

**Replace By Substitute  
COMMITTEE AMENDMENT NO 1 PROPOSED TO**

**House Bill No. 1222**

**BY: Committee**

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

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

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

67        (2) On or before July 1, 2025, each county and municipal law  
68 enforcement agency shall employ at least one (1) law enforcement  
69 officer who is a Crisis Intervention Team Officer, as defined in



70 Section 41-21-131. An agency which employs fewer than five (5)  
71 law enforcement officers may execute an agreement with one or more  
72 other law enforcement agencies to have a Crisis Intervention Team  
73 officer to serve as the officer for that agency.

74 **SECTION 3.** The following shall be codified as Section  
75 41-21-77.1, Mississippi Code of 1972:

76 41-21-77.1. Subject to appropriation by the Legislature, the  
77 Department of Mental Health shall provide funding to each  
78 community mental health center to allow the center to designate  
79 court liaisons for the counties in its service area.

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

82 41-4-3. (1) There is created a State Board of Mental  
83 Health, referred to in this chapter as "board," consisting of nine  
84 (9) members, to be appointed by the Governor, with the advice and  
85 consent of the Senate, each of whom shall be a qualified elector.  
86 One (1) member shall be appointed from each congressional district  
87 as presently constituted; and four (4) members shall be appointed  
88 from the state at large, one (1) of whom shall be a licensed  
89 medical doctor who is a psychiatrist, one (1) of whom shall hold a  
90 Ph.D. degree and be a licensed clinical psychologist, one (1) of  
91 whom shall be a licensed medical doctor, and one (1) of whom shall  
92 be a social worker with experience in the mental health field.

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



95           Each member of the initial board shall serve for a term of  
96 years represented by the number of his congressional district; two  
97 (2) state at large members shall serve for a term of six (6)  
98 years; two (2) state at large members shall serve for a term of  
99 seven (7) years; subsequent appointments shall be for seven-year  
100 terms and the Governor shall fill any vacancy for the unexpired  
101 term.

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

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

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

112           (4) No board member may be appointed for more than two (2)  
113 consecutive terms. For purposes of counting terms of any board  
114 member, when the term ends for any board member who is a member of  
115 the board as of the effective date of this act, the end of such  
116 term shall be considered the person's first term. If any person  
117 who is a member of the board as of the effective date of this act  
118 is re-appointed after the expiration of his or her term, such  
119 succeeding term shall be considered the second term and such



120 person shall not be re-appointed to the board without a break in  
121 service.

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

124 41-19-31. For the purpose of authorizing the establishment  
125 of mental illness and intellectual disability facilities and  
126 services in the State of Mississippi, the boards of supervisors of  
127 one or more counties are authorized to act singularly or as a  
128 group in the selection of a regional district by spreading upon  
129 their minutes by resolution such designation in conformity with  
130 this act.

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

133 41-19-33. (1) Each region so designated or established  
134 under Section 41-19-31 shall establish a regional commission to be  
135 composed of members appointed by the boards of supervisors of the  
136 various counties in the region. Each regional commission shall  
137 employ or contract with a certified public accountant for the  
138 purpose of managing the finances of the commission. The certified  
139 public accountant shall provide an annual audit to the commission  
140 in addition to his or her other duties. It shall be the duty of  
141 such regional commission to administer mental health/intellectual  
142 disability programs certified and required by the State Board of  
143 Mental Health and as specified in Section 41-4-1(2). In addition,  
144 once designated and established as provided hereinabove, a



145 regional commission shall have the following authority and shall  
146 pursue and promote the following general purposes:

147 (a) To establish, own, lease, acquire, construct,  
148 build, operate and maintain mental illness, mental health,  
149 intellectual disability, alcoholism and general rehabilitative  
150 facilities and services designed to serve the needs of the people  
151 of the region so designated, provided that the services supplied  
152 by the regional commissions shall include those services  
153 determined by the Department of Mental Health to be necessary and  
154 may include, in addition to the above, services for persons with  
155 developmental and learning disabilities; for persons suffering  
156 from narcotic addiction and problems of drug abuse and drug  
157 dependence; and for the aging as designated and certified by the  
158 Department of Mental Health. Such regional mental health and  
159 intellectual disability commissions and other community service  
160 providers shall, on or before July 1 of each year, submit an  
161 annual operational plan to the Department of Mental Health for  
162 approval or disapproval based on the minimum standards and minimum  
163 required services established by the department for certification  
164 and itemize the services as specified in Section 41-4-1(2),  
165 including financial statements. As part of the annual operation  
166 plan required by Section 41-4-7(h) submitted by any regional  
167 community mental health center or by any other reasonable  
168 certification deemed acceptable by the department, the community  
169 mental health center shall state those services specified in



170 Section 41-4-1(2) that it will provide and also those services  
171 that it will not provide. If the department finds deficiencies in  
172 the plan of any regional commission or community service provider  
173 based on the minimum standards and minimum required services  
174 established for certification, the department shall give the  
175 regional commission or community service provider a six-month  
176 probationary period to bring its standards and services up to the  
177 established minimum standards and minimum required services. The  
178 regional commission or community service provider shall develop a  
179 sustainability business plan within thirty (30) days of being  
180 placed on probation, which shall be signed by all commissioners  
181 and shall include policies to address one or more of the  
182 following: the deficiencies in programmatic services, clinical  
183 service staff expectations, timely and appropriate billing,  
184 processes to obtain credentialing for staff, monthly reporting  
185 processes, third-party financial reporting and any other required  
186 documentation as determined by the department. After the  
187 six-month probationary period, if the department determines that  
188 the regional commission or community service provider still does  
189 not meet the minimum standards and minimum required services  
190 established for certification, the department may remove the  
191 certification of the commission or provider, and from and after  
192 July 1, 2011, the commission or provider shall be ineligible for  
193 state funds from Medicaid reimbursement or other funding sources  
194 for those services. After the six-month probationary period, the



195 Department of Mental Health may identify an appropriate community  
196 service provider to provide any core services in that county that  
197 are not provided by a community mental health center. However,  
198 the department shall not offer reimbursement or other  
199 accommodations to a community service provider of core services  
200 that were not offered to the decertified community mental health  
201 center for the same or similar services.

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

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



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

232           (e) To enter into contracts and make such other  
233 arrangements as may be necessary with any and all private  
234 businesses, corporations, partnerships, proprietorships or other  
235 private agencies, whether organized for profit or otherwise, as  
236 may be approved by and acceptable to the regional commission for  
237 the purpose of establishing, funding, constructing, operating and  
238 maintaining facilities and services for the care, treatment and  
239 rehabilitation of persons suffering from mental illness, an  
240 intellectual disability, alcoholism, developmental and learning  
241 disabilities, narcotic addiction, drug abuse, drug dependence and  
242 other illnesses, disorders, handicaps and problems (including the





243 problems of the aging) relating to minimum services established by  
244 the Department of Mental Health.

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

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

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

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

266 (j) To acquire professional liability insurance on all  
267 employees as may be deemed necessary and proper by the commission,



268 and to pay, out of the funds of the commission, all premiums due  
269 and payable on account thereof.

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

278 (l) To borrow money from private lending institutions  
279 in order to promote any of the foregoing purposes. A commission  
280 may pledge collateral, including real estate, to secure the  
281 repayment of money borrowed under the authority of this paragraph.  
282 Any such borrowing undertaken by a commission shall be on terms  
283 and conditions that are prudent in the sound judgment of the  
284 members of the commission, and the interest on any such loan shall  
285 not exceed the amount specified in Section 75-17-105. Any money  
286 borrowed, debts incurred or other obligations undertaken by a  
287 commission, regardless of whether borrowed, incurred or undertaken  
288 before or after March 15, 1995, shall be valid, binding and  
289 enforceable if it or they are borrowed, incurred or undertaken for  
290 any purpose specified in this section and otherwise conform to the  
291 requirements of this paragraph.



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

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

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

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



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

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

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

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



342 (u) To make purchases and enter into contracts for  
343 purchasing in compliance with the public purchasing law, Sections  
344 31-7-12 and 31-7-13, with compliance with the public purchasing  
345 law subject to audit by the State Department of Audit.

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



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

374           (x) Notwithstanding any other provisions of law, each  
375 regional commission shall have the authority to create and operate  
376 a primary care health clinic to treat (i) its patients; and (ii)  
377 its patients' family members related within the third degree; and  
378 (iii) its patients' household members or caregivers, subject to  
379 the following requirements:

380                   (i) The regional commission may employ and  
381 compensate any personnel necessary and must satisfy applicable  
382 state and federal laws and regulations regarding the  
383 administration and operation of a primary care health clinic.

384                   (ii) A Mississippi licensed physician must be  
385 employed or under agreement with the regional commission to  
386 provide medical direction and/or to carry out the physician  
387 responsibilities as described under applicable state and/or  
388 federal law and regulations.



389 (iii) The physician providing medical direction  
390 for the primary care clinic shall not be certified solely in  
391 psychiatry.

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

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

397 (vi) The regional commission must provide a  
398 semiannual report to the Chairmen of the Public Health Committees  
399 in both the House of Representatives and Senate. At a minimum,  
400 for each reporting period, these reports shall describe the number  
401 of patients provided primary care services, the types of services  
402 provided, and the payer source for the patients. Except for  
403 patient information and any other information that may be exempt  
404 from disclosure under the Health Information Portability and  
405 Accountability Act (HIPAA) and the Mississippi Public Records Act,  
406 the reports shall be considered public records.

407 (vii) The regional commission must employ or  
408 contract with a core clinical staff that is multidisciplinary and  
409 culturally and linguistically competent.

410 (viii) The regional commission must ensure that  
411 its physician as described in subparagraph (ii) of this paragraph  
412 (x) has admitting privileges at one or more local hospitals or has



413 an agreement with a physician who has admitting privileges at one  
414 or more local hospitals to ensure continuity of care.

415 (ix) The regional commission must provide an  
416 independent financial audit report to the State Department of  
417 Mental Health and, except for patient information and any other  
418 information that may be exempt from disclosure under HIPAA and the  
419 Mississippi Public Records Act, the audit report shall be  
420 considered a public record.

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

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

428 (z) All regional commissioners shall receive new  
429 orientation training and annual training with continuing education  
430 regarding the Mississippi mental health system and services as  
431 developed by the State Department of Mental Health. Training  
432 shall be provided at the expense of the department except for  
433 travel expenses which shall be paid by the regional commission.

434 (2) The types of services established by the State  
435 Department of Mental Health that must be provided by the regional  
436 mental health/intellectual disability centers for certification by  
437 the department, and the minimum levels and standards for those





438 services established by the department, shall be provided by the  
439 regional mental health/intellectual disability centers to children  
440 when such services are appropriate for children, in the  
441 determination of the department.

442 (3) Each regional commission shall compile quarterly  
443 financial statements and status reports from each individual  
444 community health center. The compiled reports shall be submitted  
445 to the coordinator quarterly. The reports shall contain a:

- 446 (a) Balance sheet;
- 447 (b) Statement of operations;
- 448 (c) Statement of cash flows; and
- 449 (d) Description of the status of individual community  
450 health center's actions taken to increase access to and  
451 availability of community mental health services.

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

454 41-19-35. Except as otherwise provided in this section, the  
455 board of supervisors of each participating county in the program  
456 shall appoint one (1) member to represent its county on the  
457 regional commission in its respective region for a term of four  
458 (4) years who shall serve at the will and pleasure of the  
459 appointing board of supervisors, who may be a clerk, sheriff or  
460 deputy. In addition, the chancery clerks of the counties in each  
461 region shall select a chancery clerk or a deputy clerk to serve as  
462 a nonvoting liaison to the commission, and the sheriffs of the



463 counties in each region shall select a sheriff or a deputy sheriff  
464 to serve as a nonvoting liaison to the commission. Any  
465 compensation of such members shall be paid by the regional  
466 commission, in its discretion, from any funds available. Each  
467 member of the commission shall attend the orientation training for  
468 new commissioners and the annual training for all commissioners held  
469 by the Department of Mental Health. The Department of Mental Health  
470 shall notify the board of supervisors when a commissioner does not  
471 attend either the orientation training or annual training. Upon  
472 notice from the Department of Mental Health that a commissioner has  
473 failed to attend the required meetings, the appointing board of  
474 supervisors shall remove the commissioner, unless the department and  
475 the commission agree to an alternate arrangement to allow the  
476 commissioner to continue to serve until the next opportunity to  
477 attend the orientation meeting and/or the annual training.

478 **SECTION 8.** Section 41-21-67, Mississippi Code of 1972, is  
479 amended as follows:

480 41-21-67. (1) Whenever the affidavit provided for in  
481 Section 41-21-65 is filed with the chancery clerk, the clerk, upon  
482 direction of the chancellor of the court, shall issue a writ  
483 directed to the sheriff of the proper county to take into custody  
484 the person alleged to be in need of treatment and to take the  
485 person for pre-evaluation screening and treatment by the  
486 appropriate community mental health center established under  
487 Section 41-19-31. The community mental health center will be



488 designated as the first point of entry for pre-evaluation  
489 screening and treatment. If the community mental health center is  
490 unavailable, \* \* \* a reputable licensed physician, psychologist,  
491 nurse practitioner \* \* \* who has been certified by the Department  
492 of Mental Health to perform pre-evaluation screening may conduct  
493 the pre-evaluation screening and examination as set forth in  
494 Section 41-21-69. The \* \* \* writ may provide where the person  
495 shall be held \* \* \* for pre-evaluation \* \* \* and examination.  
496 However, when the affidavit fails to set forth factual allegations  
497 and witnesses sufficient to support the need for treatment, the  
498 chancellor shall refuse to direct issuance of the writ.  
499 Reapplication may be made to the chancellor. If a pauper's  
500 affidavit is filed by an affiant who is a guardian or conservator  
501 of a person in need of treatment, the court shall determine if  
502 either the affiant or the person in need of treatment is a pauper  
503 and if \* \* \* the affiant or the person in need of treatment is  
504 determined to be a pauper, the county of the residence of the  
505 respondent shall bear the costs of the commitment proceedings in  
506 court, unless funds for those purposes are made available by the  
507 state.

508 In any county in which a Crisis Intervention Team has been  
509 established under the provisions of Sections 41-21-131 through  
510 41-21-143, the clerk, upon the direction of the chancellor, may  
511 require that the person be referred to the Crisis Intervention



512 Team for appropriate psychiatric or other medical services before  
513 the issuance of the writ.

514 (2) Upon issuance of the writ, the chancellor shall  
515 immediately appoint and summon two (2) reputable, licensed  
516 physicians or one (1) reputable, licensed physician and either one  
517 (1) psychologist, nurse practitioner or physician assistant to  
518 conduct a physical and mental examination of the person at a place  
519 to be designated by the clerk or chancellor and to report their  
520 findings to the clerk or chancellor. However, any nurse  
521 practitioner or physician assistant conducting the examination  
522 shall be independent from, and not under the supervision of, the  
523 other physician conducting the examination. A nurse practitioner  
524 or psychiatric nurse practitioner conducting an examination under  
525 this chapter must be functioning within a collaborative or  
526 consultative relationship with a physician as required under  
527 Section 73-15-20(3). In all counties in which there is a county  
528 health officer, the county health officer, if available, may be  
529 one (1) of the physicians so appointed. If a licensed physician  
530 is not available to conduct the physical and mental examination  
531 within forty-eight (48) hours of the issuance of the writ, the  
532 court, in its discretion and upon good cause shown, may permit the  
533 examination to be conducted by the following: (a) two (2) nurse  
534 practitioners, one (1) of whom must be a psychiatric nurse  
535 practitioner; or (b) one (1) psychiatric nurse practitioner and  
536 one (1) psychologist or physician assistant. Neither of the



537 physicians nor the psychologist, nurse practitioner or physician  
538 assistant selected shall be related to that person in any way, nor  
539 have any direct or indirect interest in the estate of that person  
540 nor shall any full-time staff of residential treatment facilities  
541 operated directly by the State Department of Mental Health serve  
542 as examiner.

543 (3) The clerk shall ascertain whether the respondent is  
544 represented by an attorney, and if it is determined that the  
545 respondent does not have an attorney, the clerk shall immediately  
546 notify the chancellor of that fact. If the chancellor determines  
547 that the respondent for any reason does not have the services of  
548 an attorney, the chancellor shall immediately appoint an attorney  
549 for the respondent at the time the examiners are appointed.

550 (4) If the chancellor determines that there is probable  
551 cause to believe that the respondent is mentally ill and that  
552 there is no reasonable alternative to detention, the chancellor  
553 may order that the respondent be retained as an emergency patient  
554 at any licensed medical facility for evaluation by a physician,  
555 nurse practitioner or physician assistant and that a peace officer  
556 transport the respondent to the specified facility. If the  
557 community mental health center serving the county has partnered  
558 with Crisis Intervention Teams under the provisions of Sections  
559 41-21-131 through 41-21-143, the order may specify that the  
560 licensed medical facility be a designated single point of entry  
561 within the county or within \* \* \* a county served by the community



562 mental health center. If the person evaluating the respondent  
563 finds that the respondent is mentally ill and in need of  
564 treatment, the chancellor may order that the respondent be  
565 retained at the licensed medical facility or any other available  
566 suitable location as the court may so designate pending an  
567 admission hearing. If necessary, the chancellor may order a peace  
568 officer or other person to transport the respondent to that  
569 facility or suitable location. Any respondent so retained may be  
570 given such treatment as is indicated by standard medical practice.  
571 However, the respondent shall not be held in a hospital operated  
572 directly by the State Department of Mental Health, and shall not  
573 be held in jail unless the court finds that there is no reasonable  
574 alternative.

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

578 (5) (a) For indigent patients with no payor source or  
579 without payor coverage before a chancellor's determination  
580 concerning psychiatric treatment, the respondent's county of  
581 residence may bear the costs of prehearing placement or detention  
582 provided by a licensed medical facility pursuant to an agreed upon  
583 fee schedule with the licensed medical facility. In the absence  
584 of an agreed upon fee schedule, the respondent's county of  
585 residence may pay for the cost of placement or detention in an  
586 amount no greater than the applicable reimbursement rate based on



587 the Mississippi Medicaid reimbursement rate or schedule, and the  
588 county shall not be liable for any costs that exceed the  
589 Mississippi Medicaid reimbursement rate or schedule.

590 (b) For indigent respondents with no payor source or  
591 without payor coverage where the chancellor has determined that  
592 the respondent is in need of psychiatric treatment and no State  
593 Department of Mental Health beds or community mental health center  
594 crisis stabilization beds are available, the respondent's county  
595 of residence shall bear the costs of treatment at an amount  
596 negotiated with the treatment facilities, but the county shall not  
597 be liable for any costs that exceed the Mississippi Medicaid  
598 reimbursement rate or schedule.

599 (c) This subsection (5) shall not take effect until  
600 July 1, 2026, and then only in counties where the Director of the  
601 Department of Mental Health certifies that there are sufficient  
602 facilities available at a reasonable cost and at a reasonable  
603 location.

604 ( \* \* \*6) (a) Whenever a licensed psychologist, nurse  
605 practitioner or physician assistant who is certified to complete  
606 examinations for the purpose of commitment or a licensed physician  
607 has reason to believe that a person poses an immediate substantial  
608 likelihood of physical harm to himself or others or is gravely  
609 disabled and unable to care for himself by virtue of mental  
610 illness, as defined in Section 41-21-61(e), then the physician,  
611 psychologist, nurse practitioner or physician assistant may hold



612 the person or may admit the person to and treat the person in a  
613 licensed medical facility, without a civil order or warrant for a  
614 period not to exceed seventy-two (72) hours. However, if the  
615 seventy-two-hour period begins or ends when the chancery clerk's  
616 office is closed, or within three (3) hours of closing, and the  
617 chancery clerk's office will be continuously closed for a time  
618 that exceeds seventy-two (72) hours, then the seventy-two-hour  
619 period is extended until the end of the next business day that the  
620 chancery clerk's office is open. The person may be held and  
621 treated as an emergency patient at any licensed medical facility,  
622 available regional mental health facility, or crisis intervention  
623 center. The physician or psychologist, nurse practitioner or  
624 physician assistant who holds the person shall certify in writing  
625 the reasons for the need for holding.

626 If a person is being held and treated in a licensed medical  
627 facility, and that person decides to continue treatment by  
628 voluntarily signing consent for admission and treatment, the  
629 seventy-two-hour hold may be discontinued without filing an  
630 affidavit for commitment. Any respondent so held may be given  
631 such treatment as indicated by standard medical practice. Persons  
632 acting in good faith in connection with the detention and  
633 reporting of a person believed to be mentally ill shall incur no  
634 liability, civil or criminal, for those acts.

635 (b) Whenever an individual is held for purposes of  
636 receiving treatment as prescribed under paragraph (a) of this





637 subsection, and it is communicated to the mental health  
638 professional holding the individual that the individual resides or  
639 has visitation rights with a minor child, and if the individual is  
640 considered to be a danger to the minor child, the mental health  
641 professional shall notify the Department of Child Protection  
642 Services prior to discharge if the threat of harm continues to  
643 exist, as is required under Section 43-21-353.

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

646 **SECTION 9.** Section 41-21-77, Mississippi Code of 1972, is  
647 amended as follows:

648 41-21-77. (1) If admission is ordered at a treatment  
649 facility, the sheriff, his or her deputy or any other person  
650 appointed or authorized by the court shall immediately deliver the  
651 respondent to the director of the appropriate facility. Neither  
652 the Board of Mental Health or its members, nor the Department of  
653 Mental Health or its related facilities, nor any employee of the  
654 Department of Mental Health or its related facilities, shall be  
655 appointed, authorized or ordered to deliver the respondent for  
656 treatment, and no person shall be so delivered or admitted until  
657 the director of the admitting institution determines that  
658 facilities and services are available. Persons who have been  
659 ordered committed and are awaiting admission may be given any such  
660 treatment in the facility by a licensed physician as is indicated  
661 by standard medical practice. Any county facility used for



662 providing housing, maintenance and medical treatment for  
663 involuntarily committed persons pending their transportation and  
664 admission to a state treatment facility shall be certified by the  
665 State Department of Mental Health under the provisions of Section  
666 41-4-7(kk). No person shall be delivered or admitted to any  
667 non-Department of Mental Health treatment facility unless the  
668 treatment facility is licensed and/or certified to provide the  
669 appropriate level of psychiatric care for persons with mental  
670 illness. It is the intent of this Legislature that county-owned  
671 hospitals work with regional community mental health/intellectual  
672 disability centers in providing care to local patients. The clerk  
673 shall provide the director of the admitting institution with a  
674 certified copy of the court order, a certified copy of the  
675 appointed examiners' certificates, a certified copy of the  
676 affidavit, and any other information available concerning the  
677 physical and mental condition of the respondent. Upon  
678 notification from the United States Veterans Administration or  
679 other agency of the United States government, that facilities are  
680 available and the respondent is eligible for care and treatment in  
681 those facilities, the court may enter an order for delivery of the  
682 respondent to or retention by the Veterans Administration or other  
683 agency of the United States government, and, in those cases the  
684 chief officer to whom the respondent is so delivered or by whom he  
685 is retained shall, with respect to the respondent, be vested with  
686 the same powers as the director of the Mississippi State Hospital



687 at Whitfield, or the East Mississippi State Hospital at Meridian,  
688 with respect to retention and discharge of the respondent.

689 (2) (a) When admission to a treatment facility is ordered  
690 by the court, the chancery clerk shall make record of the  
691 admission. Each chancery clerk shall maintain a record of the  
692 number of persons ordered by the court to be admitted to a  
693 treatment facility, the number of hearings held by the court to  
694 determine whether a person should be admitted to a treatment  
695 facility and the number of affidavits filed to admit a person to a  
696 treatment facility under Section 41-21-61 etc.

697 (b) The chancery clerk shall maintain a record each  
698 time such clerk receives a denial for admission to a community  
699 mental health center crisis stabilization bed, the reason provided  
700 to the clerk for such denial, and the subsequent action taken by  
701 the clerk upon receiving the denial.

702 (c) Each chancery clerk shall provide the records  
703 required by paragraphs (a) and (b) of this subsection (2) to the  
704 Department of Mental Health within thirty (30) days of the end of  
705 each calendar quarter. Within sixty (60) days of receipt of the  
706 chancery clerk records, the Department of Mental Health shall  
707 provide a summary to the Chairpersons of the Appropriations,  
708 Public Health and Judiciary A and B Committees for the Mississippi  
709 House of Representatives and the Mississippi Senate and the  
710 President of the Mississippi Association of Community Mental  
711 Health Centers.



712           **SECTION 10.** Section 41-4-7, Mississippi Code of 1972, is  
713 amended as follows:

714           41-4-7. The State Board of Mental Health shall have the  
715 following powers and duties:

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

726           (b) To appoint a Medical Director for the Department of  
727 Mental Health. The medical director shall provide clinical  
728 oversight in the implementation of evidence-based and best  
729 practices; provide clinical leadership in the integration of  
730 mental health, intellectual disability and addiction services with  
731 community partners in the public and private sectors; and provide  
732 oversight regarding standards of care. The medical director shall  
733 serve at the will and pleasure of the board, and will undergo an  
734 annual review of job performance and future service to the  
735 department;



736 (c) To \* \* \* establish and implement its state  
737 strategic plan;

738 (d) To develop a strategic plan for the development of  
739 services for persons with mental illness, persons with  
740 developmental disabilities and other clients of the public mental  
741 health system. Such strategic planning program shall require that  
742 the board, acting through the Strategic Planning and Best  
743 Practices Committee, perform the following functions respecting  
744 the delivery of services:

745 (i) Establish measures for determining the  
746 efficiency and effectiveness of the services specified in Section  
747 41-4-1(2);

748 (ii) Conducting studies of community-based care in  
749 other jurisdictions to determine which services offered in these  
750 jurisdictions have the potential to provide the citizens of  
751 Mississippi with more effective and efficient community-based  
752 care;

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

755 (iv) Recommending to the Legislature by January 1,  
756 2014, any necessary additions, deletions or other changes  
757 necessary to the services specified in Section 41-4-1(2);

758 (v) Implementing by July 1, 2012, a system of  
759 performance measures for the services specified in Section  
760 41-4-1(2);



761 (vi) Recommending to the Legislature any changes  
762 that the department believes are necessary to the current laws  
763 addressing civil commitment;

764 (vii) Conducting any other activities necessary to  
765 the evaluation and study of the services specified in Section  
766 41-4-1(2);

767 (viii) Assisting in conducting all necessary  
768 strategic planning for the delivery of all other services of the  
769 department. Such planning shall be conducted so as to produce a  
770 single strategic plan for the services delivered by the public  
771 mental health system and shall establish appropriate mission  
772 statements, goals, objectives and performance indicators for all  
773 programs and services of the public mental health system. For  
774 services other than those specified in Section 41-4-1(2), the  
775 committee shall recommend to the State Board of Mental Health a  
776 strategic plan that the board may adopt or modify;

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

780 (f) [Repealed]

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



785           (h) To collect reasonable fees for its services;  
786 however, if it is determined that a person receiving services is  
787 unable to pay the total fee, the department shall collect \* \* \* no  
788 more than the amount such person is able to pay;

789           (i) To certify, coordinate and establish minimum  
790 standards and establish minimum required services, as specified in  
791 Section 41-4-1(2), for regional mental health and intellectual  
792 disability commissions and other community service providers for  
793 community or regional programs and services in adult mental  
794 health, children and youth mental health, intellectual  
795 disabilities, alcoholism, drug misuse, developmental disabilities,  
796 compulsive gambling, addictive disorders and related programs  
797 throughout the state. Such regional mental health and  
798 intellectual disability commissions and other community service  
799 providers shall, on or before July 1 of each year, submit an  
800 annual operational plan to the State Department of Mental Health  
801 for approval or disapproval based on the minimum standards and  
802 minimum required services established by the department for  
803 certification and itemize the services specified in Section  
804 41-4-1(2), including financial statements. As part of the annual  
805 operation plan required by this paragraph (i) submitted by any  
806 regional community mental health center or by any other reasonable  
807 certification deemed acceptable by the department, the community  
808 mental health center shall state those services specified in  
809 Section 41-4-1(2) that it will provide and also those services



810 that it will not provide. If the department finds deficiencies in  
811 the plan of any regional commission or community service provider  
812 based on the minimum standards and minimum required services  
813 established for certification, the department shall give the  
814 regional commission or community service provider a six-month  
815 probationary period to bring its standards and services up to the  
816 established minimum standards and minimum required services. The  
817 regional commission or community service provider shall develop a  
818 sustainability business plan within thirty (30) days of being  
819 placed on probation, which shall be signed by all commissioners  
820 and shall include policies to address one or more of the  
821 following: the deficiencies in programmatic services, clinical  
822 service staff expectations, timely and appropriate billing,  
823 processes to obtain credentialing for staff, monthly reporting  
824 processes, third-party financial reporting and any other required  
825 documentation as determined by the department. After the  
826 six-month probationary period, if the department determines that  
827 the regional commission or community service provider still does  
828 not meet the minimum standards and minimum required services  
829 established for certification, the department may remove the  
830 certification of the commission or provider and from and after  
831 July 1, 2011, the commission or provider shall be ineligible for  
832 state funds from Medicaid reimbursement or other funding sources  
833 for those services. However, the department shall not mandate a  
834 standard or service, or decertify a regional commission or





835 community service provider for not meeting a standard or service,  
836 if the standard or service does not have funding appropriated by  
837 the Legislature or have a state, federal or local funding source  
838 identified by the department. No county shall be required to levy  
839 millage to provide a mandated standard or service above the  
840 minimum rate required by Section 41-19-39. After the six-month  
841 probationary period, the department may identify an appropriate  
842 community service provider to provide any core services in that  
843 county that are not provided by a community mental health center.  
844 However, the department shall not offer reimbursement or other  
845 accommodations to a community service provider of core services  
846 that were not offered to the decertified community mental health  
847 center for the same or similar services. The State Board of  
848 Mental Health shall promulgate rules and regulations necessary to  
849 implement the provisions of this paragraph (i), in accordance with  
850 the Administrative Procedures Law (Section 25-43-1.101 et seq.);

851 (j) To establish and promulgate reasonable minimum  
852 standards for the construction and operation of state and all  
853 Department of Mental Health certified facilities, including  
854 reasonable minimum standards for the admission, diagnosis, care,  
855 treatment, transfer of patients and their records, and also  
856 including reasonable minimum standards for providing day care,  
857 outpatient care, emergency care, inpatient care and follow-up  
858 care, when such care is provided for persons with mental or



859 emotional illness, an intellectual disability, alcoholism, drug  
860 misuse and developmental disabilities;

861           (k) To implement best practices for all services  
862 specified in Section 41-4-1(2), and to establish and implement all  
863 other services delivered by the Department of Mental Health. To  
864 carry out this responsibility, the board shall require the  
865 department to establish a division responsible for developing best  
866 practices based on a comprehensive analysis of the mental health  
867 environment to determine what the best practices for each service  
868 are. In developing best practices, the board shall consider the  
869 cost and benefits associated with each practice with a goal of  
870 implementing only those practices that are cost-effective  
871 practices for service delivery. Such best practices shall be  
872 utilized by the board in establishing performance standards and  
873 evaluations of the community mental health centers' services  
874 required by paragraph (d) of this section;

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

878           (m) To establish and collect reasonable fees for  
879 necessary inspection services incidental to certification or  
880 compliance;

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



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

885           (p) To serve as the single state agency in receiving  
886 and administering any and all funds available from any source for  
887 the purpose of service delivery, training, research and education  
888 in regard to all forms of mental illness, intellectual  
889 disabilities, alcoholism, drug misuse and developmental  
890 disabilities, unless such funds are specifically designated to a  
891 particular agency or institution by the federal government, the  
892 Mississippi Legislature or any other grantor;

893           (q) To establish mental health holding centers for the  
894 purpose of providing short-term emergency mental health treatment,  
895 places for holding persons awaiting commitment proceedings or  
896 awaiting placement in a state mental health facility following  
897 commitment, and for diverting placement in a state mental health  
898 facility. These mental health holding facilities shall be readily  
899 accessible, available statewide, and be in compliance with  
900 emergency services' minimum standards. They shall be  
901 comprehensive and available to triage and make appropriate  
902 clinical disposition, including the capability to access inpatient  
903 services or less restrictive alternatives, as needed, as  
904 determined by medical staff. Such facility shall have medical,  
905 nursing and behavioral services available on a  
906 twenty-four-hour-a-day basis. The board may provide for all or  
907 part of the costs of establishing and operating the holding



908 centers in each district from such funds as may be appropriated to  
909 the board for such use, and may participate in any plan or  
910 agreement with any public or private entity under which the entity  
911 will provide all or part of the costs of establishing and  
912 operating a holding center in any district;

913 (r) To certify/license case managers, mental health  
914 therapists, intellectual disability therapists, mental  
915 health/intellectual disability program administrators, addiction  
916 counselors and others as deemed appropriate by the board. Persons  
917 already professionally licensed by another state board or agency  
918 are not required to be certified/licensed under this section by  
919 the Department of Mental Health. The department shall not use  
920 professional titles in its certification/licensure process for  
921 which there is an independent licensing procedure. Such  
922 certification/licensure shall be valid only in the state mental  
923 health system, in programs funded and/or certified by the  
924 Department of Mental Health, and/or in programs certified/licensed  
925 by the State Department of Health that are operated by the state  
926 mental health system serving persons with mental illness, an  
927 intellectual disability, a developmental disability or addictions,  
928 and shall not be transferable;

929 (s) To develop formal mental health worker  
930 qualifications for regional mental health and intellectual  
931 disability commissions and other community service providers. The  
932 State Personnel Board shall develop and promulgate a recommended



933 salary scale and career ladder for all regional mental  
934 health/intellectual disability center therapists and case managers  
935 who work directly with clients. The State Personnel Board shall  
936 also develop and promulgate a career ladder for all direct care  
937 workers employed by the State Department of Mental Health;

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

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

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

947 (w) To survey statutory designations, building markers  
948 and the names given to mental health/intellectual disability  
949 facilities and proceedings in order to recommend deletion of  
950 obsolete and offensive terminology relative to the mental  
951 health/intellectual disability system. Based upon a  
952 recommendation of the executive director, the board shall have the  
953 authority to name/rename any facility operated under the auspices  
954 of the Department of Mental Health for the sole purpose of  
955 deleting such terminology;

956 (x) To ensure an effective case management system  
957 directed at persons who have been discharged from state and



958 private psychiatric hospitals to ensure their continued well-being  
959 in the community;

960 (y) To develop formal service delivery standards  
961 designed to measure the quality of services delivered to community  
962 clients, as well as the timeliness of services to community  
963 clients provided by regional mental health/intellectual disability  
964 commissions and other community services providers;

965 (z) To establish regional state offices to provide  
966 mental health crisis intervention centers and services available  
967 throughout the state to be utilized on a case-by-case emergency  
968 basis. The regional services director, other staff and delivery  
969 systems shall meet the minimum standards of the Department of  
970 Mental Health;

971 (aa) To require performance contracts with community  
972 mental health/intellectual disability service providers to contain  
973 performance indicators to measure successful outcomes, including  
974 diversion of persons from inpatient psychiatric hospitals,  
975 rapid/timely response to emergency cases, client satisfaction with  
976 services and other relevant performance measures;

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



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

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

990           (ee) To develop and implement state plans for the  
991 purpose of assisting with the care and treatment of persons with  
992 Alzheimer's disease and other dementia. This plan shall include  
993 education and training of service providers, caregivers in the  
994 home setting and others who deal with persons with Alzheimer's  
995 disease and other dementia, and development of adult day care,  
996 family respite care and counseling programs to assist families who  
997 maintain persons with Alzheimer's disease and other dementia in  
998 the home setting. No agency shall be required to provide any  
999 services under this section until such time as sufficient funds  
1000 have been appropriated or otherwise made available by the  
1001 Legislature specifically for the purposes of the treatment of  
1002 persons with Alzheimer's and other dementia;

1003           (ff) Working with the advice and consent of the  
1004 administration of Ellisville State School, to enter into  
1005 negotiations with the Economic Development Authority of Jones  
1006 County for the purpose of negotiating the possible exchange, lease



1007 or sale of lands owned by Ellisville State School to the Economic  
1008 Development Authority of Jones County. It is the intent of the  
1009 Mississippi Legislature that such negotiations shall ensure that  
1010 the financial interest of the persons with an intellectual  
1011 disability served by Ellisville State School will be held  
1012 paramount in the course of these negotiations. The Legislature  
1013 also recognizes the importance of economic development to the  
1014 citizens of the State of Mississippi and Jones County, and  
1015 encourages fairness to the Economic Development Authority of Jones  
1016 County. Any negotiations proposed which would result in the  
1017 recommendation for exchange, lease or sale of lands owned by  
1018 Ellisville State School must have the approval of the State Board  
1019 of Mental Health. The State Board of Mental Health may and has  
1020 the final authority as to whether or not these negotiations result  
1021 in the exchange, lease or sale of the properties it currently  
1022 holds in trust for persons with an intellectual disability served  
1023 at Ellisville State School.

1024 If the State Board of Mental Health authorizes the sale of  
1025 lands owned by Ellisville State School, as provided for under this  
1026 paragraph (ff), the monies derived from the sale shall be placed  
1027 into a special fund that is created in the State Treasury to be  
1028 known as the "Ellisville State School Client's Trust Fund." The  
1029 principal of the trust fund shall remain inviolate and shall never  
1030 be expended. Any interest earned on the principal may be expended  
1031 solely for the benefits of clients served at Ellisville State





1032 School. The State Treasurer shall invest the monies of the trust  
1033 fund in any of the investments authorized for the Mississippi  
1034 Prepaid Affordable College Tuition Program under Section 37-155-9,  
1035 and those investments shall be subject to the limitations  
1036 prescribed by Section 37-155-9. Unexpended amounts remaining in  
1037 the trust fund at the end of a fiscal year shall not lapse into  
1038 the State General Fund, and any interest earned on amounts in the  
1039 trust fund shall be deposited to the credit of the trust fund.  
1040 The administration of Ellisville State School may use any interest  
1041 earned on the principal of the trust fund, upon appropriation by  
1042 the Legislature, as needed for services or facilities by the  
1043 clients of Ellisville State School. Ellisville State School shall  
1044 make known to the Legislature, through the Legislative Budget  
1045 Committee and the respective Appropriations Committees of the  
1046 House and Senate, its proposed use of interest earned on the  
1047 principal of the trust fund for any fiscal year in which it  
1048 proposes to make expenditures thereof. The State Treasurer shall  
1049 provide Ellisville State School with an annual report on the  
1050 Ellisville State School Client's Trust Fund to indicate the total  
1051 monies in the trust fund, interest earned during the year,  
1052 expenses paid from the trust fund and such other related  
1053 information.

1054       Nothing in this section shall be construed as applying to or  
1055 affecting mental health/intellectual disability services provided  
1056 by hospitals as defined in Section 41-9-3(a), and/or their



1057 subsidiaries and divisions, which hospitals, subsidiaries and  
1058 divisions are licensed and regulated by the Mississippi State  
1059 Department of Health unless such hospitals, subsidiaries or  
1060 divisions voluntarily request certification by the Mississippi  
1061 State Department of Mental Health.

1062 All new programs authorized under this section shall be  
1063 subject to the availability of funds appropriated therefor by the  
1064 Legislature;

1065 (gg) Working with the advice and consent of the  
1066 administration of Boswell Regional Center, to enter into  
1067 negotiations with the Economic Development Authority of Simpson  
1068 County for the purpose of negotiating the possible exchange, lease  
1069 or sale of lands owned by Boswell Regional Center to the Economic  
1070 Development Authority of Simpson County. It is the intent of the  
1071 Mississippi Legislature that such negotiations shall ensure that  
1072 the financial interest of the persons with an intellectual  
1073 disability served by Boswell Regional Center will be held  
1074 paramount in the course of these negotiations. The Legislature  
1075 also recognizes the importance of economic development to the  
1076 citizens of the State of Mississippi and Simpson County, and  
1077 encourages fairness to the Economic Development Authority of  
1078 Simpson County. Any negotiations proposed which would result in  
1079 the recommendation for exchange, lease or sale of lands owned by  
1080 Boswell Regional Center must have the approval of the State Board  
1081 of Mental Health. The State Board of Mental Health may and has



1082 the final authority as to whether or not these negotiations result  
1083 in the exchange, lease or sale of the properties it currently  
1084 holds in trust for persons with an intellectual disability served  
1085 at Boswell Regional Center. In any such exchange, lease or sale  
1086 of such lands owned by Boswell Regional Center, title to all  
1087 minerals, oil and gas on such lands shall be reserved, together  
1088 with the right of ingress and egress to remove same, whether such  
1089 provisions be included in the terms of any such exchange, lease or  
1090 sale or not.

1091 If the State Board of Mental Health authorizes the sale of  
1092 lands owned by Boswell Regional Center, as provided for under this  
1093 paragraph (gg), the monies derived from the sale shall be placed  
1094 into a special fund that is created in the State Treasury to be  
1095 known as the "Boswell Regional Center Client's Trust Fund." The  
1096 principal of the trust fund shall remain inviolate and shall never  
1097 be expended. Any earnings on the principal may be expended solely  
1098 for the benefits of clients served at Boswell Regional Center.  
1099 The State Treasurer shall invest the monies of the trust fund in  
1100 any of the investments authorized for the Mississippi Prepaid  
1101 Affordable College Tuition Program under Section 37-155-9, and  
1102 those investments shall be subject to the limitations prescribed  
1103 by Section 37-155-9. Unexpended amounts remaining in the trust  
1104 fund at the end of a fiscal year shall not lapse into the State  
1105 General Fund, and any earnings on amounts in the trust fund shall  
1106 be deposited to the credit of the trust fund. The administration



1107 of Boswell Regional Center may use any earnings on the principal  
1108 of the trust fund, upon appropriation by the Legislature, as  
1109 needed for services or facilities by the clients of Boswell  
1110 Regional Center. Boswell Regional Center shall make known to the  
1111 Legislature, through the Legislative Budget Committee and the  
1112 respective Appropriations Committees of the House and Senate, its  
1113 proposed use of the earnings on the principal of the trust fund  
1114 for any fiscal year in which it proposes to make expenditures  
1115 thereof. The State Treasurer shall provide Boswell Regional  
1116 Center with an annual report on the Boswell Regional Center  
1117 Client's Trust Fund to indicate the total monies in the trust  
1118 fund, interest and other income earned during the year, expenses  
1119 paid from the trust fund and such other related information.

1120 Nothing in this section shall be construed as applying to or  
1121 affecting mental health/intellectual disability services provided  
1122 by hospitals as defined in Section 41-9-3(a), and/or their  
1123 subsidiaries and divisions, which hospitals, subsidiaries and  
1124 divisions are licensed and regulated by the Mississippi State  
1125 Department of Health unless such hospitals, subsidiaries or  
1126 divisions voluntarily request certification by the Mississippi  
1127 State Department of Mental Health.

1128 All new programs authorized under this section shall be  
1129 subject to the availability of funds appropriated therefor by the  
1130 Legislature;



1131           (hh) Notwithstanding any other section of the code, the  
1132 Board of Mental Health shall be authorized to fingerprint and  
1133 perform a criminal history record check on every employee or  
1134 volunteer. Every employee and volunteer shall provide a valid  
1135 current social security number and/or driver's license number  
1136 which shall be furnished to conduct the criminal history record  
1137 check. If no disqualifying record is identified at the state  
1138 level, fingerprints shall be forwarded to the Federal Bureau of  
1139 Investigation for a national criminal history record check;

1140           (ii) The Department of Mental Health shall have the  
1141 authority for the development of a consumer friendly single point  
1142 of intake and referral system within its service areas for persons  
1143 with mental illness, an intellectual disability, developmental  
1144 disabilities or alcohol or substance abuse who need assistance  
1145 identifying or accessing appropriate services. The department  
1146 will develop and implement a comprehensive evaluation procedure  
1147 ensuring that, where appropriate, the affected person or their  
1148 parent or legal guardian will be involved in the assessment and  
1149 planning process. The department, as the point of intake and as  
1150 service provider, shall have the authority to determine the  
1151 appropriate institutional, hospital or community care setting for  
1152 persons who have been diagnosed with mental illness, an  
1153 intellectual disability, developmental disabilities and/or alcohol  
1154 or substance abuse, and may provide for the least restrictive  
1155 placement if the treating professional believes such a setting is



1156 appropriate, if the person affected or their parent or legal  
1157 guardian wants such services, and if the department can do so with  
1158 a reasonable modification of the program without creating a  
1159 fundamental alteration of the program. The least restrictive  
1160 setting could be an institution, hospital or community setting,  
1161 based upon the needs of the affected person or their parent or  
1162 legal guardian;

1163           (jj) To have the sole power and discretion to enter  
1164 into, sign, execute and deliver long-term or multiyear leases of  
1165 real and personal property owned by the Department of Mental  
1166 Health to and from other state and federal agencies and private  
1167 entities deemed to be in the public's best interest. Any monies  
1168 derived from such leases shall be deposited into the funds of the  
1169 Department of Mental Health for its exclusive use. Leases to  
1170 private entities shall be approved by the Department of Finance  
1171 and Administration and all leases shall be filed with the  
1172 Secretary of State;

1173           (kk) To certify and establish minimum standards and  
1174 minimum required services for county facilities used for housing,  
1175 feeding and providing medical treatment for any person who has  
1176 been involuntarily ordered admitted to a treatment center by a  
1177 court of competent jurisdiction. The minimum standard for the  
1178 initial assessment of those persons being housed in county  
1179 facilities is for the assessment to be performed by a physician,  
1180 preferably a psychiatrist, or by a nurse practitioner, preferably



1181 a psychiatric nurse practitioner. If the department finds  
1182 deficiencies in any such county facility or its provider based on  
1183 the minimum standards and minimum required services established  
1184 for certification, the department shall give the county or its  
1185 provider a six-month probationary period to bring its standards  
1186 and services up to the established minimum standards and minimum  
1187 required services. After the six-month probationary period, if  
1188 the department determines that the county or its provider still  
1189 does not meet the minimum standards and minimum required services,  
1190 the department may remove the certification of the county or  
1191 provider and require the county to contract with another county  
1192 having a certified facility to hold those persons for that period  
1193 of time pending transportation and admission to a state treatment  
1194 facility. Any cost incurred by a county receiving an  
1195 involuntarily committed person from a county with a decertified  
1196 holding facility shall be reimbursed by the home county to the  
1197 receiving county; and

1198 (11) To provide orientation training to all new  
1199 commissioners of regional commissions and annual training for all  
1200 commissioners with continuing education regarding the Mississippi  
1201 mental health system and services as developed by the State  
1202 Department of Mental Health. Training shall be provided at the  
1203 expense of the department except for travel expenses which shall  
1204 be paid by the regional commission.



1205           SECTION 11. A law enforcement officer shall transport the  
1206 mental health person who is in crisis to the appropriate health  
1207 care facility at the request of the crisis intervention team or  
1208 mobile crisis response team.

1209           SECTION 12. (1) There is created in the State Treasury a  
1210 special fund to be designated as the "Mississippi Collaborative  
1211 Response to Mental Health Fund," which shall consist of funds  
1212 deposited therein under Section 27-69-75, Mississippi Code of  
1213 1972, and funds from any other source designated for deposit into  
1214 such fund. The fund shall be maintained by the State Treasurer as  
1215 a separate and special fund, separate and apart from the General  
1216 Fund of the state. Unexpended amounts remaining in the fund at  
1217 the end of a fiscal year shall not lapse into the State General  
1218 Fund, and any investment earnings or interest earned on amounts in  
1219 the fund shall be deposited to the credit of the fund. Monies in  
1220 the fund shall be used by the Department of Mental Health, upon  
1221 appropriation by the Legislature, for the purposes provided in  
1222 Sections 2 and 3 of this act and for the purposes described in  
1223 subsection (2) of this section.

1224           (2) (a) The Department of Mental Health shall establish a  
1225 program for reimbursing private hospitals, in whole or in part,  
1226 for uncompensated behavioral treatment services provided to  
1227 persons admitted to such hospitals pursuant to a chancery court  
1228 order as provided in Section 41-27-77. A private hospital may  
1229 apply to the Department of Mental Health for reimbursement of the





1230 uncompensated behavioral treatment services provided to persons  
1231 admitted to the hospital pursuant to a chancery court order for  
1232 behavioral treatment services. A private hospital desiring  
1233 assistance under this section must submit an application to the  
1234 Department of Mental Health. The application must include a  
1235 description of the behavioral treatment services provided by the  
1236 hospital for which the assistance is requested, the total costs of  
1237 the behavioral treatment services provided by the hospital and the  
1238 portion of such costs for which the hospital was not compensated,  
1239 the amount of assistance requested and any other information  
1240 required by the Department of Mental Health.

1241 (b) The Department of Mental Health shall have all  
1242 powers necessary to implement and administer the program  
1243 established under this section, and the department shall  
1244 promulgate rules and regulations, in accordance with the  
1245 Mississippi Administrative Procedures Law, necessary for the  
1246 implementation of this section.

1247 **SECTION 13.** This act shall take effect and be in force from  
1248 and after July 1, 2023.

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

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 PROVIDE THAT AN AGENCY WHICH EMPLOYS LESS FIVE  
8 LAW ENFORCEMENT OFFICERS MAY EXECUTE AN AGREEMENT WITH ONE OR MORE  
9 LAW ENFORCEMENT AGENCIES TO HAVE A CRISIS INTERVENTION TEAM  
10 OFFICER SERVE AS THE OFFICER FOR THAT AGENCY; TO CREATE NEW  
11 SECTION 41-21-77.1, MISSISSIPPI CODE OF 1972, TO REQUIRE COURT  
12 LIAISONS FOR CERTAIN COUNTIES; TO AMEND SECTION 41-4-3,  
13 MISSISSIPPI CODE OF 1972, TO REVISE THE TERMS OF THE MEMBERS OF  
14 THE STATE BOARD OF MENTAL HEALTH; TO AMEND SECTION 41-19-31,  
15 MISSISSIPPI CODE OF 1972, TO CONFORM TO THE PROVISION WHICH  
16 REGULATED REGIONAL COMMISSIONS TO THIS ACT; TO AMEND SECTION  
17 41-19-33, MISSISSIPPI CODE OF 1972, TO REQUIRE EACH REGIONAL  
18 COMMISSION TO EMPLOY OR CONTRACT WITH A CERTIFIED PUBLIC  
19 ACCOUNTANT TO MANAGE ITS FINANCES; TO REQUIRE THE ACCOUNTANT TO  
20 PROVIDE AN ANNUAL AUDIT IN ADDITION TO OTHER DUTIES; TO PROVIDE  
21 QUALIFICATIONS FOR MEMBERS OF THE BOARD; TO AMEND SECTION  
22 41-19-35, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT MEMBERS OF THE  
23 REGIONAL COMMISSION SHALL SERVE AT THE WILL AND PLEASURE OF THE  
24 APPOINTING BOARD OF SUPERVISORS; TO REQUIRE THE COMMISSIONERS TO  
25 ATTEND CERTAIN TRAININGS AS A CONDITION TO REMAINING A  
26 COMMISSIONER; TO REQUIRE REMOVAL OF ANY COMMISSIONER WHO FAILS TO  
27 ATTEND CERTAIN TRAININGS PROVIDED BY THE DEPARTMENT OF MENTAL  
28 HEALTH UNLESS ALTERNATE ARRANGEMENTS ARE MADE; TO AMEND SECTION  
29 41-21-67, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT PERSONS WHO  
30 PERFORM PRE-SCREENING EVALUATIONS SHALL BE CERTIFIED BY THE  
31 COMMUNITY MENTAL HEALTH CENTERS; TO PROVIDE THAT BEGINNING ON JULY  
32 1, 2026, IF THE DIRECTOR OF THE DEPARTMENT OF MENTAL HEALTH  
33 CERTIFIES THAT THERE ARE SUFFICIENT FACILITIES AVAILABLE AT A  
34 REASONABLE COST AND AT A REASONABLE LOCATION, THE COUNTY OF  
35 RESIDENCE OF AN INDIGENT PATIENT WITH NO PAYOR SOURCE OR WITHOUT  
36 PAYOR COVERAGE MAY PAY THE COST OF PLACEMENT OR DETENTION OF SUCH  
37 PATIENT IN A LICENSED MEDICAL FACILITY PROVIDED THAT THE COUNTY  
38 SHALL NOT BE LIABLE FOR ANY COSTS THAT EXCEEDS THE MEDICAID  
39 REIMBURSEMENT RATE; TO AMEND SECTION 41-21-77, MISSISSIPPI CODE OF  
40 1972, TO REQUIRE THE CHANCERY CLERK TO MAINTAIN A RECORD FOR THE  
41 NUMBER OF PERSONS ORDERED FOR ADMISSION TO A TREATMENT FACILITY,  
42 THE NUMBER OF HEARINGS TO DETERMINE WHETHER A PERSON SHOULD BE  
43 ADMITTED AND THE NUMBER OF AFFIDAVITS FILED FOR PURPOSES OF  
44 ADMITTING A PERSON TO A TREATMENT FACILITY; TO AMEND SECTION  
45 41-4-7, MISSISSIPPI CODE OF 1972, TO REVISE THE POWERS AND DUTIES  
46 OF THE STATE BOARD OF MENTAL HEALTH; TO REQUIRE LAW ENFORCEMENT  
47 OFFICERS TO TRANSPORT PERSONS IN CRISIS TO THE APPROPRIATE  
48 HEALTHCARE FACILITY AT THE REQUEST OF THE CRISIS INTERVENTION  
49 TEAM; TO CREATE THE "MISSISSIPPI COLLABORATIVE RESPONSE TO MENTAL  
50 HEALTH FUND" AS A SPECIAL FUND IN THE STATE TREASURY; TO PROVIDE  
51 THAT MONIES IN THE FUND SHALL BE USED BY THE DEPARTMENT OF MENTAL  
52 HEALTH, UPON APPROPRIATION BY THE LEGISLATURE, FOR CERTAIN  
53 PURPOSES PROVIDED IN THIS ACT, INCLUDING REIMBURSING PRIVATE  
54 HOSPITALS, IN WHOLE OR IN PART, FOR UNCOMPENSATED BEHAVIORAL  
55 TREATMENT SERVICES PROVIDED TO PERSONS ADMITTED TO SUCH HOSPITALS  
56 PURSUANT TO A CHANCERY COURT ORDER; TO PROVIDE THAT THE DEPARTMENT



57 OF MENTAL HEALTH SHALL ESTABLISH A PROGRAM FOR PROVIDING SUCH  
58 REIMBURSEMENT TO PRIVATE HOSPITALS; AND FOR RELATED PURPOSES.

