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**0551 The Continuing Examination of the Treatment of Persons with Mental Illness Who Are Involved In the Justice System**



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

**Report to the  
COLORADO  
GENERAL ASSEMBLY**

**Colorado Legislative Council  
Research Publication No. 551  
December 2005**

**RECOMMENDATIONS FOR 2006**

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

**Report to the  
Colorado General Assembly**

**Research Publication No. 551  
December 2005**

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December 2005

To Members of the Sixty-fifth General Assembly:

Submitted herewith is the final report of the Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness Who Are Involved in the Justice System. This committee was created pursuant to Senate Bill 04-037, and is authorized through June 30, 2010. The purpose of the committee is to oversee an Advisory Task Force that is studying and making recommendations on the treatment of persons with mental illness who are involved in the criminal and juvenile justice systems in Colorado.

At its meeting on November 15, 2005, the Legislative Council reviewed the report of this committee. A motion to forward this report and the bills herein for consideration in the 2006 session was approved.

Respectfully submitted,

/s/ Senator Joan Fitz-Gerald  
Chair

# TABLE OF CONTENTS

	PAGE
LETTER OF TRANSMITTAL .....	iii
TABLE OF CONTENTS .....	v
RECOMMENDED BILLS AND FISCAL NOTES .....	vii
MEMBERS OF THE COMMITTEE .....	ix
EXECUTIVE SUMMARY .....	xi
Committee Charge .....	xi
Committee Activities .....	xi
Committee Recommendations .....	xiii
STATUTORY AUTHORITY AND RESPONSIBILITIES .....	1
Advisory Task Force .....	2
Legislative Oversight Committee .....	4
COMMITTEE ACTIVITIES .....	5
John Eachon Re-Entry Pilot Program .....	5
Juvenile Justice Framework .....	7
SUMMARY OF RECOMMENDATIONS .....	9
Bill A — Concerning Mental Health Services Coverage Under Health Benefit Plans .....	9
Bill B — Concerning Demonstration Programs for Juvenile Justice Mental Health Family Advocates .....	9
RESOURCE MATERIALS .....	11
Meeting Summaries .....	11
Memoranda and Reports .....	13

[www.state.co.us/gov\\_dir/leg\\_dir/lcsstaff/2005/05interim.htm](http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2005/05interim.htm)

## RECOMMENDED BILLS AND FISCAL NOTES

	PAGE
Bill A — Concerning Mental Health Services Coverage Under Health Benefit Plans . . . . .	15
— Fiscal Note . . . . .	19
Bill B — Concerning Demonstration Programs for Juvenile Justice Mental Health Family Advocates . . . . .	21
— Fiscal Note . . . . .	

The fiscal note for Bill B was not available on the date of printing and will be posted on the committee's website when it is completed.

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

## **Members of the Committee**

Representative Cheri Jahn,  
Chair  
Senator Ken Kester  
Senator Stephanie Takis

Senator Sue Windels,  
Vice-Chair  
Representative Judy Solano  
Representative Debbie Stafford

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## **Office of Legislative Legal Services**

Michael Dohr  
Staff Attorney



# EXECUTIVE SUMMARY

## Committee Charge

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Senate Bill 04-037 reauthorized the establishment of a 6-member Legislative Oversight Committee and a 29-member Advisory Task Force to continue the examination of persons with mental illness in the justice system.

The committee was responsible for appointing a task force that represents all areas of the state and is diverse in ethnicity, culture, and gender. The task force was directed to continue examining the identification, diagnosis, and treatment of persons with mental illness who are involved in the state criminal and juvenile justice systems for the next five years.

The authorizing legislation directs the task force to focus on the following issues in FY 2005-06:

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

The task force is required to submit a written report of its findings and recommendations to the Legislative Oversight Committee annually by October 1. The oversight committee is required to submit by January 15 an annual report to the General Assembly regarding 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 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 July 1, 2003 repeal date, but the bill failed. In FY 2003-04, the task force continued its meetings and discussions at the request of the oversight committee at

its June 2003 meeting. The task force and oversight committee were reestablished and reauthorized through 2010 in 2004 with the passage of Senate Bill 04-037.

### **Advisory Task Force**

The task force met 11 times during the past year, and made progress on a number of issues. Issues studied by the task force include community-based intensive treatment management programs for juvenile offenders, timely access to community mental health services, mental health services in jails, and the implementation of the Jefferson County pilot program for parolees with mental illness. The task force's primary accomplishment was the development of a framework to more effectively address juveniles with mental illness who are involved in the justice system.

The task force secured funding in 2005 from the Colorado Department of Public Safety to contract with a consulting firm, Consultants for Systems Integration, in order to study the issues related to juveniles in the justice system as required by the legislative mandate. Consultants for Systems Integration conducted research on the issues using focus groups, a statewide survey, and other research methods. The result was a comprehensive report with 26 recommendations for study and possible action over the course of the next four years. Two of those recommendations led directly to the bill drafts that were sent to the Legislative Oversight Committee.

The first deals with accessibility to court-ordered mental health treatment. Insurance companies are not currently required to cover court-ordered treatment, which presents a barrier to success in the system for those with mental illness. The Consultants for Systems Integration report recommended that individual or group health plans that provide coverage for mental health services be required to cover court-ordered services as well.

The second recommendation came from feedback received during the focus groups and survey portion of the research. Consultants for Systems Integration found that juvenile respondents and their families had difficulty navigating a complex justice system. There were concerns about the lack of a family-oriented approach and how that results in further or future penetration of the system by juveniles. The proposed solution creates a demonstration program for family advocates that would ostensibly guide juveniles and their families through the system.

### **Legislative Oversight Committee**

The Legislative Oversight Committee met three times in 2005. During its meetings, the oversight committee monitored and examined the work, findings, and recommendations of the task force. Specifically, the committee:

- made appointments to fill vacancies on the task force;
- was briefed on the juvenile framework that was developed by the task force; and

- considered legislation recommended by the task force.

The recommendations are described below.

### **Committee Recommendation**

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As a result of the discussion and deliberation of the task force, the Legislative Oversight Committee recommends two bills for consideration in the 2006 session.

**Bill A — Mental Health Services Coverage Under Health Benefit Plans.** The bill requires an individual or group health benefit plan that provides coverage for mental health services to provide coverage for these services regardless of whether the services are voluntary or court-ordered. The bill states that the health benefit plan must provide coverage only for benefits that are medically necessary and otherwise covered under the plan. The bill defines the term "mental health services" to include treatment for mental illness and treatment for biologically based mental illness.

**Bill B — Demonstration Programs for Juvenile Justice Mental Health Family Advocates.** The bill creates demonstration programs for juvenile justice family advocates that are implemented and monitored by the Colorado Department of Human Services, Division of Mental Health, with input, cooperation, and support services from the Colorado Department of Public Safety, Division of Criminal Justice. The bill requires the Division of Mental Health, with input from the Division of Criminal Justice, to: (1) develop a request for proposals for the demonstration programs on or before August 1, 2006, with specified minimum criteria; and (2) select no more than six demonstration projects by October 1, 2006. The demonstration projects are to include two from an urban area, two from a suburban area, and two from a rural area. The bill directs the Division of Criminal Justice to prepare an initial report of the demonstration programs by March 1, 2007. The fiscal impact of this bill is estimated at \$300,000 in FY 2005-06 and \$374,000 in FY 2006-07. General Fund support is required by the Department of Human Services, Division of Mental Health, to effectively operate the six demonstration programs required in the bill. Costs, for the most part, are attributed to contractual case management services with each case manager maintaining a caseload of 15 to 25 youth/families. Finally, the bill repeals the programs on July 1, 2008.



# STATUTORY AUTHORITY AND RESPONSIBILITIES

Senate Bill 04-037 reauthorized the establishment of a six-member Legislative Oversight Committee to continue the examination of persons with mental illness in the criminal justice system.

The bill created a 29-member Advisory Task Force to assist the committee in its study. The authorizing legislation directed the committee to appoint to the task force individuals who represent various state and private agencies. The task force members and the agencies they represent are listed below in Table 1.

Table 1  
Advisory Task Force Appointees

State or Private Agency	Representative(s)
Department of Public Safety (1)	Vacant
Department of Corrections (2)	Barry Pardus Clinical Services Jeaneene Miller Division of Parole
Local law enforcement (2)	Bill Kilpatrick Golden Police Department George Epp County Sheriffs of Colorado
Department of Human Services (6)	Debra Kupfer Division of Mental Health Maurice Williams Division of Youth Corrections Melinda Cox Office of Child & Family Services Janet Wood Division of Alcohol & Drug Abuse Michele Manchester Colorado Mental Health Institute at Pueblo Diana Dilka Colorado Mental Health Advisory Council
County departments of social services (1)	Cindy Dicken Clear Creek County
Department of Education (1)	Vacant
State Attorney General's office (1)	Jeanne Smith Deputy Attorney General
District Attorneys (1)	Kathy Sasak Assistant District Attorney, 1 <sup>st</sup> Judicial District
Criminal Defense Bar (2)	David Kaplan Colorado Public Defender Abe Hutt Private Practice
Practicing mental health professionals (2)	Michael Cugini Intervention Services Carrie Merscham Private Practice
Community mental health centers in Colorado (1)	Harriet Hall Jefferson Center for Mental Health

**Table 1**  
**Advisory Task Force Appointees**

State or Private Agency	Representative(s)	
Person with knowledge of public benefits and public housing in Colorado (1)	Chistine Highnam Supportive Housing & Homeless Programs, Dept. of Human Services	
Practicing forensic professional (1)	Richard Wihera Private Practice	
Members of the public (3)	Kay Heil Steve White	Deirdre Parker
Judicial Department (4)	Eric Philp Probation Services Susan Colling Probation Services	Judge Karen Ashby Denver Juvenile Court Judge Martin Gonzales Alamosa Combined Courts

### The Advisory Task Force

The Advisory Task Force is statutorily charged with examining the identification, diagnosis, and treatment of persons with mental illness who are involved in the state criminal and juvenile justice systems. Table 2 outlines the specific issues to be studied by the task force between 2005 and 2009.

**Table 2**  
**The Advisory Task Force's Five-year Study Plan**

Deadline	Issues to be Studied
July 1, 2005	<ul style="list-style-type: none"> <li>• Diagnosis, treatment, and housing of juveniles with mental illness who are involved in the criminal justice system or the juvenile justice system</li> <li>• Adoption of a common framework for effectively addressing the mental health issues of these juveniles, including competency and disorders that co-occur with substance abuse</li> </ul>
July 1, 2006	<ul style="list-style-type: none"> <li>• Prosecution of and sentencing alternatives for persons with mental illness that may involve treatment and ongoing supervision</li> <li>• Commitment of persons with mental illness who have been convicted of a criminal offense, found not guilty by reason of insanity, or found incompetent to stand trial</li> <li>• Development of a plan to effectively and collaboratively service the population of juveniles involved in the criminal justice system or the juvenile justice system</li> </ul>

**Table 2**  
**The Advisory Task Force's Five-year Study Plan**

Deadline	Issues to be Studied
July 1, 2007	<ul style="list-style-type: none"> <li>• Diagnosis, treatment, and housing of adults with mental illness who are involved in the criminal justice system</li> <li>• Ongoing treatment, housing, and supervision (especially regarding medication) of adults and juveniles who are involved in the criminal and juvenile justice systems and who are incarcerated or housed within the community, and the availability of public benefits for such persons</li> <li>• Ongoing assistance and supervision (especially regarding medication) of persons with mental illness after discharge from sentence</li> <li>• Identification of alternative entities to exercise jurisdiction regarding release for persons found not guilty by reason of insanity (e.g., development and use of a psychiatric security review board), including recommendations related to the indeterminate nature of the commitment imposed</li> </ul>
July 1, 2008	<ul style="list-style-type: none"> <li>• 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</li> </ul>
July 1, 2009	<ul style="list-style-type: none"> <li>• Early identification, diagnosis, and treatment of adults and juveniles with mental illness who are involved in the criminal and juvenile justice systems</li> <li>• Modification of the criminal and juvenile justice systems to most effectively serve adults and juveniles with mental illness who are involved in these systems</li> <li>• Implementation of appropriate diagnostic tools to identify persons in the criminal and juvenile justice systems with mental illness</li> <li>• 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</li> </ul>

Senate Bill 04-037 requires the task force to meet at least six times per year. To fulfill its charge, the task force is required to communicate with and obtain input from groups throughout the state affected by issues under consideration. The task force is not precluded from considering additional issues, or from considering or making recommendations on any of the issues in Table 2 at any time during the existence of the task force.

The task force must communicate its findings on the issues in Table 2 and make annual recommendations to the Legislative Oversight Committee on or before August 1. In addition, the task force must submit an annual written report to the committee by October 1. The report must identify the following:

- issues to be studied in upcoming task force meetings and their respective prioritization;
- findings and recommendations about issues previously considered by the task force; and

- legislative proposals.

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

### **The Legislative Oversight Committee**

The Legislative Oversight Committee was created to oversee the work of the Advisory Task Force. The six-member committee reviews the task force's findings and may recommend legislative proposals. In calendar years 2005 through 2009, the committee is required to meet at least three times annually.



## COMMITTEE ACTIVITIES

The Advisory Task Force and Legislative Oversight Committee first met in the summer of 1999. A summary of the work accomplished by these groups from 1999 through 2004 is provided in Legislative Council Research publication No. 533. Regarding parole for inmates with mental illness, a subcommittee began meeting in 2003 and 2004 to design a pilot program. The pilot targets adult parolees with serious mental illness living in Jefferson County and inmates with serious mental illness who have passed their first parole date. Residential, non-residential, case management, mental health, and substance abuse counseling services were all discussed. Members of the subcommittee began working to secure a federal grant to fund the pilot.

*2005 interim.* The Advisory Task Force gained federal grant funding for the Jefferson County re-entry pilot program for parolees with serious and persistent mental illness that was discussed at length in the previous two years. The John Eachon Re-Entry Pilot Program began implementation in September 2005. The task force heard presentations on several subjects, including community-based intensive treatment management programs for juvenile offenders, timely access to community health services for competency referrals from the state hospital, and the Kentucky Jail Mental Health Crisis Network.

The Advisory Task Force and Legislative Oversight Committee worked extensively with a consulting company, Consultants for Systems Integration, to develop a framework for use in addressing the issue of juveniles with mental illness in the criminal justice system.

Details of the John Eachon Re-Entry Pilot Program, the juvenile justice framework, and the proposed legislation recommended by the committee follow.

### **John Eachon Re-Entry Pilot Program**

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A pilot program for Jefferson County parolees with serious mental illness, formally titled the John Eachon Re-Entry Program, was initiated in response to an increasing population of offenders with serious mental illness in the Department of Corrections (DOC) and the rising number of parole revocations. Offenders with serious mental illness are more likely to be refused parole because the Parole Board is not satisfied that their treatment and supervision plans are adequate. Moreover, parolees with serious mental illness are more likely to have their parole revoked. Programs such as Boulder County's Partnership for Active Community Engagement (PACE) are designed to address these problems. The PACE program reports a 73 to 90 percent reduction in the number of days participants were incarcerated when comparing the year after admission to the program with the year before admission. Only 11.8 percent of the adults who participated in the PACE program in 2000 had been re-arrested by 2003. The Jefferson County pilot program is modeled after Boulder County's program.



The pilot program has several goals. Its primary purpose is to reduce parole revocations and arrests for new offenses by increasing stability in areas such as sobriety, housing, employment, and the maintenance of psychiatric medications. The program seeks to reduce social costs and hospital bed-stays while maintaining community safety.

The program was designed by a partnership of representatives from the following agencies:

- Department of Public Safety, Division of Criminal Justice;
- Department of Human Services, Division of Mental Health;
- State Parole Board;
- Department of Corrections;
- Jefferson County Community Justice Services Department;
- Jefferson County Sheriff's Office;
- District Attorney for the 1<sup>st</sup> Judicial District;
- Jefferson Center for Mental Health;
- Intervention, a private community corrections provider; and
- County Sheriffs of Colorado.

The partnership developed the concept of a combination residential/non-residential program for adult parolees with serious mental illness living in Jefferson County. The pilot program will supervise 10 to 15 adult parolees in a residential halfway house setting and 20 to 25 adult parolees in non-residential settings. A multi-disciplinary team will be responsible for providing services from one location that will include correctional supervision, electronic monitoring, mental health treatment, psychiatric medicine management, substance abuse treatment, housing and employment assistance, and life-skills training. The program will include an evaluation component to assess its effectiveness. The projected budget is \$458,450, including \$163,300 from federal grant moneys and \$295,150 from redirected state and local resources that are currently providing these services. The federal grant was awarded to the program by the U.S. Department of Justice's Bureau of Justice Assistance in 2005.

As of October 15, 2005, the following staff have been hired to serve the residential and outpatient programs defined in the grant:

- 2 full-time mental health/substance abuse therapists;
- 1 half-time nurse;
- 1 full-time Intervention Community Corrections Services (ICCS) case manager;
- 1 full-time parole officer; and
- 1 consulting psychiatrist for 1 hour/week.

Management staff from DOC, ICCS, and the Jefferson Center for Mental Health has been given supervisory responsibility for the program and meets weekly with program staff for a review of referrals, admissions, clinical and medical issues, legal status, and planning. The first residents were admitted on November 9, 2005, and, as of November 18, 2005, five

residents have been placed with four others pending admission. Three referrals were under review. The residential facility anticipated being at 100 percent capacity (15 beds) by the middle of December.

**No committee recommendation.** The committee did not recommend any legislation related to the John Eachon Re-Entry Pilot Program.

## **Juvenile Justice Framework**

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**Background.** In authorizing the work of the Advisory Task Force, the legislature mandated the adoption of a common framework for effectively addressing the mental health issues of juveniles who are involved in the criminal justice system, including competency and disorders that co-occur with mental illness (substance abuse, developmental disabilities, etc.). To that end, the task force obtained a grant from the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention to develop a framework for studying and dealing with the issues. The task force and oversight committee worked with Consultants for Systems Integration and the Colorado Chapter of the Federation of Families for Children's Mental Health (the Colorado Federation) to conduct research and formulate recommendations. The resulting framework is a product of focus groups, an online survey, task force and sub-committee meetings, research into best practices, and recommendations by various juvenile justice stakeholders.

**Results.** The report, compiled by Consultants for Systems Integration and the Colorado Federation, is entitled *A Framework for System Improvement on Behalf of Youth with mental Illness and Co-occurring Disorders in the Juvenile Justice System*. It comprises 26 recommendations that are intended to serve as a roadmap for identifying, assessing, and responding to needs for change in the juvenile justice system as it relates to youth with mental illness and co-occurring disorders. Four of the recommendations were slated to be implemented in 2005-2006, with two of them being legislative and two non-legislative. The remaining recommendations do not have a specific timeline attached to them and it is expected that they will be studied further over the course of the next five years.

The first-year legislative recommendations are to:

- develop legislation to ensure coverage of court-ordered mental health treatment by health insurers; and
- develop legislation for pilot programs expanding the use of family advocates in the juvenile justice system.

The first recommendation attempts to address the problem of increased costs or decreased options for accessing and paying for court-ordered mental health services. A lack of health insurance coverage for court-ordered treatment can create barriers to the juvenile justice system for young people with mental illness and their families. Several key stakeholders were involved in the dialogue about possible legislation, including



representatives from the health insurance industry, the Division of Insurance, and the Judicial Branch.

The second legislative recommendation also attempts to break down barriers in the system to mentally-ill juveniles and their families by providing a guide to navigating the complex requirements and procedures. Family advocates currently exist in the Colorado juvenile justice system on a small scale. One example is the Colorado Cornerstone System of Care Initiative, which is a federally-funded project located in Denver, Jefferson, Clear Creek, and Gilpin counties, that helps juveniles develop, implement, and monitor individualized service plans. Federal funding for the initiative ends this year.

***Committee recommendations.*** The task force and oversight committee recommend two bills that address the first-year legislative recommendations in the framework.

***Bill A*** concerns mandatory coverage of court-ordered mental health services and is modeled after a 2002 bill that addressed insurance coverage of court-ordered substance abuse treatment. Health benefit plans are not currently required to cover court-ordered mental health services, even when those services would be ordinarily be covered if they were not court-ordered. The bill would require health benefit plans that cover mental health services to cover those that are mandated by a court order. It only requires coverage of "medically necessary" mental health services and defines what is included in the term "medically necessary." Nothing in the bill requires a health benefit plan to provide coverage for mental health services.

***Bill B*** pertains to pilot or demonstration programs for juvenile justice mental health family advocates. The bill states a need for family advocacy to enhance outcomes for families and their youth with mental illness who are in or at-risk for entering the juvenile justice system. As such, it creates demonstration programs that are to be implemented and monitored by the Division of Mental Health, with input, cooperation, and support services from the Division of Criminal Justice. The intended function of the family advocates is to focus on providing navigation, crisis response, integrated planning, and diversion from the juvenile justice system for youth with mental illness and co-occurring disorders. The programs would be implemented by October 1, 2006, with a report compiling outcome data due to the Legislative Oversight Committee by March 1, 2008. The committee would then be required to make a recommendation related to the continuation of the demonstration projects by September 1, 2008.

## SUMMARY OF RECOMMENDATIONS

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

### **Bill A — Concerning Mental Health Services Coverage Under Health Benefit Plans**

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The bill requires individual or small group health plans that provide coverage for mental health services in general to cover court-ordered treatment as well. The services will be subject to all the same conditions as treatment that is voluntary, including co-pays and deductibles. The health plan will only be responsible for providing benefits that are covered by the plan, and not those that are court-ordered, but exceed the scope of the benefits provided by the plan. The bill defines "medically necessary" services and establishes that "mental health services" include treatment for mental illness and treatment for biologically-based mental illness. It also specifies what is not included in the term "mental health services." Nothing in the bill mandates that a health benefit plan provide coverage for mental health services.

### **Bill B — Concerning Demonstration Programs For Juvenile Justice Mental Health Family Advocates**

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The bill creates demonstration programs for juvenile justice mental health family advocates that are implemented and monitored by the Division of Mental Health, with input, cooperation, and support services from the Division of Criminal Justice. The Division of Mental Health is charged with developing a request for proposals on or before August 1, 2006, to design demonstration programs for family advocate models that focus on youths with mental illness who are involved or at risk for becoming involved in the criminal justice system. The programs should focus on providing navigation, crisis response, integrated planning, and diversion from the criminal justice system for youth with mental illness and co-occurring disorders. On or before October 1, 2006, the Division of Mental Health is to choose no more than six demonstration programs to implement. Two of the programs must be located in a rural community, two in an urban community, and the final two must be located in a suburban community. The fiscal impact of this bill is estimated at \$300,000 in FY 2005-06 and \$374,000 in FY 2006-07. General Fund support is required by the Department of Human Services, Division of Mental Health, to effectively operate the six demonstration programs required in the bill. Costs, for the most part, are attributed to contractual case management services with each case manager maintaining a caseload of 15 to 25 youth/families.

## RESOURCE MATERIALS

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

[www.state.co.us/gov\\_dir/leg\\_dir/lcsstaff/2005/05interim.htm](http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2005/05interim.htm)

Meeting Summaries	Topics Discussed
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<i>Committee Legislative Oversight</i>	
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July 29, 2005	Overview of the history of the task force and discussion of the mandates in the authorizing legislation; review of the pilot program for parolees with serious mental illness who are transitioning out of DOC into Jefferson County; presentation by Consultants for Systems Integration and Colorado Federation of Families for Childrens' Mental Health on the development of a juvenile justice framework; recommendations for draft legislation; and a discussion of the proposed candidate to fill the task force vacancy from the Attorney General's office.
September 19, 2005	Overview of draft legislation concerning mental health services coverage under health benefit plans and discussion of the Health Insurance Flexibility and Accountability Program waiver and its failure to move forward.
October 17, 2005	Discussion of Kentucky Mental Health Crisis Network; review of legislative proposals concerning court-ordered mental health services coverage under health benefit plans, and demonstration programs for juvenile justice family advocates; and recommendation to send both legislative proposals to the Legislative Council for consideration.



Meeting Summaries	Topics Discussed
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*Advisory Task Force*

January 25, 2005	Update on <i>House Bill 05-1034</i> , which was recommended by the task force in 2004; review of the Jefferson County Pilot Program for Parolees with Mental Illness; discussion of timely access to community health services for individuals with mental illness; and presentation on community-based intensive treatment management programs for juvenile offenders.
February 17, 2005	Review of legislative issues and Jefferson County parole project; presentation on timely access to community health services for competency referrals from the state hospital; discussion of access to mental health services following the Goebel lawsuit; and sub-committee updates.
March 31, 2005	Update of pending legislation; discussion of Jefferson County parole project; review of various grant proposals and applications to be used for individuals with mental illness who are involved in the justice system; proposal regarding speaker training series for presentations to outside groups about individuals with mental illness who are involved in the justice system; multiple presentations by faith-based groups on services to offenders with mental illness; and sub-committee reviews.
April 28, 2005	Update of legislative issues and Jefferson County parole project; discussion of various grant applications to fund task force initiatives; sub-committee updates; presentation regarding proposed juvenile justice framework, including a timeline for the project and expected outcomes; and presentation from Denver Police Department about the Crisis Intervention Team (CIT), a method of handling situations involving a mentally ill individual.
May 26, 2005	Update of legislative issues and Jefferson County parole project; review progress on speakers bureau for presentations to outside groups; presentation about Denver Offenders with Serious Mental Illness (OSMI) Program; update on Substance Abuse and Mental Health Services Administration grant application; and solicitation of volunteer member for the policy academy responding to youth involved in the justice system who have mental illness.

Meeting Summaries	Topics Discussed
June 23, 2005	Legislative update; presentation from Consultants for Systems Integration regarding progress of juvenile justice framework; and updates of Jefferson County parole project, systems of care sub-committee, and speakers bureau.
July 28, 2005	Distribution of report from Consultants for Systems Integration on juvenile justice framework that includes both legislative and non-legislative recommendations; update on legislative issues and Jefferson County parole project; and sub-committee updates.
September 29, 2005	Election of new chair and vice-chair of the task force; discussion of proposed bill authorizing psychologists to perform competency evaluations; visit from Dr. Tom Barrett, who shared with the task force some details of his work with the World Health Organization; update from Consultants for Systems Integrations regarding juvenile justice framework; discussion of bill drafts for recommendation to the Legislative Oversight Committee; conference call regarding the Kentucky Jail Mental Health Crisis Network; and sub-committee updates.
October 21, 2005	Update on finalized bill drafts to be sent to Legislative Oversight Committee for recommendation; review of juvenile justice framework; update on Jefferson County parole project; and sub-committee reviews.
November 17, 2005	Status report on legislative proposals following November 15, 2005, Legislative Council meeting; presentation on the implications of the passage of the Colorado Economic Recovery Act, which allows the state to keep revenue in excess of TABOR limits through 2010, on the work of the task force; overview of Colorado sentencing laws and practices; and updates on the work of the sub-committees.

### **Memoranda and Reports**

#### **Materials provided to the Legislative Oversight Committee:**

*Report to the Oversight Committee for the Continuing Examination of the Treatment of Person with Mental Illness Who Are Involved in the Justice System;*  
Report prepared by the Advisory Task Force, October 1, 2005.

*A Framework for System Improvement on Behalf of Youth with Mental Illness and Co-occurring Disorders in the Juvenile Justice System*; Report prepared by Consultants for Systems Integration, July 2005.

*Issues and Outcomes from the Oversight Committee and Task Force for the Continuing Examination of the Treatment of Persons with Mental Illness Who Are Involved in the Criminal Justice System*; Memorandum prepared by Legislative Council Staff, July 11, 2005.

*Overview of Senate Bill 04-037*; Memorandum prepared by Legislative Council Staff, July 15, 2004.

**Materials provided to the Advisory Task Force:**

*A Framework for System Improvement on Behalf of Youth with Mental Illness and Co-occurring Disorders in the Juvenile Justice System*; Report prepared by Consultants for Systems Integration, July 2005.

*Issues and Outcomes from the Oversight Committee and Task Force for the Continuing Examination of the Treatment of Persons with Mental Illness Who Are Involved in the Criminal Justice System*; Memorandum prepared by Legislative Council Staff, July 11, 2005.

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Second Regular Session  
Sixty-fifth General Assembly  
STATE OF COLORADO

Bill A

DRAFT

LLS NO. 06-0067.01 Michael Dohr

SENATE BILL

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SENATE SPONSORSHIP

Windels, Kester, and Takis

HOUSE SPONSORSHIP

Solano, and Jahn

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Senate Committees

House Committees

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A BILL FOR AN ACT

101 CONCERNING MENTAL HEALTH SERVICES COVERAGE UNDER HEALTH  
102 BENEFIT PLANS.

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Bill Summary

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

**Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Justice System.** Requires an individual or group health benefit plan that provides coverage for mental health services to provide coverage for services regardless of whether the services are

voluntary or court-ordered as a result of contact with the criminal justice or juvenile justice system. Specifies that the health benefit plan is required to provide coverage only for benefits that are medically necessary and otherwise covered under the plan. Establishes that the term "mental health services" includes treatment for mental illness and treatment for biologically based mental illness.

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

**SECTION 1.** Part 1 of article 16 of title 10, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SECTION to read:

**10-16-104.8. Mental health services coverage - court-ordered.**

(1) AN INDIVIDUAL OR GROUP HEALTH BENEFIT PLAN DELIVERED OR ISSUED FOR DELIVERY WITHIN THIS STATE BY AN ENTITY SUBJECT TO THE PROVISIONS OF PART 2, 3, OR 4 OF THIS ARTICLE THAT PROVIDES COVERAGE FOR MENTAL HEALTH SERVICES SHALL PROVIDE COVERAGE FOR MENTAL HEALTH SERVICES REGARDLESS OF WHETHER THE SERVICES ARE VOLUNTARY OR COURT-ORDERED AS A RESULT OF CONTACT WITH THE CRIMINAL JUSTICE OR JUVENILE JUSTICE SYSTEM. THE HEALTH BENEFIT PLAN SHALL BE REQUIRED TO PROVIDE COVERAGE ONLY FOR BENEFITS THAT ARE MEDICALLY NECESSARY AND OTHERWISE COVERED UNDER THE PLAN. SUCH COVERAGE SHALL BE SUBJECT TO APPLICABLE IN-OR OUT-OF-NETWORK COPAYMENT, DEDUCTIBLE, AND POLICY MAXIMUMS AND LIMITATIONS. THE COURT ORDER FOR MENTAL HEALTH SERVICES SHALL NOT MANDATE THE TYPE OF MENTAL HEALTH SERVICES OR THE LENGTH AND FREQUENCY OF TREATMENT THAT IS TO BE COVERED BY THE HEALTH BENEFIT PLAN. THE HEALTH BENEFIT PLAN SHALL ONLY BE RESPONSIBLE FOR THOSE BENEFITS THAT ARE COVERED BY THE HEALTH BENEFIT PLAN AND NOT THOSE THAT ARE COURT-ORDERED THAT EXCEED THE SCOPE OF BENEFITS AS PROVIDED BY THE HEALTH PLAN. DETERMINATION OF

1 MEDICALLY NECESSARY MENTAL HEALTH SERVICES SHALL BE MADE BY  
2 THE HEALTH BENEFIT PLAN BASED ON THE SUBMITTED CLINICAL  
3 TREATMENT PLAN FROM A PROVIDER WHO IS DESIGNATED BY AND  
4 AFFILIATED WITH THE HEALTH BENEFIT PLAN. HEALTH BENEFIT PLANS  
5 ISSUED BY AN ENTITY SUBJECT TO THE PROVISIONS OF PART 4 OF THIS  
6 ARTICLE MAY PROVIDE THAT THE BENEFITS REQUIRED PURSUANT TO THIS  
7 SECTION SHALL BE COVERED BENEFITS ONLY IF THE SERVICES ARE DEEMED  
8 MEDICALLY NECESSARY AND ARE RENDERED BY A PROVIDER WHO IS  
9 DESIGNATED BY AND AFFILIATED WITH THE HEALTH MAINTENANCE  
10 ORGANIZATION.

11 (2) NOTHING IN THIS SECTION SHALL MANDATE OR BE CONSTRUED  
12 TO MANDATE THAT A HEALTH BENEFIT PLAN PROVIDE COVERAGE FOR  
13 MENTAL HEALTH SERVICES.

14 (3) FOR PURPOSES OF THIS SECTION, "MENTAL HEALTH SERVICES"  
15 INCLUDES TREATMENT FOR MENTAL ILLNESS AS DESCRIBED IN SECTION  
16 10-16-104 (5) AND TREATMENT FOR BIOLOGICALLY BASED MENTAL  
17 ILLNESS AS DESCRIBED IN SECTION 10-16-104 (5.5).

18 (4) FOR PURPOSES OF THIS SECTION, "MENTAL HEALTH SERVICES"  
19 DOES NOT INCLUDE SERVICES THAT ARE OUTSIDE THE SCOPE OF THE  
20 CONTRACT. SUCH MENTAL HEALTH SERVICES THAT ARE OUTSIDE THE  
21 SCOPE OF THE CONTRACT MAY INCLUDE: SERVICES THAT ARE CUSTODIAL  
22 OR RESIDENTIAL IN NATURE, PROBATION ASSESSMENTS, TESTING FOR  
23 ABILITY, APTITUDE OR INTELLIGENCE, OR PERFORMING EVALUATIONS,  
24 SUCH AS PLACEMENT EVALUATIONS, CUSTODY EVALUATIONS,  
25 REUNIFICATION ASSESSMENTS, OR COMMUNITY RISK ASSESSMENTS FOR  
26 ANY PURPOSE OTHER THAN MENTAL HEALTH TREATMENT.

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

Second Regular Session  
Sixty-fifth General Assembly  
STATE OF COLORADO

Bill B

DRAFT

LLS NO. 06-0068.01 Michael Dohr

HOUSE BILL

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HOUSE SPONSORSHIP

Stafford, Jahn, and Solano

SENATE SPONSORSHIP

Windels, and Kester

---

House Committees

Senate Committees

---

A BILL FOR AN ACT

101     **CONCERNING DEMONSTRATION PROGRAMS FOR JUVENILE JUSTICE**  
102             **MENTAL HEALTH FAMILY ADVOCATES.**

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Bill Summary

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

**Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Justice System.** Creates demonstration programs for juvenile justice mental health family advocates that are implemented and



monitored by the division of mental health ("DMH"), with input, cooperation, and support services from the division of criminal justice ("DCJ"). On or before August 1, 2006, requires the DMH, after consultation with family advocacy representatives and DCJ, to develop a request for proposals for the demonstration programs. Directs the request for proposal to include specified minimum criteria.

By October 1, 2006, compels DMH, after consultation with family advocacy representatives and DCJ, to select not more than 6 demonstration projects, 2 from an urban area, 2 from a suburban area, and 2 from a rural area.

Directs that, by March 1, 2007, DCJ shall prepare an initial report of the demonstration programs. Compels DCJ, by March 1, 2008, to compile a report of the collected outcome data from the demonstration projects and the evaluations of the demonstration projects. Requires oversight committee for the continuing examination of the treatment of persons with mental illness who are involved in the criminal and juvenile justice systems in Colorado, after recommendation from the task force for the continuing examination of the treatment of persons with mental illness who are involved in the criminal and juvenile justice systems in Colorado, to make recommendation related to the continuation of the demonstration projects by September 1, 2008.

Repeals the program, effective July 1, 2009.

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

**SECTION 1.** Title 26, Colorado Revised Statutes, is amended

BY THE ADDITION OF A NEW ARTICLE to read:

**ARTICLE 22**

**Juvenile Justice Mental Health Family**

**Advocacy Demonstration Programs**

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

(a) THERE IS A CRITICAL NEED FOR FAMILY ADVOCACY TO ENHANCE OUTCOMES FOR FAMILIES AND THEIR YOUTH WITH MENTAL ILLNESS WHO ARE IN OR AT-RISK OF ENTERING THE JUVENILE JUSTICE SYSTEM.

1 (b) COLORADO FAMILIES AND YOUTH HAVE DIFFICULTIES WHEN  
2 NAVIGATING THE JUVENILE JUSTICE, MENTAL HEALTH, AND OTHER STATE  
3 SYSTEMS, WHICH ARE COMPOUNDED WHEN THE YOUTH HAS A MENTAL  
4 ILLNESS.

5 (c) THE JUVENILE JUSTICE, MENTAL HEALTH, AND OTHER STATE  
6 AGENCIES AND SYSTEMS NEED TO DEVELOP MORE FAMILY-CENTERED,  
7 INDIVIDUALIZED, CULTURALLY COMPETENT, AND COLLABORATIVE  
8 APPROACHES THAT BETTER MEET THE NEEDS OF FAMILIES AND YOUTH.

9 (d) FAMILY ADVOCACY PROGRAMS PROVIDE EDUCATION AND  
10 HELP FAMILIES TO BETTER NAVIGATE THROUGH COMPLEX STATE SYSTEMS.

11 (e) FAMILY ADVOCACY PROGRAMS HELP STATE AGENCIES ADOPT  
12 MORE STRENGTHS-BASED-TARGETED PROGRAMS, POLICIES, AND SERVICES  
13 TO BETTER MEET THE NEEDS OF FAMILIES AND THEIR YOUTH WITH MENTAL  
14 ILLNESS AND IMPROVE OUTCOMES FOR ALL, INCLUDING FAMILIES, YOUTH,  
15 AND PUBLIC AGENCIES.

16 (f) THERE ARE TOO FEW TRAINED FAMILY ADVOCATES AND  
17 FAMILY ADVOCACY PROGRAMS AND MODELS THROUGHOUT THE STATE OF  
18 COLORADO TO MEET THE NEEDS OF FAMILIES AND THEIR YOUTH AND TO  
19 HELP STATE AGENCIES STRENGTHEN PROGRAMS.

20 (2) IT IS THEREFORE IN THE STATE'S BEST INTEREST TO ESTABLISH  
21 DEMONSTRATION PROGRAMS FOR MENTAL HEALTH AND JUVENILE JUSTICE  
22 FAMILY ADVOCATES WHO NAVIGATE ACROSS SYSTEMS TO ENSURE  
23 SUSTAINED AND THOUGHTFUL FAMILY PARTICIPATION IN THE PLANNING  
24 AND PROCESSES OF THE CARE FOR THEIR YOUTH AS PROVIDED FOR IN THIS  
25 ARTICLE.

26 **26-22-102. Demonstration programs established.** THERE ARE  
27 HEREBY ESTABLISHED DEMONSTRATION PROGRAMS FOR JUVENILE JUSTICE  
28 MENTAL HEALTH FAMILY ADVOCATES THAT SHALL BE IMPLEMENTED AND

1 MONITORED BY THE DIVISION OF MENTAL HEALTH, WITH INPUT,  
2 COOPERATION, AND SUPPORT FROM THE DIVISION OF CRIMINAL JUSTICE.

3 **26-22-103. Program scope.** (1) ON OR BEFORE AUGUST 1,  
4 2006, THE DIVISION OF MENTAL HEALTH, AFTER CONSULTATION WITH  
5 FAMILY ADVOCACY REPRESENTATIVES AND THE DIVISION OF CRIMINAL  
6 JUSTICE, SHALL:

7 (a) DEVELOP A REQUEST FOR PROPOSALS TO DESIGN  
8 DEMONSTRATION PROGRAMS FOR FAMILY ADVOCACY MODELS THAT FOCUS  
9 ON YOUTHS WITH MENTAL ILLNESS INVOLVED IN OR AT-RISK TO BE  
10 INVOLVED IN THE JUVENILE JUSTICE SYSTEM BASED UPON THE FAMILY'S  
11 AND JUVENILE'S STRENGTHS; AND

12 (b) FOCUS ON PROVIDING NAVIGATION, CRISIS RESPONSE,  
13 INTEGRATED PLANNING, AND DIVERSION FROM THE JUVENILE JUSTICE  
14 SYSTEM FOR YOUTH WITH MENTAL ILLNESS AND CO-OCCURRING  
15 DISORDERS.

16 (2) THE RESPONSES TO THE REQUEST FOR PROPOSALS SHALL  
17 INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING REQUIRED CRITERIA  
18 FOR SELECTION OF UP TO SIX DEMONSTRATION PROGRAMS:

19 (a) DEMONSTRATION OF SUPPORT AND COLLABORATION OF KEY  
20 STAKEHOLDERS THAT MUST INCLUDE, AT A MINIMUM, THE COURT, THE  
21 PROBATION DEPARTMENT, THE DISTRICT ATTORNEY'S OFFICE, THE PUBLIC  
22 DEFENDER'S OFFICE, A SCHOOL DISTRICT, THE DIVISION OF YOUTH  
23 CORRECTIONS, A COUNTY DEPARTMENT OF HUMAN SERVICES, LOCAL  
24 COMMUNITY MENTAL HEALTH CENTERS, REGIONAL BEHAVIORAL HEALTH  
25 ORGANIZATIONS, A FAMILY ADVOCACY ORGANIZATION IF THE COMMUNITY  
26 HAS A FAMILY ADVOCACY ORGANIZATION, AND MAY INCLUDE LOCAL LAW  
27 ENFORCEMENT, A COUNTY PUBLIC HEALTH DEPARTMENT, SUBSTANCE



1 ABUSE PROGRAMS, AND A LOCAL JUVENILE SERVICES PLANNING  
2 COMMITTEE;

3 (b) DEMONSTRATION OF COORDINATION WITH EXISTING FAMILY  
4 SUPPORT SYSTEMS;

5 (c) PLANS FOR NAVIGATION AND SUPPORT SERVICES FOR PARENTS  
6 AND YOUTHS IN THE JUVENILE JUSTICE SYSTEM;

7 (d) PLANS FOR EDUCATING PARENTS ABOUT THE MENTAL ILLNESS  
8 THEIR CHILD HAS BEEN DIAGNOSED WITH;

9 (e) PLANS FOR INTEGRATED CRISIS RESPONSE SERVICES AND  
10 CRISIS PLANNING;

11 (f) PLANS FOR ACCESSING TECHNICAL ASSISTANCE FOR THE  
12 PROGRAM;

13 (g) PLANS FOR ACCESS TO DIVERSION SERVICES FOR JUVENILES;

14 (h) PLANS FOR TRAINING OF JUVENILE JUSTICE STAFF AND OTHER  
15 STAKEHOLDERS ON THE ROLE AND PARTNERSHIPS WITH FAMILY  
16 ADVOCATES IN THE SYSTEM TO ENHANCE THE SYSTEM'S RESPONSIVENESS  
17 TO FAMILY AND YOUTH NEEDS;

18 (i) PLANS FOR THE POPULATION AND SCOPE TO BE SERVED; AND

19 (j) A PLAN FOR COLLECTING OUTCOME DATA AND AN  
20 EVALUATION OF THE DEMONSTRATION PROJECT.

21 (3) ON OR BEFORE OCTOBER 1, 2006, THE DIVISION OF MENTAL  
22 HEALTH, AFTER CONSULTATION WITH FAMILY ADVOCACY  
23 REPRESENTATIVES AND THE DIVISION OF CRIMINAL JUSTICE, SHALL SELECT  
24 NOT MORE THAN SIX DEMONSTRATION PROGRAMS TO DELIVER JUVENILE  
25 JUSTICE FAMILY ADVOCACY SERVICES. OF THE DEMONSTRATION  
26 PROGRAMS SELECTED, AT LEAST TWO SHALL BE LOCATED IN EACH OF THE  
27 FOLLOWING AREAS OF THE STATE TO ASSURE ADEQUATE GEOGRAPHIC

1 DISTRIBUTION: A RURAL COMMUNITY, AN URBAN COMMUNITY, AND A  
2 SUBURBAN COMMUNITY.

3 **26-22-104. Report.** (1) NO LATER THAN MARCH 1, 2007, THE  
4 DIVISION OF CRIMINAL JUSTICE SHALL PREPARE AN INITIAL REPORT OF THE  
5 DEMONSTRATION PROGRAMS.

6 (2) THE INITIAL REPORT SHALL INCLUDE, BUT NOT BE LIMITED TO,  
7 CONSIDERATION OF THE FOLLOWING FACTORS:

8 (a) A DESCRIPTION OF THE DEMONSTRATION PROGRAMS SELECTED  
9 AND THE ENTITIES WORKING WITH THE SELECTED DEMONSTRATION  
10 PROJECTS;

11 (b) THE STATUS OF EACH OF THE SELECTED DEMONSTRATION  
12 PROGRAMS;

13 (c) THE NUMBERS OF FAMILIES EXPECTED TO BE SERVED; AND

14 (d) RECOMMENDATIONS REGARDING CHANGES TO  
15 DEMONSTRATION PROJECT MODELS FOR FAMILY ADVOCATE PROGRAMS.

16 (3) ON OR BEFORE MARCH 1, 2008, THE DIVISION OF CRIMINAL  
17 JUSTICE SHALL COMPILE A REPORT OF THE OUTCOME DATA COLLECTED BY  
18 THE DEMONSTRATION PROJECTS AND THE EVALUATIONS OF THE  
19 DEMONSTRATION PROJECTS. THE REPORT SHALL BE PROVIDED TO THE  
20 LEGISLATIVE OVERSIGHT COMMITTEE FOR THE CONTINUING EXAMINATION  
21 OF THE TREATMENT OF PERSONS WITH MENTAL ILLNESS WHO ARE  
22 INVOLVED IN THE CRIMINAL AND JUVENILE JUSTICE SYSTEMS, REFERRED  
23 TO IN THIS SECTION AS THE "LEGISLATIVE OVERSIGHT COMMITTEE", AND  
24 THE TASK FORCE FOR THE CONTINUING EXAMINATION OF THE TREATMENT  
25 OF PERSONS WITH MENTAL ILLNESS WHO ARE INVOLVED IN THE CRIMINAL  
26 AND JUVENILE JUSTICE SYSTEMS IN COLORADO, REFERRED TO IN THIS  
27 SECTION AS THE "TASK FORCE".

1           (4) ON OR BEFORE SEPTEMBER 1, 2008, THE LEGISLATIVE  
2       OVERSIGHT COMMITTEE, AFTER RECOMMENDATION FROM THE TASK  
3       FORCE, SHALL MAKE RECOMMENDATIONS RELATED TO CONTINUATION OF  
4       THE DEMONSTRATION PROJECTS.

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

8           **26-22-105. Repeal of article.** THIS ARTICLE IS REPEALED,  
9       EFFECTIVE JULY 1, 2009.

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