

# CLIENT PLACEMENT

## Minnesota Sex Offender Program

Issue Date: 8/6/19      Effective Date: 9/3/19      Policy Number: 210-5010

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**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, and the MSOP Admission Coordinator (for site-to-site moves) as assigned by the facility director and clinical director. All members have assigned designees in the event of their absence. A joint committee from both sites meets when considering a transfer of a client between sites.

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 change – 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) – 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 or clinical concern, or to address facility needs.

**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).
  - (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 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.
- 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.

**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.
- 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.
- c) Unscheduled moves do not require authorization from the Client Placement Committee at the time of implementation, but are reviewed at the next Client Placement Committee meeting.
- d) If an unscheduled move needs to occur between sites, it must also be authorized by the facility directors and clinical directors or their designees.

#### B. Client Placement Committee

1. The Client Placement Committee convenes at least monthly to review proposed moves. The Client Placement Committee may convene between monthly meetings to review unscheduled moves.
2. The Client Placement Committee chair/designee facilitates the meeting.
3. The Client Placement Committee coordinator/designee creates and posts the meeting minutes 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.
4. When the Client Placement Committee completes the review of a client move to another MSOP site, the MSOP Admissions Coordinator notifies the transport supervisors to arrange the transport. The MSOP Admissions Coordinator initiates and completes the Site-to-Site Client Move Checklist (210-5010b), enters the information as a pending site change in Phoenix, and forwards the checklist to the facility security program manager.
5. The Client Placement Committee reviews and gives final determination for client incompatibility inquiries. (Refer to MSOP Division Policy 210-5120, "Client Incompatibility.")

#### 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.
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 his/her 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. When a client moves to a new location, the receiving location staff complete an orientation to the location (see MSOP Division Policy 210-5100, "Admission to the MSOP"). Staff at the location complete and forward the signed Client Orientation Record (210-5100f-1030) to HIMS for the client treatment record.
  4. Upon completion of the approved move, staff at the location submit an Incident Report (410-5300a) (Phoenix) and immediately inform the count coordinator.
  5. To ensure continuity of care, staff follow MSOP Division Policy 215-5013, "Clinical Services Provision of Care."
- D. Conflicts with Current Roommate - in situations when a client reports conflict with his/her 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
1. The facility clinical director and assistant facility director may consider single room assignments while the client is at MSOP based on mental health/medical needs or a 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 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 a Communication Log (410-5075a) (Phoenix) entry with the determination.
    - b) Upon a change in a client's mental or physical health eliminating 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, facility security director, and a member of the Office of Special Investigations (OSI). 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.
  - (1) The assistant facility director/designee gathers relevant information about the client, discusses the review with the facility director, facility security director, and a member of the Office of Special Investigations (OSI). 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.
- 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 for possible discontinuation of a single room assignment when the following criteria are met:
  - (1) Three years have passed since the assaultive behavior; and
  - (2) The client has had no same or similar behavior in those three years.
  - (3) The assistant facility director/designee gathers relevant information about the client, discusses the review with the facility director, facility security director, and a member of the Office of Special Investigations (OSI). The facility director in

consultation with the facility clinical director makes a determination on a single room assignment.

- (4) The facility director/designees 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) On a quarterly basis, the Client Placement Committee reviews single room assignments. For this review, the Client Placement Committee Coordinator gathers information from the client's treatment team.
- b) The Client Placement Committee makes a determination. 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 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"

**ATTACHMENTS:** Client Room Change Review Form (210-5010a)  
Site-to-Site Client Move Checklist (210-5010b)  
Single Room Assignment Review (210-5010c-3057)

Client Request Form (420-5099a)  
Client Orientation Record (210-5100f-1030)  
 Incident Report (410-5300a) (Phoenix)  
 Communication Log (410-5075a) (Phoenix)

**SUPERSESSON:** MSOP Division Policy 210-5010, "Client Placement Committee," 11/3/15.  
 All MSOP 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