

*****Pending*****

AMENDMENT No. 1 PROPOSED TO

Senate Bill NO. 2893

By Representative(s) Committee

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

11 SECTION 1. The purpose of this act is to study the need for
12 a comprehensive system of a multidisciplinary continuum of care
13 and services for compulsory-school-age children including, but not
14 limited to, in-home treatment, therapeutic foster care,
15 community-based programs and residential therapeutic facilities
16 for compulsory-school-age children who have been suspended or
17 expelled from a local school district for serious and chronic
18 misconduct or who have been voluntarily placed in a facility by
19 the child's parent(s) or guardian(s). This study shall be known
20 as the Juvenile Health Recovery Study.

21 SECTION 2. The Juvenile Health Recovery Study shall be
22 conducted by a Juvenile Health Recovery Study Board consisting of
23 the following fourteen (14) members:

- 24 (a) The Attorney General;
- 25 (b) The Executive Director of the Division of Medicaid;
- 26 (c) The Executive Director of the Department of Human
27 Services;
- 28 (d) The Executive Director of the Department of Mental
29 Health;
- 30 (e) The State Superintendent of Education;
- 31 (f) The Executive Director of the State Department of

32 Health;

33 (g) The Governor;

34 (h) The Executive Director of the Magnolia Bar;

35 (i) The Executive Director of the Primary Health Care
36 Association;

37 (j) The Executive Director of the Mississippi
38 Association of Black Social Workers; and

39 (k) Four (4) persons appointed by the chairman, of whom
40 three (3) shall have special expertise in working with children
41 and youth special needs.

42 The Chairman of the House Juvenile Justice Committee and the
43 Senate Juvenile Justice Committee shall serve as ex officio
44 nonvoting members of the study board.

45 The Juvenile Health Recovery Study Board shall meet upon the
46 call of the Attorney General not later than thirty (30) days after
47 passage of this act. The Attorney General shall serve as chairman
48 of the board. A vice chairman who shall serve as secretary of the
49 board shall also be selected by the membership of the board.
50 Board members may designate other appropriate representatives of
51 their offices to attend and fully act for and on behalf of the
52 board members.

53 SECTION 3. The Juvenile Health Recovery Study Board shall
54 study and make recommendations concerning the following powers and
55 responsibilities:

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

58 (b) Develop a long-term comprehensive plan for
59 implementation of a coordinated array of Juvenile Health Recovery
60 Programs, which may include in-home treatment, therapeutic foster
61 care, community-based programs, regional family resource and youth
62 services centers, rescue centers and residential therapeutic
63 facilities;

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

67 (d) The need for the establishment or utilization of
68 existing local interagency coordinating entities and
69 multidisciplinary assessment and planning (MAP) teams as local
70 advisory councils for each Juvenile Health Recovery Program. Such
71 local advisory councils may assist in the coordination and
72 provision of services to the children, and shall consist of the
73 local school superintendent, local law enforcement officers, the
74 director of the regional mental health/retardation center, school
75 guidance counselors, and other members as deemed appropriate by
76 the board;

77 (e) The study shall include research on the program to
78 determine a cost/benefit analysis of the program upon full
79 implementation, in comparison to the incarceration of such
80 children in correctional institutions, and other costs including
81 crime, human and social services and legal services.

82 SECTION 4. The Juvenile Health Recovery Study Board shall
83 study and make recommendations concerning the operation of the
84 Juvenile Health Recovery Programs by February 1, 2000, to the
85 Mississippi Legislature.

86 SECTION 5. The Juvenile Health Recovery Programs shall serve
87 compulsory-school-age children as defined in Section 39-13-91 who
88 have been identified as having a disability as defined in 20 USCS
89 1401 et seq. and 34 CFR 300 and who have been recommended by their
90 superintendent of schools for expulsion or suspension. The
91 Juvenile Health Recovery Study Board shall make recommendations on
92 the establishment of regulations consistent with 34 CFR 300 for
93 the admission, programming and return of these children to the
94 education program of their local school district.

95 SECTION 6. This act which establishes a Juvenile Health

96 Recovery Study and a Juvenile Health Recovery Study Board are
97 repealed from and after July 1, 2000.

98 SECTION 7. This act shall take effect and be in force from
99 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 STUDY THE NEED FOR A COMPREHENSIVE SYSTEM OF A
2 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 ESTABLISH THE
5 JUVENILE HEALTH RECOVERY STUDY BOARD TO STUDY AND MAKE
6 RECOMMENDATIONS CONCERNING JUVENILE HEALTH RECOVERY PROGRAMS; TO
7 STUDY THE NEED FOR LOCAL INTERAGENCY COORDINATING ENTITIES IN THE
8 PLANNING; TO DEFINE THOSE CHILDREN ELIGIBLE FOR SERVICE AT THE
9 CENTERS; AND FOR RELATED PURPOSES.