

CLIENT PLACEMENT

Minnesota Sex Offender Program

Issue Date: 10/6/15 Effective Date: 11/3/15 Policy Number: 210-5010

POLICY: MSOP clients reside in living units promoting a safe, secure and treatment-supportive environment. All decisions regarding client room changes are reviewed, approved, and documented by the Client Placement Committee. MSOP will fill all dual and multiple occupancy rooms to capacity unless written individual approval is obtained from the site facility and clinical directors.

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

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

PURPOSE: To identify criteria for staff to consider when making client living assignments and provide the Minnesota Sex Offender Program (MSOP) Client Placement Committee with a process for making the most appropriate decision regarding client placement.

DEFINITIONS:

Client Placement Committee – a committee designated at each MSOP site responsible for the review and approval of all recommended client placements. Membership will consist of a clinical supervisor, the residential program manager (ML) or unit directors (SP), the security program manager, and a client rights coordinator as assigned by the facility director and clinical director. All committee members will have assigned designees in the event of their absence. A joint committee from both sites will meet when considering a transfer of a client between sites.

Client Placement Committee Chairs – the program manager (ML) or unit director (SP) and the clinical supervisor from the Client Placement Committee who is responsible for coordinating and leading the client placement meetings.

Client Placement Committee Coordinator – a support staff designated to coordinate the administrative tasks related to the Client Placement Committee.

Client Requested Move – a scheduled move initiated by a client.

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 at the facility.

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. Unscheduled Move

In unscheduled move situations, the unit director, clinical supervisor, or 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 will be moved to an available bed with a change of clothing and basic hygiene items. The unit supervisor or OD will ensure the client property is secured.
- b) The approving authority will submit an incident report to document the rationale. (See MSOP Division Policy 410-5300, "Incident Reports.")
- c) Unscheduled moves do not require authorization from the Client Placement Committee at the time of implementation, but will be reviewed at the next client placement meeting.
- d) If an unscheduled move needs to occur between facilities, it must also be authorized by the facility directors and clinical directors or their designees.
- e) The client will remain in the new location as the treatment team follows the procedures as outlined in this policy to make a scheduled move.
- f) The unit director or OD will determine if any additional property is allowed during unscheduled moves occurring due to temporary facility needs.

2. Scheduled Move

Living assignments are considered long-term and the intent is that room changes will be infrequent. The facility's ability to accommodate room changes based solely on clients' personal preference is limited.

- a) Staff-Initiated Move
 - (1) A member of the client's treatment team may initiate the Client Room Change Request Form (210-5010a, attached).
 - (2) The client will have the opportunity to provide input by completing the Client Request Form (420-5099a, attached).
 - (3) The client's primary therapist will complete the therapist's portion, and the treatment team will do a review.
- b) Client-Requested Move
 - (1) A client is eligible to request a room change every six months.
 - (2) A client requesting a room change is required to complete a Client Request Form (420-5099a, attached). Once completed, the form is submitted to the client's primary therapist for review by the treatment team.
- c) The treatment team will review the following factors:
 - (1) rationale for the move;
 - (2) proposed room/roommate assignment;
 - (3) incompatibilities with other clients (see also MSOP Division Policy 210-5120, "Client Incompatibility");
 - (4) history of physically and sexually assaultive behavior with roommates within MSOP;

- (5) medical needs;
 - (6) Client Reasonable Modification Plan (if one, see MSOP Division Policy 215-5250, "Clients with Disabilities");
 - (7) Vulnerable Adult status (see MSOP Division Policy 210-5058, "Vulnerable Adults"); and
 - (8) hygiene/housekeeping;
- d) If the treatment team does not support the request, the client will meet with his or her primary therapist and clinical supervisor to get direction before submitting a new Client Room Change Request Form.
 - e) The primary therapist/treatment team will respond to the completed Client Request form with the team's decision.
 - f) The treatment team or primary therapist will send the original form to the client placement committee coordinator.

B. Conflicts with Current Roommate

In situations when a client reports conflict with his or her current assigned roommate, relocating the client is considered only after the following steps have been taken.

1. Referral to the Primary Therapist
Any member of the treatment team who has been informed by the client about a potential roommate conflict will immediately refer the client to the client's primary therapist to begin the process of conflict resolution.
2. Attempted Conflict Resolution
The client is expected to exhaust all conflict resolution steps identified by the client's primary therapist and the treatment team.
3. Documentation and Treatment Team Review
The primary therapist will document (in Phoenix case notes and/or on a Client Room Change Request Form) the client's attempts to resolve roommate conflicts, including both clients' level of investment in the conflict resolution process, and the results of those efforts. If the treatment team determines conflict resolution attempts are unsuccessful, a member of the treatment team will complete the Client Room Change Request Form for a scheduled move.

C. Client Placement Committee

1. The client placement committee will convene at least monthly or as needed.
2. The client placement committee chair (or designee) will facilitate the meeting.
3. The meeting minutes will be created and posted on the MSOP Homepage on SharePoint by the client placement committee coordinator (or designee).

4. Timelines for the moves will be determined by the area supervisors. The supervisory staff from the sending and receiving units will verbally notify the clients of the decision about the timeline for the clients' pending move.
5. Clients are expected to complete the move as approved by the Client Placement Committee.
6. The Client Placement Committee will review and give final determination for client incompatibility inquiries.

D. Clinical Team Responsibilities

1. Care Conference:

- a) If a site to site move occurs, the current clinical supervisor will schedule a care conference (by video conference if necessary) with necessary parties (this may include Health Services, unit director, clinical supervisor, primary therapist, program manager, clinical director and/or associate clinical director(s), psychologist, client rights coordinator) within seven days to discuss the proposed move.
- b) If a unit to unit move occurs, the current clinical supervisor may schedule a care conference (by video conference if necessary) with necessary parties (this may include Health Services, unit director, clinical supervisor, primary therapist, program manager, clinical director and/or associate clinical director(s), psychologist, client rights coordinator) within seven days to discuss the proposed move.

2. Move Process: to ensure continuity of care, the following areas will be points of discussion in the care conference: treatment needs, health concerns, date/time of transfer, incompatibilities, roommate concerns, and security concerns.

- a) If both clinical and operations staff approve the move, the current primary therapist will contact any outside parties (e.g., county case manager, guardian, etc.) who need to be informed of the client's move within seven business days of the client's transfer, and provide the name of the newly-assigned primary therapist.
- b) The current primary therapist will complete required clinical progress notes as outlined in MSOP Division Policy 215-5007, "Clinical Documentation" as well as quarterly and/or annual treatment progress reviews due within 30 days following the client's transfer to a new unit. If applicable, the sending facility will ensure any Special Review Board treatment reports due within 30 days are also completed. However, the client's primary therapist contact information may be changed to reflect the new primary therapist assignment as soon as the client move is made.
- c) During this 30-day period, both current and future treatment teams are expected to communicate regarding any immediate or emerging client concerns.
- d) If there is no change to primary therapist, the current primary therapist will continue completion of all client documentation.
- e) After the client has transferred, when his/her first quarterly/annual treatment review meeting occurs, both previous and current primary therapists, and as many members of both treatment teams as needed, will attend the review (by videoconference if necessary).

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
Policy 300.051, “Facility Counts”
MSOP Division Policy 225-5151, “CPS Count”
MSOP Division Policy 215-5007, “Clinical Documentation”

ATTACHMENTS: Client Room Change Request Form (210-5010a)
Client Request Form (420-5099a)

SUPERSESSSION: MSOP Policy 202.010, “Client Placement Committee,” 11/5/13.
All MSOP policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

/s/
Nancy A. Johnston, Executive Director
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