



Chapter 2911 Prehearing Comments & Revisions

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Contents

INTRODUCTION.....	3
Background.....	3
Changes to the Proposed Rules.....	3
DEFINITIONS (2911.0200).....	4
General response	4
Facility Administrator.....	4
Segregation Area	5
Substance-Use Definitions	5
INCORPORATIONS BY REFERENCE (2911.0210).....	6
INTENDED USE AND FACILITY SUPPORT PLANS (2911.0300)	7
Intended Use.....	7
Facility Support Plans	7
FACILITY SELF-AUDIT (2911.0310)	8
VARIANCES, EMERGENCIES, AND OVERCROWDING (2911.0400)	9
Variances.....	9
Emergencies	9
Overcrowding.....	10
STAFFING (2911.0900)	10
Staffing Plans and Staffing Analysis	10
Staff-to-Inmate Ratios	11
Escort and Admissions Staff.....	12
TRAINING (2911.1000-2911.1600)	12
INFORMATION MANAGEMENT (2911.1900-2911.2700).....	13
POLICY AND PROCEDURE MANUALS / RECORDS / INFORMATION SYSTEMS	13
ADMISSIONS, RELEASES, AND DISCHARGE PLANNING (2911.2525-2911.2560)	14
Admissions and Intake.....	14
Releases and Discharge Planning.....	15
ADMINISTRATIVE SEPARATION, DISCIPLINARY SEGREGATION, AND MENTAL HEALTH CARE (2911.2790-2911.2880).....	16
INMATE ACTIVITIES AND PROGRAMS / VISITATION / CONDITIONS OF CONFINEMENT (2911.3100 – 3650)	18
Substance Use Disorder Programming	18

Visitation.....	18
Communication	19
REPORTING REQUIREMENTS (2911.3700).....	19
Death Reporting and Reviews.....	19
Infectious Disease Reporting	20
Serious Injury Reporting	20
Emergency Medication Reporting	20
Critical Incident Debriefing	21
DIET AND FOOD-SERVICE MANAGEMENT (2911.3800-2911.4600).....	21
SECURITY INSPECTIONS AND RESPONSE TO RESISTANCE (2911.4900-2911.5000)	22
WELL-BEING CHECKS (2911.5010-2911.5025).....	23
More Frequent Well-Being Checks	23
HEALTH CARE, WITHDRAWAL MANAGEMENT, AND SUBSTANCE-USE DISORDER TREATMENT (2911.5800-2911.5820)	24
MENTAL STATUS EXAM AND MENTAL HEALTH CARE (2911.5830).....	25
PSYCHIATRIC EMERGENCY & INVOLUNTARY MEDICATION ADMINISTRATION (2911.5840 & 2911.6700)	26
MEDICATION CONTROL (2911.6800)	27
EFFECTIVE DATE	27
POLICY REQUIREMENTS	28
SONAR & RULE DEVELOPMENT	28
COSTS, APPLICATION, AND OPERATIONAL FLEXIBILITY	30
Procedural requirements under Minnesota Statutes, section 14.131	30
Department Response	31
Procedural requirements met under Minnesota Statutes, section 14.127.....	32
Application to State-Run Prison Facilities	33
CONCLUSION	34

INTRODUCTION

The department of corrections is proposing changes to chapter 2911 governing jail facilities.

Background

The department published the March 11, 2026 revisor draft on March 31, 2026. The public comment period for the department's proposed revision to Minnesota Rules, chapter 2911 closed on April 30, 2026. The department received more than 50 comments from the Court of Administrative Hearing eComments page - many of which were multi-page documents with multiple components. The department reviewed all comments received, which are attached as Exhibit I for the hearing and available on the department's website.

The agency has provided its responses to those comments below, which have been categorized according to rule topic, and responded to common themes and topic areas that were frequently identified in the comments. The department will respond to hearing and post hearing comments in a future rebuttal document.

The comments repeatedly raised the following concerns from impacted stakeholders:

- operational flexibility and local jail differences;
- whether proposed provisions exceeded "minimum standards" requirements;
- staffing shortages and resource limitations;
- segregation terminology and housing realities in smaller facilities;
- medication continuity and withdrawal-management obligations;
- well-being-check frequency and operational feasibility;
- discharge planning versus ordinary release procedures;
- reporting and documentation burdens;
- annual self-audit requirements;
- incorporations by reference; and
- the need for clearer definitions and less prescriptive language.

Changes to the Proposed Rules

In response, the department revised the March 11, 2026 revisor draft. It conducted two additional site visits to jails in Renville and Wright Counties as well as held two meetings with impacted stakeholders on Friday, May 12 and Thursday, May 21, 2026 to better understand stakeholder concerns.

The department then posted a [revised public draft](#) on Friday, May 22, 2026, narrowing rule language, restoring prior timelines, removing unnecessary prescriptive requirements, clarifying that facilities retain operational discretion, and distinguishing between mandatory minimum standards and recommended practices. This revision also

incorporates expertise from the Medication for Opioid Use Disorder in Jails Workgroup Interim Report to the Subcabinet on Opioids, Substance Use, and Addiction¹ and the recent legislative revisions to Minn. Stat. § 241.021, subd. 4f on prescription medication in jails signed into law by Governor Walz on May 18, 2026.² This new draft, incorporating input from experts and impacted groups, reinforces the need for modernized jail standards that address medication continuity, withdrawal management, suicide prevention, well-being checks, discharge planning, staffing flexibility, and continuity of care.

DEFINITIONS (2911.0200)

General response

Commenters requested clearer and more consistent definitions throughout the rule, particularly regarding segregation terminology, delegation authority for facility administrators, and substance-use related terminology. Several comments emphasized the need for language that reflects operational realities in smaller facilities and avoids ambiguity.

The department added definitions for the following terms already used in the current rule to ensure clarity and consistency among facilities and in response to comments pointing out that the lack of definitions could cause confusion:

- Response to resistance;
- Security post; and
- Suicide watch.

The department also added a definition for discharge planning to help distinguish those requirements from typical release procedures addressed below in more detail.

Additional definitions that the department received comments on will be addressed below.

Facility Administrator

The department received a number of comments regarding facility administrators no longer have delegation authority for certain tasks. The proposed clarification is that the very definition of facility administrator now includes the administrator's designee. This is needed because multiple rule parts assign operational duties and reporting

¹ "MOUD in Jails Workgroup: Interim Report to the Subcabinet on Opioids, Substance Use, and Addiction" (January 2025), available at https://mn.gov/mmb/assets/moud-in-jails-workgroup-interim-report-to-the-subcabinet-2025_tcm1059-674087.pdf.

² Laws of Minnesota 2026, chapter 97, article 4, section 1, available at <https://www.revisor.mn.gov/laws/2026/0/Session+Law/Chapter/97/>.

responsibilities to the facility administrator. Clarifying that these responsibilities may be delegated reflects how jails operate on a day-to-day basis.

The clarification is reasonable because it does not create any new operational obligation and instead simplifies rule language for readability and consistency.

The clarification is rationally related to the department's objective of safe and secure jail facilities because it ensures accountability for operational decision-making while allowing jails to function efficiently through delegated authority structures.

Segregation Area

The department received numerous comments regarding the definition of "segregation area" and that it did not fully account for how differences in capacity or layout may limit a jail's ability to place individuals in a physically separate area. The proposed revisions to the definition of "segregation area" are needed because Minnesota jails vary significantly in size, staffing models, and physical design. The SONAR recognizes that no two jails are identical and that smaller facilities may not have dedicated segregation units available for administrative separation, disciplinary segregation, or prehearing detention. Without clarifying language, some facilities could face operational uncertainty regarding how to comply with segregation requirements while still maintaining safety and supervision.

The proposed revisions are reasonable because they recognize operational realities identified during stakeholder feedback and allow individual cells within general population to qualify as segregation areas when facility design limits other options. The department revised the March 11, 2026 draft language in response to comments from jail administrators who explained that many facilities cannot maintain completely separate housing areas due to limited bed space and facility layouts.

The proposed revisions are rationally related to the department's objective of safe and secure jail facilities because they preserve the ability of facilities to safely separate incarcerated individuals who present security, medical, mental-health, or safety concerns while still allowing facilities flexibility to operate within their physical limitations.

Substance-Use Definitions

The department received extensive stakeholder feedback that the March 11, 2026 draft language created confusion regarding what services were expected of jails. As a result, the department revised definitions related to:

1. assessment for medication assisted substance use disorder treatment;
2. medication-assisted substance use disorder treatment; and
3. substance-use-disorder programming.

The SONAR recognizes that a substantial portion of incarcerated individuals entering Minnesota jails experience substance-use disorders, withdrawal symptoms, or co-

occurring mental-health conditions. Clarified terminology is needed to establish consistent statewide understanding of these requirements.

The revised definitions are reasonable because the department narrowed and clarified the language in response to comments from facilities and stakeholders. The revised definitions distinguish between screening, assessment, treatment programming, withdrawal management, and medication-assisted treatment while recognizing that services may vary depending on facility resources and available health-care providers.

The revised definitions are rationally related to the department's objective of safe and secure jail facilities because consistent terminology promotes clearer operational expectations, improves communication between facilities and health-care personnel, and supports safer identification and management of individuals experiencing withdrawal, overdose risk, or substance-use-related medical emergencies.

INCORPORATIONS BY REFERENCE (2911.0210)

Stakeholders expressed concern about incorporating too many external standards and guidance documents into rule requirements. Comments requested that the department reduce reliance on outside references and clarify which provisions are mandatory and enforceable.

The proposed revisions to incorporations by reference are needed because stakeholders expressed concern that the March 11, 2026 draft incorporated too many external standards and guidance documents that may frequently change or create confusion regarding enforceable requirements.

In response, the department revised the draft to remove or narrow several incorporations by reference and instead embedded key standards directly into the rule language where appropriate. For example, the department incorporated the Dietary Guidelines for Americans directly into the rule framework rather than relying on broader external correctional-health standards.

These revisions are reasonable and rationally related to the department's objective of safe and secure jail facilities because they maintain clear, enforceable standards while reducing unnecessary complexity and confusion for facilities working to comply with minimum operational and health-related requirements.

INTENDED USE AND FACILITY SUPPORT PLANS (2911.0300)

Intended Use

The department received feedback from commenters requesting clearer licensing and inspection standards and raising concerns about how corrective action plans could be interpreted or enforced.

The proposed revisions to subpart 1.D are needed because the department must clearly identify the statutory standards it uses when evaluating whether a facility substantially conforms to minimum standards or is making “satisfactory progress toward substantial conformity” under Minnesota Statutes, section 241.021, subdivision 1(a). The SONAR explains that outdated and vague regulatory language has historically created inconsistent interpretation and uncertainty regarding inspection and licensing expectations.

The revisions to this section are reasonable because they align rule language directly with the statutory licensing framework enacted by the Legislature and clarify the standards facilities must meet during inspections. They also do not restrict the statutorily provided inspection and licensing sanction standard by defining substantial conformity, relying, instead, on direct statutory language. The department received feedback regarding the definition of “substantially conform.” Although this definition has been removed from the proposed rule to rely on statutorily set standards for licensing action, the department agrees that it remains important for facilities and inspectors to share a consistent understanding of expectations during inspections. This includes clarity on when an inspector may determine that developing a Facility Support Plan, discussed below, would help address an issue before it becomes problematic or poses a safety concern.

The revisions are rationally related to the department’s objective of safe and secure jail facilities because clearer inspection and licensing standards improve consistency, accountability, and statewide understanding of minimum operational expectations.

Facility Support Plans

Several comments emphasized the need to preserve local operational flexibility and distinguish collaborative corrective actions from sanctions.

The proposed facility support plan language in subpart 4 is needed because the department requires a structured mechanism to identify and address operational deficiencies before conditions rise to the level of formal licensing sanctions set by statute. Additionally, legislative changes in 2021 to the department’s licensing sanctioning authority reflected in Minnesota Statutes, section 241.021, subdivisions 1a through 1c, rendered the current subpart 4 sanctions obsolete. The SONAR recognizes that proactive identification and correction of deficiencies improve facility safety and operational compliance.

The revisions are reasonable because the department clarified that facility support plans are collaborative corrective tools and are not independent licensing sanctions. The revised language also reflects stakeholder concerns that earlier drafts blurred the distinction between corrective guidance and enforcement action.

The revisions are rationally related to the department's objective of safe and secure jail facilities because they encourage early corrective action, improve communication between facilities and inspectors, and help prevent operational deficiencies from escalating into serious safety or constitutional concerns.

FACILITY SELF-AUDIT (2911.0310)

Commenters state that the rule requires facilities to use a DOC-provided checklist, but the checklist's scope, length, and the possibility of annual changes are not defined. Because of this, facilities cannot estimate the staffing, time, or financial impact of complying. Commenters also note that the rule does not explain what happens if a checklist is incomplete or if violations are identified. Since the checklist itself is not included in the rule, commenters worry that the DOC could enforce expectations that have not been formally adopted, which they describe as unadopted rulemaking.

To support transparency and make the self-audit process easier for facilities, the department will make the current inspection checklist publicly available on its website. This is the same tool inspectors use during inspections, and it is already provided to facilities ahead of every on-site visit.

The self-audit requirements are needed because the Legislature specifically directed the department to adopt standards regarding self-auditing and ongoing compliance review. The SONAR explains that annual self-audits help facilities proactively identify deficiencies, improve compliance with minimum standards, and reduce operational risks before problems contribute to serious incidents.

These requirements are reasonable because the department revised the proposal following stakeholder discussions and adopted an annual review requirement rather than more burdensome monthly or quarterly self-audits that were initially discussed during advisory committee meetings. Requiring facilities to review their own practices two times in between audits is not onerous or burdensome and is a reasonable expectation.

Although some comments questioned the need for yearly audits when the department inspects jails at least every two years, the requirements are rationally related to the department's objective of safe and secure jail facilities because regular self-auditing improves accountability, supports compliance with operational standards, and helps identify safety or staffing concerns before they contribute to preventable harm and in advance of biennial DOC inspections.

VARIANCES, EMERGENCIES, AND OVERCROWDING (2911.0400)

Stakeholders requested more flexibility in the variance process and raised concerns about administrative burdens, emergency notifications, and overcrowding expectations. Some comments expressed concern about transportation distances and operational impacts during overcrowding situations.

Variances

Facilities expressed concern that the proposed expansion of the variance review timeline and recurring renewal process would create unnecessary administrative burdens and operational delays.

In response, the department is proposing needed and reasonable revisions that restore the existing 30-day review timeline and allow approved variances to remain effective through inspection cycles without requiring repeated reapplication. These revisions reflect direct stakeholder feedback and preserve operational flexibility.

A substantial number of comments were submitted regarding the proposed rule language related to appeals in subpart 1c. The department's rationale for adding this language was that when a facility seeks relief from a rule requirement that has been found needed and reasonable - and does not meet the judge-approved variance standard - the department's review under that standard should serve as the final decision.

However, based on the structure of the rules and the existing language governing variance approvals, the department recognizes that situations of this nature are unlikely to arise and, in past experience, have been relatively rare. Therefore, the department has removed this subpart from the proposed rule amendments.

The revisions are rationally related to the department's objective of safe and secure jail facilities because the variance process allows facilities flexibility to address unique operational limitations while ensuring substitute measures continue protecting the health, safety, and security of incarcerated individuals and staff.

Emergencies

Facilities expressed concern that emergency reporting to the department would interfere with their ability to respond to the emergency itself. The emergency-notification requirements in subparts 2 and 4 are needed because the department must maintain timely awareness of operational emergencies and temporary rule suspensions that could affect facility safety, staffing, or constitutional conditions of confinement.

The requirements are reasonable because the department recognizes that emergencies create operational challenges and as a result revised portions of the existing rule language in subpart 4 to clarify that emergency suspensions are distinct from variances. The

department also acknowledged that facilities often already communicate directly with inspectors during emergencies and the nature of the inspection relationship along with other reporting requirements leaves very little room for the department to be left in the dark about emergencies.

The requirements are rationally related to the department's objective of safe and secure jail facilities because timely notification allows the department to monitor emergency conditions, provide oversight, and intervene if emergency operations create unacceptable risks to staff or incarcerated individuals.

Overcrowding

The overcrowding provisions in subpart 8 are needed because overcrowded facilities increase risks related to supervision failures, assaults, communicable disease spread, delayed medical care, and unsafe housing conditions. The SONAR explains that population pressures directly affect a facility's ability to maintain safe operations.

The department received a few comments that the rule change would force counties to contract with other facilities well outside a reasonable geographic range. The department maintains that the proposed provisions are reasonable because the rule does not require counties to contract for additional bed space but instead permits facilities greater flexibility in utilizing available geographic resources when overcrowding creates operational concerns.

The provisions are rationally related to the department's objective of safe and secure jail facilities because reducing overcrowding pressures improves supervision, supports access to health care and mental-health services, and reduces risks associated with unsafe population density.

STAFFING (2911.0900)

Staffing Plans and Staffing Analysis

Commenters consistently raised concerns about staffing shortages, recruitment challenges, staffing ratios, and the financial impact of proposed staffing requirements. Facilities requested greater operational flexibility and clearer expectations regarding supervision, admissions staffing, and staffing analyses.

The staffing-analysis requirements in subparts 1 and 1a are needed because adequate staffing is one of the primary operational factors affecting jail safety, supervision, emergency response capability, and compliance with constitutional standards. The SONAR explains on pages 74 - 78 that staffing shortages and inadequate supervision contributed to operational concerns identified during inspections and enforcement actions.

The revised requirements in subparts 1 and 1a are reasonable because the rule does not require facilities to complete entirely new staffing analyses annually but instead requires facilities to review and document existing staffing analyses and staffing plans. The department also revised vague language such as “appropriate to the facility’s needs” and replaced it with clearer operational standards tied to health, safety, and security for the facility administrator to evaluate. As noted in the National Institute of Corrections Research Guide for Jail Administrators, “A comprehensive staffing analysis should produce a staffing plan that will prevent or resolve any staff deficiencies in the jail.”

The department reviewed comments expressing concern about commissioner approval of staffing plans and agrees that the March 11, 2026 draft placed too much emphasis on that review when staffing planning and funding is more appropriately managed by facilities and county boards. As such, the department removed that review language, instead, requiring facilities to submit their staffing analyses to the department, so that the department can verify the essential functions required to operate facilities are identified for appropriate staffing planning by administrators.

The requirements are rationally related to the department’s objective of safe and secure jail facilities because adequate staffing directly affects supervision, emergency response, well-being checks, movement of incarcerated people, admissions processing, and the ability to safely manage incarcerated populations.

Staff-to-Inmate Ratios

The revised staffing-ratio language in subpart 15 is needed because inspections identified situations where housing units or operational posts were inadequately supervised, creating serious safety and security concerns. Some comments raised concerns that removing the ability to set staffing ratios facility-wide for supervision would result in a need to hire more staff. The department has been working with licensed facilities for a number of years to work towards this removal, recognizing the safety concerns and risks that arise when expanding where staff supervision must focus directly on the incarcerated people reflected in the ratio.

The revisions are reasonable because the department removed the term “facility-wide” to clarify that staffing requirements apply throughout the jail and revised definitions related to posts and supervision in response to stakeholder concerns.

The revisions are rationally related to the department’s objective of safe and secure jail facilities because maintaining adequate staffing coverage at assigned posts reduces risks associated with assaults, suicide, contraband, escape, and delayed emergency response.

To help reduce the financial impact to jails operating with direct supervision styles, the department also revised the definition of direct supervision to remove continuously but include “actively monitor.” Additionally, the department’s revised draft published on May 22, 2026 now permits facilities with direct supervision to reduce to a one to 120 staff to incarcerated person ratio during lockdown times addressed in subpart 23. These changes

are needed and reasonable to maintain safe supervision staffing levels where incarcerated people are physically present and reduced when they are locked into cells.

Escort and Admissions Staff

The proposed admissions and escort staffing language is needed because admissions processing involves critical safety functions, including identification of medical, mental-health, withdrawal, and suicide risks.

The revisions are reasonable because the department withdrew more prescriptive staffing-ratio recommendations after stakeholder feedback and instead requires facilities to evaluate and document whether additional admissions staff are necessary based on operational conditions. This explanation is outlined more specifically starting on page 86 of the SONAR.

These revisions are rationally related to the department's objective of safe and secure jail facilities because adequate admissions staffing supports timely screening, accurate intake processing, and safe movement of incarcerated individuals throughout the facility.

TRAINING (2911.1000-2911.1600)

Stakeholders generally supported training requirements but expressed concern regarding the amount of required training, duplication of training expectations, and requirements for non-custodial staff. Comments also requested flexibility regarding curriculum providers and role-specific training obligations.

These revised training standards are needed because custody staff are increasingly required to respond to complex medical emergencies, behavioral-health crises, substance-use disorders, suicide prevention concerns, and emergency-response situations. The SONAR recognizes that jail populations have become significantly more medically and behaviorally complex over time.

These revisions are reasonable because increasing annual training hours from 16 to 20 hours represents a modest increase that remains substantially below the training requirements imposed on state correctional officers.

The department also clarified that facilities are not required to use any single opioid-emergency curriculum or training provider. In conducting a brief online search for training on opioid related emergency procedures, the department found several general training options offered by organizations such as the American Red Cross, the National Harm Reduction Coalition, Overdose Lifeline, and the Minnesota Department of Health. In addition, the Substance Abuse and Mental Health Services Administration identifies overdose prevention as one of its five priority areas in behavioral health care and provides training materials and resources for practitioners that are evidence-based. See pages 63 and 93 of the SONAR for additional information on training.

The department received feedback that response to resistance training for non-custodial staff was onerous and could result in conflicting expectations when a potential use of force situation arises. The department agrees that non-custody staff should not be expected to use force. In response, the department revised the draft to focus on self-defense training, including any equipment that non-custodial staff member may need to use, such as a walkie-talkie device to request assistance.

Several commenters acknowledged the importance of training but expressed concern that the proposed training requirements for supportive, clerical, maintenance, and contracted staff may feel excessive for roles that do not involve custody or security decision-making. Some commenters also indicated that some of the requirements appear duplicative for certain staff who have multiple roles.

The realities of a jail environment differ significantly from other county settings. While commenters suggest that training should be limited to what is necessary for each role, the current rule already aligns training requirements with job responsibilities. While certain issues may never arise in a jail facility, non-custodial staff working inside a jail must still understand the unique safety, security, and behavioral risks present in a correctional environment. A facility responsible for the care, safety, and security of individuals with extensive and diverse needs must ensure that every person who works within that environment - regardless of their level of contact with incarcerated people - has foundational training to respond appropriately. The DOC maintains that the broader training requirements in the proposed rules reflect established national standards, emphasizing that even staff with minimal contact with incarcerated people must receive initial and annual training to ensure they can respond effectively and safely during emergency situations.

The revisions are rationally related to the department's objective of safe and secure jail facilities because properly trained staff are better equipped to safely supervise incarcerated individuals, respond to emergencies, identify mental-health or withdrawal concerns, and prevent suicide, overdose, or serious injury.

INFORMATION MANAGEMENT (2911.1900-2911.2700)

POLICY AND PROCEDURE MANUALS / RECORDS / INFORMATION SYSTEMS

Commenters requested clarification regarding policy accessibility, confidentiality, and information-sharing expectations. Several comments emphasized balancing transparency with facility safety and expressed concern about providing operational procedures to incarcerated individuals. Commenters also questioned whether requiring facilities to follow internal policies constituted expanded rulemaking authority. Several comments focused on operational flexibility and the relationship between written policy and actual practice.

The department made some minor adjustments in the May 22, 2026 draft, removing a duplicative annual code of conduct training requirement and clarifying language in response to comments.

The proposed revisions are needed because vague and inconsistent policy requirements create operational confusion for facilities, inspectors, incarcerated individuals, and outside agencies.

Commenters expressed concern that the proposed changes to information-management requirements would obligate jails to provide individuals with full copies of the policy and procedure manual, including operational procedures. While transparency is critical in corrections, commenters noted that sharing detailed procedures could create safety and security risks.

The proposed rule, however, does not require jails to provide incarcerated individuals with the full policy and procedure manual. The rule clarifies that incarcerated individuals must receive information in a manner they can understand - particularly individuals with disabilities, special needs, or limited English proficiency - so they are aware of their rights, responsibilities, and applicable facility rules. The SONAR, beginning on page 97, outlines the specific categories of information that must be communicated, including data practices, basis for detention, release of information, orientation materials, and personal property procedures.

The revisions are reasonable because the department simplified language, removed vague terminology such as “relevant,” and clarified that policy manuals may include both public and nonpublic information while still ensuring accessibility to appropriate authorities.

The revisions are rationally related to the department’s objective of safe and secure jail facilities because consistent policies and procedures improve operational accountability, support constitutional compliance, and ensure incarcerated individuals understand facility rules, responsibilities, and available resources.

ADMISSIONS, RELEASES, AND DISCHARGE PLANNING (2911.2525-2911.2560)

Commenters raised concerns about intake timelines, staffing capacity, and the distinction between routine release procedures and statutory discharge planning obligations. Commenters also suggested improving continuity-of-care resources and release information.

Admissions and Intake

The proposed admissions requirements in subpart 1 are needed because newly admitted individuals frequently enter jail with serious medical, mental-health, withdrawal, or suicide-related risks. The SONAR explains that a substantial percentage of incarcerated

individuals experience substance-use disorders, mental illness, or co-occurring behavioral-health conditions.

The requirements are reasonable because the rule only requires facilities to make initial attempts to complete admissions procedures within two hours and recognizes that facilities may encounter uncooperative individuals, emergency conditions, or operational surges. Revisions to subpart 6 permit facilities to tailor continued attempts to complete medical and mental health screenings with flexibility based on shift lengths, so long as at least two attempts occur during any shift. The rule also allows documentation when screenings cannot be completed.

The requirements are rationally related to the department's objective of safe and secure jail facilities because timely intake screening allows staff to identify medical emergencies, withdrawal symptoms, suicide risk, and safety concerns early in custody when individuals are most vulnerable.

Releases and Discharge Planning

The discharge-planning revisions are needed because commenters expressed concern that earlier draft language blurred the distinction between routine release procedures and statutory discharge-planning obligations for individuals with serious and persistent mental illness.

The department agrees that the terms "released" and "discharged" cannot be used interchangeably in the proposed rule revisions, as each carries a distinct meaning within a correctional setting. The revisions are reasonable because the May 22, 2026 draft now defines "discharge planning" and clarifies when additional discharge obligations apply under Minnesota Statutes, section 641.155.

The rule does not prevent a jail from conducting more comprehensive release planning, and such efforts may align with the model discharge plans distributed by the commissioner under section 641.155, subdivision 1. Importantly, the rule does not mandate more extensive planning due to the varied operational realities of jails, including rapid releases and transfers.

The department appreciates the thoughtfulness behind commenters' suggestions for creating a centralized, statewide resource hub or QR-code system that individuals could access upon release. However, the rule requires that the facility administrator develop and follow a policy and procedure for providing release information, as local jails are best positioned to maintain accurate, up-to-date resource lists specific to their communities. This responsibility is more appropriately maintained at the county-level to ensure it includes resources that individual jurisdictions can update regularly.

The Department is open to exploring collaborative opportunities in the future, through partnership with counties and other stakeholders. These revisions are rationally related to the department's objective of safe and secure jail facilities because continuity of

medication, mental-health resources, and release information reduce risks associated with reentry, overdose, suicide, and treatment interruption following release from custody.

ADMINISTRATIVE SEPARATION, DISCIPLINARY SEGREGATION, AND MENTAL HEALTH CARE (2911.2790-2911.2880)

Stakeholders submitted extensive feedback regarding segregation practices, mental health monitoring, behavioral management terminology, deprivation procedures, and operational flexibility. Many comments emphasized the need to distinguish disciplinary segregation from administrative separation and account for varying facility designs and resources.

The proposed segregation-related revisions are needed because segregation practices can create significant mental-health, suicide, and operational risks if not properly monitored and managed. The SONAR explains that individuals with mental illness or other vulnerabilities may experience heightened risk when placed in isolation or restrictive housing.

The revisions are reasonable because the department revised earlier draft provisions after receiving extensive stakeholder feedback regarding flexibility, operational realities, and the use of behavioral-management terminology.

The department received comments about the use of the term “behavioral management plan” and whether it is suitable for disciplinary segregation. Commenters noted that the Department of Human Services commonly uses this term in treatment and therapeutic environments, but jails indicated that this framing does not align well with the operational and security-driven context of correctional settings. The department agrees that shifting to the term “Housing Management Plan” more accurately reflects how jails make decisions related to placement, safety, and supervision, and is therefore more appropriate for correctional operations, and its use is not appropriate outside of the administrative separation context. Disciplinary segregation is entirely driven by rule violations which have finite terms of segregation set by facility policy. Housing management is not needed or reasonable in this context.

The department removed certain requirements from disciplinary segregation and clarified that housing-management concepts are more appropriate in administrative separation settings, leaving facility administrators flexibility to establish their rule violation time periods for disciplinary segregation, document any deprivation incidents for both administrative separation and disciplinary segregation however the facility deems best, and updated terminology throughout to reflect the differences.

Commenters expressed concern that the rules do not explicitly provide exceptions for individuals on mental health watch or those with specific safety restrictions, which could

make certain requirements impractical or unsafe. They noted that health, safety, and wellbeing are the highest operational priorities, and strict rule language may create uncertainty about how to balance compliance with necessary safety practices.

The rules, however, already allow for the deprivation of items when safety requires it in the context of administrative separation. Although part 2911.2850, subpart 6(A) (Disciplinary Segregation) specifically references the removal of clothing and bedding when an individual's behavior threatens health, safety, or security, the authority to restrict items in administrative separation is addressed more broadly in part 2800, subpart 7 (Deprivation Record). The revised language in this section requires that whenever an inmate in administrative separation is deprived of any item or activity normally authorized under facility policy - or identified in the initial administrative separation documentation - the action must be documented and forwarded to the facility administrator for review and determination.

This structure provides facilities with the discretion needed to restrict items for safety or mental-health-related reasons, while ensuring accountability and documentation. It therefore allows appropriate deprivation of items under administrative separation while maintaining oversight to ensure such measures are reasonable and justified.

The department also received feedback on the disciplinary segregation structure in the March 11, 2026 draft, particularly concerning the proposed tier system. Commenters emphasized that jails vary widely in population characteristics and facility design, and therefore do not operate uniformly. They expressed concern that the initial framework did not provide sufficient flexibility for facilities to develop policies and procedures that appropriately reflect the severity of specific rule violations and allow for proportionate sanctions.

The department continues to believe that establishing a cap on disciplinary segregation is rationally related to our objective of maintaining safe facilities while preventing unnecessary or harmful isolation. Removing the behavioral management plan requirement from disciplinary segregation is also appropriate, as that tool is rooted in therapeutic contexts rather than in the administration of sanctions for rule violations. Nonetheless, a clear mechanism for transitioning an individual out of disciplinary segregation remains necessary and reasonable. Step-down management remains an available option, and review under part 2911.2850, subpart 3a is still required to assess an individual's health, mental health, safety, and any improvement or deterioration.

This section also sets standards for monitoring the mental health of people placed in administrative separation or disciplinary segregation, recognizing that these populations are especially vulnerable despite having the same health-care rights as the general population. The requirements align with National Commission on Correctional Health Care and American Correctional Association guidance and are intended to reduce suicides and other serious medical events. While monitoring ideally would vary based on the duration or

degree of isolation, differences in jail size and resources make such specificity impractical in rule. See page 134 of the SONAR for additional information on this topic.

To ensure operational feasibility, as well as in recognition of limited mental health resources in certain areas of the state, the department revised the mental status exam requirements in part 2911.2860 to clarify which staff can complete screenings and how to document if mental health professionals are unavailable to conduct the required mental status exams. The department also revised part 2911.2870, subpart 2, to clarify that the goal is to ensure any approved accommodations follow an individual into a different housing arrangement for separation or segregation.

These revisions are rationally related to the department's objective of safe and secure jail facilities because appropriate segregation practices, periodic review, and health monitoring reduce risks associated with prolonged isolation, self-harm, violence, and deteriorating mental-health conditions.

INMATE ACTIVITIES AND PROGRAMS / VISITATION / CONDITIONS OF CONFINEMENT (2911.3100 – 2911.3650)

Commenters requested clarification regarding substance-use programming requirements, visitation standards, and communication provisions. Several comments emphasized the need for updated terminology and operational flexibility regarding program availability.

Substance Use Disorder Programming

The proposed changes reflected in the May 22, 2026 draft in the substance use disorder programming section are in direct response to comments expressing confusion about what programming was required to be offered in facilities and whether this was a new requirement on top of what is required in existing rule on chemical dependency programming.

The revisions are needed because chemical dependency terminology is no longer accepted in the field, so conforming language changes to substance use disorder are included in the proposed rules. Additionally, the changes are reasonable because the department is maintaining existing requirements to screen for substance use disorders at admission but is not requiring facilities to offer substance use disorder treatment.

Visitation

The changes in the visitation section are technical language adjustments for consistency with the structure of the rest of the rule. These are needed and reasonable to ensure clarity.

Communication

The changes in the communication telephone access section under subpart 4 are needed and reasonable as they remove a circular part reference in 2911.2525 to ensure clarity.

The changes in this section related to programs and conditions of confinement are rationally related to the department's objective of safe and secure jail facilities because they align rule structure and make conforming language changes reflected in the rest of the rule related to expectations for visitation, phone calls, and substance use disorder programming.

REPORTING REQUIREMENTS (2911.3700)

Stakeholders raised concerns about reporting burdens, timelines, duplication of reporting obligations, and the scope of reportable incidents. Comments particularly focused on death reviews, infectious disease reporting, injury reporting, and emergency medication reporting.

Death Reporting and Reviews

The proposed death-reporting revisions in subpart 4, item B(4) and subpart 5 are needed because the department requires timely awareness of the most serious outcome of a medical incident – death – when connected to incidents or medical conditions arising during incarceration. The SONAR explains that death review and reporting are necessary to identify operational failures, improve policy, and prevent future mortality events.

These revisions are reasonable because the revised language in the May 22, 2026 draft clarifies that facilities are only required to report and review deaths when they have knowledge of the death and when the underlying incident or medical condition arose while the person was in custody. Requiring facilities to review deaths they are aware of – regardless of the custody status of the individual at the time of the death – is needed and reasonable to identify recommendations for policy and procedure change to prevent future mortality and morbidity as required in Minnesota Statutes, section 241.021, subdivision 8. Allowing a mid-emergency custody transfer to exempt a facility from conducting this type of policy or procedure review creates a gap in oversight and prevents the jail, as well as the department, from identifying risks and preventing future deaths. Accordingly, limiting this rule requirement to deaths the facility has knowledge of is needed and reasonable as it eliminates the gap in oversight while only applying to situations where a facility administrator has actionable information.

These revisions are rationally related to the department's objective of safe and secure jail facilities because timely death reporting and review improve oversight, identify operational deficiencies, and support prevention of future deaths.

Infectious Disease Reporting

The infectious-disease reporting requirements in subpart 4, item B(13) are needed because correctional facilities present heightened risks for communicable-disease spread among incarcerated individuals and facility staff.

The requirements are reasonable because the department narrowed reporting obligations to diseases designated as notifiable by the Minnesota Department of Health rather than broader national disease lists. These revisions also clarified that notification aligns with statutory tuberculosis testing requirements, meaning it is only necessary if the testing cannot be completed within the statutorily defined timeframe.

The requirements are rationally related to the department's objective of safe and secure jail facilities because coordinated infectious-disease reporting supports public-health monitoring, outbreak prevention, and facility safety.

Serious Injury Reporting

The serious-injury reporting revisions in subpart 4, item B(6) are needed because facilities and inspectors require clear operational standards regarding which injuries constitute reportable incidents.

The revisions are reasonable because the department agreed to revise confusing language and clarified that reportable injuries are those requiring hospitalization or medical care beyond what can be provided within the facility.

The revisions are rationally related to the department's objective of safe and secure jail facilities because consistent injury reporting improves oversight of serious incidents and supports corrective action when operational conditions contribute to preventable harm.

Emergency Medication Reporting

The emergency medication reporting requirement in subpart 4, item B(17) was removed. Emergency medication administration is tightly controlled and governed by state statute and provisions in parts 2911.5840 and 2911.6700. Additionally, any emergency medication administration is done at the direction of a court, health authority, and treating health care personnel, all of whom have additional documentation requirements related to their medical licensures.

These revisions are needed and reasonable because the department does not need to create additional reporting requirements for a process that is already very regimented and directly related to the provision of health care services when someone is experiencing an emergency. Other reporting obligations still exist if the medication administration occurs due to a serious illness or injury.

Critical Incident Debriefing

These proposed revisions to the critical incident debriefing requirements are needed because traumatic incidents in jails can affect staff well-being, operational readiness, and facility safety. The Legislature specifically directed the department to adopt minimum standards regarding critical incident debriefings as one of the 17 required topics identified in Minn. Stat. § 241.021, subd. 1(a)(9), meaning there is an expectation that these services be available in jails. The department received comments expressing concern that the proposal was overly prescriptive, expanded beyond minimum standards, or improperly involved staff-management practices. In response, the department revised the draft to remove documentation requirements and narrowed the policy language to focus on supportive services available following a critical incident, including employee assistance programming.

The proposed revisions are reasonable because they preserve facility flexibility in how supportive services and operational debriefing practices are implemented while still ensuring facilities maintain policies addressing critical incidents. The revisions also narrow the March 11, 2026 draft in response to stakeholder concerns regarding administrative burden and scope.

The proposed revisions are rationally related to the department's objective of safe and secure jail facilities because critical incident debriefing supports staff wellness, improves emergency-response practices, and helps facilities maintain safe and effective operations following traumatic events.

DIET AND FOOD-SERVICE MANAGEMENT (2911.3800-2911.4600)

Commenters expressed concern that portions of the proposed food-service standards were overly prescriptive and relied too heavily on external standards. Facilities requested greater flexibility in menu planning, dietary accommodations, and implementation practices.

These proposed revisions are needed because adequate nutrition, safe food handling, and appropriate dietary accommodations are essential components of maintaining the health, safety, and orderly operation of jail facilities. The department received comments expressing concern that portions of the March 11, 2026 draft were overly prescriptive, relied too heavily on external standards, or created uncertainty regarding nutritional expectations and religious-diet requirements. In response, the department revised the proposed language in the May 22, 2026 draft to clarify that menu reviews conducted by licensed dietitians or nutritionists are informed by the most recent nationally adopted Dietary Guidelines for Americans, rather than requiring strict adherence. The revisions also updated food-service terminology, added plant-based protein as a high-quality protein

option, and clarified that religious diets are based on sincerely held religious beliefs consistent with federal law.

The proposed revisions are reasonable because the department narrowed and clarified the requirements in response to stakeholder feedback while maintaining clear minimum standards for food safety and nutritional adequacy. The revisions also removed broader incorporations by reference and instead embedded clearer standards directly into rule language where appropriate. The department recognized comments regarding operational flexibility and facility resources and revised the language to provide facilities greater discretion in menu planning and implementation while still requiring professional nutritional review and appropriate accommodations for medical and religious dietary needs.

The proposed revisions are rationally related to the department's objective of safe and secure jail facilities because safe food handling, nutritionally adequate meals, and appropriate dietary accommodations reduce risks to health of incarcerated people, support facility order and sanitation, and help facilities safely manage incarcerated populations. Clear dietary and food-service standards also improve consistency among facilities and reduce the likelihood of operational, medical, or constitutional concerns related to food-service practices.

SECURITY INSPECTIONS AND RESPONSE TO RESISTANCE (2911.4900-2911.5000)

The revised security-inspection and response-to-resistance provisions are needed because security equipment, emergency-response tools, and operational readiness directly affect facility safety. The department believes the documentation requirement currently in rule, that response to resistance reports are due at the end of the shift, is still needed and reasonable to ensure accuracy and understanding of the circumstances that gave rise to the need for the response. As such the department made plain language changes for clarity and maintained the same timeline.

The revisions are reasonable because the department revised the March 11, 2026 draft after stakeholder feedback and reverted from weekly to monthly inspection requirements for security checks.

The revisions are rationally related to the department's objective of safe and secure jail facilities because routine equipment inspections and timely documentation of response-to-resistance incidents support emergency preparedness, accountability, and operational safety.

WELL-BEING CHECKS (2911.5010-2911.5025)

Commenters consistently raised concerns regarding staffing impacts, documentation requirements, staggered checks, and the operational feasibility of well-being checks requiring a “stop” rather than some other guiding language. Additionally, commenters noted that stopping may give rise to prison rape elimination act concerns if an incarcerated person was changing or using the toilet at the time.

The revised well-being-check requirements are needed because failures involving well-being checks continue to be among the most common areas of noncompliance identified during inspections and have contributed to preventable deaths, suicide attempts, and delayed emergency response. The SONAR specifically identifies well-being checks as a critical life-saving function.

The revisions are reasonable because the department revised the language to clarify operational expectations without prescribing impractical standards. The revisions clarify staggered checks, permit flexibility for unoccupied cells, allow documentation of missed checks during emergencies, and establish reasonable supervisor review timelines that account for the staffing levels of smaller facilities without supervisory staff on every shift.

The revisions are rationally related to the department’s objective of safe and secure jail facilities because well-being checks are essential for identifying signs of life, medical distress, suicide attempts, overdose symptoms, contraband activity, and other emergent safety concerns.

More Frequent Well-Being Checks

Commenters consistently raised concerns regarding staffing capacity to conduct increased well-being check frequency. Several comments also addressed intake-related observation requirements and suicide prevention practices.

The proposed 15-minute-check requirements are needed because individuals newly admitted to jail or awaiting medical screening may be at elevated risk of withdrawal complications, suicide, overdose, or unpredictable behavior. The department recognizes that not all individuals who fail to complete intake assessments are experiencing withdrawals or mental health issues; however, more frequent well-being checks are needed and reasonable as people first admitted to jail may be under the influence of substances – making them unstable, unpredictable, and at higher risk of suicide or death. In response to comments, the department narrowed the criteria for people who have not completed medical and mental health screening, to only those for whom there is no information shared by the admitting or transporting officers about the individual’s substance use or state of mind. These 15-minute checks align with National Institute of Corrections and National Commission on Correctional Health Care recommendations and a jail’s duty to prevent suicide and life-threatening withdrawals. The inability of jails to always complete medical screens means that the 15-minute check is reasonable and

needed as it helps alleviate the health and safety risks a screening would otherwise address.

These requirements are reasonable because many facilities already perform more-frequent checks under existing operational practices, and the proposed rule allows health-care personnel to reduce the frequency of checks and permits facility staff to discontinue them once an individual's screening is complete or health care personnel have reviewed the individual against the other criteria requiring more frequent checks: suicide watch, signs or symptoms of mental deterioration or self-harm; or signs or symptoms of withdrawal from substance use.

These requirements are rationally related to the department's objective of safe and secure jail facilities because enhanced observation during high-risk periods improves the ability of staff to intervene before medical emergencies, suicide attempts, or serious injury occur.

HEALTH CARE, WITHDRAWAL MANAGEMENT, AND SUBSTANCE-USE DISORDER TREATMENT (2911.5800-2911.5820)

Stakeholders expressed significant concern regarding withdrawal management, medication continuity, telehealth requirements, staffing limitations, and the scope of substance-use disorder treatment obligations. Comments emphasized the need for operational flexibility and alignment with statutory requirements.

The proposed health-care and withdrawal-management revisions are needed because Minnesota jails increasingly house individuals with serious medical conditions, mental illness, substance-use disorders, and opioid-withdrawal risks. The SONAR explains that jails are managing increasingly complex behavioral-health populations despite limited resources.

The revisions are reasonable because the department clarified that trained custody staff may conduct portions of screening procedures while deferring medical decision-making to health-care personnel. The department also revised ambiguous references to withdrawal-management providers and clarified continuity-of-care expectations.

The revisions also take recent legislative changes into consideration demonstrating legislative support for continuity of prescribed medications and clarify the circumstances under which licensed health-care professionals may appropriately modify or discontinue medications during incarceration.

The MOUD in Jails Workgroup Interim Report further supports the department's conclusions regarding the importance of evidence-based withdrawal management, medication-assisted treatment, continuity of care, discharge planning, staff training, and overdose prevention efforts in correctional settings. The report explains that individuals

leaving incarceration face dramatically elevated overdose risk, that access to medication for opioid use disorder during incarceration improves outcomes and reduces recidivism, and that standardized statewide practices combined with operational flexibility and implementation support are necessary to improve public safety and health outcomes across Minnesota communities.

The revisions are rationally related to the department's objective of safe and secure jail facilities because timely screening, withdrawal management, continuity of care, and overdose prevention reduce risks of death, suicide, overdose, medical emergencies, and unsafe behavioral crises inside correctional facilities.

The 2021 statutory revisions require the Department to adopt rules governing the use of telehealth in jails, making it necessary to establish minimum standards for safe and consistent implementation across all facilities. Although commenters argued that telehealth is already regulated through state and federal law and that the proposed requirements were overly detailed, the Department must still set clear expectations to meet this statutory mandate.

These rules are needed and reasonable because telehealth involves clinical, technological, and security considerations that differ among facilities. Minimum standards help ensure that if telehealth is delivered, it is done so reliably, that equipment is used and maintained safely, and that staff receive appropriate training. The rules are rationally related to safety and security by providing the structure required to comply with statute, promote uniform practices statewide, and safeguard both staff and incarcerated individuals during the provision of telehealth services.

MENTAL STATUS EXAM AND MENTAL HEALTH CARE (2911.5830)

Commenters raised concerns about staffing availability, access to mental-health professionals, operational flexibility, and the ability of smaller facilities to meet mental-health screening expectations. Comments also focused on continuity of care and documentation requirements.

The proposed revisions to this part are needed because jails regularly house individuals experiencing mental illness, crisis symptoms, substance use disorders, and behavioral instability that require timely screening, evaluation, and monitoring. The department received comments expressing concern about staffing limitations, operational flexibility, and the ability of smaller facilities to provide consistent mental-health services. In response, the department clarified that facilities retain flexibility in how mental-health care is delivered based on available resources, that custody staff may complete initial screening functions while health care personnel make clinical decisions, and that facilities may document when a mental-status exam cannot be completed.

The proposed revisions are reasonable because they establish minimum standards for mental-health screening, referral, and follow-up while recognizing operational differences among jail facilities. The revisions clarify that well-being checks and other safeguards continue to apply even when a mental-status exam cannot immediately be completed. The department also revised language related to mental-health support after traumatic events by removing standalone requirements under part 2911.5850 and instead incorporating those concepts within the broader mental-health care requirements of part 2911.5830.

The proposed revisions are rationally related to the department's objective of safe and secure jail facilities because timely mental-health screening, referral, monitoring, and continuity of care reduce the risk of suicide, self-harm, medical emergencies, and behavioral instability within facilities. The revisions also support staff awareness of health needs and improve facility safety by ensuring individuals with mental-health concerns are identified and monitored appropriately.

PSYCHIATRIC EMERGENCY & INVOLUNTARY MEDICATION ADMINISTRATION (2911.5840 & 2911.6700)

Stakeholders requested clarification regarding involuntary medication administration, emergency psychiatric response expectations, and facility liability concerns. Several comments emphasized the importance of preserving facility discretion while maintaining constitutional protections.

These proposed revisions are needed because psychiatric emergencies and involuntary medication administration involve significant health, safety, and constitutional concerns that require clear facility policies and procedures. The department received comments expressing concern regarding involuntary medication practices, facility liability, and the operational realities of emergency response. In response, the department clarified that the proposed rules do not require jails to involuntarily administer emergency medication but do require facilities to maintain policies addressing how psychiatric emergencies and involuntary medication administration will be handled.

The proposed revisions are reasonable because they preserve facility discretion while ensuring facilities establish clear procedures consistent with constitutional requirements, the legislature's 2021 directive regarding emergency medication administration, and reference the statutory requirements under Minnesota Statutes, section 253B.092 related to Jarvis orders. These revisions further recognize the importance of facility guidance on injectable medications and emergency administration of opiate antagonists such as naloxone.

The proposed revisions are rationally related to the department's objective of safe and secure jail facilities because psychiatric emergencies can create immediate risks to incarcerated people, staff, and facility operations. Requiring facilities to maintain policies

governing emergency mental-health response, involuntary medication administration, and emergency medication reporting promotes safer emergency decision-making, accountability, and protection of incarcerated people’s constitutional rights while supporting facility security during crises.

MEDICATION CONTROL (2911.6800)

Commenters expressed concern regarding medication verification, continuity-of-care obligations, operational burdens, and consistency with recent statutory changes. Facilities requested clarification that rule requirements align with existing legal obligations.

These proposed revisions are needed because medication continuity, medication verification, and medication control are essential to maintaining health and preventing medication-related emergencies in jail facilities. The department received comments concerning operational burdens, costs, statutory consistency, and whether the rule expanded obligations beyond existing statutory requirements. In response, the department clarified that medication verification and medication change, or discontinuation procedures do not create obligations beyond those already established in, and recently revised this session in Minnesota Statutes, section 241.021, subd. 4f.³

The proposed revisions are reasonable because they establish minimum standards for medication control while preserving operational flexibility for facilities. The revisions also clarify the relationship between medication-control requirements and existing statutory obligations, helping facilities understand that the rules are intended to align with, rather than expand upon, legislative requirements.

The proposed revisions are rationally related to the department’s objective of safe and secure jail facilities because effective medication control reduces the risk of medication errors, untreated medical or mental-health conditions, overdose, diversion, withdrawal complications, and preventable medical emergencies. Clear medication procedures also improve continuity of care, support health and stability, and help facilities maintain safe and orderly operations.

EFFECTIVE DATE

The department extended the proposed effective-date period for the proposed rules from 90 days to 180 days in response to comments expressing concern about implementation timelines, staffing limitations, training obligations, policy revisions, and operational readiness. Facilities noted that many of the proposed amendments require updates to policies and procedures, staff training, coordination with contracted health-care

³ Laws of Minnesota 2026, chapter 97, art. 4, section 1; *available at* <https://www.revisor.mn.gov/laws/2026/0/Session+Law/Chapter/97/>.

providers, and changes to operational practices that cannot reasonably be completed within 90 days.

The extension is needed and reasonable because it provides facilities additional time to review the final rule language, revise internal policies, train staff, coordinate with vendors and medical providers, and implement operational changes in an orderly manner. The department recognizes that jail facilities vary significantly in size, staffing, and available resources, and that a longer implementation period will improve consistency and compliance statewide.

The extension is rationally related to the department's objective of safe and secure jail facilities because providing facilities adequate time to implement the revised standards reduces the risk of confusion, inconsistent application, or operational disruption during transition. Allowing additional implementation time promotes more effective compliance with the updated rules while supporting facility safety, staff preparedness, and continuity of operations.

POLICY REQUIREMENTS

Commenters questioned whether requiring facilities to follow internal policies constituted expanded rulemaking authority. Several comments focused on operational flexibility and the relationship between written policy and actual practice.

The prior version of the rules required facilities to maintain policies, but in practice, merely possessing a policy without implementing it created challenges for consistent enforcement and compliance in jail facilities. The department is not seeking to expand its regulatory authority; rather, it expects facility administrators to clearly outline the procedures they will follow and to be intentional in developing policies that reflect requirements and actual practice. The rules require not only that facilities have policies in place, but that facilities demonstrate their ability to carry out the procedures those policies describe. Assertions in comments that requiring facilities to follow their policies constitutes additional rulemaking are baseless. The requirement to follow one's policies is essential and inherent to establishing clear expectations and ensuring safe, consistent, and accountable operations across Minnesota jail facilities.

SONAR & RULE DEVELOPMENT

Stakeholders submitted comments regarding the advisory committee process, stakeholder representation, use of performance metrics, and the overall scope and complexity of the rulemaking process.

Revising a decades-old rule that no longer reflected modern correctional practice was a substantial undertaking requiring years of work. In addition to updating outdated provisions, the Legislature mandated rulemaking on 17 separate topics, significantly

expanding the scope and complexity of the project.⁴ The Department approached this effort thoughtfully, engaging individuals from diverse backgrounds and disciplines to ensure the revisions were comprehensive and responsive to current needs. Preparing a thorough SONAR to explain the rationale behind such an extensive overhaul was also essential. While not every stakeholder will agree with every amendment or rationale behind a provision, the purpose of the public comment and hearing process is to refine the rule through continued dialogue. The Department is satisfied with the progress achieved and remains committed to finalizing a modernized rule informed by ongoing feedback from impacted stakeholders.

Some commenters stated that the rules and the SONAR lacked the use of key performance indicators during development. Minnesota's rulemaking requirements, however, do not mandate the use of such metrics. Under Minn. Stat. § 14.131 and § 14.23, the SONAR must demonstrate that the proposed rules are needed, reasonable, and grounded in statutory authority. The rule language is performance-oriented, focusing on the outcomes necessary to maintain safety, security, and adequate care, while allowing facilities flexibility in determining how to best meet those expectations. This approach supports effective rulemaking by establishing clear objectives without imposing overly prescriptive or uniform methods.

To support meaningful engagement, the Department convened advisory committees in both 2022 and 2024–25, including representatives from jails, criminal-justice organizations, and entities with federal oversight responsibilities. The Department also consulted directly with jail medical personnel and the Minnesota Sheriffs' Association's Correctional Health Division to ensure that technical health-care requirements were accurate and feasible. For this fifth revision of the nearly 50-year-old rule, the Department broadened advisory committee membership to ensure representation across criminal-justice sectors, consistent with legislative expectations for diverse stakeholder participation.

The Department acknowledges commenters' concerns regarding the advisory committee process. As required by Minnesota's rulemaking framework, the advisory committee serves in an advisory capacity, providing expertise, representing stakeholder perspectives, and assisting in making the rules practical and workable. The Department believes this approach resulted in a more balanced and inclusive process, with input from both regulated entities and external organizations. Broad participation is an important element of Minnesota advisory committees and helps ensure that statewide rules reflect varied operational, geographic, and professional perspectives. While the committee did not make final decisions, its input was an important component of developing balanced and effective standards reflected in the proposed rule.

⁴ Minnesota Statutes, section 241.021, subd.1(a)(1) – (17) (2026), *available at* <https://www.revisor.mn.gov/statutes/cite/241.021#stat.241.021.1>.

COSTS, APPLICATION, AND OPERATIONAL FLEXIBILITY

The department received a number of comments raising issues with the fiscal impact analysis conducted in advance of the rule publication on March 31, 2026, and whether it complied with the Administrative Procedure Act.

Procedural requirements under Minnesota Statutes, section 14.131

The Minnesota Administrative Procedure Act (MAPA) requires agencies to consult with the commissioner or Minnesota Management and Budget (MMB) to help evaluate the fiscal impact and benefits of a proposed rule on units of local government to comply with Minnesota Statutes, section 14.131, Statement of Need and Reasonableness. MMB is the state agency ultimately responsible for evaluating the fiscal impacts of policy and regulatory changes. In the rulemaking process, MMB reviews how proposed requirements might affect government entities financially - including county jails - and identifies where new mandates might necessitate new costs or raise existing costs, such as medical care, staffing, or equipment.

DOC has complied with the procedural obligations under the Administrative Procedure Act to consult with MMB and engage in fiscal evaluation of the proposed rules. As required, the department provided MMB with a copy of the proposed rules and draft SONAR for review. After reviewing the draft rule published on March 11, 2026 and SONAR, MMB found that several proposed rule changes could raise medical-related costs for jails, including increased expenses for health care contracts, medical supplies such as opioid antagonists, and expanded training like first aid and CPR. Additional financial pressure may also come from nutritional service requirements and the need to maintain certain medical or emergency equipment. While the rules aim to improve basic care and reduce long-term risks such as litigation, they may still create short-term fiscal burdens for some facilities. DOC included this analysis beginning on page 44 of its SONAR.

This review satisfies the agency's obligation to discuss the probable costs that a proposed rule may impose. In *Builders Ass'n of the Twin Cities v. Bd. of Elec.*, 965 N.W.2d 350 (2021), the Court of Appeals determined the Board of Electricity sufficiently discussed costs of compliance by identifying five rule changes and indicating that the costs would not exceed \$600 per project. The court noted that the deficiency in the agency's statement of need and reasonableness may invalidate an agency rule, *only* if the deficiency prejudiced the rulemaking process. Here, the department and MMB adequately identified probable costs when it discussed certain rule provisions that could increase costs and others that could result in lower costs; noting that costs were difficult to quantify, depending on the jail size, location, and staffing. The department adequately described the agency's intentions, evidence, and rationale so that interested parties could meaningfully participate in the rulemaking process and, as a result, there was no prejudice. The requirement that an agency identify the probable costs of a proposed rule is not onerous and has been met in this case. The department engaged with MMB and has summarized this information in the

SONAR. In doing so, the department believes it has sufficiently satisfied this statutory requirement.

Department Response

The department recognizes concerns regarding operational and medical costs associated with certain proposed revisions. The SONAR explains that costs vary significantly depending on facility size, staffing levels, regional resources, and health-care infrastructure. In addition to identifying the areas where costs may increase or decrease, and to address this financial impact, the rule allows jails to request variances when specific medical or operational requirements would impose an excessive or unmanageable cost burden.

The department's revisions are reasonable because the May 22, 2026 draft includes multiple cost-saving changes and operational clarifications in response to stakeholder concerns, including flexibility through the variance process and revisions to medical and mental-health requirements detailed in the above sections and summarized below:

- Health care:
 - Permitting jails to document when a mental status exam cannot be completed for someone in administrative separation, disciplinary segregation, or who screens into the need for the exam;
 - Connecting sick call to more reliable estimates of people housed in the facility for the previous six months of average daily population, rather than design capacity;
 - Clarifying that medication assisted substance use disorder treatment is not required by the rule;
 - Removing requirements to stock opioid antagonists for releasing people receiving withdrawal management care, and only requiring jails to provide opioid antagonists at release for people receiving medication assisted substance use disorder treatment *if facility resources allow*;
 - Removing requirement for critical incident stress management for incarcerated people; and
 - Confirming that prescription medication verification and change/discontinuation procedures do not create any obligation that is not directly aligned with recently revised statutory requirements in Minn. Stat. § 241.021, subd. 4f.
- Staffing
 - Permitting jails with direct supervision locked cell capability to reduce their staffing ratio to 1:120 during lockdown periods

- Removing CPR certification requirements and only requiring re-training as directed by CPR standards;
 - Distinguishing release requirements (e.g., offer a list of local resources) versus discharge planning required for people with serious and persistent mental illness by statute
 - Removing the behavioral/housing management plan requirements for disciplinary segregation and extended the timeframe for when it is required in administrative separation;
 - Reverting to current monthly equipment inspection period, rather than weekly;
 - Extending well-being check self-audit time period to every six months (as opposed to every three) and removed four-hour requirement for each staff person being reviewed; and
 - Narrowing the criteria for people requiring more frequent well-being checks at intake who refuse to complete the medical or mental health screening, focusing on those individuals who come in with no information from the arresting or transport officer on their immediate mental health or substance use history.
- Physical plant:
 - Clarifying that segregation area can include individual cells in a general population housing unit, rather than requiring removal to a separate unit.

The revisions remain rationally related to the department’s objective of safe and secure jail facilities because the proposed standards are intended to reduce preventable deaths, improve operational consistency, strengthen safety practices, and reduce long-term liability and constitutional risks associated with inadequate jail conditions.

Procedural requirements met under Minnesota Statutes, section 14.127

Some of the written comments argue that the department did not comply with Minnesota Statutes, section 14.127, identifying a cost threshold exceeding \$25,000 for “(1) any one business that has less than 50 full-time employees; or (2) any one statutory or home rule charter city that has less than ten full-time employees.” The department spoke to this requirement on page 45 of the SONAR and will expand on its explanation here.

The chapter 2911 jail facilities rule impacts jails, workhouses, and work farms that are county- and regional county-run and are governed by Minnesota Statutes, sections 641 and 643, not municipal lockups run by municipalities governed by Minnesota Statutes, section 642. Minnesota Rules, chapter 2945 governs the municipal lockups licensed by the department and is not impacted by the proposed changes to chapter 2911.

Protections offered to small businesses and small cities in Minn. Stat. § 14.127 do not apply to the facilities impacted by the proposed rule changes. As such, the department has met its statutory obligation both in the SONAR and here by explaining its analysis of this requirement.

Application to State-Run Prison Facilities

Minnesota Statutes, section 241.021, subdivision 1(a), authorizes the commissioner to promulgate rules establishing minimum standards for local correctional facilities relating to “management, operation, physical condition, and the security, safety, health, treatment, and discipline of persons confined or incarcerated therein.” Those rules became Minnesota Rules chapter 2911 and have historically governed county and regional jails — not state prisons.

Notwithstanding comments received to the contrary, the chapter 2911 rules do not apply to Minnesota state prison facilities because the Legislature created two separate regulatory structures: one for local correctional facilities such as county jails, and another for state-operated prisons. When the Legislature revised the commissioner’s rulemaking authority in 1976, it specifically directed DOC to establish standards for “local correctional facilities — including county jails and lockups,”⁵ while separately exempting state prisons from those rulemaking requirements in the predecessor to the MAPA, noting that a rule does not include “rules of the commissioner of corrections relating to the internal management of institutions under his control and those rules governing the incarcerated people thereof prescribed pursuant to section 609.105”.⁶ The SONAR explains that the department “clarifies that the rule chapter doesn’t apply to the department’s state correctional facilities” because “the MAPA specifically exempts department facilities from rulemaking.”

Importantly, state prisons are not unregulated. In 2021, the Legislature reinforced this distinction when it established a separate oversight and accountability framework for DOC-operated facilities.⁷

Under Minnesota Statutes, section 241.021, subds. 1g-h, the Legislature created the State Correctional Facilities Security Audit Group to set security audit standards of state

⁵ Laws of Minnesota 1976, chapter 299, section 1, *available at* <https://www.revisor.mn.gov/laws/1976/0/299/#laws.0.1.0>.

⁶ Minnesota Statutes, section 15.0411, subd. 3; Laws of Minnesota 1976, chapter 68, section 1, *available at* <https://www.revisor.mn.gov/laws/1976/0/68/#laws.0.1.0>.

⁷ Laws of Minnesota 2021, 1st Spec. Sess. Chapter 11, article 9, sections 12-13, *available at* <https://www.revisor.mn.gov/laws/2021/1/11/#laws.9.5.0>.

correctional facilities.⁸ The commissioner must conduct security audits and report findings concerning state correctional facilities. Those statutory provisions create a prison-specific audit and oversight structure distinct from the chapter 2911 jail licensing system.

Accordingly, the Legislature chose two different approaches:

1. County and regional jails are regulated through formal administrative rules under chapter 2911 because they are locally operated facilities licensed and inspected by DOC.
2. State prisons are governed through a separate statutory framework involving DOC operational authority, internal policy directives, constitutional standards, legislative oversight, and the state correctional facilities security audit structure established in Minnesota Statutes, section 241.021, subs. 1g and 1h.

This distinction is intentional and longstanding. The current rulemaking does not attempt to regulate state prison operations because the Legislature has consistently treated state correctional facilities differently from local jail facilities.

CONCLUSION

The supplemental draft posted on May 22, 2026 supports the reasonableness of the proposed rules by demonstrating that the department substantially revised and narrowed numerous provisions in response to stakeholder concerns and operational realities.

Accordingly, the proposed revisions throughout chapter 2911 are needed to address documented operational and public-health concerns in Minnesota jails; are reasonable because they incorporate substantial stakeholder-driven revisions, preserve operational flexibility, and align with current statutory requirements and correctional-health practices; and are rationally related to the department's objective of ensuring safe and secure jail facilities while reducing preventable harm, suicide, overdose, medical emergencies, and constitutional deficiencies.

⁸ Minn Stat. 241.021, Subd. 1h (2021); Laws of Minnesota 2021, 1st Spec. Sess. chapter 11, article 9, section 13, *available at* <https://www.revisor.mn.gov/laws/2021/1/11/#laws.9.5.0>.