

CLIENT PLACEMENT

Minnesota Sex Offender Program

Issue Date: 6/6/23 Effective Date: 7/11/23 Policy Number: 210-5010

POLICY: Minnesota Sex Offender Program (MSOP) clients reside in living units promoting a safe, secure, and treatment-supportive environment. The Client Placement Committee reviews, approves, and documents all decisions regarding client room changes. MSOP assigns all dual and multiple occupancy rooms to capacity unless the site facility and clinical directors approve a single room assignment.

AUTHORITY: Minn. Stat. § 246.014, subd. (d)

APPLICABILITY: MSOP, program-wide

PURPOSE: To identify criteria for staff and clients to consider when making client living assignments and provide the MSOP Client Placement Committee with a process for making the most appropriate decision regarding client placement.

DEFINITIONS:

Count coordinator – see MSOP Division Policy 410-5051, “Facility Counts.”

Client Placement Committee – a committee designated at each MSOP site responsible for the review and approval of all recommended client placements. Membership consists of:

- * a clinical program manager/designee;
- * an operations program manager/designee;
- * the security/facility program manager/designee;
- * Client Placement Committee coordinator/designee.

Client Placement Committee chair – the Client Placement Committee member who leads the client placement meetings.

Client Placement Committee coordinator – a support staff designated to coordinate the administrative tasks related to the Client Placement Committee.

Room changes – any change in roommate(s) or room assignment.

Scheduled move – a move recommended by the treatment team or a move to effectively manage available client living space based on treatment, operation and/or medical needs.

Single room assignment (excluding Community Preparation Services (CPS)) – designation assigned to a client to occupy a single occupancy room or double occupancy room without a roommate, due to documented mental and/or physical health condition(s) or a documented history of sexually or physically assaulting others in a secure setting.

Treatment team – see MSOP Division Policy 215-5005, “Treatment Overview.”

Unscheduled move – an immediate action taken to move a client to manage a potential security, clinical, operational, or medical need. Any unscheduled moves for a client resulting with no roommate.

PROCEDURES:**A. Client Room Change**

Client room changes occur as either unscheduled or scheduled moves.

1. Scheduled Move

Living assignments are considered long-term and the intent is that room changes are infrequent. The facility is unable to accommodate room changes based solely on clients' personal preference.

- a) Staff follow MSOP Division Policy 215-5013, "Clinical Services Provision of Care" when a client is identified for a potential transfer to a different location or site to meet the client's treatment needs.
- b) When the supervisors determine a change in the client's living assignment is needed:
 - (1) A member of the client's treatment team initiates the Client Room Change Review Form (210-5010a) for all clients involved in a scheduled roommate/room assignment change.
 - (2) Staff offer the client the opportunity to provide input into the proposed move by completing their portion of the Client Room Change Review Form (210-5010a).
- c) The Office of Special Investigations (OSI) reviews and provides information relevant to active and closed investigations between the proposed roommate assignment(s) as requested.
- d) The treatment team reviews the Client Room Change Review Form (210-5010a), taking into consideration the following factors:
 - (1) Incompatibilities with other clients (see also MSOP Division Policy 210-5120, "Client Incompatibility");
 - (2) Known history of client behavior, including but not limited to, physical, sexual, assaultive and rule breaking behaviors;
 - (3) Medical needs;
 - (4) Client Reasonable Modification Plan (if applicable) (see MSOP Division Policy 215-5250, "Clients with Disabilities");
 - (5) Vulnerable Adult status (see MSOP Division Policy 210-5058, "Vulnerable Adults"); and
 - (6) Positive Supports status (see MSOP Division Policy 210-5020, "Positive Supports").
- e) The clinical supervisor or unit group supervisor provides the original completed Client Room Change Review Form (210-5010a) to the Client Placement Committee coordinator four business days prior to the next Client Placement Committee meeting.
 - (1) The original Client Room Change Review Form (210-5010a) is routed to the Client Placement Committee for completion of review and signature by the Client Placement Committee chair/designee.

- (2) The Client Placement Committee Coordinator sends a copy of the completed Client Room Change Review Form (210-5010a) to the client.
 - (3) The Client Placement Committee Coordinator sends the original Client Room Change Review Form (210-5010a) to HIMS.
- f) Clients who are admitted as a transfer in to MSOP may be placed directly with a roommate provided the treatment team has had discussions with both clients involved and there is no indication of possible issues between them.
- g) Site to Site Transfer: when a client is identified for a potential site transfer, the clinical supervisor/designee schedules a care conference/transfer meeting as outlined in MSOP Division Policy 215-5013, “Clinical Services Provision of Care” prior to the move being scheduled for the Client Placement Committee meeting.
2. Unscheduled Move
 In unscheduled move situations, the unit group supervisor, clinical supervisor, or facility officer of the day (OD) has the authority to implement a room change.
- a) When the approving authority determines an immediate unscheduled move is necessary, the client moves to an available bed with a change of clothing and basic hygiene items. For unscheduled moves occurring due to temporary facility needs, the unit group supervisor or facility OD determines if any additional property is allowed. (The Client Room Change Review Form (210-5010a) is not required for unscheduled moves.)
 - b) The approving authority submits an Incident Report (410-5300a) (Phoenix) to document the rationale and immediately informs the count coordinator sSee MSOP Division Policy 410-5300, “Incident Reports”). The count coordinator immediately sends notification to the appropriate site’s move email distribution list:
 - (1) SP – msop.sp.cpc.dhs@state.mn.us
 - (2) ML – DHS.ML.Client.Moves@state.mn.us
 - c) Unscheduled moves do not require authorization from the Client Placement Committee at the time of implementation, but must be reviewed at the next Client Placement Committee meeting.
 - d) Site to Site Transfer: if an unscheduled move needs to occur between sites, it must also be authorized by the facility directors, clinical directors or their designees.
 - (1) The receiving facility OD submits an Incident Report (410-5300a) to document the rationale and need.
 - (2) Upon completion of the move, the receiving site count coordinator sends notification to the appropriate site’s move email distribution list as listed in section A.2.b) above.
 - (3) After implementation of the move, the Client Placement Committee coordinator schedules a joint Client Placement Committee meeting.

B. Client Placement Committee

- 1. The Client Placement Committee convenes at least monthly to review proposed moves.

- a) The Client Placement Committee may convene between monthly meetings to review unscheduled moves.
 - b) Client Placement Committee members must send a designee when absent.
 - c) When proposed moves include a client moving to another MSOP site, the Client Placement Committee Coordinator schedules a joint meeting. The Client Placement Committee members/designee(s) from each site must attend. The Client Placement Committee does not need to review/approve the transport details.
2. The Client Placement Committee chair/designee facilitates the meeting and completes the Client Placement Committee Meeting Minutes (210-5010d).
 3. The Client Placement Committee coordinator/designee creates and posts the Client Placement Committee Meeting Minutes (210-5010d) on the MSOP Communication Resources SharePoint site within the same business day of the meeting, and sends an email notification to the site's move email distribution list that the meeting minutes are available. The Client Placement Committee coordinator ensures the site's move email distribution (outlined in section A.2.b above) remains updated.
 4. When the Client Placement Committee completes the review of a client move to another MSOP site, the facility security program manager:
 - a) arranges the transport with the receiving site;
 - b) makes necessary notifications by using the site-to-site transfer distribution email #DHS_MSOP Site Transfer Notifications; and
 - c) ensures the sending facility enters the room move into Phoenix.
 5. Incompatibilities - the Client Placement Committee reviews and gives final determination for client incompatibility inquiries (see MSOP Division Policy 210-5120, "Client Incompatibility"). When a client with an active compatibility is transferred, the Client Placement Committee coordinator ensures the client receives an updated Client Incompatibility Notice of Determination (210-5120a-3060A) indicating the incompatibility is deferred.

C. Move Process

1. The clinical supervisor or unit group supervisor determine timelines for moves. The supervisory staff/designee from the sending/receiving locations verbally notify the clients of the decision about the timeline for the clients' pending move. (Staff must not discuss details of the transport between sites with the clients (see MSOP Division Policy 415-5090, "Transports").
2. Clients are expected to move as approved by the Client Placement Committee.
 - a) If circumstances change after the room move has been approved, a member of the treatment team notifies the Client Placement Committee coordinator and completes an Incident Report (410-5300a) (Phoenix).
 - b) In situations where a client refuses the move, MSOP considers relocating the client only after the client has exhausted all conflict resolution steps identified by MSOP Division Policy 220-5033, "Conflict Resolution Guide/Community Council."
3. On the day the client moves to a new unit for either a scheduled or unscheduled move, the receiving unit staff complete an orientation to the unit (see MSOP Division Policy 210-5100,

“Admission to the MSOP”). Unit staff complete and forward the signed Client Orientation Record (210-5100f-1030) to Health Information Management Services (HIMS). (A Client Orientation Record (210-5100f-1030) is not required when a client is moved to a high security area, observation area, infirmary, or extended care area.)

4. Upon completion of the approved move, unit staff submit an Incident Report (410-5300a) (Phoenix) and immediately inform the count coordinator. This incident report must include completion of the Client Orientation Record (210-5100f-1030). The Client Placement Committee coordinator immediately sends notification to the appropriate site’s move email distribution (outlined in section A.2.b) above).

D. Conflicts with Current Roommate - in situations when a client reports conflict with the client's current assigned roommate, MSOP considers relocating the client only after the client has exhausted all conflict resolution steps identified by MSOP Division Policy 220-5033, “Conflict Resolution Guide/Community Council.”

E. Single Room Assignment (excluding CPS)

1. The facility clinical director/designee and assistant facility director/designee have authority to designate a single room assignment for a client based on the client's mental health/medical needs or documented history of sexual or physical assault of others in a secure facility. The MSOP Admissions Coordinator/designee notifies the assistant facility director/designee when a client is being admitted to or transferred in to MSOP from the Department of Corrections (DOC) with a single cell restriction. Clients may not request a single room assignment.
2. Mental Health/Medical Needs:
 - a) A unit group supervisor, clinical supervisor or Health Services Director/designee who believes a client may be appropriate for a single room assignment must submit a Single Room Assignment Review (210-5010c-3057) to the facility clinical director.
 - (1) The facility clinical director/designee reviews the Single Room Assignment Review (210-5010c-3057), gathers relevant information about the client, discusses the review with the client’s treatment team, and makes a determination, in consultation with the assistant facility director and MSOP Health Services Director, on a single room assignment.
 - (2) The facility clinical director submits the completed Single Room Assignment Review (210-5010c-3057) to HIMS and completes a Communication Log (410-5075a) (Phoenix) entry with the determination.
 - b) Upon a change in a client’s mental or physical health which eliminates the need for a single room assignment, the unit group supervisor, clinical supervisor or Health Services Director/designee submits a Single Room Assignment Review (210-5010c-3057) to the facility clinical director.
 - (1) The facility clinical director reviews the Single Room Assignment Review (210-5010c-3057), gathers relevant information about the client, discusses the review with the client’s treatment team, and makes a determination in consultation with the assistant facility director and MSOP Health Services Director, whether to continue or discontinue the single room assignment.

- (2) The facility clinical director submits the completed Single Room Assignment Review (210-5010c-3057) to HIMS and completes a Communication Log (410-5075a) (Phoenix) entry with the determination.

3. Assaultive Behavior within a Facility

- a) Upon notification by the MSOP Admissions Coordinator of a client's history of assaultive behavior within a facility, the assistant facility director/designee submits a Single Room Assignment Review (210-5010c-3057) to the facility director.
 - (1) The assistant facility director/designee gathers relevant information about the client, discusses the review with the facility director and facility security director. The facility director in consultation with the facility clinical director makes a determination on a single room assignment.
 - (2) The facility director/designee submits the completed Single Room Assignment Review (210-5010c-3057) to HIMS and completes a Communication Log (410-5075a) (Phoenix) entry with the determination.
- b) Within 72 hours of a client on client assault, the unit group supervisor or facility OD submits a Single Room Assignment Review (210-5010c-3057) to the facility director/designee.
 - (1) The assistant facility director/designee gathers relevant information about the client. The facility director in consultation with the facility clinical director, determines whether to make a single room assignment.
 - (2) The assistant facility director/designee submits the completed Single Room Assignment Review (210-5010c-3057) to HIMS and completes a Communication Log (410-5075a) (Phoenix) entry with the determination.
- c) The assistant facility director and associate clinical director review clients with a single room assignment under Section E.3 for appropriate tier level assignment (refer to MSOP Division Policy 215-5014, "Client Tier Level System"). The treatment team may also consider implementing an Individual Program Plan. (See MSOP Division Policy 215-5015, "Individualized Program Plan.")
- d) The unit group supervisor or clinical supervisor must submit a Single Room Assignment Review (210-5010c-3057) to the facility director/designee for possible discontinuation of a single room assignment when three years have passed with no same or similar behavior.
 - (1) The assistant facility director/designee gathers relevant information about the client and discusses the review with the facility director. The facility director in consultation with the facility clinical director, determines whether to make a single room assignment.
 - (2) The assistant facility director/designee submits the completed Single Room Assignment Review (210-5010c-3057) to HIMS and completes a Communication Log (410-5075a) (Phoenix) entry with the determination.

4. Single Room Assignment Review

- a) The Client Placement Committee reviews single room assignments quarterly. For this review, the Client Placement Committee Coordinator invites the requestor/designee of the original single room assignment to the Client Placement Committee meeting.

- b) The original requestor/designee must attend and provide detailed information to continue or discontinue the single room designation.
- c) The Client Placement Committee reviews the updated information provided by the original requestor/designee and makes a recommendation to continue a single room assignment, update, or discontinue it.
- d) If they recommend no change to a single room assignment, the Client Placement Committee chair/designee documents the review in a Communication Log (410-5075a) (Phoenix) entry. If the Client Placement Committee recommends updating or discontinuing the single room assignment, they follow the process outlined above in sections E.2.b) or E.3.d) as appropriate.

REVIEW: Annually

REFERENCES: MSOP Division Policy 210-5120, "Client Incompatibility"
MSOP Division Policy 215-5250, "Clients with Disabilities"
MSOP Division Policy 210-5058, "Vulnerable Adults"
MSOP Division Policy 410-5300, "Incident Reports"
MSOP Division Policy 410-5051, "Facility Counts"
MSOP Division Policy 225-5151, "CPS Count"
MSOP Division Policy 215-5007, "Clinical Documentation"
MSOP Division Policy 215-5013, "Clinical Services Provision of Care"
MSOP Division Policy 210-5100, "Admission to the MSOP"
MSOP Division Policy 210-5020, "Positive Supports"
MSOP Division Policy 220-5033, "Conflict Resolution Guide/Community Council"
MSOP Division Policy 415-5090, "Transports"
MSOP Division Policy 215-5014, "Client Tier Level System"
MSOP Division Policy 215-5015, "Individualized Program Plan"
MSOP Division Policy 225-5122, "CPS Off-Campus Transports"

ATTACHMENTS: Client Room Change Review Form (210-5010a)
Single Room Assignment Review (210-5010c-3057)
Client Placement Committee Meeting Minutes (210-5010d)

Client Request Form (420-5099a)
Client Orientation Record (210-5100f-1030)
Incident Report (410-5300a) (Phoenix)
Communication Log (410-5075a) (Phoenix)
Client Incompatibility Notice of Determination (210-5120a-3060A)

SUPERSESSON: MSOP Division Policy 210-5010, "Client Placement," 4/5/22.
All MSOP policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/

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