

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. 2893: Rescue Center child residential treatment program; 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:

13 SECTION 1. The purpose of this act is to study the need for
14 a comprehensive system of a multidisciplinary continuum of care
15 and services for compulsory-school-age children, including, but
16 not limited to, in-home treatment, family-based programs,
17 therapeutic foster care, community-based programs, residential
18 therapeutic facilities or rescue centers for certain categories of
19 compulsory-school-age children. This program of study shall be
20 known as the Juvenile Health Recovery Study. The Juvenile Health
21 Recovery Study shall consist of an investigation and consideration
22 of a full range of recommended treatment options for children in
23 the following categories:

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

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

29 (c) Neglected, abused or delinquent children with
30 serious emotional or behavioral problems that would be subject to
31 the jurisdiction of the Department of Human Services or the Youth
32 Court. In addition, the review shall make specific findings and
33 recommendations whether or not other categories of children not
34 expressly provided above should be included within the scope of
35 this program.

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

39 (a) The Attorney General;

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

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

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

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

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

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

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

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

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

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

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

67 No later than September 30, 1999, the Juvenile Health
68 Recovery Advisory Board shall have an organizational meeting upon
69 the call of the Attorney General, who shall serve as chairman of
70 the board. A vice-chairman shall also be selected by the

71 membership of the advisory board. Board members may designate
72 other appropriate representatives of their offices to attend and
73 fully act for and on behalf of the board member. The chairman of
74 the advisory board shall be responsible for establishing a
75 calendar and notices of meetings.

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

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

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

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

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

100 (e) Empirical and theoretical research to develop an
101 appropriate cost/benefit analysis of the recommended programs upon
102 full implementation, including a comparison of alternative
103 societal costs which may be incurred without the recommended
104 programs. Such costs may include estimates of incarceration in
105 correctional institutions, law enforcement efforts, social

106 services, legal services, judicial services and human suffering.

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

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

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

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

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

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.

CONFEREES FOR THE SENATE:

CONFEREES FOR THE HOUSE:

X
Grey F. Ferris

X
Joseph L. Warren

X
Rob H. Smith

X
John L. Moore

X
David Jordan

X
Linda Coleman