

CLIENT PLACEMENT

Minnesota Sex Offender Program

Issue Date: 1/2/24 Effective Date: 2/6/24 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 may not result in a new roommate pairing.

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 Health Information Management Services (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 (see 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 facilitates the meeting.
3. The Client Placement Committee coordinator/designee creates/completes 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. If timing allows, prior to moving the client from the Moose Lake site to the St. Peter site, the sending/receiving unit group supervisors and clinical supervisors may schedule a video meeting that includes the client moving to the new site and the community council members from the receiving site.
3. 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.”
4. 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 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.)
 5. Upon completion of the approved move, unit staff submit an Incident Report (410-5300a) (Phoenix) and immediately inform the count coordinator. The Incident Report (410-5300a) (Phoenix) 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).
 6. After a client moves from site to site, the client’s unit group supervisor schedules a “meet and greet” with facility administration within 30 calendar days.

D. Roommates

1. Clients are expected to reside with a roommate unless:
 - a) the client is placed on a living unit with only single rooms based on the client’s level of care needed; and/or
 - b) the client is approved for a single room assignment as outlined in section E below.
2. 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. Single room assignments may be considered/initiated for:
 - a) documented history of assaultive behavior (physical or sexual assault) in a secured facility or has a single cell restriction in the Department of Corrections. Upon pre-admission, the MSOP Admissions Coordinator/designee initiates the Single Room Assignment Review (210-5010c-3057) and informs the facility security director/designee;
 - b) mental health needs – the unit group supervisor and clinical supervisor jointly initiate the Single Room Assignment Review (210-5010c-3057), gathering relevant information about the client and discussing with the treatment team;
 - c) medical needs – the MSOP Health Services Director/designee initiates the Single Room Assignment Review (210-5010c-3057), gathering relevant information about the client and discussing with the treatment team; or
 - d) assaultive behavior (physical or sexual) within the facility -if the event is associated with a roommate or roommate issue, the unit group supervisor and clinical supervisor jointly

initiate the Single Room Assignment Review (210-5010c-3057) within three business days after the event.

2. Clients may not request a single room assignment.
3. Staff initiating the Single Room Assignment Review (210-5010c-3057) forward it to the assistant facility director/designee.
 - a) The assistant facility director/designee, facility program manager, and a facility associate clinical director review the Single Room Assignment Review (210-5010c-3057) information, make a recommendation to support/deny the single room assignment, and forward the form to the facility director/designee and clinical director/designee.
 - b) The facility director/designee and clinical director/designee review and determine on the Single Room Assignment Review (210-5010c-3057), and route the form to the facility assistant director/designee.
 - c) The facility assistant director/designee provides the facility program manager and clinical supervisor with the signed Single Room Assignment Review (210-5010c-3057). The facility program manager and clinical supervisor ensure the client is informed of the determination (if approved), submit the completed form to HIMS, complete a Communication Log (410-5075a) (Phoenix) entry, and add approved single room assignments to the Client Accommodations (Phoenix).
4. Single Room Assignment Reviews
 - a) Each quarter, the Client Placement Committee reviews approved single room assignments.
 - (1) The Client Placement Coordinator invites the initiator/original author (if available) of the approved Single Room Assignment Review (210-5010c-3057) to a Client Placement Committee meeting to present detailed information regarding continuation or discontinuation of the single room assignment.
 - (2) If the initiator/original author recommends continuation, the Client Placement Committee documents the review in the Client Placement Committee Meeting Minutes (210-5010d).
 - (3) If the initiator/original author or the Client Placement Committee recommends discontinuation, they initiate a new Single Room Assignment Review (210-5010c-3057) and forward to the assistant facility director/designee as outlined in section E.3 above.
 - b) Annually, the Client Placement Committee reviews all single room assignments. The initiator/original author (or current responsible staff as applicable) initiate a new Single Room Assignment Review (210-5010c-3057) and forward to the assistant facility director/designee as outlined in section E.3 above.
 - (1) The responsible staff provides updated information on the Single Room Assignment Review (210-5010c-3057) regarding same/similar behavior still occurring or information on whether the single room assignment should be discontinued.
 - (2) The Client Placement Committee tracks all annual reviews to ensure completion.

5. Discontinuation – to discontinue a single room assignment, the initiator/original author/designee initiates a new Single Room Assignment Review (210-5010c-3057), providing additional/updated information about changes in the client’s behavior, medical, or mental status, and forwards to the assistant facility director/designee as outlined in section E.3 above. The unit group supervisor updates the Client Accommodations (Phoenix) by adding an “end date” to the entry, and completes a Communication Log (410-5075a) (Phoenix) entry.

REVIEW: Biennially

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,” 7/11/23.
 All MSOP policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/

Nancy A. Johnston, Executive Director
 Minnesota Sex Offender Program