

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**

**HOUSE SPONSORSHIP**

**Amabile**, Bacon, Bird, Boesenecker, Brown, deGruy Kennedy, Dickson, Froelich, Gonzales-Gutierrez, Herod, Jodeh, Lindsay, Lindstedt, Mabrey, Michaelson Jenet, Ortiz, Parenti, Sharbini, Sirota, Snyder, Story, Velasco, Weissman, Willford, Woodrow, Young

**SENATE SPONSORSHIP**

**Fields and Rodriguez,**

**House Committees**

Judiciary  
Appropriations

**Senate Committees**

Judiciary  
Appropriations

**A BILL FOR AN ACT**

101 CONCERNING MEASURES TO REGULATE THE USE OF RESTRICTIVE  
102 PRACTICES ON INDIVIDUALS IN CORRECTIONAL FACILITIES, AND,  
103 IN CONNECTION THEREWITH, MAKING AN APPROPRIATION.

**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

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.*

HOUSE  
3rd Reading Unamended  
April 24, 2023

HOUSE  
Amended 2nd Reading  
April 21, 2023

imminent and serious harm to the individual's self or 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.

---

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) BY JULY 1, 2027, THE DEPARTMENT SHALL IMPLEMENT POLICIES AND**  
7 **PRACTICES THAT CONFORM TO THE MINIMUM STANDARDS PRESCRIBED BY**  
8 **THE MOST UPDATED RESTRAINT AND SECLUSION STANDARDS OF THE**

1 NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE. THE  
2 DEPARTMENT SHALL CONTINUOUSLY AMEND ITS PRACTICES AND POLICIES  
3 TO COMPLY, AT A MINIMUM, WITH THE THOSE MINIMUM STANDARDS.

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

8 (I) THE ORDER FOR CLINICAL RESTRAINT, THE DATE AND TIME OF  
9 THE ORDER, AND THE SIGNATURE OF THE LICENSED OR LICENSE-ELIGIBLE  
10 MENTAL HEALTH PROVIDER WHO ISSUED THE CLINICAL RESTRAINT ORDER.  
11 IF THE ORDER IS AUTHORIZED BY TELEPHONE, THE ORDER MUST BE  
12 TRANSCRIBED AND SIGNED AT THE TIME OF ISSUANCE BY A PERSON WITH  
13 AUTHORITY TO ACCEPT ORDERS. THE ORDERING LICENSED OR LICENSE-  
14 ELIGIBLE MENTAL HEALTH PROVIDER SHALL SIGN THE ORDER AS SOON AS  
15 PRACTICABLE.

16 (II) A CLEAR EXPLANATION OF THE CLINICAL BASIS FOR USE OF THE  
17 CLINICAL RESTRAINT, INCLUDING THE LESS-INTRUSIVE INTERVENTIONS  
18 THAT WERE EMPLOYED AND FAILED, AND EVIDENCE OF THE IMMEDIATE  
19 CIRCUMSTANCES JUSTIFYING THE BELIEF THAT THE USE OF RESTRAINT WAS  
20 TO PREVENT THE INDIVIDUAL FROM COMMITTING IMMINENT AND SERIOUS  
21 HARM TO THE INDIVIDUAL'S SELF OR ANOTHER PERSON;

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

24 (IV) ANY MODIFICATIONS TO THE ORDER, AND THE TIME AND  
25 DATE, AND THE SIGNATURE OF THE LICENSED OR LICENSE-ELIGIBLE  
26 MENTAL HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
27 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, WHO MODIFIES

1 THE ORDER;

2 (V) THE DATE AND TIME OF AN ORDER MODIFICATION, THE DATE  
3 AND TIME OF THE MODIFICATION, AND THE SIGNATURE OF THE LICENSED  
4 OR LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH  
5 CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
6 DEPARTMENT, WHO ISSUED THE CLINICAL RESTRAINT ORDER. IF THE ORDER  
7 IS MODIFIED BY TELEPHONE, THE MODIFICATION MUST BE TRANSCRIBED  
8 AND SIGNED AT THE TIME OF ISSUANCE BY A PERSON WITH AUTHORITY TO  
9 ACCEPT THE MODIFICATION. THE ORDERING LICENSED OR  
10 LICENSE-ELIGIBLE MENTAL HEALTH PROVIDER, OR MENTAL HEALTH  
11 CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE  
12 DEPARTMENT, SHALL SIGN THE ORDER AS SOON AS PRACTICABLE; AND

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

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

24 (3) A QUALIFIED FACILITY SHALL PERFORM AN EVALUATION UPON  
25 EVERY INDIVIDUAL'S INTAKE TO THE RESPECTIVE FACILITY FOR THE  
26 PURPOSE OF ASSESSING THE INDIVIDUAL'S RISK OF SELF-HARM BEHAVIORS  
27 AND WHETHER THE INDIVIDUAL HAS BEEN PREVIOUSLY SUBJECTED TO

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

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

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

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

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

18 (IV) THE MAJORITY OF THE INVOLUNTARY MEDICATION  
19 COMMITTEE DESCRIBED IN SUBSECTION (4)(b) OF THIS SECTION APPROVES  
20 OF THE INVOLUNTARY MEDICATION.

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

26 (c) AN ORDER FOR AN INVOLUNTARY MEDICATION MUST NOT:

27 (I) EXCEED ONE HUNDRED EIGHTY DAYS FROM THE DATE OF THE

1 ORDER; AND

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

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

10 (I) THE ORDER FOR INVOLUNTARY MEDICATION;

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

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

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

23 (f) THIS SUBSECTION (4) DOES NOT APPLY TO EMERGENCY  
24 MEDICINE ADMINISTERED PURSUANT TO DEPARTMENT POLICY.

25 (5) (a) ON OR BEFORE JANUARY 1, 2024 AND ON OR BEFORE  
26 JANUARY 1 EACH YEAR THEREAFTER, THE EXECUTIVE DIRECTOR OF THE  
27 DEPARTMENT SHALL SUBMIT A REPORT TO THE JUDICIARY COMMITTEES OF

1 THE SENATE AND HOUSE OF REPRESENTATIVES, OR ANY SUCCESSOR  
2 COMMITTEES, CONCERNING THE USE OF CLINICAL RESTRAINTS AND  
3 INVOLUNTARY MEDICATION IN THE PRECEDING CALENDAR YEAR. AT A  
4 MINIMUM, THE REPORT MUST INCLUDE:

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

7 (II) THE TOTAL NUMBER OF INVOLUNTARY MEDICATION ORDERS  
8 ISSUED;

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

11 (IV) THE AVERAGE DURATION OF INVOLUNTARY MEDICATION  
12 ORDERS ISSUED;

13 (V) THE LONGEST CLINICAL AMBULATORY RESTRAINT EPISODE  
14 AND THE LONGEST CLINICAL FOUR-POINT RESTRAINT EPISODE;

15 (VI) THE PERCENTAGE OF TOTAL CLINICAL AMBULATORY  
16 RESTRAINT EPISODES THAT EXCEEDED TWO HOURS, AND THE PERCENTAGE  
17 OF TOTAL CLINICAL FOUR-POINT RESTRAINT EPISODES THAT EXCEEDED  
18 TWO HOURS;

19 (VII) THE PERCENTAGE OF TOTAL CLINICAL AMBULATORY  
20 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL DIAGNOSED WITH A  
21 BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL  
22 DISABILITY, AND THE PERCENTAGE OF TOTAL CLINICAL FOUR-POINT  
23 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL DIAGNOSED WITH A  
24 BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL  
25 DISABILITY;

26 (VIII) THE PERCENTAGE OF TOTAL INVOLUNTARY MEDICATION  
27 ORDERS THAT INVOLVED AN INDIVIDUAL DIAGNOSED WITH A BEHAVIORAL

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

6 (IX) THE PERCENTAGE OF TOTAL CLINICAL AMBULATORY  
7 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL WHO WAS  
8 SUBJECTED TO THE RESTRAINT FOR A SECOND OR SUBSEQUENT EPISODE  
9 WITHIN THE YEAR, AND THE PERCENTAGE OF TOTAL CLINICAL FOUR-POINT  
10 RESTRAINT EPISODES THAT INVOLVED AN INDIVIDUAL WHO WAS  
11 SUBJECTED TO THE RESTRAINT FOR A SECOND OR SUBSEQUENT EPISODE  
12 WITHIN THE YEAR;

13 (X) THE PERCENTAGE OF TOTAL INVOLUNTARY MEDICATION  
14 ORDERS THAT INVOLVED AN INDIVIDUAL WHO WAS SUBJECTED TO A  
15 SECOND OR SUBSEQUENT ORDER WITHIN THE YEAR;

16 (XI) THE TOTAL NUMBER OF INVOLUNTARY MEDICATION ORDERS  
17 THAT EXCEEDED ONE HUNDRED EIGHTY DAYS; AND

18 (XII) AN IMPLEMENTATION PLAN TO CONFORM WITH THE  
19 REQUIREMENTS PURSUANT TO SUBSECTION (1) OF THIS SECTION,  
20 INCLUDING TIME LINES, A SUMMARY OF PROGRESS, AND A COMPLIANCE  
21 REPORT.

22 (b) BEGINNING IN 2024 AND EACH YEAR THEREAFTER, THE  
23 DEPARTMENT SHALL PRESENT FINDINGS FROM THE REPORT DESCRIBED BY  
24 THIS SECTION TO THE HOUSE OF REPRESENTATIVES AND SENATE JUDICIARY  
25 COMMITTEES, OR ANY SUCCESSOR COMMITTEES, DURING THE HEARINGS  
26 HELD PURSUANT TO THE "SMART ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

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



1 (11)(a)(I), THE REQUIREMENT TO SUBMIT THE REPORT REQUIRED IN THIS  
2 SUBSECTION (5) CONTINUES INDEFINITELY.

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

7 (6) 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) "PRIVATE CONTRACT PRISON" HAS THE SAME MEANING AS SET  
11 FORTH IN SECTION 17-1-102 (7.3).

12 (j) "QUALIFIED FACILITY" MEANS:

13 (I) A CORRECTIONAL FACILITY INFIRMARY;

14 (II) THE SAN CARLOS CORRECTIONAL FACILITY; AND

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

16 (k) "QUALIFIED HEALTH-CARE PROVIDER" MEANS A LICENSED  
17 PHYSICIAN, A LICENSED ADVANCED PRACTICE REGISTERED NURSE, OR A  
18 LICENSED REGISTERED NURSE.

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

21 **17-1-113.9. Use of administrative segregation for state inmates**  
22 **- reporting.** (1) Notwithstanding section 24-1-136 (11)(a)(I), on or  
23 before January 1, 2012, and each January 1 thereafter, the executive  
24 director shall provide a written report to the judiciary committees of the  
25 senate and house of representatives, or any successor committees,  
26 concerning the status of administrative segregation; reclassification  
27 efforts for ~~offenders~~ INDIVIDUALS DIAGNOSED with ~~mental~~ BEHAVIORAL

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

13 **SECTION 3. Appropriation.** (1) For the 2023-24 state fiscal  
14 year, \$18,872 is appropriated to the department of corrections. This  
15 appropriation is from the general fund. To implement this act, the  
16 department may use this appropriation as follows:

17 (a) \$12,000 for the purchase of information technology services;  
18 and

19 (b) \$6,872 for use by institutions for operating expenses related  
20 to the mental health subprogram.

21 (2) For the 2023-24 state fiscal year, \$12,000 is appropriated to  
22 the office of the governor for use by the office of information technology.  
23 This appropriation is from reappropriated funds received from the  
24 department of corrections under subsection (1)(a) of this section. To  
25 implement this act, the office may use this appropriation to provide  
26 information technology services for the department of corrections.

27 **SECTION 4. Safety clause.** The general assembly hereby finds,

- 1 determines, and declares that this act is necessary for the immediate
- 2 preservation of the public peace, health, or safety.