

**Task Force Concerning the Treatment of Persons with  
Mental Illness in the Criminal and Juvenile Justice Systems**

Thursday, September 15, 2016  
10:00 a.m. to 12:30 p.m.  
House Committee Room 0112  
State Capitol Building

I. Call to Order

II. Introductions and Welcome

III. Approval of Minutes

June minutes: delete language about the length of time for vouchers

July minutes: approved

August minutes: approved

IV. Oversight Committee Update and Bill Discussion

The Oversight Committee met on August 22<sup>nd</sup> and asked for several bill requests. There are several bills in drafting right now.

The next meeting is on October 5<sup>th</sup> where they will review bill drafts and determine if they will move forward with introducing those bills. If the bills are approved by the Oversight Committee they will be presented to the Legislative Council Committee on October 14<sup>th</sup>. If the Legislative Council Committee approves the bills, they will be introduced during the 2017 legislative session.

Bills will be finalized on September 21<sup>st</sup> and will go out for fiscal notes based on their final version. At the Committee meeting, the Committee members can request amendments to the finalized bills but the fiscal note will be to the version of the bill they see on the 21<sup>st</sup>.

Fiscal notes are not revised before Legislative Council, they would most likely be revised at the beginning of session. Having some representatives present from the different Subcommittees on the bills would be helpful for the Oversight Committee.

*Housing Bill:*

The Housing Subcommittee bill focuses on housing for mentally ill individuals after being released back into the community. All of Colorado's housing voucher programs were recently consolidated into the Division of Housing in the Department of Local Affairs. This bill would establish a new housing voucher program in the Division of Housing for mentally ill individuals being released from both county jails and the Department of Corrections.

There is a specific reentry program in the Department of Corrections. This program would also be expanded to provide wrap around services for mentally ill individuals being released from DOC. In addition to having vouchers, the services could include assistance in obtaining employment, applying for Medicaid, and receiving mental health treatment and services.

The Committee is asking for 375 vouchers which would cost \$2.7 million. The current request would be for a general fund appropriation for \$2.75 million.

In the ComCor line item, they are currently resorting back to the general fund at the end of each fiscal year (about \$1 million). Rather than having this money revert back to the general fund, this bill would allow money to be put into a new fund used to provide future vouchers.

For the wrap around services, the Division of Criminal Justice can reallocate amongst their line items up to 10% of their appropriations. This bill would also expand their authority and allow them to use appropriated money for wrap around services.

Suggestion to also allow the Division of Criminal Justice to use appropriated money to augment housing vouchers/entities. This would allow them to contract for housing with wrap arounds.

### *Sex Offender Registry Bills:*

There are two bills concerning sex offender registries.

The first bill concerns the removal of a juvenile sex offender from the registry upon the completion of his or her sentence.

The first bill would require that on or before August 1<sup>st</sup>, 2017, the Colorado Bureau of Investigation and any local law enforcement agency with a local sex offender registry, remove any registrant who was required to register as a result of one or more convictions for offenses committed when he or she was a juvenile, has not been convicted as an adult of any offense that would result in required registry, and has completed his or her sentence for each conviction that required him or her to register.

On and after August 1<sup>st</sup>, 2017, the Bureau and local law enforcement shall ensure that their registry does not include any such offenders. At least 10 business days before the release or discharge of any person who was required to register as a sex offender as a result of one or more convictions for offenses committed while the registrant was a juvenile, the Department of Corrections or the Department of Human Services shall provide notice of the persons release or discharge to the Bureau and local law enforcement that maintains a local registry of sex offenders in which the person is registered.

The second bill concerns excluding from the Colorado sex offender registry sex offenders whose offense occurred before the offender was 14 years of age. In maintaining the sex offender registry, the Colorado Bureau of Investigation is required to ensure that the registry includes only offenders who have been convicted of an offense committed when the person was 14 years of age or older.

Neither of the sex offender registry bills addresses treatment. There should be language involving the successful completion of their sentence. One of the assumptions of the bill is that CBI will be able to determine if a juvenile has completed their sentence which may be unknown to them.

Colorado has a provision in our registration law that states if you have ever had to register as a sex offender in any other place, then you have to register in Colorado. Additionally, courts in Colorado classify the sex offender registry as civil rather than criminal, therefore the Public Defender's Office

and the Office of Alternate Defense Council are not funded or allowed to represent individuals petitioning to be removed from the registry.

There will likely be a large fiscal note attached to this bill as there would have to be an investigation into every individual on the registry. The sex offender registry does not track whether people register as an adult or juvenile. Another issue may be victim representations and expectations.

The September 21<sup>st</sup> deadline for a fixed fiscal analysis is necessary to give fiscal analysts the time to prepare and provide an accurate fiscal note for bills.

The first sex offender bill will be complex and fiscally cumbersome. Should the task force focus on the second bill excluding juveniles 14 and under from the sex offender registry?

The Task Force is interested in making comments and recommendations for an amendment to the second bill prior to October 5<sup>th</sup>. The first bill will require further research before pushing for legislation.

The Task Force co-chairs can ask for permission to share bills with specific members on the Task Force to receive input and advice. The Criminal Juvenile Justice Commission has a Sex Offender Management Board that could provide feedback and perspective on this issue.

#### *Staffing Bill*

This bill amends provisions in current statute that would allow different agencies and entities to accept money for staffing of the Task Force and the Oversight Committee if necessary. It opens up the authorization in statute to the Department of Public Safety, the Department of Human Services, the Office of Behavioral Health, and any other state agency that has representation on the Task Force.

#### *Competency/Restoration Recommendation Bill*

This bill establishes the Office of Behavioral Health as the entity responsible for outpatient competency restoration services. It requires the court to consider whether restoration services should occur on an outpatient basis for any person out on bond. It requires the provision of services in the least restrictive environment, in a timely manner, and with a review of such services every 30 days. The bill sets out a list of duties and responsibilities for the Office of Behavioral health related to competency restoration.

There are minor edits for the bill to include language specifying the Office of Behavioral Health will be responsible for the educational and coordination components of restoration services.

#### *Medication Consistency for Persons with Mental Illness Bill*

The bill promotes increased medication consistency for persons with mental illness in the criminal justice system. It requires the Office of Behavioral Health and the Department of Corrections to promulgate separate sets of rules requiring providers of different pharmaceutical services to use agreed upon medication formulary throughout their different entities (clinics, jails, etc.).

It requires the Office of Behavioral Health to conduct annual and bi-annual reviews of the formulary to address urgent concerns. They must also update the formulary, align with Medicaid formulary, and ensure compliance. It requires the Office of Behavioral Health along with the Department of Corrections, county jails, community health centers, the Division of Youth Corrections, and any other providers to develop an electronic information sharing process for patient specific mental health care and treatment.

There is a provision that they must comply with any HIPPA requirements. It requires the Office of Behavioral Health to encourage providers to utilize a cooperative purchasing entity for the formulary to maximize statewide savings.

There is a provision that requires the Office of Behavioral Health to develop and study the potential for a pilot program for various providers based on the home health model to determine if such partnerships can increase the continuity of care and maximize federal drug discount benefits for individuals with mental illness.

The bill requires the Department of Human Services to work with various providers in utilizing the medication formulary and the cooperative purchasing. This will be reviewed on an ongoing basis to ensure the inclusion of drug utilization review processes.

It requires the executive director of the Department of Personnel and the Division of Purchasing to collect data related to both the formulary and the cooperative purchasing entity and prepare reports for the General Assembly on utilization, savings, and so forth.

Suggestion to include language in the bill specifying information will only be shared and used for the purpose of medication consistency.

#### V. Housing Group Update

The Housing Group is requesting input on the concept paper. The group is looking at potential pilot projects. How can the group incentivize project developers?

#### VI. Competency/Restoration Group

No update at this time.

#### VII. Data and Information Sharing Subcommittee Update

The Subcommittee's 1 year planning grant ends after September. The contractor's final report will be completed September 28<sup>th</sup>. It will include recommendations on how to build electronic information sharing systems.

The group was given an extension to write the implementation grant and the application has been submitted. There are 7 states that received planning grants, 3 will receive implementation grants. The implementation grant would start October 1<sup>st</sup>.

The Subcommittee will work with ACLU, Disability Law, and the Public Defender's Office to ensure information sharing policies and procedures comply with HIPPA 42CFR Pt 2. They will also ensure that information sharing is used to further people's treatment and not for prosecution.

## VIII. Behavioral Health Transformation Council Update

The Behavioral Health Transformation Council is currently clarifying subcommittee work, goals, and outcomes.

## IX. Membership Updates and Vacancies

Jagruti Shah is resigning her position. Camille will be the Office of Behavioral Health representative for the Task Force. Lenya Robinson will be the new representative from the Department of Health Care Policy & Financing. Pat Coyle took a different position at the Department of Local Affairs Division of Housing.

## X. Legislative Update

No updates at this time.

## XI. Other Updates

The Task Force can coordinate with CCJJ as many of their efforts align. There is a reentry CCJJ Subcommittee that is currently focusing on housing.

## XIII. What's Happening at Your Agency

Let the minutes show Camille got an A+ from Jack

The Department of Corrections Division of Adult Parole created a Housing and Stabilization Unit within the Parole Division. The unit works as a collaboration between parole officers and reentry specialists to provide stabilization and wrap around services.

The unit applies a triage approach when dealing with parolees that are failing or violating parole. The Parole officer, reentry specialist, and mental health clinician work together to talk about whether the violation of parole is related to mental illness and/or the absence of local resources. The unit works together to figure out the reasons for a parolee's behavior and provide them with resources.

The Housing and Stabilization Unit also receives parolees who are homeless and/or have high medical needs. The Unit provides many resources for people recently released from prison including a job center, clothing closet, bicycles, motel vouchers, and so forth. They also act as a drop off site for DOC for recently released individuals without support.

The Department of Corrections Parole Division is holding a Health First Colorado Medicaid Summit. The goal of the meeting is to bring together BHOs, RCCOs, and other interested parties to discuss how to better collaborate and connect parolees to needed services when they return to their communities.