

By: Senator(s) Ferris

To: Education; Juvenile  
JusticeSENATE BILL NO. 2893  
(As Sent to Governor)

1 AN ACT TO PROVIDE FOR A STUDY OF THE NEED FOR A COMPREHENSIVE  
2 SYSTEM OF A MULTIDISCIPLINARY CONTINUUM OF CARE AND SERVICES FOR  
3 COMPULSORY-SCHOOL-AGE CHILDREN WHO HAVE BEEN EXPELLED OR SUSPENDED  
4 FROM SCHOOL FOR SERIOUS AND CHRONIC MISCONDUCT; TO DEFINE THOSE  
5 CHILDREN ELIGIBLE FOR SERVICE AT THE CENTERS; TO ESTABLISH THE  
6 JUVENILE HEALTH RECOVERY ADVISORY BOARD TO CONDUCT THE STUDY AND  
7 MAKE RECOMMENDATIONS ON OR BEFORE FEBRUARY 1, 2000, CONCERNING  
8 JUVENILE HEALTH RECOVERY PROGRAMS AND RESCUE CENTERS AND TO STUDY  
9 THE NEED FOR LOCAL INTERAGENCY COORDINATING ENTITIES IN THE  
10 PLANNING; TO AUTHORIZE A PILOT PROGRAM WITH FUNDING FROM NON-STATE  
11 APPROPRIATED SOURCES; AND FOR RELATED PURPOSES. BE IT ENACTED BY  
12 THE LEGISLATURE OF THE STATE OF MISSISSIPPI:  
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14 SECTION 1. The purpose of this act is to study the need for  
15 a comprehensive system of a multidisciplinary continuum of care  
16 and services for compulsory-school-age children, including, but  
17 not limited to, in-home treatment, family-based programs,  
18 therapeutic foster care, community-based programs, residential  
19 therapeutic facilities or rescue centers for certain categories of  
20 compulsory-school-age children. This program of study shall be  
21 known as the Juvenile Health Recovery Study. The Juvenile Health  
22 Recovery Study shall consist of an investigation and consideration  
23 of a full range of recommended treatment options for children in  
24 the following categories:

25 (a) Children suspended or expelled from a local school  
26 district for serious and chronic misconduct;

27 (b) Children diagnosed to have severe mental health  
28 problems who have been voluntarily placed in a program or facility  
29 by the child's parent(s) or guardian(s); or

30 (c) Neglected, abused or delinquent children with  
31 serious emotional or behavioral problems that would be subject to

32 the jurisdiction of the Department of Human Services or the Youth  
33 Court. In addition, the review shall make specific findings and  
34 recommendations whether or not other categories of children not  
35 expressly provided above should be included within the scope of  
36 this program.

37 SECTION 2. The Juvenile Health Recovery Review shall be  
38 conducted by a Juvenile Health Recovery Advisory Board consisting  
39 of the following members:

40 (a) The Attorney General;

41 (b) The Medical Director of the Division of Medicaid;

42 (c) The Director of the Division of Family and  
43 Children's Services, Department of Human Services;

44 (d) A representative from the Department of Mental  
45 Health;

46 (e) The Associate State Superintendent of Education,  
47 Office of Academic Education;

48 (f) The Public Policy Chair, Mississippi Early  
49 Childhood Association;

50 (g) The Executive Director of the Mississippi  
51 Association of School Superintendents;

52 (h) The Executive Director of the Public Education  
53 Forum of Mississippi;

54 (i) A pediatric specialist representative from the  
55 University Medical Center Children's Hospital;

56 (j) A representative from the Mississippi Economic  
57 Council; and

58 (k) Up to six (6) persons appointed by the chairman, of  
59 whom not less than three (3) shall have special expertise in  
60 working with children and youth special needs.

61 The Chairman of the House Juvenile Justice Committee and the  
62 Senate Juvenile Justice Committee shall serve as ex-officio  
63 non-voting members of the board. The board may accept grants,  
64 contributions or other funds from any other sources, either public  
65 or private, to employ consultants or other professionals as may be  
66 necessary to carry out the duties and responsibilities of the  
67 board.

68 No later than September 30, 1999, the Juvenile Health

69 Recovery Advisory Board shall have an organizational meeting upon  
70 the call of the Attorney General, who shall serve as chairman of  
71 the board. A vice-chairman shall also be selected by the  
72 membership of the advisory board. Board members may designate  
73 other appropriate representatives of their offices to attend and  
74 fully act for and on behalf of the board member. The chairman of  
75 the advisory board shall be responsible for establishing a  
76 calendar and notices of meetings.

77 SECTION 3. The Juvenile Health Recovery Advisory Board shall  
78 study and make recommendations concerning the following powers and  
79 responsibilities:

80 (a) Rules and regulations as necessary to implement and  
81 administer a Juvenile Health Recovery Program;

82 (b) Development of a long-term comprehensive plan for  
83 implementation of a coordinated array of Juvenile Health Recovery  
84 Programs which may include in-home treatment, family-based  
85 programs, therapeutic foster care, community-based programs,  
86 regional family resource and youth services centers, rescue  
87 centers and residential therapeutic facilities;

88 (c) Location for five (5) pilot Juvenile Health  
89 Recovery Programs, one (1) to be in each of the five (5)  
90 Mississippi congressional districts;

91 (d) Need for the establishment or utilization of  
92 existing local interagency coordinating entities and  
93 multidisciplinary assessment and planning (MAP) teams as local  
94 advisory councils for each Juvenile Health Recovery Program. Such  
95 local advisory councils may assist in the coordination and  
96 provision of services to the children, and shall consist of the  
97 local school superintendent, local law enforcement officers, the  
98 director of the regional mental health/retardation center, school  
99 guidance counselors and other members as deemed appropriate by the  
100 board;

101 (e) Empirical and theoretical research to develop an

102 appropriate cost/benefit analysis of the recommended programs upon  
103 full implementation, including a comparison of alternative  
104 societal costs which may be incurred without the recommended  
105 programs. Such costs may include estimates of incarceration in  
106 correctional institutions, law enforcement efforts, social  
107 services, legal services, judicial services and human suffering.

108 In addition to the foregoing responsibilities, the Juvenile  
109 Health Recovery Advisory Board may establish pilot Juvenile Health  
110 Recovery programs or Rescue Centers and may contract with  
111 providers of health, education and other residential services to  
112 the children to be served by such programs, provided that funding  
113 is secured from sources other than state appropriated funds and  
114 that such programs are consistent with the recommendations of the  
115 Juvenile Health Recovery Advisory Board.

116 SECTION 4. The Juvenile Health Recovery Advisory Board shall  
117 submit to the Governor and the Legislature, on or before February  
118 1, 2000, a recommendation for a comprehensive, multidisciplinary  
119 plan for the care, treatment and placement of children identified  
120 in Section 2 of this act. The advisory board shall submit to the  
121 Governor and the Legislature, on or before September 15, 2000,  
122 recommended rules and regulations for the operation of the  
123 Juvenile Health Recovery Program.

124 SECTION 5. This act which establishes a Juvenile Health  
125 Recovery Review and a Juvenile Health Recovery Advisory Board are  
126 repealed from and after July 1, 2001.

127 SECTION 6. This act shall take effect and be in force from  
128 and after July 1, 1999.