

By: Representative Currie

To: Youth and Family Affairs

HOUSE BILL NO. 985

1 AN ACT TO ESTABLISH A CHILDREN'S CABINET TO COORDINATE
2 SERVICES FOR YOUNG CHILDREN; TO PRESCRIBE THE POWERS AND DUTIES OF
3 THE CHILDREN'S CABINET; TO AMEND SECTIONS 41-87-5 AND 43-14-1,
4 MISSISSIPPI CODE OF 1972, TO TRANSFER THE RESPONSIBILITIES OF THE
5 STATE INTERAGENCY COORDINATING COUNCIL (SICC) FOR THE EARLY
6 INTERVENTION PROGRAM FOR INFANTS AND TODDLERS WITH DISABILITIES
7 AND THE INTERAGENCY COORDINATING COUNCIL FOR CHILDREN AND YOUTH
8 (ICCCY) TO THE CHILDREN'S CABINET; TO REPEAL SECTION 37-21-53,
9 MISSISSIPPI CODE OF 1972, WHICH ESTABLISHES THE STATE EARLY
10 CHILDHOOD ADVISORY COUNCIL; TO REPEAL SECTION 41-87-7, MISSISSIPPI
11 CODE OF 1972, WHICH ESTABLISHES THE STATE INTERAGENCY COORDINATING
12 COUNCIL FOR THE EARLY INTERVENTION PROGRAM FOR INFANTS AND
13 TODDLERS WITH DISABILITIES; TO REPEAL SECTION 41-90-7, MISSISSIPPI
14 CODE OF 1972, WHICH ESTABLISHES AN ADVISORY COMMITTEE TO THE STATE
15 INTERAGENCY COORDINATING COUNCIL; TO REPEAL SECTION 43-1-101,
16 MISSISSIPPI CODE OF 1972, WHICH ESTABLISHES THE MISSISSIPPI
17 INTERAGENCY COUNCIL ON HOMELESSNESS; TO REPEAL SECTION 43-14-3,
18 MISSISSIPPI CODE OF 1972, WHICH DEFINES THE POWERS AND
19 RESPONSIBILITIES OF THE INTERAGENCY COORDINATING COUNCIL FOR
20 CHILDREN AND YOUTH (ICCCY); TO REPEAL SECTION 43-20-7, MISSISSIPPI
21 CODE OF 1972, WHICH CREATES AN ADVISORY COUNCIL TO THE STATE
22 HEALTH OFFICER, AND SECTION 43-20-55, MISSISSIPPI CODE OF 1972,
23 WHICH REQUIRES THE ADVISORY COUNCIL TO ASSIST IN DEVELOPING
24 REGULATIONS GOVERNING FAMILY CHILD CARE HOMES; AND FOR RELATED
25 PURPOSES.

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

27 **SECTION 1.** (1) There is created a Children's Cabinet that
28 shall coordinate among all agencies and programs serving children.
29 The Cabinet consists of the following members:



- 30 (a) The Governor, or his designee;
- 31 (b) The Executive Director of the Mississippi
32 Department of Human Services;
- 33 (c) The State Superintendent of Public Education;
- 34 (d) The Commissioner of Higher Education;
- 35 (e) The State Health Officer;
- 36 (f) The Executive Director of the State Department of
37 Mental Health;
- 38 (g) The Commissioner of Child Protection Services;
- 39 (h) The Executive Director of the Division of Medicaid;
- 40 (i) The Executive Director of the Mississippi Community
41 College Board;
- 42 (j) The Executive Director of the State Department of
43 Rehabilitation Services; and
- 44 (k) The Executive Director of the Mississippi
45 Department of Employment Security.

46 (2) The Children's Cabinet shall meet on or before August 1,
47 2018. The Governor shall designate a chair from the members of
48 the Children's Cabinet. Subject to the availability of funds, the
49 Governor may appoint a secretary to the Children's Cabinet.

50 (3) The Children's Cabinet shall perform each of the
51 following duties:

- 52 (a) Develop and implement a plan to adopt best
53 practices, effective partnerships, potential funding sources and



54 opportunities for shared services among state agencies to increase
55 opportunities for Mississippi children;

56 (b) Advise and make recommendations to the Governor on
57 laws, policies and programs that will produce measurable
58 improvements for children in family life, health care and
59 education;

60 (c) Create and adopt an interagency common case
61 management system and interagency business plan for the
62 coordination, administration and implementation of programs and
63 services as related to the Child Care Development Fund in
64 accordance with applicable state and federal laws. The
65 interagency common case management system must be designed to
66 braid and streamline the delivery of services to children and
67 reduce duplication of services within and between agencies in
68 areas affecting children which have been pursued through numerous
69 working groups;

70 (d) Determine data collection needs and methods to
71 support the implementation and continuous quality improvement of
72 the interagency common case management system;

73 (e) Identify priority areas for collaborative state
74 action;

75 (f) Develop and implement a shared vision across
76 agencies for improving child and family outcomes;

77 (g) Foster public awareness of major children's issues,
78 engage new partners in public efforts to serve children and their



79 families, and build a long-term commitment to children's issues in
80 the state;

81 (h) Assist the State Department of Education in the
82 implementation of the Early Learning Collaborative Act of 2013;

83 (i) Prepare and submit an annual report to the Governor
84 and the Legislature;

85 (j) Address such other issues relating to children as
86 the Governor may direct;

87 (k) Facilitate communication, cooperation and maximum
88 use of resources and to promote high standards for all programs
89 serving preschool children, school children and their families in
90 Mississippi;

91 (l) Serve as the designated council for early childhood
92 education and care pursuant to federal Public Law 110-134 and
93 carry out any responsibilities assigned to State Early Childhood
94 Advisory Council (SECAC) by the Governor and/or by applicable
95 federal law;

96 (m) Serve as the coordinating body for the various
97 agencies and state-funded programs serving young children and
98 their families in the State of Mississippi; and

99 (n) Provide state level leadership and oversight to the
100 development of the Mississippi Statewide System of Care.

101 (4) The Children's Cabinet shall promulgate all rules and
102 regulations governing the activities of the Cabinet.



103 **SECTION 2.** Section 41-87-5, Mississippi Code of 1972, is
104 amended as follows:

105 41-87-5. Unless the context requires otherwise, the
106 following definitions in this section apply throughout this
107 chapter:

108 (a) "Eligible infants and toddlers" or "eligible
109 children" means children from birth through thirty-six (36) months
110 of age who need early intervention services because they:

111 (i) Are experiencing developmental delays as
112 measured by appropriate diagnostic instruments and procedures in
113 one or more of the following areas:

114 (A) Cognitive development;

115 (B) Physical development, including vision or
116 hearing;

117 (C) Communication development;

118 (D) Social or emotional development;

119 (E) Adaptive development;

120 (ii) Have a diagnosed physical or mental
121 condition, as defined in state policy, that has a high probability
122 of resulting in developmental delay;

123 (iii) Are at risk of having substantial
124 developmental delays if early intervention services are not
125 provided due to conditions as defined in state policy. (This
126 category may be served at the discretion of the lead agency
127 contingent upon available resources.)



128 (b) "Early intervention services" are developmental
129 services that:

130 (i) Are provided under public supervision;

131 (ii) Are provided at no cost except where federal
132 or state law provides for a system of payments by families,
133 including a schedule of sliding fees;

134 (iii) Are designed to meet the developmental needs
135 of an infant or toddler with a disability in any one or more of
136 the following areas:

137 (A) Physical development;

138 (B) Cognitive development;

139 (C) Communication development;

140 (D) Social or emotional development; or

141 (E) Adaptive development;

142 (iv) Meet the requirements of Part C of the
143 Individuals with Disabilities Education Act (IDEA) and the early
144 intervention standards of the State of Mississippi;

145 (v) Include, but are not limited to, the following
146 services:

147 (A) Assistive technology devices and
148 assistive technology services;

149 (B) Audiology;

150 (C) Family training, counseling and home
151 visits;



- 152 (D) Health services necessary to enable a
153 child to benefit from other early intervention services;
- 154 (E) Medical services only for diagnostic or
155 evaluation purposes;
- 156 (F) Nutrition services;
- 157 (G) Occupational therapy;
- 158 (H) Physical therapy;
- 159 (I) Psychological services;
- 160 (J) Service coordination (case management);
- 161 (K) Social work services;
- 162 (L) Special instruction;
- 163 (M) Speech-language pathology;
- 164 (N) Transportation and related costs that are
165 necessary to enable an infant or toddler and her/his family to
166 receive early intervention services; and
- 167 (O) Vision services;
- 168 (vi) Are provided by qualified personnel as
169 determined by the state's personnel standards, including:
- 170 (A) Audiologists;
- 171 (B) Family therapists;
- 172 (C) Nurses;
- 173 (D) Nutritionists;
- 174 (E) Occupational therapists;
- 175 (F) Orientation and mobility specialists;
- 176 (G) Pediatricians and other physicians;



177 (H) Physical therapists;
178 (I) Psychologists;
179 (J) Social workers;
180 (K) Special educators;
181 (L) Speech and language pathologists;
182 (vii) Are provided, to the maximum extent
183 appropriate, in natural environments, including the home, and
184 community settings in which children without disabilities would
185 participate;

186 (viii) Are provided in conformity with an
187 individualized family service plan.

188 (c) "Council" means the * * * Children's Cabinet
189 established under Section * * * 1 of this act.

190 (d) "Lead agency" means the State Department of Health.

191 (e) "Participating agencies" includes, but is not
192 limited to, the State Department of Education, the Department of
193 Human Services, the State Department of Health, the Division of
194 Medicaid, the State Department of Mental Health, the University
195 Medical Center, the Board of Trustees of State Institutions of
196 Higher Learning and the Mississippi Community College Board.

197 (f) "Local community" means a county either jointly,
198 severally, or a portion thereof, participating in the provision of
199 early intervention services.

200 (g) "Primary service agency" means the agency, whether
201 a state agency, local agency, local interagency council or service



202 provider which is designated by the lead agency to serve as the
203 fiscal and contracting agent for a local community.

204 (h) "Multidisciplinary team" means a group comprised of
205 the parent(s) or legal guardian and the service providers, as
206 appropriate, described in paragraph (b) of this section, who are
207 assembled for the purposes of:

208 (i) Assessing the developmental needs of an infant
209 or toddler;

210 (ii) Developing the individualized family service
211 plan; and

212 (iii) Providing the infant or toddler and his or
213 her family with the appropriate early intervention services as
214 detailed in the individualized family service plan.

215 (i) "Individualized family service plan" means a
216 written plan designed to address the needs of the infant or
217 toddler and his or her family as specified under Section 41-87-13.

218 (j) "Early intervention standards" means those
219 standards established by any agency or agencies statutorily
220 designated the responsibility to establish standards for infants
221 and toddlers with disabilities, in coordination with the council
222 and in accordance with Part C of IDEA.

223 (k) "Early intervention system" means the total
224 collaborative effort in the state that is directed at meeting the
225 needs of eligible children and their families.



226 (l) "Parent," for the purpose of early intervention
227 services, means a parent, a guardian, a person acting as a parent
228 of a child, foster parent, or an appointed surrogate parent. The
229 term does not include the state if the child is a ward of the
230 state where the child has not been placed with individuals to
231 serve in a parenting capacity, such as foster parents, or when a
232 surrogate parent has not been appointed. When a child is the ward
233 of the state, a Department of Human Services representative will
234 act as parent for purposes of service authorization.

235 (m) "Policies" means the state statutes, regulations,
236 Governor's orders, directives by the lead agency, or other written
237 documents that represent the state's position concerning any
238 matter covered under this chapter.

239 (n) "Regulations" means the United States Department of
240 Education's regulations concerning the governance and
241 implementation of Part C of IDEA, the Early Intervention Program
242 for Infants and Toddlers with Disabilities.

243 **SECTION 3.** Section 43-14-1, Mississippi Code of 1972, is
244 amended as follows:

245 43-14-1. (1) The purpose of this chapter is to provide for
246 the development, implementation and oversight of a coordinated
247 interagency system of necessary services and care for children and
248 youth, called the Mississippi Statewide System of Care, up to age
249 twenty-one (21) with serious emotional/behavioral disorders
250 including, but not limited to, conduct disorders, or mental



251 illness who require services from a multiple services and multiple
252 programs system, and who can be successfully diverted from
253 inappropriate institutional placement. The Mississippi Statewide
254 System of Care is to be conducted in the most fiscally responsible
255 (cost-efficient) manner possible, based on an individualized plan
256 of care which takes into account other available interagency
257 programs, including, but not limited to, Early Intervention Act of
258 Infants and Toddlers, Section 41-87-1 et seq., Early Periodic
259 Screening Diagnosis and Treatment, Section 43-13-117(A) (5),
260 waived program for home- and community-based services for
261 developmentally disabled people, Section 43-13-117(A) (29), and
262 waived program for targeted case management services for
263 children with special needs, Section 43-13-117(A) (31), those
264 children identified through the federal Individuals with
265 Disabilities Education Act of 1997 as having a serious emotional
266 disorder (EMD), the Mississippi Children's Health Insurance
267 Program and waived programs for children with serious emotional
268 disturbances, Section 43-13-117(A) (46), and is tied to clinically
269 and functionally appropriate outcomes. Some of the outcomes are
270 to reduce the number of inappropriate out-of-home placements
271 inclusive of those out-of-state and to reduce the number of
272 inappropriate school suspensions and expulsions for this
273 population of children. This coordinated interagency system of
274 necessary services and care shall be named the Mississippi
275 Statewide System of Care. Children to be served by this chapter



276 who are eligible for Medicaid shall be screened through the
277 Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT)
278 and their needs for medically necessary services shall be
279 certified through the EPSDT process. For purposes of this
280 chapter, the Mississippi Statewide System of Care is defined as a
281 coordinated network of agencies and providers working as a team to
282 make a full range of mental health and other necessary services
283 available as needed by children with mental health problems and
284 their families. The Mississippi Statewide System of Care shall
285 be:

286 (a) Child centered, family focused, family driven and
287 youth guided;

288 (b) Community based;

289 (c) Culturally competent and responsive; and shall
290 provide for:

291 (i) Service coordination or case management;

292 (ii) Prevention and early identification and
293 intervention;

294 (iii) Smooth transitions among agencies and
295 providers, and to the transition-age and adult service systems;

296 (iv) Human rights protection and advocacy;

297 (v) Nondiscrimination in access to services;

298 (vi) A comprehensive array of services composed of
299 treatment and informal supports that are identified as best
300 practices and/or evidence-based practices;



- 301 (vii) Individualized service planning that uses a
302 strengths-based, wraparound process;
- 303 (viii) Services in the least restrictive
304 environment;
- 305 (ix) Family participation in all aspects of
306 planning, service delivery and evaluation; and
- 307 (x) Integrated services with coordinated planning
308 across child-serving agencies.

309 Mississippi Statewide System of Care services shall be
310 timely, intensive, coordinated and delivered in the community.
311 Mississippi Statewide System of Care services shall include, but
312 not be limited to, the following:

- 313 (a) Comprehensive crisis and emergency response
314 services;
- 315 (b) Intensive case management;
- 316 (c) Day treatment;
- 317 (d) Alcohol and drug abuse group services for youth;
- 318 (e) Individual, group and family therapy;
- 319 (f) Respite services;
- 320 (g) Supported employment services for youth;
- 321 (h) Family education and support and family partners;
- 322 (i) Youth development and support and youth partners;
- 323 (j) Positive behavioral supports (PBIS) in schools;
- 324 (k) Transition-age supported and independent living
325 services; and



326 (1) Vocational/technical education services for youth.

327 (2) There is established the Interagency Coordinating
328 Council for Children and Youth (hereinafter referred to as the
329 "ICCCY"). * * * From and after July 1, 2018, the responsibilities
330 of the ICCCY are transferred to and administered by the
331 Mississippi Children's Cabinet established in Section 1 of this
332 act.

333 (3) The * * * Children's Cabinet shall serve as the state
334 management team * * *, with the responsibility of collecting and
335 analyzing data and funding strategies necessary to improve the
336 operation of the Mississippi Statewide System of Care, and to make
337 recommendations * * * to the Legislature concerning such
338 strategies on, at a minimum, an annual basis. The System of Care
339 Council also has the responsibility of coordinating the local
340 Multidisciplinary Assessment and Planning (MAP) teams and "A"
341 teams and may apply for grants from public and private sources
342 necessary to carry out its responsibilities. * * *

343 (4) (a) As part of the Mississippi Statewide System of
344 Care, there is established a statewide system of local
345 Multidisciplinary Assessment, Planning and Resource (MAP) teams.
346 The MAP teams shall be comprised of one (1) representative each at
347 the county level from the major child-serving public agencies for
348 education, human services, health, mental health and
349 rehabilitative services approved by respective state agencies of
350 the Department of Education, the Department of Human Services, the



351 Department of Health, the Department of Mental Health and the
352 Department of Rehabilitation Services. These agencies shall, by
353 policy, contract or regulation require participation on MAP teams
354 and "A" teams at the county level by the appropriate staff. Three
355 (3) additional members may be added to each team, one (1) of which
356 may be a representative of a family education/support 501(c)3
357 organization with statewide recognition and specifically
358 established for the population of children defined in Section
359 43-14-1. The remaining members will be representatives of
360 significant community-level stakeholders with resources that can
361 benefit the population of children defined in Section 43-14-1.
362 The Department of Education shall assist in recruiting and
363 identifying parents to participate on MAP teams and "A" teams.

364 (b) For each local existing MAP team that is
365 established pursuant to paragraph (a) of this subsection, there
366 shall also be established an "A" (Adolescent) team which shall
367 work with a MAP team. The "A" teams shall provide System of Care
368 services for youthful offenders who have serious behavioral or
369 emotional disorders. Each "A" team shall be comprised of, at a
370 minimum, the following five (5) members:

- 371 (i) A school counselor, mental health therapist or
372 social worker;
- 373 (ii) A community mental health professional;
- 374 (iii) A social services/child welfare
375 professional;



376 (iv) A youth court counselor; and
377 (v) A parent who had a child in the juvenile
378 justice system.

379 (c) The * * * Children's Cabinet established in Section
380 1 of this act shall work to develop MAP teams statewide that will
381 serve to become the single point of entry for children and youth
382 about to be placed in out-of-home care for reasons other than
383 parental abuse/neglect.

384 (5) * * * The * * * Children's Cabinet shall support the
385 implementation of the plans of the respective state agencies for
386 comprehensive, community-based, multidisciplinary care, treatment
387 and placement of these children.

388 (6) The * * * Children's Cabinet shall oversee a pool of
389 state funds that may be contributed by each participating state
390 agency and additional funds from the Mississippi Tobacco Health
391 Care Expenditure Fund, subject to specific appropriation therefor
392 by the Legislature. Part of this pool of funds shall be available
393 for increasing the present funding levels by matching Medicaid
394 funds in order to increase the existing resources available for
395 necessary community-based services for Medicaid beneficiaries.

396 (7) The local interagency coordinating care MAP team or "A"
397 team will facilitate the development of the individualized System
398 of Care programs for the population targeted in this section.

399 (8) Each local MAP team and "A" team shall serve as the
400 single point of entry and re-entry to ensure that comprehensive



401 diagnosis and assessment occur and shall coordinate needed
402 services through the local MAP team and "A" team members and local
403 service providers for the children named in subsection (1). Local
404 children in crisis shall have first priority for access to the MAP
405 team and "A" team processes and local System of Care services.

406 (9) The * * * Children's Cabinet shall facilitate monitoring
407 of the performance of local MAP teams.

408 (10) * * * The Children's Cabinet shall enter into a binding
409 memorandum of understanding to participate in the further
410 development and oversight of the Mississippi Statewide System of
411 Care for the children and youth described in this section. The
412 agreement shall outline the system responsibilities in all
413 operational areas, including ensuring representation on MAP teams,
414 funding, data collection, referral of children to MAP teams and
415 "A" teams, and training. The agreement shall be signed and in
416 effect by July 1 of each year.

417 **SECTION 4.** Section 37-21-53, Mississippi Code of 1972, which
418 establishes the State Early Childhood Advisory Council, is
419 repealed.

420 **SECTION 5.** Section 41-87-7, Mississippi Code of 1972, which
421 establishes the State Interagency Coordinating Council for the
422 Early Intervention Program for Infants and Toddlers with
423 Disabilities, is repealed.



424 **SECTION 6.** Section 41-90-7, Mississippi Code of 1972, which
425 established an Advisory Committee to the State Interagency
426 Coordinating Council, is repealed.

427 **SECTION 7.** Section 43-1-101, Mississippi Code of 1972, which
428 establishes the Mississippi Interagency Council on Homelessness,
429 is repealed.

430 **SECTION 8.** Section 43-14-3, Mississippi Code of 1972, which
431 defines the powers and responsibilities of the Interagency
432 Coordinating Council for Children and Youth (ICCCY), is repealed.

433 **SECTION 9.** Section 43-20-7, Mississippi Code of 1972, which
434 creates an Advisory Council to the State Health Officer, and
435 Section 43-20-55, Mississippi Code of 1972, which requires the
436 advisory council to assist in developing regulations governing
437 family child care homes, are repealed.

438 **SECTION 10.** This act shall take effect and be in force from
439 and after July 1, 2018.

