A BILL FOR AN ACT

Concerning measures to regulate the use of restrictive practices on individuals in correctional facilities.

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
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 follows:


4 (1) (a) Subject to the provisions of this section, a facility shall

5 not use a clinical restraint on an individual, unless:

6 (I) The use is to prevent the individual from committing

7 imminent and serious harm to the individual's self or another
PERSON, BASED ON IMMEDIATELY PRESENT EVIDENCE AND CIRCUMSTANCES;

(II) THE FACILITY HAS EXHAUSTED ALL LESS RESTRICTIVE ALTERNATIVE INTERVENTIONS; AND

(III) THE RESTRAINT IS ORDERED BY A LICENSED MENTAL HEALTH PROVIDER.

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

(c) A LICENSED MENTAL HEALTH PROVIDER, MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, QUALIFIED HEALTH-CARE PROVIDER, OR ANY PERSON EMPLOYED BY THE FACILITY SHALL TERMINATE THE ORDER WHEN THE BEHAVIORS NECESSITATING THE CLINICAL RESTRAINT ARE NO LONGER EVIDENT AND THE CRITERIA OUTLINED BY THE CLINICAL RESTRAINT ORDER ARE SATISFIED OR, IF THE TIME LIMITATIONS PURSUANT TO SUBSECTION (2)(c) OR (3)(f) OF THIS SECTION ARE REACHED, WHICHEVER OCCURS FIRST.

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

(b)(I) A CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL NOT USE A CLINICAL AMBULATORY RESTRAINT ON AN INDIVIDUAL FOR MORE THAN:

(A) TWELVE HOURS PER EPISODE; AND
(B) Two hundred forty hours total across all episodes in one year.

(II) The correctional facility or private contract prison shall not restart the time calculation to start a new episode if the individual is temporarily released from a clinical ambulatory restraint not for the purpose of terminating the clinical ambulatory restraint order. The time an individual is temporarily released from a clinical ambulatory restraint not for a purpose of terminating the clinical ambulatory restraint order suspends the calculation of time pursuant to subsection (2)(c)(I) of this section.

(c)(I) An initial clinical ambulatory restraint order must not exceed two hours. A licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, shall assess the individual subjected to the restraint to determine whether to terminate or continue the order at least once every hour.

(II) If the licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, continues the initial clinical ambulatory restraint order, the licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, shall assess the individual subject to the restraint to determine whether to terminate or continue the order at least once every hour.

(III) At each assessment pursuant to subsections (2)(c)(I) and (2)(c)(II) of this section, the licensed mental health
PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, SHALL:

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

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

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

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

(3) (a) A CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL NOT USE A CLINICAL FOUR-POINT RESTRAINT ON AN INDIVIDUAL; EXCEPT THAT A QUALIFIED FACILITY MAY USE A CLINICAL FOUR-POINT RESTRAINT ON AN INDIVIDUAL.

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

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

(d) A QUALIFIED FACILITY SHALL NOT RESTRAIN AN INDIVIDUAL
SUBJECT TO A CLINICAL FOUR-POINT RESTRAINT IN A PRONE POSITION. A QUALIFIED FACILITY SHALL CONSIDER THE INDIVIDUAL’S PREEXISTING MEDICAL CONDITIONS OR PHYSICAL DISABILITIES OR LIMITATIONS THAT MAY INCREASE THE RISK OF INJURY TO THE INDIVIDUAL DURING A CLINICAL RESTRAINT EPISODE AND RESTRAIN THE INDIVIDUAL IN A MANNER THAT MINIMIZES THE INDIVIDUAL’S DISCOMFORT AND RISK OF INJURY OR COMPLICATION. THE QUALIFIED FACILITY SHALL NOTIFY THE INDIVIDUAL SUBJECT TO THE CLINICAL FOUR-POINT RESTRAINT THAT THE INDIVIDUAL MAY REQUEST REPOSITIONING AT ANY TIME TO MINIMIZE DISCOMFORT; EXCEPT THAT PRONE POSITIONING MUST NEVER BE PERMITTED.

(e) AT LEAST EVERY TWO HOURS, A QUALIFIED FACILITY SHALL RELEASE AN INDIVIDUAL SUBJECT TO A CLINICAL FOUR-POINT RESTRAINT TO PROVIDE NOT LESS THAN TEN MINUTES FOR THE PERSON TO MOVE FREELY.

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

(A) FOUR HOURS PER EPISODE; AND

(B) TWO HUNDRED FORTY HOURS IN ONE YEAR.

(II) THE QUALIFIED FACILITY SHALL NOT RESTART THE TIME CALCULATION TO START A NEW EPISODE IF THE INDIVIDUAL IS TEMPORARILY RELEASED FROM A CLINICAL FOUR-POINT RESTRAINT NOT FOR THE PURPOSE OF TERMINATING THE CLINICAL FOUR-POINT RESTRAINT ORDER. THE TIME AN INDIVIDUAL IS TEMPORARILY RELEASED FROM A CLINICAL RESTRAINT FOR THE PURPOSE OF TERMINATING THE CLINICAL FOUR-POINT RESTRAINT ORDER SUSPENDS THE CALCULATION OF TIME PURSUANT TO SUBSECTION (3)(f)(I) OF THIS SECTION.
(g) (I) An initial order for clinical four-point restraint must not exceed thirty minutes. A licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, shall assess the individual subject to the clinical four-point restraint to determine whether to terminate or continue the order at least once during the initial thirty-minute period.

(II) If the licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, continues the initial order, a licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, shall assess the individual subject to the clinical four-point restraint to determine whether to terminate or continue the order at least once every hour.

(III) At each assessment pursuant to subsections (3)(g)(I) and (3)(g)(II) of this section, the licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, shall:

(A) make a new determination whether the order to continue restraint is necessary to prevent the individual from committing imminent and serious harm to the individual's self or another person, based on the immediately present evidence and circumstances;

(B) determine whether a less restrictive alternative intervention is more appropriate than the use of a clinical four-point restraint; and
(C) Modify the order to reflect specific behavioral criteria the individual must exhibit in order for the restraint to be removed, as appropriate.

(IV) An assessment pursuant to subsections (3)(g)(I) or (3)(g)(II) of this section may be performed using audio-video communication technology.

(4) At least every fifteen minutes, a qualified health-care provider shall examine the individual subjected to a clinical restraint, at a minimum:

(a) To ensure the individual's circulation is unrestricted, breathing is not compromised, and other physical needs are satisfied;

(b) To ensure the individual is properly positioned in the restraint;

(c) To offer the individual fluids and toilet access, and to provide fluids and toilet access if requested by the individual;

(d) To monitor the effect of medication on the individual, if applicable; and

(e) To monitor whether the individual is exhibiting behaviors requiring the continuation or termination of the clinical restraint order.

(5) At all times an individual is subjected to a clinical restraint, the individual must be able to communicate to any employee, qualified health-care provider, licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, who is responsible for monitoring the individual during the clinical restraint order.
(6) (a) A facility shall ensure that the use of restraint is documented and maintained in the record of the individual who was restrained. At a minimum, the facility shall document:

(I) The order for clinical restraint, the date and time of the order, and the signature of the licensed mental health provider who issued the clinical restraint order. If the order is authorized by telephone, the order must be transcribed and signed at the time of issuance by a person with authority to accept orders, and the ordering licensed mental health provider shall sign the order as soon as practicable.

(II) A clear explanation of the clinical basis for use of the clinical restraint, including the less intrusive interventions that were employed and failed, and evidence of the immediate circumstances justifying the belief that the use of restraint was to prevent the individual from committing imminent and serious harm to the individual’s self or another person;

(III) The specific behavioral criteria the individual must exhibit in order for the clinical restraint episode to be terminated;

(IV) Any modifications to the order, and the time and date, and signature of the licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, who modifies the order;

(V) The date and time of an assessment performed pursuant to subsections (2)(d) and (3)(f) of this section, and the signature of the qualified health-care professional who
PERFORMED THE ASSESSMENT, AND FINDINGS JUSTIFYING THE TERMINATION OR CONTINUATION OF THE ORDER MADE PURSUANT TO THE ASSESSMENT;


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


(b) THE FACILITY SHALL ENSURE THE DOCUMENTATION AND RETENTION REQUIRED PURSUANT TO THIS SECTION IS CONDUCTED PURSUANT TO ALL APPLICABLE STATE AND FEDERAL LAWS REGARDING THE CONFIDENTIALITY OF THE INDIVIDUAL'S INFORMATION AND SHALL ENSURE AN INDIVIDUAL MAY ACCESS THE INFORMATION OR DEMAND RELEASE OF
THE INFORMATION TO A THIRD PARTY.

(7) (a) A CORRECTIONAL FACILITY, PRIVATE CONTRACT PRISON, OR QUALIFIED FACILITY THAT IS AUTHORIZED TO USE A CLINICAL RESTRAINT PURSUANT TO THIS SECTION SHALL ENSURE THAT A QUALIFIED HEALTH-CARE PROVIDER, LICENSED MENTAL HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, PERFORMS A BEHAVIOR MANAGEMENT ASSESSMENT ON EVERY INDIVIDUAL'S INTAKE TO THE FACILITY, FOR THE PURPOSE OF EXAMINING WHETHER THE INDIVIDUAL IS LIKELY TO EXHIBIT BEHAVIORS THAT MAY RESULT IN THE USE OF CLINICAL RESTRAINT. THE QUALIFIED HEALTH-CARE PROVIDER, LICENSED MENTAL HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, SHALL DOCUMENT AND MAINTAIN FINDINGS FROM THE ASSESSMENT IN THE INDIVIDUAL'S MEDICAL RECORD. THE FACILITY SHALL NOT USE THE FINDINGS OF THE BEHAVIOR MANAGEMENT ASSESSMENT AS STANDING ORDERS FOR USING A CLINICAL RESTRAINT ON THE INDIVIDUAL.

(b) If a behavioral management assessment concludes that the individual is at increased risk for behaviors that may result in the use of a clinical restraint, a licensed mental health provider, or mental health clinician as defined by department rule or designated by the department, shall develop and implement, with input from the individual, a behavioral management plan for the purpose of utilizing individual-specific and less restrictive interventions to prevent or reduce use of clinical restraints.

(8) (a) Subject to the provisions of this section, a
CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL NOT USE AN INVOLUNTARY MEDICATION ON AN INDIVIDUAL, UNLESS:

(I) 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;

(II) The facility has exhausted all less restrictive alternative interventions; and

(III) The involuntary medication is administered after exhaustion of procedural requirements established pursuant to this section.

(b) Notwithstanding section 17-1-111, the department shall promulgate rules establishing a process for determining whether to use, and how to use, an involuntary medication on an individual. The process must be consistent with sections 24-4-105 and 24-4-106.

(c) The correctional facility or private contract facility shall convene an involuntary medication committee, comprised of four members, to serve as the agency presiding at the hearing. The four members are a licensed psychiatrist, a licensed psychologist, a licensed mental health provider, and the superintendent of the facility or the superintendent's designee. The use of an involuntary medication on an individual is prohibited, unless a majority of all committee members approve the use.

(d) The correctional facility or private contract facility shall ascertain whether the individual has retained counsel, and, if the individual has not, shall refer the individual to an
OFFICE OF STATE PUBLIC DEFENDER LIAISON TO THE DEPARTMENT TO
REPRESENT THE PERSON WITHOUT COST TO THE INDIVIDUAL WITHIN THREE
DAYS AFTER THE NOTICE OF HEARING PROVIDED TO THE INDIVIDUAL
UNLESS THE INDIVIDUAL WAIVES COUNSEL. AN INDIVIDUAL'S WAIVER OF
COUNSEL MUST BE KNOWING, INTELLIGENT, AND VOLUNTARY.

(e) An order for an involuntary medication must not:
(I) Be for longer than ninety days from the date of the
order; and
(II) Permit the use of more than five different medications
during the ninety day period. This does not limit the amount of
doses of the medications to be administered, as medically
appropriate.

(f) A facility shall ensure that the use of involuntary
medication is documented and maintained in the record of the
individual. At a minimum, the facility shall document:
(I) The order for involuntary medication;
(II) The date and time of the order; and
(III) A clear explanation of the clinical basis for use of
the involuntary medication, including the less intrusive
interventions that were employed and failed and evidence of the
immediate circumstances justifying the belief that the
individual is determined to be dangerous to the individual's self
or another person and that the treatment is in the individual's
medical interest.

(g) The facility shall ensure the documentation and
maintenance required pursuant to this section is conducted
pursuant to all applicable state and federal laws regarding the
(9) (a) On or before March 1, 2024, and on or before March 1 each year thereafter, the Executive Director of the Department shall submit a report to the Judiciary Committees of the Senate and House and Representatives, or any successor committees, concerning the use of clinical restraints and involuntary medication in the preceding calendar year. At a minimum, the report must include:

(I) The total number of clinical ambulatory restraint episodes and clinical four-point restraint episodes;

(II) The total number of involuntary medication orders issued;

(III) The average amount of time of clinical ambulatory restraint episodes and clinical four-point restraint episodes;

(IV) The average duration of involuntary medication orders issued;

(V) The longest clinical ambulatory restraint episode and the longest clinical four-point restraint episode;

(VI) The percentage of total clinical ambulatory restraint episodes that exceeded two hours, and the percentage of total clinical four-point restraint episodes that exceeded two hours;

(VII) The percentage of total clinical ambulatory restraint episodes that involved an individual diagnosed with a behavioral health disorder or intellectual or developmental disability and the percentage of total clinical four-point restraint episodes that involved an individual diagnosed with a
BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL DISABILITY;

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

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

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

(XI) THE TOTAL NUMBER OF INVOLUNTARY MEDICATION THAT EXCEEDED NINETY DAYS IN VIOLATION OF SUBSECTION (8)(b)(III) OF THIS SECTION.

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

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

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

(a) "CLINICAL AMBULATORY RESTRAINT" MEANS A DEVICE USED
to involuntarily limit an individual's freedom of movement, but
still permits the ability of the individual to walk and move
while subjected to the device.

(b) "CLINICAL FOUR-POINT RESTRAINT" MEANS A DEVICE USED TO
involuntarily limit an individual's freedom of movement by
securing the individual's arms and legs.

(c) "CLINICAL RESTRAINT" MEANS A DEVICE USED TO
involuntarily limit an individual's freedom of movement.
"CLINICAL RESTRAINT" INCLUDES CLINICAL AMBULATORY RESTRAINT AND
CLINICAL FOUR-POINT RESTRAINT.

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

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

(f) "FACILITY" MEANS A CORRECTIONAL FACILITY AND A PRIVATE
CONTRACT PRISON.

(g) "INVOLUNTARY MEDICATION" MEANS GIVING AN INDIVIDUAL
MEDICATION INVOLUNTARILY FOR THE PURPOSE OF RESTRAINING THAT
INDIVIDUAL; EXCEPT THAT "INVOLUNTARY MEDICATION" DOES NOT
INCLUDE THE INVOLUNTARY ADMINISTRATION OF MEDICATION OR
ADMINISTRATION OF MEDICATION FOR VOLUNTARY LIFE-SAVING MEDICAL
PROCEDURES.
(h) "LICENSED MENTAL HEALTH PROVIDER" HAS THE SAME
MEANING AS DEFINED AT SECTION 27-60-108 (2)(a).

(i) "PRIVATE CONTRACT PRISON" HAS THE SAME MEANING AS SET
ORTH IN SECTION 17-1-102 (7.3).

(j) "PRONE POSITION" MEANS A FACE-DOWN POSITION.

(k) "QUALIFIED FACILITY" MEANS:
(I) A CORRECTIONAL FACILITY INFIRMARY;
(II) THE SAN CARLOS CORRECTIONAL FACILITY; AND
(III) THE DENVER WOMEN'S CORRECTIONAL FACILITY.

(l) "QUALIFIED HEALTH-CARE PROVIDER" MEANS A LICENSED
PHYSICIAN, A LICENSED ADVANCED PRACTICE REGISTERED NURSE, OR
LICENSED REGISTERED NURSE.

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

17-1-113.9. Use of administrative segregation for state inmates
- reporting. (1) Notwithstanding section 24-1-136 (11)(a)(I), on or
before January 1, 2012, and each January 1 thereafter, the executive
director shall provide a written report to the judiciary committees of the
senate and house of representatives, or any successor committees,
concerning the status of administrative segregation; reclassification
efforts for offenders INDIVIDUALS DIAGNOSED WITH MENTAL
BEHAVIORAL
health disorders or intellectual and developmental disabilities, including
duration of stay, reason for placement, and number and percentage
discharged; and any internal reform efforts since July 1, 2011. THE
REPORT MUST INCLUDE DATA CONCERNING THE PLACEMENT OF
INDIVIDUALS IN ALL SETTINGS WITH HEIGHTENED RESTRICTIONS,
INCLUDING THE TOTAL NUMBER OF PLACEMENTS IN EACH SETTING, THE
TOTAL NUMBER OF PLACEMENTS IN EACH SETTING INVOLVING AN INDIVIDUAL DIAGNOSED WITH A BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL DISABILITY, THE AVERAGE DURATION OF STAY OF AN INDIVIDUAL IN EACH SETTING, THE REASONS FOR PLACEMENT IN EACH SETTING, AND THE TOTAL NUMBER OF INDIVIDUALS DISCHARGED FROM EACH SETTING.

SECTION 3. In Colorado Revised Statutes, 21-1-104, amend (6) as follows:

21-1-104. Duties of public defender - report. (6) The office of state public defender shall provide one or more public defender liaisons to the department of corrections and the state board of parole to assist inmates or inmate liaisons with legal matters related to detainers, bonds, holds, warrants, competency, special needs parole applications, INVOLUNTARY MEDICATION PROCEEDINGS PURSUANT TO SECTION 17-1-167 (8), and commutation applications. The office of state public defender, in consultation with the state board of parole and the department of corrections, shall develop any necessary policies and procedures for implementation of this subsection (6).

SECTION 4. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.