

Report to the Colorado General Assembly

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems

Prepared by

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Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems

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Representative Stephen Humphrey Representative Pete Lee

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December 2016

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LEGISLATIVE COUNCIL

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December 2016

To Members of the Seventy-first General Assembly:

Submitted herewith is the final report of the Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems. This committee was created pursuant to Article 1.9 of Title 18, C.R.S. The purpose of this committee is to oversee an advisory task force that studies and makes recommendations concerning the treatment of persons with mental illness who are involved in the criminal and juvenile justice systems in Colorado.

At its meeting on October 14, 2016, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills therein for consideration in the 2017 session was approved.

Sincerely,

/s/ Representative Dickey Lee Hullinghorst Chairman This page intentionally left blank.

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This report is also available online at:

http://leg.colorado.gov/committees/treatment-persons-mental-illness-criminal-justicesystem/2016-regular-session This page intentionally left blank.

Committee Charge

Pursuant to Article 1.9 of Title 18, C.R.S., a legislative oversight committee and an advisory task force concerning the treatment of persons with mental illness in the criminal and juvenile justice systems are established.

History

The advisory task force and legislative oversight committee concerning the treatment of persons with mental illness in the criminal and juvenile justice systems 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 discussion 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 and again in 2009 with the passage of House Bill 09-1021. The oversight committee was subject to Senate Bill 10-213, which suspended interim activities during the 2010 interim. During the 2014 legislative session, the task force and legislative oversight committee were once again reauthorized and reestablished by Senate Bill 14-021. The committee and advisory task force are set to repeal on July 1, 2020.

General Charge

The oversight committee is responsible for the oversight of the advisory task force and recommending legislative changes. The advisory task force is directed to examine the identification, diagnosis, and treatment of persons with mental illness who are involved in the criminal and juvenile justice systems, including the examination of liability, safety, and cost as they relate to these issues. The oversight committee is required to submit an annual report to the General Assembly by January 15 of each year regarding the recommended legislation resulting from the work of the task force.

Advisory Task Force Charge

General Charge

The authorizing legislation directs the advisory task force to consider, at a minimum, the following issues:

- housing for a person with mental illness after his or her release from the criminal and juvenile justice system;
- medication consistency, delivery, and availability;
- best practices for suicide prevention, within and outside of correctional facilities;
- treatment of co-occurring disorders;
- awareness of and training for enhanced staff safety, including expanding training opportunities for providers; and
- enhanced data collection related to issues affecting persons with mental illness in the criminal and juvenile justice systems.

The legislation authorizes the advisory task force to work with other task forces, committees, or organizations that are pursuing policy initiatives similar to those listed above. The advisory task force is required to consider developing relationships with other groups to facilitate policy-making opportunities through collaborative efforts.

Recommendations and Reports

The advisory task force is required to submit a report of its findings and recommendations to the legislative oversight committee annually by October 1. Typically, this report is made orally at the legislative oversight committee meetings throughout the year.

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 task force recommended four pieces of legislation to the legislative oversight committee during the 2016 interim; additionally, the legislative oversight committee considered two other pieces of legislation suggested by oversight committee members. These two additional pieces of legislation were ultimately not brought forth by the committee. The recommended legislation is discussed in the Committee Activities section of this report.

Membership

Table 1 lists the members of the advisory task force and the agencies they represent. The advisory task force consists of 32 members, 4 of whom are appointed by the Chief Justice of the Colorado Supreme Court. The 28 remaining members are appointed by the chair and vice-chair of the legislative oversight committee.

Table 1
MICJS Advisory Task Force Members

State or Private Agency	Representative(s) and Affiliation(s)	
Department of Public Safety (1)	Peggy Heil	Division of Criminal Justice
Department of Corrections (2)	Kerry Pruett	Mental Health Programs Administrator
Department of Corrections (2)	Susan White	Division of Parole
Local Law Enforcement (2) - one of whom will be in active service and one of whom shall have	Commander Thomas DeLuca	El Paso County Sheriff's Office (active service representative)
experience dealing with juveniles in the juvenile justice system	Chris Johnson	County Sheriffs of Colorado (representative with experience dealing with juveniles in the juvenile justice system)
	Camille Harding, chair	Office of Behavioral Health
	Ashley Tunstall	Division of Youth Corrections
Department of Human Services (5)	Melinda Cox	Division of Child Welfare
	Bill Martinez	Colorado Mental Health Institute at Pueblo
	Moe Keller	Mental Health Planning and Advisory Council
County Department of Social Services (1)	Susan Walton, co-chair	Park County Department of Human Services
Department of Education (1)	Michael Ramirez	Teaching and Learning Unit
State Attorney General's Office (1)	Cynthia Kowert	Assistant Deputy Attorney General
District Attorneys (1)	Tariq Sheikh	17th Judicial District - District Attorney's Office
Criminal Defense Bar (2)	Karen Knickerbocker	Office of the Colorado State Public Defender
	Gina Shimeall	Criminal Defense Bar
	Fernando Martinez	San Luis Valley Mental Health Center
Practicing Mental Health Professionals (2)	Lisa Thompson	Colorado Coalition for the Homeless
Community Mental Health Centers in Colorado (1)	Harriet Hall	Jefferson Center for Mental Health
Person with Knowledge of Public Benefits and Public Housing in Colorado (1)	Alison George	Colorado Department of Local Affairs, Division of Housing
Department of Health Care Policy & Financing (1)	Lenya Robinson	Manager, Behavioral Health and Managed Care
Practicing Forensic Professional (1)	Richard Martinez, M.D.	Colorado Office of Behavioral Health/UCDSOM
	Bethe Feltman	Member with a mental illness who has been involved in the Colorado criminal justice system
Members of the Public (3)	Deirdre Parker	Parent of a child who has a mental illness and who has been involved in the Colorado criminal justice system
	Jack Zelkin	Member with an adult family member who has a mental illness and who has been involved in the Colorado criminal justice system
Office of the Child's Representative (1)	Sheri Danz	Deputy Director
Office of the Alternate Defense Counsel (1)	Kathy McGuire	Private attorney
Colorado Department of Labor and Employment (1)	Patrick Teegarden	Director of Policy and Legislation
	Magistrate Denise Peacock	4th Judicial District
Judicial Branch (4)	Judge K.J. Moore	1st Judicial District
	Susan Colling	Juvenile Programs Coordinator, Probation Services
	Tobin Wright	16th Judicial District

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Committee Activities

The committee held four meetings during the 2016 interim. Briefings and presentations were made by the advisory task force, Department of Human Services, Legislative Council Staff, Division of Housing in the Department of Local Affairs, Office of Alternate Defense Counsel, and Department of Public Safety, on a wide range of subjects, including:

- advisory task force activities;
- the Collaborative Management Program;
- vacant state-owned buildings;
- state housing voucher programs; and
- the juvenile sex offender registry.

Additionally, the committee considered legislation. The following sections discuss the committee's activities during 2016.

MICJS Advisory Task Force Updates

The oversight committee received updates on the recent activities of the task force and its subcommittees. The following topics were addressed during those updates:

- housing for a person with mental illness after his or her release from the criminal and juvenile justice system, including the efforts of the advisory task force to develop a draft concept paper proposing changes to the state's housing voucher programs to expand housing options for persons with mental illness who are involved in the criminal and juvenile justice systems;
- the feasibility of developing a statewide, electronic, criminal justice health information exchange in conjunction with a U.S. Department of Justice Bureau of Justice Assistance Second Chance Act Statewide Adult Recidivism Reduction Strategic Program planning grant received by the Department of Public Safety;
- competency restoration, including the development of a memorandum addressing the essential components of restoration legislation that identified the lack of a responsible entity for providing outpatient restoration services in either adult or juvenile proceedings; and
- the challenges that the lack of staffing for the advisory task force presents with preparing timely minutes, orienting new task force members, monitoring legislation, and researching relevant topics.

Committee recommendations. As a result of its discussions, the committee recommends:

- Bill A, which concerns staffing for the advisory task force; and
- Bill C, which addresses competency restoration services and education.

Based on the information presented to the oversight committee during these updates, the committee sent the following letters:

• a letter of support as part of the Department of Public Safety's U.S. Department of Justice's Bureau of Justice Assistance Second Chance Act Statewide Adult Recidivism Reduction Strategic Program implementation grant application; and

 a letter to the Chief Justice of the Colorado Supreme Court encouraging additional judicial trainings on management plans for juveniles found incompetent to proceed and who cannot be restored to competency.

Collaborative Management Program

Susan Walton, advisory task force co-chair and Director of Park County Department of Human Services, along with Colorado Department of Human Services (CDHS) representatives, presented information to the oversight committee concerning denial of funding for Park County from the Collaborative Management Program (CMP). The Division of Child Welfare within the CDHS manages the CMP, which allows county departments of human or social services to partner with various public and private entities to provide comprehensive services to children and families in the child welfare system. Local departments receive incentive funds to administer the CMP. This summer, because of extenuating circumstances, the Park County Department of Human Services was unable to get one required signature before the deadline for renewal of its CMP funding. Park County officials submitted incomplete CMP documentation to CDHS, and Park County was denied funding.

Committee recommendations. As a result of its discussions, the oversight committee sent a letter to the State Board of Human Services on behalf of Park County, requesting that the rules surrounding CMP incentive funding be reviewed and the potential for establishing an administrative appeals process be explored.

Medication Consistency

On August 22, 2016, Regina Huerter, Behavioral Health Transformation Council, presented to the oversight committee the recommended medication formulary developed by the Behavioral Health Transformation Council, in partnership with the advisory task force. She outlined the issues that arise when medications change after a person moves to a different facility. She discussed medication cost issues and existing state purchasing options. She highlighted the need to educate various facilities about purchasing options. Ms. Huerter referenced the importance of data and information sharing with regard to medication consistency.

Committee recommendations. As a result of its discussions, the oversight committee recommends Bill B, which requires various state entities to use a medication formulary and to develop a process by which patient-specific information can be shared between entities to ensure medication consistency.

State-Owned Vacant Buildings

On August 22, 2016, Legislative Council Staff and CDHS staff presented information to the oversight committee concerning repurposing state-owned vacant buildings to provide housing options to persons with mental illness who are involved in the criminal and juvenile justice systems. In February 2016, Legislative Council Staff identified 133 state-owned vacant buildings managed by four state departments and four institutions of higher education. The oversight committee received information about the Grand Junction Regional Center campus, which Senate Bill 16-178 directed the CDHS to sell by 2018.

Committee recommendations. As a result of its discussions, the oversight committee sent a letter to the Capital Development Committee requesting that the two committees explore the idea of repurposing state-owned vacant buildings to provide housing to persons with mental illness who are involved in the criminal and juvenile justice systems.

State Housing Voucher Programs

On August 22, 2016, Alison George, Division of Housing in the Department of Local Affairs, provided the oversight committee with information about the housing voucher programs administered by the state. The presentation focused on the mental health vouchers offered through the State Housing Voucher Program and the Colorado Second Chance Housing and Reentry Program. The mental health vouchers provide assistance to approximately 125 persons statewide who are homeless and transitioning from the state mental health institutes into permanent housing. The Colorado Second Chance Housing and Reentry Program (C-SCHARP) provides two years of rental assistance to persons exiting prison into homelessness with dual diagnoses of mental health and substance use disorders. All participants in the C-SCHARP program receive intensive behavioral health services in an Assertive Community Treatment model. The C-SCHARP program currently serves 30 participants in the Denver and Colorado Springs regions.

Committee recommendations. As a result of its discussions, the oversight committee recommends Bill D, which concerns providing housing vouchers and supportive services to persons with mental illness who are being released from the Department of Corrections or jails.

Juvenile Sex Offender Registry

On August 22, 2016, Stacie Nelson Colling, Office of the Alternate Defense Counsel, and Raechel Alderate, Department of Public Safety, presented information to the oversight committee about the juvenile sex offender registry. Any temporary or permanent resident in the state, including juveniles, convicted in Colorado or any other jurisdiction of an unlawful sexual offense, enticement of a child, or internet luring of a child must register on Colorado's sex offender registry. The court can exempt juveniles from registration under certain conditions, and a juvenile may petition the court for removal from the registry upon completion of his or her sentence. The registry contains the offender's name, address, date of birth, a description of the offense or offenses committed, and his or her status as a sexually violent predator. This information is available to criminal justice agencies, local law enforcement agencies, and the public, upon request. Local law enforcement agencies may post on their websites information about adults on the sex offender registry, as well as juveniles with a second or subsequent adjudication involving unlawful sexual behavior or crimes of violence. As of September 1, 2016, there are 2,095 juveniles on Colorado Bureau of Investigation's sex offender registry. During the presentation. Ms. Nelson Colling stated that research shows that the juvenile sex offender registry does not reduce recidivism or increase public safety. Information was also presented on the federal Sex Offender Registration and Notification Act, which provides a comprehensive set of minimum standards for sex offender registration and notification in the United States.

Committee recommendations. As a result of its discussions, the committee recommended that two bills on the juvenile sex offender registry be drafted, but the draft bills were not approved by the committee.

Advisory Task Force Activities

The advisory task force met monthly in 2016. The advisory task force received regular updates from various task force members on efforts to address issues related to competency restoration, data and information sharing, housing, and medication, as those topics relate to persons with mental illness who are involved in the criminal and juvenile justice systems. Additionally, the task force received outside presentations about the CDHS's recent activities related to competency evaluations, the Colorado Crisis Services System, the Equitas Foundation, and the Colorado Commission on Criminal and Juvenile Justice. The following sections discuss the advisory task force's activities during 2016.

Competency Restoration

For several years, the advisory task force has discussed issues concerning juvenile justice and the standard for measuring competency in juveniles. Throughout the year, a subcommittee met and developed a memorandum addressing the essential components of restoration legislation for both adults and juveniles. The memorandum identified the lack of a responsible entity for providing outpatient restoration services in either adult or juvenile proceedings. The subcommittee reported monthly to the advisory task force.

On April 21, 2016, Dr. Patrick Fox, Chief Medical Director, CDHS, met with the advisory task force. He discussed the settlement agreement between the CDHS and Disability Law Colorado to address the wait lists for individuals for whom a court has ordered an inpatient or outpatient competency evaluation or restoration services. He discussed the expansion of the Jail-Based Competency Restoration Program from 22 beds to 52 beds, and House Bill 16-1410, which changes the procedures around competency evaluations in criminal proceedings. Additionally, Dr. Fox provided information about a project to map the state to see what jail diversion efforts exist throughout Colorado. At its May 19, 2016, meeting, the advisory task force discussed the information that Dr. Fox had presented at the prior meeting, specifically, about various efforts throughout the state to address mental health issues.

Colorado Crisis Services System

On July 21, 2016, representatives from the CDHS and the Department of Health Care Policy and Financing presented information about the Colorado Crisis Services System and the Cross-System Response for Behavioral Health Crises Pilot Program. Senate Bill 13-266 established the Colorado Crisis Services System, which is a statewide resource for mental health, substance use, or emotional crisis help, information, and referrals, operated by the CDHS. The Colorado Crisis Services System provides confidential and immediate support through a hotline, walk-in centers, and mobile crisis units to persons experiencing crisis. There are currently 11 walk-in crisis centers throughout the state. When someone visits a walk-in crisis center, staff conducts a brief screening to determine whether a full clinical assessment is needed. After an assessment, staff determines what type of care is needed and assists the person with accessing the proper outpatient services or inpatient placement. Eight of the 11 centers have crisis stabilization units that allow for people in need of inpatient services to be admitted to a crisis bed for up to five days, during which time they meet with a psychiatrist and participate in developing a treatment plan to allow them to transition home safely. House Bill 15-1368 established the Cross-System Response for Behavioral Health Crises Pilot Program in the Department of Health Care Policy and Financing to provide a cross-system response to behavioral health crises for individuals with intellectual and developmental disabilities and mental health or behavioral disorders.

Data and Information Sharing

In 2015, the Division of Criminal Justice in the Department of Public Safety was awarded a U.S. Department of Justice Bureau of Justice Assistance Second Chance Act Statewide Adult Recidivism Reduction Strategic Program planning grant to provide funding for a 12-month strategic planning process that targets recidivism reduction for a high-risk adult population. This funding resulted in members of the advisory task force and other entities studying the feasibility of developing a statewide, electronic, criminal justice health information exchange. In 2016, the Division of Criminal Justice applied for an implementation grant to implement the exchange; however, the application was denied. The Department of Public Safety representative on the advisory task force provided monthly updates on the progress of the work being conducted under the planning grant and the implementation grant application.

Housing

The advisory task force formed a subcommittee after its 2015 retreat to study issues related to housing for persons with mental illness who are involved in the criminal and juvenile justice systems. The housing subcommittee met monthly to discuss ways to address the housing shortage for persons with mental illness who are exiting the criminal justice system and worked with two law school interns to develop research on the topic. The housing subcommittee provided monthly updates to the advisory task force about its progress to identify possible solutions to address housing shortages for persons with mental illness who are exiting the criminal justice system. In August, the housing subcommittee presented a draft concept paper to the oversight committee proposing changes to the state's housing voucher programs to expand housing options for persons with mental illness who are involved in the criminal and juvenile justice systems.

Medication

The advisory task force received periodic updates from its members who were also involved with the Behavioral Health Transformation Council's efforts to establish a statewide formulary for psychotropic medication for criminal justice and public health facilities.

During the November 17, 2016, advisory task force meeting, Dr. Kim Nordstrom, Office of Behavioral Health, CDHS, presented information to the task force concerning the use of forced medication in state facilities. A discussion occurred regarding the process for emergency and forced medications and the procedures and rules for forced medication.

Equitas Founation

Representatives from the Equitas Foundation presented during the October advisory task force meeting. The foundation works toward:

 an end to mass incarceration of people with mental and behavioral challenges in the United States;

- a criminal justice system that ensures public safety and provides justice with unimpeachable equity, and that does not serve as the default system for mismanaging the nation's behavioral health challenge; and
- a society that supports and cultivates all people's efforts to find purposive and social integration within its neighborhoods and economy, from birth through the end of life – including the efforts of those people and their families who are most vulnerable and at risk for poor health and educational outcomes, persistent poverty, and criminal justice involvement.

On August 31 and September 1, 2016, over two hundred people attended the *Course Corrections: Colorado Summit on Behavioral Health and Criminal Justice* hosted by the Equitas Foundation. The purpose of the summit was to:

- acknowledge Colorado's urgent need for an alternative to incarceration and criminal justice system involvement for people living with mental illness or those who may be experiencing a behavioral health crisis;
- build consensus regarding what course corrections are most urgently required;
- provide recommendations for overcoming barriers to reducing incarceration, improving behavioral health outcomes, and maintaining public safety.

At the conclusion of the summit, the participants issued 18 recommendations addressing behavioral health and the criminal justice system. The task force discussed how it could help in implementing the recommendations.

Colorado Commission on Criminal and Juvenile Justice

During the advisory task force's December 15 meeting, Sheriff Joe Pelle, Boulder County, who serves on the Colorado Commission on Criminal and Juvenile Justice discussed, via phone, the commission. He provided information about how the commission is staffed, the membership of the commission, and the projects and efforts of the commission. There was discussion about how the commission and task force could collaborate and better communicate with one another.

Summary of Recommendations

As a result of the committee's activities, the committee recommended four bills to the Legislative Council for consideration in the 2017 session. At its meeting on October 14, 2016, the Legislative Council approved four recommended bills for introduction. The approved bills are described below, as are the letters the committee sent during the year.

Bill A — Staffing Task Force Mental Illness Justice System

The bill modifies current law concerning funding and staff support for the advisory task force. Specifically, the bill:

- allows the Office of Behavioral Health in the CDHS and any other state agency with an active representative on the task force to receive and expend gifts, grants, and donations in support of the task force;
- permits the Office of Behavioral Health in the CDHS to provide staff assistance to the task force within existing appropriations;
- clarifies that the existing Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems Cash Fund may receive moneys appropriated or transferred by the General Assembly; and
- removes language that prohibits the transfer of unexpended moneys in the fund to the General Fund or another fund.

Bill B — Medication Mental Illness in Justice Systems

The bill requires CDHS and Department of Corrections to promulgate rules to require providers under each department's authority to use a medication formulary that has been developed collaboratively by departments, agencies, and providers. The bill allows for patient-specific information to be shared between various entities for the sole purpose of ensuring medication consistency. CDHS, along with other state entities, must develop a plan by which patient-specific information can be shared electronically, while still complying with confidentiality requirements. The department is to encourage certain providers to utilize cooperative purchasing for the medication formulary, unless the provider can obtain the medication elsewhere at a lower cost. CDHS is required to conduct annual and biannual reviews of the formulary to address any urgent concerns, update the formulary, and ensure compliance.

Bill C — Competency Restoration Services and Education

The bill establishes the Office of Behavioral Health in CDHS as the agency responsible for restoration education and the coordination of competency restoration services, and it sets forth the duties, responsibilities, and reporting requirements of the office. The bill adds the requirement that provision of restoration services and a juvenile's participation in those services occur in a timely manner. The bill requires the court to review cases for juveniles in custody every 30 days. The bill also directs the court to consider whether restoration of competency should occur on an out-patient or out-of-custody basis for defendants on bond or summons.

Bill D — Assistance to Released Mentally III Offenders

The bill directs the Division of Housing in the Department of Local Affairs to establish a program to provide vouchers and supportive services to persons with mental illness who are being released from the Department of Corrections or jails. CDHS, in conjunction with the Department of Corrections, is to implement reentry programs to assist persons with a mental illness who are being released from the Department of Corrections or jail.

Letter to the Capital Development Committee

The oversight committee sent a letter to the Capital Development Committee requesting that the two committees explore the idea of repurposing state-owned vacant buildings to provide housing to persons with mental illness who are involved in the criminal and juvenile justice systems.

Letter to the Chief Justice of the Colorado Supreme Court

The oversight committee sent a letter to the Chief Justice of the Colorado Supreme Court encouraging additional judicial trainings on management plans for juveniles found incompetent to proceed and who cannot be restored to competency.

Letter to the State Board of Human Services

The oversight committee sent a letter to the State Board of Human Services on behalf of Park County, requesting that the rules surrounding Collaborative Management Program incentive funding be reviewed and the potential for establishing an administrative appeal process be explored.

Letter to the U.S. Department of Justice

The oversight committee sent a letter of support as part of the Department of Public Safety's U.S. Department of Justice's Bureau of Justice Assistance Second Chance Act Statewide Adult Recidivism Reduction Strategic Program implementation grant application to implement a statewide, electronic, criminal justice health information exchange. The grant application was denied.

Resource Materials

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

http://leg.colorado.gov/committees/treatment-persons-mental-illness-criminaljustice-system/2016-regular-session

Meeting Date and Topics Discussed

Legislative Oversight Committee

March 18, 2016

- General overview of advisory task force recent activities
- Advisory task force membership update and discussion of vacancies
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Housing subcommittee update

July 20, 2016

- General overview of advisory task force recent activities and accomplishments
- Discussion of collaborative management program
- Discussion of advisory task force staffing needs
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Housing subcommittee update

August 22, 2016

- General overview of advisory task force recent activities and accomplishments
- Update on Park County collaborative management program funding
- Medication consistency proposal
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Housing subcommittee update
- Presentation on vacant state buildings

- Presentation on juvenile sex offender registry
- State housing voucher programs presentation
- Discussion of draft committee letters
- Committee discussion and votes on motions to request bill drafts

October 5, 2016

- Update of advisory task force recent activities
- Discussion of draft letter to the Capital Development Committee
- Discussion and votes on proposed legislation

Advisory Task Force

January 21, 2016

- Oversight committee update and bill discussion
- Housing subcommittee update
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Behavioral Health Transformation Council update
- Membership updates and vacancies discussion
- Legislative update

February 18, 2016

- Oversight committee update and bill discussion
- Housing subcommittee update
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Membership updates and vacancies discussion
- Legislative update

March 17, 2016

- Housing subcommittee update
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Discussion of proposed changes to 42 CFR
- Membership updates and vacancies discussion
- Legislative update

April 21, 2016

- Discussion with Dr. Patrick Fox, Medical Director, Colorado Department of Human Services
- Housing subcommittee update
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Membership updates and vacancies discussion
- Legislative update

May 19, 2016

- Review of discussion with Dr. Patrick Fox, Medical Director, Colorado Department of Human Services
- Housing subcommittee update
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Behavioral Health Transformation Council update
- Membership updates and vacancies discussion
- Legislative update

June 16, 2016

- Legislative update
- Oversight committee update
- Housing subcommittee update
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Membership updates and vacancies discussion

July 21, 2016

- Presentation on Colorado Crisis System
- Legislative update
- Oversight committee update
- Election of chair and vice-chair
- Housing subcommittee update
- Competency restoration subcommittee update
- Behavioral Health Transformation Council update
- Membership updates and vacancies discussion

August 18, 2016

- Legislative update
- Housing subcommittee update

- Competency restoration subcommittee update
- Membership updates and vacancies discussion
- Discussion of Kiowa County's Sequential Intercept Model

September 15, 2016

- Oversight committee update and bill discussion
- Housing subcommittee update
- Data and information sharing subcommittee update
- Behavioral Health Transformation Council update
- Membership updates and vacancies discussion

October 20, 2016

- Oversight committee update and bill discussion
- Equitas Foundation presentation
- Discussion of goals and objectives for upcoming year
- Housing subcommittee update
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Behavioral Health Transformation Council update
- Membership updates and vacancies discussion

November 17, 2016

- Forced medications discussion
- Housing subcommittee update
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Sex offender registry discussion
- Behavioral Health Transformation Council update
- Legislative update

December 15, 2016

- Colorado Commission on Criminal and Juvenile Justice discussion
- Re-entry Program presentation
- Competency restoration subcommittee update
- Data and information sharing subcommittee update
- Behavioral Health Transformation Council update
- Membership updates and vacancies discussion
- Legislative update

First Regular Session Seventy-first General Assembly STATE OF COLORADO

BILL A

LLS NO. 17-0147.01 Jane Ritter x4342

HOUSE BILL

HOUSE SPONSORSHIP

Singer, Lee

Martinez Humenik,

SENATE SPONSORSHIP

House Committees

Senate Committees

A BILL FOR AN ACT

101 CONCERNING ONGOING STAFFING FOR THE TASK FORCE CONCERNING

102 TREATMENT OF PERSONS WITH MENTAL ILLNESS IN THE

103 CRIMINAL AND JUVENILE JUSTICE SYSTEMS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov/.)

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems. The bill amends provisions in current statute to provide for ongoing staff support for the task force concerning treatment of persons with mental illness in the criminal and juvenile justice systems. 1 Be it enacted by the General Assembly of the State of Colorado:

2 SECTION 1. In Colorado Revised Statutes, 18-1.9-104, amend
3 (1)(a) as follows:

4 18-1.9-104. Task force concerning treatment of persons with 5 mental illness in the criminal and juvenile justice systems - creation 6 - **membership** - **duties.** (1) **Creation.** (a) There is hereby created a task 7 force concerning treatment of persons with mental illness in the criminal 8 and juvenile justice systems in Colorado. The task force shall consist 9 CONSISTS of thirty-two members appointed as provided in paragraphs (b) 10 and (c) of this subsection (1) SUBSECTIONS (1)(b) AND (1)(c) OF THIS 11 SECTION AND ANY STAFF SUPPORT AS PROVIDED FOR IN SECTION 12 18-1.9-105.

13 SECTION 2. In Colorado Revised Statutes, amend 18-1.9-105
14 as follows:

15 18-1.9-105. Task force funding - staff support. (1) The division 16 of criminal justice of the department of public safety, on behalf of the 17 task force, is THE UNIT IN THE DEPARTMENT OF HUMAN SERVICES THAT 18 ADMINISTERS BEHAVIORAL HEALTH PROGRAMS AND SERVICES, INCLUDING 19 THOSE RELATED TO MENTAL HEALTH AND SUBSTANCE USE, ALSO KNOWN 20 AS THE OFFICE OF BEHAVIORAL HEALTH, AND ANY STATE DEPARTMENT OR 21 AGENCY WITH AN ACTIVE REPRESENTATIVE ON THE TASK FORCE ARE 22 authorized to receive and expend contributions GIFTS, grants, services, 23 and in-kind AND donations, INCLUDING DONATIONS OF IN-KIND SERVICES 24 FOR STAFF SUPPORT, from any public or private entity for any direct or 25 indirect costs associated with the duties of the task force. set forth in this 26 article.

18

1 (2) The director of research of the legislative council, the director 2 of the office of legislative legal services, the director of the division of 3 criminal justice within the department of public safety, THE DIRECTOR OF 4 THE UNIT IN THE DEPARTMENT OF HUMAN SERVICES THAT ADMINISTERS 5 BEHAVIORAL HEALTH PROGRAMS AND SERVICES, INCLUDING THOSE 6 RELATED TO MENTAL HEALTH AND SUBSTANCE USE, ALSO KNOWN AS THE 7 OFFICE OF BEHAVIORAL HEALTH, and the executive directors of the 8 departments represented on the task force may supply staff assistance to 9 the task force as they deem appropriate within existing appropriations If 10 staff assistance is not available from a governmental agency within 11 existing appropriations, then the executive directors of the departments 12 represented on the task force, the director of research of the legislative 13 council, and the director of the office of legislative legal services may 14 supply staff assistance to the task force only OR if moneys are credited to 15 the treatment of persons with mental illness in the criminal and juvenile 16 justice systems cash fund created in section 18-1.9-106 FOR THE PURPOSE 17 OF AND in an amount sufficient to fund staff assistance. The task force 18 may also accept DONATIONS OF IN-KIND SERVICES FOR staff support from 19 the private sector.

20 **SECTION 3.** In Colorado Revised Statutes, 18-1.9-106, amend 21 (1) as follows:

22 18-1.9-106. Treatment of persons with mental illness in the 23 criminal and juvenile justice systems cash fund. (1) All private and 24 public funds received through grants, contributions, and donations 25 pursuant to this article shall be transmitted to the state treasurer, who shall 26 credit the same to The treatment of persons with mental illness in the 27 criminal and juvenile justice systems cash fund, which fund is hereby 28 created and referred to in this section as the "fund", IS HEREBY CREATED DRAFT

19

1 IN THE STATE TREASURY. THE FUND CONSISTS OF MONEY APPROPRIATED 2 OR TRANSFERRED TO THE FUND BY THE GENERAL ASSEMBLY AND ANY 3 PRIVATE AND PUBLIC FUNDS RECEIVED THROUGH GIFTS, GRANTS, OR 4 DONATIONS FOR THE PURPOSE OF IMPLEMENTING THE PROVISIONS OF THIS 5 ARTICLE. The moneys MONEY in the fund shall be IS subject to annual 6 appropriation by the general assembly for the direct and indirect costs 7 associated with the implementation of this article. All moneys MONEY in 8 the fund not expended for the purpose of IMPLEMENTING this article may 9 be invested by the state treasurer as provided by law. All interest and 10 income derived from the investment and deposit of moneys in the fund 11 shall be credited to the fund. Any unexpended and unencumbered moneys 12 remaining in the fund at the end of a fiscal year shall remain in the fund 13 and shall not be credited or transferred to the general fund or another 14 fund. All unexpended and unencumbered moneys remaining in the fund 15 as of July 1, 2020, shall be transferred to the general fund. THE STATE 16 TREASURER SHALL CREDIT ALL INTEREST AND INCOME DERIVED FROM THE 17 DEPOSIT AND INVESTMENT OF MONEY IN THE FUND TO THE FUND. THE 18 STATE TREASURER SHALL TRANSFER ALL UNEXPENDED AND 19 UNENCUMBERED MONEY REMAINING IN THE FUND AS OF JULY 1, 2020, TO 20 THE GENERAL FUND.

21 SECTION 4. Act subject to petition - effective date. This act 22 takes effect at 12:01 a.m. on the day following the expiration of the 23 ninety-day period after final adjournment of the general assembly (August 24 9, 2017, if adjournment sine die is on May 10, 2017); except that, if a 25 referendum petition is filed pursuant to section 1 (3) of article V of the 26 state constitution against this act or an item, section, or part of this act 27 within such period, then the act, item, section, or part will not take effect 28 unless approved by the people at the general election to be held in

- 1 November 2018 and, in such case, will take effect on the date of the
- 2 official declaration of the vote thereon by the governor.

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First Regular Session Seventy-first General Assembly STATE OF COLORADO

BILL B

LLS NO. 17-0148.01 Jane Ritter x4342

SENATE BILL

SENATE SPONSORSHIP

Martinez Humenik,

Singer,

HOUSE SPONSORSHIP

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING INCREASING MEDICATION CONSISTENCY FOR PERSONS** 102 WITH MENTAL ILLNESS IN THE CRIMINAL AND JUVENILE JUSTICE

103 SYSTEMS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov/.)

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems. The bill implements recommendations from the task force concerning the treatment of persons with mental illness in the criminal and juvenile justice systems and the medication consistency work group of the behavioral health transformation council to promote increased medication consistency for persons with mental illness in the criminal and juvenile justice systems. The recommendations include:

- Requiring the unit and office within the department of human services that administers behavioral health programs (OBH), including those related to mental health and substance use, and the department of corrections to promulgate rules that require providers under each department's authority to use an agreed upon medication formulary (formulary) by mental health providers and justice system providers (providers);
- Requiring OBH to conduct annual and biannual reviews of the formulary to address any urgent concerns related to the formulary, update the formulary, and ensure compliance with the medicaid formulary;
- Requiring the department of corrections, county jails, community mental health centers, the division of youth corrections, and other providers to share patient-specific mental health care and treatment information, provided federal and state confidentiality requirements are met;
- Requiring OBH and relevant providers to develop a plan for electronically sharing patient-specific mental health care and treatment information across systems;
- Requiring OBH to encourage providers to utilize cooperative purchasing for the formulary to maximize statewide cost savings;
- Encouraging the pharmaceutical cooperative purchasing entity to include an ongoing drug utilization review process;
- Requiring OBH to investigate and develop options for collaboration with local county jails to coordinate medication purchasing. Based on that information, the behavioral health transformation council shall develop a medication purchasing plan on or before July 1, 2017; and
- Requiring the department of human services and the department of corrections to report progress on the implementation and use of the medication formulary and cooperative purchasing as part of each department's "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" hearing, beginning in January 2018 and annually thereafter.

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

1	SECTION 1. In Colorado Revised Statutes, add article 70 to title
2	27 as follows:
3	ARTICLE 70
4	Medication Consistency for Persons with Mental Illness
5	in the Criminal and Juvenile Justice Systems
6	27-70-101. Legislative declaration. (1) THE GENERAL ASSEMBLY
7	FINDS AND DECLARES THAT:
8	(a) The lack of medication consistency for individuals
9	WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL AND
10	JUVENILE JUSTICE SYSTEMS CREATES ADDITIONAL, OFTEN SERIOUS,
11	PROBLEMS FOR THESE INDIVIDUALS;
12	(b) IT IS CRITICAL THAT THE STATE INCREASE THE LIKELIHOOD
13	THAT A BROAD SPECTRUM OF EFFECTIVE MEDICATIONS, INCLUDING
14	PSYCHOTROPIC MEDICATIONS, ARE AVAILABLE TO THESE INDIVIDUALS,
15	REGARDLESS OF SETTING OR SERVICE PROVIDER;
16	(c) BY WORKING COOPERATIVELY WITH THE CRIMINAL AND
17	JUVENILE JUSTICE SYSTEMS AND MENTAL HEALTH SERVICE PROVIDERS,
18	THE STATE CAN HELP ENSURE MEDICATION CONSISTENCY AND ALSO
19	DECREASE OVERALL STATE COSTS THROUGH THE USE OF A COMMON AND
20	AGREED UPON MEDICATION FORMULARY AND COOPERATIVE PURCHASING;
21	(d) The medication consistency work group of the
22	BEHAVIORAL HEALTH TRANSFORMATION COUNCIL IDENTIFIED MENTAL
23	HEALTH MEDICATIONS THAT ARE ESSENTIAL AND PREFERRED FOR A BASIC
24	MEDICATION FORMULARY THAT COULD BE USED ACROSS ALL PUBLIC
25	SYSTEMS TO INCREASE MEDICATION CONTINUITY FOR PERSONS WITH
26	MENTAL ILLNESS IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS; AND
27	(e) INCREASING INFORMATION SHARING ACROSS SYSTEMS AND
28	SERVICE PROVIDERS ABOUT THE IMPORTANCE OF MEDICATION
	DRAFT 25

CONSISTENCY AND THE USE OF A COMMON AND AGREED UPON MEDICATION
 FORMULARY AND COOPERATIVE PURCHASING WILL RESULT IN LONG-TERM
 BENEFITS FOR THE STATE AND FOR PERSONS WITH MENTAL ILLNESS WHO
 ARE INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS.

5 27-70-102. Definitions. As used in this article, unless the
6 CONTEXT OTHERWISE REQUIRES:

7 (1) "DEPARTMENT" MEANS THE DEPARTMENT OF HUMAN SERVICES
8 CREATED IN SECTION 26-1-105.

9 (2) "FACILITY" MEANS A PUBLIC HOSPITAL OR A LICENSED PRIVATE 10 HOSPITAL, FEDERALLY QUALIFIED HEALTH CARE CENTER, CLINIC, 11 COMMUNITY MENTAL HEALTH CENTER OR CLINIC, INSTITUTION, ACUTE 12 TREATMENT UNIT, JAIL, FACILITY OPERATED BY THE DEPARTMENT OF 13 CORRECTIONS, OR A FACILITY OPERATED BY THE DIVISION OF YOUTH 14 CORRECTIONS.

15 (3) "MEDICATION FORMULARY" MEANS THE MEDICATION
16 FORMULARY ESTABLISHED PURSUANT TO SECTION 27-70-103 FOR USE BY
17 PROVIDERS.

18 (4) "PROVIDER" MEANS ANY PERSON, FACILITY, OR GOVERNMENT
19 ENTITY RESPONSIBLE FOR PROVIDING MENTAL HEALTH SERVICES RELATED
20 TO THE CARE AND TREATMENT OF A PERSON WITH MENTAL ILLNESS WHO
21 IS OR WAS INVOLVED WITH THE CRIMINAL OR JUVENILE JUSTICE SYSTEM.

(5) "UNIT", ALSO KNOWN AS THE "OFFICE OF BEHAVIORAL
HEALTH", MEANS THE UNIT IN THE DEPARTMENT THAT ADMINISTERS
BEHAVIORAL HEALTH PROGRAMS AND SERVICES, INCLUDING THOSE
RELATED TO MENTAL HEALTH AND SUBSTANCE ABUSE.

26 27-70-103. Medication consistency for persons with mental
 illness in the criminal and juvenile justice systems - medication
 formulary - cooperative purchasing - reporting. (1) (a) BEGINNING

1 JULY 1, 2017, THE DEPARTMENT OF HUMAN SERVICES AND THE 2 DEPARTMENT OF CORRECTIONS SHALL PROMULGATE RULES THAT REQUIRE 3 PROVIDERS UNDER EACH DEPARTMENT'S AUTHORITY TO USE A 4 MEDICATION FORMULARY THAT HAS BEEN DEVELOPED COLLABORATIVELY 5 BY DEPARTMENTS, AGENCIES, AND PROVIDERS. THE DEPARTMENTS SHALL 6 ALSO DEVELOP PROCESSES FOR EDUCATION AND MARKETING RELATED TO 7 INFORMATION REGARDING THE MEDICATION FORMULARY AND 8 COOPERATIVE PURCHASING OPPORTUNITIES FOR FACILITIES AND 9 PROVIDERS.

10 (b) ON OR BEFORE JULY 1, 2018, AND EVERY JULY 1 OF EVERY 11 EVEN-NUMBERED YEAR THEREAFTER, THE UNIT SHALL CONDUCT A REVIEW 12 OF THE MEDICATION FORMULARY TO ADDRESS ANY URGENT CONCERNS 13 RELATED TO THE FORMULARY AND TO PROPOSE UPDATES TO THE 14 FORMULARY. DURING THIS REVIEW, THE UNIT SHALL ALSO CREATE THE 15 APPROPRIATE NOTIFICATION PROCESS FOR UPDATES TO THE FORMULARY.

16 (c) ON OR BEFORE JULY 1, 2019, AND EVERY TWO YEARS 17 THEREAFTER AS NECESSARY, THE UNIT SHALL CONDUCT A REVIEW OF THE 18 MEDICATION FORMULARY TO UPDATE THE MEDICATION FORMULARY AND 19 ENSURE COMPLIANCE WITH THE MEDICAID FORMULARY USED BY THE 20 DEPARTMENT OF HEALTH CARE POLICY AND FINANCING.

21 (2) (a) FOR THE SOLE PURPOSE OF ENSURING MEDICATION 22 CONSISTENCY FOR PERSONS WITH MENTAL ILLNESS IN THE CRIMINAL AND 23 JUVENILE JUSTICE SYSTEMS, THE DEPARTMENT OF CORRECTIONS, 24 COUNTIES, THE DIVISION OF YOUTH CORRECTIONS, COMMUNITY MENTAL 25 HEALTH CENTERS, AND OTHER PROVIDERS SHALL SHARE PATIENT-SPECIFIC 26 MENTAL HEALTH AND TREATMENT INFORMATION. ALL SUCH INFORMATION 27 SHARING MUST COMPLY WITH CONFIDENTIALITY REQUIREMENTS, 28 INCLUDING ANY NECESSARY MEMORANDUMS OF UNDERSTANDING DRAFT 27

BETWEEN PROVIDERS, SET FORTH IN THE FEDERAL "HEALTH INSURANCE
 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", 45 CFR PARTS 2, 160,
 162, AND 164.

4 (b) ON OR BEFORE JULY 1, 2017, THE UNIT, IN COLLABORATION 5 WITH THE OFFICE OF INFORMATION TECHNOLOGY, THE OFFICE OF E-HEALTH 6 INNOVATION, THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, 7 THE DEPARTMENT OF PUBLIC SAFETY, THE DEPARTMENT OF CORRECTIONS, 8 AND OTHER AGENCIES AS APPROPRIATE, SHALL DEVELOP A PLAN BY WHICH 9 THE PATIENT-SPECIFIC INFORMATION REQUIRED BY SUBSECTION (2)(a) OF 10 THIS SECTION CAN BE SHARED ELECTRONICALLY, WHILE STILL IN 11 COMPLIANCE WITH CONFIDENTIALITY REQUIREMENTS, INCLUDING ANY 12 NECESSARY MEMORANDUMS OF UNDERSTANDING BETWEEN PROVIDERS, 13 SET FORTH IN THE FEDERAL "HEALTH INSURANCE PORTABILITY AND 14 ACCOUNTABILITY ACT OF 1996", 45 CFR PARTS 2, 160, 162, AND 164.

15 (3) (a) THE UNIT SHALL ENCOURAGE PROVIDERS THAT HAVE BEEN 16 GRANTED PURCHASING AUTHORITY BY THE DEPARTMENT OF PERSONNEL 17 PURSUANT TO SECTION 24-102-204 TO UTILIZE COOPERATIVE PURCHASING 18 FOR THE MEDICATION FORMULARY, AS AUTHORIZED PURSUANT TO 19 SECTION 24-110-201, UNLESS THE PROVIDER CAN OBTAIN THE MEDICATION 20 ELSEWHERE AT A LOWER COST. THE USE OF COOPERATIVE PURCHASING 21 MAY, AND IS ENCOURAGED TO, INCLUDE EXTERNAL PROCUREMENT 22 ACTIVITY, AS DEFINED IN SECTION 24-110-101 (2), IF THE EXTERNAL 23 PROCUREMENT ACTIVITY AGGREGATES PURCHASING VOLUME TO 24 NEGOTIATE DISCOUNTS WITH MANUFACTURERS, DISTRIBUTORS, AND 25 OTHER VENDORS.

(b) ANY EXTERNAL PROCUREMENT ACTIVITY, AS DEFINED IN
 SECTION 24-110-101 (2), USED BY PROVIDERS FOR PURPOSES OF THIS
 ARTICLE IS ENCOURAGED TO INCLUDE AN ONGOING DRUG UTILIZATION
 28

1 REVIEW PROCESS. THE PURPOSE OF THE REVIEW PROCESS IS TO HELP 2 ENSURE A STRUCTURED, ONGOING REVIEW OF HEALTH CARE PROVIDER 3 PRESCRIBING, PHARMACIST DISPENSING, AND PATIENT USE OF MEDICATION. 4 THE REVIEW MUST INCLUDE A COMPREHENSIVE ANALYSIS OF PATIENTS' 5 PRESCRIPTION AND MEDICATION DATA TO HELP ENSURE APPROPRIATE 6 MEDICATION DECISION-MAKING AND POSITIVE PATIENT OUTCOMES BY 7 PROVIDING EDUCATIONAL FEEDBACK TO PROVIDERS ON APPROPRIATE 8 MEDICATION UTILIZATION.

9 (4) THE UNIT SHALL INVESTIGATE AND DEVELOP OPTIONS FOR 10 COLLABORATION WITH LOCAL COUNTY JAILS TO COORDINATE MEDICATION 11 PURCHASING. BASED ON THE INFORMATION FROM THE UNIT, THE 12 BEHAVIORAL HEALTH TRANSFORMATION COUNCIL, ESTABLISHED IN 13 SECTION 27-61-102, SHALL DEVELOP A MEDICATION PURCHASING PLAN ON 14 OR BEFORE JULY 1, 2017.

15 (5)BEGINNING IN JANUARY 2018, AND EVERY JANUARY 16 THEREAFTER, THE DEPARTMENT OF HUMAN SERVICES AND THE 17 DEPARTMENT OF CORRECTIONS SHALL REPORT PROGRESS ON THE 18 IMPLEMENTATION AND USE OF THE MEDICATION FORMULARY AND 19 COOPERATIVE PURCHASING AS PART OF EACH DEPARTMENT'S "STATE 20 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT 21 (SMART) GOVERNMENT ACT" HEARING REQUIRED BY SECTION 2-7-203. 22 EACH DEPARTMENT SHALL MAKE SUCH REPORTS TO THE JOINT HEALTH 23 AND HUMAN SERVICES COMMITTEE AND THE JOINT JUDICIARY COMMITTEE, 24 OR ANY SUCCESSOR COMMITTEES.

25 SECTION 2. Act subject to petition - effective date. This act
26 takes effect at 12:01 a.m. on the day following the expiration of the
27 ninety-day period after final adjournment of the general assembly (August
28 9, 2017, if adjournment sine die is on May 10, 2017); except that, if a *DRAFT* 29

referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2018 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

First Regular Session Seventy-first General Assembly STATE OF COLORADO

BILL C

LLS NO. 17-0149.01 Jane Ritter x4342

SENATE BILL

SENATE SPONSORSHIP

Martinez Humenik, Woods

Lee, Singer

HOUSE SPONSORSHIP

Senate Committees

House Committees

A BILL FOR AN ACT

101 CONCERNING COMPETENCY RESTORATION SERVICES FOR DEFENDANTS

102 DEEMED INCOMPETENT TO PROCEED.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov/.)

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems. The bill addresses various issues relating to the restoration of competency for juveniles and adults in the juvenile and criminal justice systems, including:

• Requiring the court to consider whether restoration to

competency services should occur on an outpatient basis if the defendant is on bond or summons;

- Requiring that, in addition to providing competency restoration services in the least restrictive environment, the provision of such services and a juvenile's participation in those services occur and are reviewed by the court in a timely manner;
- Establishing the unit within the department of human services that administers behavioral health programs and services, including those relating to mental health and substance abuse, also known as the office of behavioral health (office), as the entity responsible for the oversight of restoration education and the coordination services necessary to competency restoration; and
- Setting forth the duties of the office related to competency restoration services and education.
- 1 Be it enacted by the General Assembly of the State of Colorado:
- 2 SECTION 1. In Colorado Revised Statutes, 16-8.5-111, amend
 3 (2)(a) as follows:
- 4 16-8.5-111. Procedure after determination of competency or
 5 incompetency. (2) If the final determination made pursuant to section
 6 16-8.5-103 is that the defendant is incompetent to proceed, the court has
 7 the following options:
- 8 (a) IF THE DEFENDANT IS ON BOND OR SUMMONS, THE COURT 9 SHALL CONSIDER WHETHER RESTORATION TO COMPETENCY SHOULD 10 OCCUR ON AN OUTPATIENT AND OUT-OF-CUSTODY BASIS. If the defendant 11 is in custody, the court may release the defendant on bond upon 12 compliance with the standards and procedures for such release prescribed 13 by statute and by the Colorado rules of criminal procedure. As a condition 14 of bond, the court may require the defendant to obtain any treatment or 15 habilitation services that are available to the defendant, such as inpatient 16 or outpatient treatment at a community mental health center or in any

1 other appropriate treatment setting, as determined by the court. Nothing 2 in this section authorizes the court to order community mental health 3 centers or other providers to provide treatment for persons not otherwise 4 eligible for these services. At any hearing to determine eligibility for 5 release on bond, the court shall consider any effect the defendant's 6 incompetency may have on the court's ability to ensure the defendant's 7 presence for hearing or trial. There shall be IS a presumption that the 8 incompetency of the defendant DEFENDANT'S INCOMPETENCY will inhibit 9 the DEFENDANT'S ability of the defendant to ensure his or her presence for 10 trial. PURSUANT TO SECTION 27-60-104, THE UNIT IN THE DEPARTMENT 11 THAT ADMINISTERS BEHAVIORAL HEALTH PROGRAMS AND SERVICES, 12 INCLUDING THOSE RELATED TO MENTAL HEALTH AND SUBSTANCE ABUSE, 13 ALSO KNOWN AS THE OFFICE OF BEHAVIORAL HEALTH, IS THE ENTITY 14 RESPONSIBLE FOR THE OVERSIGHT OF RESTORATION EDUCATION AND 15 COORDINATION OF SERVICES NECESSARY TO COMPETENCY RESTORATION. 16 **SECTION 2.** In Colorado Revised Statutes, 19-2-1303, amend 17 (2) as follows:

18 **19-2-1303.** Procedure after determination of competency or 19 **incompetency.** (2) If the court finally determines pursuant to section 20 19-2-1302 that the juvenile is incompetent to proceed, but may be 21 restored to competency, the court shall stay the proceedings and order that 22 the juvenile receive services designed to restore the juvenile to 23 competency, based upon recommendations in the competency evaluation 24 unless the court makes specific findings that the recommended services 25 in the competency evaluation are not justified. The court shall order that 26 the restoration services ordered are provided in the least restrictive 27 environment, taking into account the public safety and the best interests 28 of the juvenile, AND THAT THE PROVISION OF THE SERVICES AND THE DRAFT 33

1 JUVENILE'S PARTICIPATION IN THOSE SERVICES OCCURS IN A TIMELY 2 MANNER. The court shall review the PROVISION OF AND THE JUVENILE'S 3 PARTICIPATION IN THE SERVICES AND THE juvenile's progress toward 4 competency at least every ninety days until competency is restored, 5 UNLESS THE JUVENILE IS IN CUSTODY, IN WHICH EVENT THE COURT SHALL 6 REVIEW THE CASE EVERY THIRTY DAYS TO ENSURE THE PROMPT PROVISION 7 OF SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT. The court shall 8 not maintain jurisdiction longer than the maximum possible sentence for 9 the original offense, unless the court makes specific findings of good 10 cause to retain jurisdiction. However, in no case shall the juvenile court's 11 jurisdiction SHALL NOT extend beyond the juvenile's twenty-first birthday. 12 PURSUANT TO SECTION 27-60-104, THE UNIT IN THE DEPARTMENT OF 13 HUMAN SERVICES THAT ADMINISTERS BEHAVIORAL HEALTH PROGRAMS 14 AND SERVICES, INCLUDING THOSE RELATED TO MENTAL HEALTH AND 15 SUBSTANCE ABUSE, ALSO KNOWN AS THE OFFICE OF BEHAVIORAL HEALTH, 16 IS THE ENTITY RESPONSIBLE FOR THE OVERSIGHT OF RESTORATION 17 EDUCATION AND COORDINATION OF SERVICES NECESSARY TO 18 COMPETENCY RESTORATION.

SECTION 3. In Colorado Revised Statutes, add 27-60-104 as
follows:

21 27-60-104. Outpatient restoration to competency services legislative declaration - responsible entity - duties - report. (1) THE
 23 GENERAL ASSEMBLY FINDS AND DECLARES THAT:

(a) COLORADO'S STATUTORY SCHEME DOES NOT DESIGNATE AN
ENTITY RESPONSIBLE FOR COMPETENCY RESTORATION SERVICES, NOR
DOES IT PROVIDE A SUFFICIENT FRAMEWORK FOR THE PROVISION OF
OUTPATIENT RESTORATION SERVICES TO ADULTS OR JUVENILES. AS A
RESULT, THERE HAVE BEEN DEFICITS AND INCONSISTENCIES IN THE

1 ADMINISTRATION OF THE EDUCATIONAL COMPONENT OF OUTPATIENT 2 COMPETENCY RESTORATION SERVICES AND THE COORDINATION AND 3 INTEGRATION OF THAT COMPONENT WITH EXISTING SERVICES AND 4 SUPPORTS TO ADDRESS THE UNDERLYING CAUSES OF INCOMPETENCY.

5 THE LACK OF A DESIGNATED RESPONSIBLE ENTITY FOR (b) 6 COMPETENCY RESTORATION SERVICES IN COLORADO HAS CAUSED 7 INCONSISTENCY IN COMPETENCY RESTORATION SERVICES THROUGHOUT 8 THE STATE AND DELAYS IN PROCEEDINGS THAT IMPACT THE DUE PROCESS 9 RIGHTS OF JUVENILES AND ADULTS INVOLVED IN THE JUVENILE AND 10 CRIMINAL JUSTICE SYSTEMS, AS WELL AS THE INTERESTS OF VICTIMS;

11 (c) COMPETENCY RESTORATION SERVICES MUST BE LOCALIZED 12 AND ACCESSIBLE AND TAKE INTO ACCOUNT THE PUBLIC SAFETY, WHILE 13 STILL ALLOWING FOR STATE-LEVEL STANDARDS AND OVERSIGHT;

14 (d) COMPETENCY RESTORATION SERVICES FOR JUVENILES MUST BE 15 PROVIDED IN THE LEAST RESTRICTIVE ENVIRONMENT, WHILE TAKING INTO 16 ACCOUNT THE PUBLIC SAFETY AND THE BEST INTERESTS OF THE JUVENILE; 17 AND

18 MANY SERVICES ESSENTIAL TO THE RESTORATION OF (e) 19 COMPETENCY CAN BE PROVIDED THROUGH EXISTING PROGRAMS USING 20 EXISTING FUNDING. HOWEVER, THE CURRENT SYSTEM LACKS FUNDING 21 AND RESPONSIBILITY FOR THE EDUCATIONAL COMPONENT OF COMPETENCY 22 RESTORATION SERVICES AND CASE MANAGEMENT TO ACCESS AND 23 LEVERAGE AVAILABLE SERVICES AND SUPPORTS WHICH, COMBINED, WILL 24 HELP ENSURE AN INTEGRATED APPROACH TO COMPETENCY RESTORATION 25 FOR JUVENILES AND ADULTS.

26 (2) THE UNIT IN THE DEPARTMENT OF HUMAN SERVICES THAT 27 ADMINISTERS BEHAVIORAL HEALTH PROGRAMS AND SERVICES, INCLUDING 28 THOSE RELATED TO MENTAL HEALTH AND SUBSTANCE ABUSE, ALSO DRAFT

KNOWN AS THE OFFICE OF BEHAVIORAL HEALTH AND REFERRED TO IN THIS
 SECTION AS THE "OFFICE", SHALL SERVE AS A CENTRAL ORGANIZING
 STRUCTURE AND RESPONSIBLE ENTITY FOR THE PROVISION OF
 COMPETENCY RESTORATION EDUCATION SERVICES AND COORDINATION OF
 COMPETENCY RESTORATION SERVICES ORDERED BY THE COURT PURSUANT
 TO SECTION 19-2-1303 (2) OR 16-8.5-111 (2)(a).

7 (3) THE OFFICE HAS THE FOLLOWING DUTIES AND
8 RESPONSIBILITIES:

9 (a) TO OVERSEE PROVIDERS OF THE EDUCATION COMPONENT OF
10 COMPETENCY RESTORATION SERVICES, INCLUDING:

(I) ESTABLISHING AND ENFORCING QUALIFICATIONS OF
COMPETENCY RESTORATION EDUCATORS, INCLUDING MINIMUM AND
ONGOING TRAINING REQUIREMENTS;

(II) EVALUATING MODELS FOR THE DELIVERY OF COMPETENCY
RESTORATION EDUCATION IN A MANNER THAT MAXIMIZES AND EXPANDS
ON AVAILABLE RESOURCES WHILE MINIMIZING COSTS TO THE STATE; AND
(III) MAINTAINING AN ADEQUATE POOL OF COMPETENCY

18 RESTORATION PROVIDERS, AS DEFINED BY:

19 (A) QUALIFICATIONS AND TRAINING;

20 (B) GEOGRAPHICAL ACCESSIBILITY, IN LIGHT OF THE GOAL OF
21 ENSURING COMMUNITY-BASED RESTORATION IN THE LEAST RESTRICTIVE
22 ENVIRONMENT THROUGHOUT THE STATE; AND

23 (C) ABILITY TO PROVIDE CULTURALLY COMPETENT AND
24 DEVELOPMENTALLY APPROPRIATE COMPETENCY RESTORATION EDUCATION
25 TAILORED TO AN INDIVIDUAL'S UNIQUE NEEDS;

(b) TO DEVELOP MODELS FOR PROVIDING COMPETENCY
RESTORATION SERVICES THAT INTEGRATE COMPETENCY RESTORATION
EDUCATION WITH OTHER CASE MANAGEMENT AND TREATMENT, ENSURE

CONTINUATION OF ONGOING TREATMENT AND SERVICES AS APPROPRIATE,
 AVOID DUPLICATION OF SERVICES, AND ACHIEVE EFFICIENCIES BY
 COORDINATING WITH EXISTING COMMUNITY RESOURCES AND PROGRAMS;
 (c) TO PRESERVE THE INTEGRITY OF THE COMPETENCY
 EVALUATION PROCESS BY ENSURING THAT COMPETENCY RESTORATION
 EDUCATORS OPERATE INDEPENDENTLY FROM COMPETENCY EVALUATORS
 AT THE CASE LEVEL:

8 (d) TO DEVELOP STANDARDIZED JUVENILE AND ADULT CURRICULA
9 FOR THE EDUCATIONAL COMPONENT OF COMPETENCY RESTORATION
10 SERVICES THAT CAN BE TAILORED IN A CONTENT AND DELIVERY
11 MECHANISM TO MEET INDIVIDUAL NEEDS;

12 (e) TO ENGAGE WITH KEY STAKEHOLDERS IN THE JUVENILE AND
13 ADULT JUSTICE SYSTEMS TO DEVELOP BEST PRACTICES IN THE DELIVERY
14 OF COMPETENCY RESTORATION SERVICES; AND

15 (f) TO MAKE RECOMMENDATIONS FOR LEGISLATION.

(4) ON OR BEFORE JANUARY 1, 2019, AND EVERY JANUARY 1
THEREAFTER, THE OFFICE SHALL SUBMIT AN ANNUAL WRITTEN REPORT TO
THE GENERAL ASSEMBLY SUMMARIZING THE OFFICE'S PROVISION OF
COMPETENCY RESTORATION EDUCATION AND ITS EFFORTS TOWARD THE
COORDINATION OF COMPETENCY RESTORATION EDUCATION WITH OTHER
EXISTING SERVICES. THE REPORT MUST INCLUDE:

(a) DATA ON THE NUMBER OF INDIVIDUALS ORDERED TO
COMPETENCY RESTORATION SERVICES, THE AVERAGE TIME FRAME FOR
BEGINNING AND ENDING SUCH SERVICES, THE TYPES OF SETTINGS IN WHICH
COMPETENCY RESTORATION SERVICES ARE PROVIDED, AND THE OUTCOMES
OF SUCH SERVICES;

(b) A DESCRIPTION OF THE OFFICE'S ENGAGEMENT WITH
 COMMUNITY PARTNERS TO COORDINATE COMPETENCY RESTORATION
 DRAFT 37

1 SERVICES IN AN EFFECTIVE AND EFFICIENT MANNER;

2 (c) IDENTIFICATION OF BEST AND PROMISING PRACTICES FOR
3 EDUCATION AND COORDINATION OF COMPETENCY RESTORATION SERVICES;
4 (d) A DESCRIPTION OF OPPORTUNITIES TO MAXIMIZE AND INCREASE
5 AVAILABLE RESOURCES AND FUNDING; AND

6 (e) A DESCRIPTION OF GAPS IN AND CONFLICTS WITH EXISTING
7 FUNDING, SERVICES, AND PROGRAMMING ESSENTIAL TO THE EFFECTIVE
8 RESTORATION OF COMPETENCY FOR JUVENILES AND ADULTS.

9 **SECTION 4.** Act subject to petition - effective date. This act 10 takes effect at 12:01 a.m. on the day following the expiration of the 11 ninety-day period after final adjournment of the general assembly (August 12 9, 2017, if adjournment sine die is on May 10, 2017); except that, if a 13 referendum petition is filed pursuant to section 1 (3) of article V of the 14 state constitution against this act or an item, section, or part of this act 15 within such period, then the act, item, section, or part will not take effect 16 unless approved by the people at the general election to be held in 17 November 2018 and, in such case, will take effect on the date of the 18 official declaration of the vote thereon by the governor.

First Regular Session Seventy-first General Assembly STATE OF COLORADO

BILL D

LLS NO. 17-0150.01 Jerry Barry x4341

SENATE BILL

SENATE SPONSORSHIP

Woods,

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HOUSE SPONSORSHIP

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING REENTRY SERVICES FOR PERSONS WITH MENTAL ILLNESS**

102 IN THE CRIMINAL JUSTICE SYSTEM, AND, IN CONNECTION

103 THEREWITH, MAKING AN APPROPRIATION.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov/.)

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems. The bill directs the division of housing in the department of local affairs to establish a program to provide vouchers and supportive services to persons with a mental illness who are being released from the

department of corrections (DOC) or jails. The program is funded by general fund appropriations and from money unspent by the division of criminal justice (CDPS) for community corrections programs in the previous fiscal year.

The bill directs the behavioral health unit in the department of human services, in conjunction with the DOC, to implement reentry programs to assist persons with a mental illness who are transitioning from incarceration. If necessary, the programs may receive money from the community corrections appropriation to CDPS.

The bill appropriates \$2.7 million to the department of local affairs.

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

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SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

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(a) Individuals with serious mental illness number fewer than four 5 in every 100 American adults but occupy at least one in five of America's 6 prison and jail beds; whereas, in the community, only 11.7 state hospital 7 beds remain per 100,000 people, leaving the state with fewer hospital 8 beds per capita than at any time since before the nation stopped 9 criminalizing mental illness in the 1850s;

10 (b) Inmates with a mental illness spend five and a half times 11 longer in custody than the average inmate;

12 (c) In 2010, the department of corrections and county jail systems 13 spent \$93 million of taxpayers' money on mental health services. This 14 amounts to \$2,083 per prisoner for mental health services. In that same 15 year, only 53% of the state's known behavioral health expenditures were 16 spent through the formal public health system, the remainder being spent 17 through the prison and jail system, child welfare system, and hospitals.

18 (d) Correctional facilities and county jails are not designed and do 19 not have the resources to handle or treat persons with a mental illness but 1 have become de facto mental health institutions;

2 (e) Inmates with mental illnesses are frequently released into the
3 community after incarceration homeless and with no or insufficient
4 supportive services; and

5 (f) Housing alone is not sufficient to improve outcomes; however, 6 supportive housing models with specific support services are critical to 7 success in reducing recidivism of people with mental illnesses 8 transitioning between homelessness and incarceration.

9 SECTION 2. In Colorado Revised Statutes, add 24-32-723.5 as
10 follows:

11 24-32-723.5. Housing assistance for a person with a serious 12 mental illness in the criminal justice system - cash fund - definition. 13 (1)AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE 14 REQUIRES, "PERSON WITH A SERIOUS MENTAL ILLNESS" MEANS AN 15 INDIVIDUAL WHO HAS OR, AT ANY TIME DURING THE PREVIOUS TWELVE 16 MONTHS, HAD A DIAGNOSABLE MENTAL, BEHAVIORAL, OR EMOTIONAL 17 DISORDER OF SUFFICIENT DURATION TO MEET DIAGNOSTIC CRITERIA 18 SPECIFIED WITHIN THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL 19 DISORDERS, RESULTING IN FUNCTIONAL IMPAIRMENT THAT INTERFERES 20 WITH OR LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES.

(2) IN CONJUNCTION WITH ITS OTHER PROGRAMS TO PROVIDE
ASSISTANCE IN OBTAINING HOUSING, THE DIVISION SHALL ESTABLISH A
PROGRAM THAT PROVIDES VOUCHERS AND OTHER SUPPORT SERVICES FOR
HOUSING ASSISTANCE FOR A HOMELESS PERSON WITH A SEVERE MENTAL
ILLNESS OR CO-OCCURRING BEHAVIORAL HEALTH DISORDER WHO IS
TRANSITIONING FROM THE DEPARTMENT OF CORRECTIONS OR A COUNTY
JAIL INTO THE COMMUNITY.

28 (3) THERE IS CREATED IN THE STATE TREASURY THE HOUSING
DRAFT 41

1 ASSISTANCE FOR PERSONS TRANSITIONING FROM INCARCERATION CASH 2 FUND, REFERRED TO IN THIS SECTION AS THE "CASH FUND". THE CASH 3 FUND CONSISTS OF ALL MONEY TRANSFERRED TO THE FUND PURSUANT TO 4 SECTION 17-27-108 (7) AND ALL MONEY THAT THE GENERAL ASSEMBLY 5 APPROPRIATES TO THE CASH FUND. ALL MONEY IN THE CASH FUND IS 6 CONTINUOUSLY APPROPRIATED TO THE DIVISION FOR THE PURPOSES SET 7 FORTH IN THIS SECTION. ALL INTEREST EARNED FROM THE INVESTMENT OF 8 MONEY IN THE CASH FUND IS CREDITED TO THE CASH FUND. ALL MONEY 9 NOT EXPENDED AT THE END OF THE FISCAL YEAR REMAINS IN THE CASH 10 FUND AND DOES NOT REVERT TO THE GENERAL FUND OR ANY OTHER FUND. 11 **SECTION 3.** In Colorado Revised Statutes, **add** article 70 to title 12 27 as follows: 13 **ARTICLE 70** 14 **Reentry Programs for Incarcerated** 15 **Persons with Mental Illnesses** 16 **27-70-101.** Reentry services for persons with mental illnesses 17 - definitions. (1) As used in this article 70, unless the context 18 **OTHERWISE REQUIRES:** 19 (a) "PERSON WITH A SEVERE MENTAL ILLNESS" HAS THE SAME 20 MEANING AS SET FORTH IN SECTION 24-32-723.5 (1). 21 (b) "UNIT" MEANS THE UNIT IN THE DEPARTMENT OF HUMAN 22 SERVICES THAT ADMINISTERS BEHAVIORAL HEALTH PROGRAMS AND 23 SERVICES, INCLUDING THOSE RELATED TO MENTAL HEALTH AND 24 SUBSTANCE ABUSE. 25 (2) THE UNIT, IN COLLABORATION WITH THE DEPARTMENT OF 26 CORRECTIONS, SHALL ADMINISTER APPROPRIATE REENTRY PROGRAMS FOR 27 PERSONS WITH SEVERE MENTAL ILLNESSES OR CO-OCCURRING 28 BEHAVIORAL HEALTH DISORDERS PRIOR TO AND AFTER RELEASE FROM THE

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DRAFT

1 DEPARTMENT OF CORRECTIONS OR COUNTY JAILS. THE PURPOSE OF THE 2 PROGRAMS IS TO ASSIST OFFENDERS WITH REENTRY INTO SOCIETY BASED 3 UPON THE ASSESSED NEED AND SUITABILITY OF INDIVIDUAL OFFENDERS 4 FOR SUCH SERVICES. THE UNIT SHALL DESIGN EACH REENTRY PROGRAM TO 5 REDUCE THE POSSIBILITY OF EACH OFFENDER RETURNING TO A 6 CORRECTIONAL FACILITY OR JAIL, TO ASSIST EACH OFFENDER IN 7 REHABILITATION. AND TO PROVIDE EACH OFFENDER WITH LIFE 8 MANAGEMENT SKILLS THAT ALLOW HIM OR HER TO FUNCTION 9 SUCCESSFULLY IN SOCIETY.

10 (3) SUBJECT TO APPROPRIATIONS, THE UNIT SHALL DEVELOP AND
11 IMPLEMENT INITIATIVES SPECIFICALLY DESIGNED TO ASSIST EACH
12 OFFENDER'S TRANSITION FROM A CORRECTIONAL FACILITY OR JAIL INTO
13 THE COMMUNITY. AN INITIATIVE DEVELOPED AND IMPLEMENTED
14 PURSUANT TO THIS SUBSECTION (3) MAY INCLUDE, BUT NEED NOT BE
15 LIMITED TO, THE FOLLOWING COMPONENTS:

- 16 (a) HOUSING VOUCHERS;
- 17 (b) SUPPORTIVE EMPLOYMENT SERVICES;
- 18 (c) MEDICAID ENROLLMENT SERVICES;
- 19 (d) MENTAL HEALTH TREATMENT SERVICES INCLUDING20 PSYCHIATRIC AND COUNSELING SERVICES;
- 21 (e) CASE MANAGEMENT SERVICES;
- 22 (f) MEDICATION MONITORING;
- 23 (g) PEER SPECIALIST SUPPORT; AND
- 24 (h) POSITIVE RECREATIONAL ACTIVITIES.
- 25 SECTION 4. In Colorado Revised Statutes, 17-27-108, amend
- 26 (5); and **add** (7) as follows:
- 27 17-27-108. Division of criminal justice of the department of
 28 public safety duties community corrections contracts. (5) The
 DRAFT
 43

division of criminal justice is authorized to transfer up to ten percent of
 annual appropriations among or between line items for community
 corrections program services OR THE REENTRY INITIATIVE DESCRIBED IN
 SECTION 27-70-101 (3). Advance notice of such transfers shall be
 provided to the general assembly, the governor, the executive director of
 the department of corrections, and the chief justice of the supreme court.

7 (7) NOTWITHSTANDING ANY LAW TO THE CONTRARY, ON AND 8 AFTER JULY 1, 2016, ANY MONEY APPROPRIATED FROM THE GENERAL 9 FUND TO THE DIVISION OF CRIMINAL JUSTICE FOR THE PURPOSES OF THIS 10 ARTICLE THAT IS UNEXPENDED OR UNENCUMBERED AS OF THE CLOSE OF 11 THAT FISCAL YEAR SHALL NOT REVERT TO THE GENERAL FUND, AND THE 12 STATE TREASURER AND THE CONTROLLER SHALL TRANSFER SUCH MONEY 13 TO THE HOUSING ASSISTANCE FOR PERSONS TRANSITIONING FROM 14 INCARCERATION CASH FUND CREATED PURSUANT TO SECTION 24-32-723.5 15 (3).

SECTION 5. Appropriation. For the 2017-18 state fiscal year,
\$2,700,000 is appropriated to the department of local affairs for use by
the division of housing. This appropriation is from the general fund. To
implement this act, the division may use this appropriation to provide
housing assistance to persons described in section 24-32-723.5, C.R.S.

SECTION 6. 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.

COLORADO GENERAL ASSEMBLY

HOUSE MEMBERS

Rep. Jonathan Singer, Chair Rep. Stephen Humphrey Rep. Pete Lee



SENATE MEMBERS

Sen. Beth Martinez Humenik, Vice-Chair Sen. Linda Newell Sen. Laura Woods

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems

ROOM 029 STATE CAPITOL DENVER, COLORADO 80203-1784 E-mail: <u>lcs.ga@state.co.us</u> 303-866-3521 FAX: 303-866-3855 TDD: 303-866-3472

October 5, 2016

Capital Development Committee State Capitol Building 200 East Colfax, Room 029 Denver, CO 80203

Dear Members of the Capital Development Committee:

The Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice System (MICJS) writes to you with concerns about the lack of housing for persons with mental illness who are leaving the criminal justice system and the possibility of repurposing vacant state-owned buildings for this purpose. The MICJS Legislative Oversight Committee, along with the advisory task force that reports to the committee, have been studying the issue of housing and the difficulties that persons with mental illness who are leaving the criminal justice system face in accessing housing. The MICJS Task Force has formed a subcommittee to specifically look at ways to expand housing options for this population. We feel it is important for the Capital Development Committee (CDC) to keep in mind this population when determining future uses of vacant state-owned buildings.

During the July 20 MICJS Legislative Oversight Committee meeting, the suggestion was made to explore the idea of repurposing state-owned buildings to provide possible housing for persons with mental illness who are leaving the criminal justice system. At the August 22 MICJS Legislative Oversight Committee meeting, the committee reviewed the memorandum prepared by Legislative Council Staff for the CDC concerning state-owned vacant buildings dated February 17, 2016. Based on the information the MICJS Legislative Oversight Committee received about vacant state-owned buildings, the committee determined it would be beneficial to express to the CDC the importance of considering repurposing such buildings for possible housing options for persons with mental illness who are leaving the criminal justice system. We hope that as the CDC works with executive branch agencies on plans to demolish or sell vacant state-owned buildings to provide housing and supportive services to persons with mental illness who are leaving the criminal justice system.

Thank you for your consideration of this request. We ask that we be kept apprised of any future agenda items the CDC considers related to vacant buildings. We also would like to schedule a time in the upcoming year to discuss this issue.

Sincerely,

Representative Jonathan Singer Chair of the MICJS Legislative Oversight Committee

Senator Beth Martinez Humenik Vice-Chair of the MICJS Legislative Oversight Committee

c: Members of the MICJS Legislative Oversight Committee

COLORADO GENERAL ASSEMBLY

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SENATE MEMBERS Sen. Beth Martinez Humenik, Vice-Chair Sen. Linda Newell Sen. Laura Woods

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems

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August 22, 2016

The Honorable Chief Justice Nancy Rice Colorado Supreme Court 2 East 14th Avenue Denver, CO 80203

Dear Judge Rice,

The Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems continues to study the issue of juvenile competency restoration. We write to you with concerns about the management plans for juveniles found to be incompetent to proceed and who cannot be restored to competency.

Section 19-2-1303 (3), C.R.S., states that if the court determines a management plan is necessary for a juvenile who is determined incompetent to proceed and who cannot be restored to competency, the court shall develop the management plan after ordering that the juvenile be placed in the least-restrictive environment, taking into account the public safety and best interests of the juvenile. If the court determines a management plan is unnecessary, the court may continue any treatment or plan already in place for the juvenile. State law outlines the elements that may be included in a management plan; however, we believe that judges throughout the state need additional training on management plans, the permitted plan elements, and how the plans should be carried out. We would encourage you to have trainings on management plans and related best practices at the annual Judicial Branch conference that is typically held in September, or during other appropriate training sessions.

Thank you for your consideration of this request. We would appreciate a response from your office so that we can better coordinate state efforts to ensure that juveniles receive the support they need.

Sincerely,

Representative Jonathan Singer, Chair

Senator Beth Martinez Humenik, Vice Chair

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COLORADO GENERAL ASSEMBLY

HOUSE MEMBERS Rep. Jonathan Singer, Chair Rep. Stephen Humphrey Rep. Pete Lee



SENATE MEMBERS Sen. Beth Martinez Humenik, Vice-Chair Sen. Linda Newell Sen. Laura Woods

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems

ROOM 029 STATE CAPITOL DENVER, COLORADO 80203-1784 E-mail: <u>lcs.ga@state.co.us</u> 303-866-3521 FAX: 303-866-3855 TDD: 303-866-3472

August 22, 2016

Mr. David A. Ervin, Chairman Colorado State Board of Human Services 1575 Sherman Street, 8th Floor Denver, CO 80203

Dear Members of the Colorado State Board of Human Services:

The Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice System (MICJS) writes to you with concerns about the Collaborative Management Program (CMP). It has recently come to our attention that the Park County Department of Human Services was denied funding due to the fact that the department submitted its memorandum of understanding (MOU) on time. Due to extenuating circumstances, one mandatory signature was submitted after the June 30 deadline. Through discussions with Park County officials, we believe the rules surrounding submission of MOUs require evaluation.

We understand that the CMP was subject to the October 2014 Child Welfare Performance audit, which identified late MOUs as an issue with the CMP. However, we ask that you consider revising the rules—12 CCR 2509-4 (7.303.32 and 7.303.35)—to allow for an appeals process when county-level programs submit MOUs after the deadline when extenuating circumstances arise so that counties may still receive critical funding. An appeals process would give county-level programs an opportunity to receive funding when extenuating circumstances arise that prohibit them from submitting MOUs on time.

Thank you for your consideration, and we would appreciate a response from the Board considering this request.

Sincerely,

Representative Jonathan Singer, Chair

Senator Beth Martinez Humenik, Vice Chair

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COLORADO GENERAL ASSEMBLY

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Rep. Jonathan Singer, Chair Rep. Stephen Humphrey Rep. Pete Lee



SENATE MEMBERS

Sen. Beth Martinez Humenik, Vice-Chair Sen. Linda Newell Sen. Laura Woods

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems

ROOM 029 STATE CAPITOL DENVER, COLORADO 80203-1784 E-mail: <u>lcs.ga@state.co.us</u> 303-866-3521 FAX: 303-866-3855 TDD: 303-866-3472

August 24, 2016

Denise O'Donnell, Director Bureau of Justice Assistance Office of Justice Programs 810 Seventh Street, NW Washington, DC 20531

Dear Director O'Donnell:

We are writing in support of the Colorado Department of Public Safety's Second Chance Act Statewide Adult Recidivism Reduction Strategic Plan Implementation Program Proposal titled *Reducing Recidivism of High Risk Offenders through Improved Information Exchange.* As the Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems, we have received regular reports on the progress of the Adult Recidivism Reduction Planning Program grant. We believe the planned justice and health information-sharing infrastructure will assist criminal justice system providers and community providers identify behavioral health and criminogenic treatment needs of justice-involved individuals, improve continuity of care, increase use of evidence-based practices, and ultimately result in increased public safety and reduced recidivism rates.

The legislative oversight committee is established in Section 18-1.9-103, C.R.S. The committee consists of six members -- three state senators and three representatives. We are responsible for oversight of the Task Force Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems and can introduce bills to support the recommendations and work of the task force. The Statewide Recidivism Reduction Planning Grant application was initiated by a task force subcommittee. Therefore, we have followed the progress of the planning grant activities.

We urge you to fund the Colorado Implementation Proposal. Colorado has been faced with a growing percentage of individuals with mental illness who are or who have been involved with or incarcerated in the criminal justice system. Statistically, this group has longer average jail and

prison stays and higher recidivism rates than general population inmates. The planned information-sharing infrastructure is a critical step in reversing this trend. We believe the infrastructure will improve identification of behavioral health and criminogenic treatment needs and promote evidence-based interventions and supportive services. The information sharing system will enable efficient use of existing staff resources and eliminate gaps in services as justice-involved individuals transfer between criminal justice agencies and the community. We anticipate this system will result in a significant reduction in the recidivism rate of individuals with mental illness and substance use disorders. If funded, we will track the progress of the grant and provide assistance on any legislative changes that may be necessary to support the grant goals and sustain the infrastructure long term. Please help Colorado address a significant problem and improve public safety by funding this proposal.

Sincerely,

Representative Jonathan Singer Chair of the MICJS Legislative Oversight Committee

Senator Beth Martinez Humenik Vice-Chair of the MICJS Legislative Oversight Committee

c: Members of the MICJS Legislative Oversight Committee Peggy Heil, Colorado Department of Public Safety Camille Harding, MICJS Task Force Chair Susan Walton, MICJS Task Force Co-Chair