to be in the public's best interest. Any monies  
1177 derived from such leases shall be deposited into the funds of the  
1178 Department of Mental Health for its exclusive use. Leases to



1179 private entities shall be approved by the Department of Finance  
1180 and Administration and all leases shall be filed with the  
1181 Secretary of State;

1182 (kk) To certify and establish minimum standards and  
1183 minimum required services for county facilities used for housing,  
1184 feeding and providing medical treatment for any person who has  
1185 been involuntarily ordered admitted to a treatment center by a  
1186 court of competent jurisdiction. The minimum standard for the  
1187 initial assessment of those persons being housed in county  
1188 facilities is for the assessment to be performed by a physician,  
1189 preferably a psychiatrist, or by a nurse practitioner, preferably  
1190 a psychiatric nurse practitioner. If the department finds  
1191 deficiencies in any such county facility or its provider based on  
1192 the minimum standards and minimum required services established  
1193 for certification, the department shall give the county or its  
1194 provider a six-month probationary period to bring its standards  
1195 and services up to the established minimum standards and minimum  
1196 required services. After the six-month probationary period, if  
1197 the department determines that the county or its provider still  
1198 does not meet the minimum standards and minimum required services,  
1199 the department may remove the certification of the county or  
1200 provider and require the county to contract with another county  
1201 having a certified facility to hold those persons for that period  
1202 of time pending transportation and admission to a state treatment  
1203 facility. Any cost incurred by a county receiving an





1204 involuntarily committed person from a county with a decertified  
1205 holding facility shall be reimbursed by the home county to the  
1206 receiving county; and

1207 (11) To provide orientation training to all new  
1208 commissioners of regional commissions and annual training for all  
1209 commissioners with continuing education regarding the Mississippi  
1210 mental health system and services as developed by the State  
1211 Department of Mental Health. Training shall be provided at the  
1212 expense of the department except for travel expenses which shall  
1213 be paid by the regional commission.

1214 **SECTION 12.** Section 41-21-69, Mississippi Code of 1972, is  
1215 brought forward as follows:

1216 41-21-69. (1) (a) The appointed examiners shall  
1217 immediately make a full inquiry into the condition of the person  
1218 alleged to be in need of treatment and shall make a mental  
1219 examination and physical evaluation of the person, and each  
1220 examiner must make a report and certificate of the findings of all  
1221 mental and acute physical problems to the clerk of the court.  
1222 Each report and certificate must set forth the facts as found by  
1223 the appointed examiner and must state whether the examiner is of  
1224 the opinion that the proposed patient is suffering a disability  
1225 defined in Sections 41-21-61 through 41-21-107 and should be  
1226 committed to a treatment facility. The statement shall include  
1227 the reasons for that opinion. The examination may be based upon a  
1228 history provided by the patient and the report and certificate of



1229 findings shall include an identification of all mental and  
1230 physical problems identified by the examination.

1231 (b) If the appointed examiner finds: (i) the  
1232 respondent has mental illness; (ii) the respondent is capable of  
1233 surviving safely in the community with available supervision from  
1234 family, friends or others; (iii) based on the respondent's  
1235 treatment history and other applicable medical or psychiatric  
1236 indicia, the respondent is in need of treatment in order to  
1237 prevent further disability or deterioration that would result in  
1238 significant deterioration in the ability to carry out activities  
1239 of daily living; and (iv) his or her current mental status or the  
1240 nature of his or her illness limits or negates his or her ability  
1241 to make an informed decision to seek voluntarily or comply with  
1242 recommended treatment; the appointed examiners shall so show on  
1243 the examination report and certification and shall recommend  
1244 outpatient commitment. The appointed examiners shall also show  
1245 the name, address and telephone number of the proposed outpatient  
1246 treatment physician or facility.

1247 (2) The examinations shall be conducted and concluded within  
1248 forty-eight (48) hours after the order for examination and  
1249 appointment of attorney, and the certificates of the appointed  
1250 examiners shall be filed with the clerk of the court within that  
1251 time, unless the running of that period extends into nonbusiness  
1252 hours, in which event the certificates must be filed at the  
1253 beginning of the next business day. However, if the appointed



1254 examiners are of the opinion that additional time to complete the  
1255 examination is necessary, and this fact is communicated to the  
1256 chancery clerk or chancellor, the clerk or chancellor shall have  
1257 authority to extend the time for completion of the examination and  
1258 the filing of the certificate, the extension to be not more than  
1259 eight (8) hours.

1260 (3) At the beginning of the examination, the respondent  
1261 shall be told in plain language of the purpose of the examination,  
1262 the possible consequences of the examination, of his or her right  
1263 to refuse to answer any questions, and his or her right to have  
1264 his or her attorney present.

1265 **SECTION 13.** Section 41-21-71, Mississippi Code of 1972, is  
1266 brought forward as follows:

1267 41-21-71. If, as a result of the examination, the appointed  
1268 examiners certify that the person is not in need of treatment, the  
1269 chancellor or clerk shall dismiss the affidavit without the need  
1270 for a further hearing. If the chancellor or chancery clerk finds,  
1271 based upon the appointed examiners' certificates and any other  
1272 relevant evidence, that the respondent is in need of treatment and  
1273 the certificates are filed with the chancery clerk within  
1274 forty-eight (48) hours after the order for examination, or  
1275 extension of that time as provided in Section 41-21-69, the clerk  
1276 shall immediately set the matter for a hearing. The hearing shall  
1277 be set within seven (7) days of the filing of the certificates  
1278 unless an extension is requested by the respondent's attorney. In



1279 no event shall the hearing be more than ten (10) days after the  
1280 filing of the certificates.

1281           **SECTION 14.** Section 41-21-77, Mississippi Code of 1972, is  
1282 brought forward as follows:

1283           41-21-77. If admission is ordered at a treatment facility,  
1284 the sheriff, his or her deputy or any other person appointed or  
1285 authorized by the court shall immediately deliver the respondent  
1286 to the director of the appropriate facility. Neither the Board of  
1287 Mental Health or its members, nor the Department of Mental Health  
1288 or its related facilities, nor any employee of the Department of  
1289 Mental Health or its related facilities, shall be appointed,  
1290 authorized or ordered to deliver the respondent for treatment, and  
1291 no person shall be so delivered or admitted until the director of  
1292 the admitting institution determines that facilities and services  
1293 are available. Persons who have been ordered committed and are  
1294 awaiting admission may be given any such treatment in the facility  
1295 by a licensed physician as is indicated by standard medical  
1296 practice. Any county facility used for providing housing,  
1297 maintenance and medical treatment for involuntarily committed  
1298 persons pending their transportation and admission to a state  
1299 treatment facility shall be certified by the State Department of  
1300 Mental Health under the provisions of Section 41-4-7(kk). No  
1301 person shall be delivered or admitted to any non-Department of  
1302 Mental Health treatment facility unless the treatment facility is  
1303 licensed and/or certified to provide the appropriate level of



1304 psychiatric care for persons with mental illness. It is the  
1305 intent of this Legislature that county-owned hospitals work with  
1306 regional community mental health/intellectual disability centers  
1307 in providing care to local patients. The clerk shall provide the  
1308 director of the admitting institution with a certified copy of the  
1309 court order, a certified copy of the appointed examiners'  
1310 certificates, a certified copy of the affidavit, and any other  
1311 information available concerning the physical and mental condition  
1312 of the respondent. Upon notification from the United States  
1313 Veterans Administration or other agency of the United States  
1314 government, that facilities are available and the respondent is  
1315 eligible for care and treatment in those facilities, the court may  
1316 enter an order for delivery of the respondent to or retention by  
1317 the Veterans Administration or other agency of the United States  
1318 government, and, in those cases the chief officer to whom the  
1319 respondent is so delivered or by whom he is retained shall, with  
1320 respect to the respondent, be vested with the same powers as the  
1321 director of the Mississippi State Hospital at Whitfield, or the  
1322 East Mississippi State Hospital at Meridian, with respect to  
1323 retention and discharge of the respondent.

1324        **SECTION 15.** A law enforcement officer shall transport the  
1325 mental health person who is in crisis to the appropriate  
1326 healthcare facility at the request of the crisis intervention  
1327 team.



1328           **SECTION 16**. This act shall take effect and be in force from  
1329 and after July 1, 2023.

