

	LEGISLATIVE ACTION	
Senate	•	House
Comm: RCS		
03/04/2019		
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The Committee on Criminal Justice (Montford) recommended the following:

Senate Substitute for Amendment (366196) (with title amendment)

4 Delete lines 104 - 201

and insert:

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945.425 Youth in confinement.

- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Emergency confinement" means a type of confinement that involves the involuntary placement of a youth in an
- isolated room to separate that youth from the general inmate

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population and to remove him or her from a situation in which he or she presents an immediate and serious danger to the security or safety of himself or herself or others.

- (b) "Medical confinement" means a type of confinement that involves the involuntary placement of a youth in an isolated room to separate that youth from the general inmate population to allow him or her to recover from an illness or to prevent the spread of a communicable illness.
- (c) "Mental health clinician" means a licensed psychiatrist, psychologist, social worker, mental health counselor, nurse practitioner, or physician assistant.
- (d) "Solitary confinement" means the involuntary placement of a youth in an isolated room to separate that youth from the general inmate population for any period of time.
- (e) "Youth" means a person within the custody of the department who is under the age of 19 years.
- (2) PROHIBITION ON THE USE OF SOLITARY CONFINEMENT.—A youth may not be placed in solitary confinement, except as provided in this section.
 - (3) PROTECTING YOUTH IN EMERGENCY CONFINEMENT.-
- (a) A youth may be placed in emergency confinement if all of the following conditions are met:
- 1. A nonphysical intervention with the youth would not be effective in preventing harm or danger to the youth or others.
- 2. There is imminent risk of the youth physically harming himself or herself, staff, or others or the youth is engaged in major property destruction that is likely to compromise the security of the program or jeopardize the safety of the youth or others.

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- 3. All less-restrictive means have been exhausted.
- (b) Facility staff shall document the placement of a youth in emergency confinement. The documentation must include justification for the placement, in addition to a description of the less-restrictive options that the facility staff exercised before the youth was so placed.
- (c) A mental health clinician shall evaluate a youth who is placed in emergency confinement within 1 hour after such placement to ensure that the confinement is not detrimental to the mental or physical health of the youth. Following the initial evaluation, a mental health clinician shall conduct a face-to-face evaluation of the youth every 2 hours thereafter to determine whether the youth should remain in emergency confinement. The mental health clinician shall document each evaluation and provide justification for continued placement in emergency confinement.
- (d) A youth may not be placed in emergency confinement for more than 24 hours unless an extension is sought and obtained by a mental health clinician.
- 1. If a mental health clinician determines that release of the youth would imminently threaten the safety of the youth or others, the mental health clinician may grant a one-time extension of 24 hours for continued placement in emergency confinement.
- 2. If, at the conclusion of the 48-hour window, a mental health clinician determines that it is not safe for the youth to be released from emergency confinement, the facility staff must prepare to transfer the youth to a facility that is able to provide specialized treatment to address the youth's needs.

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- (e) A youth who is placed in emergency confinement must be provided access to the same meals and drinking water, clothing, medical treatment, contact with parents and legal guardians, and legal assistance as provided to youth in the general inmate population.
- (f) The use of emergency confinement is strictly prohibited for the purposes of punishment or discipline.
 - (4) PROTECTING YOUTH IN MEDICAL CONFINEMENT.
- (a) A youth may be placed in medical confinement if all of the following conditions are met:
- 1. Isolation from the general inmate population and staff is required to allow the youth to rest and recover from illness or to prevent the spread of a communicable illness.
 - 2. A medical professional deems such placement necessary.
- 3. The use of other less-restrictive means would not be sufficient to allow the youth to recover from illness or to prevent the spread of a communicable illness.
- (b) A youth may be placed in medical confinement for a period of time not to exceed the time that is necessary for the youth to recover from his or her illness or to prevent the spread of a communicable illness to other inmates or staff in the facility.
- (c) Facility staff shall document the placement of a youth in medical confinement. The documentation must include a medical professional's justification for the placement.
- (d) A medical professional must evaluate a youth who is held in medical confinement face-to-face at least once every 12 hours to determine whether the youth should remain in medical confinement. The medical professional shall document each



98	evaluation and provide justification for continued placement in
99	medical confinement.
100	(e) The use of medical confinement is strictly prohibited
101	for the purposes of punishment or discipline.
102	(5) IMPLEMENTATION.—
103	(a) The department shall review its policies and procedures
104	relating to youth in confinement to determine whether
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106	======== T I T L E A M E N D M E N T ==========
107	And the title is amended as follows:
108	Delete line 26
109	and insert:
110	relating to youth in confinement; requiring