

By: Senator(s) Bryan

To: Public Health and
WelfareCOMMITTEE SUBSTITUTE
FOR
SENATE BILL NO. 2610

1 AN ACT TO ENACT THE ROSE ISABEL WILLIAMS MENTAL HEALTH REFORM
2 ACT OF 2020; TO CREATE THE TEMPORARY POSITION OF THE COORDINATOR
3 OF MENTAL HEALTH ACCESSIBILITY AS A SUBDIVISION WITHIN, BUT
4 INDEPENDENT OF, THE DEPARTMENT OF FINANCE AND ADMINISTRATION; TO
5 DEFINE TERMS; TO AUTHORIZE THE GOVERNOR TO APPOINT A COORDINATOR
6 OF MENTAL HEALTH ACCESSIBILITY; TO REQUIRE THE COORDINATOR TO
7 PERFORM A COMPREHENSIVE REVIEW OF THE MENTAL HEALTH SYSTEM, TO
8 CONSULT WITH CERTAIN DEPARTMENTS AND ENTITIES, AND TO REVIEW THE
9 QUARTERLY FINANCIAL REPORTS AND STATUS REPORTS OF THE INDIVIDUAL
10 COMMUNITY MENTAL HEALTH CENTERS; TO REQUIRE THE COORDINATOR TO
11 DETERMINE WHERE IN ANY COUNTY, OR GEOGRAPHIC AREA WITHIN A COUNTY,
12 THE DELIVERY OR AVAILABILITY OF MENTAL HEALTH SERVICES ARE
13 INADEQUATE AND TO REPORT ON THE STATUS OF THE MENTAL HEALTH SYSTEM
14 TO CERTAIN GOVERNMENTAL AUTHORITIES; TO AUTHORIZE THE COORDINATOR
15 TO HIRE STAFF; TO AUTHORIZE THE COORDINATOR TO INSPECT FACILITIES
16 WITHIN THE MENTAL HEALTH SYSTEM, TO INTERVIEW CERTAIN PERSONS, AND
17 TO ACCESS CERTAIN PROGRAMS, SERVICES, DOCUMENTS AND MATERIALS; TO
18 AUTHORIZE THE COORDINATOR TO APPOINT A COMMITTEE; TO REQUIRE THE
19 COORDINATOR TO COMMUNICATE WITH THE COUNTY BOARD OF SUPERVISORS
20 AND THE REGIONAL COMMISSION FOR THE COUNTY OR GEOGRAPHIC AREA
21 WHERE MENTAL HEALTH SERVICES ARE INADEQUATE TO DETERMINE IF A PLAN
22 IS BEING EXECUTED OR DEVELOPED TO INCREASE ACCESS TO MENTAL HEALTH
23 SERVICES; TO HAVE THE COORDINATOR ASSESS THE VIABILITY OF ANY
24 PLAN; TO REQUIRE THE COORDINATOR, WHEN A PLAN IS DETERMINED TO BE
25 INSUFFICIENT, TO DEVELOP AND IMPLEMENT HIS OR HER OWN PLAN TO
26 PROVIDE MENTAL HEALTH SERVICES TO THE COUNTY OR GEOGRAPHIC AREA
27 WHERE MENTAL HEALTH SERVICES ARE INADEQUATE; TO AUTHORIZE THE
28 COORDINATOR TO REASSIGN THE COUNTY OR GEOGRAPHIC AREA WHERE MENTAL
29 HEALTH SERVICES ARE INADEQUATE TO ANOTHER REGIONAL COMMISSION, THE
30 DEPARTMENT OF MENTAL HEALTH, OR A NONPROFIT ENTITY FOR THE
31 PROVISION OF MENTAL HEALTH SERVICES; TO REQUIRE CERTAIN AGENCIES
32 AND THE REGIONAL COMMISSIONS TO COOPERATE WITH THE COORDINATOR; TO
33 AMEND SECTION 41-4-7, MISSISSIPPI CODE OF 1972, TO AUTHORIZE THE
34 DEPARTMENT OF MENTAL HEALTH TO PROVIDE MENTAL HEALTH SERVICES TO



ANY COUNTY OR GEOGRAPHIC AREA REASSIGNED TO THE DEPARTMENT BY THE
COORDINATOR AND TO PROMULGATE ANY RULES AND REGULATIONS REQUESTED
BY THE COORDINATOR; TO AMEND SECTION 41-19-33, MISSISSIPPI CODE OF
1972, TO CONFORM; AND FOR RELATED PURPOSES.

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

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

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

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

(b) "Mental health services" shall include all services
offered by the mental health system in Mississippi, including, but
not limited to, the following:

(i) Community mental health services, including:

1. Programs of assertive community treatment;
2. Mobile crisis response services;
3. Crisis stabilization units;



62 4. Community support services;
63 5. Peer support services;
64 6. Supported employment; and
65 7. Permanent supported housing; and
66 (ii) Institutional mental health services which
67 are services that encompass civil commitment or hospitalization in
68 a psychiatric hospital;
69 (iii) Mental health services provided in
70 facilities authorized in Title 47, Mississippi Code of 1972;
71 (iv) Core adult mental health services;
72 (v) Child mental health services;
73 (vi) Intellectual/developmental disability
74 services;
75 (vii) Substance abuse prevention and
76 treatment/rehabilitation services; and
77 (viii) Any combination of the services defined in
78 this paragraph (b).
79 (c) "Mental health system" means the facilities,
80 institutions, centers, entities, persons and providers that
81 provide mental health services in Mississippi.
82 (d) "Regional commission" means a commission
83 established in Section 41-19-33.

84 **SECTION 3.** (1) (a) There is created within the Department
85 of Finance and Administration a temporary position to be known as
86 the "Coordinator of Mental Health Accessibility."



(b) (i) The Governor, with the advice and consent of the Senate, shall appoint the Coordinator of Mental Health Accessibility by April 20, 2020.

(ii) In making the appointment, the Governor shall consult with the Department of Mental Health, the Division of Medicaid, the regional commissions and any advocacy groups that he determines to be necessary.

(c) The temporary position of Coordinator of Mental Health Accessibility shall dissolve on June 30, 2023.

(2) The temporary position shall be a subdivision housed within, but independent of, the Department of Finance and Administration. The coordinator shall maintain complete and exclusive operational control of the subdivision's functions.

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

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

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



(b) To review the adequacy and quality of the individualized supports and services provided to persons discharged from the State Hospital or at risk of institutionalization throughout the state.

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

(d) To consult with the Special Master appointed in the United States of America v. State of Mississippi, No. 3:16-CV-622-CWR-FKB (S.D. Miss. Feb. 25, 2020), the Department of Mental Health, the Division of Medicaid, the Department of Rehabilitation Services, the Department of Health, county boards of supervisors, regional commissions, community mental health centers, mental health advocates, community leaders and any other necessary parties or entities, both private and governmental, regarding the status of the services offered by Mississippi's mental health system.

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

(f) To determine whether each community mental health center has sufficient funds to provide the required mental health services.

(g) To report on the status of the mental health system quarterly to the Governor, the Lieutenant Governor and the Speaker



of the House. The coordinator shall deliver the quarterly status report to the Secretary of the Senate and the Clerk of the House who shall disseminate the report to the appropriate members.

SECTION 5. In fulfilling the responsibilities of this act, the coordinator may, subject to available appropriations:

(a) Hire the deputies, assistants and staff needed for the performance of his or her duties under this act. The coordinator, in consultation with the State Personnel Board, shall set the compensation of any hired employees from any funds made available for that purpose. The Department of Mental Health, upon request from the coordinator, shall supplement the administrative and support staff of the subdivision. The coordinator shall have complete and exclusive operational control over any staff provided by the Department of Mental Health under this paragraph (a);

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

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

(d) Access services, documents, records, programs and materials as necessary to assess the status of the mental health system, subject to the Health Insurance Portability and Accountability Act, as amended, and related regulations.

(e) Recommend changes to any portion of the mental health system either in the coordinator's status reports or to the



board(s) of supervisors or regional commissions or to the Department of Mental Health or as otherwise determined to be necessary by the coordinator.

(f) Develop and implement a plan to provide access to mental health services in any county, or geographic area within a county, where services are determined to be inadequate, if required by Section 5 of this act.

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

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

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

(2) When the coordinator determines services are inadequate, the coordinator shall determine if there is a plan in place or a plan being developed to increase access to mental health services in that county or the geographic area of the county where mental health services are inadequate and shall assess the viability of the plan, including its sufficiency to address the inadequacy of the available mental health services.

(3) If there is no plan in place or being developed, the coordinator may allow the county board of supervisors or the



187 regional commission a reasonable time to develop and implement a
188 plan.

189 (4) If the coordinator determines that the plan is or will
190 be insufficient to provide mental health services to the
191 population of the county or the geographic area within the county,
192 the coordinator shall develop and implement a plan to facilitate
193 an increased access to mental health services by:

194 (a) Requiring the regional commission to reassign the
195 county that has inadequate mental health services to a different
196 regional commission if the regional commission to which the county
197 will be reassigned is willing to accept the county; or

198 (b) Requiring the regional commission to reassign the
199 county or geographic area that has inadequate mental health
200 services to the Board of Mental Health for the provision of mental
201 health services; or

202 (c) Arranging for a nonprofit entity to provide
203 sufficient mental health services to the county or the geographic
204 area that has inadequate mental health services.

205 **SECTION 7.** The Department of Mental Health, the regional
206 commissions, the Division of Medicaid, the Department of
207 Rehabilitation Services, the Department of Health, and the PEER
208 Committee shall cooperate with the coordinator under this act and
209 shall allow the coordinator or his or her staff to, as it relates
210 to the provision of mental health services:



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

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

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

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

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

(a) To appoint a full-time Executive Director of the Department of Mental Health, who shall be employed by the board and shall serve as executive secretary to the board. The first director shall be a duly licensed physician with special interest and competence in psychiatry, and shall possess a minimum of three (3) years' experience in clinical and administrative psychiatry.

Subsequent directors shall possess at least a master's degree or its equivalent, and shall possess at least ten (10) years'

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

(b) To appoint a Medical Director for the Department of Mental Health. The medical director shall provide clinical oversight in the implementation of evidence-based and best



practices; provide clinical leadership in the integration of mental health, intellectual disability and addiction services with community partners in the public and private sectors; and provide oversight regarding standards of care. The medical director shall serve at the will and pleasure of the board, and will undergo an annual review of job performance and future service to the department;

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

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

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

(ii) Conducting studies of community-based care in other jurisdictions to determine which services offered in these jurisdictions have the potential to provide the citizens of



Mississippi with more effective and efficient community-based care;

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

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

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

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

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

(viii) Assisting in conducting all necessary strategic planning for the delivery of all other services of the department. Such planning shall be conducted so as to produce a single strategic plan for the services delivered by the public mental health system and shall establish appropriate mission statements, goals, objectives and performance indicators for all programs and services of the public mental health system. For services other than those specified in Section 41-4-1(2), the



committee shall recommend to the State Board of Mental Health a strategic plan that the board may adopt or modify;

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

(f) [Repealed]

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

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

(i) To certify, coordinate and establish minimum standards and establish minimum required services, as specified in Section 41-4-1(2), for regional mental health and intellectual disability commissions and other community service providers for community or regional programs and services in adult mental health, children and youth mental health, intellectual disabilities, alcoholism, drug misuse, developmental disabilities, compulsive gambling, addictive disorders and related programs throughout the state. Such regional mental health and intellectual disability commissions and other community service providers shall, on or before July 1 of each year, submit an



309 annual operational plan to the State Department of Mental Health
310 for approval or disapproval based on the minimum standards and
311 minimum required services established by the department for
312 certification and itemize the services specified in Section
313 41-4-1(2). As part of the annual operation plan required by this
314 paragraph (i) submitted by any regional community mental health
315 center or by any other reasonable certification deemed acceptable
316 by the department, the community mental health center shall state
317 those services specified in Section 41-4-1(2) that it will provide
318 and also those services that it will not provide. If the
319 department finds deficiencies in the plan of any regional
320 commission or community service provider based on the minimum
321 standards and minimum required services established for
322 certification, the department shall give the regional commission
323 or community service provider a six-month probationary period to
324 bring its standards and services up to the established minimum
325 standards and minimum required services. After the six-month
326 probationary period, if the department determines that the
327 regional commission or community service provider still does not
328 meet the minimum standards and minimum required services
329 established for certification, the department may remove the
330 certification of the commission or provider and from and after
331 July 1, 2011, the commission or provider shall be ineligible for
332 state funds from Medicaid reimbursement or other funding sources
333 for those services. However, the department shall not mandate a



334 standard or service, or decertify a regional commission or
335 community service provider for not meeting a standard or service,
336 if the standard or service does not have funding appropriated by
337 the Legislature or have a state, federal or local funding source
338 identified by the department. No county shall be required to levy
339 millage to provide a mandated standard or service above the
340 minimum rate required by Section 41-19-39. After the six-month
341 probationary period, the department may identify an appropriate
342 community service provider to provide any core services in that
343 county that are not provided by a community mental health center.
344 However, the department shall not offer reimbursement or other
345 accommodations to a community service provider of core services
346 that were not offered to the decertified community mental health
347 center for the same or similar services. The State Board of
348 Mental Health shall promulgate rules and regulations necessary to
349 implement the provisions of this paragraph (i), in accordance with
350 the Administrative Procedures Law (Section 25-43-1.101 et seq.);

351 (j) To establish and promulgate reasonable minimum
352 standards for the construction and operation of state and all
353 Department of Mental Health certified facilities, including
354 reasonable minimum standards for the admission, diagnosis, care,
355 treatment, transfer of patients and their records, and also
356 including reasonable minimum standards for providing day care,
357 outpatient care, emergency care, inpatient care and follow-up
358 care, when such care is provided for persons with mental or



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

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

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

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

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



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

385 (p) To serve as the single state agency in receiving
386 and administering any and all funds available from any source for
387 the purpose of service delivery, training, research and education
388 in regard to all forms of mental illness, intellectual
389 disabilities, alcoholism, drug misuse and developmental
390 disabilities, unless such funds are specifically designated to a
391 particular agency or institution by the federal government, the
392 Mississippi Legislature or any other grantor;

393 (q) To establish mental health holding centers for the
394 purpose of providing short-term emergency mental health treatment,
395 places for holding persons awaiting commitment proceedings or
396 awaiting placement in a state mental health facility following
397 commitment, and for diverting placement in a state mental health
398 facility. These mental health holding facilities shall be readily
399 accessible, available statewide, and be in compliance with
400 emergency services' minimum standards. They shall be
401 comprehensive and available to triage and make appropriate
402 clinical disposition, including the capability to access inpatient
403 services or less restrictive alternatives, as needed, as
404 determined by medical staff. Such facility shall have medical,
405 nursing and behavioral services available on a
406 twenty-four-hour-a-day basis. The board may provide for all or
407 part of the costs of establishing and operating the holding



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

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

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



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

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

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

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

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

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



458 private psychiatric hospitals to ensure their continued well-being
459 in the community;

460 (y) To develop formal service delivery standards
461 designed to measure the quality of services delivered to community
462 clients, as well as the timeliness of services to community
463 clients provided by regional mental health/intellectual disability
464 commissions and other community services providers;

465 (z) To establish regional state offices to provide
466 mental health crisis intervention centers and services available
467 throughout the state to be utilized on a case-by-case emergency
468 basis. The regional services director, other staff and delivery
469 systems shall meet the minimum standards of the Department of
470 Mental Health;

471 (aa) To require performance contracts with community
472 mental health/intellectual disability service providers to contain
473 performance indicators to measure successful outcomes, including
474 diversion of persons from inpatient psychiatric hospitals,
475 rapid/timely response to emergency cases, client satisfaction with
476 services and other relevant performance measures;

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



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

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

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

503 (ff) Working with the advice and consent of the
504 administration of Ellisville State School, to enter into
505 negotiations with the Economic Development Authority of Jones
506 County for the purpose of negotiating the possible exchange, lease



507 or sale of lands owned by Ellisville State School to the Economic
508 Development Authority of Jones County. It is the intent of the
509 Mississippi Legislature that such negotiations shall ensure that
510 the financial interest of the persons with an intellectual
511 disability served by Ellisville State School will be held
512 paramount in the course of these negotiations. The Legislature
513 also recognizes the importance of economic development to the
514 citizens of the State of Mississippi and Jones County, and
515 encourages fairness to the Economic Development Authority of Jones
516 County. Any negotiations proposed which would result in the
517 recommendation for exchange, lease or sale of lands owned by
518 Ellisville State School must have the approval of the State Board
519 of Mental Health. The State Board of Mental Health may and has
520 the final authority as to whether or not these negotiations result
521 in the exchange, lease or sale of the properties it currently
522 holds in trust for persons with an intellectual disability served
523 at Ellisville State School.

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



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

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



557 subsidiaries and divisions, which hospitals, subsidiaries and
558 divisions are licensed and regulated by the Mississippi State
559 Department of Health unless such hospitals, subsidiaries or
560 divisions voluntarily request certification by the Mississippi
561 State Department of Mental Health.

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

565 (gg) Working with the advice and consent of the
566 administration of Boswell Regional Center, to enter into
567 negotiations with the Economic Development Authority of Simpson
568 County for the purpose of negotiating the possible exchange, lease
569 or sale of lands owned by Boswell Regional Center to the Economic
570 Development Authority of Simpson County. It is the intent of the
571 Mississippi Legislature that such negotiations shall ensure that
572 the financial interest of the persons with an intellectual
573 disability served by Boswell Regional Center will be held
574 paramount in the course of these negotiations. The Legislature
575 also recognizes the importance of economic development to the
576 citizens of the State of Mississippi and Simpson County, and
577 encourages fairness to the Economic Development Authority of
578 Simpson County. Any negotiations proposed which would result in
579 the recommendation for exchange, lease or sale of lands owned by
580 Boswell Regional Center must have the approval of the State Board
581 of Mental Health. The State Board of Mental Health may and has



582 the final authority as to whether or not these negotiations result
583 in the exchange, lease or sale of the properties it currently
584 holds in trust for persons with an intellectual disability served
585 at Boswell Regional Center. In any such exchange, lease or sale
586 of such lands owned by Boswell Regional Center, title to all
587 minerals, oil and gas on such lands shall be reserved, together
588 with the right of ingress and egress to remove same, whether such
589 provisions be included in the terms of any such exchange, lease or
590 sale or not.

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



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

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

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



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

640 (ii) The Department of Mental Health shall have the
641 authority for the development of a consumer friendly single point
642 of intake and referral system within its service areas for persons
643 with mental illness, an intellectual disability, developmental
644 disabilities or alcohol or substance abuse who need assistance
645 identifying or accessing appropriate services. The department
646 will develop and implement a comprehensive evaluation procedure
647 ensuring that, where appropriate, the affected person or their
648 parent or legal guardian will be involved in the assessment and
649 planning process. The department, as the point of intake and as
650 service provider, shall have the authority to determine the
651 appropriate institutional, hospital or community care setting for
652 persons who have been diagnosed with mental illness, an
653 intellectual disability, developmental disabilities and/or alcohol
654 or substance abuse, and may provide for the least restrictive
655 placement if the treating professional believes such a setting is



656 appropriate, if the person affected or their parent or legal
657 guardian wants such services, and if the department can do so with
658 a reasonable modification of the program without creating a
659 fundamental alteration of the program. The least restrictive
660 setting could be an institution, hospital or community setting,
661 based upon the needs of the affected person or their parent or
662 legal guardian;

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

673 (kk) To certify and establish minimum standards and
674 minimum required services for county facilities used for housing,
675 feeding and providing medical treatment for any person who has
676 been involuntarily ordered admitted to a treatment center by a
677 court of competent jurisdiction. The minimum standard for the
678 initial assessment of those persons being housed in county
679 facilities is for the assessment to be performed by a physician,
680 preferably a psychiatrist, or by a nurse practitioner, preferably



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

(11) To provide mental health services to persons within the counties and geographic areas assigned to the department by the coordinator under Section 6(4) of this act. The State Board of Mental Health shall promulgate any rules and regulations:

(i) Necessary to implement this paragraph (11);
and



(ii) Requested by the coordinator in the fulfillment of his or her duties under Sections 1 through 7 of this act.

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

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

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



dependence; and for the aging as designated and certified by the Department of Mental Health. Such regional mental health and intellectual disability commissions and other community service providers shall, on or before July 1 of each year, submit an annual operational plan to the Department of Mental Health for approval or disapproval based on the minimum standards and minimum required services established by the department for certification and itemize the services as specified in Section 41-4-1(2). As part of the annual operation plan required by Section 41-4-7(h) submitted by any regional community mental health center or by any other reasonable certification deemed acceptable by the department, the community mental health center shall state those services specified in Section 41-4-1(2) that it will provide and also those services that it will not provide. If the department finds deficiencies in the plan of any regional commission or community service provider based on the minimum standards and minimum required services established for certification, the department shall give the regional commission or community service provider a six-month probationary period to bring its standards and services up to the established minimum standards and minimum required services. After the six-month probationary period, if the department determines that the regional commission or community service provider still does not meet the minimum standards and minimum required services established for certification, the department may remove the certification of the



commission or provider, and from and after July 1, 2011, the commission or provider shall be ineligible for state funds from Medicaid reimbursement or other funding sources for those services. After the six-month probationary period, the Department of Mental Health may identify an appropriate community service provider to provide any core services in that county that are not provided by a community mental health center. However, the department shall not offer reimbursement or other accommodations to a community service provider of core services that were not offered to the decertified community mental health center for the same or similar services.

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

(c) To promote increased understanding of the problems of mental illness, intellectual disabilities, alcoholism, developmental and learning disabilities, narcotic addiction, drug abuse and drug dependence and other related problems (including the problems of the aging) by the people of the region, and also to promote increased understanding of the purposes and methods of



the rehabilitation of persons suffering from such illnesses,
disorders, handicaps or problems as designated and certified by
the Department of Mental Health.

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

(e) To enter into contracts and make such other
arrangements as may be necessary with any and all private
businesses, corporations, partnerships, proprietorships or other
private agencies, whether organized for profit or otherwise, as
may be approved by and acceptable to the regional commission for
the purpose of establishing, funding, constructing, operating and
maintaining facilities and services for the care, treatment and
rehabilitation of persons suffering from mental illness, an
intellectual disability, alcoholism, developmental and learning



disabilities, narcotic addiction, drug abuse, drug dependence and other illnesses, disorders, handicaps and problems (including the problems of the aging) relating to minimum services established by the Department of Mental Health.

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

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

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

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



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

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

842 (l) To borrow money from private lending institutions
843 in order to promote any of the foregoing purposes. A commission
844 may pledge collateral, including real estate, to secure the
845 repayment of money borrowed under the authority of this paragraph.
846 Any such borrowing undertaken by a commission shall be on terms
847 and conditions that are prudent in the sound judgment of the
848 members of the commission, and the interest on any such loan shall
849 not exceed the amount specified in Section 75-17-105. Any money
850 borrowed, debts incurred or other obligations undertaken by a
851 commission, regardless of whether borrowed, incurred or undertaken
852 before or after March 15, 1995, shall be valid, binding and
853 enforceable if it or they are borrowed, incurred or undertaken for



any purpose specified in this section and otherwise conform to the requirements of this paragraph.

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

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

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

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



879 written approval of the Department of Mental Health before being
880 initiated and annually thereafter.

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

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

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



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

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

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



abusers, children or other mental health/intellectual disability services approved by the Department of Mental Health.

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

(3) (a) Upon an instruction from the coordinator pursuant to Section 6(4) of this act, a regional commission shall reassign



1002 any of its regions to another regional commission, to the
1003 Department of Mental Health, or to a nonprofit entity for the
1004 provision of mental health services.

1005 (b) Each regional commission shall compile quarterly
1006 financial reports and status reports from each individual
1007 community health center. The compiled reports shall be submitted
1008 to the coordinator quarterly. The reports shall contain a:

1009 (i) Balance sheet;
1010 (ii) Statement of operations;
1011 (iii) Statement of cash flows; and
1012 (iv) Description of the status of individual
1013 community health center's actions taken to increase access to and
1014 availability of community mental health services.

1015 **SECTION 10.** This act shall take effect and be in force from
1016 and after its passage.

