

2021

Report to the Colorado General Assembly



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



Prepared by Legislative Council Staff
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December 2021

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

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December 2021

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December 2021

To Members of the Seventy-fourth General Assembly:

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

At its meeting on November 15, 2021, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills therein for consideration in the 2021 session was approved.

Sincerely,

/s/ Senator Leroy Garcia
Chair

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The text of each bill is included as Attachments A through E after the resource materials pages.

This report is also available online at:

<https://leg.colorado.gov/committees/treatment-persons-mental-health-disorders-criminal-justice-system/2021-regular-session>

Legislative Oversight Committee and Advisory Task Force

Article 1.9 of Title 18, C.R.S. created a legislative oversight committee and an advisory task force concerning the treatment of persons with mental health disorders in the criminal and juvenile justice systems.

History

The advisory task force and Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems (MHDCJS) has existed in some form or other for over two decades. The following timeline chronicles its history.

- **1999:** First organized as a study group
- **2000:** Authorized legislative oversight committee, with the advisory task force meeting on a monthly basis through June 2003 (House Bill 00-1033)
- **2003:** Reauthorization failed but advisory task force continued to meet informally (House Bill 03-1030)
- **2004:** Reauthorized legislative oversight committee and advisory task force (Senate Bill 03-037)
- **2009:** Reauthorized legislative oversight committee and advisory task force (House Bill 09-1021)
- **2010:** Interim activities suspended, advisory task force continued to meet informally (Senate Bill 10-213)
- **2014:** Reestablished and reauthorized legislative oversight committee and advisory task force (Senate Bill 14-021)
- **2020:** Reauthorized legislative oversight committee and advisory task force (Senate Bill 20-042)
- **2021:** Interim activities suspended, advisory task force continued to meet informally
- **2022:** Proposed legislation by the legislative oversight committee, including reauthorization and changes to membership and charge (Bill A in this report)

Oversight Committee General Charge

The legislative 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 health disorders 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 legislative 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 advisory task force.

Advisory Task Force Charge

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

- housing for a person with a mental health disorder after his or her release from the criminal or 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 advisory task force may work with other task forces, committees, or organizations that are pursuing policy initiatives similar to those listed above. Further, collaborative relationships are encouraged with these other groups for joint policy-making opportunities.

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

In addition to input from the task force, the legislative oversight committee considered legislation recommended by stakeholders and committee members. As a result, the legislative oversight committee drafted and approved five pieces of legislation. The recommended legislation is discussed in 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, four 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
MHDCJS Advisory Task Force**

State or Private Agency	Representative(s) and Affiliation(s)	
Department of Public Safety (1)	Peggy Heil	Division of Criminal Justice
Department of Corrections (2)	Joy Hart	Division of Clinical Services
	Heather Salazar	Division of Parole
Local Law Enforcement (2) - one of whom will be in active service and one of whom shall have experience dealing with juveniles in the juvenile justice system	Robert Pablo	Denver Sheriff's Office (active service representative)
	Kristine Gregory	Grand Junction Police Department (representative with experience dealing with juveniles in the juvenile justice system)
Department of Human Services (5)	Jenny Wood	Office of Behavioral Health
	Ashley Tunstall, Chair	Division of Youth Services
	Vacant	Division of Child Welfare
	John Musso	Colorado Mental Health Institute at Pueblo
	Ty Smith	Behavioral Health Planning and Advisory Council
County Department of Social Services (1)	Susan Walton	Park County Department of Human Services
Department of Education (1)	Michael Ramirez	Teaching and Learning Unit
State Attorney General's Office (1)	Michael Angel	Assistant Attorney General
District Attorneys (1)	Tim Lane	Colorado District Attorneys' Council
Criminal Defense Bar (2)	Karen Knickerbocker	Office of the Colorado State Public Defender
	Gina Shimeall	Criminal Defense Bar
Practicing Mental Health Professionals (2)	Lauren Carlson	Southeast Health Group
	Dr. David Iverson	Colorado Coalition for the Homeless
Community Mental Health Centers in Colorado (1)	Cali Thole	Colorado Behavioral Healthcare Council
Person with Knowledge of Public Benefits and Public Housing in Colorado (1)	Kristin Toombs	Colorado Department of Local Affairs, Division of Housing
Department of Health Care Policy & Financing (1)	Jeffrey Eggert & Cristen Bates (temporary)	HCPF
Practicing Forensic Professional (1)	Dr. Elizabeth Stuyt	
Members of the Public (3)	Bethe Feltman	Member with a mental illness who has been involved in the Colorado criminal justice system
	Janice Greenwood	Parent of a child who has a mental illness and who has been involved in the Colorado criminal justice system
	Vacant	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
Nonprofit organization that works on statewide legislation and organizing Coloradans to promote behavioral, mental, and physical health needs	Andrea Stojisavljevic	Healthier Colorado
Office of the Alternate Defense Counsel (1)	Margaret Baker	Margaret Baker Law
Colorado Department of Labor and Employment (1) Judicial Branch (4)	Patrick Teegarden	Director of Policy and Legislation
	Magistrate Denise Peacock	4th Judicial District
	Judge K.J. Moore	1st Judicial District
	Michelle Staley	Division of Probation

Updated: June 21, 2021

Legislative Oversight Committee Activities

In 2021, the legislative oversight committee met five times to monitor and examine the work, findings, and recommendations of the advisory task force. Specifically, the committee:

- received updates on the activities of the advisory task force and its subcommittees;
- discussed re-authorization of the oversight committee and task force; and
- considered legislation recommended by the task force, stakeholders, and committee members.

The following sections discuss the committee's activities during the 2021 interim.

Advisory Task Force Activities and Legislative Recommendations

The legislative oversight committee received updates on recent activities of the advisory task force, which met monthly throughout 2020 and 2021. The advisory task force and its subcommittees focused on housing, data and information sharing, mental health holds, and juveniles, as those topics relate to persons with mental health disorders who are involved in the criminal and juvenile justice systems.

The different subcommittees of the advisory task force worked on a variety of projects throughout the year, which focused on enhancing diversion programs, mitigating the school-to-prison pipeline, working with the Office of Behavioral Health, developing a High-Potency THC White Paper, and presenting recommendations to Governor Polis' Behavioral Health Task Force. The advisory task force presented regular updates on these, and other projects, to the committee. Additionally, the advisory task force prioritized legislative outreach efforts, and clarified advisory task force membership expectations. Further, the advisory task force elected leadership positions and updated its membership as necessary.

The work of the advisory task force and its subcommittees is discussed in more detail below.

Reauthorization. Senate Bill 20-042, the reauthorization bill referenced earlier, only extended the repeal date for the advisory task force and legislative oversight committee. Other provisions originally in the bill, such as changes to advisory task force membership and responsibilities, were amended out because of the pandemic. The legislative oversight committee decided to reintroduce the committee structural changes that were taken out of the 2020 bill. Bill A recommends renaming the committees, extending the repeal date until 2027, changing the committee scope, and reducing the task force membership from 32 to 29.

Mental health holds. The advisory task force subcommittee on mental health holds presented an overview of the complexities and legalities related to these 72-hour involuntary holds. The oversight committee agreed the current legal threshold excludes certain gravely disabled individuals from being committed on a mental health hold, and recommended both a substantive and technical language change to address this. Bill D recommends changing the standard for an emergency 72-hour mental health hold to include when a person appears to have a mental health disorder or be gravely disabled, *and* if a person appears to present a substantial risk of harm to self or others. It also defines "substantial risk."

Housing. The advisory task force and legislative oversight committee acknowledged that a criminal record often makes it more difficult for individuals with a mental health disorder to find housing. The advisory task force subcommittee on housing researched the extent of housing problems with this population and discussed infrastructure, information systems, data coordination, and supportive services. Bill E recommends creating new grant programs to build local capacity for supportive housing services. The services are specifically targeted for individuals with behavioral, mental health, or substance abuse issues who are homeless or at risk of becoming homeless. The bill also includes data collection, assessments, and training components.

The advisory task force also sent a letter of support to the Affordable Housing and Behavioral Health Transformational task forces about the importance of housing for justice-involved individuals. The letter urged the task forces to dedicate American Rescue Plan Act funds for this purpose and population.

Vital records for research purposes. The criminal justice and behavioral health care systems are complex and made up of many independent agencies. The advisory task force recognized that sharing information between agencies assists in effectively coordinating services, but due to the diversity and decentralization of the involved organizations, there is no common framework for sharing data. The advisory task force examined ways to better connect state agencies, jails, and state health information exchanges. As a result, the legislative oversight committee voted to have a bill drafted to make identified vital records available for research, particularly surrounding mental health holds, but the request was withdrawn before the bill draft was finalized.

Other Legislative Recommendations

Not guilty by reason of insanity. The legislative oversight committee heard testimony about individuals who have been found not guilty by reason of insanity (NGRI). They learned that these individuals may be confined from one day to life, or anywhere in between, for a crime they may not be criminally responsible for because of mental health conditions. As alternatives to confinement, the legislative oversight committee discussed least restrictive treatment and release options for this population, and made associated recommendations. Bill B requires the courts to evaluate a defendant found NGRI to determine if they are eligible for community placement, sets a maximum limit of confinement, and allows a court to civilly commit a defendant to the Department of Human Services.

Pre-trial diversion. The legislative oversight committee found that individuals with behavioral health conditions are more likely than the general population to be involved in the criminal justice system. To alleviate this over-representation, the committee heard a presentation about an adult mental health diversion pilot program in the Judicial Department, which is set to expire in 2022. The program specifically redirects individuals charged with low-level crimes from the traditional criminal justice system into community treatment programs. The committee examined the benefits of renewing and expanding this program to serve more individuals. They also discussed eligibility criteria and stabilization services.

Bill C recommends expanding the scope of the adult diversion program to serve more individuals with behavioral health disorders arrested for low-level crimes, as well as addresses eligibility, screening, and diversion agreements.

Jail standards. The legislative oversight committee examined jail standards, particularly as they relate to medication and other behavioral health needs in an institutional setting. The committee learned that Colorado does not require jail standards on a statewide level. Counties still impose health, sanitary, and safety standards; however, the application of standards is not consistent across the state.

As a result of its discussion, the committee recommended a bill draft that creates a Colorado Jail Standards Commission to work on state-wide jail standards. The commission would have been comprised of sheriffs and county commissioners representing different areas of the state, people with lived experience of being incarcerated in a Colorado county jail, mental health and health professionals working in jails, jail rights advocates, jail employee advocates, and representatives from the Office of the State Public Defender and district attorneys. The draft bill was withdrawn from committee consideration.

Incompetent to proceed. Advocacy groups submitted a recommendation to the legislative oversight committee to streamline the incompetency to proceed process. During a criminal trial, a defendant has a right to be present at the trial, to be able to understand the nature of the proceedings, and to participate in their defense. If there is a question on whether or not a defendant is fit to stand trial, Colorado law requires courts to determine if a defendant is competent.

As a result of discussion and testimony, the committee requested a bill draft to make several changes to bond determinations when the court is evaluating whether a defendant is competent to proceed and after competency has been evaluated. The bill draft also allowed the court to civilly commit an individual to the Department of Human Services. However, the draft bill was withdrawn from committee consideration.

Triage or diversion centers. The legislative oversight committee heard testimony about triage or diversion centers for individuals experiencing a behavioral health crisis. These centers are designed to serve as a single location where first responders, including police and emergency medical services, can bring this population instead of a jail or an emergency room. The triage centers in turn would provide stabilizations services and address treatment needs, among other resources. Triage centers in other cities have reported savings in jail and hospital costs.

The committee agreed that Colorado jurisdictions could benefit from triage centers and requested a bill draft on the topic. The bill draft specifically created a grant program targeted for municipalities to establish and operate triage centers. The centers would be required to be open and available for intake 24 hours per day to assess patients, provide immediate treatment, and make referrals. The Office of Behavioral Health in the Department of Human Services was charged with administering the grants to applicants from across the state. The bill draft was withdrawn from committee consideration.

Community corrections reversion dollars. The Department of Public Safety is appropriated funds for community corrections programs. Over the last several years, a portion of these unspent funds have been reverted to the General Fund. Senate Bill 17-021 created a one-time General Fund transfer of this unspent community corrections funding to the Housing Assistance for Persons Transitioning from the Criminal or Juvenile Justice System Cash Fund in the Department of Local Affairs (DOLA).

The committee discussed the benefits of continuing this transfer of unspent community corrections funds to DOLA indefinitely. In response, the committee requested a bill draft to permanently dedicate community corrections reversion dollars to housing individuals released from correctional facilities. This request was withdrawn before the bill draft was finalized.

Summary of Recommendations

As a result of its discussions, the legislative oversight committee recommended five bills to the Legislative Council for consideration in the 2022 session. All bills were approved by the Legislative Council at its meeting on November 15, 2021. The approved bills are described below.

Bill A — Treatment of Behavioral Health Disorders in the Criminal and Juvenile Justice System

Bill A renames the legislative oversight committee; extends the committee and advisory task force until July 1, 2027; changes the scope of the committee and task force; and reduces the size of the task force from 32 to 29. Legislative Council Staff and the Office of Legislative Legal Services are required to supply staff assistance to the legislative oversight committee within existing appropriations. The Legislative Council Staff is also required to provide staff assistance to the advisory task force within existing appropriations.

Bill B — Modifications to Not Guilty by Reason of Insanity

Bill B requires a court to order an evaluation of a defendant to determine if the defendant meets the criteria for inpatient hospitalization or is eligible for conditional release in the community. If community placement is ordered, the court must set the conditions for the release and the Department of Human Services (DHS) has the same obligations as if the defendant had been temporarily removed for treatment and rehabilitation. The bill also sets maximum limits on how long a defendant found not guilty by reason of insanity for offenses other than a class 1 or 2 felony can be confined in inpatient hospitalization. Starting on January 1, 2024, if the court finds the requirements for civil certification have been established by clear and convincing evidence, the court shall order the defendant committed to the DHS.

Bill C — Pretrial Diversions for People with Behavioral Health Disorders

Bill C expands the scope of the adult diversion program to identify individuals with behavioral health disorders in order to divert them from the criminal justice system and into community treatment programs. District attorney offices that use state money for a diversion program must consider whether a defendant has a mental health or other behavioral health disorder that may make them eligible for the program, and diversion agreements may include participation in treatment programs.

Bill D — Emergency Mental Health Treatment and Evaluation Standard

Bill D changes the standard for an emergency 72-hour mental health commitment for treatment and evaluation (mental health hold) to include when a person appears to have a mental health disorder or

be gravely disabled, and if a person appears to present a substantial risk of harm to self or others. It also defines “substantial risk.”

Bill E — Programs to Develop Housing Support Services

Bill E creates two new grant programs and expands existing duties in the Division of Housing (division) in DOLA to build local capacity to provide supportive housing services to individuals with behavioral, mental health, or substance abuse issues who are homeless or at risk of becoming homeless. The division must develop a plan to increase participation in regional homeless data systems, support accurate data reporting, and assess housing-related needs. The Department of Health Care Policy and Financing is required to collaborate with the division to identify additional providers and services that may be eligible for reimbursement under Medicaid and to request federal waivers allowing for such reimbursement. The Office of Behavioral Health in the DHS is required to consult and coordinate with DOLA to provide statewide training and implement the grant programs.

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:

<https://leg.colorado.gov/content/committees>

Meeting Date and Topics Discussed

Legislative Oversight Committee

August 18, 2021

- ◆ Update on Colorado Commission on Criminal and Juvenile Justice (CCJJ) activities
- ◆ Overview of Criminal Justice Services in the Office of Behavioral Health, Colorado Department of Human Services
- ◆ Committee charge overview and interim bill request process and deadlines
- ◆ General overview and history of advisory task force
- ◆ Future topics of discussion and oversight committee meeting dates

September 1, 2021

- ◆ Overview of Forensic Services in the Office of Behavioral Health, Colorado Department of Human Services
- ◆ Operation and effectiveness of mental health holds
- ◆ Overview of mental health diversion programs
- ◆ Overview of persons with mental health disorders and assaults on professionals

September 8, 2021

- ◆ Mental health jail standards overview
- ◆ Update on advisory task force and subcommittee activities and policy recommendations

September 9, 2021

- ◆ Bill draft request discussion

October 27, 2021

- ◆ Consideration and referral of bill draft requests to Legislative Council

Advisory Task Force

January 21, 2021

- ◆ Membership and organizational updates
- ◆ Bill and legislative updates
- ◆ Presentation on the reorganization bill
- ◆ Chair and support positions discussion
- ◆ Strategic planning discussion
- ◆ Subcommittee updates, study areas, and action items

February 18, 2021

- ◆ Impact effort matrix planning: facilitated activity

March 18, 2021

- ◆ Subcommittee updates, study areas, and action items
- ◆ Presentation from Mental Health Colorado
- ◆ Follow-up: facilitated activity on strategic planning

April 15, 2021

- ◆ Subcommittee updates, legislative session updates, study areas, and action items
- ◆ Follow-up: facilitator activity on strategic planning

May 20, 2021

- ◆ Subcommittee updates, legislative session updates, study areas, and action items
- ◆ Office of Behavioral Health update: restoration services

- ◆ Follow-up: facilitator activity on strategic planning

June 17, 2021

- ◆ Subcommittee updates, legislative session updates, study areas, and action items
- ◆ Membership updates
- ◆ Strategic planning priorities

July 15, 2021

- ◆ Dialogue and summary of strategic planning priorities
- ◆ Subcommittee updates and recommendations
- ◆ Advisory Task Force Chair and Vice-Chair updates

August 19, 2021

- ◆ Advisory Task Force Chair nominations and vote
- ◆ Legislative Oversight Committee meeting debrief and planning
- ◆ Subcommittee updates and presentations about recommendations

September 16, 2021

- ◆ Presentation about peer support services in acute care settings
- ◆ Legislative Oversight Committee meeting debrief, subcommittee updates, study areas, and action items

October 21, 2021

- ◆ Presentation on barriers to involuntary treatment when indicated in the community
- ◆ Legislative Oversight Committee meeting debrief, subcommittee updates, study areas, and action items

November 18, 2021

- ◆ Legislative Oversight Committee updates: bill review
- ◆ Subcommittee updates, study areas, and action items

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

Attachment A

BILL A

LLS NO. 22-0139.01 Jane Ritter x4342

SENATE BILL

SENATE SPONSORSHIP

Rodriguez and Lee, Simpson

HOUSE SPONSORSHIP

Benavidez and Amabile, Pelton

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING THE TREATMENT OF PERSONS WITH BEHAVIORAL**
102 **HEALTH DISORDERS IN THE JUSTICE SYSTEM.**

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 Health Disorders in the Criminal and Juvenile Justice Systems. The bill updates provisions of the existing article 1.9 of title 18, Colorado Revised Statutes, concerning the treatment of persons with mental health disorders in the criminal and juvenile justice systems.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

1 2011 THROUGH 2012 INDICATE THAT HALF OF THE PEOPLE INCARCERATED
2 IN PRISONS, AND TWO-THIRDS OF THOSE IN JAIL, HAVE EITHER A CURRENT
3 SERIOUS PSYCHOLOGICAL DISTRESS OR A HISTORY OF BEHAVIORAL HEALTH
4 CONCERNS.

5 (c) THE DEPARTMENT OF CORRECTIONS' DATA INDICATE THAT ONE
6 OUT OF EVERY THREE MEN AND FOUR OUT OF EVERY FIVE WOMEN
7 IMPRISONED IN COLORADO HAVE A MODERATE TO SEVERE BEHAVIORAL
8 HEALTH DISORDER;

9 (d) THE DIVISION OF YOUTH SERVICES' DATA INDICATE THAT
10 FIFTY-NINE PERCENT OF NEWLY COMMITTED YOUTH REQUIRE BEHAVIORAL
11 HEALTH INTERVENTION OR SERVICES, AND NATIONALLY, JUVENILE
12 INSTITUTIONS ARE ILL-EQUIPPED TO PROVIDE A COMPREHENSIVE ARRAY OF
13 SUCH SERVICES TO MEET THE NEEDS; AND

14 (e) LARGE NUMBERS OF PEOPLE WITH BEHAVIORAL HEALTH
15 DISORDERS ARE BEING SENT TO SECURE JUSTICE SETTINGS INSTEAD OF
16 RECEIVING COMMUNITY TREATMENT. AS A RESULT, THE CRIMINAL JUSTICE
17 SYSTEM HAS BECOME THE STOPGAP PROVIDER TO ADDRESS CHRONIC AND
18 ACUTE BEHAVIORAL HEALTH NEEDS IN OUR STATE.

19 (2) THE GENERAL ASSEMBLY FURTHER FINDS THAT:

20 (a) ACTIONS FOCUSED ON PERSONS WHO ARE AT RISK OF ENTRY
21 INTO THE SYSTEM DUE TO BEHAVIORAL HEALTH DISORDERS, AND ACTIONS
22 TO HELP REDUCE AND PREVENT RECIDIVISM ONCE SUCH INDIVIDUALS ARE
23 IN THE SYSTEM, ARE CRITICAL IN ADDRESSING THE PROBLEM;

24 (b) RESEARCH DEMONSTRATES A NEED TO DIVERT PERSONS WITH
25 BEHAVIORAL HEALTH DISORDERS TO TREATMENT PROGRAMS AND TO
26 PROVIDE WRAPAROUND SERVICES, SUCH AS HOUSING AND CONTINUED
27 MEDICAL AND BEHAVIORAL HEALTH TREATMENT UPON RELEASE; AND

1 (c) PREVENTION AND INTERVENTION NEEDS RANGE FROM, BUT ARE
2 NOT LIMITED TO, SCHOOL-BASED BEHAVIORAL HEALTH SERVICES; LAW
3 ENFORCEMENT DIRECTED DIVERSION; COMMUNITY SCREENING,
4 ASSESSMENT, AND TREATMENT; SECURE SETTINGS WITHIN CORRECTION
5 FACILITIES; AND SUPPORTIVE REENTRY SERVICES THAT ARE CRITICAL
6 COMPONENTS OF DIGNITY, SAFETY, AND RECOVERY.

7 (3) IN ADDITION, THE GENERAL ASSEMBLY FINDS THAT THE
8 RESULTS OF A REPORT REQUESTED BY THE JOINT BUDGET COMMITTEE IN
9 1999 RECOMMENDED CROSS-SYSTEM COLLABORATION AND
10 COMMUNICATION AS A METHOD FOR REDUCING THE NUMBER OF PERSONS
11 WITH MENTAL HEALTH DISORDERS WHO ARE INVOLVED IN THE CRIMINAL
12 AND JUVENILE JUSTICE SYSTEMS. THE COMMITTEE AND TASK FORCE
13 CREATED BY THIS ARTICLE 1.9 SHALL CONSIDER THE BROADER CONTINUUM
14 OF BEHAVIORAL HEALTH DISORDERS TO BETTER ACCOUNT FOR THE NEEDS
15 OF THE AT-RISK POPULATION BEING STUDIED.

16 (4) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT,
17 DESPITE THE IMPACT AND REACH OF THE PREVIOUS WORK OF THE
18 LEGISLATIVE OVERSIGHT COMMITTEE AND TASK FORCE, A SIGNIFICANT
19 NEED REMAINS FOR ONGOING INNOVATION TO ADDRESS THESE AND
20 RELATED ISSUES. THE GENERAL ASSEMBLY THEREFORE DETERMINES THAT
21 IT IS NECESSARY TO CONTINUE THE LEGISLATIVE OVERSIGHT COMMITTEE
22 AND TASK FORCE TO EXAMINE THE IDENTIFICATION, DIAGNOSIS, AND
23 TREATMENT OF PERSONS WITH BEHAVIORAL HEALTH DISORDERS WHO ARE
24 AT RISK OF INVOLVEMENT OR CONTINUED INVOLVEMENT WITH THE
25 CRIMINAL OR JUVENILE JUSTICE SYSTEMS AND TO DEVELOP STRATEGIES TO
26 ADDRESS THE ISSUES SUCH PEOPLE FACE.

27 **18-1.9-102. Definitions.** AS USED IN THIS ARTICLE 1.9, UNLESS

1 THE CONTEXT OTHERWISE REQUIRES:

2 (1) "BEHAVIORAL HEALTH" REFERS TO AN INDIVIDUAL'S MENTAL
3 ANDEMOITIONAL WELL-BEING AND ACTIONS THAT AFFECT AN INDIVIDUAL'S
4 OVERALL WELLNESS. BEHAVIORAL HEALTH PROBLEMS AND DISORDERS
5 INCLUDE SUBSTANCE USE DISORDERS, SERIOUS PSYCHOLOGICAL DISTRESS,
6 SUICIDE, DEPRESSION, AND OTHER MENTAL HEALTH DISORDERS. PROBLEMS
7 RANGING FROM UNHEALTHY STRESS OR SUBCLINICAL CONDITIONS TO
8 DIAGNOSABLE AND TREATABLE DISEASES ARE INCLUDED IN THE TERM
9 "BEHAVIORAL HEALTH". THE TERM "BEHAVIORAL HEALTH" IS ALSO USED
10 TO DESCRIBE SERVICE SYSTEMS THAT ENCOMPASS PREVENTION AND
11 PROMOTION OF EMOTIONAL HEALTH, PREVENTION AND TREATMENT
12 SERVICES FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS, AND
13 RECOVERY SUPPORT.

14 (2) "CO-OCCURRING DISORDER" MEANS A DISORDER THAT
15 COMMONLY COINCIDES WITH MENTAL HEALTH DISORDERS AND MAY
16 INCLUDE, BUT IS NOT LIMITED TO, SUBSTANCE ABUSE AND SUBSTANCE USE
17 DISORDERS, BEHAVIORAL HEALTH DISORDERS, INTELLECTUAL AND
18 DEVELOPMENTAL DISABILITIES, FETAL ALCOHOL SYNDROME, AND
19 TRAUMATIC BRAIN INJURY.

20 (3) "LEGISLATIVE OVERSIGHT COMMITTEE" OR "COMMITTEE"
21 MEANS THE LEGISLATIVE OVERSIGHT COMMITTEE CONCERNING THE
22 TREATMENT OF PERSONS WITH BEHAVIORAL HEALTH DISORDERS IN THE
23 CRIMINAL AND JUVENILE JUSTICE SYSTEMS ESTABLISHED PURSUANT TO
24 SECTION 18-1.9-103.

25 (4) "PREVIOUS TASK FORCE" MEANS THE TASK FORCE CONCERNING
26 THE TREATMENT OF PERSONS WITH MENTAL HEALTH DISORDERS IN THE
27 CRIMINAL AND JUVENILE JUSTICE SYSTEMS THAT EXISTED PRIOR TO JULY

1 1, 2022.

2 (5) "TASK FORCE" MEANS THE TASK FORCE CONCERNING THE
3 TREATMENT OF PERSONS WITH BEHAVIORAL HEALTH DISORDERS IN THE
4 CRIMINAL AND JUVENILE JUSTICE SYSTEMS ESTABLISHED PURSUANT TO
5 SECTION 18-1.9-104.

6 **18-1.9-103. Legislative oversight committee concerning the**
7 **treatment of persons with behavioral health disorders in the criminal**
8 **and juvenile justice systems - creation - duties. (1) Creation.**

9 (a) THERE IS CREATED A LEGISLATIVE OVERSIGHT COMMITTEE
10 CONCERNING THE TREATMENT OF PERSONS WITH BEHAVIORAL HEALTH
11 DISORDERS IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS.

12 (b) THE COMMITTEE CONSISTS OF SIX MEMBERS AS FOLLOWS:

13 (I) THE PRESIDENT OF THE SENATE SHALL APPOINT TWO SENATORS
14 TO SERVE ON THE COMMITTEE, AND THE MINORITY LEADER OF THE SENATE
15 SHALL APPOINT ONE SENATOR TO SERVE ON THE COMMITTEE; AND

16 (II) THE SPEAKER OF THE HOUSE OF REPRESENTATIVES SHALL
17 APPOINT THREE REPRESENTATIVES TO SERVE ON THE COMMITTEE, NO
18 MORE THAN TWO OF WHOM ARE MEMBERS OF THE SAME POLITICAL PARTY.

19 (c) THE TERMS OF THE MEMBERS WHO ARE SERVING ON THE
20 LEGISLATIVE OVERSIGHT COMMITTEE CONCERNING THE TREATMENT OF
21 PERSONS WITH MENTAL HEALTH DISORDERS IN THE CRIMINAL AND
22 JUVENILE JUSTICE SYSTEMS AS OF THE EFFECTIVE DATE OF THIS SECTION
23 ARE EXTENDED TO THE CONVENING DATE OF THE FIRST REGULAR SESSION
24 OF THE SEVENTY-FOURTH GENERAL ASSEMBLY. AS SOON AS PRACTICABLE
25 AFTER SUCH CONVENING DATE, BUT NO LATER THAN THE END OF THE
26 LEGISLATIVE SESSION, THE SPEAKER, THE PRESIDENT, AND THE MINORITY
27 LEADER OF THE SENATE SHALL EACH APPOINT OR REAPPOINT MEMBERS IN

1 THE SAME MANNER AS PROVIDED IN SUBSECTION (1)(b) OF THIS SECTION.
2 THEREAFTER, THE TERMS OF MEMBERS APPOINTED OR REAPPOINTED BY
3 THE SPEAKER, THE PRESIDENT, AND THE MINORITY LEADER OF THE SENATE
4 EXPIRE ON THE CONVENING DATE OF THE FIRST REGULAR SESSION OF THE
5 NEXT GENERAL ASSEMBLY, AND ALL SUBSEQUENT APPOINTMENTS AND
6 REAPPOINTMENTS BY THE SPEAKER, THE PRESIDENT, AND THE MINORITY
7 LEADER OF THE SENATE MUST BE MADE AS SOON AS PRACTICABLE AFTER
8 THE CONVENING DATE, BUT NO LATER THAN THE END OF THE LEGISLATIVE
9 SESSION.

10 (d) THE PERSON MAKING THE ORIGINAL APPOINTMENT OR
11 REAPPOINTMENT SHALL FILL ANY VACANCY BY APPOINTMENT FOR THE
12 REMAINDER OF AN UNEXPIRED TERM. MEMBERS APPOINTED OR
13 REAPPOINTED SERVE AT THE PLEASURE OF THE APPOINTING AUTHORITY
14 AND CONTINUE IN OFFICE UNTIL THE MEMBER'S SUCCESSOR IS APPOINTED.

15 (e) THE PRESIDENT OF THE SENATE SHALL SELECT THE FIRST CHAIR
16 OF THE COMMITTEE, AND THE SPEAKER OF THE HOUSE OF
17 REPRESENTATIVES SHALL SELECT THE FIRST VICE-CHAIR. THE CHAIR AND
18 VICE-CHAIR SHALL ALTERNATE ANNUALLY THEREAFTER BETWEEN THE
19 TWO HOUSES.

20 (f) THE CHAIR AND VICE-CHAIR OF THE COMMITTEE MAY
21 ESTABLISH ORGANIZATIONAL AND PROCEDURAL RULES AS ARE NECESSARY
22 FOR THE OPERATION OF THE COMMITTEE AND, IN COLLABORATION WITH
23 THE TASK FORCE, GUIDELINES AND EXPECTATIONS FOR ONGOING
24 COLLABORATION WITH THE TASK FORCE.

25 (g) (I) MEMBERS OF THE COMMITTEE MAY RECEIVE PAYMENT OF
26 PER DIEM AND REIMBURSEMENT FOR ACTUAL AND NECESSARY EXPENSES
27 AUTHORIZED PURSUANT TO SECTION 2-2-307.

1 (II) THE DIRECTOR OF RESEARCH OF THE LEGISLATIVE COUNCIL
2 AND THE DIRECTOR OF THE OFFICE OF LEGISLATIVE LEGAL SERVICES SHALL
3 SUPPLY STAFF ASSISTANCE TO THE COMMITTEE AS THEY DEEM
4 APPROPRIATE, WITHIN EXISTING APPROPRIATIONS.

5 (2) **Duties.** (a) (I) THE COMMITTEE SHALL MEET AT LEAST THREE
6 TIMES EACH YEAR AND AT SUCH OTHER TIMES AS IT DEEMS NECESSARY.

7 (II) EACH COMMITTEE MEMBER SHALL ANNUALLY EITHER ATTEND
8 OR CALL INTO AT LEAST ONE REGULAR TASK FORCE MEETING. COMMITTEE
9 MEMBERS ARE ENCOURAGED TO ATTEND SEPARATE MEETINGS AND INFORM
10 THE REST OF THE COMMITTEE ABOUT THE CURRENT WORK OF THE TASK
11 FORCE.

12 (b) THE COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE
13 TASK FORCE AND SHALL SUBMIT ANNUAL REPORTS PURSUANT TO
14 SUBSECTION (2)(c) OF THIS SECTION TO THE GENERAL ASSEMBLY
15 REGARDING THE TASK FORCE'S FINDINGS AND RECOMMENDATIONS. IN
16 ADDITION, THE COMMITTEE MAY RECOMMEND LEGISLATIVE CHANGES
17 THAT ARE TREATED AS BILLS RECOMMENDED BY AN INTERIM LEGISLATIVE
18 COMMITTEE FOR PURPOSES OF ANY INTRODUCTION DEADLINES OR BILL
19 LIMITATIONS IMPOSED BY THE JOINT RULES OF THE GENERAL ASSEMBLY.

20 (c) (I) ON OR BEFORE JANUARY 15 OF EACH YEAR, THE COMMITTEE
21 IS REQUIRED TO SUBMIT A REPORT TO THE GENERAL ASSEMBLY AND MAKE
22 SUCH REPORT PUBLICLY AVAILABLE ON ITS WEBSITE; HOWEVER, DURING
23 ANY INTERIM IN WHICH THE GENERAL ASSEMBLY HAS SUSPENDED INTERIM
24 COMMITTEE ACTIVITIES, THE COMMITTEE IS NOT REQUIRED TO SUBMIT
25 SUCH A REPORT. THE ANNUAL REPORT MUST BRIEFLY SUMMARIZE THE
26 STUDY ISSUES, RECOMMENDATIONS CONSIDERED, AND ANY ACTIONS
27 TAKEN BY THE COMMITTEE AND THE TASK FORCE DURING THE PREVIOUS

1 YEAR.

2 (II) THE REPORT MUST COMPLY WITH THE PROVISIONS OF SECTION
3 24-1-136 (9). NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE
4 REQUIREMENT IN THIS SECTION TO REPORT TO THE GENERAL ASSEMBLY
5 CONTINUES INDEFINITELY.

6 **18-1.9-104. Task force concerning the treatment of persons**
7 **with behavioral health disorders in the criminal and juvenile justice**
8 **systems - creation - membership - duties. (1) Creation.** THERE IS
9 CREATED A TASK FORCE CONCERNING THE TREATMENT OF PERSONS WITH
10 BEHAVIORAL HEALTH DISORDERS IN THE CRIMINAL AND JUVENILE JUSTICE
11 SYSTEMS. THE TASK FORCE CONSISTS OF TWENTY-NINE MEMBERS
12 APPOINTED AS PROVIDED IN SUBSECTION (2) OF THIS SECTION AND ANY
13 STAFF SUPPORT AS PROVIDED FOR IN SECTION 18-1.9-105.

14 (2) **Membership - terms. (a)** THE CHIEF JUSTICE OF THE
15 COLORADO SUPREME COURT SHALL APPOINT TWO MEMBERS WHO
16 REPRESENT THE JUDICIAL DEPARTMENT, ONE OF WHOM REPRESENTS THE
17 DIVISION OF PROBATION WITHIN THE DEPARTMENT. BEGINNING JULY 1,
18 2022, MEMBERS APPOINTED PURSUANT TO THIS SUBSECTION (2)(a) MAY
19 SERVE NO MORE THAN TWO CONSECUTIVE TWO-YEAR TERMS. NOTHING IN
20 THIS SECTION PROHIBITS THE CHIEF JUSTICE FROM APPOINTING MEMBERS
21 WHO SERVED ON THE PREVIOUS TASK FORCE.

22 (b) THE FOLLOWING EXECUTIVE BRANCH AGENCIES, DIVISIONS,
23 AND OFFICES SHALL APPOINT OR REAPPOINT FROM THE PREVIOUS TASK
24 FORCE ELEVEN MEMBERS. BEGINNING JULY 1, 2022, MEMBERS APPOINTED
25 PURSUANT TO THIS SUBSECTION (2)(b) MAY SERVE NO MORE THAN TWO
26 CONSECUTIVE TWO-YEAR TERMS. NOTHING IN THIS SECTION PROHIBITS
27 THE EXECUTIVE BRANCH AGENCIES LISTED FROM APPOINTING MEMBERS

1 WHO SERVED ON THE PREVIOUS TASK FORCE. THE FOLLOWING EXECUTIVE
2 BRANCH AGENCIES SHALL APPOINT A REPRESENTATIVE ON OR BEFORE
3 AUGUST 1, 2022:

4 (I) THE DIRECTOR OF THE DIVISION OF CRIMINAL JUSTICE IN THE
5 DEPARTMENT OF PUBLIC SAFETY SHALL APPOINT ONE MEMBER TO
6 REPRESENT THE DIVISION;

7 (II) THE DIRECTOR OF THE DIVISION OF PAROLE IN THE
8 DEPARTMENT OF CORRECTIONS SHALL APPOINT ONE MEMBER TO
9 REPRESENT THE DIVISION;

10 (III) THE DEPARTMENT OF HUMAN SERVICES SHALL APPOINT THREE
11 MEMBERS AS FOLLOWS:

12 (A) THE DIRECTOR OF THE OFFICE OF BEHAVIORAL HEALTH SHALL
13 APPOINT ONE MEMBER TO REPRESENT THE OFFICE;

14 (B) THE DIRECTOR OF THE DIVISION OF YOUTH SERVICES SHALL
15 APPOINT ONE MEMBER TO REPRESENT THE DIVISION; AND

16 (C) THE DIRECTOR OF THE UNIT WITHIN THE DEPARTMENT OF
17 HUMAN SERVICES THAT IS RESPONSIBLE FOR CHILD WELFARE SERVICES
18 SHALL APPOINT ONE MEMBER TO REPRESENT THE UNIT;

19 (IV) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF
20 EDUCATION SHALL APPOINT ONE MEMBER TO REPRESENT THE
21 DEPARTMENT;

22 (V) THE ATTORNEY GENERAL SHALL APPOINT ONE MEMBER TO
23 REPRESENT THE ATTORNEY GENERAL'S OFFICE;

24 (VI) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HEALTH
25 CARE POLICY AND FINANCING SHALL APPOINT ONE MEMBER TO REPRESENT
26 THE DEPARTMENT;

27 (VII) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF LABOR

1 AND EMPLOYMENT SHALL APPOINT ONE MEMBER TO REPRESENT THE
2 DEPARTMENT;

3 (VIII) THE DIRECTOR OF THE OFFICE OF THE CHILD'S
4 REPRESENTATIVE SHALL APPOINT ONE MEMBER TO REPRESENT THE OFFICE;
5 AND

6 (IX) THE DIRECTOR OF THE OFFICE OF THE ALTERNATE DEFENSE
7 COUNSEL SHALL APPOINT ONE MEMBER TO REPRESENT THE OFFICE.

8 (c) THE CHAIR AND VICE-CHAIR OF THE LEGISLATIVE OVERSIGHT
9 COMMITTEE SHALL APPOINT OR REAPPOINT FROM THE PREVIOUS TASK
10 FORCE SIXTEEN ADDITIONAL MEMBERS. COMMITTEE STAFF IS RESPONSIBLE
11 FOR PUBLICLY ANNOUNCING VACANCIES FOR THE FOLLOWING POSITIONS,
12 AND REQUESTING CANDIDATES SUBMIT A LETTER OF INTEREST FOR THE
13 SPECIFIC POSITION, SO THAT THE LETTERS OF INTEREST ARE DUE NO LATER
14 THAN ONE WEEK AFTER THE EFFECTIVE DATE OF THIS SECTION. THE
15 LEGISLATIVE OVERSIGHT COMMITTEE, BY MAJORITY VOTE, SHALL APPROVE
16 THE APPOINTMENTS FOR THESE POSITIONS. BEGINNING JULY 1, 2022,
17 MEMBERS APPOINTED PURSUANT TO THIS SUBSECTION (2)(c) MAY SERVE
18 NO MORE THAN TWO TWO-YEAR TERMS. NOTHING IN THIS SECTION
19 PROHIBITS THE LEGISLATIVE OVERSIGHT COMMITTEE FROM APPOINTING
20 MEMBERS WHO SERVED ON THE PREVIOUS TASK FORCE. THE TASK FORCE
21 MEMBERS TO BE APPOINTED PURSUANT TO THIS SUBSECTION (2)(c)
22 INCLUDE:

23 (I) TWO MEMBERS WHO REPRESENT LOCAL LAW ENFORCEMENT
24 AGENCIES, ONE OF WHOM IS IN ACTIVE SERVICE AS A POLICE OFFICER IN
25 THE STATE, AND THE OTHER IS IN ACTIVE SERVICE AS A SHERIFF IN THE
26 STATE;

27 (II) TWO MEMBERS FROM COUNTY DEPARTMENTS OF HUMAN OR

1 SOCIAL SERVICES, ONE OF WHOM REPRESENTS A RURAL COLORADO
2 PERSPECTIVE;

3 (III) ONE MEMBER WHO REPRESENTS DISTRICT ATTORNEYS WITHIN
4 THE STATE;

5 (IV) TWO MEMBERS WHO REPRESENT THE CRIMINAL DEFENSE BAR
6 WITHIN THE STATE, ONE OF WHOM HAS EXPERIENCE REPRESENTING
7 JUVENILES IN THE JUVENILE JUSTICE SYSTEM;

8 (V) TWO MEMBERS WHO ARE LICENSED MENTAL HEALTH
9 PROFESSIONALS PRACTICING WITHIN THE STATE, ONE OF WHOM HAS
10 EXPERIENCE TREATING JUVENILES;

11 (VI) ONE MEMBER WHO IS FROM A COMMUNITY MENTAL HEALTH
12 CENTER WITHIN THE STATE;

13 (VII) ONE MEMBER WHO HAS KNOWLEDGE OF PUBLIC BENEFITS
14 AND PUBLIC HOUSING WITHIN THE STATE;

15 (VIII) ONE MEMBER WHO IS A MENTAL HEALTH PROFESSIONAL
16 PRACTICING IN FORENSIC ENVIRONMENTS;

17 (IX) THREE MEMBERS OF THE PUBLIC AS FOLLOWS:

18 (A) ONE MEMBER WHO IS LIVING WITH A BEHAVIORAL HEALTH
19 DISORDER AND HAS BEEN INVOLVED IN THE CRIMINAL OR JUVENILE
20 JUSTICE SYSTEM IN THE STATE;

21 (B) ONE MEMBER WHO HAS AN ADULT FAMILY MEMBER WHO HAS
22 A BEHAVIORAL HEALTH DISORDER AND WHO IS OR WAS INVOLVED IN THE
23 CRIMINAL JUSTICE SYSTEM IN THE STATE; AND

24 (C) ONE MEMBER WHO IS THE PARENT OF A CHILD WHO HAS A
25 BEHAVIORAL HEALTH DISORDER AND WHO IS OR WAS INVOLVED IN THE
26 JUVENILE JUSTICE SYSTEM IN THE STATE; AND

27 (X) ONE MEMBER WHO REPRESENTS A NONPROFIT ORGANIZATION

1 THAT WORKS ON STATEWIDE LEGISLATION AND ORGANIZING COLORADANS
2 TO PROMOTE BEHAVIORAL, MENTAL, AND PHYSICAL HEALTH NEEDS.

3 (d) (I) A VACANCY OCCURRING IN A POSITION APPOINTED BY THE
4 CHIEF JUSTICE OF THE COLORADO SUPREME COURT PURSUANT TO
5 SUBSECTION (2)(a) OF THIS SECTION MUST BE FILLED AS SOON AS POSSIBLE
6 BY THE CHIEF JUSTICE OF THE COLORADO SUPREME COURT IN
7 ACCORDANCE WITH THE LIMITATIONS SPECIFIED IN SUBSECTION (2)(a) OF
8 THIS SECTION. IN ADDITION, THE CHIEF JUSTICE OF THE COLORADO
9 SUPREME COURT MAY REMOVE AND REPLACE ANY APPOINTMENT TO THE
10 TASK FORCE MADE PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION.

11 (II) A VACANCY OCCURRING IN A POSITION THAT IS APPOINTED BY
12 AN EXECUTIVE BRANCH AGENCY PURSUANT TO SUBSECTION (2)(b) OF THIS
13 SECTION MUST BE FILLED AS SOON AS POSSIBLE BY THE INITIAL APPOINTING
14 EXECUTIVE BRANCH AGENCY. IN ADDITION, THE INITIAL APPOINTING
15 EXECUTIVE BRANCH AGENCY MAY REMOVE AND REPLACE ANY
16 APPOINTMENT IT MADE TO THE TASK FORCE MADE PURSUANT TO
17 SUBSECTION (2)(b) OF THIS SECTION.

18 (III) A VACANCY OCCURRING IN A POSITION FILLED BY THE CHAIR
19 AND VICE-CHAIR OF THE COMMITTEE PURSUANT TO SUBSECTION (2)(c) OF
20 THIS SECTION MUST BE FILLED AS SOON AS POSSIBLE BY THE CHAIR AND
21 VICE-CHAIR OF THE COMMITTEE IN ACCORDANCE WITH THE LIMITATIONS
22 SPECIFIED IN SUBSECTION (2)(c) OF THIS SECTION. IN ADDITION, THE CHAIR
23 AND VICE-CHAIR OF THE COMMITTEE MAY REMOVE AND REPLACE ANY
24 APPOINTMENT TO THE TASK FORCE MADE PURSUANT TO SUBSECTION (2)(c)
25 OF THIS SECTION.

26 (e) IN MAKING APPOINTMENTS TO THE TASK FORCE, THE
27 APPOINTING AUTHORITIES SHALL ENSURE THAT THE MEMBERSHIP OF THE

1 TASK FORCE INCLUDES PERSONS WHO HAVE EXPERIENCE WITH OR
2 INTEREST IN THE STUDY AREAS OF THE TASK FORCE AS SET FORTH IN
3 SUBSECTION (3) OF THIS SECTION; PERSONS WHO REFLECT THE ETHNIC,
4 CULTURAL, AND GENDER DIVERSITY OF THE STATE; REPRESENTATION OF
5 ALL AREAS OF THE STATE; AND, TO THE EXTENT PRACTICABLE, PERSONS
6 WITH DISABILITIES.

7 (f) (I) ALL TASK FORCE MEMBERS ARE EXPECTED TO SEEK INPUT
8 FROM THE VARIOUS NETWORKS OR ORGANIZATIONAL STRUCTURES OF THE
9 BODY THEY REPRESENT, IF ANY. EVERY EXECUTIVE BRANCH AGENCY IS
10 ENCOURAGED TO NOMINATE A REPRESENTATIVE WHO CAN PARTICIPATE IN
11 MAKING TASK FORCE SUBJECT MATTER EXPERT RECOMMENDATIONS, YET
12 STILL APPROPRIATELY REPRESENT THE EXECUTIVE BRANCH AGENCY'S
13 CONSTITUENCY.

14 (II) IN ORDER TO ADVANCE THE WORK OF THE TASK FORCE, TASK
15 FORCE MEMBERS ARE ENCOURAGED TO PARTICIPATE IN DECISION-MAKING,
16 WITH THE UNDERSTANDING THAT INDIVIDUAL VOTES ON TASK FORCE
17 ISSUES ARE BASED ON SUBJECT MATTER EXPERTISE AND DO NOT COMMIT
18 REPRESENTATIVE AGENCIES OR ORGANIZATIONS TO ANY POSITION OR
19 ACTION. TASK FORCE MEMBERS SHALL ADHERE TO ANY AGREED-UPON
20 PROCEDURAL RULES AND GUIDELINES.

21 (g) MEMBERS OF THE TASK FORCE SERVE WITHOUT
22 COMPENSATION. HOWEVER, MEMBERS OF THE TASK FORCE APPOINTED
23 PURSUANT TO SUBSECTION (2)(c) OF THIS SECTION MAY RECEIVE
24 REIMBURSEMENT FOR ACTUAL AND NECESSARY EXPENSES ASSOCIATED
25 WITH THEIR DUTIES ON THE TASK FORCE.

26 (3) **Issues for study.** (a) THE TASK FORCE SHALL STUDY
27 BEHAVIORAL HEALTH ISSUES WITHIN ITS SCOPE FOR PERSONS INVOLVED

1 WITH THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, AS ANNUALLY
2 DEFINED IN WRITING BY THE COMMITTEE EVERY YEAR ON OR BEFORE
3 JANUARY 30, AND SHALL DEVELOP AND PROPOSE POLICY MODIFICATIONS
4 FOR COMMITTEE CONSIDERATION.

5 (b) THE REQUIREMENTS SET FORTH IN THIS SUBSECTION (3) DO NOT
6 PROHIBIT THE TASK FORCE, AT ANY TIME DURING ITS EXISTENCE, FROM
7 REQUESTING PERMISSION FROM THE COMMITTEE TO STUDY, PRESENT
8 FINDINGS, AND MAKE RECOMMENDATIONS ON ANY ISSUE RELATED TO THE
9 SCOPE OF THE TASK FORCE AND OVERSIGHT COMMITTEE.

10 (c) THE TASK FORCE SHALL STUDY BEST AND PROMISING
11 PRACTICES TO PROMOTE POSITIVE SOCIAL AND EMOTIONAL OUTCOMES FOR
12 INDIVIDUALS WITH BEHAVIORAL HEALTH DISORDERS WHO ARE INVOLVED
13 OR AT RISK OF CONTINUED INVOLVEMENT IN THE CRIMINAL OR JUVENILE
14 JUSTICE SYSTEMS, WITH THE FOCUS ON BETTER UNDERSTANDING AND
15 ADDRESSING NECESSARY RESOURCES AND ACTIONS FOR IMPLEMENTATION
16 TO PREVENT INITIAL OR CONTINUED INVOLVEMENT WITH THE CRIMINAL OR
17 JUVENILE JUSTICE SYSTEMS.

18 (d) IN EVALUATING THE ISSUES SET FORTH IN SUBSECTION (3)(a)
19 OF THIS SECTION, THE TASK FORCE SHALL SPECIFICALLY CONSIDER THE
20 FOLLOWING RELATED ISSUES, INCLUDING:

21 (I) EARLY IDENTIFICATION OF AND INTERVENTION STRATEGIES FOR
22 INDIVIDUALS WHO ARE AT A HIGHER RISK OF CONTINUED INVOLVEMENT
23 WITH THE CRIMINAL OR JUVENILE JUSTICE SYSTEM DUE TO ESTABLISHED
24 OR DEVELOPING BEHAVIORAL HEALTH CONCERNS;

25 (II) THE PROMOTION OF RESILIENCE AND HEALTH FOR PERSONS
26 ALREADY EXPERIENCING INVOLVEMENT OR WHO ARE AT RISK OF
27 CONTINUING INVOLVEMENT WITH THE CRIMINAL OR JUVENILE JUSTICE

1 SYSTEM DUE TO BEHAVIORAL HEALTH CONCERNS;

2 (III) THE INTERSECTION OF BEHAVIORAL HEALTH DISORDERS AND
3 THE INVOLVEMENT OR RISK OF CONTINUED INVOLVEMENT IN THE JUVENILE
4 OR CRIMINAL JUSTICE SYSTEMS, WITH A SPECIFIC FOCUS ON DIVERTING
5 PERSONS WITH MENTAL HEALTH, SUBSTANCE USE, OR CO-OCCURRING
6 DISORDERS AWAY FROM THE RISK OF CONTINUED JUVENILE OR CRIMINAL
7 JUSTICE INVOLVEMENT; AND

8 (IV) ISSUES RELATING TO PERSONS WITH BEHAVIORAL HEALTH
9 DISORDERS WHO ARE ALREADY INVOLVED IN THE CRIMINAL OR JUVENILE
10 JUSTICE SYSTEM, UTILIZING SAFE AND EFFECTIVE INTERVENTIONS WITH A
11 FOCUS ON PREVENTING FURTHER INVOLVEMENT, PROMOTING GOOD
12 HEALTH OUTCOMES UPON RELEASE, AND ENHANCING RECOVERY SUCCESS.

13 (4) **Additional duties of the task force.** THE TASK FORCE SHALL
14 ANNUALLY DELIVER POLICY AND LEGISLATIVE RECOMMENDATIONS TO THE
15 COMMITTEE PURSUANT TO THIS SECTION. IN ADDITION, THE TASK FORCE
16 SHALL:

17 (a) ON OR BEFORE AUGUST 1 OF EACH YEAR, SELECT A CHAIR AND
18 VICE-CHAIR FROM AMONG ITS MEMBERS;

19 (b) MEET AT LEAST SIX TIMES EACH YEAR, OR MORE OFTEN AS
20 DIRECTED BY THE CHAIR OF THE COMMITTEE;

21 (c) ESTABLISH ORGANIZATIONAL AND PROCEDURAL RULES FOR THE
22 OPERATION OF THE TASK FORCE AND FOR COLLABORATION WITH THE
23 COMMITTEE;

24 (d) DESIGNATE SPECIFIC TASK FORCE MEMBERS RESPONSIBLE FOR
25 COLLABORATING WITH AND OBTAINING INPUT FROM OTHER GROUPS, TASK
26 FORCES, OR STATEWIDE INITIATIVES THAT COMPLEMENT OR RELATE TO
27 THE TASK FORCE'S IDENTIFIED AREAS OF STUDY;

1 (e) CREATE SUBCOMMITTEES AS NEEDED TO CARRY OUT THE
2 DUTIES OF THE TASK FORCE. THE SUBCOMMITTEES MAY CONSIST, IN PART,
3 OF PERSONS WHO ARE NOT MEMBERS OF THE TASK FORCE. SUCH PERSONS
4 MAY VOTE ON ISSUES BEFORE THE SUBCOMMITTEE BUT ARE NOT ENTITLED
5 TO A VOTE AT TASK FORCE MEETINGS.

6 (f) STUDY THE IMPLEMENTATION OF COMMITTEE LEGISLATION
7 PASSED BY THE GENERAL ASSEMBLY;

8 (g) UPON REQUEST BY A COMMITTEE MEMBER, PROVIDE
9 EVIDENCE-BASED FEEDBACK ON THE POTENTIAL BENEFITS OR
10 CONSEQUENCES OF A LEGISLATIVE OR OTHER POLICY PROPOSAL NOT
11 DIRECTLY AFFILIATED WITH OR GENERATED BY THE TASK FORCE. THE
12 FEEDBACK MUST BE DELIVERED WITHIN TWO WEEKS TO THE ENTIRE
13 COMMITTEE AND REMAIN AS CONCISE AS POSSIBLE WHILE CAPTURING ANY
14 AVAILABLE EVIDENCE. IF THE TASK FORCE CANNOT IDENTIFY EVIDENCE TO
15 EFFECTIVELY INFORM A RESPONSE, THE FEEDBACK WILL INDICATE A LACK
16 OF EVIDENCE AND REPORT ON ANY ACTIONS TAKEN.

17 (h) (I) ON OR BEFORE AUGUST 1 OF EACH YEAR, PREPARE AND
18 SUBMIT TO THE COMMITTEE, A REPORT THAT, AT A MINIMUM, INCLUDES:

19 (A) ISSUES STUDIED BY THE TASK FORCE, AS WELL AS FINDINGS
20 FOR LEGISLATIVE OR OTHER RECOMMENDATIONS;

21 (B) LEGISLATIVE OR POLICY PROPOSALS OF THE TASK FORCE THAT
22 IDENTIFY THE POLICY ISSUES INVOLVED, THE AGENCIES RESPONSIBLE FOR
23 THE IMPLEMENTATION OF THE CHANGES, AND THE FUNDING SOURCES
24 REQUIRED FOR IMPLEMENTATION;

25 (C) A SUMMARY OF TASK FORCE MEETING ACTIVITIES AND
26 DISCUSSIONS;

27 (D) ANY EVIDENCE-BASED FEEDBACK PROVIDED TO THE

1 COMMITTEE PURSUANT TO SUBSECTION (4)(g) OF THIS SECTION; AND

2 (E) A SUMMARY OF EFFORTS MADE TO COMMUNICATE,
3 COLLABORATE, OR COORDINATE WITH OTHER GROUPS, TASK FORCES, OR
4 STATE INITIATIVES.

5 (II) THE TASK FORCE MAY POST THE REPORT ON THE COMMITTEE'S
6 WEBSITE.

7 (5) **Coordination.** THE TASK FORCE MAY WORK WITH OTHER
8 GROUPS, TASK FORCES, OR STATEWIDE INITIATIVES THAT ARE PURSUING
9 ISSUES AND POLICY INITIATIVES SIMILAR TO THOSE ADDRESSED IN
10 SUBSECTION (3) OF THIS SECTION. THE TASK FORCE MAY DEVELOP
11 RELATIONSHIPS WITH OTHER TASK FORCES, COMMITTEES, AND
12 ORGANIZATIONS TO LEVERAGE EFFICIENT POLICY-MAKING OPPORTUNITIES
13 THROUGH COLLABORATIVE EFFORTS.

14 (6) NOTWITHSTANDING ANY PROVISION OF THIS SECTION, THE
15 TASK FORCE IS NOT REQUIRED TO MEET, SUBMIT ANNUAL POLICY AND
16 LEGISLATIVE RECOMMENDATIONS, OR SUBMIT AN ANNUAL REPORT TO THE
17 COMMITTEE DURING ANY INTERIM IN WHICH THE GENERAL ASSEMBLY HAS
18 SUSPENDED INTERIM COMMITTEE ACTIVITIES.

19 **18-1.9-105. Task force funding - staff support.** (1) THE
20 LEGISLATIVE COUNCIL STAFF SHALL SUPPLY STAFF ASSISTANCE, WITHIN
21 EXISTING APPROPRIATIONS, TO THE TASK FORCE AS THE COMMITTEE
22 DEEMS APPROPRIATE. IF EXISTING APPROPRIATIONS ARE NOT ADEQUATE
23 TO SUPPLY STAFF ASSISTANCE THROUGH THE LEGISLATIVE COUNCIL STAFF,
24 THE DIRECTOR OF LEGISLATIVE COUNCIL STAFF SHALL REQUEST
25 ADDITIONAL NECESSARY FUNDING IN ITS ANNUAL BUDGET REQUEST.

26 (2) THE DIVISION OF CRIMINAL JUSTICE IN THE DEPARTMENT OF
27 PUBLIC SAFETY, THE OFFICE OF BEHAVIORAL HEALTH IN THE DEPARTMENT

1 OF HUMAN SERVICES, AND ANY STATE DEPARTMENT OR AGENCY WITH AN
2 ACTIVE REPRESENTATIVE ON THE TASK FORCE ARE AUTHORIZED TO
3 RECEIVE AND EXPEND GIFTS, GRANTS, AND DONATIONS, INCLUDING
4 DONATIONS OF IN-KIND SERVICES FOR STAFF SUPPORT, FROM ANY PUBLIC
5 OR PRIVATE ENTITY FOR ANY DIRECT OR INDIRECT COSTS ASSOCIATED
6 WITH THE DUTIES OF THE TASK FORCE.

7 **18-1.9-106. Treatment of persons with behavioral health**
8 **disorders in the criminal and juvenile justice systems fund.** (1) THE
9 TREATMENT OF PERSONS WITH BEHAVIORAL HEALTH DISORDERS IN THE
10 CRIMINAL AND JUVENILE JUSTICE SYSTEMS FUND, REFERRED TO IN THIS
11 SECTION AS THE "FUND", IS CREATED IN THE STATE TREASURY. THE FUND
12 CONSISTS OF MONEY APPROPRIATED OR TRANSFERRED TO THE FUND BY
13 THE GENERAL ASSEMBLY AND ANY PRIVATE AND PUBLIC FUNDS RECEIVED
14 THROUGH GIFTS, GRANTS, OR DONATIONS FOR THE PURPOSE OF
15 IMPLEMENTING THE PROVISIONS OF THIS ARTICLE 1.9. MONEY IN THE FUND
16 IS SUBJECT TO ANNUAL APPROPRIATION BY THE GENERAL ASSEMBLY FOR
17 THE DIRECT AND INDIRECT COSTS ASSOCIATED WITH THE IMPLEMENTATION
18 OF THIS ARTICLE 1.9. MONEY IN THE FUND NOT EXPENDED FOR THE
19 PURPOSE OF IMPLEMENTING THIS ARTICLE 1.9 MAY BE INVESTED BY THE
20 STATE TREASURER AS PROVIDED BY LAW. THE STATE TREASURER SHALL
21 CREDIT ALL INTEREST AND INCOME DERIVED FROM THE DEPOSIT AND
22 INVESTMENT OF MONEY IN THE FUND TO THE FUND. THE STATE TREASURER
23 SHALL TRANSFER ALL UNEXPENDED AND UNENCUMBERED MONEY
24 REMAINING IN THE FUND AS OF JULY 1, 2025, TO THE GENERAL FUND.

25 (2) THE CHAIR OF THE EXECUTIVE COMMITTEE OF THE LEGISLATIVE
26 COUNCIL SHALL APPROVE ANY COMPENSATION PROVIDED FOR IN SECTIONS
27 18-1.9-103 (1)(g), 18-1.9-104 (2)(g), AND 18-1.9-105 FOR MEMBERS OF

1 THE GENERAL ASSEMBLY, SPECIFIED MEMBERS OF THE TASK FORCE, AND
2 STAFF ASSISTANCE TO THE COMMITTEE AND TASK FORCE, AS PROVIDED BY
3 THE DIRECTOR OF RESEARCH OF THE LEGISLATIVE COUNCIL AND THE
4 DIRECTOR OF THE OFFICE OF LEGISLATIVE LEGAL SERVICES.
5 COMPENSATION MUST BE PAID BY VOUCHERS AND WARRANTS DRAWN AS
6 PROVIDED BY LAW FROM MONEY APPROPRIATED FOR SUCH PURPOSE AND
7 ALLOCATED TO THE EXECUTIVE COMMITTEE OF THE LEGISLATIVE COUNCIL
8 FROM THE FUND.

9 **18-1.9-107. Repeal of article.** THIS ARTICLE 1.9 IS REPEALED,
10 EFFECTIVE JULY 1, 2027.

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

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

Attachment B

BILL B

LLS NO. 22-0141.01 Shelby Ross x4510

HOUSE BILL

HOUSE SPONSORSHIP

Amabile and Benavidez,

SENATE SPONSORSHIP

(None),

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING MODIFICATIONS TO NOT GUILTY BY REASON OF**
102 **INSANITY.**

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 Health Disorders in the Criminal and Juvenile Justice Systems. The bill requires the court to order an evaluation of a defendant found not guilty by reason of insanity to determine whether the defendant meets the criteria for inpatient hospitalization or if the defendant is eligible for conditional release in the

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

community.

No later than 10 days after receiving the evaluation, the court shall hold a hearing to determine whether to order inpatient hospitalization or to authorize release of the defendant for community placement or conditional release on the grounds that the defendant does not have an abnormal mental condition that is likely to cause the defendant to be dangerous to the defendant's self, others, or the community in the reasonably foreseeable future; is capable of distinguishing right from wrong; and the defendant has substantial capacity to conform the defendant's conduct to the requirement of law.

The bill prohibits a defendant found not guilty by reason of insanity from remaining confined in inpatient hospitalization for a period in excess of the maximum term of confinement that could be imposed for only the single most serious offense with which the defendant is found not guilty by reason of insanity, less 30% for a misdemeanor offense and less 50% for a felony offense. This prohibition does not apply to defendants found not guilty by reason of insanity for a class 1 or class 2 felony.

Upon conclusion of the maximum period of confinement, the court may stay the termination for 21 days to identify whether the defendant meets the requirements for certification or the provision of services. Beginning January 1, 2024, if, after hearing all relevant evidence, the court finds the requirements for certification have been established by clear and convincing evidence, the court shall make an order of commitment to the office of behavioral health in the department of human services. The office of behavioral health has the right to delegate physical custody of the defendant to an appropriate, approved treatment facility on an outpatient or inpatient basis.

Current law requires the court to order a release examination of the defendant when a current examination has not already been furnished or when either the prosecution or defense moves for an examination of the defendant at a different institution or by different experts. The bill specifies what information the release examination must include.

The bill requires the medical professional treating the defendant to develop a report certifying whether the defendant continues to meet the criteria for ongoing inpatient hospitalization. The chief executive officer of the facility in which the defendant is confined shall submit the report to the court on an annual basis.

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

2 **SECTION 1.** In Colorado Revised Statutes, 16-8-105.5, **amend**

3 (4) and (5); and **add** (6) as follows:

1 **16-8-105.5. Procedure after plea for offenses committed on or**
2 **after July 1, 1995.** (4) (a) If the trier of fact finds the defendant not
3 guilty by reason of insanity, the court shall ~~commit the defendant to the~~
4 ~~custody of the department of human services until such time as the~~
5 ~~defendant is found eligible for release.~~ ORDER AN EVALUATION OF THE
6 DEFENDANT BY A MEDICAL EXPERT IN MENTAL DISORDERS, AS DEFINED IN
7 SECTION 16-8-115 (2)(a), TO DETERMINE WHETHER THE DEFENDANT
8 MEETS THE CRITERIA FOR INPATIENT HOSPITALIZATION OR IF THE
9 DEFENDANT IS ELIGIBLE FOR CONDITIONAL RELEASE IN THE COMMUNITY.
10 THE EVALUATION MUST BE COMPLETED WITHIN THIRTY DAYS AFTER THE
11 COURT'S ORDER AND MAY TAKE PLACE IN THE COMMUNITY OR, IF THE
12 COURT FINDS IT NECESSARY, AT A FACILITY DESIGNATED BY THE
13 EXECUTIVE DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES. THE
14 DEFENDANT MEETS THE CRITERIA FOR INPATIENT HOSPITALIZATION IF THE
15 DEFENDANT HAS AN ABNORMAL MENTAL CONDITION THAT WOULD BE
16 LIKELY TO CAUSE THE DEFENDANT TO BE DANGEROUS TO THE
17 DEFENDANT'S SELF, OTHERS, OR TO THE COMMUNITY IN THE REASONABLY
18 FORESEEABLE FUTURE; THE DEFENDANT IS INCAPABLE OF DISTINGUISHING
19 RIGHT FROM WRONG; AND THE DEFENDANT LACKS SUBSTANTIAL CAPACITY
20 TO CONFORM THE DEFENDANT'S CONDUCT TO THE REQUIREMENTS
21 DESCRIBED IN SECTION 16-8-120 (3). THE DEFENSE OR PROSECUTING
22 ATTORNEY MAY REQUEST AN ADDITIONAL EVALUATION BY A MEDICAL
23 EXPERT IN MENTAL DISORDERS OF THE DEFENDANT'S CHOOSING PURSUANT
24 TO SECTION 16-8-108.

25 (b) THE EVALUATION REPORT MUST INCLUDE:

26 (I) A SUMMARY OF THE MATERIALS REVIEWED, ASSESSMENTS
27 CONDUCTED, AND OTHER BASES OF OPINION RENDERED;

1 (II) THE DEFENDANT'S CURRENT DIAGNOSIS AND WHETHER THE
2 DEFENDANT IS IN REMISSION;

3 (III) INFORMATION ON MEDICATIONS CURRENTLY PRESCRIBED TO
4 THE DEFENDANT FOR PSYCHIATRIC CONDITIONS AND WHETHER THE
5 DEFENDANT IS COMPLIANT WITH TAKING THE PRESCRIBED MEDICATIONS;

6 (IV) AN INITIAL ASSESSMENT OF THE DEFENDANT'S RISK OF
7 REOFFENDING, INCLUDING A SUMMARY OF THE DEFENDANT'S TREATMENT
8 NEEDS BY UTILIZING THE RISK-NEED-RESPONSIVITY MODEL;

9 (V) A SUMMARY OF THE SPECIFIC TREATMENT AVAILABLE TO THE
10 DEFENDANT IN THE COMMUNITY AND THE SPECIFIC TREATMENT THE
11 DEFENDANT MAY RECEIVE AT A FACILITY DESIGNATED BY THE EXECUTIVE
12 DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES;

13 (VI) A SUMMARY OF WHETHER AND HOW ONGOING RISKS COULD
14 BE MANAGED IF PLACEMENT IN THE COMMUNITY WERE GRANTED; AND

15 (VII) AN OPINION AS TO WHETHER THE DEFENDANT CURRENTLY
16 MEETS THE CRITERIA FOR INPATIENT HOSPITALIZATION AS DESCRIBED IN
17 SUBSECTION (4)(a) OF THIS SECTION, CITING SPECIFIC FACTS AND
18 EVIDENCE SUPPORTING THE OPINION.

19 (c) NO LATER THAN TEN DAYS AFTER RECEIVING THE EVALUATION,
20 UNLESS CONTINUED BY EITHER PARTY, THE COURT SHALL HOLD A HEARING
21 TO DETERMINE WHETHER TO ORDER INPATIENT HOSPITALIZATION OR TO
22 AUTHORIZE RELEASE OF THE DEFENDANT FOR COMMUNITY PLACEMENT OR
23 CONDITIONAL RELEASE ON THE GROUNDS THAT THE DEFENDANT DOES NOT
24 HAVE AN ABNORMAL MENTAL CONDITION THAT IS LIKELY TO CAUSE THE
25 DEFENDANT TO BE DANGEROUS TO THE DEFENDANT'S SELF, OTHERS, OR TO
26 THE COMMUNITY IN THE REASONABLY FORESEEABLE FUTURE; IS CAPABLE
27 OF DISTINGUISHING RIGHT FROM WRONG; AND THE DEFENDANT HAS

1 SUBSTANTIAL CAPACITY TO CONFORM THE DEFENDANT'S CONDUCT TO THE
2 REQUIREMENTS OF LAW. AT THE HEARING, THE PROSECUTION AND
3 DEFENSE MAY PRESENT EVIDENCE AND ARGUMENT.

4 (d) IF THE COURT ORDERS INPATIENT HOSPITALIZATION, the
5 executive director of the department of human services shall designate the
6 state facility at which the defendant shall be held for care and psychiatric
7 treatment and may transfer the defendant from one facility to another if
8 in the opinion of the director it is desirable to do so in the interest of the
9 proper care, custody, and treatment of the defendant or the protection of
10 the public or the personnel of the facilities in question.

11 (e) IF THE COURT ORDERS COMMUNITY PLACEMENT OR
12 CONDITIONAL RELEASE, THE COURT SHALL SET CONDITIONS OF RELEASE AS
13 OUTLINED IN SECTION 16-8-115 (3)(a) AND THE DEPARTMENT OF HUMAN
14 SERVICES SHALL HAVE THE SAME OBLIGATIONS AS PROVIDED IN SECTION
15 16-8-115 REGARDING CONDITIONAL RELEASE OR IN SECTION 16-8-118
16 REGARDING TEMPORARY PHYSICAL REMOVAL FOR TREATMENT, INCLUDING
17 COMMUNITY PLACEMENT.

18 (5) (a) ~~This section shall apply to offenses committed on or after~~
19 ~~July 1, 1995.~~ A DEFENDANT FOUND NOT GUILTY BY REASON OF INSANITY
20 SHALL NOT REMAIN CONFINED IN INPATIENT HOSPITALIZATION FOR A
21 PERIOD IN EXCESS OF THE MAXIMUM TERM OF CONFINEMENT THAT COULD
22 BE IMPOSED FOR ONLY THE SINGLE MOST SERIOUS OFFENSE WITH WHICH
23 THE DEFENDANT IS FOUND NOT GUILTY BY REASON OF INSANITY, LESS
24 THIRTY PERCENT FOR A MISDEMEANOR OFFENSE AND LESS FIFTY PERCENT
25 FOR A FELONY OFFENSE; EXCEPT THAT THIS PROVISION DOES NOT APPLY TO
26 A DEFENDANT FOUND NOT GUILTY BY REASON OF INSANITY FOR A CLASS
27 1 OR CLASS 2 FELONY. UPON CONCLUSION OF THE MAXIMUM PERIOD OF

1 CONFINEMENT, THE COURT MAY STAY THE TERMINATION OF CONFINEMENT
2 FOR TWENTY-ONE DAYS TO IDENTIFY WHETHER THE DEFENDANT MEETS
3 THE REQUIREMENTS FOR CERTIFICATION PURSUANT TO ARTICLE 65 OF
4 TITLE 27 OR FOR THE PROVISION OF SERVICES PURSUANT TO ARTICLE 10.5
5 OF TITLE 27 BY DIRECTING THE DEPARTMENT OF HUMAN SERVICES, OR ANY
6 OTHER FACILITY DESIGNATED BY THE EXECUTIVE DIRECTOR OF THE
7 DEPARTMENT OF HUMAN SERVICES, TO EVALUATE THE DEFENDANT FOR
8 EMERGENCY MENTAL HEALTH NEEDS PURSUANT TO SECTION 27-65-105 (6)
9 OR CERTIFICATION PURSUANT TO SECTION 27-65-106. THE EVALUATION
10 MAY TAKE PLACE WHERE THE DEFENDANT IS BEING HELD OR IN A FACILITY
11 DESIGNATED BY THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF
12 HUMAN SERVICES. THE EVALUATION MUST BE PERFORMED AS SOON AS
13 POSSIBLE BUT NO LONGER THAN TWENTY-ONE DAYS AFTER THE
14 EVALUATION IS ORDERED AND MUST IDENTIFY WHETHER THE DEFENDANT
15 HAS A MENTAL HEALTH DISORDER AND, AS A RESULT OF THE MENTAL
16 HEALTH DISORDER, IS AN IMMINENT DANGER TO THE DEFENDANT'S SELF OR
17 OTHERS OR IS GRAVELY DISABLED.

18 (b) (I) IF, AFTER HEARING ALL RELEVANT EVIDENCE, INCLUDING
19 THE EVALUATION AND REPORT, THE COURT FINDS THE REQUIREMENTS FOR
20 CIVIL CERTIFICATION HAVE BEEN ESTABLISHED BY CLEAR AND
21 CONVINCING EVIDENCE, THE COURT SHALL MAKE AN ORDER OF
22 COMMITMENT TO THE OFFICE OF BEHAVIORAL HEALTH IN THE
23 DEPARTMENT OF HUMAN SERVICES. THE OFFICE HAS THE RIGHT TO
24 DELEGATE PHYSICAL CUSTODY OF THE DEFENDANT TO AN APPROPRIATE,
25 APPROVED TREATMENT FACILITY ON AN OUTPATIENT OR INPATIENT BASIS.

26 (II) THIS SUBSECTION (5)(b) IS EFFECTIVE JANUARY 1, 2024.

27 (6) THIS SECTION APPLIES TO OFFENSES COMMITTED ON OR AFTER

1 JULY 1, 1995.

2 SECTION 2. In Colorado Revised Statutes, 16-8-115, **amend** (1);
3 and **add** (2)(c) and (2)(d) as follows:

4 **16-8-115. Release from commitment after verdict of not guilty**
5 **by reason of insanity or not guilty by reason of impaired mental**
6 **condition.** (1) IF A DEFENDANT IS COMMITTED FOR INPATIENT
7 HOSPITALIZATION PURSUANT TO SECTION 16-8-105.5, the court may
8 SUBSEQUENTLY order a release hearing at any time on its own motion, on
9 motion of the prosecuting attorney, or on motion of the defendant. The
10 court shall order a release hearing upon receipt of the report of the chief
11 officer of the institution in which the defendant is committed that the
12 defendant no longer requires hospitalization, as provided in section
13 16-8-116, or upon motion of the defendant made after one hundred
14 eighty-two days following the date of the initial commitment order.
15 Except for the first hearing following the initial commitment order, unless
16 the court for good cause shown permits, the defendant is not entitled to
17 a hearing within one year subsequent to a previous hearing.

18 (2) (c) THE RELEASE EXAMINATION REPORT MUST INCLUDE:

19 (I) A SUMMARY OF THE MATERIALS REVIEWED, ASSESSMENTS
20 CONDUCTED, AND OTHER BASES OF OPINION RENDERED;

21 (II) THE DEFENDANT'S CURRENT DIAGNOSIS AND WHETHER THE
22 DEFENDANT IS IN REMISSION;

23 (III) INFORMATION ON MEDICATIONS CURRENTLY PRESCRIBED TO
24 THE DEFENDANT FOR PSYCHIATRIC CONDITIONS AND WHETHER THE
25 DEFENDANT IS COMPLIANT WITH TAKING THE PRESCRIBED MEDICATIONS;

26 (IV) AN INITIAL ASSESSMENT OF THE DEFENDANT'S RISK OF
27 REOFFENDING, INCLUDING A SUMMARY OF THE DEFENDANT'S TREATMENT

1 NEEDS BY UTILIZING THE RISK-NEED-RESPONSIVITY MODEL OR OTHER
2 EVIDENCE-BASED MODALITY;

3 (V) A SUMMARY OF THE SPECIFIC TREATMENT AVAILABLE TO THE
4 DEFENDANT IN THE COMMUNITY AND THE SPECIFIC TREATMENT THE
5 DEFENDANT MAY RECEIVE AT A FACILITY DESIGNATED BY THE EXECUTIVE
6 DIRECTOR OF THE DEPARTMENT OF HUMAN SERVICES;

7 (VI) A SUMMARY OF WHETHER AND HOW ONGOING RISKS COULD
8 BE MANAGED IF PLACEMENT IN THE COMMUNITY WERE GRANTED; AND

9 (VII) AN OPINION AS TO WHETHER THE DEFENDANT CURRENTLY
10 MEETS THE CRITERIA FOR INPATIENT HOSPITALIZATION AS DESCRIBED IN
11 SECTION 16-8-105.5 (4)(a), CITING SPECIFIC FACTS AND EVIDENCE
12 SUPPORTING THE OPINION.

13 (d) THE MEDICAL PROFESSIONAL TREATING THE DEFENDANT SHALL
14 DEVELOP A REPORT CERTIFYING WHETHER THE DEFENDANT CONTINUES TO
15 MEET THE CRITERIA FOR ONGOING INPATIENT HOSPITALIZATION. THE CHIEF
16 EXECUTIVE OFFICER OF THE FACILITY IN WHICH THE DEFENDANT IS
17 CONFINED SHALL ANNUALLY SUBMIT THE REPORT TO THE COURT. THE
18 REPORT MUST BE SUBMITTED EACH YEAR BY THE DATE ON WHICH THE
19 DEFENDANT WAS INITIALLY COMMITTED FOR INPATIENT HOSPITALIZATION
20 UNLESS A RELEASE HEARING IS ORDERED WITHIN THE TWELVE MONTHS
21 PRECEDING SUCH DATE. THE REPORT MUST INCLUDE THE SAME
22 INFORMATION IDENTIFIED IN SUBSECTION (2)(c) OF THIS SECTION, AS WELL
23 AS A DESCRIPTION OF THE TYPE AND AMOUNT OF TREATMENT PROVIDED
24 TO THE DEFENDANT SINCE THE LAST REPORT WAS FILED WITH THE COURT
25 AND A PLAN FOR WHAT TREATMENT WILL BE PROVIDED IN THE FOLLOWING
26 YEAR IF THE DEFENDANT REMAINS HOSPITALIZED. A COPY OF THE REPORT
27 MUST BE PROVIDED TO THE DEFENDANT, PROSECUTING ATTORNEY, AND

1 ANY OTHER ATTORNEY OF RECORD. UPON RECEIPT AND AFTER REVIEW OF
2 THE REPORT, THE COURT SHALL MAKE A WRITTEN FINDING AS TO WHETHER
3 THE REQUIREMENTS FOR CONTINUED CERTIFICATION ARE MET BY CLEAR
4 AND CONVINCING EVIDENCE. PRIOR TO MAKING THE FINDING, IF EITHER
5 THE DEFENDANT OR PROSECUTING ATTORNEY REQUESTS A HEARING OR IF
6 THE COURT DETERMINES THE INFORMATION CONTAINED IN THE REPORT IS
7 INADEQUATE TO FORM THE BASIS OF A FINDING, THE COURT SHALL HOLD
8 A HEARING FOR EACH PARTY TO OFFER EVIDENCE AND ARGUMENT. IF THE
9 COURT FINDS THE DEFENDANT DOES NOT MEET THE CRITERIA FOR ONGOING
10 INPATIENT HOSPITALIZATION, THE COURT SHALL HOLD A RELEASE HEARING
11 PURSUANT TO SUBSECTION (1) OF THIS SECTION. AT THE RELEASE
12 HEARING, THE COURT MAY RELY UPON THE EXISTING REPORT OR MAY
13 ORDER ADDITIONAL OR SUPPLEMENTAL INFORMATION BE PROVIDED.

14 **SECTION 3. Act subject to petition - effective date.** This act
15 takes effect at 12:01 a.m. on the day following the expiration of the
16 ninety-day period after final adjournment of the general assembly; except
17 that, if a referendum petition is filed pursuant to section 1 (3) of article V
18 of the state constitution against this act or an item, section, or part of this
19 act within such period, then the act, item, section, or part will not take
20 effect unless approved by the people at the general election to be held in
21 November 2022 and, in such case, will take effect on the date of the
22 official declaration of the vote thereon by the governor.

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

Attachment C

BILL C

LLS NO. 22-0142.01 Jane Ritter x4342

SENATE BILL

SENATE SPONSORSHIP

Simpson and Lee,

HOUSE SPONSORSHIP

Benavidez and Amabile, Pelton

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING PRETRIAL DIVERSION PROGRAMS THAT ARE INTENDED TO**
102 **IDENTIFY ELIGIBLE INDIVIDUALS WHO HAVE BEHAVIORAL**
103 **HEALTH DISORDERS IN ORDER TO DIVERT THEM FROM THE**
104 **CRIMINAL JUSTICE SYSTEM INTO COMMUNITY TREATMENT**
105 **PROGRAMS.**

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 Health Disorders in the Criminal and

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

Juvenile Justice Systems. The bill expands the existing pretrial diversion program to include diversion programs that are intended to identify eligible individuals with behavioral health disorders and divert such individuals out of the criminal justice system and into community treatment programs. This expansion replaces the alternative pilot programs to divert individuals with mental health conditions that are currently set to repeal July 1, 2022.

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

2 **SECTION 1.** In Colorado Revised Statutes, 18-1.3-101, **amend**
3 (1), (3), (9)(a), (9)(b), and (9)(c) as follows:

4 **18-1.3-101. Pretrial diversion.** (1) (a) **Legislative intent.** The
5 intent of this section is to facilitate and encourage THE diversion of
6 defendants AND DEFENDANTS WITH BEHAVIORAL HEALTH DISORDERS,
7 REFERRED TO COLLECTIVELY IN THIS SECTION AS "DEFENDANTS", from the
8 criminal justice system when diversion may prevent SUCH defendants
9 from committing additional criminal acts, restore victims of crime,
10 facilitate the defendant's ability to pay restitution to victims of crime, and
11 reduce the number of cases in the criminal justice system. Diversion
12 should ensure defendant accountability while allowing defendants to
13 avoid the collateral consequences associated with criminal charges and
14 convictions. IN ADDITION, DIVERSION PROGRAMS ARE INTENDED TO
15 IDENTIFY INDIVIDUALS WITH BEHAVIORAL HEALTH DISORDERS WHO ARE
16 ELIGIBLE FOR DIVERSION PURSUANT TO SUBSECTION (3) OF THIS SECTION
17 AND DIVERT SUCH INDIVIDUALS OUT OF THE CRIMINAL JUSTICE SYSTEM
18 AND INTO COMMUNITY TREATMENT PROGRAMS.

19 (b) A district attorney's office may develop or continue to operate
20 its own diversion program that is not subject to the provisions of this
21 section. If a district attorney's office accepts state ~~moneys~~ MONEY to
22 create or operate a diversion program pursuant to this section, the district

1 attorney's office must comply with the provisions of this section.

2 (3) **Guidelines for eligibility.** Each district attorney that uses state
3 ~~monies~~ MONEY for a diversion program pursuant to this section shall
4 adopt policies and guidelines delineating eligibility criteria for pretrial
5 diversion, INCLUDING TYPES AND LEVELS OF OFFENSES SO LONG AS THOSE
6 OFFENSES ARE CONSISTENT WITH SUBSECTIONS (5) TO (7) OF THIS SECTION,
7 and may agree to diversion in any case in which there exists sufficient
8 admissible evidence to support a conviction. In determining whether an
9 individual is appropriate for diversion, the district attorney shall consider:

10 (a) The nature of the crime charged and the circumstances
11 surrounding it;

12 (b) Any special characteristics or circumstances of the defendant,
13 INCLUDING BUT NOT LIMITED TO WHETHER THE DEFENDANT HAS A MENTAL
14 HEALTH OR OTHER BEHAVIORAL HEALTH DISORDER;

15 (c) Whether diversion is consistent with the defendant's
16 rehabilitation and reintegration; and

17 (d) Whether the public interest will be best served by diverting the
18 individual from prosecution.

19 (9) **Diversion agreements.** (a) All pretrial diversions ~~shall be~~
20 ARE governed by the terms of an individualized diversion agreement
21 signed by the defendant, the defendant's attorney if the defendant is
22 represented by an attorney, and the district attorney.

23 (b) The diversion agreement ~~shall~~ MUST include a written waiver
24 of the right to a speedy trial for the period of the diversion. All diversion
25 agreements ~~shall~~ MUST include a condition that the defendant not commit
26 any criminal offense during the period of the agreement. Diversion
27 agreements may also include provisions, agreed to by the defendant,

1 concerning payment of restitution and court costs, payment of a
2 supervision fee not to exceed that provided for in section 18-1.3-204
3 (2)(a)(V), ~~or~~ participation in restorative justice practices as defined in
4 section 18-1-901 (3)(o.5), OR AN AGREEMENT TO RECEIVE TREATMENT
5 FOR ANY OF THE DEFENDANT'S BEHAVIORAL HEALTH DISORDERS. Any
6 pretrial diversion supervision fees collected may be retained by the
7 district attorney for purposes of funding its adult pretrial diversion
8 program. The conditions of diversion ~~shall be~~ ARE limited to those
9 specific to the individual defendant or necessary for proper supervision
10 of the individual defendant. A diversion agreement ~~shall~~ MUST provide
11 that if the defendant fulfills the obligations described therein, the court
12 shall order all criminal charges filed against the defendant dismissed with
13 prejudice.

14 (c) The diversion agreement may require an assessment of the
15 defendant's criminogenic AND BEHAVIORAL HEALTH needs, to be
16 performed after the period of diversion has begun by either the probation
17 department, ~~or a~~ diversion program, OR COMMUNITY TREATMENT
18 PROGRAM approved by the district attorney. Based on the results of that
19 assessment, the probation department or approved diversion OR
20 COMMUNITY TREATMENT program may direct the defendant to participate
21 in programs offering medical, therapeutic, BEHAVIORAL HEALTH,
22 educational, vocational, corrective, preventive, or other rehabilitative
23 services. Defendants with the ability to pay may be required to pay for
24 such programs or services.

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; except

1 that, if a referendum petition is filed pursuant to section 1 (3) of article V
2 of the state constitution against this act or an item, section, or part of this
3 act within such period, then the act, item, section, or part will not take
4 effect unless approved by the people at the general election to be held in
5 November 2022 and, in such case, will take effect on the date of the
6 official declaration of the vote thereon by the governor.

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

Attachment D

BILL D

LLS NO. 22-0144.01 Jane Ritter x4342

HOUSE BILL

HOUSE SPONSORSHIP

Benavidez and Amabile,

SENATE SPONSORSHIP

(None),

House Committees

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING THE STANDARD FOR EMERGENCY MENTAL HEALTH**
102 **TREATMENT AND EVALUATION.**

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 Health Disorders in the Criminal and Juvenile Justice Systems. The bill changes the standard for an emergency 72-hour mental health commitment for treatment and evaluation to include when a person appears to have a mental health disorder or be gravely disabled and, as a result of such mental health

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

disorder or being gravely disabled, appears to present an imminent or substantial risk of harm to self or others. "Substantial risk" is defined.

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

2 **SECTION 1.** In Colorado Revised Statutes, 27-65-102, **amend**
3 (9); and **add** (21) as follows:

4 **27-65-102. Definitions.** As used in this article 65, unless the
5 context otherwise requires:

6 (9) "Gravely disabled" means a condition in which a person, as a
7 result of a mental health disorder, is incapable of making informed
8 decisions about or providing for ~~his or her~~ THE PERSON'S essential needs
9 without significant supervision and assistance from other people. As a
10 result of being incapable of making these informed decisions, a person
11 who is gravely disabled is at risk of substantial bodily harm TO SELF OR
12 OTHERS, dangerous worsening of any concomitant serious physical
13 illness, significant psychiatric deterioration, or mismanagement of ~~his or~~
14 ~~her~~ THE PERSON'S essential needs that could result in substantial bodily
15 harm TO SELF OR OTHERS. A person of any age may be "gravely disabled",
16 but ~~such term~~ "GRAVELY DISABLED" does not include a person whose
17 decision-making capabilities are limited solely by ~~his or her~~ THE PERSON'S
18 developmental disability.

19 (21) "SUBSTANTIAL RISK" MEANS A RISK THAT IS GREATER THAN
20 A SIGNIFICANT RISK.

21 **SECTION 2.** In Colorado Revised Statutes, 27-65-105, **amend**
22 (1)(a)(I), (1)(b), and (3) as follows:

23 **27-65-105. Emergency procedure.** (1) Emergency procedure
24 may be invoked under one of the following conditions:

25 (a) (I) ~~When any person appears to have a mental health disorder~~

1 ~~and, as a result of such mental health disorder, appears to be an imminent~~
2 ~~danger to others or to himself or herself or appears to be gravely disabled;~~
3 WHEN A PERSON APPEARS TO HAVE A MENTAL HEALTH DISORDER OR BE
4 GRAVELY DISABLED AND, AS A RESULT OF SUCH MENTAL HEALTH
5 DISORDER OR BEING GRAVELY DISABLED, APPEARS TO PRESENT AN
6 IMMINENT OR SUBSTANTIAL RISK OF HARM TO SELF OR OTHERS, then an
7 intervening professional, as specified in subsection (1)(a)(II) of this
8 section, upon probable cause and with such assistance as may be required,
9 may take the person into custody, or cause the person to be taken into
10 custody, and placed in a facility designated or approved by the executive
11 director for a seventy-two-hour treatment and evaluation. If such a facility
12 is not available, the person may be taken to an emergency medical
13 services facility.

14 (b) Upon an affidavit sworn to or affirmed before a judge that
15 relates sufficient facts to establish that a person appears to have a mental
16 health disorder ~~and, as a result of the mental health disorder, appears to~~
17 ~~be an imminent danger to others or to himself or herself or appears to be~~
18 ~~gravely disabled~~ OR BE GRAVELY DISABLED AND, AS A RESULT OF SUCH
19 MENTAL HEALTH DISORDER OR BEING GRAVELY DISABLED, APPEARS TO
20 PRESENT AN IMMINENT OR SUBSTANTIAL RISK OF HARM TO SELF OR
21 OTHERS, the court may order the person described in the affidavit to be
22 taken into custody and placed in a facility designated or approved by the
23 executive director for a seventy-two-hour treatment and evaluation.
24 Whenever in this article 65 a facility is to be designated or approved by
25 the executive director, hospitals, if available, must be approved or
26 designated in each county before other facilities are approved or
27 designated. Whenever in this article 65 a facility is to be designated or

1 approved by the executive director as a facility for a stated purpose and
2 the facility to be designated or approved is a private facility, the consent
3 of the private facility to the enforcement of standards set by the executive
4 director is a prerequisite to the designation or approval.

5 (3) When a person is taken into emergency custody by an
6 intervening professional pursuant to subsection (1) of this section and is
7 presented to an emergency medical services facility or a facility that is
8 designated or approved by the executive director, the facility shall require
9 an application, in writing, stating the circumstances under which the
10 person's condition was called to the attention of the intervening
11 professional and further stating sufficient facts, obtained from the
12 intervening professional's personal observations or obtained from others
13 whom ~~he or she~~ THE INTERVENING PROFESSIONAL reasonably believes to
14 be reliable, to establish that the person ~~has~~ APPEARS TO HAVE a mental
15 health disorder OR BE GRAVELY DISABLED and, as a result of the mental
16 health disorder ~~is an imminent danger to others or to himself or herself,~~
17 ~~is gravely disabled,~~ OR BEING GRAVELY DISABLED, PRESENTS AN
18 IMMINENT OR SUBSTANTIAL RISK OF HARM TO SELF OR OTHERS, or is in
19 need of immediate evaluation for treatment. The application must indicate
20 when the person was taken into custody and who brought the person's
21 condition to the attention of the intervening professional. A copy of the
22 application must be furnished to the person being evaluated, and the
23 application must be retained in accordance with the provisions of section
24 27-65-121 (4).

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

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

Attachment E

BILL E

LLS NO. 22-0148.01 Megan Waples x4348

SENATE BILL

SENATE SPONSORSHIP

Lee,

HOUSE SPONSORSHIP

Amabile,

Senate Committees

House Committees

A BILL FOR AN ACT

101 **CONCERNING PROGRAMS TO BUILD STATEWIDE CAPACITY TO ACCESS**
102 **SUPPORTIVE HOUSING SERVICES, AND, IN CONNECTION**
103 **THEREWITH, PROVIDING FOR PROGRAMS FOCUSED ON**
104 **UNDERSERVED COMMUNITIES WITH A PREFERENCE FOR RURAL**
105 **AND FRONTIER COMMUNITIES TO SERVE PEOPLE WITH**
106 **BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE USE DISORDERS**
107 **WHO HAVE CONTACT WITH THE JUSTICE SYSTEM.**

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/>.)

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

Legislative Oversight Committee Concerning the Treatment of Persons with Mental Health Disorders in the Criminal and Juvenile Justice Systems. The bill establishes and expands programs within the division of housing in the department of local affairs (division) to build the capacity of communities across the state to provide supportive housing services to individuals with behavioral, mental health, or substance use disorders who are homeless or at risk of becoming homeless and who have contact with the criminal or juvenile justice system, including:

- ! Expanding statewide training and technical assistance to help communities develop and implement supportive housing programs for individuals who have behavioral, mental health, or substance use disorders who are homeless or at risk of becoming homeless and who have contact with the criminal or juvenile justice system. The program must be targeted to communities that currently face barriers to accessing existing state and federal funding for supportive housing programs.
- ! Establishing a predevelopment grant program that provides funding to entities working to develop supportive housing interventions for individuals who have behavioral, mental health, or substance use disorders who are homeless or at risk of becoming homeless and who have contact with the criminal or juvenile justice system. The grant money can be used to add new or additional staff capacity to allow the development and implementation of such programs. The division is required to prioritize applicants that will serve rural or frontier communities and to provide hands-on technical assistance to grant recipients. The division is required to consult with the office of behavioral health in the department of human services in implementing the grant.
- ! Establishing a supportive housing services and homelessness prevention grant program. Grant money can be used to cover the costs of providing supportive housing services that are currently not eligible for reimbursement through the state's medical assistance program. It can also be used to fund homelessness prevention projects for individuals who have behavioral, mental health, or substance use disorders who are homeless or at risk of becoming homeless and who have contact with the criminal or juvenile justice system. The division is required to prioritize applicants that will serve rural or frontier communities and provide hands-on technical assistance to

grant recipients. The division is required to consult with the office of behavioral health in implementing the grant.

- ! Developing a plan to increase participation in regional homeless data systems, support accurate data reporting, and assess housing-related needs. The division must work with regional continuums of care to evaluate how to increase participation in data systems in communities across the state, identify technical needs and associated costs for doing so, and work with the office of behavioral health and other stakeholders to integrate or develop an integrated user interface for various data systems related to housing and supportive services. It must also enhance information about best practices and training materials available to communities across the state.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 hereby finds and declares that:

4 (a) Colorado is experiencing a homelessness crisis. The 2020
5 point-in-time estimate of homelessness by the United States department
6 of housing and urban development reported nearly ten thousand people
7 experiencing homelessness in Colorado. According to the Colorado
8 department of education, over twenty-one thousand students in Colorado
9 schools experienced homelessness at some point during the 2019-20
10 school year. Even more Colorado residents lack stable housing and are on
11 the verge of homelessness.

12 (b) The experience of homelessness can be both a cause and a
13 consequence of mental illness, including substance use disorders, and
14 incarceration and is intricately related to both issues. The intersection of
15 homelessness, mental illness, and contact with the criminal justice system
16 is extremely costly to communities both in terms of the financial burdens
17 and the humanitarian toll it imposes on individuals and their communities.

1 These impacts are particularly acute in communities that have a shortage
2 of behavioral and mental health care providers and services.

3 (c) According to a 2018 study of homelessness in Colorado jails
4 by the Colorado department of public safety, eighty percent of
5 respondents across facilities reported experiencing homelessness in the
6 year prior, and nearly forty percent reported that they will be homeless
7 after their release from jail;

8 (d) Of the respondents experiencing homelessness, over sixty
9 percent reported needing mental health treatment, compared with
10 forty-five percent of nonhomeless respondents;

11 (e) Similarly, the Colorado department of corrections reported in
12 2017 that over seventy-eight percent of the female inmate population and
13 over forty-three percent of the male inmate population had moderate to
14 severe mental health needs, and the Colorado department of adult parole
15 reported in 2019 that over one thousand individuals were paroling to
16 "unsheltered homelessness" or to "short term, temporary housing";

17 (f) Studies also show that being homeless is linked to sustained
18 deterioration of mental and physical health and that homelessness can be
19 both a cause and a consequence of having a criminal record;

20 (g) Safe and stable housing is a foundation for individuals to
21 engage in the process of reentry from the criminal justice system, and
22 provides a base from which individuals can seek employment, focus on
23 treatment, establish a social network, and comply with community
24 supervision;

25 (h) Supportive housing programs combine affordable housing
26 with access to supportive services tailored to an individual's needs,
27 including, for example, in-reach and outreach, housing search and

1 counseling support, engagement, vocational or occupational training,
2 clinical services, support with daily living activities, and other ongoing
3 supports. Supportive housing can reduce the cycling of individuals with
4 behavioral or mental health disorders, including substance use disorders,
5 between prison, jail, homelessness, and other public services.

6 (i) Colorado has made significant investments in nationally
7 recognized housing best practices, including supportive housing;

8 (j) Unfortunately, not all communities across the state are able to
9 take advantage of the available state and federal funding for supportive
10 housing services due to various barriers;

11 (k) While the department of health care policy and financing has
12 limited funds for supportive services, current restrictions do not allow the
13 department to cover all the services needed to secure and maintain
14 housing, and it is unable to reimburse nonclinical providers for providing
15 those services;

16 (l) As a result, communities are not able to provide sustainable,
17 long-term services to the most vulnerable individuals to keep them safely
18 housed; and

19 (m) Many communities, particularly in rural and frontier areas, do
20 not have nonprofit organizations experienced in applying for grants and
21 implementing supportive housing programs, do not have the
22 programmatic or staff capacity to do so, and need technical assistance to
23 develop evidence-based, innovative solutions that are scaled and tailored
24 to their specific community needs.

25 (2) The general assembly further finds and declares that it is
26 therefore in Colorado's best interest to provide assistance and create
27 opportunities for communities across the state that are currently unable

1 to access federal and state housing and supportive service funds through
2 training, technical assistance, and grant funding to support the
3 development and implementation of supportive housing and homelessness
4 prevention services for individuals with behavioral, mental health, and
5 substance use disorders who have been involved with or are at risk of
6 falling into the criminal or juvenile justice system.

7 **SECTION 2.** In Colorado Revised Statutes, **add** 24-32-726,
8 24-32-727, 24-32-728, and 24-32-729 as follows:

9 **24-32-726. Training and technical assistance for supportive**
10 **housing - report - definition.** (1) ON OR BEFORE JANUARY 1, 2023, THE
11 DIVISION SHALL EXPAND STATEWIDE TECHNICAL ASSISTANCE TO ASSIST
12 COMMUNITIES IN DEVELOPING SUPPORTIVE HOUSING INTERVENTIONS THAT
13 CAN SERVE PERSONS WITH BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE
14 USE DISORDERS. THE PROGRAM MUST:

15 (a) PROVIDE TRAINING, EDUCATION, AND ASSISTANCE TO ENTITIES
16 INTERESTED IN ADDRESSING HOMELESSNESS AMONG PERSONS WITH
17 BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDERS,
18 INCLUDING HOMELESS SERVICE PROVIDERS, LAW ENFORCEMENT AGENCIES,
19 FIRST RESPONDERS, REENTRY PROGRAMS, MUNICIPAL COURT PROGRAMS,
20 AND OTHER ORGANIZATIONS;

21 (b) PROVIDE PROGRAMMING THAT IS SPECIFICALLY TARGETED TO
22 COMMUNITIES THAT FACE BARRIERS TO ACCESSING EXISTING STATE AND
23 FEDERAL FUNDS FOR HOUSING AND SUPPORTIVE SERVICES, INCLUDING
24 RURAL COMMUNITIES; AND

25 (c) FOCUS ON BUILDING THE CAPACITY FOR COMMUNITIES TO:

26 (I) DEVELOP THEIR KNOWLEDGE OF SUPPORTIVE HOUSING
27 INTERVENTIONS IN THEIR REGION;

1 (II) LEVERAGE EXISTING STATE AND FEDERAL FUNDING SOURCES
2 FOR HOUSING AND SUPPORTIVE SERVICES;

3 (III) ENGAGE AND RECRUIT LANDLORDS TO PARTICIPATE IN
4 SUPPORTIVE HOUSING PROGRAMS;

5 (IV) PROVIDE LANDLORD-TENANT RELATIONSHIP SUPPORT;

6 (V) ACCESS AND USE RELEVANT DATA SYSTEMS AND SERVICES,
7 INCLUDING USING THE COLORADO HOMELESS MANAGEMENT INFORMATION
8 SYSTEM AND THE COORDINATED ASSESSMENT SYSTEM DEVELOPED BY
9 CONTINUUMS OF CARE IN ACCORDANCE WITH 24 CFR 578.7 OR ANY
10 SUCCESSOR SYSTEMS, AND PARTICIPATING IN THE STATE MEDICAL
11 ASSISTANCE PROGRAM DESCRIBED IN ARTICLES 4, 5, AND 6 OF TITLE 25.5;
12 AND

13 (VI) DEVELOP, IMPLEMENT, AND EVALUATE SUPPORTIVE HOUSING
14 PROGRAM SERVICES USING EVIDENCE-BASED, INNOVATIVE APPROACHES,
15 INCLUDING PROGRAMS TO PREVENT HOMELESSNESS AMONG PERSONS WITH
16 BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDERS WHO HAVE
17 CONTACT WITH THE CRIMINAL OR JUVENILE JUSTICE SYSTEM.

18 (2) ON OR BEFORE DECEMBER 1, 2023, AND ON OR BEFORE
19 DECEMBER 1 EACH YEAR THEREAFTER, THE DIVISION SHALL SUBMIT A
20 REPORT ON THE TRAINING PROGRAM REQUIRED BY THIS SECTION TO THE
21 LEGISLATIVE OVERSIGHT COMMITTEE CONCERNING THE TREATMENT OF
22 PERSONS WITH MENTAL HEALTH DISORDERS IN THE CRIMINAL AND
23 JUVENILE JUSTICE SYSTEMS, OR ANY SUCCESSOR COMMITTEE, AND TO THE
24 ADVISORY TASK FORCE TO THAT COMMITTEE. NOTWITHSTANDING THE
25 REQUIREMENT IN SECTION 24-1-136 (11)(a)(I), THE REQUIREMENT TO
26 SUBMIT THE REPORT REQUIRED BY THIS SECTION CONTINUES INDEFINITELY.

27 **24-32-727. Supportive housing predevelopment grant**

1 **program - created - rules - report - definitions - repeal.** (1) AS USED
2 IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

3 (a) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF
4 THE DEPARTMENT OF LOCAL AFFAIRS.

5 (b) "FUND" MEANS THE HOUSING ASSISTANCE FOR PERSONS
6 TRANSITIONING FROM THE CRIMINAL OR JUVENILE JUSTICE SYSTEM CASH
7 FUND CREATED IN SECTION 24-32-721 (4)(d).

8 (c) "GRANT PROGRAM" MEANS THE SUPPORTIVE HOUSING
9 PREDEVELOPMENT GRANT PROGRAM ESTABLISHED IN THIS SECTION.

10 (d) "OFFICE OF BEHAVIORAL HEALTH" MEANS THE OFFICE OF
11 BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES.

12 (2) THERE IS HEREBY CREATED IN THE DIVISION THE SUPPORTIVE
13 HOUSING PREDEVELOPMENT GRANT PROGRAM TO PROVIDE GRANTS TO
14 ENTITIES WORKING TO DEVELOP SUPPORTIVE HOUSING INTERVENTIONS
15 THAT WILL SERVE PERSONS WITH BEHAVIORAL, MENTAL HEALTH, OR
16 SUBSTANCE USE DISORDERS WHO ARE HOMELESS OR AT RISK OF BECOMING
17 HOMELESS AND WHO HAVE CONTACT WITH THE CRIMINAL OR JUVENILE
18 JUSTICE SYSTEM.

19 (3) (a) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED
20 THROUGH THE GRANT PROGRAM TO COVER COSTS ASSOCIATED WITH THE
21 DEVELOPMENT AND IMPLEMENTATION OF AN EVIDENCE-BASED
22 SUPPORTIVE HOUSING PROGRAM THAT WILL SERVE PERSONS WITH
23 BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDERS IN THE
24 COMMUNITY WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS
25 AND WHO HAVE CONTACT WITH THE CRIMINAL OR JUVENILE JUSTICE
26 SYSTEM, INCLUDING BY CREATING NEW OR ADDITIONAL STAFF CAPACITY
27 TO DEVELOP, SUPPORT, AND EVALUATE A SUPPORTIVE HOUSING PROGRAM.

1 (b) THE DIVISION, IN CONSULTATION WITH THE OFFICE OF
2 BEHAVIORAL HEALTH, SHALL PROVIDE INTENSIVE, HANDS-ON TECHNICAL
3 ASSISTANCE TO GRANT RECIPIENTS DURING THE IMPLEMENTATION OF THE
4 GRANTS.

5 (4) THE DIVISION SHALL ADMINISTER THE GRANT PROGRAM AND,
6 SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD GRANTS AS
7 PROVIDED IN THIS SECTION. SUBJECT TO AVAILABLE APPROPRIATIONS,
8 GRANTS SHALL BE PAID OUT OF THE FUND.

9 (5) THE DIVISION SHALL DEVELOP AND PUBLISH POLICIES AND
10 PROCEDURES IN CONSULTATION WITH THE OFFICE OF BEHAVIORAL HEALTH
11 AND COMMUNITY STAKEHOLDERS TO IMPLEMENT THE GRANT PROGRAM IN
12 ACCORDANCE WITH THIS SECTION. AT A MINIMUM, THE POLICIES AND
13 PROCEDURES MUST SPECIFY THE TIME FRAMES FOR APPLYING FOR GRANTS,
14 THE FORM OF THE GRANT PROGRAM APPLICATION, AND THE PROGRAM
15 EVALUATION AND REPORTING REQUIREMENTS FOR GRANT RECIPIENTS.

16 (6) TO BE ELIGIBLE TO RECEIVE A GRANT FROM THE GRANT
17 PROGRAM, AN ENTITY MUST:

18 (a) BE AN AGENCY OF LOCAL GOVERNMENT, A SPECIAL DISTRICT,
19 A TRIBAL AGENCY OR PROGRAM, A FAITH-BASED ORGANIZATION, OR A
20 NONPROFIT OR NOT-FOR-PROFIT ORGANIZATION THAT IS REGISTERED AND
21 IN GOOD STANDING WITH THE COLORADO SECRETARY OF STATE'S OFFICE;

22 (b) DEMONSTRATE PROFICIENCY IN THE AREAS DESCRIBED IN
23 SECTION 24-32-726 (1)(c); AND

24 (c) SATISFY ANY ADDITIONAL CRITERIA AS SET FORTH IN THE
25 DIVISION'S POLICIES AND PROCEDURES.

26 (7) (a) THE DIVISION SHALL REVIEW THE APPLICATIONS RECEIVED
27 PURSUANT TO THIS SECTION. TO BE ELIGIBLE TO RECEIVE A GRANT, THE

1 APPLICATION MUST ESTABLISH:

2 (I) THE COMMUNITY'S NEED FOR ASSISTANCE IN OVERCOMING
3 BARRIERS TO ACCESSING EXISTING FUNDS FOR SUPPORTIVE HOUSING
4 PROGRAMS THAT SERVE PERSONS WITH BEHAVIORAL, MENTAL HEALTH, OR
5 SUBSTANCE USE DISORDERS WHO ARE HOMELESS OR AT RISK OF BECOMING
6 HOMELESS AND WHO HAVE CONTACT WITH THE CRIMINAL OR JUVENILE
7 JUSTICE SYSTEM;

8 (II) THE COMMUNITY'S POPULATION OF PERSONS WITH
9 BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDERS WHO HAVE
10 HAD CONTACT WITH THE CRIMINAL OR JUVENILE JUSTICE SYSTEM IN THE
11 PREVIOUS TWELVE MONTHS AND ARE HOMELESS, IN UNSTABLE HOUSING
12 ENVIRONMENTS, OR IN TRANSITION FROM INSTITUTIONS, AND THE
13 COMMUNITY'S NEED AND INTENTION TO BUILD ITS CAPACITY TO SUPPORT
14 THOSE INDIVIDUALS; AND

15 (III) ANY ADDITIONAL CRITERIA SET FORTH IN THE DIVISION'S
16 POLICIES AND PROCEDURES.

17 (b) THE DIVISION SHALL PRIORITIZE APPLICATIONS FROM ENTITIES
18 THAT PROVIDE SERVICES OR PLAN TO PROVIDE SERVICES TO PERSONS WITH
19 SEVERE AND PERSISTENT MENTAL ILLNESS OR TO RURAL OR FRONTIER
20 COMMUNITIES.

21 (c) THE DIVISION SHALL CONSULT WITH THE OFFICE OF
22 BEHAVIORAL HEALTH IN REVIEWING AND EVALUATING GRANT
23 APPLICATIONS.

24 (8) GRANT AWARDS ARE IN THE SOLE DISCRETION OF THE
25 EXECUTIVE DIRECTOR IN ACCORDANCE WITH THIS SECTION.

26 (9) SUBJECT TO AVAILABLE APPROPRIATIONS, ON OR BEFORE
27 JANUARY 1, 2023, AND ON OR BEFORE JANUARY 1 OF THE SUCCEEDING

1 TWO YEARS, THE EXECUTIVE DIRECTOR SHALL AWARD GRANTS IN
2 ACCORDANCE WITH THIS SECTION.

3 (10) IN THE COURSE OF ADMINISTERING THE GRANT PROGRAM, THE
4 DIVISION SHALL SHARE INFORMATION AND COLLABORATE WITH THE OFFICE
5 OF BEHAVIORAL HEALTH TO IDENTIFY BEHAVIORAL HEALTH SERVICE GAPS
6 IN THE STATE THAT AFFECT THE ABILITY OF COMMUNITIES TO ACCESS
7 EXISTING FUNDS FOR SUPPORTIVE HOUSING PROGRAMS.

8 (11) ON OR BEFORE DECEMBER 1, 2023, AND ON OR BEFORE
9 DECEMBER 1 EACH YEAR THEREAFTER, THE DIVISION SHALL SUBMIT A
10 REPORT ON THE GRANT PROGRAM TO THE LEGISLATIVE OVERSIGHT
11 COMMITTEE CONCERNING THE TREATMENT OF PERSONS WITH MENTAL
12 HEALTH DISORDERS IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, OR
13 ANY SUCCESSOR COMMITTEE, AND TO THE ADVISORY TASK FORCE TO THAT
14 COMMITTEE. NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE
15 REPORTING REQUIREMENTS SET FORTH IN THIS SECTION CONTINUE UNTIL
16 THE GRANT PROGRAM REPEALS PURSUANT TO SUBSECTION (13) OF THIS
17 SECTION.

18 (12) THE GENERAL ASSEMBLY SHALL APPROPRIATE MONEY FROM
19 THE GENERAL FUND OR THE MARIJUANA TAX CASH FUND CREATED IN
20 SECTION 39-28.8-501 TO THE FUND IN ACCORDANCE WITH SECTION
21 24-32-721 TO IMPLEMENT THE GRANT PROGRAM. FOR ANY GIVEN STATE
22 FISCAL YEAR, NO MORE THAN THREE PERCENT OF THE MONEY
23 APPROPRIATED FROM THE FUND FOR THE GRANT PROGRAM MAY BE
24 EXPENDED FOR THE ADMINISTRATIVE COSTS OF THE DIVISION IN
25 ADMINISTERING THE GRANT PROGRAM.

26 (13) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2027.
27 BEFORE THE REPEAL, THIS SECTION IS SCHEDULED FOR REVIEW IN

1 ACCORDANCE WITH SECTION 24-34-104.

2 **24-32-728. Supportive housing services and homelessness**
3 **prevention grant program - created - rules - report - definitions -**
4 **repeal.** (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE

5 REQUIRES:

6 (a) "CONTINUUM OF CARE" HAS THE SAME MEANING AS SET FORTH
7 IN 24 CFR 578.3.

8 (b) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF
9 THE DEPARTMENT OF LOCAL AFFAIRS.

10 (c) "FUND" MEANS THE HOUSING ASSISTANCE FOR PERSONS
11 TRANSITIONING FROM THE CRIMINAL OR JUVENILE JUSTICE SYSTEM CASH
12 FUND CREATED IN SECTION 24-32-721 (4)(d).

13 (d) "GRANT PROGRAM" MEANS THE SUPPORTIVE HOUSING
14 SERVICES AND HOMELESSNESS PREVENTION GRANT PROGRAM
15 ESTABLISHED IN THIS SECTION.

16 (e) "OFFICE OF BEHAVIORAL HEALTH" MEANS THE OFFICE OF
17 BEHAVIORAL HEALTH IN THE DEPARTMENT OF HUMAN SERVICES.

18 (f) "STATE MEDICAL ASSISTANCE PROGRAM" MEANS THE PROGRAM
19 OF MEDICAL ASSISTANCE DESCRIBED IN ARTICLES 4, 5, AND 6 OF TITLE
20 25.5.

21 (g) "SUPPORTIVE HOUSING SERVICES" INCLUDES SERVICES
22 INTENDED TO ALLOW A PERSON WITH A BEHAVIORAL, MENTAL HEALTH, OR
23 SUBSTANCE USE DISORDER TO SECURE AND RETAIN STABLE HOUSING.

24 (2) THERE IS HEREBY CREATED IN THE DIVISION THE SUPPORTIVE
25 HOUSING SERVICES AND HOMELESSNESS PREVENTION GRANT PROGRAM TO
26 PROVIDE GRANTS TO COMMUNITIES PROVIDING SUPPORTIVE HOUSING
27 SERVICES AND HOMELESSNESS PREVENTION PROGRAMS INTENDED TO KEEP

1 PERSONS WITH BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE
2 DISORDERS HOUSED.

3 (3) GRANT RECIPIENTS MAY USE THE MONEY RECEIVED THROUGH
4 THE GRANT PROGRAM TO:

5 (a) DEVELOP AND IMPLEMENT EVIDENCE-BASED PROGRAMS
6 INTENDED TO PREVENT HOMELESSNESS AMONG PERSONS WITH
7 BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDERS IN THE
8 COMMUNITY WHO HAVE CONTACT WITH THE CRIMINAL OR JUVENILE
9 JUSTICE SYSTEM; OR

10 (b) COVER THE COSTS OF PROVIDING SUPPORTIVE HOUSING
11 SERVICES TO PERSONS WITH BEHAVIORAL, MENTAL HEALTH, OR
12 SUBSTANCE USE DISORDERS WHO ARE HOMELESS OR AT RISK OF BECOMING
13 HOMELESS AND WHO HAVE CONTACT WITH THE CRIMINAL OR JUVENILE
14 JUSTICE SYSTEM, IF:

15 (I) THE PERSON OR ENTITY PROVIDING THE SERVICE IS NOT
16 CURRENTLY ABLE TO BILL THE STATE MEDICAL ASSISTANCE PROGRAM FOR
17 SUPPORTIVE HOUSING SERVICES AND IS IN THE PROCESS OF BECOMING
18 AUTHORIZED TO BILL THE PROGRAM FOR THOSE SERVICES OR IS
19 ESTABLISHING A RELATIONSHIP WITH A REGIONAL ACCOUNTABLE ENTITY
20 OR SUCCESSOR ORGANIZATION; OR

21 (II) THE SUPPORTIVE HOUSING SERVICE BEING PROVIDED IS NOT
22 CURRENTLY ELIGIBLE FOR REIMBURSEMENT UNDER THE STATE MEDICAL
23 ASSISTANCE PROGRAM.

24 (4) THE DIVISION, IN CONSULTATION WITH THE OFFICE OF
25 BEHAVIORAL HEALTH, SHALL PROVIDE INTENSIVE, HANDS-ON TECHNICAL
26 ASSISTANCE TO GRANT RECIPIENTS DURING THE IMPLEMENTATION OF THE
27 GRANTS.

1 (5) TO SUPPORT THE IMPLEMENTATION OF GRANTS UNDER THIS
2 SECTION, EXPAND THE PROVISION OF SUPPORTIVE HOUSING SERVICES, AND
3 ALLOW INDIVIDUALS SERVED BY THE GRANT PROGRAM TO RECEIVE
4 SUPPORTIVE HOUSING SERVICES ON A LONG-TERM SUSTAINABLE BASIS,
5 THE DIVISION, THE OFFICE OF BEHAVIORAL HEALTH, AND THE DEPARTMENT
6 OF HEALTH CARE POLICY AND FINANCING SHALL COLLABORATE ON AN
7 ONGOING BASIS TO IDENTIFY ADDITIONAL PROVIDERS AND SERVICES THAT
8 COULD BE ELIGIBLE FOR REIMBURSEMENT UNDER THE STATE MEDICAL
9 ASSISTANCE PROGRAM. THE DEPARTMENT OF HEALTH CARE POLICY AND
10 FINANCING SHALL SUBMIT TO THE FEDERAL CENTERS FOR MEDICARE AND
11 MEDICAID SERVICES AN AMENDMENT TO THE STATE MEDICAL ASSISTANCE
12 PLAN AND SHALL REQUEST ANY NECESSARY WAIVERS FROM THE
13 SECRETARY OF THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN
14 SERVICES TO ALLOW SUCH ADDITIONAL REIMBURSEMENTS AS IDENTIFIED
15 IN ACCORDANCE WITH THIS SUBSECTION (5).

16 (6) THE DIVISION SHALL ADMINISTER THE GRANT PROGRAM AND,
17 SUBJECT TO AVAILABLE APPROPRIATIONS, SHALL AWARD GRANTS AS
18 PROVIDED IN THIS SECTION. SUBJECT TO AVAILABLE APPROPRIATIONS,
19 GRANTS SHALL BE PAID OUT OF THE FUND.

20 (7) THE DIVISION SHALL DEVELOP AND PUBLISH POLICIES AND
21 PROCEDURES IN CONSULTATION WITH THE OFFICE OF BEHAVIORAL HEALTH
22 AND COMMUNITY STAKEHOLDERS TO IMPLEMENT THE GRANT PROGRAM IN
23 ACCORDANCE WITH THIS SECTION. AT A MINIMUM, THE POLICIES AND
24 PROCEDURES MUST SPECIFY THE TIME FRAMES FOR APPLYING FOR GRANTS,
25 THE FORM OF THE GRANT PROGRAM APPLICATION, AND THE PROGRAM
26 EVALUATION AND REPORTING REQUIREMENTS FOR GRANT RECIPIENTS.

27 (8) TO BE ELIGIBLE TO RECEIVE A GRANT FROM THE GRANT

1 PROGRAM, AN ENTITY MUST:

2 (a) BE AN AGENCY OF LOCAL GOVERNMENT, A SPECIAL DISTRICT,
3 A TRIBAL AGENCY OR PROGRAM, A FAITH-BASED ORGANIZATION, OR A
4 NONPROFIT OR NOT-FOR-PROFIT ORGANIZATION THAT IS REGISTERED AND
5 IN GOOD STANDING WITH THE COLORADO SECRETARY OF STATE'S OFFICE;

6 (b) DEMONSTRATE A PLAN FOR COLLABORATION WITH A REGIONAL
7 ACCOUNTABLE ENTITY OR SUCCESSOR ORGANIZATION;

8 (c) DEMONSTRATE PROFICIENCY IN THE AREAS DESCRIBED IN
9 SECTION 24-32-726 (1)(c); AND

10 (d) SATISFY ANY ADDITIONAL CRITERIA AS SET FORTH IN THE
11 DIVISION'S POLICIES AND PROCEDURES.

12 (9) (a) THE DIVISION SHALL REVIEW THE APPLICATIONS RECEIVED
13 PURSUANT TO THIS SECTION. TO BE ELIGIBLE TO RECEIVE A GRANT, THE
14 APPLICATION MUST ESTABLISH:

15 (I) THE COMMUNITY'S NEED FOR ASSISTANCE IN OVERCOMING
16 BARRIERS TO ACCESSING EXISTING FUNDS FOR SUPPORTIVE HOUSING
17 PROGRAMS THAT SERVE PERSONS WITH BEHAVIORAL, MENTAL HEALTH, OR
18 SUBSTANCE USE DISORDERS WHO ARE HOMELESS OR AT RISK OF BECOMING
19 HOMELESS AND WHO HAVE CONTACT WITH THE CRIMINAL OR JUVENILE
20 JUSTICE SYSTEM;

21 (II) THE COMMUNITY'S POPULATION OF PERSONS WITH
22 BEHAVIORAL, MENTAL HEALTH, OR SUBSTANCE USE DISORDERS WHO HAVE
23 HAD CONTACT WITH THE CRIMINAL OR JUVENILE JUSTICE SYSTEM IN THE
24 PREVIOUS TWELVE MONTHS AND ARE HOMELESS, IN UNSTABLE HOUSING
25 ENVIRONMENTS, OR IN TRANSITION FROM INSTITUTIONS, AND THE
26 COMMUNITY'S NEED AND INTENTION TO BUILD ITS CAPACITY TO SUPPORT
27 THOSE INDIVIDUALS; AND

1 (III) ANY ADDITIONAL CRITERIA SET FORTH IN THE DIVISION'S
2 POLICIES AND PROCEDURES.

3 (b) THE DIVISION SHALL PRIORITIZE APPLICATIONS FROM ENTITIES
4 THAT PROVIDE SERVICES OR PLAN TO PROVIDE SERVICES TO PERSONS WITH
5 SEVERE AND PERSISTENT MENTAL ILLNESS OR TO RURAL OR FRONTIER
6 COMMUNITIES.

7 (c) THE DIVISION SHALL CONSULT WITH THE OFFICE OF
8 BEHAVIORAL HEALTH IN REVIEWING AND EVALUATING GRANT
9 APPLICATIONS.

10 (10) AS A CONDITION OF RECEIVING A GRANT, ALL GRANT
11 RECIPIENTS SHALL:

12 (a) PARTICIPATE IN DIVISION TRAININGS, TECHNICAL ASSISTANCE,
13 AND REPORTING REQUIREMENTS; AND

14 (b) AS APPROPRIATE FOR THE PROGRAM BEING FUNDED AND TO
15 THE EXTENT POSSIBLE UNDER STATE AND FEDERAL LAW, USE OR
16 PARTICIPATE IN THE COLORADO HOMELESS MANAGEMENT INFORMATION
17 SYSTEM AND THE COORDINATED ENTRY SYSTEM DEVELOPED BY
18 CONTINUUMS OF CARE OR ANY SUCCESSOR SYSTEMS, THE STATE MEDICAL
19 ASSISTANCE PROGRAM, AND EXISTING HOUSING VOUCHER PROGRAMS.

20 (11) GRANT AWARDS ARE IN THE SOLE DISCRETION OF THE
21 EXECUTIVE DIRECTOR IN ACCORDANCE WITH THIS SECTION.

22 (12) SUBJECT TO AVAILABLE APPROPRIATIONS, ON OR BEFORE
23 JANUARY 1, 2024, AND ON OR BEFORE JANUARY 1 OF THE SUCCEEDING
24 TWO YEARS, THE EXECUTIVE DIRECTOR SHALL AWARD GRANTS IN
25 ACCORDANCE WITH THIS SECTION.

26 (13) ON OR BEFORE DECEMBER 1, 2024, AND ON OR BEFORE
27 DECEMBER 1 OF EACH YEAR THEREAFTER, THE DIVISION SHALL SUBMIT A

1 REPORT ON THE GRANT PROGRAM TO THE LEGISLATIVE OVERSIGHT
2 COMMITTEE CONCERNING THE TREATMENT OF PERSONS WITH MENTAL
3 HEALTH DISORDERS IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, OR
4 ANY SUCCESSOR COMMITTEE, AND TO THE ADVISORY TASK FORCE TO THE
5 COMMITTEE. NOTWITHSTANDING SECTION 24-1-136 (11)(a)(I), THE
6 REPORTING REQUIREMENTS SET FORTH IN THIS SECTION CONTINUE UNTIL
7 THE GRANT PROGRAM REPEALS PURSUANT TO SUBSECTION (15) OF THIS
8 SECTION.

9 (14) THE GENERAL ASSEMBLY SHALL APPROPRIATE MONEY FROM
10 THE GENERAL FUND OR THE MARIJUANA TAX CASH FUND CREATED IN
11 SECTION 39-28.8-501 TO THE FUND IN ACCORDANCE WITH SECTION
12 24-32-721 TO IMPLEMENT THE GRANT PROGRAM. FOR ANY GIVEN STATE
13 FISCAL YEAR, NO MORE THAN THREE PERCENT OF THE MONEY
14 APPROPRIATED FROM THE FUND FOR THE GRANT PROGRAM MAY BE
15 EXPENDED FOR THE ADMINISTRATIVE COSTS OF THE DIVISION IN
16 ADMINISTERING THE GRANT PROGRAM.

17 (15) THIS SECTION IS REPEALED, EFFECTIVE SEPTEMBER 1, 2029.
18 BEFORE THE REPEAL, THIS SECTION IS SCHEDULED FOR REVIEW IN
19 ACCORDANCE WITH SECTION 24-34-104.

20 **24-32-729. Data integration and resource collection related to**
21 **homelessness.** (1) THE DIVISION SHALL DEVELOP A PLAN TO INCREASE
22 PARTICIPATION IN REGIONAL HOMELESS DATA SYSTEMS, SUPPORT
23 ACCURATE DATA REPORTING BY PARTICIPANTS, AND ASSESS
24 HOUSING-RELATED NEEDS FOR PERSONS WITH BEHAVIORAL, MENTAL
25 HEALTH, OR SUBSTANCE USE DISORDERS. IN DEVELOPING THE PLAN, THE
26 DIVISION MUST:

27 (a) IN CONSULTATION WITH THE CONTINUUMS OF CARE, EVALUATE

1 HOW TO INCREASE STATEWIDE USE OF THE COLORADO HOMELESS
2 MANAGEMENT INFORMATION SYSTEM AND THE COORDINATED ENTRY
3 SYSTEM DEVELOPED BY CONTINUUMS OF CARE IN ACCORDANCE WITH 24
4 CFR 578.7 IN ORDER TO BETTER TRACK POPULATIONS IN NEED,
5 INCLUDING:

6 (I) IDENTIFYING THE TECHNICAL NEEDS AND ASSOCIATED COSTS
7 FOR INCREASING USE AND SUPPORT OF THE DATA SYSTEMS ACROSS THE
8 STATE;

9 (II) PROVIDING TECHNICAL ASSISTANCE AND TRAINING TO LOCAL
10 COMMUNITIES TO ALLOW THEM TO CONNECT TO AND USE THE DATA
11 SYSTEMS EFFECTIVELY; AND

12 (III) WORKING WITH LOCAL COMMUNITIES TO IDENTIFY WAYS TO
13 USE THE DATA SYSTEMS TO INCREASE PROGRAM EFFECTIVENESS AND
14 CONDUCT PROGRAM EVALUATIONS;

15 (b) IN COORDINATION WITH THE OFFICE OF BEHAVIORAL HEALTH
16 IN THE DEPARTMENT OF HUMAN SERVICES, WORK WITH LOCAL
17 COMMUNITIES, STATE AGENCIES, CONTINUUMS OF CARE, SERVICE
18 DELIVERY ORGANIZATIONS, AND OTHER STAKEHOLDERS TO INTEGRATE OR
19 DEVELOP AN INTEGRATED USER INTERFACE FOR DATA SYSTEMS RELATED
20 TO HOUSING AND SUPPORTIVE SERVICES, INCLUDING THE COLORADO
21 HOMELESS MANAGEMENT INFORMATION SYSTEM, THE COORDINATED
22 ENTRY SYSTEM, THE BEHAVIORAL HEALTH CAPACITY TRACKING SYSTEM
23 CREATED IN SECTION 27-60-104.5, AND THE COLORADO 2-1-1
24 COLLABORATIVE, AND ANY SUCCESSOR SYSTEMS; AND

25 (c) ENHANCE INFORMATION RELATED TO SUPPORTIVE HOUSING
26 BEST PRACTICES, TRAININGS, AND RESOURCES THAT CAN BE ACCESSED
27 STATEWIDE.

1 **SECTION 3.** In Colorado Revised Statutes, 24-32-721, **amend**
2 (4)(c) as follows:

3 **24-32-721. Colorado affordable housing construction grants**
4 **and loans - housing development grant fund - creation - housing**
5 **assistance for persons with behavioral, mental health, or substance**
6 **use disorders - cash fund - appropriation - report to general assembly**
7 **- rules - definitions - repeal.** (4) (c) In addition to any other uses
8 specified in this section, the division shall also:

9 (I) Provide grants or loans for the acquisition, construction, or
10 rehabilitation of rental housing for persons with behavioral or mental
11 health disorders; AND

12 (II) IMPLEMENT THE GRANT PROGRAMS CREATED IN SECTIONS
13 24-32-727 AND 24-32-728.

14 **SECTION 4.** In Colorado Revised Statutes, 24-34-104, **add**
15 (28)(a)(VII) and (30)(a)(VII) as follows:

16 **24-34-104. General assembly review of regulatory agencies**
17 **and functions for repeal, continuation, or reestablishment - legislative**
18 **declaration - repeal.** (28) (a) The following agencies, functions, or both,
19 are scheduled for repeal on September 1, 2027:

20 (VII) THE SUPPORTIVE HOUSING PREDEVELOPMENT GRANT
21 PROGRAM CREATED IN SECTION 24-32-727.

22 (30) (a) The following agencies, functions, or both, are scheduled
23 for repeal on September 1, 2029:

24 (VII) THE SUPPORTIVE HOUSING SERVICES AND HOMELESSNESS
25 PREVENTION GRANT PROGRAM CREATED IN SECTION 24-32-728.

26 **SECTION 5. Act subject to petition - effective date.** This act
27 takes effect at 12:01 a.m. on the day following the expiration of the

1 ninety-day period after final adjournment of the general assembly; except
2 that, if a referendum petition is filed pursuant to section 1 (3) of article V
3 of the state constitution against this act or an item, section, or part of this
4 act within such period, then the act, item, section, or part will not take
5 effect unless approved by the people at the general election to be held in
6 November 2022 and, in such case, will take effect on the date of the
7 official declaration of the vote thereon by the governor.