DEPARTMENT OF CORRECTIONS

Policy Number:	**301.078**
Title:	**Safety-based Separation of Juveniles and Strength-based Behavioral Interventions**
Effective Date:	**5/19/25**

PURPOSE: Ensure the safety of youth, staff, and facility operations by separating youth from peers and ongoing programming until they can safely be reintegrated.

APPLICABILITY: Minnesota Correctional Facility-Red Wing (MCF-RW) Juvenile Program

DEFINITIONS:

Administrative separation – youth are separated from peers because of the seriousness of their behavior or because their behavior "…presents an ongoing threat to the safety of the resident, other residents, or facility staff; and cannot be addressed by placing them in safety-stabilization period." (Minnesota Rule 2960.0740, subpart 1)

Awake hours – hours other than sleeping hours.

Basic rights – meals, medication, mail, bedding, clothing, showers, phone calls, etc. (See Minnesota Rule 2960.0050, Subp. 1)

Crisis intervention team (CIT) – staff specially trained to prevent and respond to incidents involving youth in crisis, up to and including restrictive procedures, using de-escalation techniques, and referring youth to appropriate mental health services.

De-escalation – communication used during a potentially dangerous or threatening situation in an attempt to prevent youth from causing harm to self, staff, or others.

Direct supervision – when staff can see youth and can immediately intervene to protect the youth's health or safety.

DORM (De-escalation Observation Relaxation Meditation) Room – a therapeutic room that contains sensory toys and provides a quiet, safe space for youth to: practice self-calming techniques; take a break when they begin to feel like they are becoming agitated, upset, or angry; and check in with staff in a quiet and less busy atmosphere.

Family – includes the youth's family or household members identified under Minn. Stat. § 260C.007, subd. 17: "…spouses, former spouses, parents and children, persons related by blood, and persons who are presently residing together or who have resided together in the past, and persons who have a child in common regardless of whether they have been married or have lived together at any time" (as referenced in Minnesota Rules 2960.0070, subpart 5, item D).

Inappropriate behaviors – low risk or minor behaviors that do not threaten the safety of youth, staff, or facility operations but require intervention so they do not escalate. (Examples: disrespectful behavior; and not following attire, room, and school expectations.)

Medical separation – youth are separated from peers because staff must respond to a medical event that threatens the safety of the youth, peers, or staff.

Medically licensed person – a person who is licensed or permitted by a Minnesota health-related board to practice in Minnesota and is practicing within the scope of the person's health-related license.

Restrictive procedures – for a facility licensed by the commissioner of corrections, a procedure used to limit a youth's movement, including mechanical restraint, physical escort, physical holding, and safety-based separation.

Safety-based separation – youth are separated from peers and ongoing programming in a locked or unlocked area from which they are not free to leave for the amount of time necessary to ensure the safety of youth, staff, and facility operations. Includes administrative separation, medical separation, and safety-stabilization period.

Safety stabilization period (SSP) – youth are separated, in a locked or unlocked room, from peers to ensure the safety of the youth, peers, or facility staff.

Sleeping hours – the hours when youth are required to be in their rooms to sleep, as specified by policy and procedure.

Strengths for Success – prosocial standards based on the 5Cs of Positive Youth Development that is the foundation of the facility's therapeutic community model.

Time out – "…a treatment intervention in which a caregiver trained in time-out procedures removes a resident from an ongoing activity to an unlocked room or other separate living space that is safe and where the resident remains until the precipitating behavior stops." (Minn. Rule 2960.0020 Subp. 73.)

Treatment team - living unit and other facility programming staff who work with the resident on a daily basis. Team members include representatives from the living unit, education, special education, case management, mental health, recreation, nursing, county probation officer, other representatives, and parents/legal guardians.

Well-being check – staff stops and directly observes youth who are not under direct supervision to: ensure the youth is present and alive; and identify whether the youth is experiencing visible or audible distress.

PROCEDURES:

A. General procedures

1. The rules of conduct, consequences for negative behavior, and incentives for positive behavior are posted and explained to youth in a way and in a language they can understand.

2. Staff are prohibited from:
   a) Delegating authority to a youth or group of youth to punish another youth or group of youth;

   b) Socially isolating youth as discipline by restricting their right to:
      (1) Talk to peers or staff; or
      (2) Interact with peers or staff during facility programming or activities; and

   c) Using seclusion.

3. Staff receive training on the following before using safety-based separation:
   a) Behavioral intervention principles for juveniles;

   b) Well-being checks;

   c) Documentation requirements; and

   d) Reintegrating youth into facility operations.

4. Staff receive training on safety-based separation requirements and well-being checks during orientation training and annually thereafter.

B. Strength-based behavioral interventions
1. Youth are at the facility to learn and demonstrate their ability to use prosocial and emotional regulation skills. Learning new skills is challenging and stressful and youth may become frustrated and upset with the process which may present as inappropriate, disruptive, or unsafe behaviors.

2. Staff monitor, mentor, and manage youth as they practice these skills. Staff are trained on strength-based behavioral interventions and are empowered to use them to address inappropriate behaviors that do not create a safety threat.

3. Staff use the following practices to encourage youth to develop, practice, and demonstrate prosocial skills:
   a) Modeling prosocial behaviors;

   b) Informal recognition through verbal feedback and unit log entries;

   c) Formal recognition through positive behavior awards; and

   d) Giving out extra privileges.

4. Staff use the following interventions to help youth recognize, evaluate, and alter their inappropriate behavior:
   a) Guiding youth to focus on the skills they have learned to change their behavior;

b) Support and guidance from peers and staff to process behaviors and/or challenging situations;

c) Individualized treatment assignments;

d) Reviewing Aggression Replacement Training® (ART®) skills;

e) Asking youth what would help them manage their behavior;

f) Asking youth to identify a Strengths for Success that would help them;

g) Youth-defined and natural consequences; and

h) Loss of privileges.

5. Staff use the following interventions to help youth calm themselves before they become unsafe:
   a) De-escalation Observation Relaxation Meditation (DORM) Room;

   b) Time out;

   c) De-escalation methods; and

   d) Crisis intervention team (CIT) staff.

6. Time-out behavioral intervention
   a) Time-out must not exceed 30 minutes. If it does, the youth transitions to safety-stabilization period.

   b) Time-out is used under the direction of the Corrections Program Director (CPD).

   c) The corrections security caseworker (CSC) or treatment team develop a written plan for youth who are placed on a time-out more than three times in 24 hours to help staff reduce the use of time-outs as a behavioral intervention. The plan must be approved by the CPD.

C. Safety-based separation
1. Youth are not separated from peers and on-going programming as punishment for inappropriate behaviors.

2. Dayton is used for safety-based separation. Rooms in that living unit have the minimum furnishings and space identified in the Department of Corrections construction standards under Minnesota Rules Chapter 2900.

3. Safety-based separation:
   a) Is initiated by staff;

b) Occurs in either a locked or unlocked area that the youth may not leave until the applicable requirements for ending safety-based separation are met;

c) Must be related to the safety risks caused by the youth's behavior, address the behavior's cause, and be proportional to the behavior to minimize any negative effect from the behavioral intervention;

d) Is used when a spontaneous event threatens the safety of the youth, peers, or facility staff and the event does not allow time for other behavioral interventions; and

e) Ends when the youth exhibits stable, calm behavior and can safely engage with peers and staff.

4. There are three types of safety-based separation:
   a) Safety stabilization period (SSP);

   b) Administrative separation (AS); and

   c) Medical separation (MS).

5. Staff evaluate and document:
   a) Reason(s) for safety-based separation, including the youth's behavior that led to safety-based separation;

   b) How the youth's behavior threatens the safety of the youth, peers, or staff or the stability of facility operations;

   c) Why safety-based separation directly alleviates the risk; and

   d) What interventions were tried to avoid safety-based separation.

6. Youth's basic rights and other rights they are entitled to under law, including the grievance procedure are not restricted unless they pose an imminent danger to self or others.
   a) Youth are not deprived of materials necessary to maintain an acceptable level of personal hygiene.

   b) If any restrictions are necessary, staff document:
      (1) Which basic right(s) or service(s) are not provided to youth; and
      (2) The safety risk that made provision of the basic right(s) or service(s) unsafe.

   c) Staff may deprive youth of clothing and bedding when they persist in destroying those items, or harm themselves with the clothing or bedding. The decision to deprive youth of clothing and bedding must be:
      (1) Documented in an incident report;
      (2) Reported as a special incident within ten days;

(3) Kept on file at the facility for two licensing periods; and
(4) Reviewed by the watch commander minimally every eight hours unless otherwise directed by:
(a) The warden/designee; or
(b) A licensed physician or mental health professional.

7. A youth's CSC or treatment team member, probation officer (PO), legal guardian, and family are notified within four hours after each incident of safety-based separation begins. The notification must be documented.

8. The youth's case and treatment plans must be updated after a safety-based separation, if needed.

9. Reports about placement in, actions taken during, and release from safety-based separation are uploaded to the youth's electronic file.

10. Administrative review
a) A packet is created for all types of safety-based separation that includes all completed reports, forms, and documentation related to the separation.

b) The use of safety-based separation is administratively reviewed within three working days of when it ended. During the review:
(1) The youth or the youth's representative have an opportunity to present evidence and argument about why it was unwarranted;
(2) Recorded videos and photographs may be viewed; and
(3) The Safety-based Separation Review (attached) is completed to document whether or not:
(a) Required documentation was recorded;
(b) Safety-based separation was used in accordance with the youth's Individual Treatment Plan (ITP);
(c) Rule standards governing the use of safety-based separation were met; and
(d) Staff involved in the use of safety-based separation were properly trained.

c) The completed safety-based separation packet is routed to the Children's Residential Facilities (CRF) licensing coordinator for data collection, reporting, and analysis. Safety-based separation packets are retained at the facility.

11. Reporting
a) The time a youth is moved to a locked space they are unable to leave on their own is tracked and reported. This time does not include sleeping hours and time youth are alone but in a space they can leave on their own.

b) Monthly:

Safety-based separation is compiled and reported at least monthly. Facility administration reviews reports to identify trends and ensure it is not disproportionately used by specific staff or with specific youth.

c) Quarterly and annually (by calendar year):
   (1) Every safety-based separation incident by type, including:
      (a) The reason for each AS and MS;
      (b) Length of each safety-based separation incident by type (excluding sleeping hours);
      (c) Cumulative time all youth were removed from their units and programming and placed in SSP and MS;
      (d) The time that each youth was in AS without other individuals in the room;
   (2) Number of youth placed in safety-based separation by type disaggregated by age, race, and gender; and
   (3) How many hours youth spent in a locked space, excluding sleeping hours and when they may leave without staff approval.

D. Safety stabilization period (SSP)
1. Staff:
   a) Contact the watch commander for approval to place youth in SSP when they exhibit unsafe or unstable behavior, and the behavior cannot be addressed with less-restrictive behavioral interventions; and

   b) Document in an incident report the behavior that led to SSP and how the behavior threatened the safety of the youth, their peers, or staff.

2. Notifications (excluding sleeping hours)
   a) Immediate (no later than 30 minutes after initiation) – the watch commander notifies the officer of the day (OD).

   b) Each hour, at 4 hours through 23 hours – the watch commander notifies the OD.

   c) At 24 hours – the watch commander notifies the OD, CSC, PO, legal guardian, and family and creates a critical incident packet to be shared with the commissioner.

3. Approvals (excluding sleeping hours)
   a) 0 - one hour – staff places youth on SSP.

   b) At one hour – the watch commander contacts the OD for approval to continue.

   c) Each hour, at four hours through 23 hours – the watch commander contacts the OD for approval to continue.

4. Reviews (excluding sleeping hours)

a) Within every 30-minute period – staff complete a well-being check and reintegration assessment.

b) Each hour, at one hour through three hours – staff document:
   (1) Reason(s) continued SSP is needed to alleviate the ongoing safety risk;
   (2) Reason(s) reintegration is not possible; and
   (3) Specific interventions that were unsuccessful.

c) At four hours – staff and youth create reintegration plan.

d) Each hour, at four hours through 15 hours - staff document:
   (1) Reason(s) continued SSP is needed to alleviate the ongoing safety risk;
   (2) Reason(s) reintegration is not possible; and
   (3) Specific interventions that were unsuccessful.

e) Each hour, at 16 hours through 24 hours – staff document:
   (1) Reason(s) continued SSP is needed to alleviate the ongoing safety risk;
   (2) Reason(s) reintegration is not possible; and
   (3) Specific interventions that were unsuccessful.

f) Each hour, at 16 hours through 24 hours – staff and youth update reintegration plan.

5. Staff document on the Safety Stabilization Period (SSP) Log (attached):
   a) Notifications and approvals;

   b) Provision of basic rights, programs, and services or reasons why they were withheld;

   c) When youth are out of their room; and

   d) If staffing limitations did not allow for any required reviews or approvals.

6. SSP documentation identifies staff that conducted well-being checks and reintegration assessments and those that were notified and gave approvals.

7. The SSP Reintegration Plan (attached):
   a) Is created and updated with input from the youth if they are willing;

   b) Corresponds with the youth's behavior and cognitive and developmental ability;

   c) Lists which behaviors the youth must demonstrate to transition from SSP; and

   d) Includes restorative activities (for example, identify who was harmed, plans to ensure the situation does not recur, etc.).

8. Youth cannot remain in SSP for more than 24 awake hours. If they do reach 24 awake hours:
   a) The watch commander immediately refers them to a mental health professional or, if a mental health professional is unavailable, a medically licensed person. The mental health professional or medically licensed person must determine whether the youth needs additional treatment services.

   b) Staff make a last attempt to reintegrate the youth. If it is unsuccessful the youth is transitioned to administrative separation (AS).

   c) The watch commander creates a critical incident packet.

   d) It is reported as a critical incident to the commissioner within ten calendar days.

E. Administrative separation (AS)
1. AS is used when a youth:
   a) Engages in behavior that requires an investigation or to determine whether criminal charges or delinquency proceedings should be brought;

   b) Participates in gang activity that threatens the youth, peers, or facility staff if the youth were not separated;

   c) Is vulnerable based on actions or comments, according to the vulnerability assessment under Minnesota Rules part 2960.0070 subpart 5 item A, and the vulnerability creates a threat to their safety;

   d) Creates a threat, based on actions or comments, to a peer's safety and requires a different environment better suited to their needs until staff can create a modified treatment plan; and

   e) Is chronically disruptive and the disruption:
      (1) Presents an ongoing threat to the safety of the youth, peers, or facility staff; and
      (2) Cannot be addressed with safety-stabilization period.

2. Approval must be gained from the OD before a youth is placed in AS (see attached Administrative Separation Placement). The watch commander may approve AS in situations when time does not allow the OD to be contacted before the use of AS. In these cases, the watch commander receives subsequent approval from the OD within 30 minutes of initiating the use.

3. Staff that place youth on AS document:
   a) The youth's behavioral problems and circumstances leading to placement;

   b) Staff safety concerns, including assaultive behavior;

   c) Any mental health concerns;

d) Any victimization concerns;

e) Why other alternatives were not available or successful;

f) The name of the OD and watch commander that approved AS and the time approval was received; and

g) That the youth will follow the safety-based separation modified activity schedule.

4. Youth in AS are reviewed daily. Staff document:
   a) Why AS is necessary;

   b) Why other behavioral interventions are unavailable or unsuccessful; and

   c) Any modifications to the youth's daily programming.

5. Staff complete well-being checks within each 30-minute period, including during sleeping hours, and documents them on the unit log.

6. Within 12 awake hours the CSC or a treatment team member develops an AS plan to document and:
   a) Address modifications to the youth's daily programming, including identifying ways to provide them with more structure or support with additional program services;

   b) Address modifications to their ITP;

   c) List incentives staff use to promote positive behavior, including how staff use positive behavior interventions and supports;

   d) Describe how staff attempt to deter the youth from planning and engaging in negative behaviors; and

   e) Provide for the youth to reflect and focus on restoring any harm caused to peers or staff.

7. Staff, the watch commander, and the OD:
   a) Review the plan daily and modify it as needed;

   b) Assess the youth's progress toward transitioning out of AS; and

   c) Either transition the youth out of AS or approve and document continued placement in AS.

8. Staff document in the room time database the:
   a) Provision of basic rights, programs, and services;

b) Safety reasons why basic rights, programs, and services are withheld; and

c) Time youth are out of their room.

9. If youth remain, or are expected to remain, on AS beyond 48 awake hours:
   a) The watch commander notifies the OD and CRF licensing coordinator.

   b) It is reported as a critical incident to the commissioner within ten calendar days of the youth's placement, or expected placement, for more than 48 awake hours.

10. Every seven calendar days that a youth remains in AS:
   a) The watch commander documents notification of the OD, the CRF licensing coordinator, and the youth's CSC, PO, legal guardian, and family.

   b) It is reported as a critical incident to the commissioner within ten calendar days.

   c) The following is included in the notification:
      (1) The youth's AS plan;
      (2) The youth's progress toward transitioning out of AS; and
      (3) Why the youth requires continued placement in AS.

11. When it is determined that the youth's behavior no longer requires AS and the youth can be reintegrated into facility operations:
   a) Staff follow the facility's reintegration processes;

   b) The following individuals must approve reintegration:
      (1) The CSC or a treatment team member;
      (2) A mental health professional if the youth's behavioral problems included mental health or victimization concerns; and
      (3) The OD.

   c) Staff document the reintegration process and approval from all individuals listed above.

12. Within four hours after the youth is reintegrated into facility operations:
   a) The watch commander notifies the OD, the CRF licensing coordinator, and the youth's CSC or treatment team, PO, legal guardian, and family.

   b) It is reported as a critical incident to the commissioner within ten calendar days.

   c) These notifications are documented.

F. Medical separation (MS)
   1. Reasons youth may be placed in MS:

a) Self-injurious behavior and/or acute mental health issues;

b) Serious/persistent medical issues;

c) Communicable disease; and/or

d) To manage an epidemic or pandemic.

2. Approval must be gained from a mental health professional or medically licensed person before a youth is placed in MS. (Medical Separation Placement form is attached.)

3. Placement on, and removal from, MS for mental health issues is overseen by a mental health professional.

4. Youth in MS are reviewed daily by a mental health professional or medically licensed person. Staff document:
   a) Any modifications to the youth's daily programming; and

   b) The youth's medical problems, including:
      (1) The circumstances leading to being placed in MS;
      (2) Staff safety concerns, including resident self-injurious behavior; and
      (3) Any mental health concerns.

5. Staff complete well-being checks within each 15-minute period, including during sleeping hours, and documents them on the unit log.

6. Staff, in consultation with a mental health professional or medically licensed person, develops a MS plan within eight awake hours of placement on MS to address modifications to the youth's daily programming and ITP.

7. A mental health professional or medically licensed person:
   a) Review the plan daily and modify it as needed;

   b) Assess the youth's progress toward transitioning out of MS; and

   c) Either transition the youth out of MS or approve and document continued placement in MS.

8. The watch commander notifies the OD of the daily review results.

9. If youth remain, or are expected to remain, on MS beyond 48 awake hours:
   a) The watch commander notifies the OD and CRF licensing coordinator.

   b) It is reported as a critical incident to the commissioner within ten calendar days of the youth's placement, or expected placement, for more than 48 awake hours.

10. Every seven calendar days that a youth remains in MS:
    a) The watch commander documents notification of the OD, the CRF licensing coordinator, and the youth's CSC or treatment team, PO, legal guardian, and family.

    b) It is reported as a critical incident to the commissioner within ten calendar days.

    c) The following is included in the notification:
        (1) The youth's MS plan;
        (2) The youth's progress toward transitioning out of MS; and
        (3) Why the resident requires continued placement in MS.

11. When a mental health professional or medically licensed person determines that the youth's behavior no longer requires MS and the youth can be reintegrated into facility operations:
    a) Staff follow the facility's reintegration processes;

    b) The following individuals must approve reintegration:
        (1) The CSC or a treatment team member; and
        (2) The OD.

    c) Staff document the reintegration process and approval from all individuals listed above.

12. Within four hours after the youth is reintegrated into facility operations:
    a) The watch commander notifies the OD, the CRF licensing coordinator, and the youth's CSC or a treatment team member, PO, legal guardian, and family.

    b) It is reported as a critical incident to the commissioner within ten calendar days.

    c) These notifications are documented.

G. Youth-initiated separation
1. Safety-based separation does not include when youth:
    a) Ask to go to their room and may leave their room;

    b) Meet with a counselor; or

    c) Participate in a non-staff-initiated activity to regulate the youth's behavior.

2. When youth do not participate in daily programming for the reasons in G.1 above, staff:
    a) Document:
        (1) Why the youth is not participating in daily programming; and
        (2) The length of each incident, excluding sleeping hours.

b) Conduct well-being checks and assess the youth for reintegration into daily programming every 30 minutes.

INTERNAL CONTROLS:

A. All documentation regarding safety-based separation is retained in the youth's electronic file.

B. Reports about placement in, actions taken during, and release from safety-based separation are uploaded to the youth's electronic file.

C. Safety-based separation packets are copied to the Children's Residential Facilities (CRF) licensing coordinator for data collection, reporting, and analysis, and the originals are retained at the facility.

REFERENCES: Minn. Stat. § 260C.007, subd. 17
Minnesota Rules Chapter 2900
Minnesota Rules 2960.0050; 2960.0070; 2960.0740
Policy 105.220, "Statewide Supervision System (S^3) Access"

REPLACES: Policy 301.078, "Safety-based Separation of Juveniles and Strength-based Behavioral Interventions," 1/24/25.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: Safety-based Separation Review (301.078A)
Safety Stabilization Period (SSP) Log (301.078B)
Safety-Stabilization Period (SSP) Reintegration Plan (301.078C)
Administrative Separation Placement (301.078D)
Administrative Separation Plan (301.078E)
Medical Separation Placement (301.078F)

APPROVALS:
Commissioner of Corrections