

By: Representative Clarke

To: Public Health and Human  
ServicesHOUSE BILL NO. 1049  
(As Sent to Governor)

1 AN ACT TO AMEND SECTION 41-21-61, MISSISSIPPI CODE OF 1972,  
2 TO DEFINE THE TERM "SUBSTANTIAL LIKELIHOOD OF BODILY HARM" FOR THE  
3 PURPOSES OF THE COMMITMENT LAWS FOR PERSONS IN NEED OF MENTAL  
4 TREATMENT; TO AMEND SECTION 41-21-67, MISSISSIPPI CODE OF 1972, TO  
5 PROVIDE THAT THE CHANCERY CLERK MAY REQUIRE THAT A PERSON ALLEGED  
6 TO BE IN NEED OF MENTAL TREATMENT BE REFERRED TO A CRISIS  
7 INTERVENTION TEAM FOR APPROPRIATE SERVICES BEFORE THE ISSUANCE OF  
8 A WRIT TO TAKE THE PERSON INTO CUSTODY; TO PROVIDE THAT THE  
9 CHANCELLOR MAY ORDER THAT THE RESPONDENT BE RETAINED AS AN  
10 EMERGENCY PATIENT AT ANY LICENSED MEDICAL FACILITY FOR EVALUATION;  
11 TO PROVIDE THAT IF THE COMMUNITY MENTAL HEALTH CENTER SERVING THE  
12 COUNTY HAS PARTNERED WITH CRISIS INTERVENTION TEAMS, THE  
13 CHANCELLOR'S ORDER MAY SPECIFY THAT THE LICENSED MEDICAL FACILITY  
14 BE A DESIGNATED SINGLE POINT OF ENTRY WITHIN THE COUNTY OR WITHIN  
15 AN ADJACENT COUNTY SERVED BY THE COMMUNITY MENTAL HEALTH CENTER;  
16 TO PROVIDE THAT THE SEVENTY-TWO-HOUR PERIOD FOR HOLDING AND  
17 TREATING A PERSON IN A LICENSED MEDICAL FACILITY WITHOUT A CIVIL  
18 ORDER OR WARRANT SHALL BE EXTENDED UNTIL THE END OF THE NEXT  
19 BUSINESS DAY IF THE SEVENTY-TWO-HOUR PERIOD BEGINS OR ENDS WHEN  
20 THE CHANCERY CLERK'S OFFICE IS CLOSED; TO PROVIDE THAT IF A PERSON  
21 IS BEING HELD AND TREATED IN A LICENSED MEDICAL FACILITY AND THE  
22 PERSON DECIDES TO CONTINUE TREATMENT BY VOLUNTARILY SIGNING  
23 CONSENT FOR ADMISSION AND TREATMENT, THE SEVENTY-TWO-HOUR HOLD MAY  
24 BE DISCONTINUED WITHOUT FILING AN AFFIDAVIT FOR COMMITMENT; TO  
25 AMEND SECTION 41-21-73, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT  
26 COMMITMENT HEARINGS MAY BE HELD AT THE LOCATION WHERE THE  
27 RESPONDENT IS BEING HELD; TO CREATE NEW SECTIONS 41-21-131 THROUGH  
28 41-21-143, MISSISSIPPI CODE OF 1972, TO AUTHORIZE THE  
29 ESTABLISHMENT AND IMPLEMENTATION OF CRISIS INTERVENTION TEAMS BY  
30 LAW ENFORCEMENT AGENCIES IN PARTNERSHIP WITH COMMUNITY MENTAL  
31 HEALTH CENTERS AND HOSPITALS; TO PROVIDE THAT CRISIS INTERVENTION  
32 TEAMS SHALL OPERATE WITHIN LOCAL CATCHMENT AREAS SERVED BY LAW  
33 ENFORCEMENT AGENCIES; TO PROVIDE THAT ONE OR MORE HOSPITALS WILL  
34 SERVE AS A SINGLE POINT OF ENTRY FOR A CRISIS INTERVENTION TEAM  
35 CATCHMENT AREA; TO AUTHORIZE A HOSPITAL SERVING AS A SINGLE POINT  
36 OF ENTRY TO ESTABLISH A COMPREHENSIVE PSYCHIATRIC EMERGENCY  
37 SERVICE TO PROVIDE PSYCHIATRIC EMERGENCY SERVICES TO A PERSON WITH  
38 MENTAL ILLNESS OR AN IMPAIRMENT CAUSED BY DRUGS OR ALCOHOL; TO  
39 PROVIDE THAT COMMUNITY MENTAL HEALTH CENTERS SHALL HAVE OVERSIGHT  
40 OF CRISIS INTERVENTION TEAMS OPERATING WITHIN THEIR SERVICE AREAS;  
41 TO REQUIRE THAT PROPOSALS FOR CRISIS INTERVENTION TEAMS SHALL  
42 INCLUDE THE NECESSARY COLLABORATIVE AGREEMENTS AMONG A COMMUNITY  
43 MENTAL HEALTH CENTER, A LAW ENFORCEMENT AGENCY AND A HOSPITAL THAT  
44 WILL SERVE AS THE SINGLE POINT OF ENTRY FOR THE CRISIS  
45 INTERVENTION TEAM CATCHMENT AREA; TO AUTHORIZE CERTAIN TRAINED LAW  
46 ENFORCEMENT OFFICERS TO TAKE INTO CUSTODY PERSONS WITH SUBSTANTIAL



47 LIKELIHOOD OF BODILY HARM FOR THE PURPOSE OF EMERGENCY TREATMENT  
48 IN A HOSPITAL SERVING AS A SINGLE POINT OF ENTRY; TO EXEMPT LAW  
49 ENFORCEMENT OFFICERS FROM CIVIL AND CRIMINAL LIABILITY FOR  
50 DETAINING A PERSON WITH SUBSTANTIAL LIKELIHOOD OF BODILY HARM IN  
51 GOOD FAITH; TO AUTHORIZE CERTAIN PSYCHIATRIC NURSE PRACTITIONERS  
52 AND PSYCHIATRIC PHYSICIAN ASSISTANTS TO HOLD A PATIENT FOR  
53 TREATMENT IN A HOSPITAL SERVING AS A SINGLE POINT OF ENTRY; TO  
54 EXEMPT PSYCHIATRIC NURSE PRACTITIONERS AND PSYCHIATRIC PHYSICIAN  
55 ASSISTANTS FROM CIVIL AND CRIMINAL LIABILITY FOR DETAINING A  
56 MENTALLY ILL PERSON IN GOOD FAITH; TO PROVIDE THAT A PERSON WITH  
57 SUBSTANTIAL LIKELIHOOD OF BODILY HARM DUE TO IMPAIRMENT CAUSED BY  
58 DRUGS OR ALCOHOL MAY BE HELD AT A SINGLE POINT OF ENTRY WHEN THERE  
59 ARE NO REASONABLE ALTERNATIVES; TO EXEMPT A PERSON FROM CRIMINAL  
60 OR CIVIL LIABILITY WHEN DETAINING A PERSON WITH IMPAIRMENT CAUSED  
61 BY DRUGS OR ALCOHOL IN GOOD FAITH; TO PROVIDE FOR COMPREHENSIVE  
62 PSYCHIATRIC EMERGENCY SERVICES OPERATED BY A HOSPITAL THAT IS  
63 SERVING AS THE SINGLE POINT OF ENTRY FOR A CRISIS INTERVENTION  
64 TEAM CATCHMENT AREA; TO REQUIRE THAT COMPREHENSIVE PSYCHIATRIC  
65 EMERGENCY SERVICES PROVIDE BEDS NEEDED FOR EXTENDED TREATMENT AND  
66 TO REQUIRE THAT THESE BEDS BE LICENSED BY THE STATE DEPARTMENT OF  
67 HEALTH; TO PROVIDE THAT A COMPREHENSIVE PSYCHIATRIC EMERGENCY  
68 SERVICE MAY PROVIDE TREATMENT OF A PERSON WITH MENTAL ILLNESS OR A  
69 PERSON WITH SUBSTANTIAL LIKELIHOOD OF BODILY HARM DUE TO  
70 IMPAIRMENT CAUSED BY DRUGS OR ALCOHOL UP TO BUT NOT EXCEEDING  
71 SEVENTY-TWO HOURS; TO AMEND SECTION 41-4-3, MISSISSIPPI CODE OF  
72 1972, TO PROVIDE THAT THE STATE BOARD OF MENTAL HEALTH SHALL HAVE  
73 QUARTERLY MEETINGS; AND FOR RELATED PURPOSES.

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

75 **SECTION 1.** Section 41-21-61, Mississippi Code of 1972, is  
76 amended as follows:

77 41-21-61. As used in Sections 41-21-61 through 41-21-107,  
78 unless the context otherwise requires, the following terms defined  
79 have the meanings ascribed to them:

80 (a) "Chancellor" means a chancellor or a special master  
81 in chancery.

82 (b) "Clerk" means the clerk of the chancery court.

83 (c) "Director" means the chief administrative officer  
84 of a treatment facility or other employee designated by him as his  
85 deputy.

86 (d) "Interested person" means an adult, including, but  
87 not limited to, a public official, and the legal guardian, spouse,  
88 parent, legal counsel, adult, child next of kin, or other person  
89 designated by a proposed patient.

90 (e) "Mentally ill person" means any person who has a  
91 substantial psychiatric disorder of thought, mood, perception,



92 orientation, or memory which grossly impairs judgment, behavior,  
93 capacity to recognize reality, or to reason or understand, which  
94 (i) is manifested by instances of grossly disturbed behavior or  
95 faulty perceptions; and (ii) poses a substantial likelihood of  
96 physical harm to himself or others as demonstrated by (A) a recent  
97 attempt or threat to physically harm himself or others, or (B) a  
98 failure to provide necessary food, clothing, shelter or medical  
99 care for himself, as a result of the impairment. "Mentally ill  
100 person" includes a person who, based on treatment history and  
101 other applicable psychiatric indicia, is in need of treatment in  
102 order to prevent further disability or deterioration which would  
103 predictably result in dangerousness to himself or others when his  
104 current mental illness limits or negates his ability to make an  
105 informed decision to seek or comply with recommended treatment.  
106 "Mentally ill person" does not include a person having only one or  
107 more of the following conditions: (1) epilepsy, (2) mental  
108 retardation, (3) brief periods of intoxication caused by alcohol  
109 or drugs, (4) dependence upon or addiction to any alcohol or  
110 drugs, or (5) senile dementia.

111 (f) "Mentally retarded person" means any person (i) who  
112 has been diagnosed as having substantial limitations in present  
113 functioning, manifested before age eighteen (18), characterized by  
114 significantly subaverage intellectual functioning, existing  
115 concurrently with related limitations in two (2) or more of the  
116 following applicable adaptive skill areas: communication,  
117 self-care, home living, social skills, community use,  
118 self-direction, health and safety, functional academics, leisure  
119 and work, and (ii) whose recent conduct is a result of mental  
120 retardation and poses a substantial likelihood of physical harm to  
121 himself or others in that there has been (A) a recent attempt or  
122 threat to physically harm himself or others, or (B) a failure and  
123 inability to provide necessary food, clothing, shelter, safety, or  
124 medical care for himself.



125 (g) "Physician" means any person licensed by the State  
126 of Mississippi to practice medicine in any of its branches.

127 (h) "Psychologist" when used in Sections 41-21-61  
128 through 41-21-107, means a licensed psychologist who has been  
129 certified by the State Board of Psychological Examiners as  
130 qualified to perform examinations for the purpose of civil  
131 commitment.

132 (i) "Treatment facility" means a hospital, community  
133 mental health center, or other institution qualified to provide  
134 care and treatment for mentally ill, mentally retarded, or  
135 chemically dependent persons.

136 (j) "Substantial likelihood of bodily harm" means that:

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

139 (ii) The person has threatened or attempted  
140 homicide or other violent behavior; or

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

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

145 (v) There is substantial likelihood that serious  
146 harm will occur unless the person is placed under emergency  
147 treatment.

148 **SECTION 2.** Section 41-21-67, Mississippi Code of 1972, as  
149 amended by House Bill No. 1525, 2010 Regular Session, is amended  
150 as follows:

151 41-21-67. (1) Whenever the affidavit provided for in  
152 Section 41-21-65 is filed with the chancery clerk, the clerk, upon  
153 direction of the chancellor of the court, shall issue a writ  
154 directed to the sheriff of the proper county to take into his or  
155 her custody the person alleged to be in need of treatment and to  
156 bring the person before the clerk or chancellor, who shall order  
157 pre-evaluation screening and treatment by the appropriate



158 community mental health center established under Section 41-19-31  
159 and for examination as set forth in Section 41-21-69. The order  
160 may provide where the person shall be held prior to the appearance  
161 before the clerk or chancellor. However, when the affidavit fails  
162 to set forth factual allegations and witnesses sufficient to  
163 support the need for treatment, the chancellor shall refuse to  
164 direct issuance of the writ. Reapplication may be made to the  
165 chancellor. If a pauper's affidavit is filed by a guardian for  
166 commitment of the ward of the guardian, the court shall determine  
167 if the ward is a pauper and if the ward is determined to be a  
168 pauper, the county of the residence of the respondent shall bear  
169 the costs of commitment, unless funds for those purposes are made  
170 available by the state.

171 In any county in which a Crisis Intervention Team has been  
172 established under the provisions of Sections 41-61-131 through  
173 41-61-143, the clerk, upon the direction of the chancellor, may  
174 require that the person be referred to the Crisis Intervention  
175 Team for appropriate psychiatric or other medical services before  
176 the issuance of the writ.

177 (2) Upon issuance of the writ, the chancellor shall  
178 immediately appoint and summon two (2) reputable, licensed  
179 physicians or one (1) reputable, licensed physician and either one  
180 (1) psychologist, nurse practitioner or physician assistant to  
181 conduct a physical and mental examination of the person at a place  
182 to be designated by the clerk or chancellor and to report their  
183 findings to the clerk or chancellor. However, any nurse  
184 practitioner or physician assistant conducting the examination  
185 shall be independent from, and not under the supervision of, the  
186 other physician conducting the examination. In all counties in  
187 which there is a county health officer, the county health officer,  
188 if available, may be one (1) of the physicians so appointed.  
189 Neither of the physicians nor the psychologist, nurse practitioner  
190 or physician assistant selected shall be related to that person in



191 any way, nor have any direct or indirect interest in the estate of  
192 that person nor shall any full-time staff of residential treatment  
193 facilities operated directly by the State Department of Mental  
194 Health serve as examiner.

195 (3) The clerk shall ascertain whether the respondent is  
196 represented by an attorney, and if it is determined that the  
197 respondent does not have an attorney, the clerk shall immediately  
198 notify the chancellor of that fact. If the chancellor determines  
199 that the respondent for any reason does not have the services of  
200 an attorney, the chancellor shall immediately appoint an attorney  
201 for the respondent at the time the examiners are appointed.

202 (4) If the chancellor determines that there is probable  
203 cause to believe that the respondent is mentally ill and that  
204 there is no reasonable alternative to detention, the chancellor  
205 may order that the respondent be retained as an emergency patient  
206 at any licensed medical facility for evaluation by a physician,  
207 nurse practitioner or physician assistant and that a peace officer  
208 transport the respondent to the specified facility. If the  
209 community mental health center serving the county has partnered  
210 with Crisis Intervention Teams under the provisions of Sections  
211 41-61-131 through 41-61-143, the order may specify that the  
212 licensed medical facility be a designated single point of entry  
213 within the county or within an adjacent county served by the  
214 community mental health center. If the person evaluating the  
215 respondent finds that the respondent is mentally ill and in need  
216 of treatment, the chancellor may order that the respondent be  
217 retained at the licensed medical facility or any other available  
218 suitable location as the court may so designate pending an  
219 admission hearing. If necessary, the chancellor may order a peace  
220 officer or other person to transport the respondent to that \* \* \*  
221 facility or suitable location. Any respondent so retained may be  
222 given such treatment as is indicated by standard medical practice.  
223 However, the respondent shall not be held in a hospital operated



224 directly by the State Department of Mental Health, and shall not  
225 be held in jail unless the court finds that there is no reasonable  
226 alternative.

227 (5) Whenever a licensed \* \* \* psychologist, nurse  
228 practitioner or physician assistant who is certified to complete  
229 examinations for the purpose of commitment or a licensed physician  
230 has reason to believe that a person poses an immediate substantial  
231 likelihood of physical harm to himself or others or is gravely  
232 disabled and unable to care for himself by virtue of mental  
233 illness, as defined in Section 41-21-61(e), then the physician,  
234 psychologist, nurse practitioner or physician assistant may hold  
235 the person or may admit the person to and treat the person in a  
236 licensed medical facility, without a civil order or warrant for a  
237 period not to exceed seventy-two (72) hours \* \* \*. However, if  
238 the seventy-two-hour period begins or ends when the chancery  
239 clerk's office is closed, or within three (3) hours of closing,  
240 and the chancery clerk's office will be continuously closed for a  
241 time that exceeds seventy-two (72) hours, then the  
242 seventy-two-hour period is extended until the end of the next  
243 business day that the chancery clerk's office is open. The person  
244 may be held and treated as an emergency patient at any licensed  
245 medical facility, available regional mental health facility, or  
246 crisis intervention center. The physician or psychologist, nurse  
247 practitioner or physician assistant who holds the person shall  
248 certify in writing the reasons for the need for holding.

249 If a person is being held and treated in a licensed medical  
250 facility, and that person decides to continue treatment by  
251 voluntarily signing consent for admission and treatment, the  
252 seventy-two-hour hold may be discontinued without filing an  
253 affidavit for commitment. Any respondent so held may be given  
254 such treatment as indicated by standard medical practice. Persons  
255 acting in good faith in connection with the detention of a person



256 believed to be mentally ill shall incur no liability, civil or  
257 criminal, for those acts.

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

260 41-21-73. (1) The hearing shall be conducted before the  
261 chancellor. However, the hearing may be held at the location  
262 where the respondent is being held. Within a reasonable period of  
263 time before the hearing, notice of same shall be provided the  
264 respondent and his attorney, which shall include: (a) notice of  
265 the date, time and place of the hearing; (b) a clear statement of  
266 the purpose of the hearing; (c) the possible consequences or  
267 outcome of the hearing; (d) the facts that have been alleged in  
268 support of the need for commitment; (e) the names, addresses and  
269 telephone numbers of the examiner(s); and (f) other witnesses  
270 expected to testify.

271 (2) The respondent must be present at the hearing unless the  
272 chancellor determines that the respondent is unable to attend and  
273 makes that determination and the reasons therefor part of the  
274 record. At the time of the hearing the respondent shall not be so  
275 under the influence or suffering from the effects of drugs,  
276 medication or other treatment so as to be hampered in  
277 participating in the proceedings. The court, at the time of the  
278 hearing, shall be presented a record of all drugs, medication or  
279 other treatment that the respondent has received pending the  
280 hearing, unless the court determines that such a record would be  
281 impractical and documents the reasons for that determination.

282 (3) The respondent shall have the right to offer evidence,  
283 to be confronted with the witnesses against him and to  
284 cross-examine them and shall have the privilege against  
285 self-incrimination. The rules of evidence applicable in other  
286 judicial proceedings in this state shall be followed.

287 (4) If the court finds by clear and convincing evidence that  
288 the proposed patient is a mentally ill or mentally retarded person





289 and, if after careful consideration of reasonable alternative  
290 dispositions, including, but not limited to, dismissal of the  
291 proceedings, the court finds that there is no suitable alternative  
292 to judicial commitment, the court shall commit the patient for  
293 treatment in the least restrictive treatment facility that can  
294 meet the patient's treatment needs. Treatment before admission to  
295 a state-operated facility shall be located as closely as possible  
296 to the patient's county of residence and the county of residence  
297 shall be responsible for that cost. Admissions to state-operated  
298 facilities shall be in compliance with the catchment areas  
299 established by the State Department of Mental Health. A  
300 nonresident of the state may be committed for treatment or  
301 confinement in the county where the person was found.

302 Alternatives to commitment to inpatient care may include, but  
303 shall not be limited to: voluntary or court-ordered outpatient  
304 commitment for treatment with specific reference to a treatment  
305 regimen, day treatment in a hospital, night treatment in a  
306 hospital, placement in the custody of a friend or relative or the  
307 provision of home health services.

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

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

313 (6) The court shall state the findings of fact and  
314 conclusions of law that constitute the basis for the order of  
315 commitment. The findings shall include a listing of less  
316 restrictive alternatives considered by the court and the reasons  
317 that each was found not suitable.

318 (7) A stenographic transcription shall be recorded by a  
319 stenographer or electronic recording device and retained by the  
320 court.



321 (8) Notwithstanding any other provision of law to the  
322 contrary, neither the State Board of Mental Health or its members,  
323 nor the State Department of Mental Health or its related  
324 facilities, nor any employee of the State Department of Mental  
325 Health or its related facilities, unless related to the respondent  
326 by blood or marriage, shall be assigned or adjudicated custody,  
327 guardianship, or conservatorship of the respondent.

328 (9) The county where a person in need of treatment is found  
329 is authorized to charge the county of the person's residence for  
330 the costs incurred while the person is confined in the county  
331 where such person was found.

332 **SECTION 4.** The following shall be codified as Section  
333 41-21-131, Mississippi Code of 1972:

334 41-21-131. As used in Sections 41-21-131 through 41-21-143,  
335 the following terms shall have the meanings as defined in this  
336 section:

337 (a) "Crisis Intervention Team" means a community  
338 partnership among a law enforcement agency, a community mental  
339 health center, a hospital, other mental health providers,  
340 consumers and family members of consumers.

341 (b) "Participating partner" means a law enforcement  
342 agency, a community mental health center or a hospital that has  
343 each entered into collaborative agreements needed to implement a  
344 Crisis Intervention Team.

345 (c) "Catchment area" means a geographical area in which  
346 a Crisis Intervention Team operates and is defined by the  
347 jurisdictional boundaries of the law enforcement agency that is  
348 the participating partner.

349 (d) "Crisis Intervention Team officer" or "CIT officer"  
350 means a law enforcement officer who is authorized to make arrests  
351 under Section 99-3-1 and who is trained and certified in crisis  
352 intervention and who is working for a law enforcement agency that  
353 is a participating partner in a Crisis Intervention Team.



354 (e) "Substantial likelihood of bodily harm" means that:  
355 (i) The person has threatened or attempted suicide  
356 or to inflict serious bodily harm to himself; or  
357 (ii) The person has threatened or attempted  
358 homicide or other violent behavior; or  
359 (iii) The person has placed others in reasonable  
360 fear of violent behavior and serious physical harm to them; or  
361 (iv) The person is unable to avoid severe  
362 impairment or injury from specific risks; and  
363 (v) There is substantial likelihood that serious  
364 harm will occur unless the person is placed under emergency  
365 treatment.

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

370 (g) "Psychiatric emergency services" means services  
371 designed to reduce the acute psychiatric symptoms of a person who  
372 is mentally ill or a person who has an impairment caused by drugs  
373 or alcohol and, when possible, to stabilize that person so that  
374 continuing treatment can be provided in the local community.

375 (h) "Triage and referral services" means services  
376 designed to provide evaluation of a person with mental illness or  
377 a person who has an impairment caused by drugs or alcohol in order  
378 to direct that person to a mental health facility or other mental  
379 health provider that can provide appropriate treatment.

380 (i) "Comprehensive psychiatric emergency service" means  
381 a specialized psychiatric service operated by the single point of  
382 entry and located in or near the hospital emergency department  
383 that can provide psychiatric emergency services for a period of  
384 time greater than can be provided in the hospital emergency  
385 department.



386 (j) "Extended observation bed" means a hospital bed  
387 that is used by a comprehensive psychiatric emergency service and  
388 is licensed by the State Department of Health for that purpose.

389 (k) "Psychiatric nurse practitioner" means a registered  
390 nurse who has completed the educational requirements specified by  
391 the State Board of Nursing, has successfully passed either the  
392 adult or family psychiatric nurse practitioner examination and is  
393 licensed by the State Board of Nursing to work under the  
394 supervision of a physician at a single point of entry following  
395 protocols approved by the State Board of Nursing.

396 (l) "Psychiatric physician assistant" means a physician  
397 assistant who has completed the educational requirements and  
398 passed the certification examination as specified in Section  
399 73-26-3, is licensed by the State Board of Medical Licensure, has  
400 had at least one (1) year of practice as a physician assistant  
401 employed by a community mental health center, and is working under  
402 the supervision of a physician at a single point of entry.

403 **SECTION 5.** The following shall be codified as Section  
404 41-61-133, Mississippi Code of 1972:

405 41-61-133. (1) Any law enforcement agency or community  
406 mental health center, as a participating partner, is authorized to  
407 establish Crisis Intervention Teams to provide for psychiatric  
408 emergency services and triage and referral services for persons  
409 who are with substantial likelihood of bodily harm as a more  
410 humane alternative to confinement in a jail.

411 (2) A Crisis Intervention Team shall have one or more  
412 designated hospitals within the specified catchment area that has  
413 agreed to serve as a single point of entry and to provide  
414 psychiatric emergency services, triage and referral services and  
415 other appropriate medical services for persons in custody of a CIT  
416 officer or referred by the community mental health center within  
417 the specified catchment area.



418 (3) Any hospital, as a participating partner and serving as  
419 a single point of entry, is authorized to establish a  
420 comprehensive psychiatric emergency service to provide psychiatric  
421 emergency services to a person with mental illness or an  
422 impairment caused by drugs or alcohol for a period of time greater  
423 than allowed in a hospital emergency department when, in the  
424 opinion of the treating physician, psychiatric nurse practitioner  
425 or psychiatric physician assistant, that person likely can be  
426 stabilized within seventy-two (72) hours so that continuing  
427 treatment can be provided in the local community rather than a  
428 crisis intervention center or state psychiatric hospital.

429 (4) Two (2) or more governmental entities may jointly  
430 provide Crisis Intervention Teams and comprehensive psychiatric  
431 emergency services authorized under Sections 41-61-131 through  
432 41-61-143. For the purpose of addressing unique rural service  
433 delivery needs and conditions, the State Department of Mental  
434 Health may authorize two (2) or more community mental health  
435 centers to collaborate in the development of Crisis Intervention  
436 Teams and comprehensive psychiatric emergency services and will  
437 facilitate the development of those programs.

438 **SECTION 6.** The following shall be codified as Section  
439 41-61-135, Mississippi Code of 1972:

440 41-61-135. (1) Community mental health centers shall have  
441 oversight of Crisis Intervention Teams operating within their  
442 service areas. Proposals for Crisis Intervention Teams shall  
443 include the necessary collaborative agreements among the community  
444 mental health center, a law enforcement agency and a hospital that  
445 will serve as the single point of entry for the Crisis  
446 Intervention Team catchment area.

447 (2) The collaborative agreements shall specify that the  
448 hospital acting as the single point of entry shall accept all  
449 persons who are in custody of a CIT officer operating within the  
450 catchment area, when custody has been taken because of substantial



451 likelihood of bodily harm, and shall accept all persons with  
452 mental illness and persons with impairment caused by drugs or  
453 alcohol who are referred by the community mental health center  
454 serving the catchment area, when a qualified staff member of the  
455 community mental health center has evaluated the person and  
456 determined that the person needs acute psychiatric emergency  
457 services that are beyond the capability of the community mental  
458 health center.

459 (3) The director of the community mental health center shall  
460 determine if all collaborative agreements address the needs of the  
461 proposed Crisis Intervention Team, including generally accepted  
462 standards of law enforcement training, before authorizing  
463 operation of the plan. Those generally accepted standards for law  
464 enforcement training shall be verified by the State Department of  
465 Mental Health.

466 (4) If the director of the community mental health center  
467 has reason to believe that an authorized Crisis Intervention Team  
468 is not operating in accordance with the collaborative agreements  
469 and within general acceptable guidelines and standards, the  
470 director has the authority to review the operation of the Crisis  
471 Intervention Team and, if necessary, suspend operation until  
472 corrective measures are taken.

473 (5) The director of the community mental health center shall  
474 establish a process by which complaints from the public regarding  
475 the operation of a Crisis Intervention Team may be evaluated and  
476 addressed and provide for the inclusion of consumer  
477 representatives in that process.

478 **SECTION 7.** The following shall be codified as Section  
479 41-61-137, Mississippi Code of 1972:

480 41-61-137. (1) The internal operation of a single point of  
481 entry shall be governed by the administration of the hospital and  
482 regulated by the State Department of Health, the Joint Commission  
483 on Accreditation of Healthcare Organizations and other state and



484 federal agencies that have regulatory authority over hospitals.  
485 All collaborative agreements must be in compliance with these  
486 governing authorities.

487 (2) A hospital operating as a single point of entry for a  
488 Crisis Intervention Team shall appoint a medical director to  
489 oversee the operation of the hospital-based service. The medical  
490 director will assure that the services provided are within the  
491 guidelines established by the collaborative agreements.

492 (3) Notwithstanding any other provision of law, nothing in  
493 Sections 41-61-131 through 41-61-143 shall be interpreted to  
494 create an entitlement for any individual to receive psychiatric  
495 emergency services at a single point of entry.

496 **SECTION 8.** The following shall be codified as Section  
497 41-61-139, Mississippi Code of 1972:

498 41-61-139. (1) If a CIT officer determines that a person is  
499 with substantial likelihood of bodily harm, that officer may take  
500 the person into custody for the purpose of transporting the person  
501 to the designated single point of entry serving the catchment area  
502 in which the officer works. The CIT officer shall certify in  
503 writing the reasons for taking the person into custody.

504 (2) A CIT officer shall have no further legal responsibility  
505 or other obligations once a person taken into custody has been  
506 transported and received at the single point of entry.

507 (3) A CIT officer acting in good faith in connection with  
508 the detention of a person believed to be with substantial  
509 likelihood of bodily harm shall incur no liability, civil or  
510 criminal, for those acts.

511 (4) Only CIT officers authorized to operate within a  
512 catchment area may bring persons in custody to the single point of  
513 entry for that catchment area. Law enforcement officers working  
514 outside the designated catchment area are not authorized to  
515 transport any person into the catchment area for the purpose of  
516 bringing that person to the single point of entry.



517 (5) Any person transported by a CIT officer to the single  
518 point of entry or any person referred by the community mental  
519 health center following guidelines of the collaborative agreements  
520 shall be examined by a physician, psychiatric nurse practitioner  
521 or psychiatric physician assistant. If the person does not  
522 consent to voluntary evaluation and treatment, and the examiner  
523 determines that the person is a mentally ill person, as defined in  
524 Section 41-21-61(e), the examiner shall then determine if that  
525 person can be held under the provisions of Section 41-21-67(5).  
526 All other provisions of Section 41-21-67(5) shall apply and be  
527 extended to include licensed psychiatric nurse practitioners and  
528 psychiatric physician assistants employed by the single point of  
529 entry, including protection from liability, as provided in this  
530 section, when acting in good faith. If the examiner determines  
531 that the person is with substantial likelihood of bodily harm  
532 because of impairment caused by drugs or alcohol and determines  
533 that there is no reasonable, less-restrictive alternative, the  
534 person may be held at the single point of entry until the  
535 impairment has resolved and the person is no longer with  
536 substantial likelihood of bodily harm. Persons acting in good  
537 faith in connection with the detention of a person with impairment  
538 caused by drugs or alcohol shall incur no liability, civil or  
539 criminal, for those acts.

540 **SECTION 9.** The following shall be codified as Section  
541 41-61-141, Mississippi Code of 1972:

542 41-61-141. (1) To implement a comprehensive psychiatric  
543 emergency service, a single point of entry must request licensure  
544 from the State Department of Health for the number of extended  
545 observation beds that are required to adequately serve the  
546 designated catchment area. A license for the requested beds must  
547 be obtained before beginning operation.

548 (2) If the State Department of Health determines that a  
549 comprehensive psychiatric emergency service can provide for the





550 privacy and safety of all patients receiving services in the  
551 hospital, the department may approve the location of one or more  
552 of the extended observation beds within another area of the  
553 hospital rather than in proximity to the emergency department.

554 (3) Each comprehensive psychiatric emergency service shall  
555 provide or contract to provide qualified physicians, psychiatric  
556 nurse practitioners, psychiatric physician assistants and  
557 ancillary personnel necessary to provide services twenty-four (24)  
558 hours per day, seven (7) days per week.

559 (4) A comprehensive psychiatric emergency service shall have  
560 at least one (1) physician, psychiatric nurse practitioner or  
561 psychiatric physician assistant, who is a member of the staff of  
562 the hospital, on duty and available at all times. However, the  
563 medical director of the service may waive this requirement if  
564 provisions are made for a physician in the emergency department to  
565 assume responsibility and provide initial evaluation and treatment  
566 of a person in custody of a CIT officer or referred by the  
567 community mental health center and provisions are made for the  
568 physician, psychiatric nurse practitioner or psychiatric physician  
569 assistant on call for the comprehensive psychiatric emergency  
570 service to evaluate the person onsite within thirty (30) minutes  
571 of notification that the person has arrived.

572 (5) Any person admitted to a comprehensive psychiatric  
573 emergency service must have a final disposition within a maximum  
574 of seventy-two (72) hours. If a person cannot be stabilized  
575 within seventy-two (72) hours, that person shall be transferred  
576 from an extended observation bed to a more appropriate inpatient  
577 unit.

578 **SECTION 10.** The following shall be codified as Section  
579 41-61-143, Mississippi Code of 1972:

580 41-61-143. (1) Community mental health center directors  
581 shall actively encourage hospitals to develop comprehensive  
582 psychiatric emergency services. If a collaborative agreement can



583 be negotiated with a hospital that can provide a comprehensive  
584 psychiatric emergency service, that hospital shall be given  
585 priority when designating the single point of entry.

586 (2) The State Department of Mental Health shall encourage  
587 community mental health center directors to actively work with  
588 hospitals and law enforcement agencies to develop Crisis  
589 Intervention Teams and comprehensive psychiatric emergency  
590 services and shall facilitate the development of those programs.

591 (3) State colleges and universities that provide classes in  
592 criminal justice are encouraged to collaborate with law  
593 enforcement agencies to develop training guidelines and standards  
594 for CIT officers and to provide educational classes and continuing  
595 education programs by which CIT officers can earn continuing  
596 education credits.

597 **SECTION 11.** Section 41-4-3, Mississippi Code of 1972, is  
598 amended as follows:

599 41-4-3. (1) There is \* \* \* created a State Board of Mental  
600 Health, \* \* \* referred to in this chapter as "board," consisting  
601 of nine (9) members, to be appointed by the Governor, with the  
602 advice and consent of the Senate, each of whom shall be a  
603 qualified elector. One (1) member shall be appointed from each  
604 congressional district as presently constituted; and four (4)  
605 members shall be appointed from the state at large, one (1) of  
606 whom shall be a licensed medical doctor who is a psychiatrist, one  
607 (1) of whom shall hold a Ph.D. degree and be a licensed clinical  
608 psychologist, one (1) of whom shall be a licensed medical doctor,  
609 and one (1) of whom shall be a social worker with experience in  
610 the mental health field.

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

613 Each member of the initial board shall serve for a term of  
614 years represented by the number of his congressional district; two  
615 (2) state at large members shall serve for a term of six (6)



616 years; two (2) state at large members shall serve for a term of  
617 seven (7) years; subsequent appointments shall be for seven-year  
618 terms and the Governor shall fill any vacancy for the unexpired  
619 term.

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

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

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

630 **SECTION 12.** This act shall take effect and be in force from  
631 and after July 1, 2010.

