

**2960.0700 STANDARDS FOR TREATMENT IN LOCKED SETTING.**

Subpart 1. **Limitations on admissions; treatment in locked setting.** A residential mental health program offering treatment in a locked setting must address the use of a locked setting in its statement of intended use. Before accepting a resident for admission to a locked setting in a residential mental health program, the license holder must meet the criteria in items A and B.

A. The resident's record must include a written statement that a diagnostic assessment conducted according to Minnesota Statutes, section 245.4871, subdivision 11, has established that a persistent pattern of the resident's mental health presents a likely threat of harm to the resident's self or others that would best be treated in a locked setting.

B. The resident has an individual treatment plan that:

- (1) meets the requirements of part 2960.0600;
- (2) identifies the need for treatment in a locked setting;
- (3) identifies the relationship of treatment within a locked setting to the resident's overall treatment goals;
- (4) identifies the treatment goals the resident must meet to have access to increased freedom of movement or be placed in a less restrictive appropriate treatment setting;
- (5) includes a plan for discharge from treatment in a locked setting to a less restrictive treatment environment when it is consistent with the resident's ability to be in a less restrictive environment; and
- (6) is reviewed weekly by the program director to determine the level of treatment needed, unless the resident's individual treatment plan specifically states that the resident's prognosis or court-imposed conditions merit review of the individual treatment plan at less frequent intervals. In any case, the interval for the review of the individual treatment plan may not exceed 90 days.

Subp. 2. **Prohibited placements.** The license holder must not admit a child for treatment in a locked setting as a disposition resulting from adjudication of an offense under the juvenile code without meeting the diagnostic assessment requirements of subpart 1, item A, nor transfer a resident from an unlocked part of a residential facility to a locked part of the same facility solely as a disciplinary measure for violating the rules of conduct of the treatment facility.

Subp. 3. **Staff ratio.** During waking hours, the part of the facility providing treatment in a locked setting must provide at least a ratio of one treatment staff person to three residents. The staff-to-resident ratio for treatment in a locked facility does not apply during waking hours when residents are attending school out of that part of the facility. During

sleeping hours, the part of the facility providing treatment in a locked setting must provide at least two treatment staff persons to nine residents. At least one of the two treatment staff persons required during sleeping hours must be awake and present in that part of the facility. If the required second staff person is not awake and present in the locked setting, the program must ensure that the second staff person is in the immediate vicinity and may be readily contacted either by telephone, radio, or alarm to come to the immediate assistance of the staff person in the locked part of the facility.

Subp. 4. **Additional staff training.** In addition to the training required in part 2960.0660, staff providing treatment in a locked setting must have at least eight hours of additional training annually in subjects that will improve the staff's ability to deal with residents who present a risk of harm to themselves or others.

Subp. 5. **Compliance with codes.** A facility must, prior to offering mental health treatment in a locked setting, comply with additional health, fire, or building code requirements that the commissioner of human services, state fire marshal, or Department of Health requires.

Subp. 6. **Limitations on use of rooms for seclusion.** The license holder must ensure that the requirements of part 2960.0680 are met if a resident is locked in a room in the part of the facility offering mental health treatment in a locked setting.

**Statutory Authority:** *L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09*

**History:** *28 SR 211*

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