

# AMERICAN CORRECTIONAL ASSOCIATION

## Proposed Expected Practices & Definitions – Use of Separation with Juveniles

- The American Correctional Association released proposed changes to the ACA Standards on solitary confinement / room confinement on September 29, 2017.
- The term “separation” has replaced terms in the existing standards referring to separation (e.g. seclusion, exclusion).
- The period for public comment **ended on December 1, 2017**. Read the [Proposed Expected Practices and Definitions](#) here.
- The proposed modifications address juvenile correctional facilities (JCFs) and juvenile detention facilities (JDFs) separately.

### HIGHLIGHTS

- Separation is prohibited as discipline or punishment.
- Separation is permitted only as an immediate response to disruptive behavior that threatens the safety and security of the youth or others.
- Youth must be removed from separation once they are able to show emotional and behavioral control. Separation should be as brief as possible.
- A supervisor/behavioral health staff must reevaluate and authorize separation > 4 hours.
- If separation is continued beyond 4 hours, a supervisor/behavioral health staff must review separation at least every 2 hours thereafter.
- Separation should not exceed 24 hours. To extend separation beyond 24 hours, the Superintendent must reassess and authorize separation (and do so every 23 hours thereafter).
- Separation for protective custody requires an individual plan within 4 hours, mandatory out-of-room time, and review every 24 hours.
- Permits separation or Special Management when youth are in danger from other youth or themselves.
- Youth in separation beyond 4 hours must receive education, treatment, medical, and recreation services.
- Supervisor/behavioral health staff must meet with youth within 4 hours of separation to identify the reasons why the youth cannot return to the general population.
- Requires written policies and procedures for behavioral health monitoring of youth in separation, including behavioral health monitoring of youth’s adjustment every 4 hours.
- Trained staff must administer a behavioral health screening within 30 minutes of separation to determine if there are behavioral health reasons to stop separation. Requires notification of behavioral health staff if youth is separated > 2 hours.

This chart includes information on some of the most significant proposed changes to the American Correctional Association Standards.

## Juvenile Commitment Facility Standards (JCF)

Standard	Proposed ACA Commitment Standards	Current ACA Commitment Standards	Concerns and Recommendations
JCF-New Goal	<p><b>When Separation May Be Used</b> Permits separation “when warranted” for youth who pose a threat to the safety and security of staff, other youth, or themselves.</p> <p><b>Separation to Protect Youth</b> Permits separation or Special Management when youth are in danger from other youth or themselves.</p> <p>Youth in Special Management should receive similar programming and privileges as other youth.</p>		<p><b>When Separation May Be Used</b></p> <ul style="list-style-type: none"> <li>Standard should adopt language to specify that separation is warranted when youth’s behavior poses a risk of immediate physical harm.</li> </ul> <p><b>Separation to Protect Youth</b></p> <ul style="list-style-type: none"> <li>Youth who are in danger from other youth should not be placed in separation, especially not for periods longer than a few hours.</li> <li>Youth who present a danger to themselves should never be placed in separation. Separation increases the risk that a youth will engage in self-harm.</li> </ul>
4-JCF-3B-10	<p><b>No Punitive Separation</b> No use of separation as discipline or sanction.</p>	Separation for up to 24 hours for a major rule violation for the safety of the youth, others, or the security of the facility. An administrator who was	<p><b>No Punitive Separation</b> (Positive) This major positive change to the existing standards moves the ACA Standards toward best</p>

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	Separation only used as an immediate response to disruptive behavior that threatens the safety and security of the youth or others.	not involved in the incident must approve separation beyond 24 hours.	practices. Experience and data show that isolating youth as punishment is dangerous, ineffective, and counter-productive.
4-JCF-3C-01	<b>Behavior Management Plans</b> The treatment team develops behavior management plans for youth with serious behavior problems or who threaten the security and management of the facility.	<ul style="list-style-type: none"> <li>• Treatment teams develop individual plans for youth with serious behavior problems.</li> <li>• If a shift supervisor or facility administrator orders immediate placement in a special unit, the treatment team must review this action within 72 hours.</li> <li>• High-risk youth or youth who present a danger to themselves may require special management. Special management may include separation.</li> </ul>	<b>Behavior Management Plans</b> <ul style="list-style-type: none"> <li>• (Positive) Behavior management plans can be effective responses to address the causes of youth’s behavior and prevent the use of separation. Behavior management plans should include clear positive behaviors, time frames to measure youth’s specific goals, and alternatives to separation.</li> <li>• The standard should clarify that separation should not be part of an individual behavior management plan. Separation should be used an emergency response to prevent physical harm.</li> </ul>
4-JCF-3C-02	<b>Separation as Protective Custody</b> <ul style="list-style-type: none"> <li>• A plan must be developed within four hours to ensure services in the least restrictive environment possible.</li> <li>• 1 hour of out-of-room activity for every five hours of room time (excluding sleeping hours).</li> <li>• A facility administrator must approve separation every 24 hours by (no outer limit).</li> <li>• The standard lists alternatives to separation that staff may use to minimize harm done to the youth requiring protection.</li> </ul>	Staff can use separation as part of a special management plan for protective custody for up to 72 hours. Separation can be continued beyond 72 hours if approved by the facility administrator.	<b>Separation as Protective Custody</b> Youth who are in danger from other youth should not be placed in separation, especially for periods longer than three to four.
4-JCF-3C-03	<b>Removal from Separation</b> Youth removed from separation at the point he/she	Administrative, clinical, social work, religious, and/or medical units visit youth in	<b>Removal from Separation</b> <ul style="list-style-type: none"> <li>• The current language of these standards states</li> </ul>

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	<p>has demonstrated emotional and behavioral control and is assessed as being able to reenter population.</p> <p><b>Review &amp; Authorization</b></p> <ul style="list-style-type: none"> <li>• Supervisor/behavioral health staff must meet with youth within 4 hours in an effort to identify the reasons that youth are unsafe to return to the general population.</li> <li>• Supervisor/behavioral health staff must authorize separation.</li> <li>• Supervisor/behavioral health staff “review” separation &gt; four hours and again every two hours thereafter.</li> </ul> <p><b>Staff Intervention</b> Staff must meet with youth to assist in de-escalation <i>if</i> youth sustains escalated behavior.</p> <p><b>Education and Services</b> Youth isolated &gt; 4 hours receive education, treatment, medical, and recreation services.</p>	<p>separation once daily.</p> <p>Suicidal youth are under continuous one-to-one observation until evaluation by a mental health professional.</p>	<p>that a youth may be returned when he/she demonstrates emotional control <i>and</i> “is assessed as being able to reenter population.” The standard should clarify that such an assessment requirement does not serve as a barrier to otherwise eligible youth being removed from separation.</p> <p><b>Review &amp; Authorization</b></p> <ul style="list-style-type: none"> <li>• (Positive) We support requiring authorization and review by a supervisor as the duration of separation increases.</li> <li>• ACA should specify <i>when</i> a supervisor/behavioral health staff must authorize separation – no time period is provided.</li> <li>• The term “behavior health staff” may be broadly interpreted. A behavioral health supervisor should be required to authorize and review separation.</li> <li>• The standard should clarify that supervisors must <i>authorize</i> separation at two-hour intervals, not just review.</li> <li>• Staff should remove youth from separation at any point once they no longer pose a risk of immediate physical harm – regardless of whether that occurs in between two-hour reviews.</li> </ul> <p><b>Staff Intervention</b></p> <ul style="list-style-type: none"> <li>• Staff should work closely with <i>all</i> youth in separation to help them de-escalate, not just</li> </ul>

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			<p>those who display escalated behavior for a sustained period of time.</p> <p><b>Education and Services</b></p> <ul style="list-style-type: none"> <li>• (Positive) Recognizes that youth in separation do not receive treatment, programming, and education.</li> <li>• This standard should provide these services for all youth in separation longer than one hour.</li> </ul> <p><b>Family and Attorney Notification</b></p> <ul style="list-style-type: none"> <li>• The ACA Standards should require that staff provide notice to parents or guardians and the youth’s attorney or guardian ad litem of the use of separation.</li> <li>• Staff should engage the family or guardian for input and support on ways to prevent future incidents involving the youth.</li> <li>• In the case of youth with disabilities or mental illness, the facility should provide written notice to the protection and advocacy agency within 24 hours of the youth being placed in separation.</li> <li>• These requirements should apply equally to youth deemed to have committed “acts of violence” and youth in separation as protective custody.</li> </ul>
4-JCF-3C-04	<p><b>Max Duration Before Superintendent Approval</b> Separation should be as short as possible and should not exceed 24 hours. Further evaluation and</p>	Separation should not exceed 5 days unless permitted by law. Administrator reviews confinement for periods of > 24 hours every 24	<p><b>Max Duration Before Superintendent Approval</b></p> <ul style="list-style-type: none"> <li>• (Positive) These changes reflect significant reductions in the amount of time that youth may</li> </ul>

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	authorization from Superintendent needed to extend separation past 24 hours (no outer limit)	hours.	<p>spend in separation.</p> <ul style="list-style-type: none"> <li>• 24 hours is out of much longer than the length of time in separation permitted by other standards and with the practices in other facilities. If a youth cannot calm down within three to four hours, a different intervention is necessary.</li> <li>• Because supervisors may be likely to support decisions made by direct care staff, the facility superintendent should be required to assess and authorize the use of separation after a much shorter period of time.</li> <li>• As written, the standard permits indefinite extensions of 24 hours, which means that youth could spend weeks or months in separation.</li> </ul>
JCF-New #2	<p><b>Separation in Behavior Management Programs</b> Separation may be used as part of a behavioral management program, consistent with other expected practices.</p>		<p><b>Separation in Behavior Management Programs</b></p> <ul style="list-style-type: none"> <li>• (Positive) Behavior management plans can be effective responses to address the causes of youth's behavior and prevent the use of separation.</li> <li>• However, separation should not be part of an individual behavior management plan. Separation should be used a preventative response to quell emergency situations, not as a tool to address the underlying causes of youth behavior. In fact, research shows that separation can actually increase problematic behavior.</li> </ul>

Standard	Proposed ACA Commitment Standards	Current ACA Commitment Standards	Concerns and Recommendations
JCF-New #6	<p><b>Separation for Acts of Violence</b> In cases of acts of violence, standard requires four hours of separation and an evaluation of youth’s readiness to return to programming.</p>		<p><b>Separation for Acts of Violence</b></p> <ul style="list-style-type: none"> <li>• Not all youth who engage in acts of violence require separation in order to prevent immediate physical harm. The standard should clarify that acts of violence may result in separation, but not necessarily. We encourage the ACA to adhere to the position that separation should only be used to prevent immediate physical harm.</li> <li>• “Act of violence” is a broad and subjective term that could lead to the overuse of separation. The standard should provide a narrow and clear definition for this term such as “behaviors that threaten immediate harm to a youth or others.”</li> </ul>
4-JCF-4C-46	<p><b>Healthcare Assessment and Contact</b></p> <ul style="list-style-type: none"> <li>• Qualified healthcare professionals or health-trained persons receive immediate notification when a youth is placed in separation. These staff will complete an assessment immediately.</li> <li>• Youth in separation receive a daily visit from a qualified healthcare professional or health-trained person.</li> </ul>	<ul style="list-style-type: none"> <li>• Qualified healthcare professionals or health-trained persons receive immediate notification when a youth is placed in separation. These staff should complete an assessment.</li> <li>• Youth in separation receive a daily visit from a qualified healthcare professional or health-trained person.</li> </ul>	<p><b>Healthcare Assessment and Contact</b></p> <ul style="list-style-type: none"> <li>• This standard does not provide details on what type of assessment qualified healthcare professionals or health-trained persons must complete.</li> <li>• The standard should include language ensuring that youth have meaningful interaction and support from these professionals during daily “visits.” For example, a “visual checks through the door or window of the confinement room do not constitute visits.”</li> </ul>
JCF-New #8	<p><b>Behavioral Health Screening</b></p> <ul style="list-style-type: none"> <li>• Requires staff to use a behavioral health screening tool within 30 mins. of separation. Any staff that has received training can administer the screen.</li> <li>• The screening tool is designed to identify</li> </ul>		<p><b>Behavioral Health Screening</b> See below.</p>

Standard	Proposed ACA Commitment Standards	Current ACA Commitment Standards	Concerns and Recommendations
	<p>behavioral health reasons not to place the youth in separation.</p> <ul style="list-style-type: none"> <li>Behavior health staff are notified when youth in separation more than two hours.</li> </ul>		
JCF-New #9	<p><b>Behavioral Health Monitoring</b></p> <ul style="list-style-type: none"> <li>Requires behavioral health monitoring of youth in separation, including behavioral health monitoring of youth's adjustment every 4 hours (except sleeping hours).</li> <li>Facility must provide appropriate behavioral health care.</li> </ul>		<p><b>Behavioral Health Monitoring</b></p> <ul style="list-style-type: none"> <li>(Positive) Collaboration between behavioral health and direct care staff is a key factor in successfully reducing room confinement.</li> <li>The current language compels behavioral health staff to screen, monitor, and provide care when necessary. However, neither this standard nor JCF-New #8 requires behavioral health staff to play an active role in helping youth transition out of separation. Staff should interact verbally with youth who are in separation through crisis intervention, individual planning, or trauma-based approaches.</li> </ul>



# Juvenile Detention Facility Standards (JDF)

Standard	Proposed ACA Detention Standards	Current ACA Detention Standards	Concerns and Recommendations
JDF-Goal	<p><b>When Separation May Be Used</b> Permits separation when warranted for youth who pose a threat to the safety and security of staff, other youth, or themselves.</p> <p><b>Separation to Protect Youth</b> Permits separation or Special Management when youth are in danger from other youth or themselves. Youth in Special Management should receive similar programming and privileges as other youth.</p>		<p><b>When Separation May Be Used</b></p> <ul style="list-style-type: none"> <li>• Include language consistent with other standards to specify that separation is “warranted” when youth’s behavior poses a risk of immediate physical harm</li> </ul> <p><b>Separation to Protect Youth</b></p> <ul style="list-style-type: none"> <li>• Youth who are in danger from other youth should not be placed in separation, especially not for periods longer than a few hours.</li> <li>• Youth who present a danger to themselves should never be placed in separation. Separation increases the risk that a youth will engage in self-harm.</li> </ul>
3-JDF-3C-06	<p><b>No Punitive Separation</b> No use of separation as discipline or sanction.</p> <p>Separation only used as an immediate response to disruptive behavior that threatens the safety and security of the youth or others.</p>		<p><b>No Punitive Separation</b> (Positive) This major positive change to the existing standards moves the ACA Standards toward best practices. Experience and data show that putting youth in isolation as punishment is dangerous, ineffective, and counter-productive.</p>
3-JDF-3C-07	<p><b>Removal from Separation</b> Youth removed from separation at the point he/she has demonstrated emotional and behavioral control and is assessed as being able to reenter population.</p> <p><b>Review &amp; Authorization</b></p>	Youth in separation must be visited at least 1x/day from administrative/clinical/social work/religious/medical units.	<p><b>Removal from Separation</b></p> <ul style="list-style-type: none"> <li>• The current language of these standards states that a youth may be returned when she demonstrates emotional control <i>and</i> “is assessed as being able to reenter population.” We recommend that the standards be changed to</li> </ul>

Standard	Proposed ACA Detention Standards	Current ACA Detention Standards	Concerns and Recommendations
	<ul style="list-style-type: none"> <li>• Supervisor/behavioral health staff meet with youth within 4 hours in an effort to identify the reasons for them being unsafe to return to the general population;</li> <li>• Separation longer than 4 hours is reviewed by supervisor/behavioral health staff every two hours thereafter (true even after acts of violence);</li> </ul> <p><b>Staff Intervention</b> Staff meet with youth to assist in de-escalation if youth sustains escalated behavior.</p> <p><b>Education and Services</b> Youth isolated beyond 4 hours receive education, treatment, medical, and recreation services.</p>		<p>clarify that such an assessment requirement does not serve as a barrier to otherwise eligible youth being removed from separation.</p> <p><b>Review &amp; Authorization</b></p> <ul style="list-style-type: none"> <li>• (Positive) Requiring authorization and review by a supervisor helps ensure that separation is as brief as possible.</li> <li>• However, the standard should require supervisors to authorize separation at two-hour intervals, not just review.</li> <li>• The standards should specify that youth must be removed from separation at any point once they no longer pose a risk of immediate physical harm – regardless of whether or not that occurs in between two-hour reviews.</li> </ul> <p><b>Staff Intervention</b></p> <ul style="list-style-type: none"> <li>• Staff should work closely with all youth in separation to help them de-escalate, not just those who display escalated behavior for a sustained period of time.</li> </ul> <p><b>Education and Services</b></p> <ul style="list-style-type: none"> <li>• (Positive) Recognizes that youth in separation do not receive treatment, programming, and education.</li> <li>• This standard should provide these services for all youth in separation longer than one hour.</li> </ul> <p><b>Family and Attorney Notification</b></p> <ul style="list-style-type: none"> <li>• The ACA Standards should require that staff</li> </ul>

Standard	Proposed ACA Detention Standards	Current ACA Detention Standards	Concerns and Recommendations
			<p>provide notice to parents or guardians and the youth's attorney or guardian ad litem of the use of separation.</p> <ul style="list-style-type: none"> <li>• Staff should engage the family or guardian for input and support on ways to prevent future incidents involving the youth.</li> <li>• In the case of youth with disabilities or mental illness, the facility should provide written notice to the protection and advocacy agency within 24 hours of the youth being placed in separation.</li> <li>• These requirements should apply equally to youth deemed to have committed "acts of violence" and youth in separation as protective custody.</li> </ul>
3-JDF-3C-11	<p><b>Max Duration Before Superintendent Approval</b> Separation should be as short as possible and should not exceed 24 hours. Further evaluation and authorization from Superintendent needed to extend separation past 24 hours.</p>	<p>Separation for up to 24 hours for a major rule violation for the safety of the youth, others, or the security of the facility. Superintendent must approve separation beyond 24 hours.</p>	<p><b>Max Duration Before Superintendent Approval</b></p> <ul style="list-style-type: none"> <li>• (Positive) These changes reflect significant reductions in the amount of time that youth may spend in separation</li> <li>• 24 hours is out of sync from the length of time in separation permitted by other standards and with the practices in other facilities.</li> <li>• Because supervisors may be likely to support decisions made by direct care staff, the facility superintendent should be required to assess and authorize the use of separation after a much shorter period of time.</li> <li>• As written, the standard permits indefinite extensions of 24 hours, which means that youth could spend weeks or months in separation.</li> </ul>
3-JDF-3E-01	<p><b>Behavior Management Plans</b> Requires behavior management plans for youth with</p>	<p>High-risk youth, who cannot control their assaultive behavior, present a danger to themselves, or who are</p>	<p><b>Behavior Management Plans</b></p>

Standard	Proposed ACA Detention Standards	Current ACA Detention Standards	Concerns and Recommendations
	a sustained pattern of serious behavior problems.	in constant danger of being victimized by other youth may require special management.	<ul style="list-style-type: none"> <li>• (Positive) Behavior management plans can be effective responses to address the causes of youth's behavior and prevent the use of separation. Behavior management plans should include clear positive behaviors, time frames to measure youth's specific goals.</li> <li>• However, the standard should clarify that separation should not be part of an individual behavior management plan. Separation should be used an emergency response to prevent physical harm.</li> </ul>
3-JDF-3E-04	<p><b>Medical &amp; Behavioral Health After 24 Hours</b> Requires daily face-to-face contact with personnel from administrative, medical, and behavioral health services if separation has been authorized &gt; 24 hours.</p>	Youth placed in separation visited at least once each day by personnel from an administrative, clinical, social work, religious or medical units. Suicidal youth are under continuous/continuing observation.	<p><b>Medical &amp; Behavioral Health After 24 Hours</b></p> <ul style="list-style-type: none"> <li>• This standard does not require face-to-face contact with behavioral health and medical staff unless separation exceeds 24 hours. On the contrary, all youth in separation should receive immediate services from these specialized staff immediately. This is particularly true given the increased risk of suicide when youth are held in separation.</li> <li>• Behavioral and mental health staff should also play an active role in youth transition out of separation through crisis intervention, individual planning, or trauma-based approaches.</li> </ul>