

HIGH SECURITY AREA

Minnesota Sex Offender Program

Issue Date: 10/4/22 Effective Date: 11/1/22 Policy Number: 415-5087

POLICY: A client may be placed in the High Security Area (HSA) on Administrative Restriction status, Protective Isolation status, and/or Levels of Observation status.

AUTHORITY: Minn. Stat. § 246.014, subd. (d)
 Minn. Stat. § 13.37, subd. 1 (a) (Security Information)
 Minn. Stat. § 246.014 (Services)
 Minn. Stat. § 253B.02, subd. 24, 25, and 26 (Definitions)
 Minn. Stat. § 253B.03, subd. 1a (Rights of Clients)
 Minn. Rules 9515.3000-9515.3110 (MSOP Licensing Rule)

APPLICABILITY: Minnesota Sex Offender Program (MSOP), program-wide

PURPOSE: To provide an area of the facility monitored more frequently with specialized safety procedures to reduce the risk of harm to clients, staff and the public.

DEFINITIONS:

Behavioral Control – behavior that does not compromise the safety or security of the treatment program and does not disrupt the order of the treatment program to the extent that safety or security may be jeopardized.

HSA staff – security counselors assigned to the HSA.

Treatment team – for the purposes of this policy, during business hours the treatment team consists of the unit group supervisor, clinical supervisors, and clinical supervisor/designee. During non-business hours, the treatment team consists of the facility officer of the day (OD)/designee and Health Services.

Treatment team representative – during business hours, the treatment team representative is the clinical supervisor/designee. During non-business hours, the treatment team representative is the facility OD/designee.

PROCEDURES:

- A. Access to the HSA
1. Access to the HSA is limited to those staff with an identifiable business need to be present in the area.
 2. To protect staff and the integrity of an ongoing investigation, a staff who is the victim of a crime for which a client is currently being held in the HSA, may be temporarily restricted from entering the HSA.
 3. The assistant facility director/designee notifies the affected staff of limitations placed on the affected staff's HSA access when the alleged subject is on a status in the HSA.
- B. For client placement in the HSA, the client must be placed on one or more of the following statuses:
1. Administrative Restriction status (refer to MSOP Division Policy 415-5084, "Administrative Restriction Status");

2. Protective Isolation status (refer to MSOP Division Policy 415-5085, “Protective Isolation Status”); or
3. Seclusion status (refer to MSOP Division Policy 215-5270, “Levels of Observation”).
4. Levels of Observation status (non-seclusion) (refer to MSOP Division Policy 215-5270, “Levels of Observation”) is only permitted as the sole reason for placement in HSA if the client is permitted to exit the room and the door is not locked.

C. Client Placement in the HSA

1. Assigned staff ask the client to participate in an unclothed visual body search (UVBS) according to MSOP Division Policy 415-5010, “Searches – Clients.”
2. Upon client placement into the HSA, HSA staff/designee:
 - a) provides clients on Administrative Restriction status or Protective Isolation status an HSA information packet, which includes:
 - (1) a written list (Privileges and Possessions in the High Security Area 415-5087c) describing privileges and possessions available while in the High Security Area;
 - (2) a written notice of the right to appear before the Hospital Review Board (Refer to MSOP Division Policy 130-5700, “Hospital Review Board”);
 - (3) a Protective Isolation Review Request form (415-5085c) or Administrative Restriction Status Review Panel Request form (415-5084e-3505) for the right to appeal their HSA placement to the specific status panel review;
 - (4) treatment materials with components designed to eliminate or reduce the specified behavior(s) that caused the need for placement in the HSA; and
 - b) document via an Incident Report (410-5300a) (Phoenix).
3. If a client in the HSA is prohibited from receiving the materials in section C.2 above based on the client’s Levels of Observation Directive (215-5270a-4030a) per MSOP Division Policy 215-5270, “Levels of Observation,” the staff/designee must verbally notify the client of the client’s rights in C.2a)(2) and (3) above and document via an Incident Report (410-5300a) (Phoenix).
4. HSA staff/designee:
 - a) monitor the client:
 - 1) every 15 minutes until the OD establishes a frequency schedule; or
 - 2) at a frequency schedule established on the client’s Levels of Observation Directive (215-5270a-4030a) if the client is being observed on Levels of Observation status (including Seclusion status); and
 - b) document monitoring and observations on the Observation Data Form (215-5270b-3511).
5. HSA staff/designee do not open the book pass or room door if the HSA staff/designee has reason to believe the safety and security of the client and staff cannot be maintained.

- a) If the client does not respond to or fails to follow staff directives for opening the book pass or room door, it is considered a voluntary refusal of the item or scheduled programming.
- b) If the client requires any hands-on medical care, the client must be fully restrained (refer to MSOP Division Policy 415-5080, "Use of Force and Restraints"). If the client refuses to comply with restraint application, it is considered a voluntary refusal of the medical care.

D. Clinical Treatment in the HSA

1. The client's primary therapist/designee meets with the client at least once per week. The primary therapist/designee addresses overall treatment needs and documents the meeting, or the refusal to meet, in an Individual Progress Note (215-5007d-4020), (Phoenix) and in an Incident Report (415-5300a) (Phoenix) (refer to MSOP Division Policy 415-5300, "Incident Reports").
2. The primary therapist/designee refers the client to be seen by psychological or psychiatric services as needed.
3. Staff refer to MSOP Division Policy 415-5084, "Administrative Restriction Status," MSOP Division Policy 415-5085, "Protective Isolation Status," and MSOP Division Policy 215-5270, "Levels of Observation" to identify any additional needs of the client.

E. Daily Cares in the HSA: MSOP provides and/or offers all clients in the HSA:

1. three meals per day regardless of behavior. HSA staff/designee document the time of a client's acceptance or refusal to receive a meal on the Observation Data Form (215-5270b-3511);
2. toilet paper as needed, regardless of behavior, unless the client is on a Levels of Observation status and the Levels of Observation Directive (215-5270a-4030a) controls the client's access to this item for the safety of the client; HSA staff/designee document the time of the client's acceptance of additional toilet paper on the Observation Data Form (215-5270b-3511). HSA staff/designee may refuse unreasonable or excessive requests, but document reason(s) for denial on the Observation Data Form (215-5270b-3511);
3. a set of clean clothing daily upon the client's written request via the High Security Area Request (415-5087b), regardless of behavior, unless the client is on a Levels of Observation status and the Levels of Observation Directive (215-5270a-4030a) controls the client's access to this item for the safety of the client; HSA staff/designee document the time of a client's acceptance or refusal to receive the clean clothing in the Observation Data Form (215-5270b-3511); and
4. a clean set of bedding (bed sheets, blanket, and pillow cover) weekly regardless of client behavior, unless the client is on a Levels of Observation status and the Levels of Observation Directive (215-5270a-4030a) controls the client's access to this item for the safety of the client; HSA staff/designee document the time of a client's acceptance or refusal of a set of clean bedding materials on the Observation Data Form (215-5270b-3511).

F. Privileges in the HSA - MSOP provides the following opportunities and privileges to clients in the HSA (unless the client is on Levels of Observation status and the Levels of Observation Directive (215-5270a-4030a) controls the client's access to this particular opportunity or privilege for the safety of the client):

1. A client in behavioral control on Administrative Restriction Status or Levels of Observation Status may request one cumulative hour outside of the room daily for showers, fresh air, exercise, and hygiene via the High Security Area Request (415-5087b). HSA staff/designee document the time of a client's acceptance or refusal of the cumulative hour and/or behavior on the Observation Data Form (215-5270b-3511).
 2. A client in behavioral control on Administrative Restriction Status or Levels of Observation Status may request to use a hand broom, dustpan, and any other reasonably necessary cleaning supplies to clean the room via the High Security Area Request (415-5087b). HSA staff/designee document the time a client receives and returns the cleaning supplies and/or behavior on the Observation Data Form (215-5270b-3511).
 3. A client in the HSA receives a selection of books and magazines and/or a list of books available from the library from which the client can choose reading material.
 4. For every 30 continuous days of a client on Protective Isolation Status, Administrative Restriction Status, and/or Levels of Observation Status in HSA, MSOP provides the client:
 - a) an opportunity to spend one continuous hour outdoors for exercise and fresh air after the client maintains calm, controlled behavior for 24 consecutive hours prior to the opportunity;
 - b) an opportunity to spend one continuous hour in the gymnasium after the client maintains calm, controlled behavior for 24 consecutive hours prior to the opportunity; and
 - c) HSA staff/designee ensures the client's room is cleaned/mopped.
 - d) HSA staff/designee document the client's acceptance or refusal and/or behavior in a Communication Log entry (refer to MSOP Division Policy 410-5075, "Communication Log").
- G. Discontinuation of Client HSA Placement – MSOP staff discontinue a client's placement in the HSA if the client no longer meets the criteria for the status under which the client was placed.
1. Staff arrange for the client to return to the client's assigned living unit once the status placement has ended.
 2. If the status discontinuation occurs after evening curfew, the client's move occurs after curfew is lifted.
- H. Refusal to Leave the HSA - if a client refuses to leave the HSA after the client's HSA placement has been discontinued:
1. HSA staff/designee contacts the treatment team representative.
 2. The treatment team representative meets with the client to address any questions or concerns the client has with going back to the client's assigned unit;
 3. The treatment team representative creates an Individualized Program Plan (IPP) (215-5015a-3055) as outlined in MSOP Division Policy 215-5015, "Individualized Program Plan." The treatment team representative provides copies of the IPP to the HSA staff and the OD; and
 4. In addition to meeting with the client as outlined in the IPP, at a minimum every 48 hours:

- a) the treatment team representative documents the date, time, and what was specifically attempted to resolve the placement refusal on the High Security Area – Program Plan Review (415-5087a-3056) and in an Incident Report (410-5300a) (Phoenix).
- b) the treatment team representative informs the OD of the date and time documented on the High Security Area/Program Plan Review (415-5087a-3056). The OD documents the date and time provided by the treatment team representative on the OD office white board.
- c) the treatment team representative forwards the completed High Security Area/Program Plan Review (415-5087a-3056) to the MSOP Medical Director/designee for review. Staff authorized to act as designees for the MSOP Medical Director include the assistant facility director, security director, and/or a program manager.
- d) the MSOP Medical Director/designee reviews the High Security Area/Program Plan Review (415-5087a-3056) every 48 hours.
- e) the individual reviewing the High Security Area – Program Plan Review (415-5087a-3056) forwards the completed form to the MSOP Due Process and Compliance Specialist (Moose Lake) or the office administrative specialist (St. Peter).
 - (1) (St. Peter) - the St Peter office administrative specialist scans a copy to the MSOP Due Process and Compliance Specialist and forwards the original to St. Peter Health Information Management Services (HIMS) for filing in the client record.
 - (2) (Moose Lake) - the MSOP Due Process and Compliance Specialist forwards the original to Moose Lake HIMS (for Moose Lake clients) for filing in the client record.

REVIEW: Annually

REFERENCES: MSOP Division Policy 415-5084, “Administrative Restriction Status”
MSOP Division Policy 415-5085, “Protective Isolation Status”
MSOP Division Policy 215-5270, “Levels of Observation”
MSOP Division Policy 420-5010, “Client Behavioral Expectations”
MSOP Division Policy 415-5010, “Searches - Clients”
MSOP Division Policy 415-5300, “Incident Reports”
MSOP Division Policy 215-5015, “Individualized Program Plan”
MSOP Division Policy 130-5700, “Hospital Review Board”
MSOP Division Policy 415-5080, “Use of Force and Restraints”
MSOP Division Policy 410-5075, “Communication Log”

ATTACHMENTS: High Security Area – Program Plan Review (415-5087a-3056)
High Security Area Request (415-5087b)
Privileges and Possessions in the High Security Area (415-5087c)
Levels of Observation Directive (215-5270a-4030a)
Protective Isolation Review Request Form (415-5085c)
Administrative Restriction Status Review Panel Request form (415-5084e-3505)
Observation Data Form (215-5270b-3511)
Hospital Review Board Handout (130-5700a)

Incident Report (410-5300a) (Phoenix)

SUPERSESSSION: MSOP Division Policy 415-5087, “High Security Area,” 9/7/21.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/

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Minnesota Sex Offender Program