



The Continuing Examination of the Treatment of Persons with Mental Illness Who Are Involved In the Justice System

**Report to the
COLORADO
GENERAL ASSEMBLY**

**Colorado Legislative Council
Research Publication No. 560
December 2006**

RECOMMENDATIONS FOR 2007

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

**Report to the
Colorado General Assembly**

**Research Publication No. 560
December 2006**

COLORADO GENERAL ASSEMBLY



LEGISLATIVE COUNCIL

ROOM 029 STATE CAPITOL
DENVER, COLORADO 80203-1784

E-mail: lcs.ga@state.co.us

303-866-3521 FAX: 303-866-3855 TDD: 303-866-3472

December 2006

To Members of the Sixty-fifth 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 October 16, 2006, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills herein for consideration in the 2007 session was approved.

Respectfully submitted,

/s/ Representative Andrew Romanoff
Chairman

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

Members of the Committee

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Chair
Senator Ken Kester
Senator Stephanie Takis

Senator Cheri Jahn,
Vice-Chair
Representative Judy Solano
Representative Debbie Stafford

Legislative Council Staff

Jessika Shipley
Senior Research Assistant

Office of Legislative Legal Services

Michael Dohr
Senior Staff Attorney

Jane Ritter
Staff Attorney

EXECUTIVE SUMMARY

Committee Charge

Senate Bill 04-037 reauthorized the establishment of a 6-member legislative oversight committee and a 29-member advisory task force to continue the examination of persons with mental illness in the justice system.

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 the following issues in FY 2006-07:

- 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.

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

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 2006 and addressed a number of issues including:

- competency evaluations in criminal cases;
- a verdict of not guilty by reason of insanity;
- a jail intake survey by county sheriffs;
- community corrections;
- residential treatment centers;
- ongoing continuity of care;
- family advocacy programs; and
- juvenile justice.

Juvenile justice. The task force secured funding in 2005 from the Colorado Department of Public Safety to contract with a consulting firm, the Center for Systems Integration (CSI), in order to study the issues related to juveniles in the justice system as required by the legislative mandate. CSI was part of a coalition of affected organizations that conducted extensive research in order to develop strategies for most effectively and collaboratively serving the population of juveniles in the justice system. In 2006, the coalition produced the Colorado Juvenile Justice and Mental Health Plan, which is a comprehensive plan targeting youth with mental health issues and co-occurring disorders, including substance abuse and developmental disabilities, in the juvenile justice system.

Competency evaluations. The task force made three recommendations to the legislative oversight committee for proposed legislation. The first has to do with the creation of an advisory board to develop standards regarding the level of training, education, and experience that a psychiatrist or psychologist must have in order to be qualified to perform competency evaluations in criminal cases.

Family advocate pilot programs. The second recommendation is an altered version of proposed legislation from the 2006 legislative session. It concerns demonstration programs for family advocates for juveniles with mental health issues who are involved in the justice system. It requires the Division of Mental Health within the Colorado Department of Human Services, in cooperation with other agencies and groups, to develop a request for proposals, select no more than six demonstration programs, and evaluate those programs.

Preadjudication screening. The third legislative recommendation attempts to deal with the unintended consequences of repealing Section 19-2-702, C.R.S., in 2005, concerning the judicial procedure for preadjudication screening of mentally ill juveniles or juveniles with developmental disabilities. The section was originally repealed because it was construed as too narrow. The task force recommendation broadens the scope of the procedure to include juveniles who may suffer from emotional disturbance. It directs the court to order an assessment when the issue of emotional disturbance is raised during a juvenile delinquency proceeding.

Legislative Oversight Committee

The legislative oversight committee met three times in 2006. 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;
- was briefed on the Colorado Juvenile Justice and Mental Health Plan developed by the CSI coalition and the task force; and
- considered legislation recommended by the task force.

Committee Recommendations

As a result of the discussion and deliberation of the task force, the oversight committee recommends three bills for consideration in the 2007 legislative session.

Bill A — Creation of an Advisory Board to Make Recommendations Concerning Competency Evaluations in Adult Criminal Cases. The bill creates an advisory board of up to 12 members, appointed by the executive director of the Colorado Department of Human Services. The board will study and recommend standards to the State Board of Human Services regarding the level of training, education, and experience that a psychiatrist or psychologist must have in order to be qualified to perform competency evaluations in criminal cases. The bill sets membership requirements, duties, and a repeal date of July 1, 2010, for the advisory board.

Bill B — Demonstration Programs for Integrated Systems of Care Family Advocacy Programs for Mental Health Juvenile Justice Populations. The bill creates demonstration programs for juvenile justice family advocates that are implemented and monitored by the Colorado Department of Human Services, Division of Mental Health, with input, cooperation, and support services from the Colorado Department of Public Safety, Division of Criminal Justice, the task force, and family advocacy coalitions. The bill requires the Division of Mental Health (in consultation with the agencies and groups listed above) to:

- develop a request for proposals for the demonstration programs on or before September 1, 2007, with specified minimum criteria; and
- select no more than six demonstration projects by November 15, 2007.

The demonstration projects are to include two from an urban area, two from a suburban area, and two from a rural area. The bill directs the Division of Mental Health to prepare an initial report of the demonstration programs by January 1, 2008. The Division of Criminal Justice is charged with the task of compiling outcome data into a report by August 1, 2010. The legislative oversight committee is required to make a recommendation to the General Assembly by October 1, 2010, regarding the continuation of the demonstration programs. Finally, the bill repeals the programs on July 1, 2011.

Bill C — Juvenile Justice Procedures for Juveniles who may Suffer from Mental Health Problems. The bill requires the court, prosecution, defense, guardian ad litem, probation officer, parent, or legal guardian in a juvenile delinquency proceeding to raise the issue of emotional disturbance when appropriate. It directs the court to order an assessment when the issue of emotional disturbance is raised, unless the court already has sufficient knowledge of the emotional disturbance. The bill permits the court to order mental health treatment or services as a part of the disposition of the case if the juvenile suffers from emotional disturbance.

STATUTORY AUTHORITY AND RESPONSIBILITIES

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 justice system.

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)	Carole Poole (acting) Division of Criminal Justice	
Department of Corrections (2)	Barry Pardus 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)	Vacant 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)	Cindy Dicken Clear Creek County	
Department of Education (1)	Michael Ramirez	
State Attorney General's Office (1)	Jeanne Smith Deputy Attorney General	
District Attorneys (1)	Steve Jones Assistant District Attorney, 13 th Judicial District	
Criminal Defense Bar (2)	Michelle Turner Colorado Public Defender	Abe Hutt Private Practice
Practicing mental health professionals (2)	Julie Miller Treatment Services	Carrie Merscham Private Practice
Community mental health centers in Colorado (1)	Harriet Hall Jefferson Center for Mental Health	

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

State or Private Agency	Representative(s)	
Person with knowledge of public benefits and public housing in Colorado (1)	Chistine Highnam Supportive Housing & Homeless Programs, Department of Human Services	
Practicing forensic professional (1)	Richard Wihera Private Practice	
Members of the public (3)	Kay Heil 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**

Deadline	Issues to be Studied
July 1, 2005	<ul style="list-style-type: none"> • Diagnosis, treatment, and housing of juveniles with mental illness who are involved in the criminal justice system or the juvenile justice system • 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
July 1, 2006	<ul style="list-style-type: none"> • Prosecution of and sentencing alternatives for persons with mental illness that may involve treatment and ongoing supervision • 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 • Development of a plan to effectively and collaboratively service the population of juveniles involved in the criminal justice system or the juvenile justice system

**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"> • Diagnosis, treatment, and housing of adults with mental illness who are involved in the criminal justice system • 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 • Ongoing assistance and supervision (especially regarding medication) of persons with mental illness after discharge from sentence • 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
July 1, 2008	<ul style="list-style-type: none"> • 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
July 1, 2009	<ul style="list-style-type: none"> • Early identification, diagnosis, and treatment of adults and juveniles with mental illness who are involved in the criminal and juvenile justice systems • Modification of the criminal and juvenile justice systems to most effectively serve adults and juveniles with mental illness who are involved in these systems • Implementation of appropriate diagnostic tools to identify persons in the criminal and juvenile justice systems with mental illness • 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

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 2004 is provided in Legislative Council Staff Research publication No. 551.

2005 interim. The Advisory Task Force facilitated federal grant funding for the Jefferson County re-entry pilot program for parolees with mental illness and co-occurring disorders. This issue was discussed at length in the previous two years. The John Eachon Re-Entry Pilot Program began operating in September 2005. The Advisory Task Force and Legislative Oversight Committee worked extensively with a consulting company, Consultants for Systems Integration (now the Center for Systems Integration), to develop a framework for use in addressing the issue of juveniles with mental illness in the criminal justice system.

The committee recommended two bills for consideration. *Senate Bill 06-005* required health benefit plans that cover mental health services to cover those that are mandated by a court order. The bill was signed into law. *House Bill 06-1070* created demonstration programs for juvenile justice family advocates. It was postponed indefinitely.

2006 interim. The Advisory Task Force studied a large number of issues in 2006, but focused mainly on three things: a jail intake survey; the not guilty by reason of insanity verdict; and juvenile justice. 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.

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

Jail Intake Survey

The issue of creating and implementing a jail intake survey for the purpose of assessing the mental health needs of detainees entering Colorado jails was raised during a presentation to the Advisory Task Force from individuals representing the Kentucky Jail Mental Health Crisis Network. The Kentucky program facilitates the cooperation of mental health professionals and jails throughout the state. It provides a simple and clear procedure for handling new detainees with mental illness or who are at risk of committing suicide.

Subsequent to the Kentucky presentation, the task force voted to create 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. They began by creating a survey for jails in order to learn

what type of initial bookings and screenings are being done, and 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 survey was distributed to each of the 64 sheriffs in Colorado. 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.

Committee recommendations. The problem of funding for additional training of jail personnel was raised, but no clear resolution was found. Consequently, the issue was tabled until more time and effort can be spent on possible legislative mandates. The task force agreed to look at the issue again in 2007.

Not Guilty by Reason of Insanity

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 (CMHI) at Pueblo regarding patients at CMHI who are admitted as a result of a verdict of not guilty by reason of insanity. Dr. McCann discussed risk evaluation, risk prediction, and risk management.

In relation to patients at CMHI who are adjudicated not guilty by reason of insanity, the task force discussed:

- the types of risk factors, which are static and dynamic;
- assessment of individualized treatment plans;
- the progression of patient privileges;
- community placement and intensive monitoring;
- recidivism; and
- the difference between competency to stand trial and not guilty by reason of insanity.

Committee recommendations. Information was distributed to the task force regarding research conducted in 2000 and 2001 on the possibility of developing legislation to add a guilty but mentally ill plea to the Colorado statutes. The task force decided not to revisit the issue in the interest of spending more time on juvenile justice issues as required by the authorizing legislation. However, as a part of the discussion of competency to stand trial, the committee recommended Bill A. The bill concerns the creation of an advisory board within the Department of Human Services, which would create standards of training, education, and experience for individuals who conduct competency evaluations in criminal cases.

Juvenile Justice

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.

Progress. In 2006, the task force and the oversight committee looked at ways to revamp the failed family advocacy legislation. Additionally, a new report, *Colorado's Juvenile Justice State Plan for Youth with Mental Health Issues and Co-occurring Disorders*, was completed and presented to the task force and oversight committee for consideration and revision. The plan contained in the report provides a broad description of strategies being used in Colorado communities to meet the needs of youth with mental health and co-occurring disorders who are at risk for involvement and/or involved in the juvenile justice system.

Committee recommendations. The task force and oversight committee devoted a great deal of time to studying and discussing various juvenile justice issues and recommended two bills on the subject. Bill B is a second attempt to create demonstration programs for juvenile justice family advocates. The intended function of the family advocates is to provide navigation, crisis response, integrated planning, and diversion from the juvenile justice system for youth with mental illness and co-occurring disorders. The bill requires the Division of Mental Health, with input from several entities, to implement and monitor the progress of six demonstration programs. The bill also sets out an extensive evaluation process for the programs.

Bill C reinstates amended provisions of Section 19-2-702, C.R.S., which was repealed in 2005. The bill requires anyone involved in a juvenile delinquency proceeding to raise the issue of emotional disturbance when it is appropriate. It directs the court to order a mental health assessment when the issue of emotional disturbance is raised. Finally, it allows the court to order mental health treatment or services as part of the case disposition.

SUMMARY OF RECOMMENDATIONS

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

Bill A — Creation of an Advisory Board to Make Recommendations Concerning Competency Evaluations in Adult Criminal Cases

The bill creates an advisory board in the Department of Human Services for the purpose of studying and recommending standards regarding the level of training, education, and experience needed by psychiatrists and psychologists performing competency evaluations in criminal cases. The bill details the composition of the advisory board and requires the board to report its findings and recommendations to the Department of Human Services on an annual basis. The department is then required to promulgate rules and adopt procedures establishing and implementing the standards.

Bill B — Demonstration Programs For Integrated Systems of Care Family Advocacy Programs for Mental Health Juvenile Justice Populations

The bill creates demonstration programs for system of care family advocates for mental health juvenile justice populations. The programs are to be implemented and monitored by the Division of Mental Health, with input, cooperation, and support services from the Division of Criminal Justice, family advocacy coalitions, and the task force. The Division of Mental Health is charged with developing a request for proposals on or before September 1, 2007, to design demonstration programs for family advocate models that focus on youths with mental illness who are involved or at risk for becoming involved in the criminal justice system. The programs should focus on providing navigation, crisis response, integrated planning, and diversion from the criminal justice system for youth with mental illness and co-occurring disorders. On or before November 15, 2007, the Division of Mental Health is to choose six demonstration programs to implement. Two of the programs must be located in a rural community, two in an urban community, and the final two must be located in a suburban community. The Division of Mental health is required to prepare an evaluation of the demonstration programs for presentation to the Legislative Oversight Committee on or before June 1, 2010, which will then be presented to the chairs of the House and Senate Health and Human Services and the House and Senate Judiciary Committees.

Bill C — Juvenile Justice Procedures for Juveniles who May Suffer from Mental Health Problems

The bill requires the court, prosecution, defense, guardian ad litem, probation officer, parent, or legal guardian in a juvenile delinquency proceeding to raise the issue of emotional disturbance, when appropriate. When the issue is raised, the court is required to order an assessment of the juvenile to determine if he or she is emotionally disturbed. The assessment must include an opinion as to whether the juvenile is emotionally disturbed, a summary of any issues relating to the emotional disturbance, and recommendations as to the appropriate treatment and services. The bill provides a definition of emotional disturbance. If an assessment shows the juvenile to be emotionally disturbed, the court may order mental health services as a part of the disposition of the case.

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 Oversight Committee meetings as well as materials distributed during those meetings are available at the Division of Archives, 1313 Sherman Street, Denver, Colorado (303-866-2055). The summaries of Task Force and Oversight Committee meetings and materials developed by Legislative Council Staff are also available on our web site at:

www.state.co.us/gov_dir/leg_dir/lcsstaff/2006/06interim.htm

Meeting Summaries Topics Discussed

Legislative Oversight Committee

- | | |
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| January 17, 2006 | Overview of task force business and tour of the Denver Women's Correctional Facility; a discussion of competency evaluations and the process of having an individual declared incompetent to stand trial; and approval of a candidate to fill the task force vacancies from the Department of Education and the District Attorneys Council. |
| September 25, 2006 | Update of the Colorado Juvenile Justice Plan; discussion of legislative proposals concerning an advisory board to set standards for psychiatrists and psychologists who perform competency evaluations in criminal cases, integrated systems of care family advocacy programs for mental health juvenile justice populations, and procedures for juvenile delinquency proceedings involving emotional disturbance; a recommendation to send all three proposals to the Legislative Council for consideration; and approval of candidates to fill task force vacancies. |

Advisory Task Force

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| January 19, 2006 | Update on <i>House Bill 06-1080</i> and <i>Senate Bill 06-005</i> , which were recommended by the task force in 2005; presentation of a survey instrument distributed to all sheriffs for jail intake assessment; discussion of the restoration of funding for mental health treatment and services; and presentation from a representative of the Colorado Mental |
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Meeting Summaries

Topics Discussed

	Health Institute at Pueblo regarding a verdict of not guilty by reason of insanity.
February 16, 2006	Review of legislative progress; discussion of various legislative and legal issues surrounding competency evaluations; presentation on the Colorado community corrections system, including goals and achievements; discussion of the verdict of not guilty by reason of insanity; and subcommittee updates.
March 16, 2006	Update of pending legislation; progress report on jail intake assessment survey instrument; review of juvenile pilot project evaluation; subcommittee updates; and discussion of what is happening at state agencies with regards to mental health treatment and services.
April 20, 2006	Update of legislative issues and jail intake assessment survey instrument; subcommittee updates; and progress reports from various task force members on state resources and upcoming projects.
May 18, 2006	Update on subcommittee progress; presentation and discussion of the process and feasibility of applying for a DeWine Grant from the U.S. Department of Justice, Bureau of Justice assistance; update on mental health disparities meeting; and discussion of possible legislation for the 2007 session.
June 15, 2006	Update on progress of the DeWine grant application, as well as other grant opportunities; presentation of an early draft of the juvenile justice mental health plan; update on the study of residential treatment centers around the state; discussion of proposed legislative initiatives for the 2007 session; and presentation by John Musso of the Mental Health Institute regarding Medicaid and what happens with medications and prescriptions when an inmate leaves prison.
July 20, 2006	Discussion of the interim committee bill process and various vacancies on the task force; update on the juvenile justice mental health plan compiled by Center for Systems Integration; and subcommittee updates.

Meeting Summaries Topics Discussed

August 24, 2006	Election of chair and vice-chair of the task force; final approval of three legislative initiatives to send to the oversight committee; further update on the juvenile justice mental health plan; subcommittee updates; and an update on the progress of the DeWine grant application
September 21, 2006	Update on finalized bill drafts to be sent to the Legislative Oversight Committee for recommendation; review of the Juvenile Justice State Plan for Youth with Mental Health Issues and Co-occurring Disorders; discussion of a task force workplan for the upcoming year; formation of new subcommittee to look at medication, health care, and public benefits; and discussion of task force vacancies and non-attendees.
October 19, 2006	Update on the Legislative Oversight Committee and Legislative Council meetings; progress report on the John Eachon Re-entry Program; discussion of grant funding opportunities; briefing on the status of the juvenile offender pilot program; and subcommittee updates.
November 16, 2006	Update and discussion of legislative proposals going forward; discussion of a new grant application focused on juvenile justice issues; update on the residential treatment center program; presentation on the results to date of the juvenile offender pilot programs in Denver and Sterling and discussion of whether to pursue the continuation of the programs; and introduction of new task force members.

Memoranda and Reports

Materials provided to the Legislative Oversight Committee:

Colorado's Juvenile Justice State Plan for Youth with Mental Health Issues and Co-occurring Disorders; Report prepared by the Center for Systems Integration and Federation of Families for Children's Mental Health, July 2006

Materials provided to the Advisory Task Force:

Colorado's Juvenile Justice State Plan for Youth with Mental Health Issues and Co-occurring Disorders; Report prepared by the Center for Systems Integration and Federation of Families for Children's Mental Health, July 2006

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL A

LLS NO. 07-0052.01 Jane Ritter

SENATE BILL

SENATE SPONSORSHIP

Kester, Takis, and Windels

HOUSE SPONSORSHIP

Jahn, Solano, and Stafford

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING THE CREATION OF AN ADVISORY BOARD TO MAKE**
102 **RECOMMENDATIONS CONCERNING COMPETENCY EVALUATIONS**
103 **IN ADULT CRIMINAL CASES.**

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. Creates an advisory board to study and recommend standards regarding the level of training, education, and experience that a psychiatrist or psychologist shall have to be qualified to perform competency evaluations in criminal

cases. Outlines the membership of the advisory board. Schedules the advisory board for repeal in 2010.

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

2 **SECTION 1.** Article 8 of title 16, Colorado Revised Statutes, is
3 amended BY THE ADDITION OF A NEW SECTION to read:

4 **16-8-106.5. Competency evaluation advisory board - creation**
5 **- membership - duties - repeal.** (1) THERE IS HEREBY CREATED THE
6 COMPETENCY EVALUATION ADVISORY BOARD, REFERRED TO IN THIS
7 SECTION AS THE "ADVISORY BOARD", IN THE DEPARTMENT OF HUMAN
8 SERVICES THAT SHALL STUDY AND RECOMMEND STANDARDS TO THE STATE
9 BOARD OF HUMAN SERVICES REGARDING THE LEVEL OF TRAINING,
10 EDUCATION, AND EXPERIENCE THAT A PSYCHIATRIST OR PSYCHOLOGIST
11 SHALL HAVE TO BE CONSIDERED QUALIFIED TO PERFORM COMPETENCY
12 EVALUATIONS IN CRIMINAL CASES PURSUANT TO SECTIONS 16-8-106 AND
13 16-8-111, C.R.S. THE ADVISORY BOARD SHALL ADDITIONALLY MAKE
14 RECOMMENDATIONS TO THE STATE BOARD OF HUMAN SERVICES
15 CONCERNING STANDARDS FOR CONDUCTING AND REPORTING THE
16 COMPETENCY EVALUATIONS.

17 (2) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN
18 SERVICES, OR HIS OR HER DESIGNEE, SHALL SERVE AS CHAIR OF THE
19 ADVISORY BOARD AND SHALL APPOINT THE REMAINING MEMBERS OF THE
20 ADVISORY BOARD. THE ADVISORY BOARD WHICH SHALL CONSIST OF UP TO
21 TWELVE MEMBERS, INCLUDING BUT NOT LIMITED TO:

22 (a) A PSYCHIATRIST WHO IS TRAINED IN FORENSIC COMPETENCY
23 ASSESSMENTS;

24 (b) A LICENSED PSYCHOLOGIST WHO IS TRAINED IN FORENSIC
25 COMPETENCY ASSESSMENTS;

1 (c) A LICENSED CLINICAL SOCIAL WORKER WHO IS TRAINED IN
2 FORENSIC COMPETENCY ASSESSMENTS;

3 (d) A LICENSED PROFESSIONAL COUNSELOR WHO IS TRAINED IN
4 FORENSIC COMPETENCY ASSESSMENTS;

5 (e) A REPRESENTATIVE OF THE UNIT WITHIN THE DEPARTMENT OF
6 HUMAN SERVICES THAT IS RESPONSIBLE FOR MENTAL HEALTH SERVICES;

7 (f) A PERSON WHO REPRESENTS DISTRICT ATTORNEYS WITHIN THE
8 STATE;

9 (g) A PERSON WHO REPRESENTS DEFENSE ATTORNEYS WITHIN THE
10 STATE;

11 (h) A REPRESENTATIVE FROM THE TASK FORCE ESTABLISHED
12 PURSUANT TO SECTION 18-1.9-104, C.R.S.; AND

13 (i) A FAMILY MEMBER OF A PERSON WHO HAD BEEN SUBJECT TO
14 THE COMPETENCY EVALUATION PROCESS AT SOME TIME.

15 (3) THE ADVISORY BOARD SHALL REPORT ITS FINDING AND
16 RECOMMENDATIONS TO THE DEPARTMENT OF HUMAN SERVICES NO LATER
17 THAN JANUARY 30, 2008, AND NO LATER THAN JANUARY 30 EACH YEAR
18 THEREAFTER.

19 (4) BASED ON THE RECOMMENDATIONS OF THE ADVISORY BOARD,
20 THE STATE BOARD OF HUMAN SERVICES SHALL PROMULGATE RULES AND
21 ADOPT PROCEDURES TO ESTABLISH AND IMPLEMENT THE STANDARDS
22 IDENTIFIED IN SUBSECTION (1) OF THIS SECTION.

23 (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2010.

24 **SECTION 2.** 26-1-107 (6), Colorado Revised Statutes, is
25 amended BY THE ADDITION OF A NEW PARAGRAPH to read:

26 **26-1-107. State board of human services.** (6) The state board
27 shall:

1 (h) ADOPT RULES CONCERNING STANDARDS FOR THE LEVEL OF
2 TRAINING, EDUCATION, AND EXPERIENCE THAT A PSYCHIATRIST OR
3 PSYCHOLOGIST SHALL HAVE TO BE QUALIFIED TO PERFORM COMPETENCY
4 EVALUATIONS IN CRIMINAL CASES PURSUANT TO SECTIONS 16-8-106 AND
5 16-8-111, C.R.S., AND STANDARDS FOR CONDUCTING AND REPORTING
6 COMPETENCY EVALUATIONS IN CRIMINAL CASES. PRIOR TO ADOPTING THE
7 RULES, THE STATE BOARD SHALL CONSIDER RECOMMENDATIONS FROM THE
8 COMPETENCY EVALUATION ADVISORY BOARD CREATED IN SECTION
9 16-8-106.5, C.R.S.

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

First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO

BILL B

LLS NO. 07-0053.01 Michael Dohr

HOUSE BILL

HOUSE SPONSORSHIP

Stafford, Jahn, and Solano

SENATE SPONSORSHIP

Windels, Kester, and Takis

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING DEMONSTRATION PROGRAMS FOR INTEGRATED SYSTEMS**
102 **OF CARE FAMILY ADVOCACY PROGRAMS FOR MENTAL HEALTH**
103 **JUVENILE JUSTICE POPULATIONS.**

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. Creates demonstration programs for system of care family advocates for mental health juvenile justice populations that are implemented and monitored by the division of mental health ("DMH") in the department of human services, with input, cooperation, and support services from the division

of criminal justice ("DCJ") in the department of public safety, family advocacy coalitions, and 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 in Colorado ("task force"). On or before September 1, 2007, requires the DMH to develop, after consultation with family advocacy coalitions, the task force, and the DCJ, a request for proposals for the demonstration programs. Directs the request for proposals to include specified minimum criteria.

By November 15, 2007, compels the DMH to select, after consultation with family advocacy coalitions, the task force, and the DCJ, 6 demonstration programs, including 2 from an urban area, 2 from a suburban area, and 2 from a rural area; except that, if sufficient funds are not credited to the cash fund, only 3 programs will be selected. Requires selected programs to contribute funds or services equal to the general fund appropriation received for the program.

Directs that, by January 1, 2008, the DMH shall prepare an initial report of the demonstration programs. Compels the DCJ, by June 1, 2010, to compile a report of the collected outcome data from the demonstration programs and the evaluations of the demonstration programs. Requires the 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, after receiving recommendations from the task force, to make a recommendation by July 1, 2010, related to the continuation of the demonstration programs.

Creates a cash fund that may receive gifts, grants, and donations to pay for the reporting and evaluation required by the act.

Repeals the demonstrations programs, effective July 1, 2011.

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

2 **SECTION 1.** Title 26, Colorado Revised Statutes, is amended BY
3 THE ADDITION OF A NEW ARTICLE to read:

4 **ARTICLE 22**

5 **Integrated System of Care**

6 **Family Advocacy Demonstration Programs for**

7 **Mental Health Juvenile Justice Populations**

8 **26-22-101. Legislative declaration.** (1) THE GENERAL
9 ASSEMBLY HEREBY FINDS AND DECLARES THAT:

1 (a) COLORADO FAMILIES AND YOUTH HAVE DIFFICULTIES
2 NAVIGATING THE MENTAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL
3 DISABILITIES, EDUCATION, JUVENILE JUSTICE, CHILD WELFARE, AND OTHER
4 STATE AND LOCAL SYSTEMS THAT ARE COMPOUNDED WHEN THE YOUTH
5 HAS A MENTAL ILLNESS OR CO-OCCURRING DISORDER;

6 (b) PRELIMINARY RESEARCH DEMONSTRATES THAT FAMILY
7 ADVOCATES INCREASE FAMILY AND YOUTH SATISFACTION, IMPROVE
8 FAMILY PARTICIPATION, AND IMPROVE SERVICES TO HELP YOUTH AND
9 FAMILIES SUCCEED AND ACHIEVE POSITIVE OUTCOMES. ONE PRELIMINARY
10 STUDY IN COLORADO FOUND THAT THE WIDE ARRAY OF USEFUL
11 CHARACTERISTICS AND VALUED ROLES PERFORMED BY FAMILY
12 ADVOCATES, REGARDLESS OF WHERE THEY ARE LOCATED
13 INSTITUTIONALLY, PROVIDED EVIDENCE FOR CONTINUING AND EXPANDING
14 THE USE OF FAMILY ADVOCATES IN SYSTEMS OF CARE.

15 (c) INPUT FROM FAMILIES, YOUTH, AND STATE AND LOCAL
16 COMMUNITY AGENCY REPRESENTATIVES IN COLORADO DEMONSTRATES
17 THAT FAMILY ADVOCATES HELP FAMILIES GET THE SERVICES AND SUPPORT
18 THEY NEED AND WANT, HELP FAMILIES TO BETTER NAVIGATE COMPLEX
19 STATE AND LOCAL SYSTEMS, IMPROVE FAMILY AND YOUTH OUTCOMES,
20 AND HELP DISENGAGED FAMILIES AND YOUTH TO BECOME ENGAGED
21 FAMILIES AND YOUTH;

22 (d) STATE AND LOCAL AGENCIES AND SYSTEMS NEED TO DEVELOP
23 MORE STRENGTHS-BASED, FAMILY-CENTERED, INDIVIDUALIZED,
24 CULTURALLY COMPETENT, AND COLLABORATIVE APPROACHES THAT
25 BETTER MEET THE NEEDS OF FAMILIES AND YOUTH;

26 (e) A FAMILY ADVOCATE HELPS STATE AND LOCAL AGENCIES AND
27 SYSTEMS ADOPT MORE STRENGTHS-BASED-TARGETED PROGRAMS,

1 POLICIES, AND SERVICES TO BETTER MEET THE NEEDS OF FAMILIES AND
2 THEIR YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS AND
3 IMPROVE OUTCOMES FOR ALL, INCLUDING FAMILIES, YOUTH, AND THE
4 AGENCIES THEY UTILIZE;

5 (f) THERE IS A NEED TO DEMONSTRATE THE SUCCESS OF FAMILY
6 ADVOCATES IN HELPING AGENCIES AND SYSTEMS IN COLORADO TO BETTER
7 MEET THE NEEDS OF FAMILIES AND YOUTH AND HELP STATE AND LOCAL
8 AGENCIES STRENGTHEN PROGRAMS.

9 (2) IT IS THEREFORE IN THE STATE'S BEST INTEREST TO ESTABLISH
10 DEMONSTRATION PROGRAMS FOR SYSTEM OF CARE FAMILY ADVOCATES
11 FOR MENTAL HEALTH JUVENILE JUSTICE POPULATIONS WHO NAVIGATE
12 ACROSS MENTAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL
13 DISABILITIES, JUVENILE JUSTICE, EDUCATION, CHILD WELFARE, AND OTHER
14 STATE AND LOCAL SYSTEMS TO ENSURE SUSTAINED AND THOUGHTFUL
15 FAMILY PARTICIPATION IN THE PLANNING PROCESSES OF THE CARE FOR
16 THEIR CHILDREN AND YOUTH.

17 **26-22-102. Definitions.** AS USED IN THIS ARTICLE UNLESS THE
18 CONTEXT OTHERWISE REQUIRES:

19 (1) "CO-OCCURRING DISORDERS" MEANS DISORDERS THAT
20 COMMONLY COINCIDE WITH MENTAL ILLNESS AND MAY INCLUDE, BUT ARE
21 NOT LIMITED TO, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES,
22 FETAL ALCOHOL SYNDROME, AND TRAUMATIC BRAIN INJURY.

23 (2) "DEMONSTRATION PROGRAMS" MEANS PROGRAMS THAT ARE
24 INTENDED TO EXEMPLIFY AND DEMONSTRATE EVIDENCE OF THE
25 SUCCESSFUL USE OF FAMILY ADVOCATES IN ASSISTING FAMILIES AND
26 YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS.

27 (3) "DIVISION OF CRIMINAL JUSTICE" MEANS THE DIVISION OF

1 CRIMINAL JUSTICE CREATED IN SECTION 24-33.5-502, C.R.S., IN THE
2 DEPARTMENT OF PUBLIC SAFETY.

3 (4) "DIVISION OF MENTAL HEALTH" MEANS THE UNIT WITHIN THE
4 DEPARTMENT OF HUMAN SERVICES THAT IS RESPONSIBLE FOR MENTAL
5 HEALTH SERVICES.

6 (5) "FAMILY ADVOCACY COALITION" MEANS A COALITION OF
7 FAMILY ADVOCATES OR FAMILY ADVOCACY ORGANIZATIONS WORKING TO
8 HELP FAMILIES AND YOUTH WITH MENTAL HEALTH PROBLEMS, SUBSTANCE
9 ABUSE, DEVELOPMENTAL DISABILITIES, AND OTHER CO-OCCURRING
10 DISORDERS TO IMPROVE SERVICES AND OUTCOMES FOR YOUTH AND
11 FAMILIES AND TO WORK WITH AND ENHANCE STATE AND LOCAL SYSTEMS.

12 (6) "FAMILY ADVOCATE" MEANS AN INDIVIDUAL WHO HAS BEEN
13 TRAINED TO ASSIST FAMILIES IN ACCESSING AND RECEIVING SERVICES AND
14 SUPPORT. FAMILY ADVOCATES ARE USUALLY INDIVIDUALS WHO HAVE
15 RAISED OR CARED FOR CHILDREN AND YOUTH WITH MENTAL HEALTH OR
16 CO-OCCURRING DISORDERS AND HAVE WORKED WITH MULTIPLE AGENCIES
17 AND PROVIDERS, INCLUDING MENTAL HEALTH, SUBSTANCE ABUSE,
18 JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, AND OTHER STATE AND
19 LOCAL SYSTEMS OF CARE.

20 (7) "LEGISLATIVE OVERSIGHT COMMITTEE" MEANS THE
21 LEGISLATIVE OVERSIGHT COMMITTEE FOR THE CONTINUING EXAMINATION
22 OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE
23 INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, CREATED IN
24 SECTION 18-1.9-103, C.R.S.

25 (8) "SYSTEM OF CARE" MEANS AN INTEGRATED NETWORK OF
26 COMMUNITY-BASED SERVICES AND SUPPORT THAT IS ORGANIZED TO MEET
27 THE CHALLENGES OF YOUTH WITH COMPLEX NEEDS, INCLUDING BUT NOT

1 LIMITED TO THE NEED FOR SUBSTANTIAL SERVICES TO ADDRESS AREAS OF
2 DEVELOPMENTAL, PHYSICAL, AND MENTAL HEALTH, SUBSTANCE ABUSE,
3 CHILD WELFARE, AND EDUCATION AND INVOLVEMENT IN OR BEING AT RISK
4 OF INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM. IN A SYSTEM OF
5 CARE, FAMILIES AND YOUTH WORK IN PARTNERSHIP WITH PUBLIC AND
6 PRIVATE ORGANIZATIONS TO BUILD ON THE STRENGTHS OF INDIVIDUALS
7 AND TO ADDRESS EACH PERSON'S CULTURAL AND LINGUISTIC NEEDS SO
8 SERVICES AND SUPPORT ARE EFFECTIVE.

9 (9) "TASK FORCE" MEANS THE TASK FORCE FOR THE CONTINUING
10 EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS
11 WHO ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS IN
12 COLORADO, CREATED IN SECTION 18-1.9-104, C.R.S.

13 **26-22-103. Demonstration programs established.** THERE ARE
14 HEREBY ESTABLISHED DEMONSTRATION PROGRAMS FOR SYSTEM OF CARE
15 FAMILY ADVOCATES FOR MENTAL HEALTH JUVENILE JUSTICE POPULATIONS
16 THAT SHALL BE IMPLEMENTED AND MONITORED BY THE DIVISION OF
17 MENTAL HEALTH, WITH INPUT, COOPERATION, AND SUPPORT FROM THE
18 DIVISION OF CRIMINAL JUSTICE, THE TASK FORCE, AND FAMILY ADVOCACY
19 COALITIONS.

20 **26-22-104. Program scope.** (1) ON OR BEFORE SEPTEMBER 1,
21 2007, THE DIVISION OF MENTAL HEALTH, AFTER CONSULTATION WITH
22 FAMILY ADVOCACY COALITIONS, THE TASK FORCE, AND THE DIVISION OF
23 CRIMINAL JUSTICE, SHALL DEVELOP A REQUEST FOR PROPOSALS TO DESIGN
24 DEMONSTRATION PROGRAMS FOR FAMILY ADVOCACY PROGRAMS THAT:

25 (a) FOCUS ON YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING
26 DISORDERS WHO ARE INVOLVED IN OR AT RISK OF INVOLVEMENT WITH THE
27 JUVENILE JUSTICE SYSTEM AND THAT ARE BASED UPON THE FAMILIES' AND

1 YOUTHS' STRENGTHS; AND

2 (b) PROVIDE NAVIGATION, CRISIS RESPONSE, INTEGRATED
3 PLANNING, AND DIVERSION FROM THE JUVENILE JUSTICE SYSTEM FOR
4 YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING DISORDERS.

5 (2) THE DIVISION OF MENTAL HEALTH SHALL ACCEPT RESPONSES
6 TO THE REQUEST FOR PROPOSALS FROM ANY OF THE FOLLOWING ENTITIES
7 OR INDIVIDUALS THAT OPERATE OR ARE DEVELOPING A FAMILY ADVOCACY
8 PROGRAM:

9 (a) A NONPROFIT ENTITY;

10 (b) A GOVERNMENTAL ENTITY;

11 (c) A TRIBAL GOVERNMENT;

12 (d) AN INDIVIDUAL; OR

13 (e) A GROUP.

14 (3) THE RESPONSES TO THE REQUEST FOR PROPOSALS SHALL
15 INCLUDE, BUT NEED NOT BE LIMITED TO, THE FOLLOWING INFORMATION:

16 (a) IDENTIFICATION OF THE KEY STAKEHOLDERS INVOLVED IN THE
17 DEMONSTRATION PROGRAM, WHICH SHALL INCLUDE, AT A MINIMUM,
18 REPRESENTATIVES OF THE JUVENILE COURT, THE PROBATION DEPARTMENT,
19 THE DISTRICT ATTORNEY'S OFFICE, THE PUBLIC DEFENDER'S OFFICE, A
20 SCHOOL DISTRICT, THE DIVISION OF YOUTH CORRECTIONS WITHIN THE
21 DEPARTMENT OF HUMAN SERVICES, A COUNTY DEPARTMENT OF SOCIAL OR
22 HUMAN SERVICES, A LOCAL COMMUNITY MENTAL HEALTH CENTER, A
23 REGIONAL BEHAVIORAL HEALTH ORGANIZATION, AND, AT A MINIMUM, ONE
24 FAMILY ADVOCATE OR FAMILY ADVOCACY ORGANIZATION, AND MAY
25 INCLUDE REPRESENTATIVES OF A LOCAL LAW ENFORCEMENT AGENCY, A
26 COUNTY PUBLIC HEALTH DEPARTMENT, A SUBSTANCE ABUSE PROGRAM, A
27 COMMUNITY CENTERED BOARD, A LOCAL JUVENILE SERVICES PLANNING

1 COMMITTEE, AND OTHER COMMUNITY PARTNERS;

2 (b) PLANS FOR IDENTIFICATION OF THE TARGETED POPULATION,
3 WHICH SHALL INCLUDE, AT A MINIMUM:

4 (I) A DESCRIPTION OF THE TARGETED POPULATION AND REGION TO
5 BE SERVED, INCLUDING YOUTH WITH MENTAL ILLNESS OR CO-OCCURRING
6 DISORDERS WHO ARE INVOLVED IN OR AT RISK OF INVOLVEMENT WITH THE
7 JUVENILE JUSTICE SYSTEM AND OTHER STATE AND LOCAL SYSTEMS; AND

8 (II) A DESCRIPTION OF THE SPECIFIC POPULATION TO BE SERVED
9 THAT IS FLEXIBLE AND DEFINED BY THE LOCAL COMMUNITY;

10 (c) A PLAN FOR FAMILY ADVOCATES THAT INCLUDES:

11 (I) EXPERIENCE AND HIRING REQUIREMENTS;

12 (II) THE PROVISION OF APPROPRIATE TRAINING; AND

13 (III) A DEFINITION OF ROLES AND RESPONSIBILITIES;

14 (d) A PLAN FOR FAMILY ADVOCATE PROGRAM SERVICES FOR
15 TARGETED YOUTH AND THEIR FAMILIES, INCLUDING:

16 (I) STRENGTHS, NEEDS, AND CULTURAL ASSESSMENT;

17 (II) NAVIGATION AND SUPPORT SERVICES;

18 (III) EDUCATION PROGRAMS RELATED TO MENTAL ILLNESS,
19 CO-OCCURRING DISORDERS, THE JUVENILE JUSTICE SYSTEM, AND OTHER
20 RELEVANT SYSTEMS;

21 (IV) COOPERATIVE TRAINING PROGRAMS FOR FAMILY ADVOCATES
22 AND FOR STAFF, WHERE APPLICABLE, OF MENTAL HEALTH, SUBSTANCE
23 ABUSE, DEVELOPMENTAL DISABILITIES, EDUCATION, CHILD WELFARE,
24 JUVENILE JUSTICE, AND OTHER STATE AND LOCAL SYSTEMS RELATED TO
25 THE ROLE AND PARTNERSHIP BETWEEN THE FAMILY ADVOCATES AND THE
26 SYSTEMS THAT AFFECT YOUTH AND THEIR FAMILY;

27 (V) INTEGRATED CRISIS RESPONSE SERVICES AND CRISIS

1 PLANNING;

2 (VI) ACCESS TO DIVERSION AND OTHER SERVICES TO IMPROVE
3 OUTCOMES FOR YOUTH AND THEIR FAMILIES; AND

4 (VII) OTHER SERVICES AS DETERMINED BY THE LOCAL
5 COMMUNITY;

6 (e) A PLAN FOR PROVIDING THE DATA REQUIRED BY SECTION
7 26-22-105 (3), PLANS FOR A COMPARISON GROUP, AND PLANS FOR
8 SUSTAINABILITY; AND

9 (f) A COMMITMENT TO PARTICIPATE IN THE COST OF THE
10 DEMONSTRATION PROGRAM BY ALLOCATING, AS A GROUP, ANY MONEYS
11 AVAILABLE TO THE ENTITY, BY PROVIDING SERVICES TO THE PROGRAM, OR
12 BY A COMBINATION OF MONEYS AND SERVICES IN AN AMOUNT EQUAL TO
13 THE AMOUNT OF STATE GENERAL FUND MONEYS RECEIVED TO OPERATE
14 THE PROGRAM.

15 (4) ON OR BEFORE NOVEMBER 15, 2007, THE DIVISION OF MENTAL
16 HEALTH, AFTER CONSULTATION WITH FAMILY ADVOCACY COALITIONS, THE
17 TASK FORCE, AND THE DIVISION OF CRIMINAL JUSTICE, SHALL SELECT SIX
18 DEMONSTRATION PROGRAMS TO DELIVER JUVENILE JUSTICE FAMILY
19 ADVOCACY SERVICES; EXCEPT THAT, IF BY NOVEMBER 1, 2007, THE CASH
20 FUND CREATED PURSUANT TO SECTION 26-22-106 DOES NOT CONTAIN
21 SUFFICIENT FUNDS TO COVER HALF THE COST OF THE EVALUATION AND
22 REPORTING REQUIRED IN SECTION 26-22-105, THE DIVISION OF MENTAL
23 HEALTH, AFTER CONSULTATION WITH FAMILY ADVOCACY COALITIONS, THE
24 TASK FORCE, AND THE DIVISION OF CRIMINAL JUSTICE, SHALL SELECT
25 THREE DEMONSTRATION PROGRAMS TO DELIVER JUVENILE JUSTICE FAMILY
26 ADVOCACY SERVICES. THE DIVISION OF MENTAL HEALTH SHALL BASE THE
27 SELECTION ON:

1 (a) THE PROGRAM'S DEMONSTRATION OF COLLABORATIVE
2 PARTNERSHIPS THAT INTEGRATE FAMILY ADVOCATES INTO THE SYSTEMS
3 OF CARE;

4 (b) THE PROGRAM'S ABILITY TO SERVE A SUFFICIENT POPULATION
5 THAT WILL DEMONSTRATE THE SUCCESS OF FAMILY ADVOCACY
6 PROGRAMS; AND

7 (c) ANY OTHER CRITERIA SET BY THE DIVISION OF MENTAL
8 HEALTH.

9 (5) TO ENSURE ADEQUATE GEOGRAPHIC DISTRIBUTION, TWO OF
10 THE SELECTED DEMONSTRATION PROGRAMS SHALL OPERATE IN RURAL
11 COMMUNITIES, TWO SHALL OPERATE IN URBAN COMMUNITIES, AND TWO
12 SHALL OPERATE IN SUBURBAN COMMUNITIES; EXCEPT THAT, IF ONLY
13 THREE DEMONSTRATION PROGRAMS ARE SELECTED, ONE SHALL OPERATE
14 IN A RURAL COMMUNITY, ONE SHALL OPERATE IN AN URBAN COMMUNITY,
15 AND ONE SHALL OPERATE IN A SUBURBAN COMMUNITY.

16 (6) THE SELECTED PROGRAMS SHALL PARTICIPATE IN THE COST OF
17 THE DEMONSTRATION PROGRAM BY ALLOCATING, AS A GROUP, ANY
18 MONEYS AVAILABLE TO THE ENTITY, BY PROVIDING SERVICES TO THE
19 PROGRAM, OR BY A COMBINATION OF MONEYS AND SERVICES IN AN
20 AMOUNT EQUAL TO THE AMOUNT OF STATE GENERAL FUND MONEYS
21 RECEIVED TO OPERATE THE PROGRAM.

22 **26-22-105. Evaluation and reporting.** (1) ON OR BEFORE
23 JANUARY 1, 2008, THE DIVISION OF MENTAL HEALTH SHALL PREPARE AN
24 INITIAL DESCRIPTIVE REPORT OF THE SELECTED DEMONSTRATION
25 PROGRAMS AND PROVIDE THE REPORT TO THE LEGISLATIVE OVERSIGHT
26 COMMITTEE, THE TASK FORCE, THE FAMILY ADVOCACY COALITION, AND
27 THE DEMONSTRATION PROGRAMS SELECTED PURSUANT TO SECTION

1 26-22-104 (4).

2 (2) THE INITIAL REPORT SHALL INCLUDE, BUT NEED NOT BE
3 LIMITED TO, THE FOLLOWING FACTORS:

4 (a) A DESCRIPTION OF THE SELECTED DEMONSTRATION PROGRAMS
5 AND THE ENTITIES WORKING WITH THE PROGRAMS; AND

6 (b) THE NUMBER OF FAMILIES EXPECTED TO BE SERVED.

7 (3) EACH SELECTED DEMONSTRATION PROGRAM SHALL
8 REGULARLY FORWARD THE FOLLOWING DATA TO THE DIVISION OF
9 CRIMINAL JUSTICE:

10 (a) SYSTEM UTILIZATION OUTCOMES, INCLUDING BUT NOT LIMITED
11 TO AVAILABLE DATA ON SERVICES PROVIDED RELATED TO MENTAL
12 HEALTH, JUVENILE JUSTICE, DEVELOPMENTAL DISABILITIES, SUBSTANCE
13 ABUSE, CHILD WELFARE, TRAUMATIC BRAIN INJURIES, SCHOOL SERVICES,
14 AND CO-OCCURRING DISORDERS;

15 (b) YOUTH AND FAMILY OUTCOMES, RELATED TO, BUT NOT
16 LIMITED TO, MENTAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL
17 DISABILITIES, JUVENILE JUSTICE, AND TRAUMATIC BRAIN INJURY ISSUES;

18 (c) FAMILY AND YOUTH SATISFACTION AND ASSESSMENT OF
19 FAMILY ADVOCATES;

20 (d) PROCESS AND LEADERSHIP OUTCOMES, INCLUDING BUT NOT
21 LIMITED TO MEASURES OF PARTNERSHIPS, SERVICE PROCESSES AND
22 PRACTICES AMONG PARTNERING AGENCIES, LEADERSHIP INDICATORS, AND
23 SHARED RESPONSES TO RESOURCES AND OUTCOMES; AND

24 (e) OTHER OUTCOMES, INCLUDING BUT NOT LIMITED TO
25 IDENTIFICATION OF THE COST AVOIDANCE OR COST SAVINGS, IF ANY,
26 ACHIEVED BY THE DEMONSTRATION PROGRAM, THE APPLICABLE
27 OUTCOMES ACHIEVED, THE TRANSITION SERVICES PROVIDED, AND THE

1 SERVICE UTILIZATION TIMEFRAMES.

2 (4) ON OR BEFORE JANUARY 15, 2009, AND ON OR BEFORE
3 JANUARY 15, 2010, THE DIVISION OF CRIMINAL JUSTICE SHALL SUBMIT A
4 COMPILATION OF THE DATA PROVIDED PURSUANT TO SUBSECTION (3) OF
5 THIS SECTION, WITH AN EXECUTIVE SUMMARY, TO THE LEGISLATIVE
6 OVERSIGHT COMMITTEE, THE TASK FORCE, AND THE SELECTED
7 DEMONSTRATION PROGRAMS.

8 (5) ON OR BEFORE JUNE 1, 2010, THE DIVISION OF CRIMINAL
9 JUSTICE SHALL COMPLETE A COMPREHENSIVE EVALUATION OF THE
10 SELECTED DEMONSTRATION PROGRAMS BASED ON THE DATA PROVIDED
11 PURSUANT TO SUBSECTION (3) OF THIS SECTION. PRIOR TO PREPARING THE
12 EVALUATION, THE DIVISION OF CRIMINAL JUSTICE SHALL DEVELOP WITH
13 THE SELECTED DEMONSTRATION PROGRAMS THE COMPARISON GROUPS FOR
14 THE EVALUATION. THE EVALUATION SHALL INCLUDE ANALYSIS OF THE
15 COMPARISON GROUPS. THE DIVISION OF CRIMINAL JUSTICE SHALL SUBMIT
16 A FINAL REPORT, INCLUDING AN EXECUTIVE SUMMARY AND
17 RECOMMENDATIONS, TO THE TASK FORCE, THE DEMONSTRATION
18 PROGRAMS, AND FAMILY ADVOCACY COALITIONS FOR REVIEW. THE
19 DIVISION OF CRIMINAL JUSTICE, THE DIVISION OF MENTAL HEALTH, FAMILY
20 ADVOCACY COALITIONS, AND THE TASK FORCE SHALL REVIEW THE
21 EVALUATION FINDINGS AND JOINTLY DEVELOP RECOMMENDATIONS TO BE
22 MADE TO THE LEGISLATIVE OVERSIGHT COMMITTEE.

23 (6) ON OR BEFORE JULY 1, 2010, THE LEGISLATIVE OVERSIGHT
24 COMMITTEE, AFTER RECEIVING A RECOMMENDATION FROM THE TASK
25 FORCE, SHALL MAKE RECOMMENDATIONS TO THE CHAIRS OF THE HEALTH
26 AND HUMAN SERVICES COMMITTEES OF THE HOUSE OF REPRESENTATIVES
27 AND THE SENATE, OR ANY SUCCESSOR COMMITTEES, AND THE CHAIRS OF

1 THE JUDICIARY COMMITTEES OF THE HOUSE OF REPRESENTATIVES AND THE
2 SENATE, OR ANY SUCCESSOR COMMITTEES, RELATED TO CONTINUATION OR
3 EXPANSION OF THE SELECTED DEMONSTRATION PROGRAMS.

4 (7) THE DIVISION OF CRIMINAL JUSTICE SHALL COMPLY WITH THE
5 PROVISIONS OF THIS SECTION ONLY IF SUFFICIENT FUNDS ARE
6 APPROPRIATED TO IMPLEMENT THIS SECTION.

7 **26-22-106. Family advocacy demonstration program cash**
8 **fund.** (1) ALL MONEYS COLLECTED PURSUANT TO THIS SECTION SHALL
9 BE TRANSMITTED TO THE STATE TREASURER, WHO SHALL CREDIT THE
10 SAME TO THE FAMILY ADVOCACY DEMONSTRATION PROGRAM CASH FUND,
11 WHICH FUND IS HEREBY CREATED AND REFERRED TO IN THIS SECTION AS
12 THE "FUND". THE MONEYS IN THE FUND SHALL BE SUBJECT TO ANNUAL
13 APPROPRIATION BY THE GENERAL ASSEMBLY FOR THE DIRECT AND
14 INDIRECT COSTS ASSOCIATED WITH THE IMPLEMENTATION OF THE
15 EVALUATION AND REPORTING REQUIRED BY SECTION 26-22-105.

16 (2) THE FUND IS AUTHORIZED TO SEEK AND ACCEPT GIFTS, GRANTS,
17 OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSES OF
18 THIS ARTICLE. ALL PRIVATE AND PUBLIC FUNDS RECEIVED THROUGH
19 GIFTS, GRANTS, OR DONATIONS SHALL BE TRANSMITTED TO THE STATE
20 TREASURER, WHO SHALL CREDIT THE SAME TO THE FUND.

21 (3) ANY MONEYS IN THE FUND NOT EXPENDED FOR THE PURPOSE
22 OF THIS ARTICLE MAY BE INVESTED BY THE STATE TREASURER AS
23 PROVIDED BY LAW. ALL INTEREST AND INCOME DERIVED FROM THE
24 INVESTMENT AND DEPOSIT OF MONEYS IN THE FUND SHALL BE CREDITED
25 TO THE FUND.

26 (4) ANY UNEXPENDED AND UNENCUMBERED MONEYS REMAINING
27 IN THE FUND AT THE END OF A FISCAL YEAR SHALL REMAIN IN THE FUND

1 AND SHALL NOT BE CREDITED OR TRANSFERRED TO THE GENERAL FUND OR
2 ANOTHER FUND.

3 **26-22-107. Repeal of article.** THIS ARTICLE IS REPEALED,
4 EFFECTIVE JULY 1, 2011.

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

**First Regular Session
Sixty-sixth General Assembly
STATE OF COLORADO**

BILL C

LLS NO. 07-0054.02 Michael Dohr

HOUSE BILL

HOUSE SPONSORSHIP

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A BILL FOR AN ACT

101 **CONCERNING JUVENILE JUSTICE PROCEDURES FOR JUVENILES WHO**
102 **MAY SUFFER FROM MENTAL HEALTH PROBLEMS.**

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, guardian ad litem, probation officer, parent, or legal guardian to raise the issue of emotional disturbance if one of those parties has a reason to believe that the juvenile suffers from emotional disturbance. Directs the court to order an assessment when the issue of emotional disturbance is

raised, unless the court has sufficient information about the emotional disturbance. Permits the court to order mental health treatment or services as a part of the court's disposition if the assessment finds or the court determines the juvenile suffers from emotional disturbance.

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. Juvenile with emotional disturbance - how and when**
6 **raised - procedure - definitions.** (1) AT ANY STAGE OF A DELINQUENCY
7 PROCEEDING, WHEN THE COURT, PROSECUTION, PROBATION OFFICER,
8 GUARDIAN AD LITEM, PARENT, LEGAL GUARDIAN, OR DEFENSE HAS REASON
9 TO BELIEVE THAT THE JUVENILE SUFFERS FROM EMOTIONAL DISTURBANCE,
10 THE PARTY SHALL IMMEDIATELY ADVISE THE COURT OF THE JUVENILE'S
11 POSSIBLE EMOTIONAL DISTURBANCE.

12 (2) AFTER THE ISSUE OF THE JUVENILE'S EMOTIONAL DISTURBANCE
13 IS RAISED, THE COURT SHALL ORDER AN ASSESSMENT OF THE JUVENILE TO
14 IDENTIFY WHETHER THE JUVENILE SUFFERS FROM EMOTIONAL
15 DISTURBANCE, UNLESS THE COURT HAS SUFFICIENT INFORMATION TO
16 DETERMINE WHETHER THE JUVENILE SUFFERS FROM EMOTIONAL
17 DISTURBANCE. THE DELINQUENCY PROCEEDINGS SHALL NOT BE STAYED
18 OR SUSPENDED PENDING THE RESULTS OF THE ASSESSMENT ORDERED
19 PURSUANT THIS SECTION, HOWEVER, THE COURT MAY CONTINUE THE
20 DISPOSITIONAL AND SENTENCING HEARING TO AWAIT THE RESULTS OF THE
21 ASSESSMENT.

22 (3) AT THE TIME THE COURT ORDERS AN ASSESSMENT FOR
23 EMOTIONAL DISTURBANCE, THE COURT MAY ORDER THE DATE UPON WHICH

1 THE ASSESSMENT SHALL BE COMPLETED AND RETURNED TO THE COURT
2 AND ASSESS THE COST OF THE ASSESSMENT.

3 (4) AN ASSESSMENT FOR EMOTIONAL DISTURBANCE SHALL, AT A
4 MINIMUM, INCLUDE AN OPINION REGARDING WHETHER THE JUVENILE
5 SUFFERS FROM EMOTIONAL DISTURBANCE. IF THE ASSESSMENT
6 CONCLUDES THAT THE JUVENILE SUFFERS FROM EMOTIONAL
7 DISTURBANCE, THE ASSESSMENT SHALL IDENTIFY THE ISSUES RELATED TO
8 THE EMOTIONAL DISTURBANCE AND THE APPROPRIATE SERVICES AND
9 TREATMENT.

10 (5) UPON ORDERING AN ASSESSMENT OR AFTER RECEIVING THE
11 RESULTS OF AN ASSESSMENT FOR EMOTIONAL DISTURBANCE, THE COURT
12 MAY ENTER A PROTECTIVE ORDER RELATED TO THE ASSESSMENT.

13 (6) FOR PURPOSES OF THIS SECTION, "EMOTIONAL DISTURBANCE"
14 MEANS A JUVENILE EXHIBITS ONE OR MORE OF THE FOLLOWING
15 CHARACTERISTICS:

16 (a) AN INABILITY TO LEARN THAT CANNOT BE EXPLAINED BY
17 INTELLECTUAL, SENSORY, OR HEALTH FACTORS;

18 (b) AN INABILITY TO BUILD OR MAINTAIN SATISFACTORY
19 INTERPERSONAL RELATIONSHIPS WITH PEERS AND TEACHERS;

20 (c) INAPPROPRIATE TYPES OF BEHAVIOR OR FEELINGS UNDER
21 NORMAL CIRCUMSTANCES;

22 (d) A GENERAL PERVASIVE MOOD OF UNHAPPINESS OR DEPRESSION;
23 OR

24 (e) A TENDENCY TO DEVELOP PHYSICAL SYMPTOMS OR FEARS
25 ASSOCIATED WITH PERSONAL OR SCHOOL PROBLEMS.

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

1 **19-2-906. Sentencing hearing.** (2.5) IF THE COURT RECEIVES AN
2 ASSESSMENT PURSUANT TO SECTION 19-2-710 STATING THE JUVENILE
3 SUFFERS FROM EMOTIONAL DISTURBANCE OR OTHERWISE DETERMINES THE
4 JUVENILE SUFFERS FROM EMOTIONAL DISTURBANCE, THE COURT MAY
5 ORDER MENTAL HEALTH SERVICES AS A PART OF THE DISPOSITION.

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