

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

**Members of the Committee**

Senator Beth Martinez Humenik, Chair  
Representative Jonathan Singer, Vice-Chair

Senator Linda Newell  
Senator Laura Woods

Representative Stephen Humphrey  
Representative Pete Lee

**Legislative Council Staff**

Amanda King, Senior Research Analyst

**Office of Legislative Legal Services**

Jane Ritter, Senior Attorney

***November 2015***

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

## **Committee Charge**

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Senate Bill 14-021 reauthorized the establishment of a legislative oversight committee and an advisory task force concerning the treatment of persons with mental illness in the criminal and juvenile justice systems.

The oversight committee is responsible for the oversight of the advisory task force and recommending legislative changes. The advisory task force is directed to examine the identification, diagnosis, and treatment of persons with mental illness who are involved in the criminal and juvenile justice systems, including the examination of liability, safety, and cost as they relate to these issues.

The authorizing legislation directs the advisory task force, after July 1, 2014, to consider, at a minimum, the following issues:

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

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

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

## **Committee Activities**

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### **History**

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

oversight committee were reauthorized and reestablished in 2004 through the passage of Senate Bill 04-037 and again in 2009 with the passage of House Bill 09-1021. The oversight committee was subject to Senate Bill 10-213, which suspended interim activities during the 2010 interim. During the 2014 legislative session, the advisory task force and legislative oversight committee were once again reauthorized and reestablished by Senate Bill 14-021. The oversight committee and advisory task force are set to repeal on July 1, 2020.

## **Advisory Task Force**

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The advisory task force met monthly in 2015. The advisory task force received regular updates from various task force members on efforts to address data and information sharing, housing, and a medication consistency formulary, as those topics relate to persons with mental illness who are involved in the criminal and juvenile justice systems. Additionally, the advisory task force heard a presentation about the Behavioral Health Needs Analysis, and monitored legislation addressing juvenile competency. Finally, the advisory task force held an all-day retreat to focus on the study issues of the advisory task force, where housing and juvenile competency and restoration were determined to be the two priority issues for the task force.

***Behavioral Health Needs Analysis.*** In August, Dr. Patrick Fox, Chief Medical Officer, of the Department of Human Services (DHS), briefed the task force on the Behavioral Health Needs Analysis. The Office of Behavioral Health (OBH) in the DHS conducted a study of existing behavioral health resources in the state and to project future needs. The intent of the study was to identify and assess existing state and community resources and to recommend strategic future planning, taking into account the many constituent variables associated with the changing behavioral health care system. The Western Interstate Commission for Higher Education Mental Health Program, in partnership with the National Association of State Mental Health Program Directors Research Institute and Advocates for Human Potential, formed a team of Colorado and national behavioral health experts to complete this study for OBH.

The analysis made recommendations concerning the following topics:

- the Governor's plan to strengthen Colorado's behavioral health system;
- service needs, including the current need, by region and by select demographic groups, and the projected need, based on population forecast data;
- aligning and maximizing OBH resources and payer sources;
- regional behavioral health service distribution;
- Colorado mental health institutes;
- community integration;
- telehealth;
- housing and employment;
- peer mentors, recovery coaches, and family advocates;
- individuals with mental illness who are physically compromised;
- behavioral health services delivery for specific populations;
- whole health integration;
- legal marijuana and prescription drug abuse;
- drug possession sentencing reform; and
- Medicaid expansion.

The full analysis can be viewed at:

<http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251662741340>.

**Housing issues.** The advisory task force conducted an all-day retreat on September 25, 2015, to provide focus on the study issues outlined in state law for the advisory task force to address. Small group discussions of priority issues occurred. One of the priority issues identified for the coming year was housing. The following action steps to address housing issues were identified:

- conducting a review of prior legislation run by the oversight committee concerning housing;
- convening an initial meeting with stakeholders within and outside of the advisory task force to develop a housing focus group;
- researching a Lean event, a process used to determine actionable items for focus for the housing focus group; and
- determining areas for legislative action on the part of the oversight committee or other action.

**Juvenile competency.** For several years the advisory task force has discussed issues concerning juvenile justice and the standard for measuring competency in juveniles. In 2015, House Bill 15-1025, concerning competency to proceed for juveniles involved in the juvenile justice system, was introduced on the recommendation of the advisory task force and oversight committee. The bill was postponed indefinitely in the House Judiciary Committee. Throughout the legislative session, the advisory task force monitored the progress of the bill, and discussed how to proceed with the bill in the future.

At the September 25, 2015, retreat a small group was convened to address juvenile competency and restoration. Concerning these topics, the following action steps were identified:

- convening a group to review adult and juvenile competency statutes;
- conducting a formal needs assessment about data collection concerning existing restoration services and processes
- reviewing statutes concerning management plans for youth and exploring funding for management plans;
- standardizing a curriculum for restoration for both juveniles and adults;
- exploring funding for both inpatient and outpatient restoration services;
- standardizing qualifications for professionals delivering restoration services;
- understanding the existing backlog for competency evaluations;
- updating the advisory task force's statutory areas of study to include restoration services; and
- determining areas for legislative action on the part of the oversight committee, or other action.

### **Legislative Oversight Committee**

The legislative oversight committee met three times in 2015 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;
- heard presentations from Project EDGE, The Link, and Arapahoe House; and
- considered legislation.

**Advisory task force updates.** The oversight committee received three updates from members of the advisory task force about recent activities of the task force. The following topics were addressed during those updates:

- housing for a person with mental illness after his or her release from the criminal and juvenile justice system, including efforts of the Department of Health Care Policy and Financing to establish a Housing First model to provide wrap-around services when someone exits the criminal justice system, and the action steps identified at the September 25, 2015, retreat related to housing issues;
- medication consistency, delivery, and availability, including the efforts of the Behavioral Health Transformation Council to establish a statewide formulary for psychotropic medication for criminal justice and public health facilities;
- enhanced data collection related to issues affecting persons with mental illness in the criminal and juvenile justice systems, including discussion of the Colorado Children and Youth Information Sharing Initiative;
- recidivism, including discussion of the focus group being conducted in 2015 by the advisory task force to identify the challenges in defining recidivism and severe mental illness, and a U.S. Department of Justice's Bureau of Justice Assistance grant received by the Department of Public Safety related to information sharing to reduce recidivism; and
- juvenile competency and restorative services, including further study of these issues as outlined in the action steps identified at the September 25, 2015, retreat.

**Project EDGE.** Bill Myers, Chief Community Engagement Officer for Project Early Diversion, Get Engaged (Project EDGE), and Charlie Davis, Community Crisis Connection Program Manager for Project EDGE, provided the oversight committee with information about Project EDGE, which is a pilot program in Boulder County that aims to divert individuals who have behavioral health issues from the criminal justice system, and instead engage them in appropriate treatment. The program is funded through a three-year grant from the federal Substance Abuse and Mental Health Administration, and is one of three sites nationwide to receive this early diversion grant award. The program costs are about \$525,000 per year, covered both by the federal grant and by Mental Health Partners. Through the program, mental health professionals engage with law enforcement officers in Boulder County to provide diversion services when an incident occurs. Peer support specialists who are involved in the program follow up with the clients to provide support and guidance.

**The Link.** Lonnie Matz, Program Manager for The Link, provided an overview of the organization, which is a community assessment and resource center for youth and families that serves Adams and Broomfield counties. The Link uses evidence-based assessment tools to determine services for youth for mental health; substance use; and school, behavioral, and family concerns. The types of services recommended to youth and families varies depending on individual needs. These services may include, but are not limited to: drug and alcohol intervention; mental health services; life skills training; tutoring; mentoring; aggression and anger management; relationship building; communication in the home; and parenting support. Staff will also assist families in meeting basic needs such as long-term shelter, utilities, food, medical care, and transportation in an effort to create a stable living environment.

**Arapahoe House.** Michelle Flake and Caroline Chadima, representing Arapahoe House, presented to the oversight committee. Arapahoe House provides a continuum of both inpatient and outpatient services for individuals and families with alcohol, drug, and other behavioral health problems. The presentation highlighted the Short-Term Intensive Residential Remedial Treatment (STIRRT) Program, which is a nine-month program. The program begins

with two-weeks of residential treatment that includes over 100 therapeutic hours during the residential stay, and eight to nine months of continuing care services that include continued group education, therapy, and ancillary services that the offender may need to help ensure success. The program is designed specifically for substance-abusing adult offenders who have at least one prior felony conviction; are facing jail or prison time if not compliant with the STIRRT Program; and meet other treatment and supervision criteria. The STIRRT Program is funded through the OBH, and is typically court-ordered.

***Draft bills not approved by the committee.*** The oversight committee did not approve two bills drafted for its consideration. One would have included post-traumatic stress disorder as a covered workers' compensation disability for certain public safety professionals, while the other would have created a grant program in the DPS to provide local law enforcement agencies with funding to hire mental health professionals. A bill to address juvenile competency was withdrawn at the oversight committee's October 29, 2015, meeting.

## **Committee Recommendations**

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As a result of committee discussions and deliberation, the Legislative Oversight Committee Concerning the Treatment of Persons with Mental Illness in the Criminal and Juvenile Justice Systems recommends the following bill for consideration in the 2016 legislative session.

***Bill A — Mental Health and Collaborative Management Teams*** — The bill adds mental health professionals to the list of persons that must be included in any memorandum of understanding established as a means of promoting a collaborative system of local-level interagency oversight to coordinate and manage the provision of services to children and families, and entered into by between county departments of human or social services and other local-level service providers.

**Second Regular Session  
Seventieth General Assembly  
STATE OF COLORADO**

**BILL A**

*Temporary storage location: S:\LCS\Council\Legcouncil\LC2015\Nov 10 Interim Committee Meeting\Mental Illness in the Criminal Justice System\16-0313.wpd*

LLS NO. 16-0313.01 Jane Ritter x4342

**SENATE BILL**

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**SENATE SPONSORSHIP**

**Newell and Martinez Humenik,**

**HOUSE SPONSORSHIP**

**Lee, Singer**

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**Senate Committees**

**House Committees**

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**A BILL FOR AN ACT**

101     **CONCERNING INCLUDING A MENTAL HEALTH PROFESSIONAL IN THE**  
102             **MEMORANDUM OF UNDERSTANDING RELATING TO A**  
103             **LOCAL-LEVEL COLLABORATIVE MANAGEMENT PROCESS FOR**  
104             **CHILDREN AND FAMILIES.**

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**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://www.leg.state.co.us/billsummaries>.)*

**Legislative Oversight Committee Concerning the Treatment  
of Persons With Mental Illness in the Criminal and Juvenile Justice**

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

**Systems.** The bill adds a mental health professional to the list of persons to be included in any memorandum of understanding entered into between interested county departments of social or human services and other local-level service providers when the memorandum of understanding is established as a means of promoting a collaborative system of local-level interagency oversight and services to children and families.

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

2             **SECTION 1.** In Colorado Revised Statutes, 24-1.9-102, **amend**  
3     (1) (a) and (1) (c) as follows:

4             **24-1.9-102. Memorandum of understanding - local-level**  
5     **interagency oversight groups - individualized service and support**  
6     **teams - coordination of services for children and families -**  
7     **requirements - waiver.** (1) (a) INDIVIDUALS, local representatives of  
8     each of the agencies specified in this paragraph (a) AND PARAGRAPH (a.5)  
9     OF THIS SUBSECTION (1), IF APPLICABLE, and county departments of  
10    HUMAN OR social services may enter into memorandums of understanding  
11    that are designed to promote a collaborative system of local-level  
12    interagency oversight groups and individualized service and support  
13    teams to coordinate and manage the provision of services to children and  
14    families who would benefit from integrated multi-agency services. The  
15    memorandums of understanding entered into pursuant to this subsection  
16    (1) shall be between interested county departments of HUMAN OR social  
17    services and ~~local representatives of each of the following: agencies or~~  
18    ~~entities:~~

19             (I) A REPRESENTATIVE OF the local judicial districts, including  
20    probation services;

21             (II) A REPRESENTATIVE OF the health department, whether a  
22    county or district public health agency;



1 (III) A REPRESENTATIVE OF the local school district or school  
2 districts;

3 (IV) ~~Each~~ A REPRESENTATIVE FROM THE LOCAL community  
4 mental health center OR A MENTAL HEALTH PROFESSIONAL DESIGNATED BY  
5 THE PERSON OR ENTITY THAT CONVENES THE GROUP. For purposes of this  
6 subsection (1), a "mental health professional" may include any person  
7 licensed by the state of Colorado as a psychiatrist, psychologist, mental  
8 health counselor, or clinical social worker.

9 (V) ~~Each~~ A REPRESENTATIVE FROM THE LOCAL behavioral health  
10 organization;

11 (VI) A REPRESENTATIVE FROM the division of youth corrections;

12 (VII) A REPRESENTATIVE FROM a designated managed service  
13 organization for the provision of treatment services for alcohol and drug  
14 abuse pursuant to section 27-80-107, C.R.S.; and

15 (VIII) A REPRESENTATIVE FROM a domestic abuse program as  
16 defined in section 26-7.5-102, C.R.S., if representation from such a  
17 program is available.

18 (c) Notwithstanding the provisions of paragraph (b) of this  
19 subsection (1), the INDIVIDUALS AND agencies specified in paragraphs (a)  
20 and (a.5) of this subsection (1) may enter into memorandums of  
21 understanding involving only one or more county departments of HUMAN  
22 OR social services, not necessarily by region, as may be appropriate to  
23 ensure the effectiveness of local-level interagency oversight groups and  
24 individualized service and support teams in the county or counties.

25 **SECTION 2. Act subject to petition - effective date.** This act  
26 takes effect at 12:01 a.m. on the day following the expiration of the  
27 ninety-day period after final adjournment of the general assembly (August

1     10, 2016, if adjournment sine die is on May 11, 2016); except that, if a  
2     referendum petition is filed pursuant to section 1 (3) of article V of the  
3     state constitution against this act or an item, section, or part of this act  
4     within such period, then the act, item, section, or part will not take effect  
5     unless approved by the people at the general election to be held in  
6     November 2016 and, in such case, will take effect on the date of the  
7     official declaration of the vote thereon by the governor.

*C.R.S. 18-1.9-101*

COLORADO REVISED STATUTES

\*\*\* This document reflects changes current through all laws passed at the Second Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2014) \*\*\*

TITLE 18. CRIMINAL CODE

ARTICLE 1.9. CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUSTICE SYSTEM

**[GO TO COLORADO STATUTES ARCHIVE DIRECTORY](#)**

C.R.S. 18-1.9-101 (2014)

18-1.9-101. Legislative declaration

(1) The general assembly hereby finds that:

(a) In November of 1998, the Colorado department of corrections reported that ten percent of its correctional population met the diagnostic criteria for serious mental illness, which number was double the number identified two years earlier, and five to six times the number documented in 1988, only ten years earlier;

(b) The Colorado department of corrections estimates that in 2002, sixteen percent of its inmate population met the diagnostic criteria for major mental illness;

(c) The Colorado division of youth corrections estimates that twenty-four percent of juveniles in the juvenile justice system are diagnosed with mental illness;

(d) A study conducted in 1995 found that approximately six percent of the persons held in county jails and in community corrections throughout the state had been diagnosed as persons with serious mental illness;

(e) It is estimated that nationally, nearly nine percent of all adults and juveniles on probation have been identified as having serious mental illness;

(f) For the 1998-99 fiscal year, approximately forty-four percent of the inpatient population at the Colorado mental health institute at Pueblo had been committed following the return of a verdict of not guilty by reason of insanity or a determination by the court that the person was incompetent to stand trial due to mental illness;

(g) Persons with mental illness, as a direct or indirect result of their condition, are in many instances more likely than persons who do not have mental illness to be involved in the criminal and juvenile justice systems;

(h) The existing procedures and diagnostic tools used by persons working in the criminal and juvenile justice systems may not be sufficient to identify appropriately and diagnose persons with mental illness who are involved in the criminal and juvenile justice systems;

(i) The criminal and juvenile justice systems may not be structured in such a manner as to provide the level of treatment and care for persons with mental illness that is necessary to ensure the safety of these persons, of other persons in the criminal and juvenile justice systems, and of the community at large;

(j) Studies show that, for offenders under community supervision, treatment of the mental illness of the offender decreases repeat arrests by forty-four percent; and

(k) The ongoing supervision, care, and monitoring, especially with regard to medication, of persons with mental illness who are released from incarceration are crucial to ensuring the safety of the community.

(2) The general assembly further finds that pursuant to the findings in a report requested by the joint budget committee in 1999 that recommended cross-system collaboration and communication as a method for reducing the number of persons with mental illness who are involved in the criminal and juvenile justice systems, the legislative oversight committee and advisory task force for the examination of the treatment of persons with mental illness who are involved in the criminal justice system were created in 1999 and extended for an additional three years in 2000. Over the course of four years, the legislative oversight committee and advisory task force began to address, but did not finish addressing, the issues specified in subsection (1) of this section, through both legislative and non-legislative solutions including, but not limited to:

(a) Community-based intensive treatment management programs for juveniles involved in the juvenile justice system;

(b) An expedited application process for aid to the needy disabled benefits for persons with mental illness upon release from incarceration;

(c) Standardized inter-agency screening to detect mental illness in adults who are involved in the criminal justice system and juveniles who are involved in the juvenile justice system;

(d) Training of law enforcement officers to recognize and safely deal with persons who have mental illness through the use of crisis intervention teams; and

(e) Creating local initiative committee pilot programs for the management of community-based programs for adults with mental illness who are involved in the criminal justice system.

(3) Experts involved in cross-system collaboration and communication to reduce the number of persons with mental illness who are involved in the criminal and juvenile justice systems recommend a five-year plan to continue the work of the task force and the legislative oversight committee in order to more fully effectuate solutions to these issues.

(4) Therefore, the general assembly declares that it is necessary to create a task force to continue to examine the identification, diagnosis, and treatment of persons with mental illness who are involved in the state criminal and juvenile justice systems and to make additional recommendations to a legislative oversight committee for the continuing development of legislative proposals related to this issue.

**HISTORY:** Source: L. 2004: Entire article added, p. 1866, § 1, effective June 4.

*C.R.S. 18-1.9-102*

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TITLE 18. CRIMINAL CODE

ARTICLE 1.9. CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUSTICE SYSTEM

**[GO TO COLORADO STATUTES ARCHIVE DIRECTORY](#)**

C.R.S. 18-1.9-102 (2014)

18-1.9-102. Definitions

As used in this article, unless the context otherwise requires:

(1) "Committee" means the legislative oversight committee established pursuant to [section 18-1.9-103](#).

(1.5) "Co-occurring disorder" means a disorder that commonly coincides with mental illness and may include, but is not limited to, substance abuse, developmental disability, fetal alcohol syndrome, and traumatic brain injury.

(2) "Task force" means the task force concerning the treatment of persons with mental

illness in the criminal and juvenile justice systems established pursuant to [section 18-1.9-104](#).

**HISTORY:** Source: L. 2004: Entire article added, p. 1868, § 1, effective June 4.L. 2009: (1.5) added, ([HB 09-1021](#)), ch. 33, p. 139, § 1, effective August 5.L. 2014: (2) amended, ([SB 14-021](#)), ch. 348, p. 1562, § 1, effective July 1.

*C.R.S. 18-1.9-103*

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TITLE 18. CRIMINAL CODE

ARTICLE 1.9. CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUSTICE SYSTEM

**[GO TO COLORADO STATUTES ARCHIVE DIRECTORY](#)**

C.R.S. 18-1.9-103 (2014)

18-1.9-103. Legislative oversight committee concerning the treatment of persons with mental illness in the criminal and juvenile justice systems - creation - duties

(1) Creation. (a) There is hereby created a legislative oversight committee concerning the treatment of persons with mental illness in the criminal and juvenile justice systems.

(b) The committee shall consist of six members. The president of the senate, the minority leader of the senate, and the speaker of the house of representatives shall appoint the members of the committee, as follows:

(I) The president of the senate shall appoint two senators to serve on the committee, and the minority leader of the senate shall appoint one senator to serve on the committee;

(II) The speaker of the house of representatives shall appoint three representatives to serve on the committee, no more than two of whom shall be members of the same political party;

(III) The terms of the members appointed by the speaker of the house of representatives, the president of the senate, and the minority leader of the senate and who are serving on March 22, 2007, shall be extended to and expire on or shall terminate on the convening

date of the first regular session of the sixty-seventh general assembly. As soon as practicable after such convening date, the speaker, the president, and the minority leader of the senate shall each appoint or reappoint members in the same manner as provided in subparagraphs (I) and (II) of this paragraph (b). Thereafter, the terms of members appointed or reappointed by the speaker, the president, and the minority leader of the senate shall expire on the convening date of the first regular session of each general assembly, and all subsequent appointments and reappointments by the speaker, the president, and the minority leader of the senate shall be made as soon as practicable after such convening date. The person making the original appointment or reappointment shall fill any vacancy by appointment for the remainder of an unexpired term. Members appointed or reappointed by the speaker, the president, and the minority leader of the senate shall serve at the pleasure of the appointing authority and shall continue in office until the member's successor is appointed.

(c) The president of the senate shall select the first chair of the committee, and the speaker of the house of representatives shall select the first vice-chair. The chair and vice-chair shall alternate annually thereafter between the two houses. The chair and vice-chair of the committee may establish such organizational and procedural rules as are necessary for the operation of the committee.

(d) (I) Members of the committee may receive payment of per diem and reimbursement for actual and necessary expenses authorized pursuant to [section 2-2-307, C.R.S.](#)

(II) The director of research of the legislative council and the director of the office of legislative legal services may supply staff assistance to the committee as they deem appropriate, within existing appropriations. If staff assistance is not available within existing appropriations, then the director of research of the legislative council and the director of the office of legislative legal services may supply staff assistance to the task force only if moneys are credited to the treatment of persons with mental illness in the criminal and juvenile justice systems cash fund created in [section 18-1.9-106](#) in an amount sufficient to fund staff assistance.

(2) Duties. (a) Beginning in 2005 and continuing each year thereafter, the committee shall meet at least three times each year and at such other times as it deems necessary.

(b) (I) The committee shall be responsible for the oversight of the task force and shall submit annual reports to the general assembly regarding the findings and recommendations of the task force. In addition, the committee may recommend legislative changes that shall be treated as bills recommended by an interim legislative committee for purposes of any introduction deadlines or bill limitations imposed by the joint rules of the general assembly.

(II) The provisions of subparagraph (I) of this paragraph (b) shall not apply during the suspension of the committee during the 2010 interim.

(c) (I) The committee shall submit a report to the general assembly by January 15, 2005, and by each January 15 thereafter. The annual reports must summarize the issues

addressing the treatment of persons with mental illness who are involved in the criminal and juvenile justice systems that have been considered and recommended legislative proposals, if any.

(II) The general assembly reviewed the reporting requirements in subparagraph (I) of this paragraph (c) during the 2008 regular session and continued the requirements.

**HISTORY:** Source: L. 2004: Entire article added, p. 1868, § 1, effective June 4.L. 2007: (1)(b)(III) added, p. 178, § 8, effective March 22.L. 2008: (2)(c) amended, p. 1267, § 1, effective August 5.L. 2009: (2)(a) and (2)(c)(I) amended, ([HB 09-1021](#)), [ch. 33](#), [p. 139](#), [§ 2](#), effective August 5.L. 2010: (2)(a), (2)(b), and (2)(c)(I) amended, ([SB 10-213](#)), [ch. 375](#), [p. 1761](#), [§ 6](#), effective June 7.L. 2014: (1)(a), (1)(d), (2)(a), and (2)(c)(I) amended, ([SB 14-021](#)), [ch. 348](#), [p.1562](#), [§ 2](#), effective July 1.

*C.R.S. 18-1.9-104*

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### TITLE 18. CRIMINAL CODE

#### ARTICLE 1.9. CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUSTICE SYSTEM

### **[GO TO COLORADO STATUTES ARCHIVE DIRECTORY](#)**

C.R.S. 18-1.9-104 (2014)

18-1.9-104. Task force concerning treatment of persons with mental illness in the criminal and juvenile justice systems - creation - membership - duties

(1) Creation. (a) There is hereby created a task force concerning treatment of persons with mental illness in the criminal and juvenile justice systems in Colorado. The task force shall consist of thirty-two members appointed as provided in paragraphs (b) and (c) of this subsection (1).

(b) The chief justice of the Colorado supreme court shall appoint four members who represent the judicial department, two of whom shall represent the division of probation within the department, one of whom shall have experience handling juvenile justice matters within the department, and one of whom shall have experience handling adult criminal



justice matters within the department.

(c) The chair and vice-chair of the committee shall appoint twenty-eight members as follows:

(I) One member who represents the division of criminal justice within the department of public safety;

(II) Two members who represent the department of corrections, one of whom represents the division of parole within the department;

(III) Two members who represent local law enforcement agencies, one of whom shall be in active service and the other one of whom shall have experience dealing with juveniles in the juvenile justice system;

(IV) Five members who represent the department of human services, as follows:

(A) One member who represents the unit within the department of human services that is responsible for mental health and drug and alcohol abuse services;

(B) One member who represents the division of youth corrections;

(C) One member who represents the unit within the department of human services that is responsible for child welfare services;

(D) (Deleted by amendment, L. 2009, p. 140, § 3, effective August 5, 2009.)

(E) One member who represents the Colorado mental health institute at Pueblo; and

(F) One member who represents the mental health planning and advisory committee within the department of human services;

(V) One member who represents the interests of county departments of social services;

(VI) One member who represents the department of education;

(VII) One member who represents the state attorney general's office;

(VIII) One member who represents the district attorneys within the state;

(IX) Two members who represent the criminal defense bar within the state, one of whom shall have experience representing juveniles in the juvenile justice system;

(X) Two members who are licensed mental health professionals practicing within the state, one of whom shall have experience treating juveniles;

(XI) One member who represents community mental health centers within the state;

(XII) One member who is a person with knowledge of public benefits and public housing within the state;

(XIII) One member who is a practicing forensic professional within the state;

(XIV) Three members of the public as follows:

(A) One member who has mental illness and has been involved in the criminal justice system in this state;

(B) One member who has an adult family member who has mental illness and has been involved in the criminal justice system in this state; and

(C) One member who is the parent of a child who has mental illness and has been involved in the juvenile justice system in this state;

(XV) One member who represents the department of health care policy and financing;

(XVI) One member who represents the department of labor and employment;

(XVII) One member who represents the office of the child's representative; and

(XVIII) One member who represents the office of the alternate defense counsel.

(d) A vacancy occurring in a position filled by the chief justice of the Colorado supreme court pursuant to paragraph (b) of this subsection (1) shall be filled as soon as possible by the chief justice of the Colorado supreme court in accordance with the limitations specified in paragraph (b) of this subsection (1). In addition, the chief justice of the Colorado supreme court may remove and replace any appointment to the task force made pursuant to paragraph (b) of this subsection (1).

(e) A vacancy occurring in a position filled by the chair and vice-chair of the committee pursuant to paragraph (c) of this subsection (1) shall be filled as soon as possible by the chair and vice-chair of the committee in accordance with the limitations specified in paragraph (c) of this subsection (1). In addition, the chair and vice-chair of the committee may remove and replace any appointment to the task force made pursuant to paragraph (c) of this subsection (1).

(f) In making appointments to the task force, the appointing authorities shall ensure that the membership of the task force reflects the ethnic, cultural, and gender diversity of the state and includes representation of all areas of the state.

(2) Issues for study. The task force shall examine the identification, diagnosis, and treatment of persons with mental illness who are involved in the state criminal and juvenile

justice systems, including an examination of liability, safety, and cost as they relate to these issues. The task force shall specifically consider, but need not be limited to, the following issues:

(a) On or before July 1, 2005:

(I) The diagnosis, treatment, and housing of juveniles with mental illness who are involved in the criminal justice system or the juvenile justice system; and

(II) The adoption of a common framework for effectively addressing the mental health issues, including competency and co-occurring disorders, of juveniles who are involved in the criminal justice system or the juvenile justice system;

(b) On or before July 1, 2006:

(I) The prosecution of and sentencing alternatives for persons with mental illness that may involve treatment and ongoing supervision;

(II) The civil commitment of persons with mental illness who have been criminally convicted, found not guilty by reason of insanity, or found to be incompetent to stand trial; and

(III) The development of a plan to most effectively and collaboratively serve the population of juveniles involved in the criminal justice system or the juvenile justice system;

(b.5) Repealed.

(c) On or before July 1, 2007:

(I) The diagnosis, treatment, and housing of adults with mental illness who are involved in the criminal justice system;

(II) The ongoing treatment, housing, and supervision, especially with regard to medication, of adults and juveniles who are involved in the criminal and juvenile justice systems and who are incarcerated or housed within the community and the availability of public benefits for such persons;

(III) The ongoing assistance and supervision, especially with regard to medication, of persons with mental illness after discharge from sentence; and

(IV) The identification of alternative entities to exercise jurisdiction regarding release for persons found not guilty by reason of insanity, such as the development and use of a psychiatric security review board, including recommendations related to the indeterminate nature of the commitment imposed;

(d) On or before July 1, 2008, the identification, diagnosis, and treatment of minority

persons with mental illness, women with mental illness, and persons with co-occurring disorders, in the criminal and juvenile justice systems;

(e) On or before July 1, 2009:

(I) The early identification, diagnosis, and treatment of adults and juveniles with mental illness who are involved in the criminal and juvenile justice systems;

(II) The modification of the criminal and juvenile justice systems to most effectively serve adults and juveniles with mental illness who are involved in these systems;

(III) The implementation of appropriate diagnostic tools to identify persons in the criminal and juvenile justice systems with mental illness; and

(IV) Any other issues concerning persons with mental illness who are involved in the state criminal and juvenile justice systems that arise during the course of the task force study;

(f) Beginning July 1, 2011, through July 1, 2014:

(I) The diagnosis, treatment, and housing of persons with mental illness or co-occurring disorders who are convicted of crimes, or incarcerated or who plead guilty, nolo contendere, or not guilty by reason of insanity or who are found to be incompetent to stand trial;

(II) The diagnosis, treatment, and housing of juveniles with mental illness or co-occurring disorders who are adjudicated, detained, or committed for offenses that would constitute crimes if committed by adults or who plead guilty, nolo contendere, or not guilty by reason of insanity or who are found to be incompetent to stand trial;

(III) The ongoing treatment, housing, and supervision, especially with regard to medication, of adults and juveniles who are involved in the criminal and juvenile justice systems and who are incarcerated or housed within the community and the availability of public benefits for these persons; and

(IV) The safety of the staff who treat or supervise persons with mental illness and the use of force against persons with mental illness;

(g) On or after July 1, 2014:

(I) Housing for a person with mental illness after his or her release from the criminal or juvenile justice system;

(II) Medication consistency, delivery, and availability;

(III) Best practices for suicide prevention, within and outside of correctional facilities;

(IV) Treatment of co-occurring disorders;

(V) Awareness of and training for enhanced staff safety, including expanding training opportunities for providers; and

(VI) Enhanced data collection related to issues affecting persons with mental illness in the criminal and juvenile justice systems.

(3) Additional duties of the task force. The task force shall provide guidance and make findings and recommendations to the committee for its development of reports and legislative recommendations for modification of the criminal and juvenile justice systems, with respect to persons with mental illness who are involved in these systems. In addition, the task force shall:

(a) On or before August 1, 2004, and by each August 1 thereafter, select a chair and a vice-chair from among its members;

(b) Meet at least six times each year, or more often as directed by the chair of the committee;

(c) Communicate with and obtain input from groups throughout the state affected by the issues identified in subsection (2) of this section;

(d) Create subcommittees as needed to carry out the duties of the task force. The subcommittees may consist, in part, of persons who are not members of the task force. Such persons may vote on issues before the subcommittee but shall not be entitled to a vote at meetings of the task force.

(e) Submit a report to the committee by October 1, 2004, and by each October 1 thereafter, that, at a minimum, specifies:

(I) Issues to be studied in upcoming task force meetings and a prioritization of those issues;

(II) Findings and recommendations regarding issues of prior consideration by the task force;

(III) Legislative proposals of the task force that identify the policy issues involved, the agencies responsible for the implementation of the changes, and the funding sources required for implementation.

(4) Flexibility. No requirement set forth in subsection (2) of this section shall prohibit the task force from studying, presenting findings and recommendations on, or requesting permission to draft legislative proposals concerning any issue described in subsection (2) of this section at any time during the existence of the task force.

(5) Compensation. Members of the task force shall serve without compensation. However, members of the task force appointed pursuant to subparagraph (XIV) of paragraph (c) of subsection (1) of this section may receive reimbursement for actual and necessary expenses

associated with their duties on the task force.

(6) Coordination. The task force may work with other task forces, committees, or organizations that are pursuing policy initiatives similar to those addressed in subsection (2) of this section. The task force shall consider developing relationships with other task forces, committees, and organizations to leverage efficient policy-making opportunities through collaborative efforts.

**HISTORY:** Source: L. 2004: Entire article added, p. 1870, § 1, effective June 4. L. 2006: (2)(b.5) added, p. 528, § 1, effective April 18. L. 2008: (1)(a) and IP(1)(c) amended and (1)(c)(XV) added, p. 105, § 1, effective March 19. L. 2009: (1)(c)(IV)(A), (1)(c)(IV)(D), (1)(c)(XV), (3), and (4) amended and (1)(c)(XVI), (2)(f), and (6) added, (HB 09-1021), ch. 33, pp. 140, 141, § § 3, 4, 5, effective August 5. L. 2010: IP(2)(f), (3)(a), (3)(b), and IP(3)(e) amended, ([SB 10-213](#)), [ch. 375](#), [p. 1762](#), [§ 7](#), effective June 7. L. 2014: (1)(a), IP(1)(c), IP(1)(c)(IV), (1)(c)(XV), IP(2)(a), IP (2)(b), IP(2)(c), IP(2)(e), IP(2)(f), (3), and (5) amended and (1)(c)(XVII), (1)(c)(XVIII), and (2)(g) added, ([SB 14-021](#)), [ch. 348](#), [p. 1563](#), [§ 3](#), effective July 1.

*C.R.S. 18-1.9-105*

## COLORADO REVISED STATUTES

\*\*\* This document reflects changes current through all laws passed at the Second Regular Session of the Sixty-Ninth General Assembly of the State of Colorado (2014) \*\*\*

### TITLE 18. CRIMINAL CODE

#### ARTICLE 1.9. CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUSTICE SYSTEM

### **[GO TO COLORADO STATUTES ARCHIVE DIRECTORY](#)**

C.R.S. 18-1.9-105 (2014)

18-1.9-105. Task force funding - staff support

(1) The division of criminal justice of the department of public safety, on behalf of the task force, is authorized to receive and expend contributions, grants, services, and in-kind donations from any public or private entity for any direct or indirect costs associated with the duties of the task force set forth in this article.

(2) The director of research of the legislative council, the director of the office of legislative

legal services, the director of the division of criminal justice within the department of public safety, and the executive directors of the departments represented on the task force may supply staff assistance to the task force as they deem appropriate within existing appropriations. If staff assistance is not available from a governmental agency within existing appropriations, then the executive directors of the departments represented on the task force, the director of research of the legislative council, and the director of the office of legislative legal services may supply staff assistance to the task force only if moneys are credited to the treatment of persons with mental illness in the criminal and juvenile justice systems cash fund created in [section 18-1.9-106](#) in an amount sufficient to fund staff assistance. The task force may also accept staff support from the private sector.

**HISTORY:** Source: L. 2004: Entire article added, p. 1874, § 1, effective June 4. L. 2014: (2) amended, ([SB 14-021](#)), ch. 348, p. 1565, § 4, effective July 1.

*C.R.S. 18-1.9-106*

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#### TITLE 18. CRIMINAL CODE

#### ARTICLE 1.9. CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUSTICE SYSTEM

#### **[GO TO COLORADO STATUTES ARCHIVE DIRECTORY](#)**

C.R.S. 18-1.9-106 (2014)

18-1.9-106. Treatment of persons with mental illness in the criminal and juvenile justice systems cash fund - repeal

(1) All private and public funds received through grants, contributions, and donations pursuant to this article shall be transmitted to the state treasurer, who shall credit the same to the treatment of persons with mental illness in the criminal and juvenile justice systems cash fund, which fund is hereby created and referred to in this section as the "fund". The moneys in the fund shall be subject to annual appropriation by the general assembly for the direct and indirect costs associated with the implementation of this article. All moneys in the fund not expended for the purpose of this article may be invested by the state treasurer as provided by law. All interest and income derived from the investment and deposit of moneys in the fund shall be credited to the fund. Any unexpended and unencumbered moneys

remaining in the fund at the end of a fiscal year shall remain in the fund and shall not be credited or transferred to the general fund or another fund. All unexpended and unencumbered moneys remaining in the fund as of July 1, 2020, shall be transferred to the general fund.

(1.5) (a) All unexpended and unencumbered moneys remaining in the examination of the treatment of persons with mental illness in the criminal justice system cash fund as of July 1, 2014, shall be transferred to the treatment of persons with mental illness in the criminal and juvenile justice systems cash fund.

(b) This subsection (1.5) is repealed, effective July 1, 2015.

(2) Compensation as provided in [sections 18-1.9-103 \(1\) \(d\)](#) and [18-1.9-105 \(2\)](#) for members of the general assembly and for staff assistance to the committee and task force provided by the director of research of the legislative council and the director of the office of legislative legal services shall be approved by the chair of the legislative council and paid by vouchers and warrants drawn as provided by law from moneys appropriated for such purpose and allocated to the legislative council from the fund.

**HISTORY:** Source: L. 2004: Entire article added, p. 1875, § 1, effective June 4. L. 2009: (1) amended, [\(HB 09-1021\)](#), ch. 33, p. 142, § 6, effective August 5. L. 2014: (1) amended and (1.5) added, [\(SB 14-021\)](#), ch. 348, p. 1565, § 5, effective July 1.

#### *C.R.S. 18-1.9-107*

### COLORADO REVISED STATUTES

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#### TITLE 18. CRIMINAL CODE

#### ARTICLE 1.9. CONTINUING EXAMINATION OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE JUSTICE SYSTEM

### **[GO TO COLORADO STATUTES ARCHIVE DIRECTORY](#)**

#### C.R.S. 18-1.9-107 (2014)

18-1.9-107. Repeal of article

This article is repealed, effective July 1, 2020.



**HISTORY:** Source: L. 2004: Entire article added, p. 1875, § 1, effective June 4. L. 2009: Entire section amended, (HB 09-1021), ch. 33, p. 142, § 7, effective August 5. L. 2014: Entire section amended, (SB 14-021), ch. 348, p. 1566, § 6, effective July 1.