RECOMMENDATIONS FOR 2002

THE CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM

Report to the
Colorado General Assembly

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COLORADO GENERAL ASSEMBLY

LEGISLATIVE COUNCIL

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To Members of the Sixty-third General Assembly:

Submitted herewith is the final report of the Legislative Oversight Committee for the Continuing Examination of Persons with Mental Illness who are Involved in the Criminal Justice System. This committee was created pursuant to Section 18-1.7-103, Colorado Revised Statutes.

At its meeting on November 15, 2001, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills therein for consideration in the 2002 session was approved.

Respectfully submitted,

/s/ Senator Stan Matsunaka
Chairman
Legislative Council

SM/CJ/cs

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EXECUTIVE SUMMARY

Committee Charge

Pursuant to Section 18-1.7-101, Colorado Revised Statutes (HB00-1033), a six-member Legislative Oversight Committee and a 27-member Advisory Task Force were established to continue the examination of mentally ill offenders in the criminal justice system.

The Oversight Committee was responsible for appointing an ethnically, culturally, and gender diverse task force to continue to examine the identification, diagnosis, and treatment of persons with mental illness who are involved in the state's criminal justice system. The Task Force was directed to consider, but not be limited to, the following issues:

- the early ***identification, diagnosis, and treatment*** of adults and juveniles with mental illness who are involved in the criminal justice system;

- the ***prosecution of and sentencing alternatives*** for persons with mental illness that may involve treatment and ongoing supervision;

- the ***diagnosis, treatment, and housing*** of persons with mental illness who are convicted of crimes or who plead guilty, nolo contendere, or not guilty by reason of insanity or who are found to be incompetent to stand trial;

- the ***diagnosis, treatment, and housing of juveniles*** with mental illness who are adjudicated for offenses that would constitute crimes if committed by adults or who plead guilty, nolo contendere, or not guilty by reason of insanity or who are found to be incompetent to stand trial;

- the ***ongoing treatment, housing, and supervision, especially with regard to medication, of adults and juveniles*** who are convicted or adjudicated and 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;

- the ***civil commitment*** of persons with mental illness who are criminally convicted, found not guilty by reason of insanity, or found to be incompetent to stand trial;

- the ***identification, diagnosis, and treatment of minority persons*** with mental illness, ***women*** with mental illness, and persons with ***co-occurring disorders*** in the criminal justice system;

- the ***modification of the criminal justice system*** to serve adults and juveniles with mental illness who are charged with or convicted of a criminal offense;

- the ***liability of facilities*** that house persons with mental illness and the ***liability of the staff*** who treat or supervise persons with mental illness;

- the ***safety of the staff*** who treat or supervise persons with mental illness and the ***use of force*** against persons with mental illness;

- the implementation of appropriate ***diagnostic tools*** to identify persons in the criminal justice system with mental illness; and

- ***any other issues*** concerning persons with mental illness who are involved in the state criminal justice system that arise during the course of the Task Force study.

In addition, the Oversight Committee was required to submit an annual report to the General Assembly regarding the findings and recommended legislation resulting from the work of the Task Force.

Committee Activities

The Advisory Task Force. The Task Force first met during the summer of 1999, and has met on a monthly basis for the last two years. During the past year, the Task Force elected a new chair and vice-chair, established new priorities as directed by the legislative charge, and evaluated possible solutions. The Task Force met to develop public policies and corresponding resources regarding juvenile and adult persons with mental illness who are involved in the criminal justice systems. In addition, the Task Force developed a mission statement with the following priorities:

- early intervention (including education, diagnosis, and treatment);
- effective, continuing treatment; and
- justice systems that are appropriate and responsive to the needs of individuals and the public safety of their communities.

The Task Force drafted three bills for consideration by the Oversight Committee; however, one of the bills was not approved by the Oversight Committee. The two bills that were approved are listed beginning at the bottom of page xiii.

The Oversight Committee. The Oversight Committee met three times during the year to monitor the progress of and review and examine the findings and recommendations of the Task Force. Specifically, the Oversight Committee reviewed three issues for consideration during the upcoming legislative session. These issues included:

- reviewing the outpatient treatment certification (civil commitment) process and providing continuing treatment for previously certified patients;
- expanding community-based treatment facilities for adults; and
- implementing a process to screen all adults and juveniles in the criminal justice system for mental illness.

The Oversight Committee did not approve the certification bill because it did not fall under the scope of the committee. The bill creates a certification designation and process for outpatient treatment of all mentally ill persons, not just those involved in the criminal justice system. It allows persons with mental illness to be certified for outpatient treatment for up to six months if the individual is likely to discontinue treatment and presents a substantial probability of returning to the condition of being dangerous to self or to others, or, of returning to grave disability within a short period of time. It also specifies the conditions upon which outpatient treatment will be revoked and the patient shall be re-hospitalized. It allows those individuals certain due process rights such as the patient's right to an attorney and the right to an appeal.

Although the bill did not fall within the scope of the committee's charge, the Oversight Committee agreed that the issue should be addressed. Therefore, the bill is being sponsored by two members of the Oversight Committee and will be introduced in the 2002 legislative session as a non-oversight committee bill.

Committee Recommendations

As a result of the Task Force's discussion and deliberation, the Oversight Committee recommends two bills for consideration in the 2002 legislative session.

Bill A — Concerning the Expansion of Community-Based Management Pilot Programs for Persons with Mental Illness who are Involved in the Criminal Justice System. Bill A expands the implementation of community-based intensive treatment management pilot programs for juveniles to mentally ill adults who are involved in the criminal justice system (the Oversight Committee proposed and the General Assembly previously authorized these programs for juveniles in HB00-1034.) These pilot programs would provide intensive mental health services for adults and youth to reduce criminal involvement.

Bill A authorizes the Department of Human Services to adopt guidelines, specifies the services that will be provided by the pilot program, and directs the department to submit an annual report to the General Assembly.

Bill B — Concerning Screening of Certain Persons for Mental Illness. Bill B mandates the guidelines and requirements of the standardized mental illness screening tools for juveniles and adults previously proposed by the Oversight Committee and authorized by SB00-47. The bill outlines how and when the screening shall be conducted, specifies exceptions to the screening requirements, and clarifies that for adults, all of the information received from the pretrial standard screening is privileged.

Bill B also specifies guidelines under which the standardized mental illness screening for juveniles shall be conducted and allows the court, as a condition of probation, to require both adults and juveniles assessed as having serious mental illness to submit to treatment. The bill also provides for the periodic review of the screening procedures and instruments.

STATUTORY AUTHORITY AND RESPONSIBILITIES

Pursuant to Section 18-1.7-101, Colorado Revised Statutes (HB00-1033), a six-member Legislative Oversight Committee was established to continue the examination of mentally ill offenders in the criminal justice system.

The Oversight Committee was authorized to appoint a 27-member Advisory Task Force as specified in HB00-1033 to assist the committee in its study. The state departments, divisions, and private agencies represented on the Advisory Task Force are listed below, followed by the name of the individual(s) representing the state department, division, or private agency.

Department of Public Safety (1)	Ray Slaughter, Director Division of Criminal Justice	
Judicial Department (3)	Susan Colling Probation Services Eric Philp Probation Services	Chief Judge Roxanne Bailin 20th Judicial District (Boulder)
Department of Corrections (2)	Dr. Dennis Kleinsasser Director, Clinical Services	Dr. Mary West Deputy Director of Operations
Department of Human Services (5)	Dr. Tom Barrett Division of Mental Health Meg Williams Child Welfare Services Robert Hawkins Office of Direct Services	Wendy Nading Division of Youth Corrections Janet Wood Alcohol and Drug Abuse
Department of Law (1)	Don Quick Deputy Attorney General Criminal Justice	
Community Corrections (1)	E. Ann Moore Community Responsibility Center	
Local Law Enforcement (2)	Sheriff George Epp Boulder County Sheriff's Department	Bruce Goodman, Chief Louisville Police Department
Colorado District Attorney's Council (1)	Kathy Sasak Assistant District Attorney	
Colorado Criminal Defense Bar (2)	Abraham Hutt Private Practice	David Kaplan Public Defender's Office
Practicing Mental Health Professionals (2)	Maurice Williams Division of Youth Corrections	John Nicoletti Nicoletti-Flater Associates
Department of Education (1)	Heather Hotchkiss, MSW Colorado Dept. of Education	
Community Mental HealthCenters (1)	Harriet Hall Jefferson Mental Health	
Person with knowledge of public benefits and housing in the state (1)	Annette Heley Manager of Medical Records	
Person who is a practicing forensic professional in the state (1)	Dr. Jonathan Olin Colorado Mental Health Institute	

Members of the Public (3)	Kay Heil Steven White	Susan Spinken

The committee's charge included, but was not limited to, a study of:

- early identification, diagnosis, and treatment of adults and juveniles with mental illness in the criminal justice system;
- prosecution and sentencing alternatives for persons with mental illness that may involve treatment and ongoing supervision;
- diagnosis, treatment, and housing of adults and juveniles with mental illness who are convicted of crimes or plead guilty, nolo contendere, or not guilty by reason of insanity or who are found incompetent to stand trial;
- ongoing treatment, housing, and supervision of mentally ill adults and juveniles, especially with regard to medication, who are convicted or adjudicated and housed within the community and the availability of public benefits for such persons;
- ongoing assistance and supervision, especially with regard to medication, of persons with mental illness after discharge from a sentence;
- civil commitment of persons with mental illness who are criminally convicted, found not guilty by reason of insanity, or found incompetent to stand trial;
- identification, diagnosis, and treatment of minority persons with mental illness, women with mental illness, and persons with co-occurring disorders in the criminal justice system;
- modification of the criminal justice system to serve adults and juveniles with mental illness who are charged with or convicted of a crime;
- the liability of facilities that house persons with mental illness and the liability of the staff who treat or supervise persons with mental illness;
- the safety of the staff who treat or supervise persons with mental illness and the use of force against persons with mental illness; and
- the implementation of appropriate diagnostic tools to identify persons in the criminal justice system with mental illness.

The committee was also given authority to study, provide guidance, and make recommendations for any other issues that concern persons with mental illness who are in the criminal justice system. The task force must submit an annual report with recommendations to

the Oversight Committee assisting them in the development of legislative proposals for the modification of the criminal justice system.

COMMITTEE ACTIVITIES

The Study of the Treatment of Persons with Mental Illness in the Criminal Justice System was created by legislation adopted during the 1999 legislative session. Pursuant to that bill, a Legislative Oversight Committee and Advisory Task Force were formed and both the committee and Task Force first met during the summer of 1999. The work of the original Legislative Oversight Committee and Task Force focused on education and information gathering on a variety of issues related to the treatment of persons with mental illness in the criminal justice system. Colorado Legislative Council Research Publication No. 457, published in November 1999, is the final report of that committee. The report includes legislation proposed by the committee.

One of the proposals from that committee was to allow the Oversight Committee and Task Force to continue to study issues related to the treatment of persons with mental illness in the criminal justice system. Legislation adopted during the 2000 legislative session continued the Legislative Oversight Committee and re-organized the Task Force from a 19-member body to a 27-member body. The Task Force is authorized to continue to meet until January 1, 2003. The Task Force and Legislative Oversight Committee are repealed July 1, 2003.

The original Task Force identified numerous issues related to the treatment of persons with mental illness in the criminal justice system. After being re-formed during the summer of 2000, the Task Force met monthly to focus on some of the issues it had identified. In order to help focus its efforts, the Task Force developed a mission statement. The Task Force's mission was to "develop and implement effective public policies and corresponding resources as to mental illness and the juvenile and adult justice systems that provide for:

- early intervention (including education, diagnosis and treatment);
- effective, continuing treatment; and
- justice systems that are appropriate and responsive to the needs of individuals and the public safety of our communities."

To that end, the Task Force studied several specific topics. While the Task Force made no legislative recommendations for the 2001 legislative session, it continued to meet and offered legislative proposals on the following topics for the 2002 legislative session:

- community treatment pilot programs;
- standardized screening; and

- Colorado's civil commitment process (although the Task Force made a legislative recommendation, the Legislative Oversight Committee determined that the civil commitment process does not fall within the charge to study the criminal justice system and the bill was not approved. However, the bill will be carried as a non-oversight committee bill by two members of the Oversight Committee during the 2002 legislative session.)

Among the topics the Task Force will continue to study for recommendations for legislation in the 2003 legislative session are the following:

- mental health courts;
- therapeutic communities;
- psychiatric security review boards; and
- SB 91-94 models for offenders with mental illness.

The Task Force also studied the guilty but mentally ill plea and crisis intervention teams but determined that the guilty but mentally ill plea would not benefit Colorado and that there is no need for legislation to implement crisis intervention teams.

Legislation Approved by the Oversight Committee

Assertive community treatment programs. Assertive community treatment (ACT) programs were developed in response to the increasing numbers of persons with mental illness in the criminal justice system. The programs use a team-based approach to keep persons with mental illness in touch with services in the community. The programs have demonstrated effectiveness in reducing hospital admissions, reducing contact with the criminal justice system, reducing levels of substance abuse and homelessness, and improving social functioning and quality of life for persons with mental illness.

Multi-disciplinary treatment teams include psychiatrists, nurses, case managers, and vocational and substance abuse counselors. Assertive community treatment teams provide case management services, individualized supportive therapy, crisis intervention, and hospitalization services. Research indicates that persons receiving ACT services spend fewer days in the hospital and in jail after receiving services.

Most ACT services are provided in the community and the treatment teams maintain frequent, and perhaps invasive, contact with clientele. Teams assume substantial responsibilities for their patients helping them to manage their money, obtain housing, procure transportation, set and keep appointments, monitor and take medications, and become integrated into their communities. Assertive community treatment teams also collaborate with family members of mentally ill persons to provide and maintain treatment strategies.

Recommendation. The Oversight Committee recommends that ACT pilot programs be established for adults with mental illness in Colorado. Assertive community treatment programs or community-based intensive treatment management pilot programs for juveniles who are involved in the criminal justice system were established pursuant to legislation recommended by the Task Force and Oversight Committee in 1999 and adopted by the General Assembly during the 2000 legislative session. That bill originally authorized pilot programs for adults that were eventually stricken from the bill. The Oversight Committee recommends that intensive treatment management pilot programs be created for adult offenders who are charged with or convicted of a crime or who are found not guilty by reason of insanity and subsequently released from custody.

Standardized screening. One factor contributing to the large numbers of persons with mental illness in the criminal justice system is the fact that mental illness is not immediately detected or treated. Most law enforcement personnel are not trained to recognize mental illness. Persons with mental illness may violate municipal ordinances numerous times before they end up in jail where jail personnel may not recognize symptoms or signs indicating mental illness. Undetected and not treated, persons with mental illness may move deeper and deeper into the criminal justice system. If recognized early enough, persons with mental illness can perhaps be diverted from the criminal justice system into appropriate treatment.

While some county jails and local police departments have developed processes to identify persons with mental illness, there is no uniform or standardized screening process to detect such persons in Colorado. The lack of standardized screening impedes the treatment and rehabilitation of offenders with mental illness and contributes to an increased rate of recidivism. Standardized screening tools will help to identify persons with mental illness at critical stages in the criminal justice system and will allow law enforcement personnel to refer persons with mental illness to the appropriate service agencies. In turn, this should result in fewer mentally ill offenders who recycle through the criminal justice system and in a lower rate of recidivism among persons with mental illness.

Screening tools ask a standard set of questions intended to determine whether a person is in need of a formal mental health assessment and treatment for mental illness. Screening instruments elicit information that alerts the person administering the tool to the potential for mental and behavioral problems including drug and alcohol use and abuse, anger/irritability, depression/anxiety, suicidal thoughts, thought disturbance, and traumatic experiences.

Pursuant to legislation adopted during the 2000 legislative session, the Departments of Corrections and Human Services, the Judicial Department, the Division of Criminal Justice in the Department of Public Safety, and the Board of Parole have been meeting to collaborate and develop a standardized screening procedure for the assessment of mental illness in persons who are involved in the adult and juvenile criminal justice systems in Colorado. Among the items the group was charged to include in the instrument are the following:

- criteria for the use of the instrument including standards for confidentiality;
- identification of those who will administer the screening instruments and training requirements for those individuals;
- identification of the criteria to be used to determine who will be screened; and
- identification of the stages within the criminal justice system at which persons will be screened.

The Oversight Committee recommends that the screening procedures developed by the departments' working group be mandated and that mentally ill offenders be referred for treatment.

Legislation Not Approved by the Oversight Committee

Civil commitment. The Task Force discussed civil commitments and the degree to which persons with mental illness who do not maintain their mental health on their own (taking medications, for instance) unnecessarily wind up in the criminal justice system. Current Colorado law declares that the purpose of civil commitments is to secure treatment for the mentally ill and to ensure that such care and treatment is skillfully and humanely administered with respect for the person's dignity and personal integrity. Colorado law further states that committed persons should be confined only in the least restrictive environment and should be provided the fullest possible measure of privacy, dignity, and other rights while undergoing care and treatment for mental illness.

Colorado law allows a person to be certified for a civil commitment only if the person has a mental illness and: 1) is a danger to himself or herself; 2) is a danger to others; or 3) is gravely disabled (A person is gravely disabled when: a) he or she is in danger of serious physical harm due to an inability or failure to provide for himself or herself the essential human needs of food, clothing, shelter, and medical care; or b) he or she lacks judgement in the management of resources and in the conduct of social relations to the extent that his or her health or safety is significantly endangered and he or she lacks the capacity to understand that this is so.).

In practice, a person cannot be re-certified for civil commitment if that person has received medication or other treatment and, as a result, is no longer a danger to himself or others. However, the Colorado Court of Appeals carved out an exception to this statutory requirement by ruling that a person may be re-certified based upon evidence that he or she was a danger to others when not under treatment; that he or she was unlikely to take medications and engage in treatment in the future if not re-certified; and that he or she would return to a dangerous condition in a reasonably short period of time — two to three months.

The Court of Appeals decision appears to be a recognition that under current law, a person with mental illness who is dangerous when not taking medication could be released, and

could not be re-certified for civil commitment, even when it is probable that he or she would stop taking medications and pose a threat to the community upon his or her release.

In an effort to address this issue, the Task Force recommended legislation which creates a certification and designation process for the outpatient treatment of persons with mental illness when:

- the person is no longer a danger to himself or herself or to others, or is no longer gravely disabled because of treatment;
- reasonable grounds exist to believe the person is unlikely to continue treatment voluntarily;
- the person was previously certified and failed to remain in treatment and returned to a condition of being a danger to others or to himself or herself or to a condition of being gravely disabled within a reasonably short period of time after terminating treatment; and
- there is a substantial probability that the person will return to a condition of being a danger to others or to himself or herself or to a condition of being gravely disabled within a reasonably short period of time unless he or she receives treatment.

Because the proposed legislation is not limited to offenders with mental illness who are involved in the criminal justice system but includes all persons with mental illness, the Legislative Oversight Committee deemed the proposal was not within the scope of the charge to the Task Force or Legislative Committee. The committee rejected the proposal for recommendation to the Legislative Council as a committee bill. However, the Oversight Committee recognized the importance of the issue and two committee members will sponsor the proposed legislation as a non-oversight committee bill during the 2002 legislative session.

Topics the Task Force will Continue to Study

Mental health courts. Mental health courts are designed to identify cases involving mentally ill offenders and divert them from jail into appropriate treatment programs. Most mental health courts only accept cases involving misdemeanor charges. Mental health courts have specially trained teams consisting of judges, prosecutors, defense attorneys, treatment providers, correctional staff, and case managers who identify offenders and assess whether or not they are appropriate candidates for mental health court. The teams work with mentally ill offenders and the courts to help transfer the offender's case to the mental health court. If defendants choose to participate in the mental health court, they are then diverted from the regular court process.

Mental health courts are designed with four specific goals in mind:

- protecting the public safety;
- reducing the circulation of mentally ill offenders through the jails and criminal justice system where they may not be identified and given proper treatment;

- providing mentally ill persons with the correct treatment programs and services; and
- improving the likelihood of continued successful treatment by providing access to housing and shelter and means of other critical support.

Once in the mental health court, there is an immediate response to the case. If the defendant gives consent to release his or her information, the staff begins learning about the defendant's experience in the mental health system and any special need he or she may have. Information about any other pending cases is gathered and evaluated. The defendant is then enrolled in mental health treatment programs or re-connected with any programs in which he or she was involved. The case is heard within 24 hours of the original booking. At that time, the staff proposes an appropriate long-term treatment plan to the judge, along with a plan to address the current case and other pending cases the defendant may have.

Since Colorado does not have mental health courts to work with mentally ill offenders, the Task Force spent a significant amount of time studying the concept and how to implement them in Colorado. Broward County, Florida, established the country's first known mental health court in 1997. Since then, Washington, Alaska, and Utah have piloted or implemented mental health court programs.

The Department of Justice is currently reviewing Washington State's Mental Health Court. Mentally ill defendants must choose to have their cases reviewed in the mental health court unless they're not legally competent to choose to do so. If the defendant shows a desire for treatment, every effort is made to get him or her into appropriate treatment as efficiently as possible. The court only takes misdemeanor cases, the most common being assault, theft, trespassing, and property damage.

Nearly two-thirds of the persons who chose to participate in Washington's mental health court were still successfully engaged in treatment at the end of the first year. The rate of defendants failing to appear in court is extremely low, reflecting the immediate monitoring services given to each person. Because the defendants have next-day hearings in most cases, the staff has personal knowledge of their specific situations and are able to provide appropriate treatment based on individual circumstances.

Dr. Tom Barrett, Chairman of the Task Force, and Ray Slaughter, vice-Chairman, toured Seattle's Mental Health Court in June of 2001. There were two determinations that resulted from this tour: the concept can be implemented in Colorado; and it can be implemented without legislation or additional court resources. A subcommittee was formed to evaluate and discuss the possibility of the mental health court resources. The Task Force will spend the next year further reviewing mental health courts and how to best utilize them for the diverse needs of Colorado.

Therapeutic communities. Therapeutic communities are value-based drug treatment programs that focus on multi-dimensional change. Therapeutic community values can be summarized as a "view of right living" which emphasize truth and honesty, the work ethic, learning to learn, personal accountability, economic self-reliance, responsible concern for peers, family responsibility, community involvement, and good citizenry.

The primary objective of therapeutic communities is to foster personal growth and change. Using a combination of counseling, group therapy, and peer pressure, therapeutic communities promote comprehensive change in individuals in four areas: behavior management; emotional and psychological growth; intellectual and spiritual growth; and vocational and survival skills.

The Colorado Department of Corrections and the National Development Research Institutes (NDRI) have been awarded a twelve-month Community Action Grant for "Aftercare Services for Dually-Diagnosed Justice Clients." The purpose of the grant is to form a Community Advisory Group to address the needs of criminal justice clients with histories of substance abuse and co-occurring psychiatric disorders. The focus of the group will be to develop a therapeutic community model for offenders with mental illness and serious co-occurring mental disorders. A therapeutic community model is currently operating at the San Carlos Correctional Facility and the Task Force will review preliminary research conducted at that program by the NDRI.

The Task Force will continue to study therapeutic communities and will work to assess the need for legislation to be introduced during the 2003 legislative session.

Psychiatric Security Review Boards. Psychiatric security review boards (PSRBs) are bodies to which a court commits offenders who are found not guilty by reason of insanity. The PSRB is responsible for reviewing the status of those offenders to determine and order the appropriate level of supervision and treatment. Psychiatric security review boards receive periodic reports and conduct periodic hearings on the offender's condition and implement any change in the offender's status.

The Task Force has studied the PSRB in the State of Oregon in order to determine its usefulness in Colorado. A subcommittee of the Task Force is charged with addressing five questions in considering a PSRB process for Colorado.

- Should PSRB's replace judges in deciding whether a patient in the state hospital following a sanity trial should be released into the community?
- If so, should the PSRB then maintain jurisdiction over the case while the patient is on conditional release?
- If a PSRB is implemented, do the cases continue to be criminal cases?
- Who (Governor or Supreme Court) should appoint the PSRB?
- Should the state adopt determinate (fixed) sentencing for patients admitted to the state hospital following a finding of insanity?

Senate Bill 91-94 models for offenders with mental illness. Under SB 91-94, local jurisdictions have developed programs to provide services for juvenile offenders to help relieve overcrowding in state-operated juvenile facilities. The Task Force is considering a similar concept for offenders with mental illness.

Senate Bill 91-94 provided for the establishment of a Juvenile Services Fund to distribute funds to judicial districts based on a local juvenile services plan developed in each judicial district. The plans were required to include services such as intervention, treatment, supervision, lodging, assessment, bonding programs, and family services. The bill required development of a formula for the allocation of resources to each judicial district. A statewide advisory committee annually reviews the allocation formula and the criteria for placement and reviews and approves all local juvenile services plans prior to implementation.

While each local juvenile services planning committee is responsible for developing a local juvenile services plan that meets the needs of its particular judicial district, there are services that are common to most judicial districts, including the following:

- detention screening and assessment;
- case management;
- tracking;
- electronic monitoring;
- mentoring;
- restorative juvenile activities; and
- referral to mental health and drug and alcohol services.

The Task Force has studied implementation of a similar system to serve persons with mental illness who are involved in the criminal justice system. The Task Force has been engaged in discussions to create a program that provides encouragement and incentives for local treatment, supervision, and case management services for persons with mental illness who, without such interventions, are likely to have further involvement in the criminal justice system. Key elements the Task Force is considering for such a model include the following:

- community boards in each jurisdiction that include representation from judicial representatives, mental health personnel, sheriffs, district attorneys, public defenders, and consumers;
- funding from a combination of state and local sources that will ultimately result in long-term cost savings for counties, the Judicial branch, and the Department of Corrections;
- administration of programs on the local level that are not confined to only those administered by community mental health centers; and
- use of the most effective proven therapeutic interventions.

The Task Force will continue to study a SB 91-94 model for persons with mental illness with a goal of proposing legislation to be introduced in the 2003 legislative session.

Topics the Task Force Studied but Made No Legislative Recommendation

The guilty but mentally ill (GBMI) verdict. Under current Colorado law, offenders who are charged with a crime and who want to assert an insanity defense must plead not guilty by reason of insanity (NGRI). Under a successful NGRI plea, the offender is involuntarily committed in the state mental health institution upon acquittal but bears no criminal culpability for his or her crime because he or she is determined to be insane. States with a GBMI verdict address the question of criminal culpability by legally holding mentally ill offenders responsible for their crimes while acknowledging that they need mental health treatment. Under the GBMI verdict, an offender convicted of an offense serves the same sentence as an offender who is not mentally ill and is required to serve a period of mandatory parole.

In GBMI cases, jurors are first instructed to look at whether the insanity standard has been met under the statutory definition of insanity. If a jury finds a defendant insane, the defendant goes to the state mental health institution for treatment. If a jury finds the defendant sane, the jury is instructed to consider a verdict of GBMI. If the GBMI verdict is rejected, the jury considers a verdict of guilty or not guilty.

The rationale for a GBMI verdict is that there is a population of offenders who are mentally ill but do not meet the statutory definition of insanity. The definition of "mentally ill" under a GBMI verdict is critical to how a GBMI law works and a definition must encompass mental illnesses and insanity. In essence, a GBMI verdict bridges the gap between criminal law and the medical profession.

An offender who is found GBMI may or may not receive mental health treatment as part of the sentence. The state of Michigan guarantees mental health treatment for offenders found GBMI while Pennsylvania and Georgia allow treatment as the state determines necessary and to the extent that state funds permit. The states of Illinois, New Mexico, South Dakota, and Utah vest discretion with the state agency having custody of the offender to provide treatment as deemed necessary.

The Task Force thoroughly discussed the GBMI plea for more than two years. The Task Force originally considered the GBMI verdict as an alternative to the NGRI plea. However, because the GBMI plea addresses a group of mentally ill offenders apart from those who plead NGRI, the Task Force noted the GBMI plea should supplement the NGRI plea. The Task Force recognized that the perception of a GBMI plea would resonate more positively with the public, but acknowledged that such a plea would give juries and the general public a false expectation of an increased likelihood of treatment.

The Task Force determined that, particularly with respect to criminal culpability and the requirements for insanity under current law, and the availability of treatment, the GBMI verdict would not enhance current Colorado law. The Task Force voted to make no legislative recommendation on the GBMI verdict but did vote to revisit the issue in the future.

Crisis intervention team (CIT). Crisis intervention teams consist of law enforcement officers and mental health professionals who respond to police calls involving mentally ill persons. The teams enjoin law enforcement and community mental health professionals to provide services to mentally ill persons and their families.

Crisis intervention teams also promote education, sensitivity, understanding about mental illness, and building community partnerships. Officers use verbal de-escalation techniques in crisis situations so that mentally ill persons can be taken to medical facilities without injury or charges filed. Family members of mentally ill persons and mental health consumers may request CIT officers to respond to calls. The partnerships between CIT officers and mental health professionals often provide solutions to mental health crisis situations.

The City of Memphis, Tennessee, formed a CIT in 1988 to respond to the downsizing of mental health facilities. The Memphis CIT partners with the National Alliance for the Mentally Ill, mental health consumers and providers, and two local universities to develop and implement safe, proactive, and preventive methods of containing emotional situations involving mentally ill persons that could lead to violence. Memphis CIT officers receive free specialized training about mental illnesses from mental health professionals, advocates, and family members of mentally ill persons.

In Colorado, the Division of Criminal Justice is coordinating two CIT pilot projects. The two pilot CIT programs, in Denver and Jefferson County, are in the process of developing mission statements, curriculum, and policies and procedures and are searching for funding. The projected start date for both programs will be prior to the end of FY 2001-02.

Because the pilot programs are underway without legislative approval, the Task Force saw no need to recommend legislation. However, the Task Force will monitor the progress of the pilot programs for the need to, in the future, make a legislative recommendation.

SUMMARY OF RECOMMENDATIONS

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

Bill A — Concerning the Expansion of Community-Based Management Pilot Programs for Persons with Mental Illness who are Involved in the Criminal Justice System

Under current law (and pursuant to legislation recommended by the Task Force and Oversight Committee in 1999 and adopted in 2000), community-based intensive treatment management pilot programs for juveniles who are involved in the criminal justice system have been established. Bill A extends those pilot programs to adults in the criminal justice system. The bill, as introduced in 2000, included both adults and juveniles but adults were stricken from the bill.

The bill creates the community-based Intensive Management Pilot Program for adult offenders and has the following elements:

- requires that the Department of Human Services, in consultation with the Department of Corrections and the Judicial Department, issue a request for proposals to run pilot programs;
- requires the departments to, on or before March 1, 2003, choose at least two but not more than four entities to operate the pilot programs;
- requires at least one entity be in a rural community and at least one entity must be in an urban community;
- specifies minimum supervision and treatment requirements for the entities operating the programs;
- requires that entities operating the pilot programs demonstrate how the pilot program would operate as a collaborative effort among all of the state's criminal justice agencies;
- adds a reporting requirement for the adult pilot programs. Also makes conforming amendments to current law regarding reports to the House Criminal Justice, House Civil Justice, and Senate Judiciary Committees; and
- changes the repeal date for the pilot programs from July 1, 2007 to July 1, 2009.

Bill B — Concerning Screening of Certain Persons for Mental Illness

Legislation proposed by the Task Force and Oversight Committee in 1999 and adopted during the 2000 legislative session required various entities in the criminal justice and mental health systems to meet and cooperate to develop standardized screening processes for the assessment of mental illness in persons who are involved in the adult and juvenile criminal justice systems. Bill B implements those screening processes.

Standardized mental illness screening for adults:

- requires standardized mental illness screening:
  - of ***any person held in custody*** for longer than 96 hours and specifies that information obtained during the screening is privileged;
  - at ***presentence investigation or upon application for probation***;
  - of ***persons held in custody in a county jail*** for more than 96 hours;
  - of ***probationers*** as a condition of probation and requires that defendants submit to treatment for serious mental illness as deemed necessary by the court; and
  - of ***offenders being sentenced to community corrections***;

- requires further assessment, if necessary, based on the results of the screening and states the circumstances under which screening is not required;

- requires probation officers to: 1) ensure that each probationer in the officer's caseload submit to standardized mental illness screening, if required; 2) ensure that the probationer submit to further assessment if the screening determines it is necessary; and 3) ensure that each probationer in the officer's caseload submit to treatment for serious mental illness if ordered as a condition of probation by the court;

- requires the Department of Corrections' (DOC) diagnostic intake process to include standardized screening for mental illness; and

- states that the information received during a pre-trial screening and subsequent assessment is privileged.

Standardized mental illness screening for juveniles;

- defines "standardized mental illness screening" for juveniles in the Children's Code in order to distinguish between the existing definition of "mental health hospital placement prescreening";

- specifies that the results of the mental illness screening of a juvenile may be released on a need-to-know basis to assessment centers and agencies other than schools and

school districts. Specifies that any agency receiving such results must maintain the confidentiality of the information;

- requires standardized mental illness screening:
  — of ***juveniles placed in a detention facility, temporary holding facility, or in a shelter facility***;
  — of ***juveniles participating in a juvenile diversion program*** when appropriate;
  — during the ***presentence investigation of a juvenile*** if deemed appropriate by the court;
  — ***when the court sentences a juvenile to the legal custody of a person or entity other than the juvenile's parents***; and
  — as a ***condition of juvenile probation*** and allows treatment for serious mental illness as deemed necessary by the juvenile court;

- requires further assessment, if necessary, based on the results of the screening and states the circumstances under which screening is not required;

- requires juvenile probation officers to: 1) ensure that each juvenile in the officer's caseload submit to standardized mental illness screening when ordered as a condition of probation; 2) ensure that each probationer submit to further assessment, if required, based on screening results; and 3) ensure that each juvenile under the officer's supervision submit to treatment for serious mental illness, if ordered as a condition of probation, by the juvenile court; and

- requires a review of the standardized procedures and standardized screening instruments for adults and juveniles every two years and requires a report to the House Civil Justice, House Criminal Justice, and Senate Judiciary Committees of the General Assembly.

RESOURCE MATERIALS

The resource materials listed below were provided to the committee or developed by Legislative Council staff during the course of the meetings. The summaries of meetings and attachments are available at the Division of Archives, 1313 Sherman Street, Denver, (303-866-2055). For a limited time, the meeting summaries and materials developed by Legislative Council Staff are available on our web site at:

www.state.co.us/gov_dir/leg_dir/lcsstaff/2001/01interim.htm

Meeting Summaries	Topics Discussed
Oversight Committee	
March 30, 2001	Impact of Mentally Ill Offenders on the Criminal Justice System and its resources. Discussion of using civil commitment as a method of maintaining jurisdiction over mentally ill offenders to ensure they stay on medication regimens. A discussion of the direction of the Task Force for the purpose of legislative recommendations to the Oversight Committee.
June 12, 2001	An overview of the activities and progress of the Task Force. Direction of possible legislation to be proposed by the Task Force. The implementation of a common screening device, restructuring of the civil commitment process, and expanding the Multi-Systemic Therapy (MST) and Assertive Community Treatment (ACT) programs. There was also a discussion of Psychiatric Security Review Boards.
September 26, 2001	Review of draft legislation: Expansion of Community-Based Management Pilot Programs for Persons with Mental Illness who are Involved in the Criminal Justice System; Outpatient Treatment Certification Under Specified Conditions to Provide Continued Treatment for Previously Certified Persons; and Screening of Certain Persons for Mental Illness.

Task Force Meetings

January 25, 2001	Discussion of the Guilty But Mentally Ill verdict. Creation of subcommittees.
February 15, 2001	Discussion of the commitment processes and potential recommendations. Legislative discussion of items to be presented to the Oversight Committee.
March 29, 2001	Standardized screening tool update. Review of information on Community Action Grants. Overview of statistics specific to individuals with multiple civil commitments.
April 26, 2001	Oregon Psychiatric Security Review Board overview. Analysis of Vermont's number of civil commitments per capita. Revised statistics specific to individuals with multiple civil commitments cross referenced with criminal justice charges.
May 31, 2001	All day tour of the San Carlos Correctional Facility, Mental Health Institute, and Youthful Offender System in Pueblo, Colorado.
June 28, 2001	Review of Psychiatric Security Review Board presentation and action regarding proposed legislation. Review of civil commitment issues. Action regarding proposed legislation. Discussion of juvenile issues.
July 26, 2001	Discussion regarding the conceptual development of SB 91-94, how the funding was organized, Q & A regarding how the process may be utilized by the mental health system. Juvenile justice overview. Discussion of legislative initiatives.
August 23, 2001	Update on the screening process. Consumer discussion on civil commitment changes. Preparation for oversight committee.
September 20, 2001	Review of draft legislative bills. Psychiatric Security Review Board discussion. SB 91-94 discussion.
October 25, 2001	Oversight committee report. Partnership for Active Community Engagement (PACE) program discussion. Update on juvenile issues. Final review of proposed legislation.
November 29, 2001	Discussion of future agendas. Update on the status of current bills.

Memoranda and Reports

Legislative Council and Office of Legislative Legal Services staff memoranda:

October 23, 2001	*Mental Health Courts.* Background information and available funding for Mental Health Courts.

Report Provided to the Committee:

September 25, 2001	*Advisory Task Force Report to The Legislative Oversight Committee on the Study of the Treatment of Persons with Mental Illness who are Involved in the Criminal Justice System.*

Reports Provided to the Task Force:

July 26, 2001	*Crisis Intervention Team Update*
July 26, 2001	*SB 91- 94 Overview*
June 28, 2001	*Overview of Mental Health Courts*
April 26, 2001	*Overview of the Psychiatric Security Review Board (PSRB)*
March 29, 2001	*Overview of the Standardized Screening Tool*
March 29, 2001	*Therapeutic Communities/Community Action Projects — An Update*
February 15, 2001	*Overview of the Task Force Prioritization Process*
February 15, 2001	*Review of the Colorado Civil Commitment Law, Section 27-10-101, C.R.S.*

Second Regular Session
Sixty-third General Assembly
STATE OF COLORADO

DRAFT

LLS NO. 02-0089.01 Beth Braby **SENATE BILL**

SENATE SPONSORSHIP

Windels, Anderson, and Takis

HOUSE SPONSORSHIP

Snook, Hoppe, and Veiga

Senate Committees **House Committees**

A BILL FOR AN ACT

CONCERNING THE EXPANSION OF COMMUNITY-BASED MANAGEMENT PILOT PROGRAMS FOR PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM.

Bill Summary

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

Committee to Study the Treatment of Persons With Mental Illness who are Involved in the Criminal Justice System. Expands community-based intensive treatment management pilot programs for juveniles to provide supervision and management services to mentally ill adults who are involved in the criminal justice system.

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.

Instructs the department of human services ("department") to issue a request for proposals and to select at least 2 but not more than 4 entities, at least one in a rural community and at least one in an urban community, to operate a pilot program for adult offenders ("pilot program"). Identifies specific requirements of each proposal, including demonstration that the pilot program would operate as a collaborative effort among specified agencies. Authorizes the department to adopt guidelines as necessary to implement the act.

Specifies the services to be provided by the pilot program, including psychiatric services, medication supervision, crisis intervention services, services to promote employment of the offender, and services to teach daily living skills.

Requires each entity operating a pilot program to report annually to the department specified information concerning the operation of the pilot program. Directs the department to submit an annual report to the general assembly.

Extends the authorization for pilot programs to July 1, 2009.

Makes conforming amendments.

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

SECTION 1. 16-8-201 (1) (a) and (2), Colorado Revised Statutes, are amended to read:

16-8-201. Legislative declaration. (1) The general assembly hereby finds that:

(a) ~~Juveniles~~ PERSONS who are involved in the criminal justice system and who are diagnosed with serious mental illness are more likely than persons without mental illness to reoffend and require repeated incarceration;

(2) The general assembly therefore finds that creation of pilot programs to provide community-based intensive treatment and management services to ~~juveniles~~ PERSONS who are diagnosed with serious mental illness and who are involved in the criminal justice system is necessary for the public welfare and safety.

SECTION 2. 16-8-202, Colorado Revised Statutes, is amended BY THE ADDITION OF THE FOLLOWING NEW SUBSECTIONS to read:

16-8-202. Definitions. As used in this part 2, unless the context otherwise requires:

(2.5) "ELIGIBLE ADULT OFFENDER" MEANS A PERSON EIGHTEEN

YEARS OF AGE OR OLDER WHO IS INVOLVED WITH THE CRIMINAL JUSTICE SYSTEM AND HAS BEEN DIAGNOSED BY A MENTAL HEALTH PROFESSIONAL AS HAVING SERIOUS MENTAL ILLNESS.

(7) "PILOT PROGRAM FOR ADULT OFFENDERS" MEANS THE INTENSIVE TREATMENT MANAGEMENT PILOT PROGRAM FOR ELIGIBLE ADULT OFFENDERS CREATED PURSUANT TO SECTION 16-8-203.5.

SECTION 3. Article 8 of title 16, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to read:

16-8-203.5. Intensive treatment management pilot program for adult offenders - creation - request for proposals - parameters. (1) THERE IS HEREBY CREATED THE INTENSIVE TREATMENT MANAGEMENT PILOT PROGRAM FOR ADULT OFFENDERS TO PROVIDE COMMUNITY-BASED SUPERVISION AND MANAGEMENT SERVICES TO ELIGIBLE ADULT OFFENDERS WHO ARE CHARGED WITH OR CONVICTED OF A CRIME OR WHO ARE FOUND NOT GUILTY BY REASON OF INSANITY AND SUBSEQUENTLY RELEASED FROM CUSTODY. ON OR BEFORE OCTOBER 1, 2002, THE DEPARTMENT, IN CONSULTATION WITH THE DEPARTMENT OF CORRECTIONS AND THE JUDICIAL DEPARTMENT, SHALL ISSUE A REQUEST FOR PROPOSALS FROM ENTITIES THAT ARE INTERESTED IN PARTICIPATING IN THE PILOT PROGRAM FOR ADULT OFFENDERS. ON OR BEFORE MARCH 1, 2003, THE DEPARTMENT, IN CONSULTATION WITH THE DEPARTMENT OF CORRECTIONS AND THE JUDICIAL DEPARTMENT, SHALL SELECT FROM AMONG THE RESPONDING ENTITIES AT LEAST TWO, BUT NOT MORE THAN FOUR, ENTITIES, AT LEAST ONE ENTITY IN A RURAL COMMUNITY AND AT LEAST ONE ENTITY IN AN URBAN COMMUNITY, TO OPERATE THE PILOT PROGRAM FOR ADULT OFFENDERS. THE DEPARTMENT SHALL BASE ITS SELECTION ON THE PARAMETERS SPECIFIED IN SUBSECTION (2) OF THIS SECTION AND ANY

ADDITIONAL CRITERIA ADOPTED BY THE DEPARTMENT.

(2) A PILOT PROGRAM FOR ADULT OFFENDERS OPERATING PURSUANT TO THIS SECTION SHALL PROVIDE HIGH-INTENSITY SUPERVISION AND TREATMENT SERVICES IN THE COMMUNITY TO ELIGIBLE ADULT OFFENDERS IN ORDER TO REDUCE RECIDIVISM AND THE NEED FOR HOSPITALIZATION. AT A MINIMUM, A PILOT PROGRAM FOR ADULT OFFENDERS SHALL:

(a) ENSURE THAT SERVICES ARE PROVIDED TO ELIGIBLE ADULT OFFENDERS IN THE COMMUNITY IN WHICH THE PILOT PROGRAM OPERATES;

(b) PROVIDE PSYCHIATRIC SERVICES, MEDICATION SUPERVISION, AND CRISIS INTERVENTION SERVICES;

(c) MAINTAIN A LOW CLIENT-TO-STAFF RATIO;

(d) PROMOTE EMPLOYMENT OF ELIGIBLE ADULT OFFENDERS AND DEVELOPMENT OF POSITIVE SOCIAL RELATIONSHIPS;

(e) PROVIDE CASE MANAGEMENT SERVICES, INCLUDING BUT NOT LIMITED TO ASSISTING THE ELIGIBLE ADULT OFFENDER IN MEETING ANY CONDITIONS OF RELEASE;

(f) PROVIDE BEHAVIOR-ORIENTED SERVICES THROUGH RESOURCES IN THE COMMUNITY TO TEACH DAILY LIVING AND EMPLOYMENT SKILLS SUCH AS MONEY MANAGEMENT, HOW TO ACCESS TRANSPORTATION AND OBTAIN APPROPRIATE HOUSING, AND OTHER SERVICES; AND

(g) WHERE POSSIBLE AND BENEFICIAL, WORK WITH FAMILIES OF ELIGIBLE ADULT OFFENDERS TO INVOLVE THEM IN TREATMENT FOR THE ELIGIBLE ADULT OFFENDERS.

(3) (a) EACH ENTITY THAT RESPONDS TO THE REQUEST FOR PROPOSALS ISSUED PURSUANT TO SUBSECTION (1) OF THIS SECTION SHALL DEMONSTRATE IN THE RESPONSE THAT THE PILOT PROGRAM FOR ADULT

OFFENDERS WOULD OPERATE AS A COLLABORATIVE EFFORT AMONG, AT A MINIMUM:

(I) THE DISTRICT ATTORNEY'S OFFICE;

(II) THE DEPARTMENT OF CORRECTIONS;

(III) THE JUDICIAL DEPARTMENT;

(IV) COMMUNITY CORRECTIONS;

(V) THE OFFICE OF THE STATE PUBLIC DEFENDER;

(VI) LOCAL LAW ENFORCEMENT AGENCIES;

(VII) SUBSTANCE ABUSE TREATMENT AGENCIES;

(VIII) COMMUNITY MENTAL HEALTH CENTERS; AND

(IX) ANY OTHER INTERESTED COMMUNITY MENTAL HEALTH ORGANIZATIONS.

(b) THE RESPONSE SHALL ALSO DEMONSTRATE THAT SAID AGENCIES AND ORGANIZATIONS ARE IN AGREEMENT WITH THE PROPOSED STRUCTURE AND OPERATION OF THE PILOT PROGRAM FOR ADULT OFFENDERS, AS DESCRIBED IN THE RESPONSE.

SECTION 4. 16-8-204, Colorado Revised Statutes, is amended to read:

16-8-204. Department - guidelines. The department shall adopt guidelines, as necessary, for the implementation of ~~section~~ SECTIONS 16-8-203 AND 16-8-203.5, including, at a minimum, guidelines specifying the deadlines, procedures, and forms for responding to the~~request~~ REQUESTS for proposals issued pursuant to said ~~section~~ SECTIONS and the evaluative information to be reported pursuant to section 16-8-205. In addition, the department may adopt additional criteria that are in accordance with the parameters specified in ~~section~~ SECTIONS 16-8-203 (2) AND 16-8-203.5 (2) for selecting the entities that will operate the juvenile offender pilot program AND THE PILOT PROGRAM FOR ADULT OFFENDERS.

SECTION 5. 16-8-205, Colorado Revised Statutes, is amended to read:

16-8-205. Intensive treatment management pilot programs - reporting requirements - evaluation. (1) On or before October 1, 2002, and on or before each October 1 thereafter, each entity that is selected to operate a juvenile offender pilot program created pursuant to section 16-8-203 shall submit to the department information evaluating the program. ON OR BEFORE OCTOBER 1, 2004, AND ON OR BEFORE OCTOBER 1 EACH YEAR THEREAFTER, EACH ENTITY THAT IS SELECTED TO OPERATE A PILOT PROGRAM FOR ADULT OFFENDERS CREATED PURSUANT TO SECTION 16-8-203.5 SHALL SUBMIT TO THE DEPARTMENT INFORMATION EVALUATING THE PROGRAM. The department shall specify the information to be submitted BY ENTITIES OPERATING JUVENILE OFFENDER PILOT PROGRAMS AND ENTITIES OPERATING PILOT PROGRAMS FOR ADULT OFFENDERS, which information at a minimum shall include:

(a) The number of persons participating in the program and an overview of the services provided;

(b) The number of persons participating in the program for whom diversion, parole, probation, or conditional release was revoked and the reasons for each revocation;

(c) The number of persons participating in the program who committed new offenses while receiving services and after receiving services under the program and the number and nature of offenses committed;

(d) The number of persons participating in the program who required hospitalization while receiving services and after receiving services under the program and the length of and reason for each hospitalization.

(2) On or before January 15, 2003, and on or before each January 15 thereafter, the department shall submit a compilation of the information received

pursuant to subsection (1) of this section, with an executive summary, to the joint budget committee, ~~and~~ the judiciary ~~committees~~ COMMITTEE of the senate, and the CRIMINAL JUSTICE COMMITTEE AND THE CIVIL JUSTICE AND JUDICIARY COMMITTEE OF THE house of representatives of the general assembly. Said committees shall review the report and may recommend legislation to continue or expand the juvenile offender pilot program OR, ON OR AFTER JANUARY 15, 2006, TO CONTINUE OR EXPAND THE PILOT PROGRAM FOR ADULT OFFENDERS.

(3) The department shall forward the information received pursuant to subsection (1) of this section to the division of criminal justice in the department of public safety. The division shall review the operation of the pilot programs and submit a report on or before October 1, 2003, and on or before October 1 every two years thereafter, to the department, ~~and to~~ the joint budget committee, ~~and~~ the judiciary ~~committees~~ COMMITTEE of the senate, and the CRIMINAL JUSTICE COMMITTEE AND THE CIVIL JUSTICE AND JUDICIARY COMMITTEE OF THE house of representatives of the general assembly. At a minimum, the report prepared by the division of criminal justice shall include identification of the cost avoidance or cost savings, if any, achieved by the pilot programs and the outcomes achieved by juveniles AND, ON AND AFTER OCTOBER 1, 2006, ADULTS receiving services through the programs.

SECTION 6. 16-8-206, Colorado Revised Statutes, is amended to read:

16-8-206. Repeal of part. This part 2 is repealed, effective July 1, ~~2007~~ 2009.

SECTION 7. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.