

2014 Legislative Report



On May 1, 2014, student athletes from Alameda International High School join (left to right) Mental Health America of Colorado's Don Mares, Tom Dillingham of the Federation of Families for Children's Mental Health, and Speaker of the Colorado House of Representatives Mark Ferrandino in proclaiming May is Mental Health Month in Colorado.

Session Overview

Bipartisan cooperation and a shifting spotlight on diverse policy issues characterized the second and final regular session of the 69th Colorado General Assembly. Legislators debated the regulation of recreational marijuana and how to distribute the tax revenue it generates, educational reforms, water rights, funding for fighting wildfires and rebuilding from floods, and local control vs. state regulation of the natural gas extraction industry.

Mental Health America of Colorado (MHAC) worked on legislation to reform the treatment of inmates with serious mental illness in Colorado prisons, push innovative approaches to suicide prevention, and protect recent progress in funding for mental health services. 13 out of the 16 bills MHAC supported became law, and every bill MHAC opposed was voted down by the legislature. Nearly half of all state legislators had a 100% voting record with the organization.

MHAC stood with its allies to defend the ongoing process of implementing health care reform, and to explore new ways of ensuring that reform actually improves lives. The legislature rejected bills to dismantle the Connect for Health Colorado state insurance exchange, repeal Medicaid expansion, and create a tax deduction that would have undermined the mandate for people who are uninsured to start signing up for coverage. The legislature also passed Senate Bill 187, creating the Colorado Commission on Affordable Health Care, to continue studying ways to expand access to care.

Two pieces of mental health and substance use disorder legislation spearheaded by the Colorado Department of Human Services and supported by MHAC were lost during the session. The bills contained recommendations from a task force on involuntary civil commitment on which MHAC served, and failed to move forward due to election-year political pressure from an anti-gun control group. MHAC will continue to work on a bipartisan basis with legislators to modernize and improve the state's commitment statutes, with an emphasis on reducing involuntary treatment and protecting individuals' rights to self-directed care.

Outcomes of the 2014 legislative session reflect MHAC's continuing ability to shape important legislation, have a strong voice in budgetary decisions, and bring together people with diverse points of view to address shared challenges. The manner in which political dynamics halted progress on civil commitment legislation was revealing, and MHAC will use that information to attenuate future policy initiatives. One key lesson is the importance of MHAC's role as an educator and interpreter—helping state agencies, legislators, and the general public understand how their respective concerns and policy agendas intersect with mental health and substance use disorders. Expanding and

strengthening this role will help MHAC further its policy objectives while advancing the organization's strategic goal of civilizing conversations about mental health.

Key Legislation

Senate Bill 64: Isolated Confinement of Prisoners with Mental Illness

One of MHAC's public policy objectives is to eliminate the inappropriate use of isolated confinement—also known as solitary confinement, or administrative segregation—in Colorado's prisons and jails. While conditions differ among facilities in Colorado and across the country, in general isolated confinement means an inmate spends 23 hours a day alone in a small cell, and the 24th alone (except for limited interaction with guards) in another limited space for personal hygiene and physical exercise. Human contact, mental stimulation, and the opportunity to be outside or see sunlight all are limited as part of this practice. Long-term isolated confinement historically has been one of the ultimate punishments within a correctional facility.

Unfortunately, this practice has gone from being mainly an administrative punishment to a misguided means for overcrowded, underfunded prisons to warehouse inmates who experience serious mental illness. Lacking sufficient mental health treatment resources, correctional facilities have adopted the practice of segregating prisoners who are difficult to manage because of serious mental illness from the general prison population by placing them in long-term isolated confinement.

Psychiatrists, criminal justice experts, and to a growing extent the heads of corrections systems across the United States agree that long-term isolated confinement of prisoners with serious mental illness is not only ineffective and harmful, but unconstitutional. In every case where it has been tested, courts have found the practice to violate the Constitution's ban on cruel and unusual punishment. Long-term isolated confinement can cause serious mental health problems in people who do not have a pre-existing psychiatric diagnosis, and gravely exacerbates the symptoms and suffering of people who experience conditions such as bipolar disorder and schizophrenia.

On any given day in fiscal year 2012, the Colorado Department of Corrections was holding between 537 and 686 prisoners with serious mental illness in isolated confinement. Despite making up less than 20% of the overall prison population, two thirds of prisoners in isolation were diagnosed with serious mental illness. At least 54 of these prisoners had been confined in isolation for over a year, and 14 had been held for over four years.

In 2011 MHAC played a key role in passing Senate Bill 11-176, which established new requirements to be met before an inmate with mental illness could be placed in isolated confinement. The bill also required that an inmate could not be released directly from

isolated confinement back into the public. Budget savings from this change in policy were directed toward mental health treatment. MHAC had joined with the Department of Corrections' former Director, the late Tom Clements, to promote sustainable alternatives to isolated confinement that focused on mental health recovery and rehabilitation. One small part of Tom Clements' exceptional legacy is his commitment to reforming mental health treatment in American corrections.

In 2013 the Department opened the 240-bed Residential Treatment Program at Centennial Correctional Facility. The program delivers intensive mental health services to inmates with the greatest need, including a step-down program from long-term isolated confinement. The facility filled an urgent need in the state prison system, but due to its size it still could not meet all the needs of the prison population.

Tragically, Tom Clements was murdered by a Colorado inmate with a history of deteriorating mental health who, despite changes to the law, had been released directly from isolated confinement to the general public.

Going into the 2014 legislative session, MHAC partnered with the Department of Corrections and the Colorado chapter of the American Civil Liberties Union (ACLU) to take decisive legislative action to end the inappropriate use of long-term isolated confinement. MHAC worked to build consensus between the Department and the ACLU, who did not always see eye to eye. The ACLU sought a stringent ban, including a detailed definition of serious mental illness that differed from correctional standards, while the Department insisted that an inflexible mandate could damage the safety of prisoners with mental illness, other inmates, and correctional staff.

Over 97% of all Colorado prisoners will be released back into the public, and positive mental health outcomes are essential to avoiding repeat offenses and recidivism. Improving individual outcomes in the ecosystem of corrections—from jails and prisons to parole and reintegration programs—requires individualized treatment, long-term recovery supports, and transparency. An early draft of what became Senate Bill 64 offered detailed definitions of the types of serious mental illness that would preclude the use of isolated confinement, but did not include any new resources, or direction for the Department on reforming isolated confinement and improving mental health outcomes.

MHAC worked with the Department, the ACLU, and legislative sponsors to identify commonly held interests and objectives. In addition to the concerns of the state and civil liberties advocates, MHAC brought to light how this practice in prisons affects society's perceptions of people with mental illnesses. MHAC testified in support of altering the wording of the bill to use person-first language ("prisoners with mental illness," rather than "the mentally ill"), and pushed for an ongoing effort in the Department, including oversight

from mental health advocates and treatment providers outside the corrections system, to better understand the connection between mental health and isolated confinement.

For all parties involved, honoring the legacy of Tom Clements was a strong motivating factor. MHAC was determined to see that a bill came forward that would strengthen the safety of the public, prison staff, and improve outcomes for individuals during their time in prison and after their release.

The final version of Senate Bill 64 was a strong and balanced compromise. It contained a simply stated prohibition on the placement of prisoners with serious mental illness in long-term isolated confinement, and appropriated over \$1.5 million in funding for increased mental health services. The bill, which passed unanimously in the state Senate and 63-2 in the House, also created a work group within the Department of Corrections to monitor the implementation of the prohibition, and make future recommendations to the administration and the legislature. MHAC's Vice President of Public Policy Moe Keller has been appointed to this work group, and will continue to push for the elimination of the inappropriate use of isolated confinement in Colorado prisons, and for other changes that improve the effectiveness of the correctional system.

Senate Bill 88: Suicide Prevention Commission

At least 1,053 Coloradans lost their lives to suicide in 2012—the highest number of any year on record. Since statistics have been kept, Colorado consistently has been among the 10 states with the highest suicide rates. In 2012 suicide was the leading cause of death of Coloradans ages 10-35

In the 1990s MHAC led the Governor's Commission on Suicide Prevention to create a statewide plan, with an eye toward making suicide prevention a top public health priority. One result of this leadership was the creation of the Office of Suicide Prevention in the Colorado Department of Public Health and Environment. The Governor's Commission also led to the formation of the Suicide Prevention Coalition of Colorado—an alliance of nonprofit agencies with a common focus on education, sharing information and resources, and systems change.

Both of these entities have made significant progress in informing networks of mental health providers, local public health agencies, and educators about suicide prevention. They have been a conduit for best practices from outside Colorado into the state, and have contributed to international research that hopefully will lead to more effective suicide prevention efforts in the future. Like other public health campaigns, especially in mental health, suicide prevention has faced steep barriers. Individuals' fear of being stigmatized and reluctance to seek help, social and economic inequities, limited access to

health care, and the easy availability of lethal means are persistent obstacles in suicide prevention.

In addition to MHAC, there are several nonprofit organizations in Colorado dedicated to suicide prevention—in general or for specific populations. One thing nonprofit organizations do well, out of fundraising necessity, is cultivate relationships with business and corporate leaders. In 2013 MHAC began attending meetings with private sector leaders, legislators, and nonprofit allies who are passionate about mental health and suicide prevention. The group discussed findings from a suicide prevention study funded by a Colorado foundation, shared personal stories and frustrations, and had an open conversation about the economic toll of suicide. They also acknowledged a collective tension over potentially duplicative efforts, and wanting to avoid “re-inventing the wheel” on suicide prevention.

The group was inspired by the personal stories of people who had been affected by suicide, and guided by the experience of MHAC and its allies, to find a way to reinvent the wheel without losing its shape. Public sector and nonprofit efforts often have failed to meet their objective due to a lack of funding, and a lack of awareness among the general public about what causes suicide and how to help those who are at risk. While people in the traditional prevention field may understand the nature of the problem better than others, leaders in the private sector also have a stake in prevention, and should be a part of securing financial resources, informing state and local strategies, and connecting with target audiences.

Legislators from both parties brought local business owners, corporate CEOs, and philanthropists to the table to discuss how to leverage private sector support in potential suicide prevention legislation. Ultimately, stakeholders decided that a new statewide commission on suicide prevention would provide the structure for public and private sector leaders to collaborate, take action, and be held accountable. Some lawmakers were opposed at first to the idea of yet another quasi-governmental commission to tackle an entrenched problem, but the bringing together of unlikely allies—nonprofits focused on mental health with business leaders from the oil & gas and ranching industries—helped persuade many of them to support renewed effort around suicide prevention.

Senate Bill 88, which passed with overwhelming bipartisan support, sets up a 26-member commission of public and private sector leaders charged with reducing the incidence of suicide in Colorado. The commission will include an increase in staff support from the state Office of Suicide Prevention, and incorporate the experience of the Suicide Prevention Coalition of Colorado. It also includes CEOs, business consultants, and marketing professionals. Rather than putting prevention efforts in the “silo” of state agencies or a legislative committee, however, the commission will have the weight to mobilize small

business and corporate leadership. This alliance of governmental, nonprofit, and business interests has the potential to better align a statewide strategy with local resources, secure sustainable funding, and directly engage hard-to-reach audiences.

Most importantly, involving people and institutions from outside the traditional field of suicide prevention has the potential to change conversations and culture. All too often, suicides are seen and treated as tragedies that could not have been prevented—the prevalence of stigma, secrecy, and access to lethal means can make suicide seem like an unavoidable byproduct of a stressful world. People used to have similar perceptions about infectious diseases and heart attacks. Those opinions, and corresponding behaviors, changed in large part because discussions about them broke free from hospitals and doctors' offices, and made their way into schools, workplaces, and around the dinner table. Senate Bill 88 is an important step to making suicide prevention a part of families, classrooms, and offices in the same way that better hygiene, first aid, and CPR now are. MHAC will work to ensure that this commission lives up to its promise of spreading prevention beyond traditional boundaries, and hopefully saving more lives, families, and communities from the preventable tragedy of suicide.

House Bills 1253 and 1386: Recommendations of the Civil Commitment Task Force

In 2013 MHAC helped shape and pass House Bill 13-1296, concerning Colorado statutes governing involuntary commitment and treatment for mental health and substance use disorders. The bill, which was put forward originally by the Colorado Department of Human Services, updated key definitions in the civil commitment process and established a 30-member task force to make recommendations to the legislature on a number of issues, including the consolidation of statutes. MHAC board member Evan Silverman, who has experience with involuntarily treatment, was appointed to the task force, as was MHAC President & CEO Don Mares.

The task force was charged with making recommendations on how to align three separate statutory procedures for emergency holds and commitments for longer-term mental health, drug, and alcohol treatment. Colorado is the only state with three separate laws covering these highly-interrelated types of care. Work groups of the task force also made recommendations about issues including, but not limited to: racial disparities in mental health and substance use disorder treatment, the involvement of family members of people who face commitment, training for law enforcement, access to legal representation, age and geographic disparities, removing administrative barriers to evidence-based treatment, and the rights of individuals to employ advance directives for mental health and substance use disorder treatment that go into effect when an individual loses the capacity to make informed decisions.

Many of these recommendations were included in House Bill 1253, introduced early on in the 2014 session. The prime sponsor of the bill in the House also had sponsored gun control legislation in 2013, making her a target of a pro-gun political action group. The group was involved in successful recall elections against two state senators in 2013, and the resignation of a third. During the 2014 legislative session, with three new faces in the Senate and a general election looming in November, lawmakers from both parties were particularly sensitive to this potential threat.

House Bill 1253 did not include any changes to the regulation of firearms in Colorado. The only connection between Colorado's civil commitment statutes and firearms is the state's compliance with the federal background check system, which was beyond the scope of the 2013 legislation which created the task force. Federal background check laws temporarily prohibit some people who have been ordered by a court to receive involuntary mental health or substance use treatment from purchasing certain types of firearms.

The Department of Human Services, aided by MHAC and its lobbyists, secured bipartisan support in both chambers for the bill, but legislators were concerned about possible political fallout. Though it was passed to the full House from its committee of origin, House Bill 1253 never received a vote on the floor.

The Department of Human Services tried to salvage what it saw as two essential wording changes that were contained in the original bill by introducing a modest replacement, House Bill 1386. MHAC supported that bill because it also contained a reference to advance directives for mental health treatment, which was one of MHAC's primary contributions to the recommendations of the task force. Unfortunately, the toxicity unleashed by the reaction to the first bill carried over to the replacement. House Bill 1386 actually was passed by the House on a bipartisan vote, but was lost in its first Senate committee hearing, just days before the end of the legislative session.

MHAC was founded in 1953, at a time when people who experienced serious mental illness and other types of disabilities lacked strong legal protections against being committed to a state hospital against their will. Much of the organization's early history involved building systems of care and making changes in policy that empowered people to stay in their communities, receive appropriate and recovery-oriented care, and reclaim power over their own treatment. Voluntary, self-directed care that is sensitive to personal histories of trauma is the most effective kind of treatment, and has helped millions of Americans enter into and stay in recovery.

Emergency interventions for individuals who are acutely disabled, or who pose a danger to self or others because of a mental health or substance use disorder crisis, are still necessary to save lives and protect others. For the parents of adult children who refuse treatment, involuntary commitments are a heartbreaking, but often necessary step to save

their sons' and daughters' lives. MHAC believes emergency holds and commitments should be used rarely, and must address a person's overall health care needs rather than a single diagnosis. Critically, systems in Colorado do not adequately deal with the widespread issue of co-occurring mental illnesses and substance use disorders. MHAC will continue to work with its allies on transforming systems to create a continuum of care that addresses the needs of Coloradans with complex mental health and substance use disorder problems.

In the civil commitment task force MHAC took the lead role in making recommendations about promoting the use of psychiatric advance directives in Colorado. Advance directives are written documents that can detail a person's wishes about how they wish to be treated in the event they become incapacitated and cannot make informed decisions. Like a living will, advance directives can designate a decision-making agent, list contact information of preferred health professionals, and provide helpful instructions to new caregivers. In involuntary commitment settings, advance directives can play an important role in preventing harmful treatment and abuse. By describing situations and actions that individuals who are being held wish to avoid, directives can protect survivors of physical and sexual abuse from being re-traumatized.

MHAC used the platform of the civil commitment task force to explore creating an advance directives statute for mental health and substance use disorder in Colorado. House Bill 1253 included references to advance directives that would have helped pave the way for future legislative action. These changes have strong support in the state's mental health community. 25 other states already have psychiatric advance directive laws. Despite the setbacks of the 2014 session, MHAC is moving forward to explore how to help more Coloradans take charge of their mental health care. The organization will incorporate lessons learned from the civil commitment task force process, study examples from other states with psychiatric advance directive statutes, and build coalitions to help make progress on this important initiative.

Budget

MHAC's report on the 2013 legislative session included a discussion of Senate Bill 13-266, which set up a competitive bidding process to create a statewide behavioral health (mental health & substance use disorder) crisis response system. The bill included over \$20 million a year in the state budget for a statewide crisis hotline, crisis stabilization centers, mobile crisis response units, temporary respite housing, and a public information campaign to promote the new system. It required that new services be built upon existing strengths in Colorado communities, encourage innovation, and incorporate peer supports and trauma-informed care.

The awarding of crisis response contracts did not go smoothly. Competing vendors accused the state of making decisions incorrectly, and the matter ended up in court. MHAC's priority throughout this episode was that the crisis system be up and running effectively as soon as possible. Unfortunately, the delay caused by the court case meant that funds which had been allocated to the crisis system for the first half of 2014 were in danger of being reverted back to the state general fund. Under Colorado law, the monies from this time period could not be saved up and added to future payments to the crisis system.

MHAC's Vice President of Public Policy, former state Senator Moe Keller, once served as the chair of the General Assembly's powerful Joint Budget Committee. Using her extensive knowledge of Colorado's budgetary process and her relationships with staff, Keller personally urged the committee to redistribute reinvest the funds that were in danger of being lost. Keller's reputation and current position with MHAC helped convince the committee to apply over \$60,000 of the crisis funding to the Children's Mental Health Treatment Act, a program helping children with severe mental illness in need of a residential level of care, which Keller had created during her time in the legislature. Other mental health organizations, including MHAC's partner the Colorado Behavioral Healthcare Council, also rescued much of the at-risk funding and saw that it was applied to programs such as Mental Health First Aid training for state employees, and temporary housing assistance for adults with serious mental illness.

The intricacies of the state budget affect services for tens of thousands of Colorado's most vulnerable citizens. Monitoring the budget, and advocating to protect vital funding, is one of MHAC's distinctive strengths. Like other groups which advocate for Coloradans with disabilities, people who experience homelessness, children, and seniors, MHAC protects funding for services and supports that often serve as the safety nets below safety nets. MHAC will continue to work with its allies to ensure that public resources are used effectively and efficiently to support Coloradans who are most in need of assistance.

Summary of 2014 Legislative Outcomes

Actively Oppose 100%

- HB 14-1106 FAILED
- SB 14-040 FAILED

Oppose 100%

- HB 14-1134 FAILED
- HB 14-1135 FAILED
- HB 14-1192 FAILED
- SB 14-111 FAILED

Support 92%

- HB 14-1017 PASSED
- HB 14-1023 PASSED
- HB 14-1083 PASSED
- HB 14-1355 PASSED
- HB 14-1359 PASSED
- SB 14-016 FAILED
- SB 14-021 PASSED
- SB 14-050 PASSED
- SB 14-067 PASSED
- SB 14-155 PASSED
- SB 14-160 PASSED
- SB 14-187 PASSED

Actively Support 50%

- HB 14-1253 FAILED
- HB 14-1386 FAILED
- SB 14-064 PASSED
- SB 14-088 PASSED

MHAC 2014 Legislation Tracking Chart

CO General Assembly website: <http://www.leg.state.co.us/>

Bill #	Sponsor(s)	Bill Title	Final Status	MHAC Position
HB 14-1017	Duran/Ulibarri	Expand Availability of Affordable Housing	05/29/2014: Governor Signed	Support
HB 14-1023	Lee, Kagan/Ulibarri, Guzman, Steadman	Social Workers for Juveniles	05/14/2014 Governor Signed	Support
HB 14-1083	Lee/Crowder	Acute Treatment Units Stock Medications	03/14/2014 Governor Signed	Support
HB 14-1106	Nordberg and Wright, Szabo, Conti, Dore, Joshi, Landgraf, Lawrence, Scott, Sonnenberg/(None)	Tax Deduction for Affordable Care Act Penalty	02/12/2014 House Committee on State, Veterans, & Military Affairs Postpone Indefinitely	Actively Oppose
HB 14-1134	Joshi, Humphrey, Buck, Everett, Lawrence, McNulty, Navarro, Nordberg, Rankin, Scott, Wright/Baumgardner	Health Care Navigator Registration Act	02/06/2014 House Committee on Health, Insurance, & Environment Postpone Indefinitely	Oppose
HB 14-1135	Joshi, Wright, Humphrey, Buck, Everett, Landgraf, Lawrence, Navarro, Nordberg, Rankin, Sonnenberg, Szabo, Wilson/Lundberg	Restrict General Fund Medicaid Expansion	02/04/2014 House Committee on Public Health Care & Human Services Postpone Indefinitely	Oppose
HB 14-1192	Joshi/Lundberg	Repeal Health Benefit Exchange	03/11/2014 House Committee on Public Health Care & Human Services Postpone Indefinitely	Oppose
HB 14-1253	McCann, Kraft-Tharp, Young/Newell	Recommendations Civil Commitment Review Task Force	04/14/2014 House Second Reading Laid Over to 05/09/2014 - No Amendments	Actively Support
HB 14-1355	Kagan and Gardner/Guzman and King	Department of Corrections Reentry Initiatives	06/06/2014 Governor Signed	Support
HB 14-1359	Ginal, Fields, Peniston, Primavera, Singer, Williams / Aguilar	Medication Synchronization for Patients who are Prescribed Multiple Medications	05/17/2014 Governor Signed	Support
HB 14-1386	Kraft-Tharp and Gardner, Johnston and Hill	Conforming Definitions in Section 27-65-102 with Task Force Recommendations	05/02/2014 Senate Committee on Judiciary Postpone Indefinitely	Actively Support
SB 14-016	Aguilar/Moreno	CDPHE Regulate Freestanding Emergency Centers	04/07/2014 Senate Second Reading Laid Over to 05/08/2014 - No Amendments	Support
SB 14-021	Tochtrop and King, Newell/Wright, Rosenthal	Persons with Mental Illness in the Criminal Justice System	06/06/2014 Governor Signed	Support
SB 14-040	Brophy/(None)	Interstate Sales Individual Health Plans	01/15/2014 Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely	Actively Oppose

SB 14-050	Aguilar/Moreno	Financial Assistance in Colorado Hospitals	05/29/2014 Governor Signed	Support
SB 14-064	Ulibarri, Guzman/Salazar	Use of Isolated Confinement, Mental Illness	06/06/2014 Governor Signed	Actively Support
SB 14-067	Aguilar/Singer	Medical Assistance Program Align with Federal Law	02/27/2014 Governor Signed	Support
SB 14-088	Newell, Crowder/Kraft-Tharp	Suicide Prevention Commission	05/29/2014 Governor Signed	Actively Support
SB 14-111	Brophy/(None)	Interstate Sale Small Employer Health Benefit Plan	02/10/2014 Senate Committee on State, Veterans, & Military Affairs Postpone Indefinitely	Oppose
SB 14-155	Steadman, Hodge, Lambert/May and Duran, Gerou	Grant Program for Medical Marijuana Health Effects Studies	05/21/2014 Governor Signed	Support
SB 14-160	Newell/Primavera	Removing Limitations on a Transitional Living Program for a Person with a Brain Injury	05/09/2014 Governor Signed	Support
SB 14-187	Aguilar and Roberts/Stephens and Schafer	Commission on Affordable Health Care	05/29/2014 Governor Signed	Support

Description of MHAC Official Positions

Actively Support – MHAC publicly supports the bill and works for its passage at the legislature and approval by the Governor. Staff or others may testify on behalf of MHAC in support of the legislation, including possible amendments.

Actively Oppose –MHAC publicly opposes the bill, and works to defeat it in the legislature or by veto. Staff or others may testify on behalf of MHAC against the legislation, including possible amendments.

Support/Oppose – MHAC publicly endorses a position on a bill, and may work for its passage or defeat along with allies, but generally does not testify on the bill.

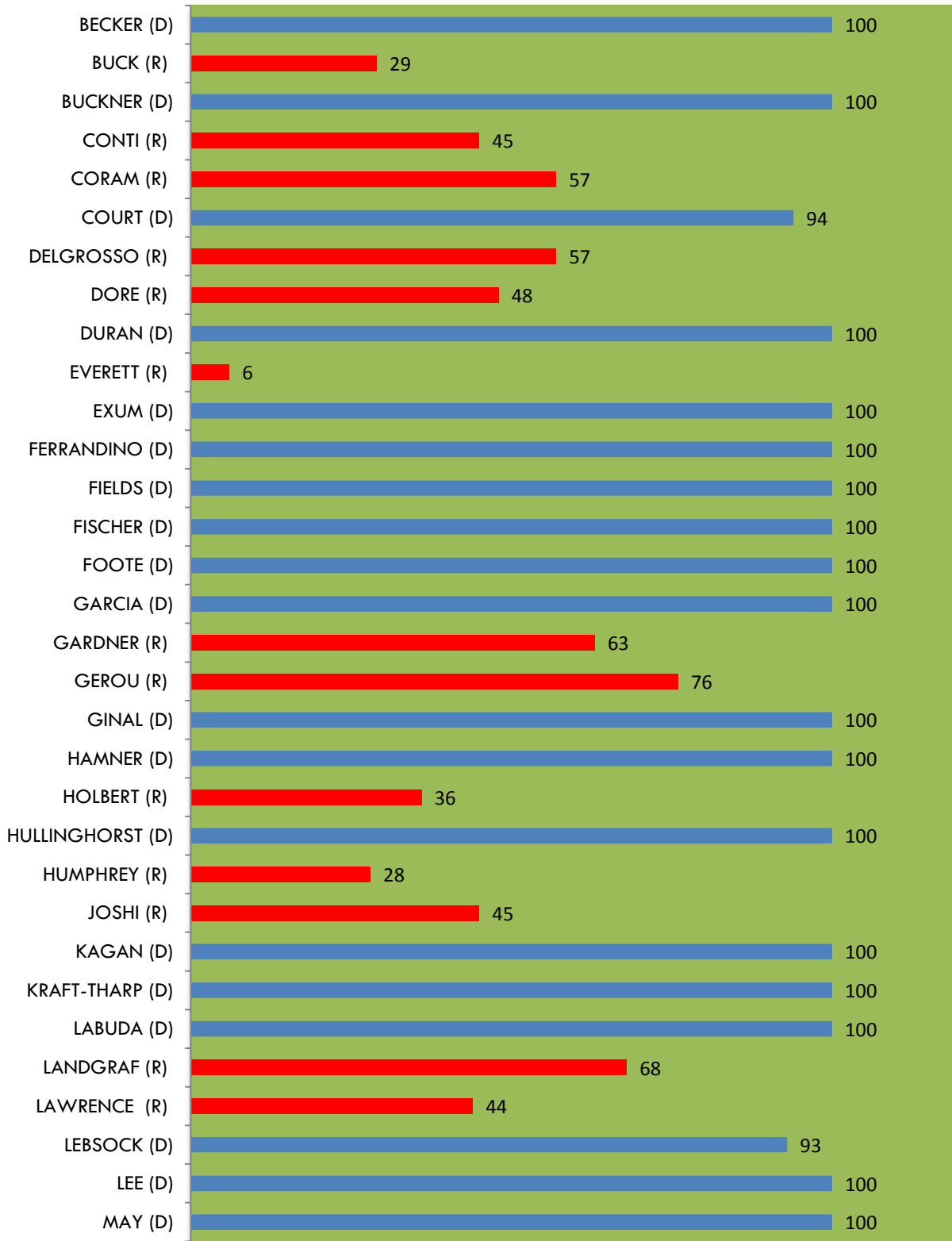
Monitor – MHAC does not publicly endorse a position on the bill, but monitors its progress and outcomes as part of the organization’s overall public policy work. Staff or others may testify on behalf of MHAC on amendments to the bill, which may influence a change in position.

2014 Legislator Scorecards

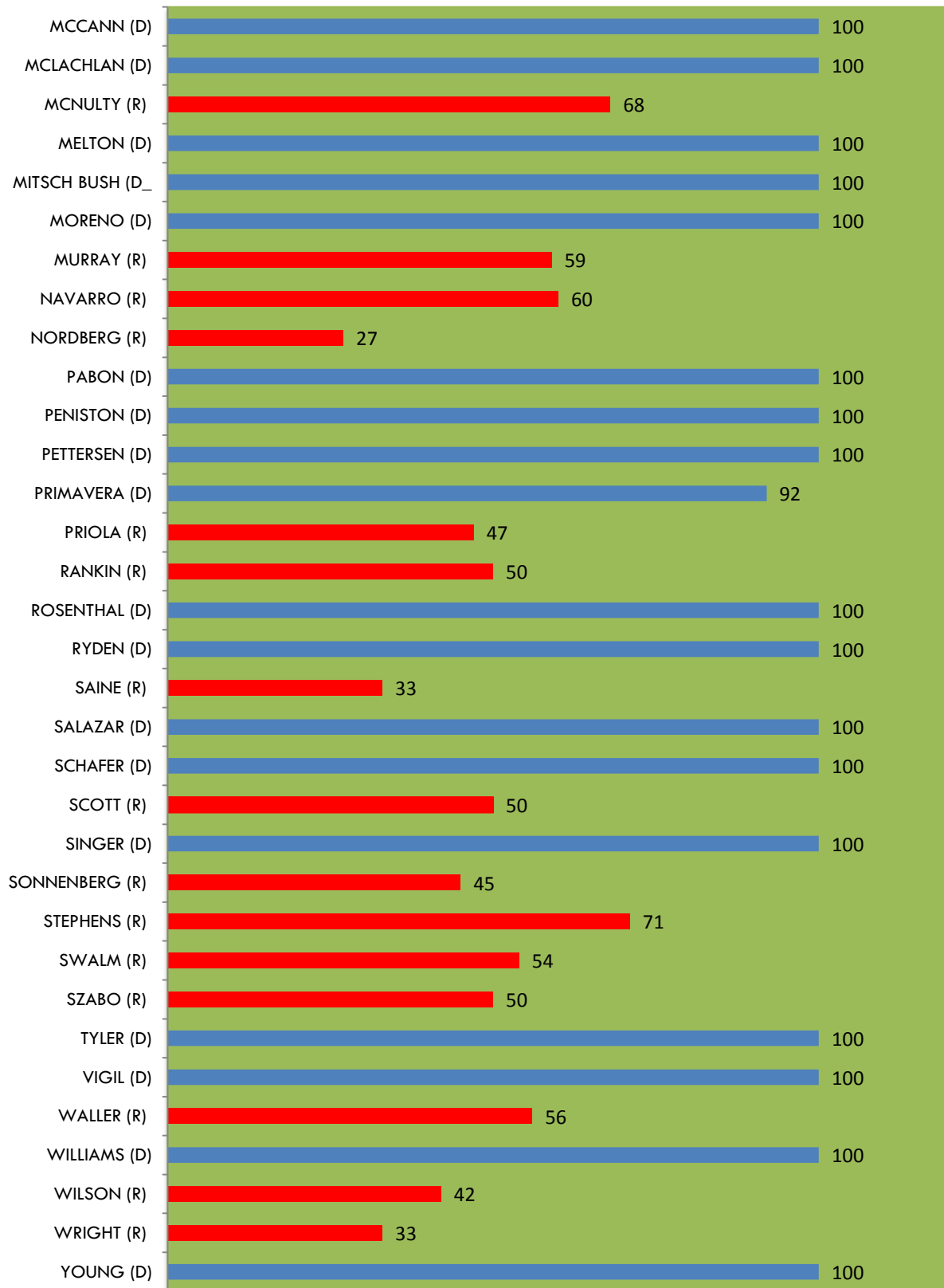
MHAC monitors the votes of each legislator on all of the bills it supports or opposes. It uses that information to improve legislative advocacy efforts, for education and outreach, and to acknowledge elected officials who have a strong record of supporting mental health.

MHAC calculates legislators’ scores by dividing the total number of times they voted with the organization by the total number of opportunities they had to do so, expressing their support as a percentage. These opportunities include committee referral votes and third reading votes. If a legislator is properly excused from voting on a bill, that missed opportunity does not count against them; an unexcused absence is counted as vote against the organization.

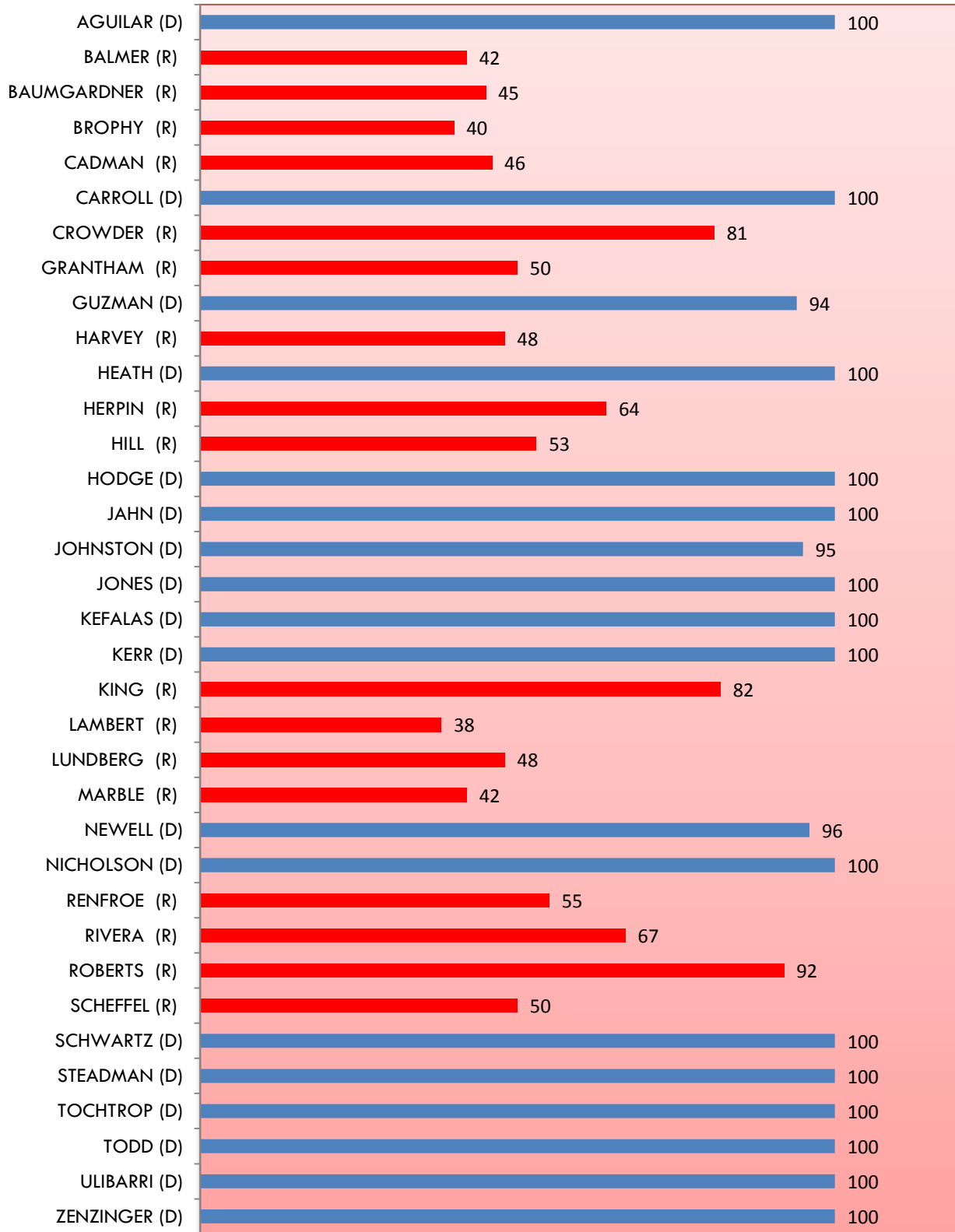
Legislator Scorecard: 2014 Colorado House of Representatives



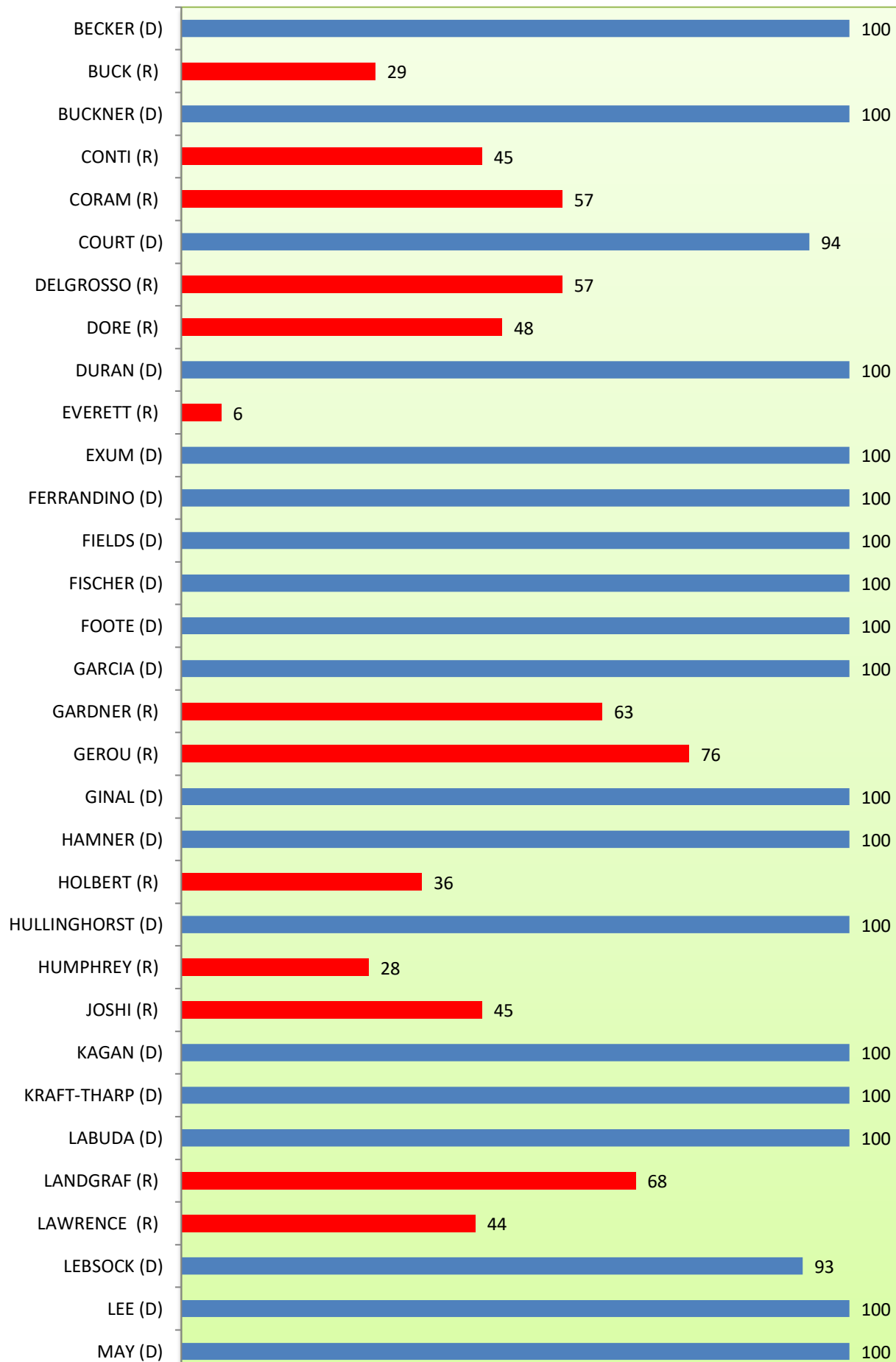
Colorado House of Representatives (continued)



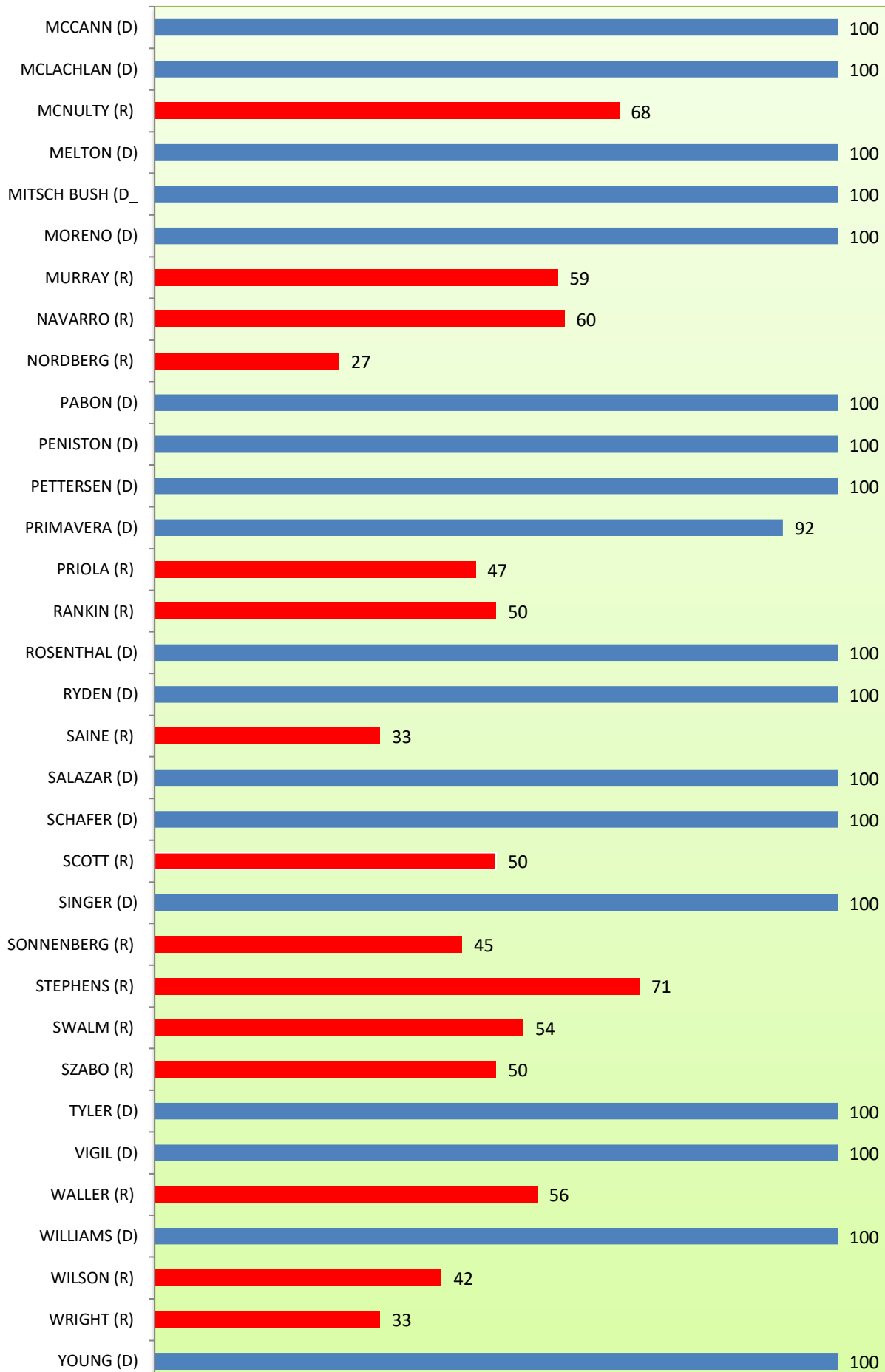
Legislator Scorecard: 2014 Colorado Senate



2014 Colorado House of Representatives



2014 Colorado House of Representatives (continued)



2014 Colorado Senate

