

ADMISSION TO THE MSOP

Minnesota Sex Offender Program

Issue Date: 2/2/16 Effective Date: 3/1/16 Policy Number: 210-5100

POLICY: The Minnesota Sex Offender Program 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. §246.014, subd.
(d) Minn. Stat. §246B.02
Minn. Rule 9515.3020

APPLICABILITY: Minnesota Sex Offender Program (MSOP), program-wide

PURPOSE: To outline the process for admission to the Minnesota Sex Offender Program (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 the Moose Lake facility or St. Peter facility.

DEFINITIONS:

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

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.

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 Admissions Coordinator or 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 Admissions Coordinator/designee will receive:
 - 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 transfer into MSOP will immediately notify the Admissions Coordinator.
3. The Admissions Coordinator will enter pending admission information in Phoenix to inform staff.

4. The Admissions Coordinator will regularly monitor all expected admissions, transfers to the MSOP, discharges, dismissals and the reports to the court.

B. Admissions

1. Admissions to the MSOP will 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 will be verified by court order or a call to the Legal Department.
2. Master Control will forward any notification of an individual's arrival to the officer of the day (OD), who will e-mail the #DHS_DL_MSOP_Admit_Notifications distribution list.
3. Master Control will notify:
 - a) OD;
 - b) Count Control;
 - c) Health Information Management Services (HIMS);
 - d) Special Services; and
 - e) receiving unit security counselor to provide escort.
4. The receiving unit security counselor will immediately notify by telephone the following areas (and complete the Security Counselor Admission Checklist (210-5100aa, attached):
 - a) receiving unit clinical staff;
 - b) receiving unit client rights coordinator; and
 - c) Health Services.
5. Processing staff will escort the client to the intake area, verify the client name and county of commitment with the information in Phoenix and complete the MSOP Client Identification Worksheet (210-5100c) to enter into Phoenix.
6. Processing staff will conduct an unclothed visual body search (UVBS) per MSOP Division Policy 415-5010, "Searches – Clients."
7. The count control coordinator will add the client to the population count records and begin the Phoenix Admission Workflow.
8. The count control coordinator or designee will take photographs of the client for identification badge and security/identification purposes.
9. The Client Property Department will collect, search, and inventory the client's property. Funds will be handled in accordance with the Client Social Welfare Policy. (Refer to MSOP Division Policy 125-5300, "Client Social Welfare.")
10. Health Information Management Services (HIMS) will:
 - 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) assign client identification numbers for electronic database systems upon a client's first admission to MSOP. The identification numbers are retained when a client is readmitted to the MSOP;
 - c) establish a client record;
 - d) enter client information into the client database; and
 - e) complete a Change of Status Report (DHS-1185) as applicable and send to appropriate legal and county contacts.

C. Orientation

1. Receiving unit staff will:
 - a) provide the client with a tour of the unit showing the client the specific locations of where the DCT Policy 215-1020, "Client Grievance and Complaint Process," the Program Abuse Prevention Plan, MSOP Division Policy 210-5058, "Vulnerable Adults" (maltreatment reporting process) and the Bill of Rights Summary (210-5100l, attached) are posted;
 - b) provide the client with the Admission packet, including the General Client Information handout (210-5100h);
 - c) update all client logs, distribute a room 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; and
 - e) complete and forward the signed Client Orientation Record (210-5100f-1030) to the HIMS Department for the client record.
 - f) complete Admission Workflow.
2. Within 24 hours of admission, a licensed mental health professional (or Health Services staff if a licensed mental health professional is not available at the time of admission) will complete a Vulnerable Adult Assessment (210-5058a-3015). (Refer to MSOP Division Policy 210-5058, "Vulnerable Adults.")
3. Within 72 hours, the physician or nurse practitioner will complete 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 will have the client sign a Consent for Brief Mental Health Assessment (210-5100k-2090B) and conduct the Brief Mental Health Assessment (210-5100y-2090). If the client appears to need a psychiatric evaluation, the licensed mental health professional or license-eligible psychologist will immediately make a referral for the client to be seen by a medical practitioner who is privileged to prescribe psychotropic medications.
 - b) The assigned primary therapist will meet with the client and 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 will occur:
- a) a licensed Health Services staff will complete an Initial Nursing Assessment (210-5100w-3150).
 - b) a licensed mental health professional or license-eligible psychologist will have the client 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 will complete a Chemical Dependency Initial Assessment (210-5100z-2150);
 - d) education staff will complete an Education Initial Assessment (210-5100t-2060) and inform the client on educational opportunities available;
 - e) therapeutic recreation staff will complete a Therapeutic Recreation Initial Assessment (210-5100u-2070) (refer to MSOP Division Policy 220-5050, "Therapeutic Recreation Programming") and inform the client on therapeutic recreation opportunities available;
 - f) vocational rehabilitation staff will complete a Vocational Initial Assessment (210-5100v-2080) and inform the client on vocational opportunities available; and
 - g) a client rights coordinator will meet with the client to:
 - (1) review the Cost of Care Brochure (210-5100p) and complete the Consent for Disclosure of Information (210-5100q-2650), Client Financial Information (210-5100r-2723), and the Statement to Permit Payment (210-5100s-1022) for cost of care;
 - (2) review the DHS Combined Applications for possible county financial benefits and healthcare benefit forms;
 - (3) inquire if there are any potential incompatibility concerns with other clients as well as if 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. If the client refuses, the client rights coordinator will complete and submit the form to the BCA per Minn. Stat. §246.13 and 243.166;

- (5) provide information on the Ombudsman (210-5100j), Hospital Review Board (130-5700a), MSOP Abuse Prevention Plan (210-5058h), Client Rights Coordinator Brochure (210-5100i), Health Care Directives Summary (310-5215a), Special Review Board Summary (215-5060p), and Minnesota Voter Registration Application (210-5100x), attached); and
 - (6) obtain client's signed authorization for release of information to supervising agent and signed authorization to DOC to release records to MSOP.
6. Within fourteen calendar days of admission, the primary therapist writes an Individual Treatment Plan (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.
 - a) Within 14 calendar days a client's final commitment, the primary therapist meets with the client to offer the opportunity to participate in sex offender treatment and a Sex Offender Assessment (210-5100g-2018). The offer and the client's response must be documented in the client record.
 - b) 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.
 - c) The assigned psychologist meets with the client to sign a Consent for Sex Offender Assessment (210-5100n-2018B). The sex offender assessment includes an interview with the client and is completed within 30 calendar days from the date the assessment was initiated.
 - d) The author of the assessment notifies the client's primary therapist when the assessment is completed.
 - e) The client's primary therapist incorporates the results of the sex offender assessment into the client's ITP within seven calendar days, following the timeframes outlined in MSOP Division Policy 215-5007, "Clinical Documentation."
 - f) For clients who transfer in to MSOP, a sex offender assessment is completed at the discretion of the facility clinical director/designee.
 8. After 30 calendar days of admission, HIMS staff will conduct a review of the client record for completeness and report 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”
DCT Policy 215-1020, “Client Grievance and Complaint Process”
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/Revocation of Provisional Discharge”
MSOP Policy 103.042, “Supervision of License-Eligible Psychologists”

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)
Client Rights Coordinator Brochure (210-5100i)
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)
Client Financial Information (210-5100r-2723)
Statement to Permit Payment (210-5100s-1022)
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)
Chemical Dependency Initial Assessment (210-5100z-2150)
Security Counselor Admission Checklist (210-5100aa)

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) (computer generated)
Vulnerable Adult Assessment (210-5058a-3015)
Program Abuse Prevention Plan (210-5058h)
Nursing Site Change (500.180B-4010)
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 (DHS-1185)
Special Review Board Summary (215-5060p)
Healthcare Directives Summary (310-5215a)

SUPERSESSSION: MSOP Policy 202.100, “Admission to the MSOP,” 5/6/14.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/
Shelby R. Richardson, Interim Executive Director
Minnesota Sex Offender Program