



**Report to the  
Colorado General Assembly**

**The Continuing Examination Of  
The Treatment Of Persons  
With Mental Illness Who are  
Involved In The Justice System**

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**The Continuing Examination Of  
The Treatment Of Persons With Mental Illness  
Who are Involved In The Justice System**

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December 2007

To Members of the Sixty-sixth General Assembly:

Submitted herewith is the final report of the Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Justice System. This committee was created pursuant to Senate Bill 04-037 and is authorized through June 30, 2010. The purpose of the committee is to oversee an advisory task force that is studying and making recommendations on the treatment of persons with mental illness who are involved in the criminal and juvenile justice systems in Colorado.

At its meeting on November 15, 2007, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills therein for consideration in the 2008 session was approved.

Respectfully Submitted,

/s/      Senator Peter Groff  
Chairman

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*This report is also available on line at:*

[http://www.state.co.us/gov\\_dir/leg\\_dir/lcsstaff/2007/07interim.htm](http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2007/07interim.htm)

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## Executive Summary

### Committee Charge

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Senate Bill 04-037 reauthorized the establishment of a legislative oversight committee and an advisory task force to continue the examination of persons with mental illness in the criminal and juvenile justice systems.

The committee was responsible for appointing a task force that represents all areas of the state and is diverse in ethnicity, culture, and gender. The task force was directed to continue examining the identification, diagnosis, and treatment of persons with mental illness who are involved in the state criminal and juvenile justice systems for the next five years.

The authorizing legislation directs the task force to focus, on or before July 1, 2007, on the following issues:

- the diagnosis, treatment, and housing of adults with mental illness who are involved in the criminal justice system;
- the ongoing treatment, housing, and supervision, especially with regard to medication, of adults and juveniles who are involved in the criminal and juvenile justice systems and who are incarcerated or housed within the community, and the availability of public benefits for such persons;
- the ongoing assistance and supervision, especially with regard to medication, of persons with mental illness after discharge from sentence; and
- the identification of alternative entities to exercise jurisdiction regarding release for persons found not guilty by reason of insanity, such as the development and use of a psychiatric security review board, including recommendations related to the indeterminate nature of the commitment imposed.

Additionally, the task force is directed, on or before July 1, 2008, to address the identification, diagnosis, and treatment of minority persons with mental illness, women with mental illness, and persons with co-occurring disorders, in the criminal and juvenile justice systems.

The task force is required to submit a written report of its findings and recommendations to the legislative oversight committee annually by October 1. The committee is required to submit an annual report to the General Assembly by January 15 of each year regarding recommended legislation resulting from the work of the task force.

### Committee Activities

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#### History

The advisory task force and legislative oversight committee first met in the summer of 1999. In 2000, the task force and oversight committee were reauthorized, and the reestablished task force met on a monthly basis through June 2003. The General Assembly considered legislation to continue the study of the mentally ill in the justice system beyond the 2003 repeal date, but the bill failed. In FY 2003-04, the task force continued its meetings and discussions at the request of the oversight committee. The task force and oversight committee were reauthorized and



reestablished in 2004 through the passage of Senate Bill 04-037. The committee is set to repeal on July 1, 2010.

## **Advisory Task Force**

The task force met monthly in 2007 and addressed a number of issues including:

- juvenile justice;
- medication, health care, and public benefits;
- housing of individuals with mental illness who are released from custody;
- reducing recidivism among the mentally ill;
- psychiatric security review boards; and
- specialty courts.

**Juvenile justice.** The juvenile justice subcommittee of the task force applied for grant funding to assist with the implementation of the Colorado Juvenile Justice and Mental Health Plan, which is a comprehensive plan, introduced in 2006, targeting youth with mental health issues and co-occurring disorders, including substance abuse and developmental disabilities, in the juvenile justice system. The subcommittee also worked to re-write House Bill 07-1058, concerning juvenile justice procedures for juveniles who may suffer from mental health problems, which was killed in the Senate, due to problems with the Division of Youth Corrections (DYC) related to the screening of juveniles. The task force recommended a new version of the bill for 2008, Bill A, which DYC agreed to support.

**Public benefits.** A new subcommittee of the task force was created to discuss the issues of medication, health care, and public benefits. The subcommittee primarily focused on the issue of public benefits for mentally ill offenders, both in custody and in transition. The main goals identified by the subcommittee were to:

- suspend rather than terminate benefits when an individual is confined;
- develop a new definition of "inmate" as it relates to eligibility for Medicaid and indigent care benefits;
- identify best practices from other states that could be incorporated in Colorado;
- develop a matrix of benefits; and
- help develop funding mechanisms for treatment programs to divert individuals from jails.

The subcommittee determined that the goals were overly optimistic for one year and decided to focus on the suspension of and application for benefits for the first year and move to the other issues in subsequent years. Representatives of the Department of Health Care Policy and Financing and the Social Security Administration participated in discussions on the subject and provided insight to the task force regarding systematic and procedural issues.

Four recommendations for proposed legislation came from the subcommittee. Bill C recommends an additional task force member from the Department of Health Care Policy and Financing, who can provide expertise on issues surrounding public benefits available to mentally ill offenders in the justice system. Bill D would suspend rather than terminate Medicaid benefits for individuals who are confined by a court order. Bill B and Bill E attempt to assist individuals who are confined with new applications for benefits as they are transitioning out of a facility.



## Legislative Oversight Committee

The legislative oversight committee met three times in 2007. During its meetings, the oversight committee monitored and examined the work, findings, and recommendations of the task force. Specifically, the committee:

- made appointments to fill vacancies on the task force; and
- considered legislation recommended by the task force.

## Committee Recommendations

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As a result of the discussion and deliberation of the task force, the oversight committee recommends five bills for consideration in the 2008 legislative session.

**Bill A — Juvenile Justice Procedures for Juveniles who may Benefit from Mental Health Services.** The bill requires the court, prosecution, defense, guardian ad litem, probation officer, parent, or legal guardian in a juvenile delinquency proceeding to advise the court in cases where the juvenile could benefit from mental health services. It directs the court to order a mental health screening when the issue is raised, unless the court already has sufficient knowledge of the mental health issues. The bill permits the court to order mental health treatment or services as a part of the disposition of the case if the juvenile could benefit from mental health services.

**Bill B — Procedures to Facilitate the Provision of Public Benefits to Offenders Transitioning from the Criminal Justice System.** The bill requires appropriate personnel to assist juveniles in a commitment center and certain individuals confined in a Department of Human Services facility in applying for Medicaid, Children's Basic Health Plan benefits, Supplemental Security Income, or Social Security Disability Insurance. The Department of Human Services and the Department of Health Care Policy and Financing are required to provide information and training to personnel at the commitment facilities regarding the application process for such benefits and to simplify the processing of applications for benefits. Assistance is to be provided at least 120 days prior to release from the facility

**Bill C — The Addition of a Representative from the Department of Health Care Policy and Financing to the Task Force.** The bill adds a new member to the task force who is a representative of the Department of Health Care Policy and Financing.

**Bill D — Suspension of Medicaid Benefits for Persons Confined Pursuant to a Court Order.** The bill temporarily suspends rather than terminates Medicaid benefits for individuals who are confined to the custody of the Department of Corrections, a county jail, a juvenile commitment facility, or a Department of Human Services facility. Qualified individuals must have received Medicaid benefits immediately prior to being confined. Upon release from confinement, benefits will automatically be reinstated.

**Bill E — Assistance to Inmates Prior to Release from County Jails.** The bill recommends that counties develop relationships, partnerships, and prerelease agreements with agencies and groups involved in health care, housing, and employment benefits. The counties are encouraged to assist jail inmates prior to release in accessing any benefits for which the inmates may qualify. The Department of Human Services and the Department of Health Care Policy and



Financing are required to provide training to the appropriate county personnel on the process of applying for public benefits. The bill also creates a demonstration grant program within the Department of Human Services, which will award grants to counties that wish to design programs to assist jail inmates in applying for public benefits.





## Committee Charge

Senate Bill 04-037 reauthorized the establishment of a six-member Legislative Oversight Committee to continue the examination of persons with mental illness in the criminal and juvenile justice systems.

The bill created a 29-member Advisory Task Force to assist the committee in its study. The authorizing legislation directed the committee to appoint to the task force individuals who represent various state and private agencies. The task force members and the agencies they represent are listed below in Table 1.

**Table 1  
Advisory Task Force Appointees**

State or Private Agency	Representative(s)	
Department of Public Safety (1)	Jeanne Smith Division of Criminal Justice	
Department of Corrections (2)	Joan Shoemaker Clinical Services	Jeaneene Miller Division of Parole
Local law enforcement (2)	Bill Kilpatrick Golden Police Department	Paul Siska County Sheriffs of Colorado
Department of Human Services (6)	Charles Smith Division of Mental Health Maurice Williams Division of Youth Corrections Melinda Cox Office of Child & Family Services Janet Wood Division of Alcohol & Drug Abuse Michele Manchester Colorado Mental Health Institute at Pueblo Jeanne Rohner Colorado Mental Health Advisory Council	
County departments of social services (1)	Susan Walton Elbert County	
Department of Education (1)	Michael Ramirez	
State Attorney General's Office (1)	Thomas Raynes Deputy Attorney General	
District Attorneys (1)	Rich Tuttle Assistant District Attorney, 21st Judicial District	
Criminal Defense Bar (2)	Michelle Turner Colorado Public Defender	Diane Reichmuth (acting) Private Practice
Practicing mental health professionals (2)	Julie Krow Treatment Services	Vacant
Community mental health centers in Colorado (1)	Harriet Hall Jefferson Center for Mental Health	



**Table 1  
Advisory Task Force Appointees (continued)**

<b>State or Private Agency</b>	<b>Representative(s)</b>	
Person with knowledge of public benefits and public housing in Colorado (1)	Vacant	
Practicing forensic professional (1)	Vacant	
Members of the public (3)	Tom Mills Steve White	Deirdre Parker
Judicial Department (4)	Eric Philp Probation Services Susan Colling Probation Services	Judge Karen Ashby Denver Juvenile Court Judge Martin Gonzales Alamosa Combined Courts

**The Advisory Task Force**

The Advisory Task Force is statutorily charged with examining the identification, diagnosis, and treatment of persons with mental illness who are involved in the state criminal and juvenile justice systems. Table 2 outlines the specific issues to be studied by the task force between 2005 and 2009.

**Table 2  
The Advisory Task Force's Five-year Study Plan**

<b>Deadline</b>	<b>Issues to be Studied</b>
July 1, 2005	<ul style="list-style-type: none"> <li>• Diagnosis, treatment, and housing of juveniles with mental illness who are involved in the criminal justice system or the juvenile justice system</li> <li>• Adoption of a common framework for effectively addressing the mental health issues of these juveniles, including competency and disorders that co-occur with substance abuse</li> </ul>
July 1, 2006	<ul style="list-style-type: none"> <li>• Prosecution of and sentencing alternatives for persons with mental illness that may involve treatment and ongoing supervision</li> <li>• Commitment of persons with mental illness who have been convicted of a criminal offense, found not guilty by reason of insanity, or found incompetent to stand trial</li> <li>• Development of a plan to effectively and collaboratively service the population of juveniles involved in the criminal justice system or the juvenile justice system</li> </ul>



**Table 2**  
**The Advisory Task Force's Five-year Study Plan (continued)**

Deadline	Issues to be Studied
July 1, 2007	<ul style="list-style-type: none"> <li>• Diagnosis, treatment, and housing of adults with mental illness who are involved in the criminal justice system</li> <li>• Ongoing treatment, housing, and supervision (especially regarding medication) of adults and juveniles who are involved in the criminal and juvenile justice systems and who are incarcerated or housed within the community, and the availability of public benefits for such persons</li> <li>• Ongoing assistance and supervision (especially regarding medication) of persons with mental illness after discharge from sentence</li> <li>• Identification of alternative entities to exercise jurisdiction regarding release for persons found not guilty by reason of insanity (e.g., development and use of a psychiatric security review board), including recommendations related to the indeterminate nature of the commitment imposed</li> </ul>
July 1, 2008	<ul style="list-style-type: none"> <li>• Identification, diagnosis, and treatment of minority persons with mental illness, women with mental illness, and persons with co-occurring disorders in the criminal and juvenile justice systems</li> </ul>
July 1, 2009	<ul style="list-style-type: none"> <li>• Early identification, diagnosis, and treatment of adults and juveniles with mental illness who are involved in the criminal and juvenile justice systems</li> <li>• Modification of the criminal and juvenile justice systems to most effectively serve adults and juveniles with mental illness who are involved in these systems</li> <li>• Implementation of appropriate diagnostic tools to identify persons in the criminal and juvenile justice systems with mental illness</li> <li>• Any other issues concerning persons with mental illness who are involved in the state criminal and juvenile justice systems that arise during the course of the task force study</li> </ul>

Senate Bill 04-037 requires the task force to meet at least six times per year. To fulfill its charge, the task force is required to communicate with and obtain input from groups throughout the state affected by issues under consideration. The task force is not precluded from considering additional issues, or from considering or making recommendations on any of the issues in Table 2 at any time during the existence of the task force.

The task force must communicate its findings on the issues in Table 2 and make recommendations to the Legislative Oversight Committee on or before August 1 of each year. In addition, the task force must submit a written report to the committee by October 1 of each year. The report must identify the following:

- issues to be studied in upcoming task force meetings and their respective prioritization;
- findings and recommendations about issues previously considered by the task force; and
- legislative proposals.



All legislative proposals of the task force must note the policy issues involved, the agencies responsible for implementing the changes, and the funding sources required for such implementation.

### **The Legislative Oversight Committee**

The Legislative Oversight Committee was created to oversee the work of the Advisory Task Force. The six-member committee reviews the task force's findings and may recommend legislative proposals. In calendar years 2005 through 2009, the committee is required to meet at least three times annually.



## Committee Activities

The Advisory Task Force and Legislative Oversight Committee first met in the summer of 1999. A summary of the work accomplished by these groups from 1999 through 2005 is provided in Legislative Council Staff Research publication No. 560.

**2006 interim.** The Advisory Task Force studied a large number of issues in 2006, but focused mainly on three areas: a jail intake survey; the not guilty by reason of insanity verdict; and juvenile justice. The task force created a new subcommittee to further study the issue of crisis management and mental health needs in jails. The subcommittee focused on the needs and associated costs of implementing such a program in Colorado jails. It developed and distributed a survey for jails in order to learn what type of initial bookings and screenings are being done, and to figure out how long it takes to complete an assessment, obtain treatment or resources for the detainee, complete discharge planning, and insure continuity of care. The subcommittee used the information gathered from the survey to create a standard protocol for crisis care in jails, as well as determine the most likely resources for meeting the mental health needs of detainees. The subcommittee also focused on training jail personnel, in concert with a standardized screening instrument, as a way to meet crisis care and other mental health needs.

There was extensive discussion of the implications of a verdict of not guilty by reason of insanity by the Advisory Task Force in 2006. The task force heard a presentation by Dr. Robin McCann of the Colorado Mental Health Institute at Pueblo (CMHIP) regarding patients at CMHIP who are admitted as a result of a verdict of not guilty by reason of insanity. As part of the discussion of competency to stand trial, the committee recommended a bill concerning the creation of an advisory board within the Department of Human Services, which is required to create standards of training, education, and experience for individuals who conduct competency evaluations in criminal cases.

The task force and Legislative Oversight Committee continued to work closely with the Center for Systems Integration in addressing the needs of the juvenile justice mental health population.

**2007 interim.** A number of issues were studied and discussed by the Advisory Task Force over the course of the year. The greatest focus was on offenders and public benefits, as well as a continued emphasis on juvenile justice. Time was also devoted to examining the issue of psychiatric security review boards.

A discussion of these issues, as well as the proposed legislation recommended by the committee, follow.

### **Offenders and Public Benefits**

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Late in 2006, the task force established a subcommittee to address issues of medication, health care, and public benefits. The subcommittee looked at what happens to inmates and juveniles when they leave the custody of the Department of Corrections (DOC), county jails, juvenile detention facilities, or other Department of Human Services facilities. Specifically, the subcommittee investigated how eligibility for public benefits is determined for individuals in the justice system.



*House Bill 02-1295* created a mechanism to provide assistance to inmates in the custody of DOC in applying for public benefits prior to their release date. The task force, under the direction of the subcommittee, studied the possibility of providing the same application assistance to jail inmates, juvenile offenders, and other confined individuals. Studies presented to the subcommittee show that individuals with mental health problems who come out of a custody environment without access to health care and medication are very likely to recidivate. In order to facilitate recidivism reduction, a suggestion was made to suspend rather than terminate benefits for inmates while they are in custody.

The subcommittee spent time studying best practices from other states and systems within Colorado to determine an efficient way of providing continued care for offenders transitioning through the justice system. Some discussion centered around the idea of a special use fund that would be defined in statute for the provision of certain benefits, including psychotropic medications, case management, and other crucial needs for individuals in transition.

**Committee recommendations.** The subcommittee recommended a change in the definition of the term "inmate" so that individuals on parole and in community corrections would be covered under Medicaid rules. The Department of Health Care Policy and Financing participated in subcommittee meetings and agreed to revise the definition at an administrative level.

Four legislative proposals were generated by the subcommittee on medication, health care, and public benefits. Bill C expands the task force membership to include a representative of the Department of Health Care Policy and Financing. Bill B and Bill E address the provision of public benefit application assistance for confined individuals. Bill D would allow a temporary suspension rather than a termination of benefits for anyone subject to court-ordered confinement.

## **Juvenile Justice**

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**Background.** Beginning in 2005, the task force and the oversight committee studied juvenile justice issues with the assistance of the Center for Systems Integration and the Federation of Families for Children's Mental Health, which compiled the publication *A Framework for System Improvement on Behalf of Youth with Mental Illness and Co-occurring Disorders in the Juvenile Justice System*. That report set forth 26 recommendations that are intended to serve as a roadmap for identifying, assessing, and responding to needs for change in the juvenile justice system. One of the first-year legislative recommendations was to develop legislation for pilot programs expanding the use of family advocates in the juvenile justice system. A legislative proposal addressing the creation of those pilot programs was postponed indefinitely in 2006, but was successfully passed in 2007.

Another bill, *House Bill 07-1058*, attempted to require anyone involved in a juvenile delinquency proceeding to raise the issue of emotional disturbance when it is appropriate. It directed the court to order a mental health assessment when the issue of emotional disturbance is raised. Finally, it allowed the court to order mental health treatment or services as part of the case disposition. That bill was postponed indefinitely after concerns were raised by the Division of Youth Corrections (DYC) regarding the responsibility for paying for a mental health assessment. The task force discussed the appropriate entity to bear the cost of an assessment and whether such an assessment should be mandated or not.



**Committee recommendations.** The task force attempted to rewrite *HB 07-1058* in a way that would address the concerns raised by DYC during the 2007 legislative session. Bill A requires anyone involved in a juvenile delinquency proceeding to inform the court if the juvenile might benefit from mental health services. The court is then required to order a mental health screening for the juvenile. If the screening shows a necessity, the court may order a mental health assessment. The court is also permitted to order mental health treatment for a juvenile as part of the disposition of the case.

## **Psychiatric Security Review Boards**

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The authorizing legislation for the task force, enacted in 2004, directs the task force to consider the identification of alternative entities to exercise jurisdiction regarding release for persons found not guilty by reason of insanity. The statute specifies that such a study include the possible development and use of a psychiatric security review board (PSRB), including recommendations related to the indeterminate nature of the commitment imposed.

The task force discussed the Oregon PSRB, established in 1978. There, the trial courts turn over authority to the board for treatment of an individual who was found not guilty by reason of insanity and for making decisions regarding the individual's release from confinement. The PSRB only maintains jurisdiction for a period of time equal to the maximum sentence provided by statute for the crime for which the person was found not guilty by reason of insanity. However, the board does have a responsibility to protect the public and, as such, may recommend that a patient be committed to long-term inpatient care after the review period has expired.

In Colorado, a relatively small population is confined to CMHIP after being found not guilty by reason of insanity, approximately 200 individuals. The task force felt that the operating costs of a PSRB would be very high for such a small number of people and that it would be more appropriate to use limited funding for treatment of individuals on conditional release. Additionally, most task force members agreed that the Judicial Branch would be resistant to giving such broad discretion to a PSRB.

**Committee recommendations.** The task force agreed that the development and use of a PSRB is not in the best interest of Colorado at this time. No further recommendations were generated.



## Summary of Recommendations

As a result of the committee's activities, the following five bills are recommended to the Colorado General Assembly.

### **Bill A — Juvenile Justice Procedures for Juveniles who may Benefit from Mental Health Services**

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The bill requires the court, prosecution, defense, guardian ad litem, probation officer, parent, or legal guardian in a juvenile delinquency proceeding to advise the court in cases where the juvenile could benefit from mental health services. It directs the court to order a mental health screening when the issue is raised, unless the court already has sufficient knowledge of the mental health issues. If the screening indicates that a juvenile could benefit from mental health services, the court may order a mental health assessment. The bill outlines the minimum requirements for such an assessment. It specifies that evidence obtained during the course of an assessment cannot be admissible in court. The bill permits the court to order mental health treatment or services as a part of the disposition of the case if the juvenile could benefit from mental health services.

### **Bill B — Procedures to Facilitate the Provision of Public Benefits to Offenders Transitioning from the Criminal Justice System**

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The bill requires appropriate personnel to assist juveniles in a commitment center and certain individuals confined in a Department of Human Services facility in applying for Medicaid, Children's Basic Health Plan benefits, Supplemental Security Income, or Social Security Disability Insurance. The Department of Human Services and the Department of Health Care Policy and Financing are required to provide information and training to personnel at the commitment facilities regarding the application process for such benefits and to simplify the processing of applications for benefits. Assistance is to be provided at least 120 days prior to release from the facility.

### **Bill C — The Addition of a Representative from the Department of Health Care Policy and Financing to the Task Force**

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The bill expands the task force and adds a new member who is a representative of the Department of Health Care Policy and Financing.

### **Bill D — Suspension of Medicaid Benefits for Persons Confined Pursuant to a Court Order**

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The bill temporarily suspends rather than terminates Medicaid benefits for individuals who are confined to the custody of the Department of Corrections, a county jail, a juvenile commitment facility, or a Department of Human Services facility. Qualified individuals must have received Medicaid benefits immediately prior to being confined. Upon release from confinement, benefits will automatically be reinstated.





## **Bill E — Assistance to Inmates Prior to Release from County Jails**

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The bill recommends that counties develop relationships, partnerships, and prerelease agreements with agencies and groups involved in health care, housing, and employment benefits. The counties are encouraged to assist jail inmates prior to release in accessing any benefits for which the inmates may qualify. The Department of Human Services and the Department of Health Care Policy and Financing are required to provide training to the appropriate county personnel on the process of applying for public benefits. The bill also creates a demonstration grant program within the Department of Human Services, which will award grants to counties that wish to design programs to assist jail inmates in applying for public benefits.



## Resource Materials

Meeting summaries are prepared for each meeting of the committee and contain all handouts provided to the committee. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver (303-866-2055). The listing below contains the dates of committee meetings and the topics discussed at those meetings. Meeting summaries are also available on our website at:

[http://www.state.co.us/gov\\_dir/leg\\_dir/lcsstaff/2007/07interim.htm](http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2007/07interim.htm)

### **Meeting Date and Topics Discussed**

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#### ***Legislative Oversight Committee***

April 16, 2007

- ◆ Overview of task force business and creation of new subcommittee on medication, health care, and public benefits
- ◆ Update on the progress of legislation proposed by the committee
- ◆ Approval of a candidate to fill the task force vacancy from the Division of Mental Health
- ◆ Nomination of new committee chair

September 13, 2007

- ◆ Presentation of legislative proposals concerning application of public benefits by offenders, suspension of Medicaid benefits for jail inmates and juvenile offenders, expansion of the task force to include a representative of the Department of Health Care Policy and Financing, and procedures for juvenile delinquency proceedings involving a juvenile who might benefit from mental health services
- ◆ Update on tour of Colorado Mental Health Institute at Pueblo
- ◆ Approval of candidates to fill four task force vacancies

October 16, 2007

- ◆ Discussion of legislative proposal to encourage county jails to provide public benefit application assistance to jail inmates
- ◆ Recommendation to send all five proposals to the Legislative Council for consideration



## **Task Force**

January 18, 2007

- ◆ Update on *House Bill 07-1057*, *House Bill 07-1058*, and *Senate Bill 07-003*, which were recommended by the task force in 2006
- ◆ Discussion of continued sources of funding for community-based management pilot programs for mentally ill offenders
- ◆ Update on grant applications by the Judicial Department
- ◆ Presentation of subcommittee reports

February 15, 2007

- ◆ Review of legislative progress
- ◆ Discussion of Governor Ritter's recidivism plan
- ◆ Subcommittee updates

March 15, 2007

- ◆ Update of pending legislation
- ◆ Presentation regarding the Housing First Program
- ◆ Subcommittee updates

April 19, 2007

- ◆ Presentation of the women's therapeutic community at The Haven
- ◆ Update on pending legislation
- ◆ Subcommittee updates
- ◆ Review of task force charge for the coming year
- ◆ Progress reports from various task force members on state resources and upcoming projects

May 17, 2007

- ◆ Update on the status of legislative proposals
- ◆ Review of the legislative charge for the task force
- ◆ Discussion of psychiatric security review boards and other alternatives for a plea of not guilty by reason of insanity
- ◆ Subcommittee updates
- ◆ Discussion of task force vacancies
- ◆ Presentation on the planning council process for budget making
- ◆ Discussion of possible legislation for the 2008 session



June 21, 2007

- ◆ Continued review of the legislative charge of the task force
- ◆ Discussion of psychiatric security review boards and other alternatives for a plea of not guilty by reason of insanity
- ◆ Information about a tour of the Colorado Mental Health Institute at Pueblo (CMHIP) for the task force and legislative oversight committee
- ◆ Presentation by the Mental Needs and Deserves Success (MINDS) group
- ◆ Presentation by the Denver Metro Crisis Triage Project; update on the work of the subcommittees
- ◆ Discussion of legislative issues to address for 2008

July 19, 2007

- ◆ Update on tour of CMHIP
- ◆ Discussion of issues faced by mentally ill inmates and personnel in county jails
- ◆ Subcommittee updates
- ◆ Report on new Long Bill spending for probation needs

August 16, 2007

- ◆ Report on a new family advocacy position within the Division of Mental Health
- ◆ Subcommittee updates
- ◆ Further discussion of potential legislation for the 2008 legislative session
- ◆ Subcommittee updates
- ◆ Update on the progress of MacArthur Foundation grant application

September 20, 2007

- ◆ Report on presentation of legislative drafts to the Legislative Oversight Committee
- ◆ Discussion of modifications to draft legislation requested by the oversight committee
- ◆ Discussion of a task force workplan for the upcoming year
- ◆ Subcommittee updates

October 19, 2006

- ◆ Update on the House Joint Resolution (HJR) 07-1050 Behavioral Health Task Force
- ◆ Discussion of community mental health services programs for offenders
- ◆ Review of the task force charge for 2008
- ◆ Briefing on a potential rewrite of the adult competency statute
- ◆ Subcommittee updates



November 16, 2006

- ◆ Joint meeting with the HJR 07-1050 Behavioral Health Task Force
- ◆ Extension of invitation to department legislative liaisons to brief them on pending legislation from the task force
- ◆ Update on task force vacancies
- ◆ Subcommittee updates



Second Regular Session  
Sixty-sixth General Assembly  
STATE OF COLORADO

**BILL A**

LLS NO. 08-0095.01 Michael Dohr

**HOUSE BILL**

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**HOUSE SPONSORSHIP**

**Solano**, and Stafford

**SENATE SPONSORSHIP**

**Boyd**, and Windels

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**House Committees**

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING JUVENILE JUSTICE PROCEDURES FOR JUVENILES WHO**  
102 **MAY BENEFIT FROM MENTAL HEALTH SERVICES.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)*

**Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Criminal and Juvenile Justice Systems.** In a juvenile delinquency proceeding, requires the court, prosecution, defense, probation officer, guardian ad litem, parent, or legal guardian who believes that the juvenile could benefit from mental health services to advise the court of the issue. Directs the court to order a mental health

**Shading denotes HOUSE amendment.** Double underlining denotes SENATE amendment.

*Capital letters indicate new material to be added to existing statute.*

*Dashes through the words indicate deletions from existing statute.*

screening when the issue is raised, unless the court has sufficient information to determine the juvenile's need for mental health services. Permits the court to order mental health treatment or services as a part of the court's disposition if an assessment finds or the court determines the juvenile could benefit from mental health services.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** Part 7 of article 2 of title 19, Colorado Revised  
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to  
4 read:

5           **19-2-710. Mental health services for juvenile - how and when**  
6 **issue raised - procedure - definitions.** (1) AT ANY STAGE OF A  
7 DELINQUENCY PROCEEDING, IF THE COURT, PROSECUTION, DEFENSE,  
8 PROBATION OFFICER, GUARDIAN AD LITEM, PARENT, OR LEGAL GUARDIAN  
9 HAS REASON TO BELIEVE THAT THE JUVENILE COULD BENEFIT FROM  
10 MENTAL HEALTH SERVICES, THE PARTY SHALL IMMEDIATELY ADVISE THE  
11 COURT OF SUCH BELIEF.

12           (2) AFTER THE PARTY ADVISES THE COURT OF THE PARTY'S BELIEF  
13 THAT THE JUVENILE COULD BENEFIT FROM MENTAL HEALTH SERVICES, THE  
14 COURT SHALL IMMEDIATELY ORDER A MENTAL HEALTH SCREENING OF THE  
15 JUVENILE PURSUANT TO SECTION 16-11.9-102, C.R.S., UNLESS THE COURT  
16 ALREADY HAS SUFFICIENT INFORMATION TO DETERMINE WHETHER THE  
17 JUVENILE COULD BENEFIT FROM MENTAL HEALTH SERVICES OR UNLESS A  
18 MENTAL HEALTH SCREENING OF THE JUVENILE HAS BEEN COMPLETED  
19 WITHIN THE LAST THREE MONTHS. THE DELINQUENCY PROCEEDINGS  
20 SHALL NOT BE STAYED OR SUSPENDED PENDING THE RESULTS OF THE  
21 MENTAL HEALTH SCREENING ORDERED PURSUANT THIS SECTION,  
22 HOWEVER, THE COURT MAY CONTINUE THE DISPOSITIONAL AND  
23 SENTENCING HEARING TO AWAIT THE RESULTS OF THE MENTAL HEALTH

1 SCREENING.

2 (3) IF THE MENTAL HEALTH SCREENING INDICATES THAT THE  
3 JUVENILE COULD BENEFIT FROM MENTAL HEALTH SERVICES, THE COURT  
4 MAY ORDER A MENTAL HEALTH ASSESSMENT.

5 (4) AT THE TIME THE COURT ORDERS A MENTAL HEALTH  
6 ASSESSMENT, THE COURT SHALL SPECIFY THE DATE UPON WHICH THE  
7 ASSESSMENT SHALL BE COMPLETED AND RETURNED TO THE COURT. THE  
8 COURT MAY ASSIGN RESPONSIBILITY FOR THE COST OF THE ASSESSMENT TO  
9 ANY PARTY HAVING LEGAL CUSTODY OR LEGAL GUARDIANSHIP OF THE  
10 JUVENILE.

11 (5) THE ASSESSMENT, AT A MINIMUM, SHALL INCLUDE AN OPINION  
12 REGARDING WHETHER THE JUVENILE COULD BENEFIT FROM MENTAL  
13 HEALTH SERVICES. IF THE ASSESSMENT CONCLUDES THAT THE JUVENILE  
14 COULD BENEFIT FROM MENTAL HEALTH SERVICES, THE ASSESSMENT SHALL  
15 IDENTIFY THE JUVENILE'S MENTAL HEALTH ISSUES AND THE APPROPRIATE  
16 SERVICES AND TREATMENT.

17 (6) EVIDENCE OR TREATMENT OBTAINED AS A RESULT OF A  
18 MENTAL HEALTH SCREENING OR ASSESSMENT ORDERED PURSUANT TO THIS  
19 SECTION SHALL NOT BE ADMISSIBLE ON THE ISSUES RAISED BY A PLEA OF  
20 NOT GUILTY.

21 (7) FOR PURPOSES OF THIS SECTION:

22 (a) "ASSESSMENT" MEANS AN OBJECTIVE PROCESS USED TO  
23 COLLECT PERTINENT INFORMATION IN ORDER TO IDENTIFY A JUVENILE  
24 WHO MAY HAVE MENTAL HEALTH NEEDS.

25 (b) "JUVENILE COULD BENEFIT FROM MENTAL HEALTH SERVICES"  
26 MEANS A JUVENILE EXHIBITS ONE OR MORE OF THE FOLLOWING  
27 CHARACTERISTICS:

28 (I) A CHRONIC OR SIGNIFICANT LACK OF IMPULSE CONTROL OR OF



1 JUDGMENT;

2 (II) SIGNIFICANT ABNORMAL BEHAVIORS UNDER NORMAL  
3 CIRCUMSTANCES;

4 (III) A HISTORY OF SUSPENSIONS, EXPULSIONS, OR REPEATED  
5 TRUANCY FROM SCHOOL SETTINGS;

6 (IV) SEVERE OR FREQUENT CHANGES IN SLEEPING OR EATING  
7 PATTERNS OR IN LEVELS OF ACTIVITY;

8 (V) A PERVASIVE MOOD OF UNHAPPINESS OR OF DEPRESSION; OR

9 (VI) A HISTORY OF INVOLVEMENT WITH, OR TREATMENT IN, TWO  
10 OR MORE STATE OR LOCAL GOVERNMENTAL AGENCIES, INCLUDING BUT  
11 NOT LIMITED TO JUVENILE JUSTICE, YOUTH CORRECTIONS, OR CHILD  
12 WELFARE.

13 **SECTION 2.** 19-2-906, Colorado Revised Statutes, is amended  
14 BY THE ADDITION OF A NEW SUBSECTION to read:

15 **19-2-906. Sentencing hearing.** (2.5) IF THE COURT RECEIVES A  
16 MENTAL HEALTH SCREENING OR MENTAL HEALTH ASSESSMENT PURSUANT  
17 TO SECTION 19-2-710 DETERMINING THAT THE JUVENILE COULD BENEFIT  
18 FROM MENTAL HEALTH SERVICES, OR THE COURT ALREADY HAS  
19 SUFFICIENT INFORMATION TO DETERMINE THAT THE JUVENILE COULD  
20 BENEFIT FROM MENTAL HEALTH SERVICES, THE COURT MAY ORDER  
21 MENTAL HEALTH SERVICES AS A PART OF THE DISPOSITION.

22 **SECTION 3. Effective date - applicability.** This act shall take  
23 effect July 1, 2008, and shall apply to juveniles who allegedly commit  
24 offenses on or after said date.

25 **SECTION 4. Safety clause.** The general assembly hereby finds,  
26 determines, and declares that this act is necessary for the immediate  
27 preservation of the public peace, health, and safety.

Second Regular Session  
Sixty-sixth General Assembly  
STATE OF COLORADO

**BILL B**

LLS NO. 08-0097.03 Michael Dohr

**HOUSE BILL**

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**HOUSE SPONSORSHIP**

**Stafford,** and Solano

**SENATE SPONSORSHIP**

**Windels,** and Boyd

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**House Committees**

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING PROCEDURES TO FACILITATE THE PROVISION OF PUBLIC**  
102 **BENEFITS TO OFFENDERS TRANSITIONING FROM THE CRIMINAL**  
103 **JUSTICE SYSTEM.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)*

**Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Criminal and Juvenile Justice Systems.** For juveniles in a commitment center and certain persons confined in a facility of the department of human services who meet specified criteria, offers assistance from appropriate personnel in applying for medicaid,

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*Capital letters indicate new material to be added to existing statute.*

*Dashes through the words indicate deletions from existing statute.*

children's basic health plan benefits, supplemental security income ("SSI"), or social security disability insurance ("SSDI").

Stipulates that the person shall receive such assistance at least 120 days prior to release, or sooner if possible. Requires the department of human services to provide information and training on the SSI or SSDI application process and assistance to personnel at each facility. Requires the department of health care policy and financing to provide information and training on the medicaid application process and assistance to personnel at each facility.

Mandates that the department of health care policy and financing simplify the processing of applications for medicaid and the children's basic health plan and that the department of human services simplify the processing of applications for SSI and SSDI to allow eligible persons to receive medicaid as a result of being eligible for SSI or SSDI upon release and thereafter.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** Part 4 of article 2 of title 19, Colorado Revised  
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to  
4 read:

5           **19-2-418. Juveniles - medical benefits application assistance**  
6 **- county of residence - rules.** (1) BEGINNING AS SOON AS PRACTICABLE,  
7 BUT NO LATER THAN JANUARY 1, 2009, NO LATER THAN ONE HUNDRED  
8 TWENTY DAYS PRIOR TO RELEASE, COMMITMENT FACILITY PERSONNEL OR  
9 STATE PERSONNEL SHALL ASSIST THE PARENT OR LEGAL GUARDIAN OF THE  
10 FOLLOWING JUVENILES IN APPLYING FOR MEDICAL ASSISTANCE PURSUANT  
11 TO PART 1 OR 2 OF ARTICLE 5 OF TITLE 25.5, C.R.S., OR IN APPLYING TO  
12 THE CHILDREN'S BASIC HEALTH PLAN PURSUANT TO SECTION 25.5-8-109,  
13 C.R.S.:

14           (a) A JUVENILE WHO WAS RECEIVING MEDICAL ASSISTANCE  
15 PURSUANT TO SECTION 25.5-5-101 (1) (f) OR 25.5-5-201 (1) (j), C.R.S., OR  
16 PURSUANT TO THE CHILDREN'S BASIC HEALTH PLAN PURSUANT TO SECTION  
17 25.5-8-109, C.R.S., IMMEDIATELY PRIOR TO ENTERING THE JUVENILE

1 COMMITMENT FACILITY AND IS LIKELY TO BE TERMINATED FROM  
2 RECEIVING MEDICAL ASSISTANCE WHILE COMMITTED OR IS REASONABLY  
3 EXPECTED TO MEET THE ELIGIBILITY CRITERIA SPECIFIED IN SECTION  
4 25.5-5-101 (1) (f), 25.5-5-201 (1) (j), OR 25.5-8-109, C.R.S., UPON  
5 RELEASE; AND

6 (b) A JUVENILE WHO IS COMMITTED TO A JUVENILE COMMITMENT  
7 FACILITY.

8 (2) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
9 SHALL PROVIDE INFORMATION AND TRAINING ON MEDICAL ASSISTANCE  
10 ELIGIBILITY REQUIREMENTS AND ASSISTANCE TO THE PERSONNEL AT EACH  
11 COMMITMENT FACILITY TO ASSIST IN AND EXPEDITE THE APPLICATION  
12 PROCESS FOR MEDICAL ASSISTANCE FOR A JUVENILE HELD IN CUSTODY  
13 WHO MEETS THE REQUIREMENTS OF PARAGRAPH (a) OF SUBSECTION (1) OF  
14 THIS SECTION.

15 (3) (a) FOR PURPOSES OF DETERMINING ELIGIBILITY PURSUANT TO  
16 SECTION 25.5-4-205, C.R.S., THE COUNTY OF RESIDENCE OF A JUVENILE  
17 SHALL BE THE COUNTY SPECIFIED BY THE JUVENILE AS HIS OR HER COUNTY  
18 OF RESIDENCE UPON RELEASE.

19 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH  
20 CARE POLICY AND FINANCING SHALL PROMULGATE RULES TO SIMPLIFY THE  
21 PROCESSING OF APPLICATIONS FOR MEDICAL ASSISTANCE PURSUANT TO  
22 SUBSECTION (1) OF THIS SECTION AND TO ALLOW A JUVENILE DETERMINED  
23 TO BE ELIGIBLE FOR SUCH MEDICAL ASSISTANCE TO ACCESS THE MEDICAL  
24 ASSISTANCE UPON RELEASE AND THEREAFTER. IF A COUNTY DEPARTMENT  
25 OF SOCIAL SERVICES DETERMINES THAT A JUVENILE IS ELIGIBLE FOR  
26 MEDICAL ASSISTANCE, THE COUNTY SHALL ENROLL THE JUVENILE IN  
27 MEDICAL ASSISTANCE OR THE CHILDREN'S BASIC HEALTH PLAN EFFECTIVE  
28 UPON RELEASE OF THE JUVENILE. AT THE TIME OF THE JUVENILE'S

1 RELEASE, THE COMMITMENT FACILITY SHALL GIVE THE JUVENILE OR THE  
2 JUVENILE'S PARENT OR LEGAL GUARDIAN INFORMATION AND PAPERWORK  
3 NECESSARY FOR THE JUVENILE TO ACCESS MEDICAL ASSISTANCE. THE  
4 INFORMATION SHALL BE PROVIDED TO THE COMMITMENT FACILITY BY THE  
5 APPLICABLE COUNTY DEPARTMENT OF SOCIAL SERVICES.

6 (c) EACH JUVENILE COMMITMENT FACILITY ADMINISTRATOR SHALL  
7 ATTEMPT TO ENTER INTO PRERELEASE AGREEMENTS, IF APPROPRIATE,  
8 WITH THE COUNTY DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT  
9 OF HUMAN SERVICES, OR THE DEPARTMENT OF HEALTH CARE POLICY AND  
10 FINANCING IN ORDER TO:

11 (I) SIMPLIFY THE PROCESSING OF APPLICATIONS FOR MEDICAL  
12 ASSISTANCE OR FOR THE CHILDREN'S BASIC HEALTH PLAN BENEFITS  
13 PURSUANT TO SECTION 25.5-8-109, C.R.S., TO ENROLL, EFFECTIVE UPON  
14 RELEASE, A JUVENILE WHO IS ELIGIBLE FOR MEDICAL ASSISTANCE  
15 PURSUANT TO SECTION 25.5-5-101 (1) (f) OR 25.5-5-201 (1) (j), C.R.S., OR  
16 THE CHILDREN'S BASIC HEALTH PLAN PURSUANT TO SECTION 25.5-8-109,  
17 C.R.S.; AND

18 (II) PROVIDE THE JUVENILE OR THE JUVENILE'S PARENT OR LEGAL  
19 GUARDIAN WITH THE INFORMATION AND PAPERWORK NECESSARY TO  
20 ACCESS MEDICAL ASSISTANCE IMMEDIATELY UPON RELEASE.

21 **SECTION 2.** Part 1 of article 1 of title 26, Colorado Revised  
22 Statutes, is amended BY THE ADDITION OF A NEW SECTION to  
23 read:

24 **26-1-135. Persons in a department of human services facility**  
25 **- medical benefits application assistance - county of residence - rules.**

26 (1) (a) BEGINNING AS SOON AS PRACTICABLE, BUT NO LATER THAN  
27 JANUARY 1, 2009, NO LATER THAN ONE HUNDRED TWENTY DAYS PRIOR TO  
28 RELEASE, STATE DEPARTMENT FACILITY PERSONNEL SHALL ASSIST THE

1 FOLLOWING PERSONS IN APPLYING FOR MEDICAL ASSISTANCE PURSUANT  
2 TO PART 1 OR 2 OF ARTICLE 5 OF TITLE 25.5, C.R.S.:

3 (I) A PERSON WHO WAS RECEIVING MEDICAL ASSISTANCE  
4 PURSUANT TO SECTION 25.5-5-101 (1) (f) OR 25.5-5-201 (1) (j), C.R.S.,  
5 IMMEDIATELY PRIOR TO ENTERING THE STATE DEPARTMENT FACILITY AND  
6 IS LIKELY TO BE TERMINATED FROM RECEIVING MEDICAL ASSISTANCE  
7 WHILE COMMITTED OR OTHERWISE PLACED OR IS REASONABLY EXPECTED  
8 TO MEET THE ELIGIBILITY CRITERIA SPECIFIED IN SECTION 25.5-5-101 (1)  
9 (f) OR 25.5-5-201 (1) (j), C.R.S., UPON RELEASE; AND

10 (II) (A) A PERSON WHO IS COMMITTED TO A STATE DEPARTMENT  
11 FACILITY PURSUANT TO PART 1 OF ARTICLE 8 OF TITLE 16, C.R.S.; OR

12 (B) A PERSON WHO IS A PATIENT OR A JUVENILE WHO IS PLACED IN  
13 A STATE DEPARTMENT FACILITY PURSUANT TO COURT ORDER.

14 (b) IF THE PERSON IS COMMITTED OR PLACED FOR LESS THAN ONE  
15 HUNDRED TWENTY DAYS, STATE DEPARTMENT PERSONNEL SHALL MAKE  
16 A REASONABLE EFFORT TO ASSIST THE PERSON IN APPLYING FOR MEDICAL  
17 ASSISTANCE AS SOON AS PRACTICABLE.

18 (2) AS SOON AS PRACTICABLE, BUT NO LATER THAN JANUARY 1,  
19 2009, NO LATER THAN ONE HUNDRED TWENTY DAYS PRIOR TO RELEASE,  
20 STATE DEPARTMENT FACILITY PERSONNEL SHALL ASSIST THE FOLLOWING  
21 PERSONS IN APPLYING FOR SUPPLEMENTAL SECURITY INCOME BENEFITS  
22 UNDER TITLE II OF THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC.  
23 301, ET SEQ., AS AMENDED, AND IN ANY ASSOCIATED APPEALS PROCESS:

24 (a) A PERSON WHO WAS ELIGIBLE FOR SUPPLEMENTAL SECURITY  
25 INCOME BENEFITS UNDER TITLE II OF THE FEDERAL "SOCIAL SECURITY  
26 ACT", 42 U.S.C. SEC. 301, ET SEQ., AS AMENDED, IMMEDIATELY PRIOR TO  
27 ENTERING THE STATE DEPARTMENT FACILITY AND IS LIKELY TO BE  
28 TERMINATED FROM RECEIVING SUPPLEMENTAL SECURITY INCOME

1 BENEFITS WHILE COMMITTED OR OTHERWISE PLACED, OR IS REASONABLY  
2 EXPECTED TO MEET THE ELIGIBILITY CRITERIA FOR SUPPLEMENTAL  
3 SECURITY INCOME BENEFITS UPON RELEASE; AND

4 (b) (I) A PERSON WHO IS COMMITTED TO A STATE DEPARTMENT  
5 FACILITY PURSUANT TO PART 1 OF ARTICLE 8 OF TITLE 16, C.R.S.; OR

6 (II) A PERSON WHO IS A PATIENT WHO IS PLACED IN A STATE  
7 DEPARTMENT FACILITY PURSUANT TO COURT ORDER.

8 (3) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
9 SHALL PROVIDE INFORMATION AND TRAINING ON MEDICAL ASSISTANCE  
10 ELIGIBILITY REQUIREMENTS AND ASSISTANCE TO THE FACILITY PERSONNEL  
11 AT EACH FACILITY TO ASSIST IN AND EXPEDITE THE APPLICATION PROCESS  
12 FOR MEDICAL ASSISTANCE FOR A PERSON HELD IN CUSTODY WHO MEETS  
13 THE REQUIREMENTS OF PARAGRAPH (a) OF SUBSECTION (1) OF THIS  
14 SECTION.

15 (4) THE STATE DEPARTMENT SHALL PROVIDE INFORMATION AND  
16 EDUCATION REGARDING THE SUPPLEMENTAL SECURITY INCOME SYSTEMS  
17 AND APPLICATION PROCESSES TO PERSONNEL AT EACH FACILITY.

18 (5) (a) FOR PURPOSES OF DETERMINING ELIGIBILITY PURSUANT TO  
19 SECTION 25.5-4-205, C.R.S., THE COUNTY OF RESIDENCE OF THE PERSON  
20 SHALL BE THE COUNTY SPECIFIED BY THE PERSON AS HIS OR HER COUNTY  
21 OF RESIDENCE UPON RELEASE.

22 (b) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH  
23 CARE POLICY AND FINANCING SHALL PROMULGATE RULES TO SIMPLIFY THE  
24 PROCESSING OF APPLICATIONS FOR MEDICAL ASSISTANCE PURSUANT TO  
25 PARAGRAPH (a) OF SUBSECTION (1) OF THIS SECTION AND TO ALLOW A  
26 PERSON DETERMINED TO BE ELIGIBLE FOR SUCH MEDICAL ASSISTANCE TO  
27 ACCESS THE MEDICAL ASSISTANCE UPON RELEASE AND THEREAFTER. IF A  
28 COUNTY DEPARTMENT DETERMINES THAT A PERSON IS ELIGIBLE FOR

1 MEDICAL ASSISTANCE, THE COUNTY SHALL ENROLL THE PERSON IN  
2 MEDICAID EFFECTIVE UPON HIS OR HER RELEASE. AT THE TIME OF THE  
3 PERSON'S RELEASE, THE FACILITY PERSONNEL SHALL GIVE THE PERSON  
4 INFORMATION AND PAPERWORK NECESSARY FOR THE PERSON TO ACCESS  
5 MEDICAL ASSISTANCE. THE INFORMATION SHALL BE PROVIDED TO THE  
6 FACILITY BY THE APPLICABLE COUNTY DEPARTMENT.

7 (c) EACH STATE DEPARTMENT FACILITY SHALL ATTEMPT TO ENTER  
8 INTO PRERELEASE AGREEMENTS WITH LOCAL SOCIAL SECURITY  
9 ADMINISTRATION OFFICES, AND, IF APPROPRIATE, THE COUNTY  
10 DEPARTMENT OR THE DEPARTMENT OF HEALTH CARE POLICY AND  
11 FINANCING IN ORDER TO:

12 (I) SIMPLIFY THE PROCESSING OF APPLICATIONS FOR MEDICAL  
13 ASSISTANCE OR FOR SUPPLEMENTAL SECURITY INCOME TO ENROLL,  
14 EFFECTIVE UPON RELEASE, A PERSON WHO IS ELIGIBLE FOR MEDICAL  
15 ASSISTANCE PURSUANT TO SECTION 25.5-5-101 (1) (f) OR 25.5-5-201 (1)  
16 (j), C.R.S.; AND

17 (II) PROVIDE THE PERSON WITH THE INFORMATION AND  
18 PAPERWORK NECESSARY TO ACCESS MEDICAL ASSISTANCE IMMEDIATELY  
19 UPON RELEASE.

20 **SECTION 3. Safety clause.** The general assembly hereby finds,  
21 determines, and declares that this act is necessary for the immediate  
22 preservation of the public peace, health, and safety.



Second Regular Session  
Sixty-sixth General Assembly  
STATE OF COLORADO

**BILL C**

LLS NO. 08-0101.01 Michael Dohr

**SENATE BILL**

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**SENATE SPONSORSHIP**

**Windels,** and Boyd

**HOUSE SPONSORSHIP**

**Solano,** and Stafford

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**Senate Committees**

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING THE ADDITION OF A REPRESENTATIVE FROM THE**  
102 **DEPARTMENT OF HEALTH CARE POLICY AND FINANCING TO THE**  
103 **TASK FORCE FOR THE CONTINUING EXAMINATION OF THE**  
104 **TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE**  
105 **INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)*

**Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Criminal and Juvenile Justice Systems.** Adds a

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*Capital letters indicate new material to be added to existing statute.*

*Dashes through the words indicate deletions from existing statute.*

representative from the department of health care policy and financing to the task force for the continuing examination of the treatment of persons with mental illness who are involved in the criminal and juvenile justice systems.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** 18-1.9-104 (1) (a) and the introductory portion to  
3 18-1.9-104 (1) (c), Colorado Revised Statutes, are amended, and the said  
4 18-1.9-104 (1) (c) is further amended BY THE ADDITION OF A NEW  
5 SUBPARAGRAPH, to read:

6           **18-1.9-104. Mentally ill offender task force - creation -**  
7 **membership - duties.** (1) **Creation.** (a) There is hereby created a task  
8 force for the continuing examination of the treatment of persons with  
9 mental illness who are involved in the criminal and juvenile justice  
10 systems in Colorado. The task force shall consist of ~~twenty-nine~~ THIRTY  
11 members appointed as provided in paragraphs (b) and (c) of this  
12 subsection (1).

13           (c) The chair and vice-chair of the committee shall appoint  
14 ~~twenty-five~~ TWENTY-SIX members as follows:

15           (XV) ONE MEMBER WHO REPRESENTS THE DEPARTMENT OF  
16 HEALTH CARE POLICY AND FINANCING.

17           **SECTION 2. Safety clause.** The general assembly hereby finds,  
18 determines, and declares that this act is necessary for the immediate  
19 preservation of the public peace, health, and safety.

Second Regular Session  
Sixty-sixth General Assembly  
STATE OF COLORADO

**BILL D**

LLS NO. 08-0146.01 Jerry Barry

**SENATE BILL**

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**SENATE SPONSORSHIP**

**Boyd,** and Windels

**HOUSE SPONSORSHIP**

**Solano,** and Stafford

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**Senate Committees**

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING SUSPENSION OF MEDICAID BENEFITS FOR PERSONS**  
102 **CONFINED PURSUANT TO A COURT ORDER.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)*

**Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Criminal and Juvenile Justice Systems.** Suspends medicaid benefits for persons who are:

- In the custody of the department of corrections or confined in a jail;
- Committed to or detained in a juvenile commitment facility; or

**Shading denotes HOUSE amendment.** Double underlining denotes SENATE amendment.

*Capital letters indicate new material to be added to existing statute.*

*Dashes through the words indicate deletions from existing statute.*

- Committed to or placed in a department of human services facility pursuant to court order or certification.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** Part 2 of article 4 of title 25.5, Colorado Revised  
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to  
4 read:

5           **25.5-4-205.5. Confined persons - suspension of benefits.**

6 (1) FOR PURPOSES OF THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
7 REQUIRES, "CONFINED PERSON " MEANS A PERSON WHO IS:

8           (a) IN THE CUSTODY OF THE DEPARTMENT OF CORRECTIONS;

9           (b) CONFINED IN A JAIL;

10           (c) COMMITTED TO OR DETAINED IN A JUVENILE COMMITMENT  
11 FACILITY;

12           (d) COMMITTED TO A DEPARTMENT OF HUMAN SERVICES FACILITY  
13 PURSUANT TO PART 1 OF ARTICLE 8 OF TITLE 16, C.R.S.; OR

14           (e) A PATIENT PLACED IN A DEPARTMENT OF HUMAN SERVICES  
15 FACILITY PURSUANT TO COURT ORDER OR CERTIFICATION.

16 (2) NOTWITHSTANDING ANY OTHER PROVISION OF LAW, A PERSON  
17 WHO, IMMEDIATELY PRIOR TO BECOMING A CONFINED PERSON, WAS A  
18 RECIPIENT OF MEDICAL ASSISTANCE PURSUANT TO THIS ARTICLE OR  
19 ARTICLE 5 OR 6 OF THIS TITLE SHALL REMAIN ELIGIBLE FOR MEDICAL  
20 ASSISTANCE WHILE A CONFINED PERSON; EXCEPT THAT NO MEDICAL  
21 ASSISTANCE SHALL BE FURNISHED PURSUANT TO THIS ARTICLE OR ARTICLE  
22 5 OR 6 OF THIS TITLE WHILE THE PERSON IS A CONFINED PERSON UNLESS  
23 FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE FOR THE COST OF THE  
24 ASSISTANCE. ONCE A PERSON IS NO LONGER A CONFINED PERSON, THE  
25 PERSON SHALL CONTINUE TO BE ELIGIBLE FOR RECEIPT OF MEDICAL

1 BENEFITS PURSUANT TO THIS ARTICLE OR ARTICLE 5 OR 6 OF THIS TITLE  
2 UNTIL THE PERSON IS DETERMINED TO BE INELIGIBLE FOR THE RECEIPT OF  
3 THE ASSISTANCE. TO THE EXTENT PERMITTED BY FEDERAL LAW, THE TIME  
4 DURING WHICH A PERSON IS A CONFINED PERSON SHALL NOT BE INCLUDED  
5 IN ANY CALCULATION OF WHEN THE PERSON MUST RECERTIFY HIS OR HER  
6 ELIGIBILITY FOR MEDICAL ASSISTANCE PURSUANT TO THIS ARTICLE OR  
7 ARTICLE 5 OR 6 OF THIS TITLE.

8 **SECTION 2. Safety clause.** The general assembly hereby finds,  
9 determines, and declares that this act is necessary for the immediate  
10 preservation of the public peace, health, and safety.

Second Regular Session  
Sixty-sixth General Assembly  
STATE OF COLORADO

**BILL E**

LLS NO. 08-0289.01 Jerry Barry

**SENATE BILL**

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**SENATE SPONSORSHIP**

**Windels, and Boyd**

**HOUSE SPONSORSHIP**

**Stafford, and Solano**

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**Senate Committees**

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING ASSISTANCE TO INMATES PRIOR TO RELEASE FROM**  
102 **COUNTY JAILS.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not necessarily reflect any amendments that may be subsequently adopted.)*

**Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Criminal and Juvenile Justice Systems.** Encourages counties to establish relationships, partnerships, and prerelease agreements with entities involved in providing various benefits to persons released from jail. Directs the department of human services ("state department") and the department of health care policy and

**Shading denotes HOUSE amendment.** Double underlining denotes SENATE amendment.

*Capital letters indicate new material to be added to existing statute.*

*Dashes through the words indicate deletions from existing statute.*

financing to provide training to appropriate personnel on the process for applying for public benefits.

Establishes a demonstration grant program ("demonstration program") in the state department to award grants to counties or groups of counties that design programs to assist jail inmates in accessing health care, housing, and employment benefits upon release. Directs the state department to submit a report on the demonstration program.

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1 *Be it enacted by the General Assembly of the State of Colorado:*

2           **SECTION 1.** Part 1 of article 26 of title 17, Colorado Revised  
3 Statutes, is amended BY THE ADDITION OF A NEW SECTION to  
4 read:

5           **17-26-137. Benefits assistance - legislative declaration -**  
6 **demonstration grant program - repeal.** (1) THE GENERAL ASSEMBLY  
7 HEREBY FINDS AND DECLARES THAT:

8           (a) MANY PERSONS TRANSITIONING FROM JAILS HAVE A DIFFICULT  
9 TIME ACCESSING HEALTH CARE, HOUSING, AND EMPLOYMENT BENEFITS  
10 THAT ARE IMPORTANT IF THE PERSONS ARE TO AVOID REENTRY INTO THE  
11 CRIMINAL JUSTICE SYSTEM.

12           (b) MANY PERSONS BEING RELEASED FROM JAIL:

13           (I) MAY HAVE DIFFICULTY ACCESSING MENTAL HEALTH  
14 TREATMENTS BECAUSE OF LACK OF BENEFITS OR THE INABILITY TO MAKE  
15 CONNECTIONS FOR AVAILABLE TREATMENT OPTIONS;

16           (II) MAY BE ENTITLED TO AND MAY BENEFIT FROM THE RECEIPT OF  
17 PUBLIC BENEFITS, INCLUDING BUT NOT LIMITED TO MENTAL HEALTH  
18 TREATMENT; AND

19           (III) MAY NOT KNOW THAT THEY ARE ENTITLED TO PUBLIC  
20 BENEFITS OR MAY NOT KNOW HOW TO APPLY FOR OR ACCESS PUBLIC  
21 BENEFITS.

22           (c) COUNTIES WOULD BENEFIT FROM PERSONS ACCESSING HEALTH

1 CARE, HOUSING, AND EMPLOYMENT BENEFITS PROMPTLY AFTER RELEASE  
2 FROM JAIL BECAUSE THE PERSONS WITH SUPPORT AFTER RELEASE ARE LESS  
3 LIKELY TO REOFFEND AND REQUIRE ADDITIONAL INCARCERATION.

4 (2) COUNTIES, THROUGH APPROPRIATE PERSONNEL, ARE  
5 ENCOURAGED TO DEVELOP RELATIONSHIPS, PARTNERSHIPS, AND  
6 PRERELEASE AGREEMENTS WITH OTHERS INVOLVED IN HEALTH CARE,  
7 HOUSING, AND EMPLOYMENT BENEFITS INCLUDING FEDERAL SOCIAL  
8 SECURITY ADMINISTRATION OFFICES, COUNTY DEPARTMENTS OF SOCIAL  
9 SERVICES, THE DEPARTMENT OF HUMAN SERVICES, THE DEPARTMENT OF  
10 HEALTH CARE POLICY AND FINANCING, AND COMMUNITY MENTAL HEALTH  
11 CENTERS. COUNTIES ARE ENCOURAGED TO ASSIST INMATES PRIOR TO  
12 RELEASE IN ACCESSING BENEFITS FOR WHICH THE INMATES MAY BE  
13 ELIGIBLE.

14 (3) THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT  
15 OF HEALTH CARE POLICY AND FINANCING SHALL PROVIDE TRAINING TO  
16 APPROPRIATE PERSONNEL TO ASSIST INMATES IN APPLYING FOR PUBLIC  
17 BENEFITS PRIOR TO RELEASE.

18 (4) (a) THERE IS HEREBY CREATED IN THE DEPARTMENT OF HUMAN  
19 SERVICES, WITH THE ASSISTANCE AND INPUT FROM THE DIVISION OF  
20 CRIMINAL JUSTICE, THE INMATE ASSISTANCE DEMONSTRATION GRANT  
21 PROGRAM, REFERRED TO IN THIS SUBSECTION (4) AS THE "DEMONSTRATION  
22 PROGRAM", TO PROVIDE GRANTS TO COUNTIES OR GROUPS OF COUNTIES  
23 DESIGNED TO ASSIST INMATES IN COUNTY JAILS IN ACCESSING HEALTH  
24 CARE, HOUSING, AND EMPLOYMENT BENEFITS.

25 (b) ON OR BEFORE AUGUST 15, 2008, THE DEPARTMENT OF HUMAN  
26 SERVICES SHALL DEVELOP AND ISSUE A REQUEST FOR PROPOSALS TO  
27 CONDUCT TWO-YEAR DEMONSTRATION PROGRAMS COMMENCING JANUARY  
28 1, 2009, THAT:



1 (I) PROVIDE FOR COLLABORATION BETWEEN JAIL PERSONNEL,  
2 PERSONNEL FROM THE COUNTY DEPARTMENT OF SOCIAL SERVICES AND  
3 COMMUNITY MENTAL HEALTH CENTERS, AND OTHER INTERESTED PARTIES;  
4 AND

5 (II) PROVIDE FOR THE MONITORING OF THE RECEIPT OF ANY  
6 HEALTH CARE, HOUSING, AND EMPLOYMENT BENEFITS TO WHICH AN  
7 INMATE MAY BE ENTITLED AND THE RECIDIVISM RATES OF INMATES WHO  
8 RECEIVED ASSISTANCE IN APPLYING FOR PUBLIC BENEFITS.

9 (c) ON OR BEFORE OCTOBER 1, 2008, A COUNTY OR GROUP OF  
10 COUNTIES MAY SUBMIT A RESPONSE TO THE REQUEST FOR PROPOSALS  
11 THAT INCLUDES, AT A MINIMUM:

12 (I) IDENTIFICATION OF KEY STAKEHOLDERS WILLING TO  
13 COLLABORATE ON THE DEMONSTRATION PROGRAM;

14 (II) IDENTIFICATION OF THE USES OF MONEYS PROPOSED TO BE  
15 RECEIVED FROM THE DEMONSTRATION PROGRAM AND THE SOURCES AND  
16 USES OF ADDITIONAL MONEYS PROPOSED TO BE USED; AND

17 (III) A DESCRIPTION OF THE METHOD TO BE USED TO EVALUATE  
18 THE DEMONSTRATION PROGRAM.

19 (d) ON OR BEFORE NOVEMBER 15, 2008, THE DEPARTMENT OF  
20 HUMAN SERVICES SHALL AWARD GRANTS TO COUNTIES OR GROUPS OF  
21 COUNTIES. IN MAKING THE AWARDS, THE DEPARTMENT OF HUMAN  
22 SERVICES SHALL ATTEMPT TO AWARD GRANTS TO BOTH URBAN AND RURAL  
23 COUNTIES AND TO COUNTIES IN DIVERSE GEOGRAPHIC AREAS OF THE  
24 STATE.

25 (e) ON OR BEFORE JULY 1, 2011, THE DEPARTMENT OF HUMAN  
26 SERVICES SHALL SUBMIT TO THE JUDICIARY COMMITTEES OF THE SENATE  
27 AND THE HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES,  
28 A REPORT DESCRIBING THE DEMONSTRATION PROGRAMS AND EVALUATING

1 THE SUCCESS OF EACH DEMONSTRATION PROGRAM.

2 (f) THIS SUBSECTION (4) IS REPEALED, EFFECTIVE JULY 1, 2012.

3 **SECTION 2. Safety clause.** The general assembly hereby finds,  
4 determines, and declares that this act is necessary for the immediate  
5 preservation of the public peace, health, and safety.