

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

**BILL A**

LLS NO. 23-0153.02 Jane Ritter x4342

**HOUSE BILL**

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**HOUSE SPONSORSHIP**

**Benavidez and Amabile,**

**SENATE SPONSORSHIP**

**Rodriguez, Simpson**

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**House Committees**

**Senate Committees**

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**A BILL FOR AN ACT**

101      **CONCERNING ISSUES RELATED TO JUVENILE COMPETENCY TO**  
102      **PROCEED.**

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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 addresses issues related to a determination of juvenile competency to proceed (competency) and restoration of competency (restoration). The bill allows:

- The district attorney, defense attorney, guardian ad litem,

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

department of human services, a competency evaluator, a restoration treatment provider, and the court, without written consent of the juvenile or further order of the court, to access competency evaluations and restoration evaluations, including all second evaluations; information and documents related to competency evaluations; the competency evaluator, for the purpose of discussing the competency evaluation; and the providers of court-ordered restoration services for the purpose of discussing such services;

- Parties to exchange names, addresses, reports, and statements of physicians or psychologists who examined or treated the juvenile for competency;
- The court or any party to raise, at any time, the issue of a need for a restoration evaluation of the juvenile's competency; and
- A juvenile to be examined by a competency evaluator of the juvenile's own choice and to request a second evaluation in response to a court-ordered competency evaluation or a court-ordered restoration evaluation.

If the court determines that the juvenile is incompetent to proceed and unlikely to be restored to competency in the reasonably foreseeable future, a time frame is set forth for the dismissal of charges based on the severity and type of charge.

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

2 **SECTION 1.** In Colorado Revised Statutes, 19-2.5-102, **repeal**  
3 (8), (25), and (44) as follows:

4 **19-2.5-102. Definitions.** In addition to the terms defined in  
5 section 19-1-103, as used in this article 2.5, unless the context otherwise  
6 requires:

7 (8) ~~"Competent to proceed" means that a juvenile has sufficient~~  
8 ~~present ability to consult with the juvenile's attorney with a reasonable~~  
9 ~~degree of rational understanding in order to assist in the defense and that~~  
10 ~~the juvenile has a rational as well as a factual understanding of the~~  
11 ~~proceedings.~~

1           (25) "~~Incompetent to proceed~~" means that, based on an intellectual  
2 ~~or developmental disability, mental health disorder, or lack of mental~~  
3 ~~capacity, a juvenile does not have sufficient present ability to consult with~~  
4 ~~the juvenile's attorney with a reasonable degree of rational understanding~~  
5 ~~in order to assist in the defense or that the juvenile does not have a~~  
6 ~~rational as well as a factual understanding of the proceedings taking~~  
7 ~~place.~~

8           (44) "~~Restoration to competency hearing~~" means a hearing to  
9 ~~determine whether a juvenile who has previously been determined to be~~  
10 ~~incompetent to proceed has achieved or is restored to competency.~~

11           **SECTION 2.** In Colorado Revised Statutes, **add** 19-2.5-701.5 as  
12 follows:

13           **19-2.5-701.5. Definitions.** AS USED IN THIS PART 7, UNLESS THE  
14 CONTEXT OTHERWISE REQUIRES:

15           (1) "COMPETENCY EVALUATION" MEANS AN EVALUATION  
16 CONDUCTED BY A COMPETENCY EVALUATOR THAT MEETS THE  
17 REQUIREMENTS DESCRIBED IN SECTION 19-2.5-703 (4). "COMPETENCY  
18 EVALUATION" INCLUDES BOTH COURT-ORDERED EVALUATIONS  
19 PERFORMED BY THE DEPARTMENT AND SECOND EVALUATIONS.

20           (2) "COMPETENCY EVALUATOR" MEANS AN INDIVIDUAL WITH THE  
21 QUALIFICATIONS DESCRIBED IN SECTION 19-2.5-703 (4)(b).

22           (3) "COMPETENCY HEARING" MEANS AN INITIAL HEARING TO  
23 DETERMINE WHETHER A JUVENILE IS COMPETENT TO PROCEED.

24           (4) "COMPETENT TO PROCEED" MEANS THAT A JUVENILE HAS THE  
25 SUFFICIENT PRESENT ABILITY TO CONSULT WITH THE JUVENILE'S  
26 ATTORNEY, WITH A REASONABLE DEGREE OF RATIONAL UNDERSTANDING,  
27 TO ASSIST THE ATTORNEY IN THE JUVENILE'S DEFENSE, AND THAT THE

1 JUVENILE HAS A RATIONAL AS WELL AS FACTUAL UNDERSTANDING OF THE  
2 PROCEEDINGS.

3 (5) "INCOMPETENT TO PROCEED" MEANS THAT, BASED ON AN  
4 INTELLECTUAL OR DEVELOPMENTAL DISABILITY, MENTAL HEALTH  
5 DISORDER, OR LACK OF MENTAL CAPACITY, A JUVENILE DOES NOT HAVE  
6 SUFFICIENT PRESENT ABILITY TO CONSULT WITH THE JUVENILE'S  
7 ATTORNEY WITH A REASONABLE DEGREE OF RATIONAL UNDERSTANDING  
8 IN ORDER TO ASSIST THE ATTORNEY IN THE JUVENILE'S DEFENSE OR THAT  
9 THE JUVENILE DOES NOT HAVE A RATIONAL AS WELL AS A FACTUAL  
10 UNDERSTANDING OF THE PROCEEDINGS.

11 (6) "RESTORATION EVALUATION" MEANS AN EVALUATION  
12 CONDUCTED BY A COMPETENCY EVALUATOR TO DETERMINE IF THE  
13 JUVENILE HAS BECOME COMPETENT TO PROCEED OR WILL BE ABLE TO BE  
14 RESTORED TO COMPETENCY IN THE REASONABLY FORESEEABLE FUTURE.  
15 "RESTORATION EVALUATION" INCLUDES BOTH COURT-ORDERED  
16 EVALUATIONS BY THE DEPARTMENT AND SECOND EVALUATIONS.

17 (7) "RESTORATION PROGRESS REVIEW HEARING" MEANS A  
18 HEARING IN WHICH THE JUVENILE'S PROGRESS IN RESTORATION TO  
19 COMPETENCY EDUCATION AND OTHER APPLICABLE SERVICES IS REVIEWED,  
20 BASED ON RESTORATION EDUCATION, TREATMENT RECORDS, AND ANY  
21 PRIOR COMPETENCY EVALUATION REPORTS.

22 (8) "RESTORATION TO COMPETENCY HEARING" MEANS A HEARING  
23 TO DETERMINE WHETHER A JUVENILE WHO HAS PREVIOUSLY BEEN  
24 DETERMINED TO BE INCOMPETENT TO PROCEED IS NOW COMPETENT TO  
25 PROCEED.

26 (9) "SECOND EVALUATION" MEANS AN EVALUATION IN RESPONSE  
27 TO A COURT-ORDERED COMPETENCY EVALUATION OR COURT-ORDERED

1 RESTORATION EVALUATION REQUESTED BY THE JUVENILE THAT IS  
2 PERFORMED BY A COMPETENCY EVALUATOR AND THAT IS NOT PERFORMED  
3 BY, UNDER THE DIRECTION OF, OR PAID FOR BY THE DEPARTMENT.

4 **SECTION 3.** In Colorado Revised Statutes, 19-2.5-702, **amend**  
5 (2) as follows:

6 **19-2.5-702. Incompetent to proceed - effect - how and when**  
7 **raised.** (2) A juvenile must not be tried or sentenced if the juvenile is  
8 incompetent to proceed, as defined in ~~section 19-2.5-102~~  
9 SECTION 19-2.5-701.5, at that stage of the proceedings. Juveniles, like  
10 adults, are presumed competent to proceed, as defined in ~~section~~  
11 ~~19-2.5-102~~ SECTION 19-2.5-701.5, until such time as they are found  
12 incompetent to proceed through a decision by the court. A determination  
13 of competency must include an evaluation of intellectual and  
14 developmental disabilities, mental health disorders, and mental capacity.  
15 Age alone is not determinative of incompetence without a finding that the  
16 juvenile actually lacks the relevant capacities for competence.

17 **SECTION 4.** In Colorado Revised Statutes, 19-2.5-703, **amend**  
18 (4)(c) as follows:

19 **19-2.5-703. Determination of incompetency to proceed.**  
20 (4) (c) The competency evaluation must, at a minimum, include an  
21 opinion regarding whether the juvenile is incompetent to proceed as  
22 defined in ~~section 19-2.5-102~~ SECTION 19-2.5-701.5. If the evaluation  
23 concludes the juvenile is incompetent to proceed, the evaluation must  
24 include a recommendation as to whether there is a likelihood that the  
25 juvenile may achieve or be restored to competency IN THE REASONABLY  
26 FORESEEABLE FUTURE and identify appropriate services to restore the  
27 juvenile to competency.

1           **SECTION 5.** In Colorado Revised Statutes, **add** 19-2.5-703.5 as  
2 follows:

3           **19-2.5-703.5. Waiver of privilege - exchange of information -**  
4 **admissibility of statements.** (1) WHEN THE COURT DETERMINES THAT A  
5 JUVENILE IS INCOMPETENT TO PROCEED, ANY CLAIM OF CONFIDENTIALITY  
6 OR PRIVILEGE BY THE JUVENILE OR THE JUVENILE'S PARENT OR LEGAL  
7 GUARDIAN IS DEEMED WAIVED WITHIN THE CASE TO ALLOW THE COURT  
8 AND PARTIES TO DETERMINE ISSUES RELATED TO THE JUVENILE'S  
9 COMPETENCY, RESTORATION, AND ANY MANAGEMENT PLAN DEVELOPED  
10 BY THE COURT PURSUANT TO SECTION 19-2.5-704 (3). THE DISTRICT  
11 ATTORNEY, DEFENSE ATTORNEY, GUARDIAN AD LITEM, THE DEPARTMENT,  
12 ANY COMPETENCY EVALUATORS, ANY RESTORATION TREATMENT  
13 PROVIDERS, AND THE COURT ARE GRANTED ACCESS, WITHOUT WRITTEN  
14 CONSENT OF THE JUVENILE OR FURTHER ORDER OF THE COURT, TO:

15           (a) COMPETENCY EVALUATIONS AND RESTORATION EVALUATIONS,  
16 INCLUDING ALL SECOND EVALUATIONS;

17           (b) INFORMATION AND DOCUMENTS RELATED TO COMPETENCY  
18 EVALUATIONS THAT ARE CREATED, OBTAINED, REVIEWED, OR RELIED ON  
19 BY A COMPETENCY EVALUATOR PERFORMING A COURT-ORDERED  
20 COMPETENCY EVALUATION;

21           (c) INFORMATION AND DOCUMENTS RELATING TO COMPETENCY  
22 RESTORATION THAT ARE CREATED, OBTAINED, REVIEWED, OR RELIED ON  
23 BY A COMPETENCY PROVIDER PERFORMING COURT-ORDERED RESTORATION  
24 SERVICES;

25           (d) THE COMPETENCY EVALUATOR, FOR THE PURPOSE OF  
26 DISCUSSING THE COMPETENCY EVALUATION; AND

27           (e) THE PROVIDERS OF COURT-ORDERED RESTORATION SERVICES

1 FOR THE PURPOSE OF DISCUSSING SUCH SERVICES.

2 (2) UPON A REQUEST BY EITHER PARTY OR THE COURT FOR  
3 INFORMATION DESCRIBED IN SUBSECTION (1) OF THIS SECTION, THE  
4 COMPETENCY EVALUATOR OR RESTORATION SERVICES PROVIDER SHALL  
5 PROVIDE THE INFORMATION TO THE PARTY OR COURT FOR USE IN  
6 PREPARING FOR A COMPETENCY HEARING, RESTORATION PROGRESS  
7 REVIEW HEARING, RESTORATION TO COMPETENCY HEARING, OR HEARING  
8 REGARDING A MANAGEMENT PLAN PURSUANT TO SECTION 19-2.5-704 (3)  
9 AND FOR USE IN ANY SUCH HEARING.

10 (3) A COMPETENCY EVALUATOR OR RESTORATION SERVICES  
11 PROVIDER ASSIGNED PURSUANT TO A COURT ORDER ISSUED PURSUANT TO  
12 THIS ARTICLE 2.5 SHALL PROVIDE PROCEDURAL INFORMATION TO THE  
13 DISTRICT ATTORNEY, DEFENSE ATTORNEY, GUARDIAN AD LITEM, THE  
14 DEPARTMENT, ANY COMPETENCY EVALUATORS, ANY RESTORATION  
15 TREATMENT PROVIDERS, AND THE COURT CONCERNING:

- 16 (a) THE JUVENILE'S LOCATION;
- 17 (b) THE JUVENILE'S HOSPITAL OR FACILITY ADMISSION STATUS;
- 18 (c) THE STATUS OF EVALUATION PROCEDURES;
- 19 (d) THE STATUS OF RESTORATION SERVICES PROCEDURES; AND
- 20 (e) ANY OTHER PROCEDURAL INFORMATION RELEVANT TO THE  
21 JUVENILE'S COMPETENCY, RESTORATION, OR MANAGEMENT PLAN.

22 (4) NOTHING IN THIS SECTION LIMITS THE COURT'S ABILITY TO  
23 ORDER, IN ADDITION TO THE INFORMATION SET FORTH IN SUBSECTIONS (1)  
24 AND (3) OF THIS SECTION, ADDITIONAL INFORMATION BE PROVIDED TO THE  
25 DISTRICT ATTORNEY, DEFENSE ATTORNEY, THE GUARDIAN AD LITEM, THE  
26 DEPARTMENT, ANY COMPETENCY EVALUATOR, ANY RESTORATION  
27 TREATMENT PROVIDER, AND THE COURT, UNLESS IT IS OTHERWISE

1 PROTECTED FROM DISCLOSURE BY OTHER LAW. NOTHING IN THIS SECTION  
2 LIMITS THE INFORMATION THAT IS AVAILABLE WITH THE WRITTEN  
3 CONSENT OF THE JUVENILE.

4 (5) THE COURT SHALL ORDER THE PARTIES TO EXCHANGE THE  
5 NAMES, ADDRESSES, REPORTS, AND STATEMENTS OF EACH PHYSICIAN OR  
6 PSYCHOLOGIST WHO EXAMINED OR TREATED THE JUVENILE FOR  
7 COMPETENCY.

8 (6) EVIDENCE OBTAINED DURING A COMPETENCY EVALUATION OR  
9 DURING COMPETENCY RESTORATION SERVICES THAT IS RELATED TO THE  
10 JUVENILE'S COMPETENCY OR INCOMPETENCY IS ONLY ADMISSIBLE TO  
11 DETERMINE THE JUVENILE'S COMPETENCY, INCOMPETENCY, OR TO  
12 DETERMINE ORDERS RELATED TO RESTORATION, RESTORATION SERVICES,  
13 OR A MANAGEMENT PLAN AND IS NOT ADMISSIBLE ON THE ISSUES RAISED  
14 BY A PLEA OF NOT GUILTY.

15 **SECTION 6.** In Colorado Revised Statutes, 19-2.5-704, **amend**  
16 (2)(a) and (3)(a); and **add** (2)(c) and (2.5) as follows:

17 **19-2.5-704. Procedure after determination of competency or**  
18 **incompetency.** (2) (a) If the court finally determines pursuant to section  
19 19-2.5-703 that the juvenile is incompetent to proceed but may be  
20 restored to competency IN THE REASONABLY FORESEEABLE FUTURE, the  
21 court shall stay the proceedings and order that the juvenile receive  
22 services designed to restore the juvenile to competency, based upon  
23 recommendations in the competency evaluation, unless the court makes  
24 specific findings that the recommended services in the competency  
25 evaluation are not justified. The court shall order that the restoration  
26 services ordered are provided in the least-restrictive environment, taking  
27 into account the public safety and the best interests of the juvenile, and



1 that the provision of the services and the juvenile's participation in those  
2 services occur in a timely manner. The court shall ~~review the provision~~  
3 ~~of and the juvenile's participation in the services and the juvenile's~~  
4 ~~progress toward competency~~ HOLD A RESTORATION PROGRESS REVIEW  
5 HEARING at least every ninety-one days until competency is restored,  
6 unless the juvenile is in custody, in which event the court shall ~~review the~~  
7 ~~case~~ HOLD A RESTORATION PROGRESS REVIEW HEARING every thirty-five  
8 days to ensure the prompt provision of services in the least-restrictive  
9 environment. The court shall not maintain jurisdiction longer than the  
10 maximum possible sentence for the ~~original~~ MOST SERIOUS offense, unless  
11 the court makes specific findings of good cause to retain jurisdiction.  
12 However, the juvenile court's jurisdiction shall not extend beyond the  
13 juvenile's twenty-first birthday.

14 (c) THE COURT OR A PARTY MAY RAISE, AT ANY TIME, THE NEED  
15 FOR A RESTORATION EVALUATION OF A JUVENILE'S COMPETENCY. IF  
16 RAISED, THE COURT SHALL ORDER A RESTORATION EVALUATION ONLY  
17 WHEN THERE IS CREDIBLE INFORMATION THAT THE JUVENILE'S  
18 CIRCUMSTANCES HAVE CHANGED, THE COURT CANNOT FAIRLY DETERMINE  
19 WHETHER THE JUVENILE HAS BEEN RESTORED TO COMPETENCY OR WILL BE  
20 ABLE TO BE RESTORED TO COMPETENCY IN THE REASONABLY  
21 FORESEEABLE FUTURE, AND THE CAUSE FOR A RESTORATION EVALUATION  
22 OUTWEIGHS THE NEGATIVE IMPACT OF A RESTORATION EVALUATION UPON  
23 THE JUVENILE AND ANY DELAY THAT WILL BE CAUSED BY A RESTORATION  
24 EVALUATION. THE COURT MAY HOLD A HEARING TO DETERMINE IF A  
25 RESTORATION EVALUATION MUST BE ORDERED. IF THE COURT ORDERS A  
26 RESTORATION EVALUATION, SUCH EVALUATION MUST MEET THE  
27 REQUIREMENTS OF SECTION 19-2.5-703 (4).

1           (2.5) (a) IF THE COURT FINDS A JUVENILE IS INCOMPETENT TO  
2 PROCEED AND THE JUVENILE HAS BEEN INCOMPETENT TO PROCEED FOR A  
3 PERIOD OF TIME THAT EXCEEDS THE TIME LIMITS SET FORTH IN THIS  
4 SUBSECTION (2.5), THE COURT SHALL ENTER A FINDING THAT THE  
5 JUVENILE IS UNRESTORABLE TO COMPETENCY AND SHALL DETERMINE  
6 WHETHER A MANAGEMENT PLAN FOR THE JUVENILE IS NECESSARY  
7 PURSUANT TO SUBSECTION (3)(a) OF THIS SECTION. THE TIME LIMITS ARE  
8 AS FOLLOWS:

9           (I) IF THE HIGHEST CHARGE WOULD BE A MISDEMEANOR, A  
10 MISDEMEANOR DRUG OFFENSE, A PETTY OFFENSE, OR A TRAFFIC OFFENSE,  
11 AND THE JUVENILE IS NOT RESTORED TO COMPETENCY AFTER A PERIOD OF  
12 SIX MONTHS, THE COURT SHALL FIND THE JUVENILE UNRESTORABLE TO  
13 COMPETENCY;

14           (II) IF THE HIGHEST CHARGE WOULD BE A CLASS 4, 5, OR 6 FELONY,  
15 OR A LEVEL 3 OR 4 DRUG FELONY, AND THE JUVENILE IS NOT RESTORED TO  
16 COMPETENCY AFTER A PERIOD OF ONE YEAR, THE COURT SHALL FIND THE  
17 JUVENILE UNRESTORABLE TO COMPETENCY;

18           (III) IF THE HIGHEST CHARGE WOULD BE A CLASS 2 OR 3 FELONY OR  
19 A LEVEL 1 OR 2 DRUG FELONY, EXCEPT A CLASS 1, 2, OR 3 FELONY CRIME  
20 OF VIOLENCE, AND THE JUVENILE IS NOT RESTORED TO COMPETENCY  
21 AFTER A PERIOD OF TWO YEARS, THE COURT SHALL FIND THE JUVENILE  
22 UNRESTORABLE TO COMPETENCY; OR

23           (IV) IF THE HIGHEST CHARGE WOULD BE A CLASS 1 FELONY OR A  
24 CLASS 1, 2, OR 3 FELONY CRIME OF VIOLENCE, OR NOTWITHSTANDING  
25 OTHER PROVISIONS OF THIS SUBSECTION (2.5), IF THE JUVENILE IS  
26 CHARGED AS AN AGGRAVATED JUVENILE OFFENDER PURSUANT TO SECTION  
27 19-2.5-1125 (4) OR 19-2.5-1127, AND THE JUVENILE IS NOT RESTORED TO

1 COMPETENCY AFTER A PERIOD OF FIVE YEARS, THE COURT SHALL PRESUME  
2 THAT THE JUVENILE IS UNRESTORABLE TO COMPETENCY; EXCEPT THAT THE  
3 PROSECUTION MAY REBUT THIS PRESUMPTION WITH A SHOWING BY A  
4 PREPONDERANCE OF THE EVIDENCE THAT THE JUVENILE IS LIKELY TO BE  
5 RESTORED TO COMPETENCY PRIOR TO THE JUVENILE'S TWENTY-FIRST  
6 BIRTHDAY.

7 (b) NOTHING IN THIS SUBSECTION (2.5) PRECLUDES A COURT FROM  
8 DETERMINING A JUVENILE IS UNLIKELY TO BE RESTORED TO COMPETENCY  
9 IN THE REASONABLY FORESEEABLE FUTURE AND ENTERING AN ORDER  
10 THAT THE JUVENILE IS UNRESTORABLE TO COMPETENCY PURSUANT TO  
11 SUBSECTION (3)(a) OF THIS SECTION THROUGH A COMPETENCY HEARING  
12 OR RESTORATION TO COMPETENCY HEARING CONDUCTED AT ANY TIME  
13 PRIOR TO THE EXPIRATION OF THE TIME LIMITS SET FORTH IN SUBSECTION  
14 (2.5)(a) OF THIS SECTION, BASED UPON THE AVAILABLE EVIDENCE.

15 (3) (a) If the court finally determines pursuant to section  
16 19-2.5-703 OR 19-2.5-703.5 that the juvenile is incompetent to proceed  
17 and cannot be restored to competency IN THE REASONABLY FORESEEABLE  
18 FUTURE, the court shall ENTER AN ORDER FINDING THE JUVENILE  
19 UNRESTORABLE TO COMPETENCY AND SHALL determine whether a  
20 management plan for the juvenile is necessary, taking into account the  
21 public safety and the best interests of the juvenile. If the court determines  
22 a management plan is necessary, the court shall develop the management  
23 plan after ordering that the juvenile be placed in the least-restrictive  
24 environment, taking into account the public safety and best interests of  
25 the juvenile. If the court determines a management plan is unnecessary,  
26 the court may continue any treatment or plan already in place for the  
27 juvenile. The management plan must, at a minimum, address treatment

1 for the juvenile, identify the party or parties responsible for the juvenile,  
2 and specify appropriate behavior management tools, if they are not  
3 otherwise part of the juvenile's treatment.

4 **SECTION 7.** In Colorado Revised Statutes, 19-2.5-705, **amend**  
5 (1) as follows:

6 **19-2.5-705. Restoration to competency hearing.** (1) The court  
7 may order a restoration to competency hearing, as defined in ~~section~~  
8 ~~19-2.5-102~~ SECTION 19-2.5-701.5, at any time on its own motion, on  
9 motion of the prosecuting attorney, or on motion of the juvenile. The  
10 court shall order a restoration of competency hearing if a competency  
11 evaluator with the qualifications described in section 19-2.5-703 (4)(b)  
12 files a report certifying that the juvenile is competent to proceed.

13 **SECTION 8.** In Colorado Revised Statutes, **add** 19-2.5-707 as  
14 follows:

15 **19-2.5-707. Evaluation at the request of the juvenile.** IF A  
16 JUVENILE WISHES TO BE EXAMINED BY A COMPETENCY EVALUATOR OF THE  
17 JUVENILE'S OWN CHOICE IN CONNECTION WITH A PROCEEDING PURSUANT  
18 TO THIS ARTICLE 2.5, THE COURT, UPON TIMELY MOTION, SHALL ORDER  
19 THAT THE COMPETENCY EVALUATION OCCUR. A JUVENILE HAS THE RIGHT  
20 TO REQUEST A SECOND EVALUATION IN RESPONSE TO A COURT-ORDERED  
21 COMPETENCY EVALUATION OR A COURT-ORDERED RESTORATION  
22 EVALUATION WITHIN SEVEN DAYS AFTER THE RECEIPT OF AN EVALUATION.  
23 WHEN REQUESTED, THE COURT SHALL ALLOW TIME FOR THE SECOND  
24 EVALUATION TO BE COMPLETED PRIOR TO ANY COMPETENCY HEARING OR  
25 RESTORATION HEARING.

26 **SECTION 9. Act subject to petition - effective date.** This act  
27 takes effect at 12:01 a.m. on the day following the expiration of the

1 ninety-day period after final adjournment of the general assembly; except  
2 that, if a referendum petition is filed pursuant to section 1 (3) of article V  
3 of the state constitution against this act or an item, section, or part of this  
4 act within such period, then the act, item, section, or part will not take  
5 effect unless approved by the people at the general election to be held in  
6 November 2024 and, in such case, will take effect on the date of the  
7 official declaration of the vote thereon by the governor.

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

**BILL B**

LLS NO. 23-0159.01 Jason Gelender x4330

**SENATE BILL**

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**SENATE SPONSORSHIP**

**Fields, Rodriguez**

**HOUSE SPONSORSHIP**

**Amabile,**

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**Senate Committees**

**House Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING ONGOING FUNDING FOR THE COLORADO 911 RESOURCE**  
102 **CENTER.**

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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.** To provide ongoing funding for the Colorado 911 resource center, the state treasurer is required to issue a warrant, paid from the general fund, in the amount of \$250,000 to the Colorado 911 resource center on July 1, 2023, and on each July 1 thereafter.

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

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

2           **SECTION 1.** In Colorado Revised Statutes, 29-11-100.2, **add** (3)  
3 as follows:

4           **29-11-100.2. Legislative declaration.** (3) THE GENERAL  
5 ASSEMBLY FURTHER FINDS AND DECLARES THAT:

6           (a) THE PUBLIC UTILITIES COMMISSION CREATED THE COLORADO  
7 911 RESOURCE CENTER IN 2006 AS AN INDEPENDENT NONPROFIT ENTITY  
8 TO PROVIDE CENTRALIZED GUIDANCE AND ASSISTANCE TO LOCAL 911  
9 EMERGENCY CALL SERVICE AUTHORITIES AND PUBLIC SAFETY ANSWERING  
10 POINTS THROUGHOUT THE STATE;

11           (b) THE COLORADO 911 RESOURCE CENTER SUPPORTS LOCAL 911  
12 AUTHORITIES AND PROFESSIONALS IN KEEPING THE PUBLIC AND PUBLIC  
13 SAFETY RESPONDERS OF COLORADO SAFE BY CREATING A STATEWIDE  
14 INFORMATION DATABASE AND CLEARINGHOUSE WHERE 911  
15 PROFESSIONALS CAN LEARN ABOUT CURRENT ISSUES AND ABOUT HOW  
16 DIFFERENT LOCAL 911 AUTHORITIES AND PUBLIC SAFETY ANSWERING  
17 POINTS PROVIDE 911 SERVICES AND WHERE 911 PROFESSIONALS CAN ALSO  
18 ACCESS SAMPLE POLICIES AND ORGANIZATIONAL DOCUMENTS;

19           (c) THE COLORADO 911 RESOURCE CENTER HAS BEEN FUNDED  
20 SINCE ITS INCEPTION FROM THE PROCEEDS OF A 2004 SETTLEMENT  
21 AGREEMENT APPROVED BY THE PUBLIC UTILITIES COMMISSION THAT  
22 REQUIRED A TELECOMMUNICATIONS COMPANY TO PROVIDE TWO MILLION  
23 DOLLARS FOR THE CREATION AND OPERATION OF A NONPROFIT  
24 ORGANIZATION TO ASSIST LOCAL PUBLIC SAFETY ANSWERING POINTS, BUT  
25 THAT FUNDING IS RUNNING OUT AND WILL NOT BE AVAILABLE AFTER  
26 STATE FISCAL YEAR 2022-23; AND

1           (d) THE COLORADO 911 RESOURCE CENTER PROVIDES A CRITICAL  
2 PUBLIC SERVICE THAT BENEFITS ALL COLORADANS, AND IT IS NECESSARY,  
3 APPROPRIATE, IN THE BEST INTEREST OF ALL COLORADANS, AND IN  
4 FURTHERANCE OF A PUBLIC PURPOSE TO PROVIDE ONGOING, ADEQUATE,  
5 AND SUSTAINABLE STATE FUNDING TO THE COLORADO 911 RESOURCE  
6 CENTER.

7           **SECTION 2.** In Colorado Revised Statutes, **add** 29-11-108 as  
8 follows:

9           **29-11-108. Colorado 911 resource center - ongoing funding -**  
10 **definition.** (1) ON JULY 1, 2023, AND ON EACH JULY 1 THEREAFTER, THE  
11 STATE TREASURER SHALL ISSUE A WARRANT, PAID FROM THE GENERAL  
12 FUND, IN THE AMOUNT OF TWO HUNDRED FIFTY THOUSAND DOLLARS TO  
13 THE COLORADO 911 RESOURCE CENTER.

14           (2) AS USED IN THIS SECTION, "COLORADO 911 RESOURCE CENTER"  
15 MEANS THE COLORADO 911 RESOURCE CENTER CREATED BY THE  
16 COMMISSION OR ITS SUCCESSOR ENTITY.

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



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

**BILL C**

LLS NO. 23-0160.01 Chelsea Princell x4335

**SENATE BILL**

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**SENATE SPONSORSHIP**

**Rodriguez and Fields,**

**HOUSE SPONSORSHIP**

**Amabile and Benavidez,**

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**Senate Committees**

**House Committees**

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**A BILL FOR AN ACT**

101      **CONCERNING PRIOR AUTHORIZATION EXEMPTION FOR MEDICAID**  
102              **COVERAGE OF MEDICATIONS TREATING SERIOUS MENTAL**  
103              **ILLNESS.**

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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 department of health care policy and financing from imposing prior authorization, step therapy, and fail first requirements for medicaid coverage of a prescription drug,

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

as indicated on federally approved labels, to treat serious mental health disorders.

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

2 **SECTION 1. Legislative declaration.** (1) The general assembly  
3 finds, determines, and declares that:

4 (a) It is estimated that nearly a quarter million Coloradans are  
5 living with serious mental health disorders like schizophrenia or bipolar  
6 disorder, yet less than half of the adult population in the state of Colorado  
7 receives appropriate care;

8 (b) It is well documented that access to appropriate treatment,  
9 including medication, leads to better outcomes for individuals living with  
10 serious mental health disorders;

11 (c) Individuals living with schizophrenia subject to formulary  
12 restrictions are more likely to be hospitalized, with twenty-three percent  
13 higher inpatient costs. Similar effects are observed for patients with  
14 bipolar disorder. Prior authorization requirements for atypical  
15 antipsychotics are associated with a twenty-two percent increase in the  
16 likelihood of imprisonment.

17 (d) Policies that restrict access to medications, including prior  
18 authorization, step therapy protocol, and fail first requirements may  
19 diminish access to necessary medications and ultimately result in  
20 significant human, economic, and social costs.

21 (2) Therefore, the general assembly declares that access to  
22 medications for the treatment of serious mental health disorders is  
23 available without access restrictions for Coloradans receiving care  
24 through the medical assistance program.

25 **SECTION 2.** In Colorado Revised Statutes, **add** 25.5-5-514 as

1 follows:

2 **25.5-5-514. Prior authorization exemption for medications**  
3 **treating serious mental health disorders - definitions.** (1) AS USED IN  
4 THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

5 (a) "FAIL FIRST" MEANS A METHOD OF DRUG PLAN FORMULARY  
6 CONTROL IN WHICH A PATIENT MUST TRY A LESS EXPENSIVE DRUG BEFORE  
7 BEING PRESCRIBED A MORE EXPENSIVE DRUG USED TO TREAT THE SAME  
8 IMPAIRMENT.

9 (b) "PRESCRIPTION DRUG" HAS THE SAME MEANING AS SET FORTH  
10 IN SECTION 12-280-103.

11 (c) "PRIOR AUTHORIZATION" HAS THE SAME MEANING AS SET  
12 FORTH IN SECTION 10-16-112.5.

13 (d) "SERIOUS MENTAL HEALTH DISORDER" MEANS A DIAGNOSIS OF  
14 SCHIZOPHRENIA, SCHIZO-AFFECTIVE DISORDER, BIPOLAR DISORDER, OR  
15 MAJOR DEPRESSIVE DISORDER.

16 (e) "STEP THERAPY" HAS THE SAME MEANING AS SET FORTH IN  
17 SECTION 10-16-145.

18 (2) THE STATE DEPARTMENT SHALL NOT IMPOSE ANY PRIOR  
19 AUTHORIZATION, FAIL FIRST, OR STEP THERAPY REQUIREMENTS FOR ANY  
20 PRESCRIPTION DRUG, AS INDICATED ON FEDERALLY APPROVED LABELS, TO  
21 TREAT SERIOUS MENTAL HEALTH DISORDERS.

22 (3) THIS SECTION APPLIES TO DRUGS BEING PROVIDED UNDER  
23 CONTRACT BETWEEN THE STATE DEPARTMENT AND A HEALTH  
24 MAINTENANCE ORGANIZATION.

25 (4) THIS SECTION DOES NOT PROHIBIT THE STATE DEPARTMENT  
26 FROM CONTRACTING WITH A MANAGED CARE ORGANIZATION FOR  
27 PHARMACEUTICAL SERVICES OFFERED UNDER THE MEDICAL ASSISTANCE

1 PROGRAM ADMINISTERED PURSUANT TO THIS TITLE 25.5 IF THE CONTRACT  
2 COMPLIES WITH THIS SECTION.

3 (5) NOTHING IN THIS SECTION PROHIBITS OR DISCOURAGES THE USE  
4 OF GENERIC DRUGS.

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

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

**BILL D**

LLS NO. 23-0162.03 Jacob Baus x2173

**HOUSE BILL**

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**HOUSE SPONSORSHIP**

**Amabile and Benavidez,**

**SENATE SPONSORSHIP**

**Fields and Rodriguez,**

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**House Committees**

**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

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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 - rules - report - definitions.**

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

8           (I) THE USE IS TO PREVENT THE INDIVIDUAL FROM COMMITTING  
9 IMMINENT AND SERIOUS HARM TO THE INDIVIDUAL'S SELF OR ANOTHER

1 PERSON, BASED ON IMMEDIATELY PRESENT EVIDENCE AND  
2 CIRCUMSTANCES;

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

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

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

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

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

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

27 (A) TWELVE HOURS PER EPISODE; AND

1 (B) TWO HUNDRED FORTY HOURS TOTAL ACROSS ALL EPISODES IN  
2 ONE YEAR.

3 (II) THE CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON  
4 SHALL NOT RESTART THE TIME CALCULATION TO START A NEW EPISODE IF  
5 THE INDIVIDUAL IS TEMPORARILY RELEASED FROM A CLINICAL  
6 AMBULATORY RESTRAINT NOT FOR THE PURPOSE OF TERMINATING THE  
7 CLINICAL AMBULATORY RESTRAINT ORDER. THE TIME AN INDIVIDUAL IS  
8 TEMPORARILY RELEASED FROM A CLINICAL AMBULATORY RESTRAINT NOT  
9 FOR A PURPOSE OF TERMINATING THE CLINICAL AMBULATORY RESTRAINT  
10 ORDER SUSPENDS THE CALCULATION OF TIME PURSUANT TO SUBSECTION  
11 (2)(c)(I) OF THIS SECTION.

12 (c)(I) AN INITIAL CLINICAL AMBULATORY RESTRAINT ORDER MUST  
13 NOT EXCEED TWO HOURS. A LICENSED MENTAL HEALTH PROVIDER, OR  
14 MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR  
15 DESIGNATED BY THE DEPARTMENT, SHALL ASSESS THE INDIVIDUAL  
16 SUBJECTED TO THE RESTRAINT TO DETERMINE WHETHER TO TERMINATE OR  
17 CONTINUE THE ORDER AT LEAST ONCE EVERY HOUR.

18 (II) IF THE LICENSED MENTAL HEALTH PROVIDER, OR MENTAL  
19 HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY  
20 THE DEPARTMENT, CONTINUES THE INITIAL CLINICAL AMBULATORY  
21 RESTRAINT ORDER, THE LICENSED MENTAL HEALTH PROVIDER, OR MENTAL  
22 HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY  
23 THE DEPARTMENT, SHALL ASSESS THE INDIVIDUAL SUBJECT TO THE  
24 RESTRAINT TO DETERMINE WHETHER TO TERMINATE OR CONTINUE THE  
25 ORDER AT LEAST ONCE EVERY HOUR.

26 (III) AT EACH ASSESSMENT PURSUANT TO SUBSECTIONS (2)(c)(I)  
27 AND (2)(c)(II) OF THIS SECTION, THE LICENSED MENTAL HEALTH



1 PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT  
2 RULE OR DESIGNATED BY THE DEPARTMENT, SHALL:

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

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

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

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

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

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

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

27 (d) A QUALIFIED FACILITY SHALL NOT RESTRAIN AN INDIVIDUAL

1 SUBJECT TO A CLINICAL FOUR-POINT RESTRAINT IN A PRONE POSITION. A  
2 QUALIFIED FACILITY SHALL CONSIDER THE INDIVIDUAL'S PREEXISTING  
3 MEDICAL CONDITIONS OR PHYSICAL DISABILITIES OR LIMITATIONS THAT  
4 MAY INCREASE THE RISK OF INJURY TO THE INDIVIDUAL DURING A  
5 CLINICAL RESTRAINT EPISODE AND RESTRAIN THE INDIVIDUAL IN A  
6 MANNER THAT MINIMIZES THE INDIVIDUAL'S DISCOMFORT AND RISK OF  
7 INJURY OR COMPLICATION. THE QUALIFIED FACILITY SHALL NOTIFY THE  
8 INDIVIDUAL SUBJECTED TO THE CLINICAL FOUR-POINT RESTRAINT THAT  
9 THE INDIVIDUAL MAY REQUEST REPOSITIONING AT ANY TIME TO MINIMIZE  
10 DISCOMFORT; EXCEPT THAT PRONE POSITIONING MUST NEVER BE  
11 PERMITTED.

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

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

18 (A) FOUR HOURS PER EPISODE; AND

19 (B) TWO HUNDRED FORTY HOURS IN ONE YEAR.

20 (II) THE QUALIFIED FACILITY SHALL NOT RESTART THE TIME  
21 CALCULATION TO START A NEW EPISODE IF THE INDIVIDUAL IS  
22 TEMPORARILY RELEASED FROM A CLINICAL FOUR-POINT RESTRAINT NOT  
23 FOR THE PURPOSE OF TERMINATING THE CLINICAL FOUR-POINT RESTRAINT  
24 ORDER. THE TIME AN INDIVIDUAL IS TEMPORARILY RELEASED FROM A  
25 CLINICAL RESTRAINT FOR THE PURPOSE OF TERMINATING THE CLINICAL  
26 FOUR-POINT RESTRAINT ORDER SUSPENDS THE CALCULATION OF TIME  
27 PURSUANT TO SUBSECTION (3)(f)(I) OF THIS SECTION.

1           (g) (I) AN INITIAL ORDER FOR CLINICAL FOUR-POINT RESTRAINT  
2 MUST NOT EXCEED THIRTY MINUTES. A LICENSED MENTAL HEALTH  
3 PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT  
4 RULE OR DESIGNATED BY THE DEPARTMENT, SHALL ASSESS THE  
5 INDIVIDUAL SUBJECT TO THE CLINICAL FOUR-POINT RESTRAINT TO  
6 DETERMINE WHETHER TO TERMINATE OR CONTINUE THE ORDER AT LEAST  
7 ONCE DURING THE INITIAL THIRTY-MINUTE PERIOD.

8           (II) IF THE LICENSED MENTAL HEALTH PROVIDER, OR MENTAL  
9 HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR DESIGNATED BY  
10 THE DEPARTMENT, CONTINUES THE INITIAL ORDER, A LICENSED MENTAL  
11 HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
12 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, SHALL ASSESS  
13 THE INDIVIDUAL SUBJECT TO THE CLINICAL FOUR-POINT RESTRAINT TO  
14 DETERMINE WHETHER TO TERMINATE OR CONTINUE THE ORDER AT LEAST  
15 ONCE EVERY HOUR.

16           (III) AT EACH ASSESSMENT PURSUANT TO SUBSECTIONS (3)(g)(I)  
17 AND (3)(g)(II) OF THIS SECTION, THE LICENSED MENTAL HEALTH  
18 PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT  
19 RULE OR DESIGNATED BY THE DEPARTMENT, SHALL:

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

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

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

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

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

10 (a) TO ENSURE THE INDIVIDUAL'S CIRCULATION IS UNRESTRICTED,  
11 BREATHING IS NOT COMPROMISED, AND OTHER PHYSICAL NEEDS ARE  
12 SATISFIED;

13 (b) TO ENSURE THE INDIVIDUAL IS PROPERLY POSITIONED IN THE  
14 RESTRAINT;

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

17 (d) TO MONITOR THE EFFECT OF MEDICATION ON THE INDIVIDUAL,  
18 IF APPLICABLE; AND

19 (e) TO MONITOR WHETHER THE INDIVIDUAL IS EXHIBITING  
20 BEHAVIORS REQUIRING THE CONTINUATION OR TERMINATION OF THE  
21 CLINICAL RESTRAINT ORDER.

22 (5) AT ALL TIMES AN INDIVIDUAL IS SUBJECTED TO A CLINICAL  
23 RESTRAINT, THE INDIVIDUAL MUST BE ABLE TO COMMUNICATE TO ANY  
24 EMPLOYEE, QUALIFIED HEALTH-CARE PROVIDER, LICENSED MENTAL  
25 HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
26 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, WHO IS  
27 RESPONSIBLE FOR MONITORING THE INDIVIDUAL DURING THE CLINICAL

1 RESTRAINT EPISODE.

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

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

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

18 (III) THE SPECIFIC BEHAVIORAL CRITERIA THE INDIVIDUAL MUST  
19 EXHIBIT IN ORDER FOR THE CLINICAL RESTRAINT EPISODE TO BE  
20 TERMINATED;

21 (IV) ANY MODIFICATIONS TO THE ORDER, AND THE TIME AND  
22 DATE, AND SIGNATURE OF THE LICENSED MENTAL HEALTH PROVIDER, OR  
23 MENTAL HEALTH CLINICIAN AS DEFINED BY DEPARTMENT RULE OR  
24 DESIGNATED BY THE DEPARTMENT, WHO MODIFIES THE ORDER;

25 (V) THE DATE AND TIME OF AN ASSESSMENT PERFORMED  
26 PURSUANT TO SUBSECTIONS (2)(d) AND (3)(f) OF THIS SECTION, AND THE  
27 SIGNATURE OF THE QUALIFIED HEALTH-CARE PROFESSIONAL WHO

1 PERFORMED THE ASSESSMENT, AND FINDINGS JUSTIFYING THE  
2 TERMINATION OR CONTINUATION OF THE ORDER MADE PURSUANT TO THE  
3 ASSESSMENT;

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

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

19 (VIII) THE DATE AND TIME OF THE TERMINATION OF THE ORDER,  
20 THE SIGNATURE OF THE PERSON WHO TERMINATED THE ORDER, THE  
21 OBSERVATIONS, AND EVIDENCE THAT THE INDIVIDUAL EXHIBITED  
22 BEHAVIOR JUSTIFYING THE TERMINATION OF THE ORDER.

23 (b) THE FACILITY SHALL ENSURE THE DOCUMENTATION AND  
24 RETENTION REQUIRED PURSUANT TO THIS SECTION IS CONDUCTED  
25 PURSUANT TO ALL APPLICABLE STATE AND FEDERAL LAWS REGARDING THE  
26 CONFIDENTIALITY OF THE INDIVIDUAL'S INFORMATION AND SHALL ENSURE  
27 AN INDIVIDUAL MAY ACCESS THE INFORMATION OR DEMAND RELEASE OF

1 THE INFORMATION TO A THIRD PARTY.

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

18 (b) IF A BEHAVIORAL MANAGEMENT ASSESSMENT CONCLUDES  
19 THAT THE INDIVIDUAL IS AT INCREASED RISK FOR BEHAVIORS THAT MAY  
20 RESULT IN THE USE OF A CLINICAL RESTRAINT, A LICENSED MENTAL  
21 HEALTH PROVIDER, OR MENTAL HEALTH CLINICIAN AS DEFINED BY  
22 DEPARTMENT RULE OR DESIGNATED BY THE DEPARTMENT, SHALL DEVELOP  
23 AND IMPLEMENT, WITH INPUT FROM THE INDIVIDUAL, A BEHAVIORAL  
24 MANAGEMENT PLAN FOR THE PURPOSE OF UTILIZING INDIVIDUAL-SPECIFIC  
25 AND LESS RESTRICTIVE INTERVENTIONS TO PREVENT OR REDUCE USE OF  
26 CLINICAL RESTRAINTS.

27 (8) (a) SUBJECT TO THE PROVISIONS OF THIS SECTION, A

1 CORRECTIONAL FACILITY OR PRIVATE CONTRACT PRISON SHALL NOT USE  
2 AN INVOLUNTARY MEDICATION ON AN INDIVIDUAL, UNLESS:

3 (I) THE INDIVIDUAL IS DETERMINED TO BE DANGEROUS TO THE  
4 INDIVIDUAL'S SELF OR ANOTHER PERSON, AND THE TREATMENT IS IN THE  
5 INDIVIDUAL'S MEDICAL INTEREST;

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

8 (III) THE INVOLUNTARY MEDICATION IS ADMINISTERED AFTER  
9 EXHAUSTION OF PROCEDURAL REQUIREMENTS ESTABLISHED PURSUANT TO  
10 THIS SECTION.

11 (b) NOTWITHSTANDING SECTION 17-1-111, THE DEPARTMENT  
12 SHALL PROMULGATE RULES ESTABLISHING A PROCESS FOR DETERMINING  
13 WHETHER TO USE, AND HOW TO USE, AN INVOLUNTARY MEDICATION ON AN  
14 INDIVIDUAL. THE PROCESS MUST BE CONSISTENT WITH SECTIONS 24-4-105  
15 AND 24-4-106.

16 (c) THE CORRECTIONAL FACILITY OR PRIVATE CONTRACT FACILITY  
17 SHALL CONVENE AN INVOLUNTARY MEDICATION COMMITTEE, COMPRISED  
18 OF FOUR MEMBERS, TO SERVE AS THE AGENCY PRESIDING AT THE HEARING.  
19 THE FOUR MEMBERS ARE A LICENSED PSYCHIATRIST, A LICENSED  
20 PSYCHOLOGIST, A LICENSED MENTAL HEALTH PROVIDER, AND THE  
21 SUPERINTENDENT OF THE FACILITY OR THE SUPERINTENDENT'S DESIGNEE.  
22 THE USE OF AN INVOLUNTARY MEDICATION ON AN INDIVIDUAL IS  
23 PROHIBITED, UNLESS A MAJORITY OF ALL COMMITTEE MEMBERS APPROVE  
24 THE USE.

25 (d) THE CORRECTIONAL FACILITY OR PRIVATE CONTRACT FACILITY  
26 SHALL ASCERTAIN WHETHER THE INDIVIDUAL HAS RETAINED COUNSEL,  
27 AND, IF THE INDIVIDUAL HAS NOT, SHALL REFER THE INDIVIDUAL TO AN



1 OFFICE OF STATE PUBLIC DEFENDER LIAISON TO THE DEPARTMENT TO  
2 REPRESENT THE PERSON WITHOUT COST TO THE INDIVIDUAL WITHIN THREE  
3 DAYS AFTER THE NOTICE OF HEARING PROVIDED TO THE INDIVIDUAL  
4 UNLESS THE INDIVIDUAL WAIVES COUNSEL. AN INDIVIDUAL'S WAIVER OF  
5 COUNSEL MUST BE KNOWING, INTELLIGENT, AND VOLUNTARY.

6 (e) AN ORDER FOR AN INVOLUNTARY MEDICATION MUST NOT:

7 (I) BE FOR LONGER THAN NINETY DAYS FROM THE DATE OF THE  
8 ORDER; AND

9 (II) PERMIT THE USE OF MORE THAN FIVE DIFFERENT MEDICATIONS  
10 DURING THE NINETY DAY PERIOD. THIS DOES NOT LIMIT THE AMOUNT OF  
11 DOSES OF THE MEDICATIONS TO BE ADMINISTERED, AS MEDICALLY  
12 APPROPRIATE.

13 (f) A FACILITY SHALL ENSURE THAT THE USE OF INVOLUNTARY  
14 MEDICATION IS DOCUMENTED AND MAINTAINED IN THE RECORD OF THE  
15 INDIVIDUAL. AT A MINIMUM, THE FACILITY SHALL DOCUMENT:

16 (I) THE ORDER FOR INVOLUNTARY MEDICATION;

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

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

25 (g) THE FACILITY SHALL ENSURE THE DOCUMENTATION AND  
26 MAINTENANCE REQUIRED PURSUANT TO THIS SECTION IS CONDUCTED  
27 PURSUANT TO ALL APPLICABLE STATE AND FEDERAL LAWS REGARDING THE

1 CONFIDENTIALITY OF THE INFORMATION.

2 (9) (a) ON OR BEFORE MARCH 1, 2024, AND ON OR BEFORE MARCH  
3 1 EACH YEAR THEREAFTER, THE EXECUTIVE DIRECTOR OF THE  
4 DEPARTMENT SHALL SUBMIT A REPORT TO THE JUDICIARY COMMITTEES OF  
5 THE SENATE AND HOUSE AND REPRESENTATIVES, OR ANY SUCCESSOR  
6 COMMITTEES, CONCERNING THE USE OF CLINICAL RESTRAINTS AND  
7 INVOLUNTARY MEDICATION IN THE PRECEDING CALENDAR YEAR. AT A  
8 MINIMUM, THE REPORT MUST INCLUDE:

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

11 (II) THE TOTAL NUMBER OF INVOLUNTARY MEDICATION ORDERS  
12 ISSUED;

13 (III) THE AVERAGE AMOUNT OF TIME OF CLINICAL AMBULATORY  
14 RESTRAINT EPISODES AND CLINICAL FOUR-POINT RESTRAINT EPISODES;

15 (IV) THE AVERAGE DURATION OF INVOLUNTARY MEDICATION  
16 ORDERS ISSUED;

17 (V) THE LONGEST CLINICAL AMBULATORY RESTRAINT EPISODE  
18 AND THE LONGEST CLINICAL FOUR-POINT RESTRAINT EPISODE;

19 (VI) THE PERCENTAGE OF TOTAL CLINICAL AMBULATORY  
20 RESTRAINT EPISODES THAT EXCEEDED TWO HOURS, AND THE PERCENTAGE  
21 OF TOTAL CLINICAL FOUR-POINT RESTRAINT EPISODES THAT EXCEEDED  
22 TWO HOURS;

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

1 BEHAVIORAL HEALTH DISORDER OR INTELLECTUAL OR DEVELOPMENTAL  
2 DISABILITY;

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

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

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

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

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

26 (c) THE DEPARTMENT SHALL ENSURE THE REPORT REQUIRED IN  
27 THIS SUBSECTION (9) DOES NOT DISCLOSE ANY INFORMATION IN VIOLATION

1 OF APPLICABLE STATE AND FEDERAL LAWS REGARDING THE  
2 CONFIDENTIALITY OF INDIVIDUALS' INFORMATION.

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

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

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

12 (c) "CLINICAL RESTRAINT" MEANS A DEVICE USED TO  
13 INVOLUNTARILY LIMIT AN INDIVIDUAL'S FREEDOM OF MOVEMENT.  
14 "CLINICAL RESTRAINT" INCLUDES CLINICAL AMBULATORY RESTRAINT AND  
15 CLINICAL FOUR-POINT RESTRAINT.

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

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

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

22 (g) "INVOLUNTARY MEDICATION" MEANS GIVING AN INDIVIDUAL  
23 MEDICATION INVOLUNTARILY FOR THE PURPOSE OF RESTRAINING THAT  
24 INDIVIDUAL; EXCEPT THAT "INVOLUNTARY MEDICATION" DOES NOT  
25 INCLUDE THE INVOLUNTARY ADMINISTRATION OF MEDICATION OR  
26 ADMINISTRATION OF MEDICATION FOR VOLUNTARY LIFE-SAVING MEDICAL  
27 PROCEDURES.

1 (h) "LICENSED MENTAL HEALTH PROVIDER" HAS THE SAME  
2 MEANING AS DEFINED AT SECTION 27-60-108 (2)(a).

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

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

6 (k) "QUALIFIED FACILITY" MEANS:

7 (I) A CORRECTIONAL FACILITY INFIRMARY;

8 (II) THE SAN CARLOS CORRECTIONAL FACILITY; AND

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

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

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

15 **17-1-113.9. Use of administrative segregation for state inmates**  
16 **- reporting.** (1) Notwithstanding section 24-1-136 (11)(a)(I), on or  
17 before January 1, 2012, and each January 1 thereafter, the executive  
18 director shall provide a written report to the judiciary committees of the  
19 senate and house of representatives, or any successor committees,  
20 concerning the status of administrative segregation; reclassification  
21 efforts for ~~offenders~~ INDIVIDUALS DIAGNOSED with ~~mental~~ BEHAVIORAL  
22 health disorders or intellectual and developmental disabilities, including  
23 duration of stay, reason for placement, and number and percentage  
24 discharged; and any internal reform efforts since July 1, 2011. THE  
25 REPORT MUST INCLUDE DATA CONCERNING THE PLACEMENT OF  
26 INDIVIDUALS IN ALL SETTINGS WITH HEIGHTENED RESTRICTIONS,  
27 INCLUDING THE TOTAL NUMBER OF PLACEMENTS IN EACH SETTING, THE

1 TOTAL NUMBER OF PLACEMENTS IN EACH SETTING INVOLVING AN  
2 INDIVIDUAL DIAGNOSED WITH A BEHAVIORAL HEALTH DISORDER OR  
3 INTELLECTUAL OR DEVELOPMENTAL DISABILITY, THE AVERAGE DURATION  
4 OF STAY OF AN INDIVIDUAL IN EACH SETTING, THE REASONS FOR  
5 PLACEMENT IN EACH SETTING, AND THE TOTAL NUMBER OF INDIVIDUALS  
6 DISCHARGED FROM EACH SETTING.

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

9 **21-1-104. Duties of public defender - report.** (6) The office of  
10 state public defender shall provide one or more public defender liaisons  
11 to the department of corrections and the state board of parole to assist  
12 inmates or inmate liaisons with legal matters related to detainers, bonds,  
13 holds, warrants, competency, special needs parole applications,  
14 INVOLUNTARY MEDICATION PROCEEDINGS PURSUANT TO SECTION  
15 17-1-167 (8), and commutation applications. The office of state public  
16 defender, in consultation with the state board of parole and the  
17 department of corrections, shall develop any necessary policies and  
18 procedures for implementation of this subsection (6).

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