

CLIENT INCOMPATIBILITY

Minnesota Sex Offender Program

Issue Date: 9/3/19 Effective Date: 10/1/19 Policy Number: 210-5120

POLICY: The Minnesota Sex Offender Program (MSOP) reviews and addresses issues of incompatibility between clients.

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

APPLICABILITY: MSOP program-wide

PURPOSE: To maintain a consistent client incompatibility process to enhance the therapeutic environment as well as the security and safety of clients and staff in the program.

DEFINITIONS:

Active client incompatibility plan – a determination made that suggests a client may be at risk of substantial bodily harm if measures are not implemented to assist in the safety of the clients.

Client incompatibility list – a list of clients identified as having an active or deferred incompatibility with another client.

Client incompatibility plan – a written plan outlining the additional safety measures approved to address an active incompatibility.

Deferred incompatibility – an active incompatibility in which the clients reside in separate facilities.

Substantial bodily harm – bodily injury which involves a temporary but substantial disfigurement, or which causes a temporary but substantial loss or impairment of the function of any bodily member or organ, or which causes the fracture of any bodily member.

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

PROCEDURES:

A. Addressing Client Safety Concerns

1. Clients must immediately inform staff of potential threats to their physical safety. Clients are expected to cooperate with staff in the investigation and resolution of the client’s concerns, including providing staff with names and all other relevant information concerning the source of the threat.
2. At minimum, unit group supervisors consider the following options for reported client safety concerns:
 - a) conflict resolutions between the clients involved (see also MSOP Division Policy 220-5033, “Conflict Resolution Guide/Community Council”);
 - b) an unscheduled room move (see MSOP Division Policy 210-5010, “Client Placement”);
or
 - c) limitations on client’s facility movement and individual client contact.

B. Determining Client Incompatibility

1. Any staff witnessing a specific incident or learning of information suggesting a client may be at a risk of substantial bodily harm must submit an Incident Report (410-5300a) (Phoenix) and immediately notify the unit group supervisor in consultation with the facility officer of the day (OD) (see MSOP Division Policy 410-5300, "Incident Reports"). The facility OD ensures immediate measures are taken to provide for safety of all clients.
2. The facility OD in consultation with the unit group supervisor/designee determines the need to conduct an inquiry.
3. When the unit group supervisor/designee is not at the facility, the facility OD completes the inquiry. The unit group supervisor/designee or facility OD completing the inquiry:
 - a) meets with clients and complete the Client Incompatibility Worksheet and Summary (210-5120d) to gather information related to possible incompatibility; and
 - b) contacts the client's primary therapist/designee for treatment team input (when available).
4. At the completion of the inquiry, the unit group supervisor/designee (when available) reviews the summary with the facility OD.
 - a) If the facility OD determines a Client Incompatibility Plan (210-5120b-3060B) is unwarranted: the unit group supervisor/designee or facility OD sends the completed Client Incompatibility Worksheet and Summary by email to the facility Client Placement Committee Coordinator.
 - (1) The unit group supervisor/designee or facility OD ensures the client(s) are notified and completes an Incident Report (410-5300a) (Phoenix), with summary of the determination and confirmation the client(s) were verbally notified.
 - (2) The facility OD/designee emails notification of the findings to the facility supervisor email distribution list and the client's assigned primary therapist.
 - b) If staff determine an active incompatibility is warranted: the unit group supervisor/designee immediately develops a Client Incompatibility Plan (210-5120b-3060B).
5. When developing a Client Incompatibility Plan (210-5120b-3060B), the unit group supervisor/designee:
 - a) meets with the client the same calendar day to discuss the expectations outlined in the Client Incompatibility Plan (210-5120b-3060B), and completes an Incident Report (410-5300a) (Phoenix) of the meeting;
 - b) ensures a copy of the Client Incompatibility Plan (210-5120b-3060B) is provided to the client and placed in the unit program book and facility OD office;
 - c) sends the original Client Incompatibility Plan (210-5120b-3060B) to the Health Information Management Services (HIMS); and
 - d) emails the completed Client Incompatibility Inquiry Worksheet and Summary (210-5120d) and Client Incompatibility Plan (210-5120b-3060B) to the facility Client Placement Committee coordinator for review.

6. The Client Placement Committee coordinator places the incompatibility inquiry findings on the agenda for review and final determination of client incompatibility status at the next scheduled Client Placement Committee meeting.
7. When the Client Incompatibility Plan (210-5120b-3060B) is written outside of business hours, the client's treatment team must review it the next business day. If updates are needed, the unit group supervisor/designee develop a new Client Incompatibility Plan (210-5120b-3060B) and:
 - a) meets with the client the same calendar day to discuss changes outlined in the updated Client Incompatibility Plan (210-5120b-3060B) and provides a copy to the client;
 - b) ensures a copy of the new Client Incompatibility Plan (210-5120b-3060B) is placed in the unit program book and facility OD office and copies of the previous Client Incompatibility Plan (210-5120b-3060B) are removed from both places;
 - c) emails the updated Client Incompatibility Plan (210-5120b-3060B) to the Client Placement Committee coordinator and sends the original to HIMS; and
 - d) completes an Incident Report (410-5300a) (Phoenix) indicating steps a) through c) above were completed.
 - e) The first watch facility OD daily checks FileNet to verify that all Client Incompatibility Plans (210-5120b-3060B) in the OD office are current.
8. Once MSOP implements an active Client Incompatibility Plan (210-5120b-3060B), it remains in effect until the next Client Placement Committee meeting where it is reviewed and a final determination is made.
9. The Client Placement Committee reviews all incompatibility determinations, Client Incompatibility Plans (210-5120b-3060B), and other information from clinical, security, operations, and Office of Special Investigations (OSI) staff.
10. Following the Client Placement Committee meeting, the Client Placement Committee coordinator:
 - a) Notifies the unit group supervisor/designee by email of the final determination. When an update to the Client Incompatibility Plan (210-5120b-3060B) is needed, the unit group supervisor/designee completes steps noted above in Section 7.B, a) through d).
 - b) Notifies the unit group supervisor/designee by email when an active Client Incompatibility Plan (210-5120b-3060B) is determined to be no longer warranted. The unit group supervisor/designee meets with the client(s) and completes an Incident Report (410-5300a) (Phoenix) with a summary of the determination and confirmation that clients were verbally notified.
 - c) Reviews Client Incompatibility Notice of Determination (210-5120a-3060A) and updates the Client Incompatibility List (SharePoint).

C. Incompatibility Reviews

1. Active Incompatibility Reviews

- a) At least quarterly and at other times as assigned, the unit group supervisor/designee reviews active Client Incompatibility Plan (210-5120b-3060B) with the client. Clients may request a review of an active Client Incompatibility Plan (210-5120b-3060B) at any time by submitting a Client Request (420-5099a) to the unit group supervisor. For this review, the unit group supervisor/designee:
 - (1) uses the Client Incompatibility Inquiry Worksheet and Summary (210-5120d) to facilitate gathering information from the clients;
 - (2) gathers information from the client's primary therapist, clinical supervisor and other members of the treatment team;
 - (3) completes an Incident Report (410-5300a) (Phoenix) (see MSOP Division Policy 410-5300, "Incident Reports") after meeting with the client;
 - (4) completes the Client Incompatibility Inquiry Worksheet and Summary (210-5120d) and forwards to the facility Client Placement Committee coordinator to be placed on the agenda for review at the next Client Placement Committee meeting.
- b) The Client Placement Committee determines whether the Client Incompatibility Plan (210-5120b-3060B) remains active.

2. Reviews upon Admission or Departure

- a) When a client is discharged from MSOP or transferred between MSOP facilities (see MSOP Division Policy 230-5100, "MSOP Departure"), their active Client Incompatibility Plan (210-5120b-3060B) becomes a deferred Client Incompatibility Plan (210-5120b-3060B). The facility Client Placement Committee coordinator updates the client incompatibility list (SharePoint) to reflect this change within 24 hours.
- b) Upon a client's readmission to the MSOP, a deferred Client Incompatibility Plan (210-5120b-3060B) immediately becomes active, unless the clients involved continue to reside in separate MSOP facilities.
 - (1) When notified by the MSOP Admissions Coordinator of a client's potential readmission, the admissions unit group supervisor/designee must ensure the client's previous Client Incompatibility Plan (210-5120b-3060B) is activated prior to the client's readmission.
 - (2) The admitting unit group supervisor/designee communicates with the Admissions Coordinator/designee regarding any known, potential or deferred Client Incompatibility Plan (210-5120b-3060B).
 - (3) The admitting unit group supervisor/designee notifies the facility Client Placement Committee coordinator to update the client incompatibility list (SharePoint) to indicate an active incompatibility prior to or upon the client's arrival.
 - (4) The admitting unit group supervisor/designee must verbally notify the client of the active Client Incompatibility Plan (210-5120b-3060B) during the admissions process and review the incompatibility plan with the client.

- (5) The client's admitting unit group supervisor/designee meets with the other client already residing at MSOP prior to or upon the new client arrival, to review the active Client Incompatibility Plan (210-5120b-3060B). The unit group supervisor/designee documents this meeting in an Incident Report (410-5300a) (Phoenix) (see MSOP Division Policy 410-5300, "Incident Reports").
- (6) The admitting unit group supervisor/designee emails the Client Incompatibility Plan (210-5120b-3060B) to the facility Client Placement Committee coordinator for immediate inclusion on the client incompatibility list (SharePoint). When an update to the Client Incompatibility Plan (210-5120b-3060B) is needed, the unit group supervisor/designee completes steps noted above in Section B.7 a) through d) of this policy.

D. Maintaining Client Incompatibility List - the facility Client Placement Committee coordinator maintains the Client Incompatibility List (SharePoint) and updates it as needed.

REVIEW: Annually

REFERENCES: MSOP Division Policy 210-5010, "Client Placement"
MSOP Division Policy 215-5005, "Treatment Overview"
MSOP Division Policy 230-5100, "MSOP Departure"
MSOP Division Policy 210-5100, "Admission to the MSOP"
MSOP Division Policy 220-5033, "Conflict Resolution Guide/Community Council"
Minn. Stat. § 13.37, subd. 1(a)
Client Placement and Incompatibility SharePoint Site

ATTACHMENTS: Client Incompatibility Notice of Determination (210-5120a-3060A)
Client Incompatibility Plan (210-5120b-3060B)
Client Incompatibility Inquiry Worksheet and Summary (210-5120d)

Client Request (420-5099a)
 Incident Report (410-5300a) (Phoenix)
 Client Incompatibility List (SharePoint)

SUPERSESSION: MSOP Division Policy 210-5120, "Client Incompatibility," 3/5/19.
 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