

# ADMISSION TO THE MSOP

## Minnesota Sex Offender Program

Issue Date: 5/5/20                      Effective Date: 6/2/20                      Policy Number: 210-5100

**POLICY:** The Minnesota Sex Offender Program (MSOP) provides care and treatment to persons on a court hold order, pending commitment, or committed by the courts as sexual psychopathic personalities (SPP) and/or sexually dangerous persons (SDP). MSOP accepts admissions from all counties in the state of Minnesota. Admission to MSOP is consistent with the statute governing commitments for SPP and/or SDP. Admission includes all intakes of individuals on judicial hold, initial commit, final commit (refer to MSOP Division Policy 210-5200, "Civil Commitment Process"), new admission, re-admission, and transfer in.

**AUTHORITY:**        Minn. Stat. §246.13, subd. 2  
                              Minn. Stat. § 246.014, subd. (d)  
                              Minn. Stat. § 246B.02  
                              Minn. Rule 9515.3020

**APPLICABILITY:** MSOP, program-wide

**PURPOSE:** To outline the process for admission to the MSOP, including the responsibilities of identified staff and the time frames in which admissions tasks must be completed. Admission to the MSOP may occur either at Moose Lake or St. Peter.

### DEFINITIONS:

New admission – a person being admitted to the MSOP for the first time.

Positive support rule – refer to MSOP Division Policy 210-5020, "Positive Supports."

Re-admission – a person newly admitted who had previously been at the MSOP or other Department of Human Services (DHS) facility and was discharged by statute or court order.

Return from Provisional Discharge – see MSOP Division Policy 230-5650, "Voluntary Return to MSOP."

Transfer In – a person who was previously committed to the MSOP and civil commitment remains in effect.

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

### PROCEDURES:

#### A. Prior to Admission

1. The MSOP Admissions Coordinator/designee is notified by the committing county and/or the Attorney General's Office or other outside agency of potential admissions to the MSOP. The MSOP Admissions Coordinator/designee receives:
  - a) prior to the individual's arrival to the facility, the Judicial Hold Court Order and Petition for Civil Commitment as SPP and/or SDP or the Commitment Order; and
  - b) following court commitment, copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the individual, the report of the examiners, the pre-petition report and court exhibits (Minn. Stat. § 253D.02).

2. Any staff receiving notification of a client's potential admission into MSOP immediately notifies the MSOP Admissions Coordinator.
3. The MSOP Admissions Coordinator enters pending admission information in Phoenix to inform staff.
4. The MSOP Admissions Coordinator regularly monitors all expected admissions, transfers to the MSOP, discharges, and dismissals.
5. The MSOP Admissions Coordinator obtains a signed authorization for release of information from the Minnesota Department of Corrections (DOC) facility where the client is being held and requests record distribution to designated clinical staff in accordance with MSOP Division Policy 135-5180, "Client Record Documentation Standards."

B. Admissions

1. All admissions to the MSOP occur during the regular business hours of Monday through Friday, 8:00 am to 4:00 pm, unless pre-approved by the facility director/designee. Unexpected admissions are verified by court order or a call to the MSOP Legal Department. Clients returning to MSOP from the DOC, the Forensic Nursing Home (FNH) or from provisional discharge (PD) may be admitted after hours or on the weekend.
2. Upon arrival of a client, Master Control notifies:
  - a) Count Control;
  - b) processing staff;
  - c) Special Services;
  - d) admissions unit lead/designee; and
  - e) Health Services.
3. Count Control notifies the facility officer of the day (OD) who emails the #DHS\_DL\_MSOP\_Admit-Depart\_Notifications.
4. The admissions unit lead/designee (count coordinator in St. Peter) notifies the following areas via telephone:
  - a) admissions unit clinical staff;
  - b) admissions unit client resource coordinator (CRC); and
  - c) Health Information Management Services (HIMS).
5. Processing staff:
  - a) escort the client to the intake area and verify the client name with the information in Phoenix.
  - b) conduct an unclothed visual body search (UVBS) per MSOP Division Policy 415-5010, "Searches – Clients."

6. The count coordinator/designee adds the client to the population count records and begins the Phoenix Admission Workflow.
7. The count coordinator/designee takes photographs of the client for identification badge and security/identification purposes per MSOP Division Policy 420-5255, "Client Identification."
8. Special Services staff collect, search, and inventory the client's property. Funds are handled in accordance with MSOP Division Policy 125-5300, "Client Social Welfare."
9. Legal and Records support staff/designee:
  - a) meet with each client at admission in the intake area and complete the following:
    - (1) Admission Worksheet (210-5100b);
    - (2) Notice of Privacy Practices (DHS-6136);
    - (3) Request that Name Be Included/Excluded from MSOP Treatment Facility Directory (420-5210b); and
    - (4) Telephone Monitoring Notice (420-5210a).
  - b) establishes a client record; and
  - c) enters client information into Phoenix, AVATAR and FileNet.
  - d) HIMS staff may assist Legal and Records support staff with steps 9.a)-c) when needed.
10. The Legal and Records support staff/designee completes and files a Change of Status Report (230-5100c-1185).

C. Orientation and Post Admission

1. Receiving unit staff:
  - a) provide the client with a tour of the unit showing the client the specific locations of where the Notice of Grievance Procedure and Advocacy Resources (110-5300a (ML) or 110-5300b (SP)), the Program Abuse Prevention Plan (210-5058h), the Options to Report Maltreatment of a Vulnerable Adult (210-5058i), and the Health Care Bill of Rights are posted;
  - b) provide the client with the Admission packet, including but not limited to the General Client Information (210-5100h), Summary Bill of Rights (210-5100l), and Advisory of Limit Client Rights (210-5100m);
  - c) update all client logs, distribute a client key, provide an admissions hygiene packet, if needed, and distribute linens;
  - d) introduce the client to the unit director and a clinician or clinical supervisor, if possible;
  - e) complete and forward the signed Client Orientation Record (210-5100f-1030) to HIMS for the client record.
  - f) complete the Admission Workflow; and

- g) provide a gratis call for the client if the client requests one prior to being issued a personal identification number (PIN) and voicemail capability.
2. Within 24 hours of admission, a licensed mental health professional (or registered nurse if a licensed mental health professional is not available at the time of admission) completes a Vulnerable Adult Assessment (210-5058a-3015). (Refer to MSOP Division Policy 210-5058, "Vulnerable Adults.")
  3. Within 72 hours, a medical practitioner completes the History and Physical Assessment (210-5100o-2010M) and Physical Activity Clearance (refer to MSOP Division Policy 220-5050, "Therapeutic Recreation Programming").
  4. Within three business days after admission:
    - a) A licensed mental health professional or license-eligible psychologist meets with the client to sign a Consent for Brief Mental Health Assessment (210-5100k-2090B) and conducts the Brief Mental Health Assessment (210-5100y-2090).
      - (1) If the client appears to need a psychiatric evaluation, the licensed mental health professional or license-eligible psychologist immediately makes a referral for the client to be seen by a medical practitioner who is privileged to prescribe psychotropic medications.
      - (2) The licensed mental health professional or license-eligible psychologist screens the client to determine whether he/she may have a developmental disability or related condition that may be subject to the positive support rule as outlined in MSOP Division Policy 210-5020, "Positive Supports."
    - b) The assigned primary therapist meets with the client to discuss available services while at the MSOP and provide an overview of the treatment program.
  5. Within ten calendar days of a client's admission, the following occurs:
    - a) a licensed Health Services staff completes an Initial Nursing Assessment (210-5100w-3150).
    - b) a licensed mental health professional or license-eligible psychologist meets with the client to sign a Consent for Mental Health Assessment (215-5007l-2125B) and conduct the Mental Health Assessment (215-5007k-2125A);
    - c) a licensed alcohol and drug counselor, a licensed mental health professional or license-eligible psychologist meets with the client to sign a Consent for Substance Use Assessment (210-5100cc-2155B) and complete a Substance Use Assessment (210-5100z-2155);
    - d) education staff complete an Education Initial Assessment (210-5100t-2060) and inform the client of educational opportunities available;
    - e) therapeutic recreation staff complete a Therapeutic Recreation Initial Assessment (210-5100u-2070) (refer to MSOP Division Policy 220-5050, "Therapeutic Recreation Programming") and inform the client of therapeutic recreation opportunities available;

- f) vocational rehabilitation staff completes a Vocational Initial Assessment (210-5100v-2080) and inform the client of vocational opportunities available; and
- g) a CRC meets with the client to:
  - (1) review the Cost of Care Brochure (210-5100p) and complete the Consent for Disclosure of Information (210-5100q-2650), and Client Financial Information (DHS-2723C) (forwarded to Direct Care and Treatment Financial Services);
  - (2) assist with completion of DHS application(s) for possible county financial benefits and healthcare benefits;
  - (3) inquire if there are any potential incompatibility concerns with other clients (refer to MSOP Division Policy 210-5120, "Client Incompatibility") and whether the client is in need of any possible modifications consistent with MSOP Division Policy 215-5250, "Clients with Disabilities";
  - (4) complete the Bureau of Criminal Apprehension (BCA) Predatory Offender Change of Information (210-5100d), if it has not already been completed by the client. The CRC signs as a witness, gives a copy to the client, sends the form to the BCA, and submits the original to HIMS. If the client refuses, the CRC completes the form as required per Minn. Stat. § 246.13 and 243.166 indicating the client refused and follows the same process for distribution;
  - (5) provide information on the Ombudsman (210-5100j), Hospital Review Board (130-5700a), MSOP Abuse Prevention Plan (210-5058h), Health Care Directives Summary (310-1010a), Special Review Board Summary (215-5060p), and Minnesota Voter Registration Application (210-5100x);
  - (6) inquire about the client's next of kin (spouse, adult child, parent, and/or adult sibling) and their contact information; and
  - (7) obtain the client's signed authorization for release of information for his/her supervising agent and the DOC to release records/share information with/between MSOP, if applicable. If the client refuses to sign the authorization for release of information, the CRC notes the refusal on the document with date/time and submits to HIMS.
- 6. Within fourteen calendar days of admission, the primary therapist writes an Individual Treatment Plan (ITP) (215-5007a-5030) (Phoenix), incorporating results of the admission assessments (refer to MSOP Division Policy 215-5007, "Clinical Documentation").
- 7. Clients under final commitment to the MSOP must be offered the opportunity to participate in a Sex Offender Assessment (210-5100g-2018) and sex offender treatment.
  - a) New Admission/Re-admission
    - (1) Within 14 calendar days of a client's commitment or re-admission, the primary therapist meets with the client to offer the opportunity to participate in a Sex Offender Assessment (210-5100g-2018) in preparation to begin sex offender treatment. The primary therapist completes an Individual Progress Note (215-5007d-4020) (Phoenix) to document the offer and the client's response.

- (2) When the client accepts the offer, the primary therapist completes the Referral for Psychological Services and Assessment Form (215-5007r-2122) to request a Sex Offender Assessment (210-5100g-2018).
  - (3) A facility research analyst meets with the client to sign a Consent for Sex Offender Assessment (210-5100n-2018B) within 14 days of the referral. The Sex Offender Assessment (210-5100g-2018) includes psychological testing and an interview with the client and is completed within 30 calendar days from the date the assessment was initiated.
  - (4) For clients who participated in a DOC sex offender treatment program, the primary therapist arranges a care conference via telephone with the client, the client's former DOC therapist, the clinical supervisor, and the assigned psychologist.
  - (5) When the Sex Offender Assessment (210-5100g-2018) is complete, the assigned psychologist meets with the client, the client's primary therapist, and clinical supervisor to review the results of the assessment.
  - (6) The primary therapist meets with the client to review and sign the Consent for Sex Offender Treatment (215-5010a-3075).
  - (7) The client's primary therapist updates the client's ITP to incorporate the results of the Sex Offender Assessment (210-5100g-2018), following the timeframes outlined in MSOP Division Policy 215-5007, "Clinical Documentation."
- b) Transfer In/Return from Provisional Discharge
- (1) For clients who transfer in to MSOP or return from provisional discharge, the facility clinical director/designee determines if a Sex Offender Assessment (210-5100g-2018) is completed and documents the determination in an Individual Progress Note (215-5007d-4020) (Phoenix).
  - (2) During the initial meeting with the client, the primary therapist offers the client the opportunity to participate in sex offender treatment. If the client accepts the offer, the primary therapist reviews the Consent for Sex Offender Treatment (215-5010a-3075) with the client and present the form for client's signature. The primary therapist completes an Individual Progress Note (215-5007d-4020) (Phoenix) documenting whether the client accepts or declines the offer.
8. After 30 calendar days of admission, Legal and Records support staff complete a 30-Day Admissions Record Review (210-5100bb) of the client record for completeness and report the findings of this review to the HIMS Supervisor.

**REVIEW:** Annually

**REFERENCES:** Minn. Stat. Chapter 246B (Minnesota Sex Offender Program)  
Minn. Stat. Chapter 253D (Sexual Psychopathic Personality; Sexually Dangerous)  
Minn. Stat. § 246.13 (Records of Persons Receiving State-Operated Services)  
Minn. Stat. § 243.166 (Registration of Predatory Offenders)  
Minn. Stat. § 626.5572 (Definitions for the Vulnerable Adult Act)

Minn. Stat. § 626.557 (Reporting of Maltreatment of Vulnerable Adults)  
Minn. Rule 9515.3000 to 9515.3110  
MSOP Division Policy 415-5010, Searches – Clients”  
MSOP Division Policy 210-5058, “Vulnerable Adults”  
MSOP Division Policy 420-5210, “Client Telephone Use”  
MSOP Division Policy 215-5005, “Treatment Overview”  
MSOP Division Policy 420-5099, “Client Requests and Grievances”  
MSOP Division Policy 125-5300, “Client Social Welfare”  
MSOP Division Policy 125-5200, “Civil Commitment Process”  
MSOP Division Policy 230-5650, “Voluntary Temporary Return to MSOP”  
MSOP Division Policy 115-5402, “Supervision of License-Eligible Psychologists and Psychology Interns”  
MSOP Division Policy 210-5120, “Client Incompatibility”  
MSOP Division Policy 210-5020, “Positive Supports”  
MSOP Division Policy 135-5180, “Client Record Documentation Standards”

**ATTACHMENTS:** Admissions Packet Index (210-5100a)  
Admission Worksheet (210-5100b)  
Client Identification Worksheet (210-5100c) (computer generated)  
Predatory Offender Change of Information Form (210-5100d)  
Admission to the MSOP Checklist (210-5100e)  
Client Orientation Record (210-5100f-1030)  
Sex Offender Assessment (210-5100g-2018)  
General Client Information (210-5100h)  
State Ombudsman Brochure (210-5100j)  
Consent for Brief Mental Health Assessment (210-5100k-2090B)  
Summary Bill of Rights (210-5100l)  
Advisory of Limit Client Rights (210-5100m)  
Consent for Sex Offender Assessment (210-5100n-2018B)  
History and Physical Assessment (210-5100o-2010M)  
Cost of Care Brochure (210-5100p)  
Consent for Disclosure of Information (210-5100q-2650)  
Education Initial Assessment (210-5100t-2060)  
Therapeutic Recreation Initial Assessment (210-5100u-2070)  
Vocational Initial Assessment (210-5100v-2080)  
Initial Nursing Assessment (210-5100w-3510)  
Brief Mental Health Assessment (210-5100y-2090)  
Minnesota Voter Registration Application (210-5100x)  
Substance Use Assessment (210-5100z-2155)  
30-Day Admissions Record Review (210-5100bb)  
Consent for Substance Use Assessment (210-5100cc-2155B)

Client Financial Information (DHS-2723C)  
Notice of Privacy Practices (DHS-6136)  
Hospital Review Board Description (130-5700a)  
Consent for Mental Health Assessment (215-5007l-2125B)  
Mental Health Assessment (215-5007k-2125A)  
Individual Treatment Plan (215-5005d-3050) (Phoenix)  
Notice of Grievance Procedure and Advocacy Resources (110-5300a (ML) or 110-5300b (SP))

Individual Progress Note (215-5007d-4020) (Phoenix)  
Consent for Sex Offender Treatment (215-5010a-3075)  
Vulnerable Adult Assessment (210-5058a-3015)  
Program Abuse Prevention Plan (210-5058h)  
Request that Name be Included/Excluded from MSOP Treatment Facility Voicemail Directory (420-5210b)  
Referral for Psychological Services and Assessment Form (215-5007r-2122)  
MSOP Monitoring Notice (420-5210a) [Telephone]  
Change of Status Report (230-5100c-1185)  
Special Review Board Summary (215-5060p)  
Healthcare Directives Summary (310-1010a)

**SUPERSESSSION:** MSOP Division Policy 210-5100, “Admission to the MSOP,” 1/7/20.  
All facility 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