

REPORT OF CONFERENCE COMMITTEE

MR. PRESIDENT AND MR. SPEAKER:

We, the undersigned conferees, have had under consideration the amendments to the following entitled BILL:

S. B. No. 2610: Coordinator of Mental Health Accessibility; establish.

We, therefore, respectfully submit the following report and recommendation:

1. That the House recede from its Amendment No. 1.
2. That the Senate and House adopt the following amendment:

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

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

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



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

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

92 (i) Community mental health services, including:

- 93 1. Programs of assertive community treatment;
- 94 2. Mobile crisis response services;
- 95 3. Crisis stabilization units;
- 96 4. Community support services;
- 97 5. Peer support services;
- 98 6. Supported employment; and
- 99 7. Permanent supported housing; and

100 (ii) Institutional mental health services, which
101 are services that encompass civil commitment or hospitalization in
102 a psychiatric hospital;

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

105 (iv) Core adult mental health services;

106 (v) Child mental health services;

107 (vi) Intellectual/developmental disability
108 services;

109 (vii) Substance abuse prevention and
110 treatment/rehabilitation services; and



111 (viii) Any combination of the services defined in
112 this paragraph (b).

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

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

118 **SECTION 3.** (1) There is created within the Department of
119 Finance and Administration a position to be known as the
120 Coordinator of Mental Health Accessibility. The coordinator shall
121 be appointed by the Executive Director of the Department of
122 Finance and Administration and shall serve at the will and
123 pleasure of the executive director. The executive director shall
124 appoint the coordinator within thirty (30) days from the effective
125 date of this act.

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

130 (3) The coordinator shall be housed at the State Department
131 of Mental Health. All of the expenses of the coordinator,
132 including the coordinator's salary and the salaries of any staff
133 of the coordinator, shall be paid out of funds appropriated to the
134 State Department of Mental Health.



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

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

142 (b) To analyze and review the structure of the mental
143 health system.

144 (c) To review the adequacy and quality of the
145 individualized supports and services provided to persons
146 discharged from the state hospitals or to persons at risk of
147 institutionalization throughout the state.

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

151 (e) To consult with the Special Master appointed in the
152 United States of America v. State of Mississippi, No.
153 3:16-CV-622-CWR-FKB (S.D. Miss. Feb. 25, 2020) or any monitor or
154 other person appointed by the court, the State Department of
155 Mental Health, the Division of Medicaid, the State Department of
156 Rehabilitation Services, the State Department of Health, county
157 boards of supervisors, regional commissions, community mental
158 health centers, mental health advocates, community leaders and any
159 other necessary parties or entities, both private and



160 governmental, regarding the status of the services offered by
161 Mississippi's mental health system.

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

165 (g) To determine whether each community mental health
166 center has sufficient funds to provide the required mental health
167 services.

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

178 (i) In addition to the quarterly report required by
179 paragraph (h), to provide the PEER Committee each quarter with a
180 financial report, assessment and review of each community mental
181 health region and the services provided by the region, together
182 with findings by the coordinator on other relevant matters
183 relating to the region. The State Department of Mental Health and
184 the regional commissions shall cooperate with the PEER Committee



185 in its assessment and review of the community mental health
186 regions and shall provide the committee with all necessary
187 information and documentation as requested by the committee.

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

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

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

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

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

206 (e) Recommend changes to any portion of the mental
207 health system either in the coordinator's status reports or to the
208 board(s) of supervisors or regional commissions or to the State



209 Department of Mental Health or as otherwise determined to be
210 necessary by the coordinator.

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

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

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

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

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

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



233 regional commission a reasonable time to develop and implement a
234 plan.

235 (4) If the coordinator determines that the plan is or will
236 be insufficient to provide mental health services to the
237 population of the county or the geographic area within the county
238 where the services are inadequate, the coordinator shall develop
239 and implement a plan to facilitate increased access to mental
240 health services in the county or geographic area by:

241 (a) First meeting with the board of supervisors of the
242 county in which the mental health services are inadequate and the
243 regional commission in which the county is located to explain in
244 detail the possible consequences of the failure of the county and
245 commission to address the inadequacy of the available mental
246 health services in the county or the geographic area within the
247 county, which shall include putting the regional commission on
248 probation and ultimately decertifying the commission. Then the
249 coordinator shall work with one or more of the regional
250 commissions that are adjacent to the county or the geographic area
251 within the county where the mental health services are inadequate
252 to determine if one of those regional commissions is willing to
253 provide those services in the county or geographic area, and if a
254 regional commission is willing to do so, the coordinator shall
255 take all necessary steps to facilitate the transfer of the
256 responsibility of providing those services to that regional
257 commission; or



258 (b) If no regional commission adjacent to the county or
259 the geographic area within the county where the mental health
260 services are inadequate is willing to provide those services in
261 the county or geographic area, then working with one or more of
262 the regional commissions that are not adjacent to the county or
263 geographic area to determine if one of those regional commissions
264 is willing to provide those services in the county or geographic
265 area.

266 (5) If the coordinator determines that no regional
267 commission in the state is willing to provide the necessary mental
268 health services in the county or the geographic area within the
269 county where the services are inadequate, the coordinator shall
270 notify the State Board of Mental Health. Within a reasonable time
271 after receiving such notice from the coordinator, the board shall
272 issue a request for proposals to obtain public or private
273 providers of mental health services to provide the necessary
274 mental health services in the county or the geographic area within
275 the county where the services are inadequate. The request for
276 proposals process followed by the board to obtain those services
277 shall not be subject to the rules, regulations or approval of the
278 Public Procurement Review Board.

279 **SECTION 7.** The State Department of Mental Health, the
280 regional commissions, the Division of Medicaid, the State
281 Department of Rehabilitation Services, the State Department of
282 Health, the PEER Committee, and the Legislative Budget Office



283 shall cooperate with the coordinator under this act and shall
284 allow the coordinator or his or her staff to, as it relates to the
285 performing of his or her duties:

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

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

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

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

296 41-4-7. The State Board of Mental Health shall have the
297 following powers and duties:

298 (a) To appoint a full-time Executive Director of the
299 Department of Mental Health, who shall be employed by the board
300 and shall serve as executive secretary to the board. The first
301 director shall be a duly licensed physician with special interest
302 and competence in psychiatry, and shall possess a minimum of three
303 (3) years' experience in clinical and administrative psychiatry.
304 Subsequent directors shall possess at least a master's degree or
305 its equivalent, and shall possess at least ten (10) years'
306 administrative experience in the field of mental health. The
307 salary of the executive director shall be determined by the board;



308 (b) To appoint a Medical Director for the Department of
309 Mental Health. The medical director shall provide clinical
310 oversight in the implementation of evidence-based and best
311 practices; provide clinical leadership in the integration of
312 mental health, intellectual disability and addiction services with
313 community partners in the public and private sectors; and provide
314 oversight regarding standards of care. The medical director shall
315 serve at the will and pleasure of the board, and will undergo an
316 annual review of job performance and future service to the
317 department;

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

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

329 (i) Establish measures for determining the
330 efficiency and effectiveness of the services specified in Section
331 41-4-1(2);



332 (ii) Conducting studies of community-based care in
333 other jurisdictions to determine which services offered in these
334 jurisdictions have the potential to provide the citizens of
335 Mississippi with more effective and efficient community-based
336 care;

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

339 (iv) Recommending to the Legislature by January 1,
340 2014, any necessary additions, deletions or other changes
341 necessary to the services specified in Section 41-4-1(2);

342 (v) Implementing by July 1, 2012, a system of
343 performance measures for the services specified in Section
344 41-4-1(2);

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

348 (vii) Conducting any other activities necessary to
349 the evaluation and study of the services specified in Section
350 41-4-1(2);

351 (viii) Assisting in conducting all necessary
352 strategic planning for the delivery of all other services of the
353 department. Such planning shall be conducted so as to produce a
354 single strategic plan for the services delivered by the public
355 mental health system and shall establish appropriate mission
356 statements, goals, objectives and performance indicators for all



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

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

364 (f) [Repealed]

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

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

373 (i) To certify, coordinate and establish minimum
374 standards and establish minimum required services, as specified in
375 Section 41-4-1(2), for regional mental health and intellectual
376 disability commissions and other community service providers for
377 community or regional programs and services in adult mental
378 health, children and youth mental health, intellectual
379 disabilities, alcoholism, drug misuse, developmental disabilities,
380 compulsive gambling, addictive disorders and related programs
381 throughout the state. Such regional mental health and



382 intellectual disability commissions and other community service
383 providers shall, on or before July 1 of each year, submit an
384 annual operational plan to the State Department of Mental Health
385 for approval or disapproval based on the minimum standards and
386 minimum required services established by the department for
387 certification and itemize the services specified in Section
388 41-4-1(2), including financial statements. As part of the annual
389 operation plan required by this paragraph (i) submitted by any
390 regional community mental health center or by any other reasonable
391 certification deemed acceptable by the department, the community
392 mental health center shall state those services specified in
393 Section 41-4-1(2) that it will provide and also those services
394 that it will not provide. If the department finds deficiencies in
395 the plan of any regional commission or community service provider
396 based on the minimum standards and minimum required services
397 established for certification, the department shall give the
398 regional commission or community service provider a six-month
399 probationary period to bring its standards and services up to the
400 established minimum standards and minimum required services. The
401 regional commission or community service provider shall develop a
402 sustainability business plan within thirty (30) days of being
403 placed on probation, which shall be signed by all commissioners
404 and shall include policies to address one or more of the
405 following: the deficiencies in programmatic services, clinical
406 service staff expectations, timely and appropriate billing,



407 processes to obtain credentialing for staff, monthly reporting
408 processes, third party financial reporting and any other required
409 documentation as determined by the department. After the
410 six-month probationary period, if the department determines that
411 the regional commission or community service provider still does
412 not meet the minimum standards and minimum required services
413 established for certification, the department may remove the
414 certification of the commission or provider and from and after
415 July 1, 2011, the commission or provider shall be ineligible for
416 state funds from Medicaid reimbursement or other funding sources
417 for those services. However, the department shall not mandate a
418 standard or service, or decertify a regional commission or
419 community service provider for not meeting a standard or service,
420 if the standard or service does not have funding appropriated by
421 the Legislature or have a state, federal or local funding source
422 identified by the department. No county shall be required to levy
423 millage to provide a mandated standard or service above the
424 minimum rate required by Section 41-19-39. After the six-month
425 probationary period, the department may identify an appropriate
426 community service provider to provide any core services in that
427 county that are not provided by a community mental health center.
428 However, the department shall not offer reimbursement or other
429 accommodations to a community service provider of core services
430 that were not offered to the decertified community mental health
431 center for the same or similar services. The State Board of



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

435 (j) To establish and promulgate reasonable minimum
436 standards for the construction and operation of state and all
437 Department of Mental Health certified facilities, including
438 reasonable minimum standards for the admission, diagnosis, care,
439 treatment, transfer of patients and their records, and also
440 including reasonable minimum standards for providing day care,
441 outpatient care, emergency care, inpatient care and follow-up
442 care, when such care is provided for persons with mental or
443 emotional illness, an intellectual disability, alcoholism, drug
444 misuse and developmental disabilities;

445 (k) To implement best practices for all services
446 specified in Section 41-4-1(2), and to establish and implement all
447 other services delivered by the Department of Mental Health. To
448 carry out this responsibility, the board shall require the
449 department to establish a division responsible for developing best
450 practices based on a comprehensive analysis of the mental health
451 environment to determine what the best practices for each service
452 are. In developing best practices, the board shall consider the
453 cost and benefits associated with each practice with a goal of
454 implementing only those practices that are cost-effective
455 practices for service delivery. Such best practices shall be
456 utilized by the board in establishing performance standards and



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

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

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

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

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

469 (p) To serve as the single state agency in receiving
470 and administering any and all funds available from any source for
471 the purpose of service delivery, training, research and education
472 in regard to all forms of mental illness, intellectual
473 disabilities, alcoholism, drug misuse and developmental
474 disabilities, unless such funds are specifically designated to a
475 particular agency or institution by the federal government, the
476 Mississippi Legislature or any other grantor;

477 (q) To establish mental health holding centers for the
478 purpose of providing short-term emergency mental health treatment,
479 places for holding persons awaiting commitment proceedings or
480 awaiting placement in a state mental health facility following
481 commitment, and for diverting placement in a state mental health



482 facility. These mental health holding facilities shall be readily
483 accessible, available statewide, and be in compliance with
484 emergency services' minimum standards. They shall be
485 comprehensive and available to triage and make appropriate
486 clinical disposition, including the capability to access inpatient
487 services or less restrictive alternatives, as needed, as
488 determined by medical staff. Such facility shall have medical,
489 nursing and behavioral services available on a
490 twenty-four-hour-a-day basis. The board may provide for all or
491 part of the costs of establishing and operating the holding
492 centers in each district from such funds as may be appropriated to
493 the board for such use, and may participate in any plan or
494 agreement with any public or private entity under which the entity
495 will provide all or part of the costs of establishing and
496 operating a holding center in any district;

497 (r) To certify/license case managers, mental health
498 therapists, intellectual disability therapists, mental
499 health/intellectual disability program administrators, addiction
500 counselors and others as deemed appropriate by the board. Persons
501 already professionally licensed by another state board or agency
502 are not required to be certified/licensed under this section by
503 the Department of Mental Health. The department shall not use
504 professional titles in its certification/licensure process for
505 which there is an independent licensing procedure. Such
506 certification/licensure shall be valid only in the state mental



507 health system, in programs funded and/or certified by the
508 Department of Mental Health, and/or in programs certified/licensed
509 by the State Department of Health that are operated by the state
510 mental health system serving persons with mental illness, an
511 intellectual disability, a developmental disability or addictions,
512 and shall not be transferable;

513 (s) To develop formal mental health worker
514 qualifications for regional mental health and intellectual
515 disability commissions and other community service providers. The
516 State Personnel Board shall develop and promulgate a recommended
517 salary scale and career ladder for all regional mental
518 health/intellectual disability center therapists and case managers
519 who work directly with clients. The State Personnel Board shall
520 also develop and promulgate a career ladder for all direct care
521 workers employed by the State Department of Mental Health;

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

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

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



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

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

544 (y) To develop formal service delivery standards
545 designed to measure the quality of services delivered to community
546 clients, as well as the timeliness of services to community
547 clients provided by regional mental health/intellectual disability
548 commissions and other community services providers;

549 (z) To establish regional state offices to provide
550 mental health crisis intervention centers and services available
551 throughout the state to be utilized on a case-by-case emergency
552 basis. The regional services director, other staff and delivery
553 systems shall meet the minimum standards of the Department of
554 Mental Health;



555 (aa) To require performance contracts with community
556 mental health/intellectual disability service providers to contain
557 performance indicators to measure successful outcomes, including
558 diversion of persons from inpatient psychiatric hospitals,
559 rapid/timely response to emergency cases, client satisfaction with
560 services and other relevant performance measures;

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

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

570 (dd) To establish a peer review/quality assurance
571 evaluation system that assures that appropriate assessment,
572 diagnosis and treatment is provided according to established
573 professional criteria and guidelines;

574 (ee) To develop and implement state plans for the
575 purpose of assisting with the care and treatment of persons with
576 Alzheimer's disease and other dementia. This plan shall include
577 education and training of service providers, caregivers in the
578 home setting and others who deal with persons with Alzheimer's
579 disease and other dementia, and development of adult day care,



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

587 (ff) Working with the advice and consent of the
588 administration of Ellisville State School, to enter into
589 negotiations with the Economic Development Authority of Jones
590 County for the purpose of negotiating the possible exchange, lease
591 or sale of lands owned by Ellisville State School to the Economic
592 Development Authority of Jones County. It is the intent of the
593 Mississippi Legislature that such negotiations shall ensure that
594 the financial interest of the persons with an intellectual
595 disability served by Ellisville State School will be held
596 paramount in the course of these negotiations. The Legislature
597 also recognizes the importance of economic development to the
598 citizens of the State of Mississippi and Jones County, and
599 encourages fairness to the Economic Development Authority of Jones
600 County. Any negotiations proposed which would result in the
601 recommendation for exchange, lease or sale of lands owned by
602 Ellisville State School must have the approval of the State Board
603 of Mental Health. The State Board of Mental Health may and has
604 the final authority as to whether or not these negotiations result



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

608 If the State Board of Mental Health authorizes the sale of
609 lands owned by Ellisville State School, as provided for under this
610 paragraph (ff), the monies derived from the sale shall be placed
611 into a special fund that is created in the State Treasury to be
612 known as the "Ellisville State School Client's Trust Fund." The
613 principal of the trust fund shall remain inviolate and shall never
614 be expended. Any interest earned on the principal may be expended
615 solely for the benefits of clients served at Ellisville State
616 School. The State Treasurer shall invest the monies of the trust
617 fund in any of the investments authorized for the Mississippi
618 Prepaid Affordable College Tuition Program under Section 37-155-9,
619 and those investments shall be subject to the limitations
620 prescribed by Section 37-155-9. Unexpended amounts remaining in
621 the trust fund at the end of a fiscal year shall not lapse into
622 the State General Fund, and any interest earned on amounts in the
623 trust fund shall be deposited to the credit of the trust fund.
624 The administration of Ellisville State School may use any interest
625 earned on the principal of the trust fund, upon appropriation by
626 the Legislature, as needed for services or facilities by the
627 clients of Ellisville State School. Ellisville State School shall
628 make known to the Legislature, through the Legislative Budget
629 Committee and the respective Appropriations Committees of the



630 House and Senate, its proposed use of interest earned on the
631 principal of the trust fund for any fiscal year in which it
632 proposes to make expenditures thereof. The State Treasurer shall
633 provide Ellisville State School with an annual report on the
634 Ellisville State School Client's Trust Fund to indicate the total
635 monies in the trust fund, interest earned during the year,
636 expenses paid from the trust fund and such other related
637 information.

638 Nothing in this section shall be construed as applying to or
639 affecting mental health/intellectual disability services provided
640 by hospitals as defined in Section 41-9-3(a), and/or their
641 subsidiaries and divisions, which hospitals, subsidiaries and
642 divisions are licensed and regulated by the Mississippi State
643 Department of Health unless such hospitals, subsidiaries or
644 divisions voluntarily request certification by the Mississippi
645 State Department of Mental Health.

646 All new programs authorized under this section shall be
647 subject to the availability of funds appropriated therefor by the
648 Legislature;

649 (gg) Working with the advice and consent of the
650 administration of Boswell Regional Center, to enter into
651 negotiations with the Economic Development Authority of Simpson
652 County for the purpose of negotiating the possible exchange, lease
653 or sale of lands owned by Boswell Regional Center to the Economic
654 Development Authority of Simpson County. It is the intent of the



655 Mississippi Legislature that such negotiations shall ensure that
656 the financial interest of the persons with an intellectual
657 disability served by Boswell Regional Center will be held
658 paramount in the course of these negotiations. The Legislature
659 also recognizes the importance of economic development to the
660 citizens of the State of Mississippi and Simpson County, and
661 encourages fairness to the Economic Development Authority of
662 Simpson County. Any negotiations proposed which would result in
663 the recommendation for exchange, lease or sale of lands owned by
664 Boswell Regional Center must have the approval of the State Board
665 of Mental Health. The State Board of Mental Health may and has
666 the final authority as to whether or not these negotiations result
667 in the exchange, lease or sale of the properties it currently
668 holds in trust for persons with an intellectual disability served
669 at Boswell Regional Center. In any such exchange, lease or sale
670 of such lands owned by Boswell Regional Center, title to all
671 minerals, oil and gas on such lands shall be reserved, together
672 with the right of ingress and egress to remove same, whether such
673 provisions be included in the terms of any such exchange, lease or
674 sale or not.

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



680 principal of the trust fund shall remain inviolate and shall never
681 be expended. Any earnings on the principal may be expended solely
682 for the benefits of clients served at Boswell Regional Center.
683 The State Treasurer shall invest the monies of the trust fund in
684 any of the investments authorized for the Mississippi Prepaid
685 Affordable College Tuition Program under Section 37-155-9, and
686 those investments shall be subject to the limitations prescribed
687 by Section 37-155-9. Unexpended amounts remaining in the trust
688 fund at the end of a fiscal year shall not lapse into the State
689 General Fund, and any earnings on amounts in the trust fund shall
690 be deposited to the credit of the trust fund. The administration
691 of Boswell Regional Center may use any earnings on the principal
692 of the trust fund, upon appropriation by the Legislature, as
693 needed for services or facilities by the clients of Boswell
694 Regional Center. Boswell Regional Center shall make known to the
695 Legislature, through the Legislative Budget Committee and the
696 respective Appropriations Committees of the House and Senate, its
697 proposed use of the earnings on the principal of the trust fund
698 for any fiscal year in which it proposes to make expenditures
699 thereof. The State Treasurer shall provide Boswell Regional
700 Center with an annual report on the Boswell Regional Center
701 Client's Trust Fund to indicate the total monies in the trust
702 fund, interest and other income earned during the year, expenses
703 paid from the trust fund and such other related information.



704 Nothing in this section shall be construed as applying to or
705 affecting mental health/intellectual disability services provided
706 by hospitals as defined in Section 41-9-3(a), and/or their
707 subsidiaries and divisions, which hospitals, subsidiaries and
708 divisions are licensed and regulated by the Mississippi State
709 Department of Health unless such hospitals, subsidiaries or
710 divisions voluntarily request certification by the Mississippi
711 State Department of Mental Health.

712 All new programs authorized under this section shall be
713 subject to the availability of funds appropriated therefor by the
714 Legislature;

715 (hh) Notwithstanding any other section of the code, the
716 Board of Mental Health shall be authorized to fingerprint and
717 perform a criminal history record check on every employee or
718 volunteer. Every employee and volunteer shall provide a valid
719 current social security number and/or driver's license number
720 which shall be furnished to conduct the criminal history record
721 check. If no disqualifying record is identified at the state
722 level, fingerprints shall be forwarded to the Federal Bureau of
723 Investigation for a national criminal history record check;

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



729 identifying or accessing appropriate services. The department
730 will develop and implement a comprehensive evaluation procedure
731 ensuring that, where appropriate, the affected person or their
732 parent or legal guardian will be involved in the assessment and
733 planning process. The department, as the point of intake and as
734 service provider, shall have the authority to determine the
735 appropriate institutional, hospital or community care setting for
736 persons who have been diagnosed with mental illness, an
737 intellectual disability, developmental disabilities and/or alcohol
738 or substance abuse, and may provide for the least restrictive
739 placement if the treating professional believes such a setting is
740 appropriate, if the person affected or their parent or legal
741 guardian wants such services, and if the department can do so with
742 a reasonable modification of the program without creating a
743 fundamental alteration of the program. The least restrictive
744 setting could be an institution, hospital or community setting,
745 based upon the needs of the affected person or their parent or
746 legal guardian;

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



754 private entities shall be approved by the Department of Finance
755 and Administration and all leases shall be filed with the
756 Secretary of State;

757 (kk) To certify and establish minimum standards and
758 minimum required services for county facilities used for housing,
759 feeding and providing medical treatment for any person who has
760 been involuntarily ordered admitted to a treatment center by a
761 court of competent jurisdiction. The minimum standard for the
762 initial assessment of those persons being housed in county
763 facilities is for the assessment to be performed by a physician,
764 preferably a psychiatrist, or by a nurse practitioner, preferably
765 a psychiatric nurse practitioner. If the department finds
766 deficiencies in any such county facility or its provider based on
767 the minimum standards and minimum required services established
768 for certification, the department shall give the county or its
769 provider a six-month probationary period to bring its standards
770 and services up to the established minimum standards and minimum
771 required services. After the six-month probationary period, if
772 the department determines that the county or its provider still
773 does not meet the minimum standards and minimum required services,
774 the department may remove the certification of the county or
775 provider and require the county to contract with another county
776 having a certified facility to hold those persons for that period
777 of time pending transportation and admission to a state treatment
778 facility. Any cost incurred by a county receiving an



779 involuntarily committed person from a county with a decertified
780 holding facility shall be reimbursed by the home county to the
781 receiving county * * *; and

782 (11) To provide orientation training to all new
783 commissioners of regional commissions and annual training for all
784 commissioners with continuing education regarding the Mississippi
785 mental health system and services as developed by the State
786 Department of Mental Health. Training shall be provided at the
787 expense of the department except for travel expenses which shall
788 be paid by the regional commission.

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

791 41-19-33. (1) Each region so designated or established
792 under Section 41-19-31 shall establish a regional commission to be
793 composed of members appointed by the boards of supervisors of the
794 various counties in the region. It shall be the duty of such
795 regional commission to administer mental health/intellectual
796 disability programs certified and required by the State Board of
797 Mental Health and as specified in Section 41-4-1(2). In addition,
798 once designated and established as provided hereinabove, a
799 regional commission shall have the following authority and shall
800 pursue and promote the following general purposes:

801 (a) To establish, own, lease, acquire, construct,
802 build, operate and maintain mental illness, mental health,
803 intellectual disability, alcoholism and general rehabilitative



804 facilities and services designed to serve the needs of the people
805 of the region so designated, provided that the services supplied
806 by the regional commissions shall include those services
807 determined by the Department of Mental Health to be necessary and
808 may include, in addition to the above, services for persons with
809 developmental and learning disabilities; for persons suffering
810 from narcotic addiction and problems of drug abuse and drug
811 dependence; and for the aging as designated and certified by the
812 Department of Mental Health. Such regional mental health and
813 intellectual disability commissions and other community service
814 providers shall, on or before July 1 of each year, submit an
815 annual operational plan to the Department of Mental Health for
816 approval or disapproval based on the minimum standards and minimum
817 required services established by the department for certification
818 and itemize the services as specified in Section 41-4-1(2),
819 including financial statements. As part of the annual operation
820 plan required by Section 41-4-7(h) submitted by any regional
821 community mental health center or by any other reasonable
822 certification deemed acceptable by the department, the community
823 mental health center shall state those services specified in
824 Section 41-4-1(2) that it will provide and also those services
825 that it will not provide. If the department finds deficiencies in
826 the plan of any regional commission or community service provider
827 based on the minimum standards and minimum required services
828 established for certification, the department shall give the



829 regional commission or community service provider a six-month
830 probationary period to bring its standards and services up to the
831 established minimum standards and minimum required services. The
832 regional commission or community service provider shall develop a
833 sustainability business plan within thirty (30) days of being
834 placed on probation, which shall be signed by all commissioners
835 and shall include policies to address one or more of the
836 following: the deficiencies in programmatic services, clinical
837 service staff expectations, timely and appropriate billing,
838 processes to obtain credentialing for staff, monthly reporting
839 processes, third party financial reporting and any other required
840 documentation as determined by the department. After the
841 six-month probationary period, if the department determines that
842 the regional commission or community service provider still does
843 not meet the minimum standards and minimum required services
844 established for certification, the department may remove the
845 certification of the commission or provider, and from and after
846 July 1, 2011, the commission or provider shall be ineligible for
847 state funds from Medicaid reimbursement or other funding sources
848 for those services. After the six-month probationary period, the
849 Department of Mental Health may identify an appropriate community
850 service provider to provide any core services in that county that
851 are not provided by a community mental health center. However,
852 the department shall not offer reimbursement or other
853 accommodations to a community service provider of core services



854 that were not offered to the decertified community mental health
855 center for the same or similar services.

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

864 (c) To promote increased understanding of the problems
865 of mental illness, intellectual disabilities, alcoholism,
866 developmental and learning disabilities, narcotic addiction, drug
867 abuse and drug dependence and other related problems (including
868 the problems of the aging) by the people of the region, and also
869 to promote increased understanding of the purposes and methods of
870 the rehabilitation of persons suffering from such illnesses,
871 disorders, handicaps or problems as designated and certified by
872 the Department of Mental Health.

873 (d) To enter into contracts and to make such other
874 arrangements as may be necessary, from time to time, with the
875 United States government, the government of the State of
876 Mississippi and such other agencies or governmental bodies as may
877 be approved by and acceptable to the regional commission for the
878 purpose of establishing, funding, constructing, operating and



879 maintaining facilities and services for the care, treatment and
880 rehabilitation of persons suffering from mental illness, an
881 intellectual disability, alcoholism, developmental and learning
882 disabilities, narcotic addiction, drug abuse, drug dependence and
883 other illnesses, disorders, handicaps and problems (including the
884 problems of the aging) as designated and certified by the
885 Department of Mental Health.

886 (e) To enter into contracts and make such other
887 arrangements as may be necessary with any and all private
888 businesses, corporations, partnerships, proprietorships or other
889 private agencies, whether organized for profit or otherwise, as
890 may be approved by and acceptable to the regional commission for
891 the purpose of establishing, funding, constructing, operating and
892 maintaining facilities and services for the care, treatment and
893 rehabilitation of persons suffering from mental illness, an
894 intellectual disability, alcoholism, developmental and learning
895 disabilities, narcotic addiction, drug abuse, drug dependence and
896 other illnesses, disorders, handicaps and problems (including the
897 problems of the aging) relating to minimum services established by
898 the Department of Mental Health.

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

901 (g) To pay the administrative costs of the operation of
902 the regional commissions, including per diem for the members of
903 the commission and its employees, attorney's fees, if and when



904 such are required in the opinion of the commission, and such other
905 expenses of the commission as may be necessary. The Department of
906 Mental Health standards and audit rules shall determine what
907 administrative cost figures shall consist of for the purposes of
908 this paragraph. Each regional commission shall submit a cost
909 report annually to the Department of Mental Health in accordance
910 with guidelines promulgated by the department.

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

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

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

924 (k) To provide and finance within their own facilities,
925 or through agreements or contracts with other local, state or
926 federal agencies or institutions, nonprofit corporations, or
927 political subdivisions or representatives thereof, programs and
928 services for persons with mental illness, including treatment for



929 alcoholics, and promulgating and administering of programs to
930 combat drug abuse and programs for services for persons with an
931 intellectual disability.

932 (l) To borrow money from private lending institutions
933 in order to promote any of the foregoing purposes. A commission
934 may pledge collateral, including real estate, to secure the
935 repayment of money borrowed under the authority of this paragraph.
936 Any such borrowing undertaken by a commission shall be on terms
937 and conditions that are prudent in the sound judgment of the
938 members of the commission, and the interest on any such loan shall
939 not exceed the amount specified in Section 75-17-105. Any money
940 borrowed, debts incurred or other obligations undertaken by a
941 commission, regardless of whether borrowed, incurred or undertaken
942 before or after March 15, 1995, shall be valid, binding and
943 enforceable if it or they are borrowed, incurred or undertaken for
944 any purpose specified in this section and otherwise conform to the
945 requirements of this paragraph.

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

952 (n) To enter into managed care contracts and make such
953 other arrangements as may be deemed necessary or appropriate by



954 the regional commission in order to participate in any managed
955 care program. Any such contract or arrangement affecting more
956 than one (1) region must have prior written approval of the
957 Department of Mental Health before being initiated and annually
958 thereafter.

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

963 (p) To enter into contracts, agreements or other
964 arrangements with any person, payor, provider or other entity,
965 under which the regional commission assumes financial risk for the
966 provision or delivery of any services, when deemed to be necessary
967 or appropriate by the regional commission. Any action under this
968 paragraph affecting more than one (1) region must have prior
969 written approval of the Department of Mental Health before being
970 initiated and annually thereafter.

971 (q) To provide direct or indirect funding, grants,
972 financial support and assistance for any health maintenance
973 organization, preferred provider organization or other managed
974 care entity or contractor, where such organization, entity or
975 contractor is operated on a nonprofit basis. Any action under
976 this paragraph affecting more than one (1) region must have prior
977 written approval of the Department of Mental Health before being
978 initiated and annually thereafter.



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

986 (s) To meet at least annually with the board of
987 supervisors of each county in its region for the purpose of
988 presenting its total annual budget and total mental
989 health/intellectual disability services system. The commission
990 shall submit an annual report on the adult mental health services,
991 children mental health services and intellectual disability
992 services required by the State Board of Mental Health.

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

996 (u) To make purchases and enter into contracts for
997 purchasing in compliance with the public purchasing law, Sections
998 31-7-12 and 31-7-13, with compliance with the public purchasing
999 law subject to audit by the State Department of Audit.

1000 (v) To * * * ensure that all available funds are used
1001 for the benefit of persons with mental illness, persons with an
1002 intellectual disability, substance abusers and persons with
1003 developmental disabilities with maximum efficiency and minimum



1004 administrative cost. At any time a regional commission, and/or
1005 other related organization whatever it may be, accumulates surplus
1006 funds in excess of one-half (1/2) of its annual operating budget,
1007 the entity must submit a plan to the Department of Mental Health
1008 stating the capital improvements or other projects that require
1009 such surplus accumulation. If the required plan is not submitted
1010 within forty-five (45) days of the end of the applicable fiscal
1011 year, the Department of Mental Health shall withhold all state
1012 appropriated funds from such regional commission until such time
1013 as the capital improvement plan is submitted. If the submitted
1014 capital improvement plan is not accepted by the department, the
1015 surplus funds shall be expended by the regional commission in the
1016 local mental health region on group homes for persons with mental
1017 illness, persons with an intellectual disability, substance
1018 abusers, children or other mental health/intellectual disability
1019 services approved by the Department of Mental Health.

1020 (w) Notwithstanding any other provision of law, to
1021 fingerprint and perform a criminal history record check on every
1022 employee or volunteer. Every employee or volunteer shall provide
1023 a valid current social security number and/or driver's license
1024 number that will be furnished to conduct the criminal history
1025 record check. If no disqualifying record is identified at the
1026 state level, fingerprints shall be forwarded to the Federal Bureau
1027 of Investigation for a national criminal history record check.



1028 (x) Notwithstanding any other provisions of law, each
1029 regional commission shall have the authority to create and operate
1030 a primary care health clinic to treat (i) its patients; and (ii)
1031 its patients' family members related within the third degree; and
1032 (iii) its patients' household members or caregivers, subject to
1033 the following requirements:

1034 (i) The regional commission may employ and
1035 compensate any personnel necessary and must satisfy applicable
1036 state and federal laws and regulations regarding the
1037 administration and operation of a primary care health clinic.

1038 (ii) A Mississippi licensed physician must be
1039 employed or under agreement with the regional commission to
1040 provide medical direction and/or to carry out the physician
1041 responsibilities as described under applicable state and/or
1042 federal law and regulations.

1043 (iii) The physician providing medical direction
1044 for the primary care clinic shall not be certified solely in
1045 psychiatry.

1046 (iv) A sliding fee scale may be used by the
1047 regional commission when no other payer source is identified.

1048 (v) The regional commission must ensure services
1049 will be available and accessible promptly and in a manner that
1050 preserves human dignity and assures continuity of care.

1051 (vi) The regional commission must provide a
1052 semiannual report to the Chairmen of the Public Health Committees



1053 in both the House of Representatives and Senate. At a minimum,
1054 for each reporting period, these reports shall describe the number
1055 of patients provided primary care services, the types of services
1056 provided, and the payer source for the patients. Except for
1057 patient information and any other information that may be exempt
1058 from disclosure under the Health Information Portability and
1059 Accountability Act (HIPAA) and the Mississippi Public Records Act,
1060 the reports shall be considered public records.

1061 (vii) The regional commission must employ or
1062 contract with a core clinical staff that is multidisciplinary and
1063 culturally and linguistically competent.

1064 (viii) The regional commission must ensure that
1065 its physician as described in subparagraph (ii) of this paragraph
1066 (x) has admitting privileges at one or more local hospitals or has
1067 an agreement with a physician who has admitting privileges at one
1068 or more local hospitals to ensure continuity of care.

1069 (ix) The regional commission must provide an
1070 independent financial audit report to the State Department of
1071 Mental Health and, except for patient information and any other
1072 information that may be exempt from disclosure under HIPAA and the
1073 Mississippi Public Records Act, the audit report shall be
1074 considered a public record.

1075 For the purposes of this paragraph (x), the term "caregiver"
1076 means an individual who has the principal and primary



1077 responsibility for caring for a child or dependent adult,
1078 especially in the home setting.

1079 (y) In general to take any action which will promote,
1080 either directly or indirectly, any and all of the foregoing
1081 purposes.

1082 (z) All regional commissioners shall receive new
1083 orientation training and annual training with continuing education
1084 regarding the Mississippi mental health system and services as
1085 developed by the State Department of Mental Health. Training
1086 shall be provided at the expense of the department except for
1087 travel expenses which shall be paid by the regional commission.

1088 (2) The types of services established by the State
1089 Department of Mental Health that must be provided by the regional
1090 mental health/intellectual disability centers for certification by
1091 the department, and the minimum levels and standards for those
1092 services established by the department, shall be provided by the
1093 regional mental health/intellectual disability centers to children
1094 when such services are appropriate for children, in the
1095 determination of the department.

1096 (3) Each regional commission shall compile quarterly
1097 financial statements and status reports from each individual
1098 community health center. The compiled reports shall be submitted
1099 to the coordinator quarterly. The reports shall contain a:

1100 (a) Balance sheet;

1101 (b) Statement of operations;



1102 (c) Statement of cash flows; and
1103 (d) Description of the status of individual community
1104 health center's actions taken to increase access to and
1105 availability of community mental health services.

1106 **SECTION 10.** This act shall take effect and be in force from
1107 and after its passage.

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

1 AN ACT TO ENACT THE ROSE ISABEL WILLIAMS MENTAL HEALTH REFORM
2 ACT OF 2020; TO DEFINE CERTAIN TERMS; TO CREATE THE POSITION OF
3 THE COORDINATOR OF MENTAL HEALTH ACCESSIBILITY WITHIN THE
4 DEPARTMENT OF FINANCE AND ADMINISTRATION; TO PROVIDE THAT THE
5 COORDINATOR SHALL BE APPOINTED BY THE EXECUTIVE DIRECTOR OF THE
6 DEPARTMENT AND SHALL SERVE AT THE WILL AND PLEASURE OF THE
7 EXECUTIVE DIRECTOR; TO PROVIDE THE MINIMUM QUALIFICATIONS OF THE
8 COORDINATOR AND PROVIDE FOR PAYMENT OF THE EXPENSES OF THE
9 COORDINATOR; TO REQUIRE THE COORDINATOR TO PERFORM A COMPREHENSIVE
10 REVIEW OF THE MENTAL HEALTH SYSTEM, TO CONSULT WITH CERTAIN
11 DEPARTMENTS AND ENTITIES, TO REVIEW THE QUARTERLY FINANCIAL
12 STATEMENTS AND STATUS REPORTS OF THE INDIVIDUAL COMMUNITY MENTAL
13 HEALTH CENTERS, TO DETERMINE WHERE IN ANY COUNTY OR GEOGRAPHIC
14 AREA WITHIN A COUNTY THE DELIVERY OR AVAILABILITY OF MENTAL HEALTH
15 SERVICES ARE INADEQUATE, AND TO REPORT ON THE STATUS OF THE MENTAL
16 HEALTH SYSTEM TO CERTAIN GOVERNMENTAL AUTHORITIES; TO AUTHORIZE
17 THE COORDINATOR TO HIRE STAFF; TO AUTHORIZE THE COORDINATOR TO
18 INSPECT FACILITIES WITHIN THE MENTAL HEALTH SYSTEM, TO INTERVIEW
19 CERTAIN PERSONS, AND TO ACCESS CERTAIN PROGRAMS, SERVICES,
20 DOCUMENTS AND MATERIALS; TO REQUIRE THE COORDINATOR TO COMMUNICATE
21 WITH THE COUNTY BOARD OF SUPERVISORS AND THE REGIONAL COMMISSION
22 FOR THE COUNTY OR GEOGRAPHIC AREA WHERE MENTAL HEALTH SERVICES ARE
23 INADEQUATE TO DETERMINE IF A PLAN IS BEING EXECUTED OR DEVELOPED
24 TO INCREASE ACCESS TO MENTAL HEALTH SERVICES; TO HAVE THE
25 COORDINATOR ASSESS THE VIABILITY OF ANY SUCH PLAN; TO REQUIRE THE
26 COORDINATOR, WHEN ANY SUCH PLAN IS DETERMINED TO BE INSUFFICIENT,
27 TO DEVELOP AND IMPLEMENT HIS OR HER OWN PLAN TO FACILITATE
28 INCREASED ACCESS TO MENTAL HEALTH SERVICES IN THE COUNTY OR
29 GEOGRAPHIC AREA WHERE MENTAL HEALTH SERVICES ARE INADEQUATE; TO
30 REQUIRE THE COORDINATOR TO FIRST MEET WITH THE BOARD OF
31 SUPERVISORS OF THE COUNTY IN WHICH THE MENTAL HEALTH SERVICES ARE
32 INADEQUATE AND THE REGIONAL COMMISSION IN WHICH THE COUNTY IS



33 LOCATED TO EXPLAIN IN DETAIL THE POSSIBLE CONSEQUENCES OF THE
34 FAILURE OF THE COUNTY AND COMMISSION TO ADDRESS THE INADEQUACY OF
35 THE AVAILABLE MENTAL HEALTH SERVICES IN THE COUNTY OR THE
36 GEOGRAPHIC AREA WITHIN THE COUNTY; TO REQUIRE THE COORDINATOR TO
37 THEN WORK WITH THE REGIONAL COMMISSIONS THAT ARE ADJACENT TO THE
38 COUNTY OR THE GEOGRAPHIC AREA WHERE MENTAL HEALTH SERVICES ARE
39 INADEQUATE TO DETERMINE IF ONE OF THOSE REGIONAL COMMISSIONS IS
40 WILLING TO PROVIDE THOSE SERVICES IN THE COUNTY OR GEOGRAPHIC
41 AREA; TO PROVIDE THAT IF A REGIONAL COMMISSION IS WILLING TO
42 PROVIDE THOSE SERVICES, THE COORDINATOR SHALL TAKE ALL NECESSARY
43 STEPS TO FACILITATE THE TRANSFER OF THE RESPONSIBILITY OF
44 PROVIDING THOSE SERVICES TO THAT REGIONAL COMMISSION; TO PROVIDE
45 THAT IF NO REGIONAL COMMISSION ADJACENT TO THE COUNTY OR THE
46 GEOGRAPHIC AREA WHERE MENTAL HEALTH SERVICES ARE INADEQUATE IS
47 WILLING TO PROVIDE THOSE SERVICES IN THE COUNTY OR GEOGRAPHIC
48 AREA, THE COORDINATOR THEN SHALL WORK WITH NONADJACENT REGIONAL
49 COMMISSIONS TO DETERMINE IF ONE OF THOSE REGIONAL COMMISSIONS IS
50 WILLING TO PROVIDE THOSE SERVICES IN THE COUNTY OR GEOGRAPHIC
51 AREA; TO PROVIDE THAT IF THE COORDINATOR DETERMINES THAT NO
52 REGIONAL COMMISSION IN THE STATE IS WILLING TO PROVIDE THE
53 NECESSARY MENTAL HEALTH SERVICES IN THE COUNTY OR THE GEOGRAPHIC
54 AREA WITHIN THE COUNTY WHERE THE SERVICES ARE INADEQUATE, THE
55 COORDINATOR SHALL NOTIFY THE STATE BOARD OF MENTAL HEALTH; TO
56 PROVIDE THAT THE BOARD THEN SHALL ISSUE A REQUEST FOR PROPOSALS TO
57 OBTAIN PUBLIC OR PRIVATE PROVIDERS OF MENTAL HEALTH SERVICES TO
58 PROVIDE THE NECESSARY MENTAL HEALTH SERVICES IN THE COUNTY OR THE
59 GEOGRAPHIC AREA WITHIN THE COUNTY WHERE THE SERVICES ARE
60 INADEQUATE; TO REQUIRE CERTAIN AGENCIES AND THE REGIONAL
61 COMMISSIONS TO COOPERATE WITH THE COORDINATOR; TO AMEND SECTIONS
62 41-4-7 AND 41-19-33, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT
63 WHEN A REGIONAL COMMISSION IS PLACED ON PROBATION BY THE STATE
64 DEPARTMENT OF MENTAL HEALTH FOR DEFICIENCIES IN THE COMMISSION'S
65 PLAN BASED ON THE MINIMUM STANDARDS AND MINIMUM REQUIRED SERVICES,
66 THE REGIONAL COMMISSION SHALL DEVELOP A SUSTAINABILITY BUSINESS
67 PLAN WITHIN THIRTY DAYS OF BEING PLACED ON PROBATION, WHICH SHALL
68 INCLUDE POLICIES TO ADDRESS CERTAIN SPECIFIED MATTERS; TO PROVIDE
69 THAT THE DEPARTMENT SHALL PROVIDE ORIENTATION TRAINING TO ALL NEW
70 COMMISSIONERS OF REGIONAL COMMISSIONS AND ANNUAL TRAINING FOR ALL
71 COMMISSIONERS WITH CONTINUING EDUCATION REGARDING THE MENTAL
72 HEALTH SYSTEM AND SERVICES; AND FOR RELATED PURPOSES.



CONFEREES FOR THE SENATE

X (SIGNED)

Bryan

X (SIGNED)

Hopson

X (SIGNED)

Polk

CONFEREES FOR THE HOUSE

X (SIGNED)

Mims

X (SIGNED)

McGee

X (SIGNED)

Scoggin

