

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Judiciary.

HB23-1013 be amended as follows:

1 Amend printed bill, strike everything below the enacting clause and  
2 substitute:

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

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

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

10 (I) (A) THE USE IS TO PREVENT THE INDIVIDUAL FROM  
11 COMMITTING IMMINENT AND SERIOUS HARM TO THE INDIVIDUAL'S SELF OR  
12 ANOTHER PERSON, BASED ON IMMEDIATELY PRESENT EVIDENCE AND  
13 CIRCUMSTANCES; OR

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

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

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

25 (c) A LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER,  
26 MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR  
27 DESIGNATED BY THE DEPARTMENT, OR QUALIFIED HEALTH-CARE PROVIDER  
28 SHALL TERMINATE THE ORDER WHEN THE BEHAVIORS REQUIRING THE  
29 CLINICAL RESTRAINT ARE NO LONGER EVIDENT AND THE CRITERIA THE  
30 INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE REMOVED AS  
31 OUTLINED BY THE CLINICAL RESTRAINT ORDER ARE SATISFIED OR, IF THE  
32 TIME LIMITATIONS PURSUANT TO SUBSECTION (2)(c) OR (3)(f) OF THIS  
33 SECTION ARE REACHED, WHICHEVER OCCURS FIRST.

34 (d) ANY PERSON EMPLOYED BY THE FACILITY OR QUALIFIED  
35 FACILITY MAY RECOMMEND THE ORDER BE TERMINATED BY NOTIFYING A  
36 LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, MENTAL  
37 HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY  
38 THE DEPARTMENT, OR QUALIFIED HEALTH-CARE PROVIDER THAT THE  
39 BEHAVIORS REQUIRING THE CLINICAL RESTRAINT ARE NO LONGER  
40 EVIDENT.

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

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

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

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

27           (II) THE FACILITY SHALL NOT RESTART THE TIME CALCULATION TO  
28 START A NEW EPISODE IF THE INDIVIDUAL IS TEMPORARILY RELEASED  
29 FROM A CLINICAL AMBULATORY RESTRAINT WITHOUT THE INTENT TO  
30 TERMINATE THE CLINICAL AMBULATORY RESTRAINT ORDER. THE TIME AN  
31 INDIVIDUAL IS TEMPORARILY RELEASED FROM A CLINICAL AMBULATORY  
32 RESTRAINT WITHOUT THE INTENT TO TERMINATE THE CLINICAL  
33 AMBULATORY RESTRAINT ORDER SUSPENDS THE CALCULATION OF TIME  
34 PURSUANT TO SUBSECTION (2)(c)(I) OF THIS SECTION.

35           (c) (I) AN INITIAL CLINICAL AMBULATORY RESTRAINT ORDER MUST  
36 NOT EXCEED TWO HOURS. A LICENSED OR LICENSE-ELIGIBLE MENTAL  
37 HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
38 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, SHALL ASSESS  
39 THE INDIVIDUAL SUBJECTED TO THE RESTRAINT TO DETERMINE WHETHER  
40 TO TERMINATE OR CONTINUE THE ORDER AT THE EXPIRATION OF THE  
41 INITIAL TWO-HOUR PERIOD, EXCEPT DURING OVERNIGHT HOURS. THE  
42 FACILITY SHALL NOT RESTART THE TIME CALCULATION TO START A NEW  
43 EPISODE DURING OVERNIGHT HOURS. THE TIME AN INDIVIDUAL IS

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

4             (II) IF THE LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH  
5     PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT  
6     RULE OR DESIGNATED BY THE DEPARTMENT, CONTINUES THE INITIAL  
7     CLINICAL AMBULATORY RESTRAINT ORDER, THE LICENSED OR  
8     LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH  
9     CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
10    DEPARTMENT, SHALL ASSESS THE INDIVIDUAL SUBJECT TO THE RESTRAINT  
11    AT INTERVALS OF TIME DETERMINED BY THE INDIVIDUAL'S BEHAVIOR, BUT  
12    NOT TO EXCEED FOUR HOURS, EXCEPT DURING OVERNIGHT HOURS. THE  
13    FACILITY SHALL NOT RESTART THE TIME CALCULATION TO START A NEW  
14    EPISODE DURING OVERNIGHT HOURS. THE TIME AN INDIVIDUAL IS  
15    SUBJECTED TO THE CLINICAL AMBULATORY RESTRAINT IMMEDIATELY  
16    PRECEDING OVERNIGHT HOURS IS INCLUDED IN THE TOTAL CALCULATION  
17    OF TIME FOR AN EPISODE SUSPENDED BY OVERNIGHT HOURS.

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

22            (A) MAKE A NEW DETERMINATION WHETHER THE ORDER TO  
23    CONTINUE RESTRAINT IS NECESSARY TO PREVENT THE INDIVIDUAL FROM  
24    COMMITTING IMMINENT AND SERIOUS HARM TO THE INDIVIDUAL'S SELF OR  
25    ANOTHER PERSON, BASED ON THE IMMEDIATELY PRESENT EVIDENCE AND  
26    CIRCUMSTANCES;

27            (B) DETERMINE WHETHER A LESS-RESTRICTIVE ALTERNATIVE  
28    INTERVENTION IS MORE APPROPRIATE THAN THE USE OF A CLINICAL  
29    AMBULATORY RESTRAINT; AND

30            (C) MODIFY THE ORDER TO REFLECT SPECIFIC BEHAVIORAL  
31    CRITERIA THE INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE  
32    REMOVED, AS APPROPRIATE.

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

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

38            (b) A QUALIFIED FACILITY SHALL NOT USE A CLINICAL FOUR-POINT  
39    RESTRAINT CONSTRUCTED OF METAL OR HARD PLASTIC OR THAT HAS A  
40    BELLY CHAIN OR PADLOCK. A QUALIFIED FACILITY SHALL USE A CLINICAL  
41    FOUR-POINT RESTRAINT ON A BED WITH A MATTRESS.

42            (c) A QUALIFIED FACILITY SHALL NOT USE A HELMET OR DIAPER ON  
43    AN INDIVIDUAL SUBJECTED TO A CLINICAL FOUR-POINT RESTRAINT, UNLESS

1 THE INDIVIDUAL IS USING FECES IN AN ASSAULTIVE MANNER OR  
2 GENERALLY WEARS A DIAPER.

3 (d) A QUALIFIED FACILITY SHALL NOT RESTRAIN AN INDIVIDUAL  
4 SUBJECT TO A CLINICAL FOUR-POINT RESTRAINT IN A PRONE POSITION. A  
5 QUALIFIED FACILITY SHALL CONSIDER THE INDIVIDUAL'S PREEXISTING  
6 MEDICAL CONDITIONS OR PHYSICAL DISABILITIES OR LIMITATIONS THAT  
7 MAY INCREASE THE RISK OF INJURY TO THE INDIVIDUAL DURING A  
8 CLINICAL RESTRAINT EPISODE AND RESTRAIN THE INDIVIDUAL IN A  
9 MANNER THAT MINIMIZES THE INDIVIDUAL'S DISCOMFORT AND RISK OF  
10 INJURY OR COMPLICATION.

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

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

22 (A) FOUR HOURS PER EPISODE, UNLESS THE BEHAVIORS REQUIRING  
23 THE CLINICAL FOUR-POINT RESTRAINT ARE STILL EVIDENT, THE CRITERIA  
24 THE INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE REMOVED AS  
25 OUTLINED BY THE CLINICAL RESTRAINT ORDER ARE NOT SATISFIED, AND  
26 THE NEW ORDER IS APPROVED BY A MENTAL HEALTH ADMINISTRATOR;  
27 AND

28 (B) TWO HUNDRED FORTY HOURS IN ONE YEAR, EXCEPT ANY  
29 CLINICAL FOUR-POINT RESTRAINT MAY BE ORDERED TO EXCEED TWO  
30 HUNDRED FORTY HOURS ACROSS ALL EPISODES IN ONE YEAR IF THE USE OF  
31 THE CLINICAL FOUR-POINT RESTRAINT IN EXCESS OF TWO HUNDRED FORTY  
32 HOURS IS NECESSARY TO PREVENT THE INDIVIDUAL FROM COMMITTING  
33 IMMINENT AND SERIOUS HARM TO THE INDIVIDUAL'S SELF OR ANOTHER  
34 PERSON BASED ON IMMEDIATELY PRESENT EVIDENCE AND  
35 CIRCUMSTANCES, THE BEHAVIORS REQUIRING THE CLINICAL FOUR-POINT  
36 RESTRAINT ARE STILL EVIDENT, THE CRITERIA THE INDIVIDUAL MUST  
37 EXHIBIT FOR THE RESTRAINT TO BE REMOVED AS OUTLINED BY THE  
38 CLINICAL RESTRAINT ORDER ARE NOT SATISFIED, AND THE CLINICAL  
39 FOUR-POINT RESTRAINT IS ORDERED BY THE MENTAL HEALTH  
40 ADMINISTRATOR AND APPROVED BY THE CHIEF OF BEHAVIORAL HEALTH.

41 (II) THE QUALIFIED FACILITY SHALL NOT RESTART THE TIME  
42 CALCULATION TO START A NEW EPISODE IF THE INDIVIDUAL IS  
43 TEMPORARILY RELEASED FROM A CLINICAL FOUR-POINT RESTRAINT

1 WITHOUT THE INTENT TO TERMINATE THE CLINICAL FOUR-POINT  
2 RESTRAINT ORDER. THE TIME AN INDIVIDUAL IS TEMPORARILY RELEASED  
3 FROM A CLINICAL RESTRAINT WITHOUT THE INTENT TO TERMINATE THE  
4 CLINICAL FOUR-POINT RESTRAINT ORDER SUSPENDS THE CALCULATION OF  
5 TIME PURSUANT TO SUBSECTION (3)(f)(I) OF THIS SECTION.

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

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

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

38 (A) MAKE A NEW DETERMINATION REGARDING WHETHER THE  
39 ORDER TO CONTINUE RESTRAINT IS NECESSARY TO PREVENT THE  
40 INDIVIDUAL FROM COMMITTING IMMINENT AND SERIOUS HARM TO THE  
41 INDIVIDUAL'S SELF OR ANOTHER PERSON, BASED ON THE IMMEDIATELY  
42 PRESENT EVIDENCE AND CIRCUMSTANCES;

43 (B) DETERMINE WHETHER A LESS-RESTRICTIVE ALTERNATIVE

1 INTERVENTION IS MORE APPROPRIATE THAN THE USE OF A CLINICAL  
2 FOUR-POINT RESTRAINT; AND

3 (C) MODIFY THE ORDER TO REFLECT SPECIFIC BEHAVIORAL  
4 CRITERIA THE INDIVIDUAL MUST EXHIBIT FOR THE RESTRAINT TO BE  
5 REMOVED, AS APPROPRIATE.

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

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

12 (a) TO ENSURE THE INDIVIDUAL'S CIRCULATION IS UNRESTRICTED,  
13 BREATHING IS NOT COMPROMISED, AND OTHER PHYSICAL NEEDS ARE  
14 SATISFIED, AND TO NOTIFY A SECOND QUALIFIED HEALTH-CARE PROVIDER  
15 TO ASSIST WITH ANY CONCERNS;

16 (b) TO ENSURE THE INDIVIDUAL IS PROPERLY POSITIONED IN THE  
17 RESTRAINT;

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

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

23 (e) TO MONITOR WHETHER THE INDIVIDUAL IS EXHIBITING  
24 BEHAVIORS REQUIRING THE CONTINUATION OR TERMINATION OF THE  
25 CLINICAL RESTRAINT ORDER.

26 (5) AT ALL TIMES AN INDIVIDUAL IS SUBJECTED TO A CLINICAL  
27 RESTRAINT, THE INDIVIDUAL MUST BE ABLE TO COMMUNICATE TO ANY  
28 EMPLOYEE, QUALIFIED HEALTH-CARE PROVIDER, LICENSED OR  
29 LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH  
30 CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
31 DEPARTMENT, WHO IS RESPONSIBLE FOR MONITORING THE INDIVIDUAL  
32 DURING THE CLINICAL RESTRAINT EPISODE.

33 (6) (a) A FACILITY OR QUALIFIED FACILITY SHALL ENSURE THAT  
34 THE USE OF RESTRAINT IS DOCUMENTED AND MAINTAINED IN THE  
35 ELECTRONIC HEALTH RECORD OF THE INDIVIDUAL WHO WAS RESTRAINED.  
36 AT A MINIMUM, THE FACILITY OR QUALIFIED FACILITY SHALL DOCUMENT:

37 (I) THE ORDER FOR CLINICAL RESTRAINT, THE DATE AND TIME OF  
38 THE ORDER, AND THE SIGNATURE OF THE LICENSED OR LICENSE-ELIGIBLE  
39 MENTAL HEALTH PROVIDER WHO ISSUED THE CLINICAL RESTRAINT ORDER.  
40 IF THE ORDER IS AUTHORIZED BY TELEPHONE, THE ORDER MUST BE  
41 TRANSCRIBED AND SIGNED AT THE TIME OF ISSUANCE BY A PERSON WITH  
42 AUTHORITY TO ACCEPT ORDERS. THE ORDERING LICENSED OR LICENSE-  
43 ELIGIBLE MENTAL HEALTH PROVIDER SHALL SIGN THE ORDER AS SOON AS

1 PRACTICABLE.

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

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

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

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

21 (VI) THE DATE AND TIME OF AN ORDER MODIFICATION, THE DATE  
22 AND TIME OF THE MODIFICATION, AND THE SIGNATURE OF THE LICENSED  
23 OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH  
24 CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
25 DEPARTMENT, WHO ISSUED THE CLINICAL RESTRAINT ORDER. IF THE ORDER  
26 IS MODIFIED BY TELEPHONE, THE MODIFICATION MUST BE TRANSCRIBED  
27 AND SIGNED AT THE TIME OF ISSUANCE BY A PERSON WITH AUTHORITY TO  
28 ACCEPT THE MODIFICATION. THE ORDERING LICENSED OR  
29 LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH  
30 CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
31 DEPARTMENT, SHALL SIGN THE ORDER AS SOON AS PRACTICABLE.

32 (VII) THE DATE AND TIME OF EXAMINATIONS PURSUANT TO  
33 SUBSECTION (4) OF THIS SECTION, THE SIGNATURE OF THE QUALIFIED  
34 HEALTH-CARE PROVIDER WHO PERFORMED THE EXAMINATION, AND ANY  
35 RELEVANT OBSERVATIONS FROM THE EXAMINATION; AND

36 (VIII) THE DATE AND TIME OF THE TERMINATION OF THE ORDER,  
37 THE SIGNATURE OF THE PERSON WHO TERMINATED THE ORDER, THE  
38 OBSERVATIONS, AND EVIDENCE THAT THE INDIVIDUAL EXHIBITED  
39 BEHAVIOR JUSTIFYING THE TERMINATION OF THE ORDER.

40 (b) THE FACILITY OR QUALIFIED FACILITY SHALL ENSURE THE  
41 DOCUMENTATION AND RETENTION REQUIRED PURSUANT TO THIS SECTION  
42 ARE CONDUCTED PURSUANT TO ALL APPLICABLE STATE AND FEDERAL  
43 LAWS REGARDING THE CONFIDENTIALITY OF THE INDIVIDUAL'S

1 INFORMATION AND SHALL ENSURE AN INDIVIDUAL MAY ACCESS THE  
2 INFORMATION OR DEMAND RELEASE OF THE INFORMATION TO A THIRD  
3 PARTY.

4 (7) A FACILITY OR QUALIFIED FACILITY SHALL PERFORM AN  
5 EVALUATION UPON EVERY INDIVIDUAL'S INTAKE TO THE RESPECTIVE  
6 FACILITY FOR THE PURPOSE OF ASSESSING THE INDIVIDUAL'S RISK OF  
7 SELF-HARM BEHAVIORS AND WHETHER THE INDIVIDUAL HAS BEEN  
8 PREVIOUSLY SUBJECTED TO CLINICAL FOUR-POINT RESTRAINTS. A  
9 LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, MENTAL  
10 HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY  
11 THE DEPARTMENT, QUALIFIED HEALTH-CARE PROVIDER, OR MENTAL  
12 HEALTH ADMINISTRATOR SHALL INITIATE APPROPRIATE SAFETY PLANNING  
13 TO ADDRESS CONCERNS AND ATTEMPT TO AVOID THE USE OF CLINICAL  
14 RESTRAINTS, IF POSSIBLE.

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

18 (I) THE INDIVIDUAL IS DETERMINED TO BE DANGEROUS TO THE  
19 INDIVIDUAL'S SELF OR ANOTHER PERSON, AND THE TREATMENT IS IN THE  
20 INDIVIDUAL'S MEDICAL INTEREST;

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

23 (III) THE INVOLUNTARY MEDICATION IS ADMINISTERED AFTER  
24 EXHAUSTION OF PROCEDURAL REQUIREMENTS ESTABLISHED PURSUANT TO  
25 THIS SECTION; AND

26 (IV) THE MAJORITY OF THE INVOLUNTARY MEDICATION  
27 COMMITTEE DESCRIBED IN SUBSECTION (8)(b) OF THIS SECTION APPROVES  
28 OF THE INVOLUNTARY MEDICATION.

29 (b) THE FACILITY OR QUALIFIED FACILITY SHALL CONVENE AN  
30 INVOLUNTARY MEDICATION COMMITTEE, COMPRISED OF A LICENSED  
31 PSYCHIATRIST, A LICENSED PSYCHOLOGIST, A LICENSED OR  
32 LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, AND THE SUPERINTENDENT  
33 OF THE FACILITY OR QUALIFIED FACILITY OR THE SUPERINTENDENT'S  
34 DESIGNEE.

35 (c) THE FACILITY OR QUALIFIED FACILITY SHALL ASCERTAIN  
36 WHETHER THE INDIVIDUAL HAS RETAINED COUNSEL, AND, IF THE  
37 INDIVIDUAL HAS NOT, SHALL REFER THE INDIVIDUAL TO THE JUDICIAL  
38 DEPARTMENT TO APPOINT AN ATTORNEY TO REPRESENT THE PERSON  
39 WITHOUT COST TO THE INDIVIDUAL WITHIN THREE DAYS AFTER THE NOTICE  
40 OF HEARING PROVIDED TO THE INDIVIDUAL UNLESS THE INDIVIDUAL  
41 WAIVES COUNSEL. AN INDIVIDUAL'S WAIVER OF COUNSEL MUST BE  
42 KNOWING, INTELLIGENT, AND VOLUNTARY.

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

1 (I) EXCEED ONE HUNDRED EIGHTY DAYS FROM THE DATE OF THE  
2 ORDER; AND

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

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

11 (I) THE ORDER FOR INVOLUNTARY MEDICATION;  
12 (II) THE DATE AND TIME OF THE ORDER; AND  
13 (III) A CLEAR EXPLANATION OF THE CLINICAL BASIS FOR USE OF  
14 THE INVOLUNTARY MEDICATION, INCLUDING THE LESS-INTRUSIVE  
15 INTERVENTIONS THAT WERE EMPLOYED AND FAILED AND EVIDENCE OF THE  
16 IMMEDIATE CIRCUMSTANCES JUSTIFYING THE DETERMINATION THAT THE  
17 INDIVIDUAL IS DANGEROUS TO THE INDIVIDUAL'S SELF OR ANOTHER  
18 PERSON AND THAT THE TREATMENT IS IN THE INDIVIDUAL'S MEDICAL  
19 INTEREST.

20 (f) THE FACILITY OR QUALIFIED FACILITY SHALL ENSURE THE  
21 DOCUMENTATION AND MAINTENANCE REQUIRED PURSUANT TO THIS  
22 SECTION ARE CONDUCTED PURSUANT TO ALL APPLICABLE STATE AND  
23 FEDERAL LAWS REGARDING THE CONFIDENTIALITY OF THE INFORMATION.

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

26 (9)(a) ON OR BEFORE MARCH 1, 2025, AND ON OR BEFORE MARCH  
27 1 EACH YEAR THEREAFTER, THE EXECUTIVE DIRECTOR OF THE  
28 DEPARTMENT SHALL SUBMIT A REPORT TO THE JUDICIARY COMMITTEES OF  
29 THE SENATE AND HOUSE AND REPRESENTATIVES, OR ANY SUCCESSOR  
30 COMMITTEES, CONCERNING THE USE OF CLINICAL RESTRAINTS AND  
31 INVOLUNTARY MEDICATION IN THE PRECEDING CALENDAR YEAR. AT A  
32 MINIMUM, THE REPORT MUST INCLUDE:

33 (I) THE TOTAL NUMBER OF CLINICAL AMBULATORY RESTRAINT  
34 EPISODES AND CLINICAL FOUR-POINT RESTRAINT EPISODES;  
35 (II) THE TOTAL NUMBER OF INVOLUNTARY MEDICATION ORDERS  
36 ISSUED;  
37 (III) THE AVERAGE AMOUNT OF TIME OF A CLINICAL AMBULATORY  
38 RESTRAINT EPISODE AND CLINICAL FOUR-POINT RESTRAINT EPISODE;  
39 (IV) THE AVERAGE DURATION OF INVOLUNTARY MEDICATION  
40 ORDERS ISSUED;  
41 (V) THE LONGEST CLINICAL AMBULATORY RESTRAINT EPISODE  
42 AND THE LONGEST CLINICAL FOUR-POINT RESTRAINT EPISODE;  
43 (VI) THE PERCENTAGE OF TOTAL CLINICAL AMBULATORY

1 RESTRAINT EPISODES THAT EXCEEDED TWO HOURS, AND THE PERCENTAGE  
2 OF TOTAL CLINICAL FOUR-POINT RESTRAINT EPISODES THAT EXCEEDED  
3 TWO HOURS;

4 (VII) THE PERCENTAGE OF TOTAL CLINICAL AMBULATORY  
5 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL DIAGNOSED WITH A  
6 BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL  
7 DISABILITY, AND THE PERCENTAGE OF TOTAL CLINICAL FOUR-POINT  
8 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL DIAGNOSED WITH A  
9 BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL  
10 DISABILITY;

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

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

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

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

31 (b) NOTWITHSTANDING THE REQUIREMENT IN SECTION 24-1-136  
32 (11)(a)(I), THE REQUIREMENT TO SUBMIT THE REPORT REQUIRED IN THIS  
33 SUBSECTION (9) CONTINUES INDEFINITELY.

34 (c) THE DEPARTMENT SHALL ENSURE THE REPORT REQUIRED IN  
35 THIS SUBSECTION (9) DOES NOT DISCLOSE ANY INFORMATION IN VIOLATION  
36 OF APPLICABLE STATE AND FEDERAL LAWS REGARDING THE  
37 CONFIDENTIALITY OF INDIVIDUALS' INFORMATION.

38 (10) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
39 REQUIRES:

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

- 1 (b) "CLINICAL FOUR-POINT RESTRAINT" MEANS A DEVICE USED TO  
2 INVOLUNTARILY LIMIT AN INDIVIDUAL'S FREEDOM OF MOVEMENT BY  
3 SECURING THE INDIVIDUAL'S ARMS AND LEGS.
- 4 (c) "CLINICAL RESTRAINT" MEANS A DEVICE USED TO  
5 INVOLUNTARILY LIMIT AN INDIVIDUAL'S FREEDOM OF MOVEMENT.  
6 "CLINICAL RESTRAINT" INCLUDES CLINICAL AMBULATORY RESTRAINTS  
7 AND CLINICAL FOUR-POINT RESTRAINTS.
- 8 (d) "CORRECTIONAL FACILITY" HAS THE SAME MEANING AS SET  
9 FORTH IN SECTION 17-1-102 (1.7).
- 10 (e) "DEPARTMENT" MEANS THE DEPARTMENT OF CORRECTIONS,  
11 CREATED AND EXISTING PURSUANT TO SECTION 24-1-128.5.
- 12 (f) "FACILITY" MEANS A CORRECTIONAL FACILITY OR A PRIVATE  
13 CONTRACT PRISON.
- 14 (g) "INVOLUNTARY MEDICATION" MEANS GIVING AN INDIVIDUAL  
15 MEDICATION INVOLUNTARILY; EXCEPT THAT "INVOLUNTARY MEDICATION"  
16 DOES NOT INCLUDE THE INVOLUNTARY ADMINISTRATION OF MEDICATION  
17 OR ADMINISTRATION OF MEDICATION FOR VOLUNTARY LIFE-SAVING  
18 MEDICAL PROCEDURES.
- 19 (h) "LICENSED OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER"  
20 HAS THE SAME MEANING AS DEFINED IN SECTION 27-60-108 (2)(a), OR  
21 MEANS A PERSON WHO HAS COMPLETED THE EDUCATION REQUIREMENTS  
22 TO BE A LICENSED MENTAL HEALTH PROVIDER AS DEFINED IN SECTION  
23 27-60-108 (2)(a), BUT IS IN THE PROCESS OF COMPLETING THE EXPERIENCE  
24 AND EXAMINATION REQUIREMENTS TO BECOMING LICENSED.
- 25 (i) "OVERNIGHT HOURS" MEANS AT OR AFTER TEN O'CLOCK POST  
26 MERIDIEM BUT BEFORE SIX O'CLOCK ANTE MERIDIEM.
- 27 (j) "PRIVATE CONTRACT PRISON" HAS THE SAME MEANING AS SET  
28 FORTH IN SECTION 17-1-102 (7.3).
- 29 (k) "PRONE POSITION" MEANS A FACE-DOWN POSITION.
- 30 (l) "QUALIFIED FACILITY" MEANS:
- 31 (I) A CORRECTIONAL FACILITY INFIRMARY;
- 32 (II) THE SAN CARLOS CORRECTIONAL FACILITY; AND
- 33 (III) THE DENVER WOMEN'S CORRECTIONAL FACILITY.
- 34 (m) "QUALIFIED HEALTH-CARE PROVIDER" MEANS A LICENSED  
35 PHYSICIAN, A LICENSED ADVANCED PRACTICE REGISTERED NURSE, OR A  
36 LICENSED REGISTERED NURSE.

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

39 **17-1-113.9. Use of administrative segregation for state inmates**  
40 **- reporting.** (1) Notwithstanding section 24-1-136 (11)(a)(I), on or  
41 before January 1, 2012, and each January 1 thereafter, the executive  
42 director shall provide a written report to the judiciary committees of the  
43 senate and house of representatives, or any successor committees,

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

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

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