

**Idaho Department of
Juvenile Corrections
Institutional
Policy/Procedure**

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SUBJECT: SPECIAL MANAGEMENT INTERVENTIONS

**CATEGORY: CLINICAL OPERATIONS/
JUVENILE SAFETY**

Policy

It is the policy of the Idaho Department of Juvenile Corrections (IDJC) that use of an intervention which results in room confinement, isolation, or segregation from their current treatment program is to be used solely as an adjunct to the treatment process when a juvenile's behavior seriously endangers the safety and security of others or the facility. Staff must clearly document that all other lesser restrictive means to control behaviors and maintain safety and security have been exhausted. Use of juvenile room confinement, isolation, or segregation for behavioral management as a means of arbitrary imposition of punishment will not be tolerated.

Operating Procedures

Staff will document all incidents of a juvenile's room confinement, isolation, or segregation for longer than 15 minutes in an Idaho Juvenile Offender System (IJOS) incident report (IR), regardless of whether the room confinement, isolation, or segregation is for cause (staff imposed) or self-imposed. If a juvenile is placed in room confinement, isolation, or segregated from their treatment program for behavioral management, the goals of juvenile accountability are:

1. To provide the juvenile and the treatment program the best opportunity for safe and expeditious resolution of the negative behavior, and;
 2. To return the juvenile to regular programming as soon as the juvenile demonstrates the ability and willingness to respond to treatment program expectations.
- I. Room Confinement
- A. Room confinement is defined as any instance when a juvenile is confined for cause (staff-imposed) for 15 minutes or more in a room or cell in which the juvenile usually sleeps. Room confinement may occur in locked or unlocked rooms but cannot occur in large dormitories. Any instance of room confinement of 15 minutes or more is a reportable Performance-based Standards (PbS) incident.

- B. The duration of confinement varies depending on the nature of the behavior and circumstances, but will not exceed one hour without the approval of the Unit Manager or designee.
- C. During room confinement, staff completes wellbeing checks and documents those checks as per regional protocol; however, checks will not exceed 15-minute intervals.
- D. When room confinement of a juvenile reaches two hours, additional notifications are made by the Unit Manager or designee.
 - 1. The Superintendent, or designee, Clinical Supervisor, or designee, Program Manager (if applicable), or designee, and the duty officer (DO) are contacted by the Unit Manager. A determination is made after reviewing the current situations and steps developed toward assisting the juvenile to resume program activities.
 - 2. The determination may be to continue the room confinement with interventions. Supervising staff document all notifications and attempts being made by staff for the juvenile to resume program activities in the IJOS incident report.
 - 3. If the room confinement is continued, supervising staff continue to make wellbeing checks and document those checks per regional protocols. The juvenile's progress toward completing the re-entry or behavioral management plan is reviewed as the juvenile's behavior necessitates continued room confinement.
 - 4. Notifications are made to the Superintendent, or designee, Clinical Supervisor, or designee, Program Manager (if applicable), and DO once the juvenile is removed from room confinement for those juveniles who require approval beyond two hours.

II. Isolation

- A. Isolation is defined as any instance when a juvenile is confined alone for cause for 15 minutes or more in a room other than the room or cell in which he usually sleeps. Isolation can occur in locked or unlocked rooms but cannot occur in large dormitories. Any instance of isolation of 15 minutes or more is a reportable PbS incident..
- B. Prior authorization for the use of isolation is received from the Superintendent, or designee, or DO.

III. Segregation

- A. Segregation is defined as a designated dormitory for placing juveniles for cause or disciplinary purposes based on facility policy or practice. This includes Special Management Units, Special Program Dorms, Lock Down Units, and Isolation Dorms. This practice usually occurs in facilities without

individual single rooms for juveniles and/or where policy dictates that juveniles be transferred in order not to affect, disrupt, or interfere with the programming needs of other residents. For the purposes of PbS data collection, juveniles placed in segregation dorms or units for cause or disciplinary purposes are reportable PbS incident events during data collection months.

- B. Prior authorization is received from the Superintendent, or designee, or Duty Officer for the use of segregation.
- C. Follow local operating procedures for appropriate hearings for Special Management Interventions when a juvenile's behavior or continued behavior necessitates a temporary transfer to another group/unit or special management.

IV. Special Programming

- A. Due to the level of functioning for specific juveniles, the treatment team may determine that it is necessary to develop individualized programming. When this is the case, the treatment strategies are identified in the juvenile's Service Implementation Plan.
- B. Use of room confinement, isolation, or segregation shall not be utilized as a routine behavioral management strategy.
- C. If a juvenile's behavior requires use of room confinement, isolation, or segregation for safety purposes, then it should be considered as for cause, and necessary documentation in an (IJOS) incident report occurs for each instance of room confinement, isolation, or segregation.

V. Due Process Hearings

- A. Any juvenile placed in room confinement or isolation for cause is provided a due process hearing within 24 hours of placement.
 - 1. If the juvenile remains in any type of room confinement or isolation for a period of time exceeding 24 hours, additional due process hearings are provided.

Hearings may be conducted as frequently as necessary but no period of room confinement or isolation will exceed a 24 hour period without an additional hearing.
 - 2. Failure to provide adequate due process hearings is a violation of the Civil Rights of Institutionalized Persons Act (CRIPA) and potentially a juvenile's constitutional rights.
- B. Due process hearings for juveniles in any form of room confinement or isolation must consist of the following:

1. The juvenile is informed of the reason they are in room confinement or isolation, and
 2. The juvenile must have a meaningful opportunity to be heard (or explain their case) by the staff member who imposed the room confinement or isolation or another unit staff AND an uninvolved neutral staff member.
 - i. The neutral staff member may be any direct care staff.
 - ii. If there is a disagreement between the unit staff member and the neutral staff member to continue the use of isolation or room confinement, the Superintendent, or designee, is notified to determine whether the juvenile shall be removed from room confinement or isolation.
- C. A due process hearing does not require the formalities of Classification Board or Behavioral Assessment Board Hearings; however, either satisfies due process requirements for any given 24 hour period.
- D. Due process hearings are documented using the Due Process Hearing Documentation Form (DJC-267) and are uploaded to the juvenile's case management file.

VI. Basic Rights

During room confinement or isolation the juvenile's basic rights are maintained and the following criteria are followed (unless it presents a safety and security risk, such as increased risk to a juvenile on suicide precautions and/or the juvenile's behavior warrants a restriction):

- A. A juveniles' room has adequate lighting (natural and artificial), heating, and ventilation to allow temperatures appropriate for the season.
- B. Access to shower and toilet facilities.
- C. Bed with bedding, including sheets, blankets, and pillow with linen changes on the same schedule as the living unit.
- D. The juvenile:
 1. Is clothed in appropriate program clothing from their living unit unless other clothing is specially justified.
 2. Has access to reading and writing materials as requested and as available at the facility.
 3. Has access to grievance and other methods of communicating concerns. Grievance forms are available at the juvenile's request.

4. Has the right to have daily recreation/exercise of at least one hour outside the individual room. A juvenile with medical or physical limitations as documented by the medical staff has appropriate recreation/exercise activities developed according to needs.
5. Has the right to daily visits by licensed medical staff to express medical complaints and concerns. These visits are documented on the Special Management Close/Observation Activity Log (DJC-133) or through the use of the Guard Tour System.
6. Has the right to mail as provided to other juveniles on the living unit.
7. Has the right to legal counsel.
8. Has the right to have hygiene materials and to shower on a daily basis. Hygiene materials include toothbrush, toothpaste, comb, and soap as well as feminine hygiene material, if needed.
9. Has the right to the same quality and quantity of food offered to all juveniles on the living unit/facility.
10. Has the right to education and materials during scheduled school hours. Per Individual Disabilities Education Act (IDEA), the education manager, or designee, is notified of the juvenile's room confinement. If confinement exceeds ten school days, a Manifest Determination meeting is required to determine if the juvenile's behaviors are due to a disability.

Local Operating Procedure

JCC–Lewiston

During room restrictions, observations are made and logged at least every 15 minutes. The juvenile's emotional and behavioral state may warrant more frequent checks as determined by staff. All observation logs are attached to a copy of the relevant incident report with the word "copy" written on the front of the incident report.

When a juvenile is placed in room confinement, it is for the minimum amount of time necessary. The staff involved in placing the juvenile in isolation/room time collaborate and develop an appropriate and relevant "ticket" out for that juvenile. The "ticket" may be a thinking report, short essay, a verbal report on a short reading assignment, or simply a verbal contract. Juveniles should not be placed indefinitely in room confinement without knowledge of how to earn their way back to their group. The "ticket" provides the juvenile a way back to his group when he is ready to do so, and should be relevant to the juvenile's cognitive ability.

Staff will obtain four things prior to removing a juvenile from room confinement:

1. The juvenile will revoke any threats made during their acting-out period.

2. The juvenile will contract (verbally and in writing) appropriate alternative behaviors and commit to safety.
3. The juvenile will perform the tasks relevant to their “ticket” out so they can return to their group.
4. Staff will observe the behaviors, demeanor, and attitude of the juvenile and assess the level of safety and risk. The juvenile’s attitude assists in determining the end of the restriction. This determination must be documented and justified.

A. Notification Timelines

Within 24 hours the facility will also convene a strategy team to address behaviors and/or referral to a behavior board. Strategy team can consist of Clinician, Rehabilitation Specialist, Unit Manager, D&A Counselor, and Superintendent. Staff will again document in the close observation form when the contact was made to who and the result of the conversation. During the second hour staff will assess the juvenile for the ability to rejoin their group and commit to safety and appropriate behaviors.

Should the 24 hours fall on a weekend/holiday, and it is not a situation outlined in 1 (b), the DO will make the necessary decision after getting staff input. This will also be documented on the Close Observation Form.

B. Behavioral Assessment Board (BAB)

1. If the juvenile continues to present a significant risk after 36 hours, beyond which the peer group treatment process can be expected to handle, the Rehabilitation Specialist and clinical supervisor or their respective designees will convene the facility BAB to conduct a hearing for the juvenile. The board shall include the Rehabilitation Specialist, clinical supervisor, or their respective designees, and another staff member as assigned. The facility BAB will be co-chaired by the Rehabilitation Specialist and the clinical supervisor, or their respective designees.
2. The juvenile must be notified in writing 24 hours in advance of the classification board, including the proposed actions being considered. The juvenile will have the right to attend a portion of the behavioral assessment board meeting. The juvenile must be given an opportunity to present testimony on their behalf if they so desire and to present witnesses on their behalf. The Rehabilitation Specialist must be prepared to provide information.
3. The BAB must review the information and make a decision to place the juvenile back in the assigned treatment program, hold a Facility Reassessment board, extend the period of short-term room confinement (not to exceed seven days), or reclassify the juvenile into the long-term special management program. During this process, the Due Process policy will be adhered to.

C. Long-Term Special Management

Any juvenile placed in long-term special management must have the placement reviewed by the BAB not to exceed 30 days. The Rehabilitation Specialist will be responsible for writing a long-term treatment plan.

JCC–Nampa

Isolation/Room Confinement

A. Use of Isolation/Room Confinement

Isolation/Room Confinement may only be used for unsafe/acting-out behaviors that pose an imminent threat of harm to the juvenile, others, or major property damage. If imminent danger is not present, staff must follow four preliminary steps as the juvenile escalates, prior to placing a juvenile in isolation:

- a. Provide a learning opportunity. If the juvenile does not respond or regain control, then;
- b. Address the juvenile using de-escalation, redirection, verbal intervention, etc. If the juvenile continues to show high risk behaviors;
- c. Give clear, reasonable, and enforceable directives. Should juvenile's behaviors escalate or become unsafe as staff enforces those directives, then,
- d. Staff may move the juvenile to be placed in isolation/room confinement.

B. Removal from Isolation/Room Confinement

1. A juvenile will only be placed in isolation/room confinement for the minimum amount of time necessary.
 - a. The juvenile is to be removed when the behaviors are under control and the juvenile no longer poses an imminent threat to themselves or others.
 - b. When a juvenile has been given a re-entry contract, staff must exercise their discretion whether the juvenile will be required to complete the contract in their room or be allowed to complete the contract with staff in their unit.
2. The Re-Entry Contract
 - a. All re-entry contracts must be reviewed and approved by the Unit Manager/Rehabilitation Specialist, or designee.

- b. Juveniles should not be placed in isolation/room confinement without knowledge of how to earn their way back to their group. The re-entry contract provides the juvenile a way back to their group when they are ready to do so and should be relevant to the juvenile's cognitive ability and the circumstances necessitating the isolation/room confinement.
- 3. Staff will obtain the following prior to removing a juvenile from isolation
 - a. The juvenile will retract any threats made during the acting-out period.
 - b. The juvenile will commit to exhibiting (verbally or in writing) appropriate alternative behaviors and commit to safety.
 - c. Staff will observe behaviors, demeanor, and attitude of the juvenile(s) and assess the level of safety and risk to determine the end of the restriction. This determination must be justified and documented in the IJOS Incident Report.

JCC–St. Anthony

A. Room Confinement

Wellbeing checks will be documented in the cottage security log during waking hours and the Guard Tour System during sleeping hours.

B. Brief Separation

During a behavioral crisis, a juvenile may be separated briefly from their group and moved with staff to an adjacent area if there is reason to believe that doing otherwise may result in injury to staff or juveniles or may result in significant damage to property, this will also include temporary attachment to the other group on the cottage, not to exceed two hours. All terms of the Juvenile Supervision (608) policy/procedure will be maintained.

C. Isolation

- 1. A juvenile may be segregated or isolated from his group and placed in a room on Owyhee cottage if the juvenile has participated in any of the following incidents.
 - a. Escape
 - b. Attempted escape
 - c. Assault
 - d. Damage to property

- e. Juvenile's present behavior constitutes a danger to self and others
2. Isolation in Owyhee's Observation and Assessment (O&A) bed must be authorized in advance by the Superintendent or designee or duty officer.

Upon determination that separation in Owyhee is necessary, the authorizing staff is to notify the respective Unit Managers (Owyhee and sending cottage), Rehabilitation Supervisor, Program Manager, Clinical Supervisor, education, medical services, and security.

3. Transfer to Owyhee O&A Bed
- a. The intervening staff must complete an Incident Report in IJOS detailing the situation, action taken, the person's involved/notified and the result consistent with policy.
 - b. The juvenile's Rehabilitation Specialist and/or Unit Manager or Rehabilitation Supervisor will develop a written treatment plan within the first hour to address immediate security and treatment issues, including visual checks and documentation. They will also start to develop a comprehensive plan if appropriate. A copy of the written plan is to be included in the Special Management Log on Owyhee.
 - c. Owyhee staff will prepare the Special Management file folder. This file folder will include copies of the Room Inventory (DJC-167), incident report, and written treatment plan. It will also include documentation of visual checks, visits by staff or others, phone calls, and any other relevant information. Staff will use the Special Management Log (DJC-133) form for this documentation.
- The physical conditions of the Special Management Room will be documented on DJC-167 before the juvenile is placed in the room (DJC-167 is located on the outside door of the Special Management Room on Owyhee). The juvenile will be responsible for any damages to or defacing of the room, area, or furnishings. The juvenile will be expected to make appropriate restitution.
- d. Security staff will assist in transferring the juvenile to Owyhee.
 - e. Licensed medical staff will check the juvenile when the juvenile enters the unit. If licensed medical staff are not on campus, security staff will do the check and notify the medical services manager. Licensed medical staff will recheck as soon as they come on duty.
 - f. The respective Unit Managers, Program Manager, and Clinical Supervisor or their respective designees are responsible for assuring that:
 - 1. The plan for separating the juvenile is pertinent to the situation resulting in the separation,

2. The plan is goal-directed and time-limited, and
 3. Line staff and the juvenile are aware of the terms and conditions of the plan.
4. The following conditions of separation in Owyhee will be maintained
- a. Licensed medical staff will make daily checks and documentation will be included in the juvenile's medical chart and Special Management Log.
 - b. In addition to the due process hearing, the written treatment plan for a juvenile in the Special Management unit over 48 hours shall include specific timeframes and program expectations for Special Management with resultant action of successful completion of these expectations. The respective Rehabilitation Specialist from the sending cottage is to develop the treatment plan, and the Unit Manager, Program Manager, and the Clinical Supervisor or their designees are to review and approve the plan. Education services must be provided as part of the plan.

Additionally, the written treatment plan must:

1. Be maintained and reviewed daily by the Unit Manager or Rehabilitation Supervisor of Owyhee Cottage, the Unit Manager of the sending cottage, Program Manager, and Clinical Supervisor or their respective designees.
 2. Specify that successful completion will result in return to the treatment program.
5. Classification Board
- a. The Program Manager and the Clinical Supervisor, or their respective designees, will convene the facility classification board to conduct a reclassification hearing for the juvenile. The board shall include Program Manager, Clinical Supervisor or respective designees, and the Unit Manager or Rehabilitation Supervisor.
 - b. The juvenile will have the right to attend a portion of the classification board meeting.
 - c. The classification board must review the information and make a decision to place the juvenile back in the assigned treatment program, place the juvenile in another treatment program, extend the period of segregation or reclassify the juvenile into special management programming.

- d. Documentation of the classification board will be completed on Classification Board Hearing (DJC-205) form.

Reference: [Glossary of Terms and Acronyms](#)
 Administrative Due Process
 Isolation, Room Confinement, Segregation (PbS)

Related Policies: [Juvenile Supervision \(608\)](#)
 [Suicide Prevention and Assessment of Risk \(605\)](#)
 [Behavioral Management \(602\)](#)
 [Documentation of Incidents \(600\)](#)

Related Forms: [Special Management/Close Observation Activity Log \(DJC-133\)](#)
 Room Inventory (IJOS)
 [Classification Board Hearing \(DJC-205\)](#)
 [Due Process Hearing Form \(DJC-267\)](#)