

**First Regular Session  
Seventy-fourth General Assembly  
STATE OF COLORADO**

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 23-0162.03 Jacob Baus x2173

**HOUSE BILL 23-1013**

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**HOUSE SPONSORSHIP**

**Amabile,**

**SENATE SPONSORSHIP**

**Fields and Rodriguez,**

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**House Committees**

Judiciary  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING MEASURES TO REGULATE THE USE OF RESTRICTIVE**  
102 **PRACTICES ON INDIVIDUALS IN CORRECTIONAL FACILITIES.**

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**Bill Summary**

*(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov/>.)*

**Legislative Oversight Committee Concerning the Treatment of Persons with Behavioral Health Disorders in the Criminal and Juvenile Justice Systems.** The bill prohibits the use of a clinical restraint on an individual, unless:

- The use is to prevent the individual from committing imminent and serious harm to the individual's self or

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

another person, based on immediately present evidence and circumstances;

- All less restrictive interventions have been exhausted; and
- The clinical restraint is ordered by a licensed mental health provider.

The bill requires facilities that utilize clinical restraints to implement procedures to ensure frequent and consistent monitoring for the individual subjected to the clinical restraint and uniform documentation procedures concerning the use of the clinical restraint.

The bill limits the amount of time an individual may be subjected to a clinical restraint per each restraint episode and within a calendar year.

The bill prohibits the use of an involuntary medication on an individual, unless:

- The individual is determined to be dangerous to the individual's self or another person and the treatment is in the individual's medical interest;
- All less restrictive alternative interventions have been exhausted; and
- The involuntary medication is administered after exhaustion of procedural requirements that ensure a hearing, opportunity for review, and right to counsel.

The bill requires the department of corrections (department) to submit an annual report to the judiciary committees of the senate and house of representatives with data concerning the use of clinical restraints and involuntary medication in the preceding calendar year.

The bill requires the department to include specific data concerning the placement of individuals in settings with heightened restrictions in its annual administrative segregation report.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add 17-1-167** as  
3 follows:

4 **17-1-167. Use of restraints for state inmates - criteria -**  
5 **documentation - intake assessment - report - rules - definitions.**

6 (1) (a) SUBJECT TO THE PROVISIONS OF THIS SECTION, A FACILITY OR  
7 QUALIFIED FACILITY SHALL NOT USE A CLINICAL RESTRAINT ON AN  
8 INDIVIDUAL, UNLESS:

9 (I) (A) THE USE IS TO PREVENT THE INDIVIDUAL FROM

1 COMMITTING IMMINENT AND SERIOUS HARM TO THE INDIVIDUAL'S SELF OR  
2 ANOTHER PERSON, BASED ON IMMEDIATELY PRESENT EVIDENCE AND  
3 CIRCUMSTANCES; OR

4 (B) THE FACILITY OR QUALIFIED FACILITY HAS EXHAUSTED ALL  
5 LESS-RESTRICTIVE ALTERNATIVE INTERVENTIONS AND THERE ARE NO  
6 IMMEDIATELY PRESENT CIRCUMSTANCES AND EVIDENCE THAT THE USE IS  
7 TO PREVENT THE INDIVIDUAL FROM COMMITTING IMMINENT AND SERIOUS  
8 HARM TO THE INDIVIDUAL'S SELF OR ANOTHER PERSON; AND

9 (II) THE RESTRAINT IS ORDERED BY A LICENSED OR  
10 LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER.

11 (b) A FACILITY OR QUALIFIED FACILITY SHALL NOT USE A CLINICAL  
12 RESTRAINT ON AN INDIVIDUAL FOR LONGER THAN IS NECESSARY TO  
13 PREVENT THE INDIVIDUAL FROM COMMITTING IMMINENT AND SERIOUS  
14 HARM TO THE INDIVIDUAL'S SELF OR ANOTHER PERSON.

15 (c) A LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER,  
16 MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR  
17 DESIGNATED BY THE DEPARTMENT, OR QUALIFIED HEALTH-CARE PROVIDER  
18 SHALL TERMINATE THE ORDER WHEN THE BEHAVIORS REQUIRING THE  
19 CLINICAL RESTRAINT ARE NO LONGER EVIDENT AND THE CRITERIA THE  
20 INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE REMOVED AS  
21 OUTLINED BY THE CLINICAL RESTRAINT ORDER ARE SATISFIED OR, IF THE  
22 TIME LIMITATIONS PURSUANT TO SUBSECTION (2)(c) OR (3)(f) OF THIS  
23 SECTION ARE REACHED, WHICHEVER OCCURS FIRST.

24 (d) ANY PERSON EMPLOYED BY THE FACILITY OR QUALIFIED  
25 FACILITY MAY RECOMMEND THE ORDER BE TERMINATED BY NOTIFYING A  
26 LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, MENTAL  
27 HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY

1 THE DEPARTMENT, OR QUALIFIED HEALTH-CARE PROVIDER THAT THE  
2 BEHAVIORS REQUIRING THE CLINICAL RESTRAINT ARE NO LONGER  
3 EVIDENT.

4 (2) (a) A FACILITY MAY USE A CLINICAL AMBULATORY RESTRAINT  
5 ON AN INDIVIDUAL; EXCEPT THAT THE RESTRAINT MUST NOT BE  
6 CONSTRUCTED OF METAL OR HARD PLASTIC OR HAVE A BELLY CHAIN OR  
7 PADLOCK.

8 (b) (I) A FACILITY SHALL NOT USE A CLINICAL AMBULATORY  
9 RESTRAINT ON AN INDIVIDUAL FOR MORE THAN:

10 (A) TWELVE HOURS PER EPISODE, UNLESS THE BEHAVIORS  
11 REQUIRING THE CLINICAL AMBULATORY RESTRAINT ARE STILL EVIDENT,  
12 THE CRITERIA THE INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE  
13 REMOVED AS OUTLINED BY THE CLINICAL RESTRAINT ORDER ARE NOT  
14 SATISFIED, AND THE NEW ORDER IS APPROVED BY A MENTAL HEALTH  
15 ADMINISTRATOR; AND

16 (B) TWO HUNDRED FORTY HOURS TOTAL ACROSS ALL EPISODES IN  
17 ONE YEAR, EXCEPT A CLINICAL AMBULATORY RESTRAINT MAY BE  
18 ORDERED TO EXCEED TWO HUNDRED FORTY HOURS ACROSS ALL EPISODES  
19 IN ONE YEAR IF THE USE OF THE CLINICAL AMBULATORY RESTRAINT IN  
20 EXCESS OF TWO HUNDRED FORTY HOURS IS NECESSARY TO PREVENT THE  
21 INDIVIDUAL FROM COMMITTING IMMINENT AND SERIOUS HARM TO THE  
22 INDIVIDUAL'S SELF OR ANOTHER PERSON BASED ON IMMEDIATELY PRESENT  
23 EVIDENCE AND CIRCUMSTANCES, WHETHER THE BEHAVIORS REQUIRING  
24 THE CLINICAL AMBULATORY RESTRAINT ARE STILL EVIDENT, WHETHER THE  
25 CRITERIA THE INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE  
26 REMOVED AS OUTLINED BY THE CLINICAL RESTRAINT ORDER ARE NOT  
27 SATISFIED, AND WHETHER THE CLINICAL AMBULATORY RESTRAINT IS

1 ORDERED BY THE MENTAL HEALTH ADMINISTRATOR AND APPROVED BY  
2 THE CHIEF OF BEHAVIORAL HEALTH.

3 (II) THE FACILITY SHALL NOT RESTART THE TIME CALCULATION TO  
4 START A NEW EPISODE IF THE INDIVIDUAL IS TEMPORARILY RELEASED  
5 FROM A CLINICAL AMBULATORY RESTRAINT WITHOUT THE INTENT TO  
6 TERMINATE THE CLINICAL AMBULATORY RESTRAINT ORDER. THE TIME AN  
7 INDIVIDUAL IS TEMPORARILY RELEASED FROM A CLINICAL AMBULATORY  
8 RESTRAINT WITHOUT THE INTENT TO TERMINATE THE CLINICAL  
9 AMBULATORY RESTRAINT ORDER SUSPENDS THE CALCULATION OF TIME  
10 PURSUANT TO SUBSECTION (2)(c)(I) OF THIS SECTION.

11 (c) (I) AN INITIAL CLINICAL AMBULATORY RESTRAINT ORDER MUST  
12 NOT EXCEED TWO HOURS. A LICENSED OR LICENSE-ELIGIBLE MENTAL  
13 HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
14 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, SHALL ASSESS  
15 THE INDIVIDUAL SUBJECTED TO THE RESTRAINT TO DETERMINE WHETHER  
16 TO TERMINATE OR CONTINUE THE ORDER AT THE EXPIRATION OF THE  
17 INITIAL TWO-HOUR PERIOD, EXCEPT DURING OVERNIGHT HOURS. THE  
18 FACILITY SHALL NOT RESTART THE TIME CALCULATION TO START A NEW  
19 EPISODE DURING OVERNIGHT HOURS. THE TIME AN INDIVIDUAL IS  
20 SUBJECTED TO THE CLINICAL AMBULATORY RESTRAINT IMMEDIATELY  
21 PRECEDING OVERNIGHT HOURS IS INCLUDED IN THE TOTAL CALCULATION  
22 OF TIME FOR AN EPISODE SUSPENDED BY OVERNIGHT HOURS.

23 (II) IF THE LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH  
24 PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT  
25 RULE OR DESIGNATED BY THE DEPARTMENT, CONTINUES THE INITIAL  
26 CLINICAL AMBULATORY RESTRAINT ORDER, THE LICENSED OR  
27 LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH

1 CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
2 DEPARTMENT, SHALL ASSESS THE INDIVIDUAL SUBJECT TO THE RESTRAINT  
3 AT INTERVALS OF TIME DETERMINED BY THE INDIVIDUAL'S BEHAVIOR, BUT  
4 NOT TO EXCEED FOUR HOURS, EXCEPT DURING OVERNIGHT HOURS. THE  
5 FACILITY SHALL NOT RESTART THE TIME CALCULATION TO START A NEW  
6 EPISODE DURING OVERNIGHT HOURS. THE TIME AN INDIVIDUAL IS  
7 SUBJECTED TO THE CLINICAL AMBULATORY RESTRAINT IMMEDIATELY  
8 PRECEDING OVERNIGHT HOURS IS INCLUDED IN THE TOTAL CALCULATION  
9 OF TIME FOR AN EPISODE SUSPENDED BY OVERNIGHT HOURS.

10 (III) AT EACH ASSESSMENT PURSUANT TO SUBSECTIONS (2)(c)(I)  
11 AND (2)(c)(II) OF THIS SECTION, THE LICENSED OR LICENSE-ELIGIBLE  
12 MENTAL HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
13 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, SHALL:

14 (A) MAKE A NEW DETERMINATION WHETHER THE ORDER TO  
15 CONTINUE RESTRAINT IS NECESSARY TO PREVENT THE INDIVIDUAL FROM  
16 COMMITTING IMMINENT AND SERIOUS HARM TO THE INDIVIDUAL'S SELF OR  
17 ANOTHER PERSON, BASED ON THE IMMEDIATELY PRESENT EVIDENCE AND  
18 CIRCUMSTANCES;

19 (B) DETERMINE WHETHER A LESS-RESTRICTIVE ALTERNATIVE  
20 INTERVENTION IS MORE APPROPRIATE THAN THE USE OF A CLINICAL  
21 AMBULATORY RESTRAINT; AND

22 (C) MODIFY THE ORDER TO REFLECT SPECIFIC BEHAVIORAL  
23 CRITERIA THE INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE  
24 REMOVED, AS APPROPRIATE.

25 (IV) AN ASSESSMENT PURSUANT TO SUBSECTION (2)(c)(I) OR  
26 (2)(c)(II) OF THIS SECTION MAY BE PERFORMED USING AUDIO-VIDEO  
27 COMMUNICATION TECHNOLOGY.

1 (3) (a) ONLY A QUALIFIED FACILITY MAY USE A CLINICAL  
2 FOUR-POINT RESTRAINT ON AN INDIVIDUAL.

3 (b) A QUALIFIED FACILITY SHALL NOT USE A CLINICAL FOUR-POINT  
4 RESTRAINT CONSTRUCTED OF METAL OR HARD PLASTIC OR THAT HAS A  
5 BELLY CHAIN OR PADLOCK. A QUALIFIED FACILITY SHALL USE A CLINICAL  
6 FOUR-POINT RESTRAINT ON A BED WITH A MATTRESS.

7 (c) A QUALIFIED FACILITY SHALL NOT USE A HELMET OR DIAPER ON  
8 AN INDIVIDUAL SUBJECTED TO A CLINICAL FOUR-POINT RESTRAINT, UNLESS  
9 THE INDIVIDUAL IS USING FECES IN AN ASSAULTIVE MANNER OR  
10 GENERALLY WEARS A DIAPER.

11 (d) A QUALIFIED FACILITY SHALL NOT RESTRAIN AN INDIVIDUAL  
12 SUBJECT TO A CLINICAL FOUR-POINT RESTRAINT IN A PRONE POSITION. A  
13 QUALIFIED FACILITY SHALL CONSIDER THE INDIVIDUAL'S PREEXISTING  
14 MEDICAL CONDITIONS OR PHYSICAL DISABILITIES OR LIMITATIONS THAT  
15 MAY INCREASE THE RISK OF INJURY TO THE INDIVIDUAL DURING A  
16 CLINICAL RESTRAINT EPISODE AND RESTRAIN THE INDIVIDUAL IN A  
17 MANNER THAT MINIMIZES THE INDIVIDUAL'S DISCOMFORT AND RISK OF  
18 INJURY OR COMPLICATION.

19 (e) AT LEAST EVERY TWO HOURS, A QUALIFIED FACILITY SHALL  
20 RELEASE AN INDIVIDUAL SUBJECTED TO A CLINICAL FOUR-POINT  
21 RESTRAINT TO PROVIDE NOT LESS THAN TEN MINUTES FOR THE PERSON TO  
22 MOVE FREELY. THE QUALIFIED FACILITY MAY USE A CLINICAL  
23 AMBULATORY RESTRAINT DURING THIS TIME PERIOD IF THE USE OF THE  
24 CLINICAL AMBULATORY RESTRAINT IS NECESSARY TO PREVENT THE  
25 INDIVIDUAL FROM COMMITTING IMMINENT AND SERIOUS HARM TO THE  
26 INDIVIDUAL'S SELF OR ANOTHER PERSON BASED ON IMMEDIATELY PRESENT  
27 EVIDENCE AND CIRCUMSTANCES.

1 (f) (I) A QUALIFIED FACILITY SHALL NOT USE A CLINICAL  
2 FOUR-POINT RESTRAINT ON AN INDIVIDUAL FOR MORE THAN:

3 (A) FOUR HOURS PER EPISODE, UNLESS THE BEHAVIORS REQUIRING  
4 THE CLINICAL FOUR-POINT RESTRAINT ARE STILL EVIDENT, THE CRITERIA  
5 THE INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE REMOVED AS  
6 OUTLINED BY THE CLINICAL RESTRAINT ORDER ARE NOT SATISFIED, AND  
7 THE NEW ORDER IS APPROVED BY A MENTAL HEALTH ADMINISTRATOR;  
8 AND

9 (B) TWO HUNDRED FORTY HOURS IN ONE YEAR, EXCEPT ANY  
10 CLINICAL FOUR-POINT RESTRAINT MAY BE ORDERED TO EXCEED TWO  
11 HUNDRED FORTY HOURS ACROSS ALL EPISODES IN ONE YEAR IF THE USE OF  
12 THE CLINICAL FOUR-POINT RESTRAINT IN EXCESS OF TWO HUNDRED FORTY  
13 HOURS IS NECESSARY TO PREVENT THE INDIVIDUAL FROM COMMITTING  
14 IMMINENT AND SERIOUS HARM TO THE INDIVIDUAL'S SELF OR ANOTHER  
15 PERSON BASED ON IMMEDIATELY PRESENT EVIDENCE AND  
16 CIRCUMSTANCES, THE BEHAVIORS REQUIRING THE CLINICAL FOUR-POINT  
17 RESTRAINT ARE STILL EVIDENT, THE CRITERIA THE INDIVIDUAL MUST  
18 EXHIBIT FOR THE RESTRAINT TO BE REMOVED AS OUTLINED BY THE  
19 CLINICAL RESTRAINT ORDER ARE NOT SATISFIED, AND THE CLINICAL  
20 FOUR-POINT RESTRAINT IS ORDERED BY THE MENTAL HEALTH  
21 ADMINISTRATOR AND APPROVED BY THE CHIEF OF BEHAVIORAL HEALTH.

22 (II) THE QUALIFIED FACILITY SHALL NOT RESTART THE TIME  
23 CALCULATION TO START A NEW EPISODE IF THE INDIVIDUAL IS  
24 TEMPORARILY RELEASED FROM A CLINICAL FOUR-POINT RESTRAINT  
25 WITHOUT THE INTENT TO TERMINATE THE CLINICAL FOUR-POINT  
26 RESTRAINT ORDER. THE TIME AN INDIVIDUAL IS TEMPORARILY RELEASED  
27 FROM A CLINICAL RESTRAINT WITHOUT THE INTENT TO TERMINATE THE



1 CLINICAL FOUR-POINT RESTRAINT ORDER SUSPENDS THE CALCULATION OF  
2 TIME PURSUANT TO SUBSECTION (3)(f)(I) OF THIS SECTION.

3 (g) (I) AN INITIAL ORDER FOR CLINICAL FOUR-POINT RESTRAINT  
4 MUST NOT EXCEED TWO HOURS. A LICENSED OR LICENSE-ELIGIBLE MENTAL  
5 HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
6 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, SHALL ASSESS  
7 THE INDIVIDUAL SUBJECT TO THE CLINICAL FOUR-POINT RESTRAINT TO  
8 DETERMINE WHETHER TO TERMINATE OR CONTINUE THE ORDER AT THE  
9 EXPIRATION OF THE INITIAL TWO-HOUR PERIOD, EXCEPT DURING  
10 OVERNIGHT HOURS. THE QUALIFIED FACILITY SHALL NOT RESTART THE  
11 TIME CALCULATION TO START A NEW EPISODE DURING OVERNIGHT HOURS.  
12 THE TIME AN INDIVIDUAL IS SUBJECTED TO THE CLINICAL AMBULATORY  
13 RESTRAINT IMMEDIATELY PRECEDING OVERNIGHT HOURS IS INCLUDED IN  
14 THE TOTAL CALCULATION OF TIME FOR AN EPISODE SUSPENDED BY  
15 OVERNIGHT HOURS.

16 (II) IF THE LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH  
17 PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT  
18 RULE OR DESIGNATED BY THE DEPARTMENT, CONTINUES THE INITIAL  
19 ORDER, A LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR  
20 MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR  
21 DESIGNATED BY THE DEPARTMENT, SHALL ASSESS THE INDIVIDUAL  
22 SUBJECT TO THE CLINICAL FOUR-POINT RESTRAINT TO DETERMINE  
23 WHETHER TO TERMINATE OR CONTINUE THE ORDER AT INTERVALS OF TIME  
24 DETERMINED BY THE INDIVIDUAL'S BEHAVIOR, BUT NOT TO EXCEED TWO  
25 HOURS, EXCEPT DURING OVERNIGHT HOURS. THE QUALIFIED FACILITY  
26 SHALL NOT RESTART THE TIME CALCULATION TO START A NEW EPISODE  
27 DURING OVERNIGHT HOURS. THE TIME AN INDIVIDUAL IS SUBJECTED TO

1 THE CLINICAL AMBULATORY RESTRAINT IMMEDIATELY PRECEDING  
2 OVERNIGHT HOURS IS INCLUDED IN THE TOTAL CALCULATION OF TIME FOR  
3 AN EPISODE SUSPENDED BY OVERNIGHT HOURS.

4 (III) AT EACH ASSESSMENT PURSUANT TO SUBSECTIONS (3)(g)(I)  
5 AND (3)(g)(II) OF THIS SECTION, THE LICENSED OR LICENSE-ELIGIBLE  
6 MENTAL HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
7 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, SHALL:

8 (A) MAKE A NEW DETERMINATION REGARDING WHETHER THE  
9 ORDER TO CONTINUE RESTRAINT IS NECESSARY TO PREVENT THE  
10 INDIVIDUAL FROM COMMITTING IMMINENT AND SERIOUS HARM TO THE  
11 INDIVIDUAL'S SELF OR ANOTHER PERSON, BASED ON THE IMMEDIATELY  
12 PRESENT EVIDENCE AND CIRCUMSTANCES;

13 (B) DETERMINE WHETHER A LESS-RESTRICTIVE ALTERNATIVE  
14 INTERVENTION IS MORE APPROPRIATE THAN THE USE OF A CLINICAL  
15 FOUR-POINT RESTRAINT; AND

16 (C) MODIFY THE ORDER TO REFLECT SPECIFIC BEHAVIORAL  
17 CRITERIA THE INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE  
18 REMOVED, AS APPROPRIATE.

19 (IV) AN ASSESSMENT PURSUANT TO SUBSECTION (3)(g)(I) OR  
20 (3)(g)(II) OF THIS SECTION MAY BE PERFORMED USING AUDIO-VIDEO  
21 COMMUNICATION TECHNOLOGY.

22 (4) AT LEAST EVERY FIFTEEN MINUTES, A TRAINED OR QUALIFIED  
23 HEALTH-CARE PROVIDER SHALL EXAMINE THE INDIVIDUAL SUBJECTED TO  
24 A CLINICAL RESTRAINT, AT A MINIMUM:

25 (a) TO ENSURE THE INDIVIDUAL'S CIRCULATION IS UNRESTRICTED,  
26 BREATHING IS NOT COMPROMISED, AND OTHER PHYSICAL NEEDS ARE  
27 SATISFIED, AND TO NOTIFY A SECOND QUALIFIED HEALTH-CARE PROVIDER

1 TO ASSIST WITH ANY CONCERNS;

2 (b) TO ENSURE THE INDIVIDUAL IS PROPERLY POSITIONED IN THE  
3 RESTRAINT;

4 (c) TO OFFER THE INDIVIDUAL FLUIDS AND TOILET ACCESS, AND TO  
5 PROVIDE FLUIDS AND TOILET ACCESS IF REQUESTED BY THE INDIVIDUAL;

6 (d) TO MONITOR THE EFFECT OF MEDICATION ON THE INDIVIDUAL,  
7 IF APPLICABLE, AND TO NOTIFY A SECOND QUALIFIED HEALTH-CARE  
8 PROVIDER TO ASSIST WITH ANY CONCERNS; AND

9 (e) TO MONITOR WHETHER THE INDIVIDUAL IS EXHIBITING  
10 BEHAVIORS REQUIRING THE CONTINUATION OR TERMINATION OF THE  
11 CLINICAL RESTRAINT ORDER.

12 (5) AT ALL TIMES AN INDIVIDUAL IS SUBJECTED TO A CLINICAL  
13 RESTRAINT, THE INDIVIDUAL MUST BE ABLE TO COMMUNICATE TO ANY  
14 EMPLOYEE, QUALIFIED HEALTH-CARE PROVIDER, LICENSED OR  
15 LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH  
16 CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
17 DEPARTMENT, WHO IS RESPONSIBLE FOR MONITORING THE INDIVIDUAL  
18 DURING THE CLINICAL RESTRAINT EPISODE.

19 (6) (a) A FACILITY OR QUALIFIED FACILITY SHALL ENSURE THAT  
20 THE USE OF RESTRAINT IS DOCUMENTED AND MAINTAINED IN THE  
21 ELECTRONIC HEALTH RECORD OF THE INDIVIDUAL WHO WAS RESTRAINED.

22 AT A MINIMUM, THE FACILITY OR QUALIFIED FACILITY SHALL DOCUMENT:

23 (I) THE ORDER FOR CLINICAL RESTRAINT, THE DATE AND TIME OF  
24 THE ORDER, AND THE SIGNATURE OF THE LICENSED OR LICENSE-ELIGIBLE  
25 MENTAL HEALTH PROVIDER WHO ISSUED THE CLINICAL RESTRAINT ORDER.

26 IF THE ORDER IS AUTHORIZED BY TELEPHONE, THE ORDER MUST BE  
27 TRANSCRIBED AND SIGNED AT THE TIME OF ISSUANCE BY A PERSON WITH

1 AUTHORITY TO ACCEPT ORDERS. THE ORDERING LICENSED OR LICENSE-  
2 ELIGIBLE MENTAL HEALTH PROVIDER SHALL SIGN THE ORDER AS SOON AS  
3 PRACTICABLE.

4 (II) A CLEAR EXPLANATION OF THE CLINICAL BASIS FOR USE OF THE  
5 CLINICAL RESTRAINT, INCLUDING THE LESS-INTRUSIVE INTERVENTIONS  
6 THAT WERE EMPLOYED AND FAILED, AND EVIDENCE OF THE IMMEDIATE  
7 CIRCUMSTANCES JUSTIFYING THE BELIEF THAT THE USE OF RESTRAINT WAS  
8 TO PREVENT THE INDIVIDUAL FROM COMMITTING IMMINENT AND SERIOUS  
9 HARM TO THE INDIVIDUAL'S SELF OR ANOTHER PERSON;

10 (III) THE SPECIFIC BEHAVIORAL CRITERIA THE INDIVIDUAL MUST  
11 EXHIBIT FOR THE CLINICAL RESTRAINT EPISODE TO BE TERMINATED;

12 (IV) ANY MODIFICATIONS TO THE ORDER, AND THE TIME AND  
13 DATE, AND THE SIGNATURE OF THE LICENSED OR LICENSE-ELIGIBLE  
14 MENTAL HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
15 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, WHO MODIFIES  
16 THE ORDER;

17 (V) THE DATE AND TIME OF AN ASSESSMENT PERFORMED  
18 PURSUANT TO SUBSECTIONS (2)(c) AND (3)(f) OF THIS SECTION, AND THE  
19 SIGNATURE OF THE QUALIFIED HEALTH-CARE PROFESSIONAL WHO  
20 PERFORMED THE ASSESSMENT, AND FINDINGS JUSTIFYING THE  
21 TERMINATION OR CONTINUATION OF THE ORDER MADE PURSUANT TO THE  
22 ASSESSMENT;

23 (VI) THE DATE AND TIME OF AN ORDER MODIFICATION, THE DATE  
24 AND TIME OF THE MODIFICATION, AND THE SIGNATURE OF THE LICENSED  
25 OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH  
26 CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
27 DEPARTMENT, WHO ISSUED THE CLINICAL RESTRAINT ORDER. IF THE ORDER

1 IS MODIFIED BY TELEPHONE, THE MODIFICATION MUST BE TRANSCRIBED  
2 AND SIGNED AT THE TIME OF ISSUANCE BY A PERSON WITH AUTHORITY TO  
3 ACCEPT THE MODIFICATION. THE ORDERING LICENSED OR  
4 LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH  
5 CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
6 DEPARTMENT, SHALL SIGN THE ORDER AS SOON AS PRACTICABLE.

7 (VII) THE DATE AND TIME OF EXAMINATIONS PURSUANT TO  
8 SUBSECTION (4) OF THIS SECTION, THE SIGNATURE OF THE QUALIFIED  
9 HEALTH-CARE PROVIDER WHO PERFORMED THE EXAMINATION, AND ANY  
10 RELEVANT OBSERVATIONS FROM THE EXAMINATION; AND

11 (VIII) THE DATE AND TIME OF THE TERMINATION OF THE ORDER,  
12 THE SIGNATURE OF THE PERSON WHO TERMINATED THE ORDER, THE  
13 OBSERVATIONS, AND EVIDENCE THAT THE INDIVIDUAL EXHIBITED  
14 BEHAVIOR JUSTIFYING THE TERMINATION OF THE ORDER.

15 (b) THE FACILITY OR QUALIFIED FACILITY SHALL ENSURE THE  
16 DOCUMENTATION AND RETENTION REQUIRED PURSUANT TO THIS SECTION  
17 ARE CONDUCTED PURSUANT TO ALL APPLICABLE STATE AND FEDERAL  
18 LAWS REGARDING THE CONFIDENTIALITY OF THE INDIVIDUAL'S  
19 INFORMATION AND SHALL ENSURE AN INDIVIDUAL MAY ACCESS THE  
20 INFORMATION OR DEMAND RELEASE OF THE INFORMATION TO A THIRD  
21 PARTY.

22 (7) A FACILITY OR QUALIFIED FACILITY SHALL PERFORM AN  
23 EVALUATION UPON EVERY INDIVIDUAL'S INTAKE TO THE RESPECTIVE  
24 FACILITY FOR THE PURPOSE OF ASSESSING THE INDIVIDUAL'S RISK OF  
25 SELF-HARM BEHAVIORS AND WHETHER THE INDIVIDUAL HAS BEEN  
26 PREVIOUSLY SUBJECTED TO CLINICAL FOUR-POINT RESTRAINTS. A  
27 LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, MENTAL

1 HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY  
2 THE DEPARTMENT, QUALIFIED HEALTH-CARE PROVIDER, OR MENTAL  
3 HEALTH ADMINISTRATOR SHALL INITIATE APPROPRIATE SAFETY PLANNING  
4 TO ADDRESS CONCERNS AND ATTEMPT TO AVOID THE USE OF CLINICAL  
5 RESTRAINTS, IF POSSIBLE.

6 (8) (a) SUBJECT TO THE PROVISIONS OF THIS SECTION, A FACILITY  
7 OR QUALIFIED FACILITY SHALL NOT USE AN INVOLUNTARY MEDICATION ON  
8 AN INDIVIDUAL UNLESS:

9 (I) THE INDIVIDUAL IS DETERMINED TO BE DANGEROUS TO THE  
10 INDIVIDUAL'S SELF OR ANOTHER PERSON, AND THE TREATMENT IS IN THE  
11 INDIVIDUAL'S MEDICAL INTEREST;

12 (II) THE FACILITY OR QUALIFIED FACILITY HAS EXHAUSTED ALL  
13 LESS-RESTRICTIVE ALTERNATIVE INTERVENTIONS;

14 (III) THE INVOLUNTARY MEDICATION IS ADMINISTERED AFTER  
15 EXHAUSTION OF PROCEDURAL REQUIREMENTS ESTABLISHED PURSUANT TO  
16 THIS SECTION; AND

17 (IV) THE MAJORITY OF THE INVOLUNTARY MEDICATION  
18 COMMITTEE DESCRIBED IN SUBSECTION (8)(b) OF THIS SECTION APPROVES  
19 OF THE INVOLUNTARY MEDICATION.

20 (b) THE FACILITY OR QUALIFIED FACILITY SHALL CONVENE AN  
21 INVOLUNTARY MEDICATION COMMITTEE, COMPRISED OF A LICENSED  
22 PSYCHIATRIST, A LICENSED PSYCHOLOGIST, A LICENSED OR  
23 LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, AND THE SUPERINTENDENT  
24 OF THE FACILITY OR QUALIFIED FACILITY OR THE SUPERINTENDENT'S  
25 DESIGNEE.

26 (c) THE FACILITY OR QUALIFIED FACILITY SHALL ASCERTAIN  
27 WHETHER THE INDIVIDUAL HAS RETAINED COUNSEL, AND, IF THE

1 INDIVIDUAL HAS NOT, SHALL REFER THE INDIVIDUAL TO THE JUDICIAL  
2 DEPARTMENT TO APPOINT AN ATTORNEY TO REPRESENT THE PERSON  
3 WITHOUT COST TO THE INDIVIDUAL WITHIN THREE DAYS AFTER THE NOTICE  
4 OF HEARING PROVIDED TO THE INDIVIDUAL UNLESS THE INDIVIDUAL  
5 WAIVES COUNSEL. AN INDIVIDUAL'S WAIVER OF COUNSEL MUST BE  
6 KNOWING, INTELLIGENT, AND VOLUNTARY.

7 (d) AN ORDER FOR AN INVOLUNTARY MEDICATION MUST NOT:

8 (I) EXCEED ONE HUNDRED EIGHTY DAYS FROM THE DATE OF THE  
9 ORDER; AND

10 (II) PERMIT THE USE OF MORE THAN TEN DIFFERENT PSYCHOTROPIC  
11 MEDICATIONS DURING THE ONE HUNDRED EIGHTY-DAY PERIOD. THIS DOES  
12 NOT LIMIT THE AMOUNT OF DOSES OF THE MEDICATIONS TO BE  
13 ADMINISTERED, AS MEDICALLY APPROPRIATE.

14 (e) A FACILITY OR QUALIFIED FACILITY SHALL ENSURE THAT THE  
15 USE OF INVOLUNTARY MEDICATION IS DOCUMENTED AND MAINTAINED IN  
16 THE INDIVIDUAL'S ELECTRONIC HEALTH RECORD. AT A MINIMUM, THE  
17 FACILITY OR QUALIFIED FACILITY SHALL DOCUMENT:

18 (I) THE ORDER FOR INVOLUNTARY MEDICATION;

19 (II) THE DATE AND TIME OF THE ORDER; AND

20 (III) A CLEAR EXPLANATION OF THE CLINICAL BASIS FOR USE OF  
21 THE INVOLUNTARY MEDICATION, INCLUDING THE LESS-INTRUSIVE  
22 INTERVENTIONS THAT WERE EMPLOYED AND FAILED AND EVIDENCE OF THE  
23 IMMEDIATE CIRCUMSTANCES JUSTIFYING THE DETERMINATION THAT THE  
24 INDIVIDUAL IS DANGEROUS TO THE INDIVIDUAL'S SELF OR ANOTHER  
25 PERSON AND THAT THE TREATMENT IS IN THE INDIVIDUAL'S MEDICAL  
26 INTEREST.

27 (f) THE FACILITY OR QUALIFIED FACILITY SHALL ENSURE THE

1 DOCUMENTATION AND MAINTENANCE REQUIRED PURSUANT TO THIS  
2 SECTION ARE CONDUCTED PURSUANT TO ALL APPLICABLE STATE AND  
3 FEDERAL LAWS REGARDING THE CONFIDENTIALITY OF THE INFORMATION.

4 (g) THIS SUBSECTION (8) DOES NOT APPLY TO EMERGENCY  
5 MEDICINE ADMINISTERED PURSUANT TO DEPARTMENT POLICY.

6 (9) (a) ON OR BEFORE MARCH 1, 2025, AND ON OR BEFORE MARCH  
7 1 EACH YEAR THEREAFTER, THE EXECUTIVE DIRECTOR OF THE  
8 DEPARTMENT SHALL SUBMIT A REPORT TO THE JUDICIARY COMMITTEES OF  
9 THE SENATE AND HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR  
10 COMMITTEES, CONCERNING THE USE OF CLINICAL RESTRAINTS AND  
11 INVOLUNTARY MEDICATION IN THE PRECEDING CALENDAR YEAR. AT A  
12 MINIMUM, THE REPORT MUST INCLUDE:

13 (I) THE TOTAL NUMBER OF CLINICAL AMBULATORY RESTRAINT  
14 EPISODES AND CLINICAL FOUR-POINT RESTRAINT EPISODES;

15 (II) THE TOTAL NUMBER OF INVOLUNTARY MEDICATION ORDERS  
16 ISSUED;

17 (III) THE AVERAGE AMOUNT OF TIME OF A CLINICAL AMBULATORY  
18 RESTRAINT EPISODE AND CLINICAL FOUR-POINT RESTRAINT EPISODE;

19 (IV) THE AVERAGE DURATION OF INVOLUNTARY MEDICATION  
20 ORDERS ISSUED;

21 (V) THE LONGEST CLINICAL AMBULATORY RESTRAINT EPISODE  
22 AND THE LONGEST CLINICAL FOUR-POINT RESTRAINT EPISODE;

23 (VI) THE PERCENTAGE OF TOTAL CLINICAL AMBULATORY  
24 RESTRAINT EPISODES THAT EXCEEDED TWO HOURS, AND THE PERCENTAGE  
25 OF TOTAL CLINICAL FOUR-POINT RESTRAINT EPISODES THAT EXCEEDED  
26 TWO HOURS;

27 (VII) THE PERCENTAGE OF TOTAL CLINICAL AMBULATORY



1 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL DIAGNOSED WITH A  
2 BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL  
3 DISABILITY, AND THE PERCENTAGE OF TOTAL CLINICAL FOUR-POINT  
4 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL DIAGNOSED WITH A  
5 BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL  
6 DISABILITY;

7 (VIII) THE PERCENTAGE OF TOTAL INVOLUNTARY MEDICATION  
8 ORDERS THAT INVOLVED AN INDIVIDUAL DIAGNOSED WITH A BEHAVIORAL  
9 HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL DISABILITY,  
10 AND THE PERCENTAGE OF TOTAL CLINICAL FOUR-POINT RESTRAINT  
11 EPISODES THAT INVOLVED AN INDIVIDUAL DIAGNOSED WITH A  
12 BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL  
13 DISABILITY;

14 (IX) THE PERCENTAGE OF TOTAL CLINICAL AMBULATORY  
15 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL WHO WAS  
16 SUBJECTED TO THE RESTRAINT FOR A SECOND OR SUBSEQUENT EPISODE  
17 WITHIN THE YEAR, AND THE PERCENTAGE OF TOTAL CLINICAL FOUR-POINT  
18 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL WHO WAS  
19 SUBJECTED TO THE RESTRAINT FOR A SECOND OR SUBSEQUENT EPISODE  
20 WITHIN THE YEAR;

21 (X) THE PERCENTAGE OF TOTAL INVOLUNTARY MEDICATION  
22 ORDERS THAT INVOLVED AN INDIVIDUAL WHO WAS SUBJECTED TO A  
23 SECOND OR SUBSEQUENT ORDER WITHIN THE YEAR; AND

24 (XI) THE TOTAL NUMBER OF INVOLUNTARY MEDICATION ORDERS  
25 THAT EXCEEDED ONE HUNDRED EIGHTY DAYS IN VIOLATION OF  
26 SUBSECTION (8)(d) OF THIS SECTION.

27 (b) NOTWITHSTANDING THE REQUIREMENT IN SECTION 24-1-136

1 (11)(a)(I), THE REQUIREMENT TO SUBMIT THE REPORT REQUIRED IN THIS  
2 SUBSECTION (9) CONTINUES INDEFINITELY.

3 (c) THE DEPARTMENT SHALL ENSURE THE REPORT REQUIRED IN  
4 THIS SUBSECTION (9) DOES NOT DISCLOSE ANY INFORMATION IN VIOLATION  
5 OF APPLICABLE STATE AND FEDERAL LAWS REGARDING THE  
6 CONFIDENTIALITY OF INDIVIDUALS' INFORMATION.

7 (10) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
8 REQUIRES:

9 (a) "CLINICAL AMBULATORY RESTRAINT" MEANS A DEVICE USED  
10 TO INVOLUNTARILY LIMIT AN INDIVIDUAL'S FREEDOM OF MOVEMENT, BUT  
11 STILL PERMITS THE ABILITY OF THE INDIVIDUAL TO WALK AND MOVE  
12 WHILE SUBJECTED TO THE DEVICE.

13 (b) "CLINICAL FOUR-POINT RESTRAINT" MEANS A DEVICE USED TO  
14 INVOLUNTARILY LIMIT AN INDIVIDUAL'S FREEDOM OF MOVEMENT BY  
15 SECURING THE INDIVIDUAL'S ARMS AND LEGS.

16 (c) "CLINICAL RESTRAINT" MEANS A DEVICE USED TO  
17 INVOLUNTARILY LIMIT AN INDIVIDUAL'S FREEDOM OF MOVEMENT.  
18 "CLINICAL RESTRAINT" INCLUDES CLINICAL AMBULATORY RESTRAINTS  
19 AND CLINICAL FOUR-POINT RESTRAINTS.

20 (d) "CORRECTIONAL FACILITY" HAS THE SAME MEANING AS SET  
21 FORTH IN SECTION 17-1-102 (1.7).

22 (e) "DEPARTMENT" MEANS THE DEPARTMENT OF CORRECTIONS,  
23 CREATED AND EXISTING PURSUANT TO SECTION 24-1-128.5.

24 (f) "FACILITY" MEANS A CORRECTIONAL FACILITY OR A PRIVATE  
25 CONTRACT PRISON.

26 (g) "INVOLUNTARY MEDICATION" MEANS GIVING AN INDIVIDUAL  
27 MEDICATION INVOLUNTARILY; EXCEPT THAT "INVOLUNTARY MEDICATION"

1 DOES NOT INCLUDE THE INVOLUNTARY ADMINISTRATION OF MEDICATION  
2 OR ADMINISTRATION OF MEDICATION FOR VOLUNTARY LIFE-SAVING  
3 MEDICAL PROCEDURES.

4 (h) "LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER"  
5 HAS THE SAME MEANING AS DEFINED IN SECTION 27-60-108 (2)(a), OR  
6 MEANS A PERSON WHO HAS COMPLETED THE EDUCATION REQUIREMENTS  
7 TO BE A LICENSED MENTAL HEALTH PROVIDER AS DEFINED IN SECTION  
8 27-60-108 (2)(a), BUT IS IN THE PROCESS OF COMPLETING THE EXPERIENCE  
9 AND EXAMINATION REQUIREMENTS TO BECOMING LICENSED.

10 (i) "OVERNIGHT HOURS" MEANS AT OR AFTER TEN O'CLOCK POST  
11 MERIDIEM BUT BEFORE SIX O'CLOCK ANTE MERIDIEM.

12 (j) "PRIVATE CONTRACT PRISON" HAS THE SAME MEANING AS SET  
13 FORTH IN SECTION 17-1-102 (7.3).

14 (k) "PRONE POSITION" MEANS A FACE-DOWN POSITION.

15 (l) "QUALIFIED FACILITY" MEANS:

16 (I) A CORRECTIONAL FACILITY INFIRMARY;

17 (II) THE SAN CARLOS CORRECTIONAL FACILITY; AND

18 (III) THE DENVER WOMEN'S CORRECTIONAL FACILITY.

19 (m) "QUALIFIED HEALTH-CARE PROVIDER" MEANS A LICENSED  
20 PHYSICIAN, A LICENSED ADVANCED PRACTICE REGISTERED NURSE, OR A  
21 LICENSED REGISTERED NURSE.

22 **SECTION 2.** In Colorado Revised Statutes, 17-1-113.9, **amend**  
23 (1) as follows:

24 **17-1-113.9. Use of administrative segregation for state inmates**  
25 **- reporting.** (1) Notwithstanding section 24-1-136 (11)(a)(I), on or  
26 before January 1, 2012, and each January 1 thereafter, the executive  
27 director shall provide a written report to the judiciary committees of the

1 senate and house of representatives, or any successor committees,  
2 concerning the status of administrative segregation; reclassification  
3 efforts for offenders INDIVIDUALS DIAGNOSED with mental BEHAVIORAL  
4 health disorders or intellectual and developmental disabilities, including  
5 duration of stay, reason for placement, and number and percentage  
6 discharged; and any internal reform efforts since July 1, 2011. THE  
7 REPORT MUST INCLUDE DATA CONCERNING THE PLACEMENT OF  
8 INDIVIDUALS IN ALL SETTINGS WITH HEIGHTENED RESTRICTIONS,  
9 INCLUDING THE TOTAL NUMBER OF PLACEMENTS IN EACH SETTING, THE  
10 TOTAL NUMBER OF PLACEMENTS IN EACH SETTING INVOLVING AN  
11 INDIVIDUAL DIAGNOSED WITH A BEHAVIORAL HEALTH DISORDER OR  
12 INTELLECTUAL OR DEVELOPMENTAL DISABILITY, THE AVERAGE DURATION  
13 OF STAY OF AN INDIVIDUAL IN EACH SETTING, THE REASONS FOR  
14 PLACEMENT IN EACH SETTING, AND THE TOTAL NUMBER OF INDIVIDUALS  
15 DISCHARGED FROM EACH SETTING.

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