

1 Department of Human Services

2

3 Adopted Permanent Rules Governing Licensure of the Minnesota
4 Sexual Psychopathic Personality Treatment Center

5

6 Rules as Adopted

7 9515.3000 DEFINITIONS.

8 Subpart 1. **Scope.** As used in parts 9515.3000 to
9 9515.3110, the following terms have the meanings given them.

10 Subp. 2. **Commissioner.** "Commissioner" means the
11 commissioner of the Minnesota Department of Human Services or
12 the commissioner's designated representative.

13 Subp. 3. **Department.** "Department" means the Minnesota
14 Department of Human Services.

15 Subp. 4. **Minnesota sexual psychopathic personality**
16 **treatment center.** "Minnesota sexual psychopathic personality
17 treatment center" means the secure facility established at Moose
18 Lake by Minnesota Statutes, section 246B.02, to provide care and
19 treatment for:

20 A. persons committed there by the courts as sexual
21 psychopathic personalities or sexually dangerous persons; or

22 B. persons admitted there with the consent of the
23 commissioner.

24 Subp. 5. **Person or person in treatment.** "Person" or
25 "person in treatment" means a person committed to the Minnesota
26 sexual psychopathic personality treatment center or admitted
27 there with the consent of the commissioner as provided in
28 Minnesota Statutes, section 246B.02.

29 Subp. 6. **Sexually dangerous person.** "Sexually dangerous
30 person" has the meaning given in Minnesota Statutes, section
31 253B.02, subdivision 18b.

32 Subp. 7. **Sexual psychopathic personality.** "Sexual
33 psychopathic personality" has the meaning given in Minnesota
34 Statutes, section 253B.02, subdivision 18a.

35 Subp. 8. **Treatment staff.** "Treatment staff" means staff

1 members of the Minnesota sexual psychopathic personality
2 treatment center who are responsible for arranging, evaluating,
3 planning, coordinating, or providing the programming and
4 services required in part 9515.3040, subpart 1.

5 Subp. 9. Treatment support staff. "Treatment support
6 staff" means staff members of the Minnesota sexual psychopathic
7 personality treatment center whose primary responsibility is to
8 maintain a secure and orderly environment supportive of
9 treatment by performing such duties as escorting persons,
10 observing persons' behavior, and directing group activities on
11 the unit.

12 9515.3010 PURPOSE AND APPLICABILITY.

13 Parts 9515.3000 to 9515.3110 apply only to residential
14 treatment programs operated by the commissioner primarily for
15 persons committed as sexual psychopathic personalities or as
16 sexually dangerous or admitted with the commissioner's consent.
17 The purpose of parts 9515.3000 to 9515.3110 is to govern the
18 operation, maintenance, and licensure of these
19 department-administered treatment programs. As of the adoption
20 date of parts 9515.3000 to 9515.3110, the Minnesota sexual
21 psychopathic personality treatment center at Moose Lake is the
22 only such treatment program.

23 9515.3020 PROGRAM ADMISSION CRITERIA.

24 Except when admitted with the commissioner's consent as
25 provided in Minnesota Statutes, section 246B.02, persons
26 admitted to a treatment program licensed under parts 9515.3000
27 to 9515.3110 must meet one of the criteria in items A to C.

28 A. A court hold order is in effect under a petition
29 for the person's commitment as a sexual psychopathic personality
30 or sexually dangerous person.

31 B. A warrant of commitment has been issued for the
32 person as a sexual psychopathic personality or sexually
33 dangerous person pursuant to Minnesota Statutes, chapter 253B.

34 C. Final commitment action committing the person as a
35 sexual psychopathic personality or sexually dangerous person has

1 been taken under Minnesota Statutes, chapter 253B.

2 9515.3030 EVALUATION, ASSESSMENT, AND TREATMENT PLANNING.

3 Subpart 1. **Multidisciplinary assessment.** The license
4 holder must assess each person entering the treatment program
5 within ten days after admission to determine the person's need
6 for medical care, nursing services, psychological services,
7 social services, chemical dependency treatment, education and
8 vocational training, and recreation and leisure activities.
9 After the initial assessment, the license holder must update
10 assessments on all persons at least annually.

11 Subp. 2. **Psychiatric evaluation.** A psychiatrist must
12 evaluate each person within three working days after the person
13 is admitted and reevaluate each person at least annually.

14 Subp. 3. **Follow-up to psychiatric evaluation.** Specific
15 mental health interventions indicated in addition to the usual
16 sex offender treatment program must be prescribed and monitored
17 by a psychiatrist. These interventions must be integrated into
18 the treatment plan.

19 Subp. 4. **Individual treatment planning.** Within 14 days
20 after a person is admitted, a multidisciplinary team led by the
21 program director or program director's designee must develop and
22 begin implementing a written treatment plan for the person.
23 Based on the assessments and evaluation in subparts 1 and 2, the
24 plan must identify the person's needs; determine the phase of
25 treatment where it is most appropriate for the person to begin
26 treatment; establish goals; assign staffing responsibility; and
27 provide for at least quarterly review. At a minimum, the team
28 must include the person, a psychologist, a social worker, a
29 nurse, and a member of the treatment support staff. When
30 psychiatric or medical treatment is required, a physician must
31 also be included on the team.

32 The case manager assigned by the county responsible for
33 providing the person's social services must be notified of and
34 given the opportunity to participate in all team meetings.
35 Treatment staff who provide services identified in the treatment

1 plan must also receive notice of team meetings and be given the
2 opportunity to participate.

3 9515.3040 TREATMENT PROGRAM SERVICES.

4 Subpart 1. Scope of treatment program services. At a
5 minimum, a license holder's program services and resources must
6 include:

7 A. specific programs that address sex offense
8 behaviors and remediation, and include, as applicable, related
9 topics such as deviant sexual arousal patterns, assaultive
10 behavior, human sexuality, victimization issues, reoffense
11 prevention, and interpersonal relationships;

12 B. psychiatric, medical, dental, psychological,
13 social, and advocacy services;

14 C. educational programming;

15 D. assessment and treatment of chemical dependency;

16 E. vocational rehabilitation services; and

17 F. leisure and recreational activities.

18 The license holder must offer treatment in a form and
19 structure consistent with a person's capacity to participate
20 productively.

21 Subp. 2. Treatment-related policies and procedures. A
22 license holder must develop and follow written policies and
23 procedures that specify how the license holder will fulfill the
24 responsibilities in items A to G.

25 A. Meet data privacy laws and professional
26 confidentiality standards, especially regarding the use and
27 results of physiological examinations and the reporting of
28 previously undetected criminal behavior which is disclosed by a
29 person while in the program.

30 B. Evaluate individual treatment outcomes and program
31 outcomes, including indicators to be used and processes for
32 program improvement.

33 C. Prevent abuse and predation among program
34 participants.

35 D. Provide gender-specific treatment where

1 appropriate.

2 E. Respond to allegations of criminal acts committed
3 by a person while in the program.

4 F. Monitor for contraband.

5 G. Provide a safe environment for staff, program
6 participants, and visitors.

7 9515.3050 STAFFING REQUIREMENTS.

8 Subpart 1. Program director. Each licensed facility must
9 have at least one full-time program director who meets the
10 requirements in part 9515.3060.

11 Subp. 2. Number of staff; staffing patterns. The license
12 holder must provide qualified treatment and treatment support
13 staff in numbers sufficient to meet the license holder's
14 responsibilities for evaluation and assessment, developing and
15 implementing individualized treatment plans, providing a secure
16 and orderly environment, and planning for discharge. The number
17 and type of staff needed on a given unit at a given time are to
18 be determined by the needs and characteristics of the persons on
19 the unit in accordance with the ongoing staffing assessment
20 required in subpart 3.

21 Subp. 3. Ongoing assessment and determination of necessary
22 staffing levels. Staffing levels shall be assessed and
23 determined as specified in items A to G.

24 A. The license holder must perform assessments to
25 determine the staffing levels necessary to meet the safety and
26 treatment needs of program participants and the safety needs of
27 staff. The assessments must address staffing levels for both
28 treatment and treatment support staff functions.

29 B. The assessments must be based on factors that
30 include but are not limited to the treatment needs of individual
31 program participants, participants' tendencies to victimize
32 others, participants' vulnerability to being victimized, the
33 unit's population mix, and the influence of new admissions.

34 C. The license holder must develop a written plan
35 that identifies specific participant characteristics related to

1 resource utilization and specifies methods for evaluating the
2 effectiveness and adequacy of staffing levels necessary to
3 provide active treatment, support order, and provide safety and
4 security to staff and participants.

5 D. Assessments must be completed as often as
6 necessary but no less than quarterly.

7 E. A team representing different staffing needs
8 within the facility must complete the assessments and report the
9 resulting data to the facility administration.

10 F. The administration must review and consider the
11 reported data as part of the continuing process of monitoring
12 established staffing levels and reestablishing staffing levels
13 as necessary. The administration must document when staffing
14 changes are made due to assessment data.

15 G. The license holder must develop policies and
16 procedures for implementing the requirements of this subpart.

17 9515.3060 STAFF QUALIFICATIONS.

18 Subpart 1. Program director. The program director must
19 have at least one year of work experience or training in
20 administration or supervision, plus:

21 A. at least a master's degree in the behavioral
22 sciences or related field plus at least two years of work
23 experience providing services to sex offenders or to persons
24 with behavioral disorders, developmental disabilities, mental
25 illness, or chemical dependency; or

26 B. a bachelor's degree in the behavioral sciences or
27 related field from an accredited college or university plus a
28 minimum of four years of work experience providing services to
29 sex offenders or to persons with behavioral disorders,
30 developmental disabilities, mental illness, or chemical
31 dependency.

32 Subp. 2. Treatment staff and treatment support staff
33 qualifications.

34 A. Treatment staff members and consultants whose
35 duties require them to be licensed, certified, or registered by

1 the state of Minnesota must have a copy of their current
2 license, certification, or registration in their personnel files.

3 B. Treatment staff members who provide assessments
4 and individual and group counseling services must be qualified
5 in at least one of the following ways:

6 (1) have a bachelor's degree in one of the
7 behavioral sciences or related fields from an accredited college
8 or university and at least 2,000 hours of supervised experience
9 providing services to sex offenders or to persons with
10 behavioral disorders, developmental disabilities, mental
11 illness, or chemical dependency;

12 (2) have at least 6,000 hours of supervised
13 experience in providing services to sex offenders or to persons
14 with behavioral disorders, developmental disabilities, mental
15 illness, or chemical dependency;

16 (3) be a graduate student in one of the
17 behavioral sciences or related fields and be formally assigned
18 by an accredited college or university to the facility for
19 clinical training under the supervision of a qualified treatment
20 staff member or consultant; or

21 (4) hold a master's or other graduate degree from
22 an accredited college or university in one of the behavioral
23 sciences or related fields.

24 C. A treatment staff member who provides services and
25 programming to implement participant treatment plan objectives
26 such as completing educational and vocational goals, identifying
27 appropriate recreation and leisure activities, and developing
28 social relationships with peers must, at a minimum:

29 (1) have completed at least two years of
30 post-secondary education at an accredited college or university
31 with a minimum of 18 quarter hours or 12 semester hours in the
32 behavioral sciences, social work, or nursing; or

33 (2) have been employed at least 2,000 hours
34 providing direct services to: sex offenders or to persons with
35 behavioral disorders, mental illness, developmental
36 disabilities, or chemical dependency.

1 D. Treatment support staff must be at least 18 years
2 old and have a high school diploma or a general education degree
3 (GED).

4 9515.3070 STAFF ORIENTATION AND DEVELOPMENT.

5 Subpart 1. Initial staff orientation and training. The
6 license holder is responsible for ensuring that every staff
7 member successfully completes the orientation training specified
8 in items A and B.

9 A. Before providing direct care or having any other
10 direct contact with persons in treatment, a staff member must:

11 (1) complete an overview of the treatment program
12 philosophy and design;

13 (2) demonstrate mastery of techniques used to
14 manage behavioral emergencies, including preventive
15 de-escalation techniques and physical and nonphysical
16 intervention techniques to interrupt violent behavior;

17 (3) be knowledgeable about the rights of persons
18 in treatment under applicable laws such as Minnesota Statutes,
19 sections 144.651 (the Patient Bill of Rights) and 626.557 (the
20 Reporting of Maltreatment of Vulnerable Adults Act), and about
21 program policies ensuring these rights;

22 (4) understand how the general need to establish
23 and maintain boundaries in a therapeutic relationship applies in
24 the specific context of working with sexual psychopathic
25 personalities and other sex offenders; and

26 (5) review the program's emergency provisions on
27 fire, weather, missing persons, serious injury, and death.

28 B. Within the first 30 calendar days of employment,
29 all staff members must complete introductory training in:

30 (1) human sexuality and specific issues raised by
31 the program population;

32 (2) awareness of the influences of culture and
33 the importance of cultural differences;

34 (3) control of infection and infectious diseases;
35 and

1 (4) assessment and individual treatment planning.

2 Subp. 2. Ongoing individual staff development and
3 evaluation plan. The license holder must ensure that an
4 individual staff development and evaluation plan is developed
5 and implemented for all staff who provide, supervise, or
6 administer direct services. The plan must:

7 A. be developed within 90 days of employment and be
8 reviewed and revised at least annually;

9 B. meet the staff development needs specified in the
10 staff member's annual employee evaluation; and

11 C. address the specific age, cultural, and mental
12 health needs of the persons being served.

13 Subp. 3. Amount of annual training. The license holder
14 must ensure that all staff receive the amount of training
15 specified in this subpart.

16 A. Except as provided in items B and C, all staff
17 must receive at least 16 hours of training annually.

18 B. Staff who work more than half time and have less
19 than 4,000 hours of experience providing services to sex
20 offenders or to persons with behavioral disorders, developmental
21 disabilities, mental illness, or chemical dependency must
22 receive at least 24 hours of training annually.

23 C. Treatment staff members and consultants whose
24 duties require them to be licensed, certified, or registered by
25 the state of Minnesota are exempt from the requirements in items
26 A and B as long as they meet the training requirements necessary
27 to remain current in their licensure, certification, or
28 registration.

29 The orientation required in subpart 1 may be counted toward
30 the annual training requirement in an employee's first year of
31 service.

32 Subp. 4. Content of training. The license holder must
33 ensure that at least 75 percent of the required training hours
34 is focused on one or more of the following areas or subjects:

35 A. use of preventive de-escalation techniques and
36 physical and nonphysical intervention to interrupt violent

1 behavior;

2 B. application and compliance with Minnesota Statutes
3 and rules related to treatment and services for sex offenders;

4 C. assessment and treatment of persons with special
5 needs related to conditions such as substance abuse, obsessive
6 compulsive disorder, organic brain damage, impulse control
7 disorders, or other physical needs;

8 D. prevention and control of infectious diseases,
9 including human immunodeficiency virus (HIV) infection;

10 E. how to administer first aid and cardiopulmonary
11 resuscitation (CPR); and

12 F. review of research, practice, or regulations that
13 affect care and treatment programs for sex offenders.

14 9515.3080 PROGRAM SAFETY AND RULES FOR BEHAVIOR.

15 Subpart 1. Program safety. The license holder must
16 develop and follow policies and procedures for maintaining a
17 secure and orderly environment that is safe for persons in
18 treatment and staff and supportive of the treatment program.

19 Subp. 2. Written rules for behavior and consequences of
20 violations. The license holder must specify rules of behavior
21 for persons in treatment that are consistent with maintaining
22 program safety and supportive of the person's rights to
23 treatment. The rules must be in writing and must include a
24 range of consequences that may be imposed for violation of the
25 rules. The license holder must review and approve the written
26 rules and range of consequences at least annually.

27 The license holder must give each person in treatment a
28 copy of the rules and consequences in a handbook or comparable
29 format at the time of admission. If a person is unable to
30 understand the written rules and consequences, the license
31 holder must make the rules and consequences available in a form
32 that the person can understand.

33 The license holder must also give each staff member a copy
34 of the written rules and consequences and ensure that the
35 contents are discussed in the orientation required by part

1 9515.3070.

2 Subp. 3. **Criteria for written rules.** The written rules
3 and consequences in subpart 2 must:

4 A. regulate only behavior that endangers persons in
5 treatment or others or threatens the license holder's ability to
6 maintain the order and safety of the treatment program; and

7 B. be clearly and objectively stated in terms of
8 observable behavior.

9 9515.3090 BEHAVIOR MANAGEMENT AND PROGRAM SAFETY.

10 Subpart 1. **Behavior management.** Disciplinary
11 restrictions, emergency seclusion, and protective isolation may
12 be imposed in accordance with this part when necessary to ensure
13 a safe, secure, and orderly environment for the treatment
14 program. For purposes of this part, disciplinary restrictions,
15 emergency seclusion, and protective isolation have the meanings
16 in subparts 2 to 4.

17 Subp. 2. **Disciplinary restrictions.** "Disciplinary
18 restrictions" means withholding or limiting privileges otherwise
19 available to a person in treatment as a consequence of the
20 person's violating rules of behavior. Examples of disciplinary
21 restrictions would include withholding or limiting such
22 privileges as work, leisure, vocational and recreational
23 activities, or access to parts of the facility. Disciplinary
24 restrictions must:

25 A. be in proportion to the rule's importance to the
26 order, safety, and security of the treatment program and to the
27 severity of the violation;

28 B. be reasonably related to the nature of the
29 behavior; and

30 C. take into consideration the person's past behavior
31 while in the program.

32 Subp. 3. **Emergency seclusion.** "Emergency seclusion" means
33 an emergency intervention that physically separates the person
34 in treatment from others, including placing the person in a room
35 from which the person is not able or permitted to exit.

1 Emergency seclusion does not include locking a person in the
2 person's sleeping room during normal sleeping hours or limiting
3 a person's access to parts of the facility to which the person
4 would otherwise have access. Emergency seclusion must be:

5 A. imposed only when necessary to protect the person
6 being secluded or another person or individual from imminent
7 danger of serious physical harm or to prevent serious property
8 damage;

9 B. authorized by the nurse on duty who must
10 immediately contact a physician for an order; and

11 C. continued only as long as the person's behavior
12 indicates imminent danger continues.

13 Staff must monitor the person in emergency seclusion no
14 less than every 15 minutes. A physician must review the
15 situation at least every 24 hours.

16 Subp. 4. Protective isolation. "Protective isolation"
17 means placing a person in treatment in a room from which the
18 person is not able or permitted to exit as a way of defusing or
19 containing dangerous behavior that is uncontrollable by any
20 other means.

21 The license holder must have written policies on protective
22 isolation that cover the points in items A to C.

23 A. Protective isolation must not be used for the
24 convenience of staff or as a substitute for programming.

25 B. Treatment must be available during protective
26 isolation to the extent that the person's behavior and condition
27 make treatment possible; treatment shall include components
28 designed to eliminate or reduce the specified behavior or
29 behaviors that caused the need for protective isolation.

30 C. Protective isolation must not go beyond 48
31 continuous hours unless the treatment team recommends
32 continuation to the medical director in a statement that:

33 (1) explains why continued protective isolation
34 is necessary;

35 (2) contains an objective description of the
36 behavior which poses the danger;

1 (3) describes the frequency with which the
2 behavior has occurred in the past;

3 (4) analyzes the causes or precipitating
4 condition for the behavior including, where appropriate, an
5 analysis of the needs of the person which may cause the
6 behavior;

7 (5) discusses why protective isolation is
8 necessary, including a statement of the facts and data from
9 which it is concluded that less restrictive programming will not
10 be sufficient to prevent harm;

11 (6) describes the treatment plan, if any, which
12 will be offered during the period of protective isolation;

13 (7) sets forth a plan for reviewing the
14 protective isolation, including the frequency of reviews and the
15 criteria for determining that the risk of harm is no longer
16 sufficient to justify isolation; and

17 (8) is placed in the medical records of the
18 person in protective isolation.

19 Continuing protective isolation is contingent on the
20 medical director's written approval of the recommendation. If
21 the plan for continuing protective isolation is approved, staff
22 must follow the plan required in subitem (7).

23 **Subp. 5. Request for review of protective isolation.** The
24 license holder must provide to a person in treatment who is
25 placed in protective isolation a procedure which can be used
26 immediately to request a review if the person believes the
27 placement was unwarranted. Protective isolation may be imposed
28 pending the outcome of the review. The review request procedure
29 must include the elements in items A to D.

30 A. The review must be conducted by a panel of at
31 least three persons, who were not participants in the decision
32 to impose the isolation, and whose professional experience and
33 training qualify them to assess the situation.

34 B. The review must be conducted and the outcome
35 determined within seven days of being requested, excluding
36 Saturdays, Sundays, and legal holidays, unless the review panel

1 states in writing why a determination cannot be made within
2 seven days and specifies when a determination will be made.

3 C. The person requesting the review must have the
4 opportunity to present to the review panel evidence and argument
5 to explain why protective isolation is unwarranted. The review
6 panel may reasonably limit the form by which the evidence and
7 argument are presented if necessary to ensure the physical
8 safety of the review participants.

9 D. A person may request that the chief officer of the
10 facility review a determination of the review panel. The chief
11 officer's decision is final.

12 9515.3100 ADMINISTRATIVE RECORDS.

13 Subpart 1. **Staff records.** The license holder must
14 maintain personnel records on all staff. The staff records must
15 include the following information:

16 A. documentation that a background study has been
17 done as required by Minnesota Statutes, section 245A.04,
18 subdivision 3;

19 B. documentation of a staff person's education and
20 experience, including current licensure, certification, or
21 registration when required by a person's position; and

22 C. documentation of staff orientation and training.
23 The record must include the date orientation or training was
24 completed, the topics covered, and the hours of training
25 received.

26 Subp. 2. **General administrative records.** The license
27 holder must maintain the following administrative records and
28 make the records available to the commissioner for inspection:

29 A. a directory of all persons in the treatment
30 program;

31 B. a copy of the facility's licenses from the
32 commissioner and the commissioner of health;

33 C. a copy of the purchase of service contracts and
34 subcontracts with a consultant and other individuals who provide
35 services in the residential program, but who are not under the

1 direct control of the license holder; and

2 D. a copy of the facility's quality improvement plan,
3 including reports that monitor and evaluate current activities.

4 9515.3110 RECORDS OF PERSONS IN TREATMENT.

5 Subpart 1. Central record file on premises. The license
6 holder must maintain a central file of persons' records on the
7 program premises.

8 Subp. 2. Admission record. Each person's admission record
9 must include:

10 A. the person's name, date of birth, and social
11 security number;

12 B. a photograph taken at admission;

13 C. the date of admission;

14 D. the name, address, and telephone number of an
15 individual to contact in case of an emergency;

16 E. documentation that the person's legal or medical
17 status meets admission criteria;

18 F. names of victims identified as requiring or
19 requesting protection from the person or notification of the
20 person's release or change of status; and

21 G. names and telephone numbers of the person's
22 attorney, county case manager, and any other individual
23 warranted by the person's legal or medical status.

24 Subp. 3. Treatment records. The license holder must
25 document the course of evaluation and treatment for each person
26 in treatment. In addition to any other documentation the
27 license holder chooses to include, each persons's record must
28 contain:

29 A. copies of the person's diagnostic assessment,
30 individual treatment plan, progress notes, quarterly evaluation,
31 and discharge plan;

32 B. names of the person's medical providers;

33 C. documentation of incidents or emergencies
34 involving the person;

35 D. copies of any state review board reports on the

1 person; and

2 E. a copy of the person's transfer and discharge
3 summary when applicable.

4 Subp. 4. Consent to release information in record. The
5 license holder shall not release information in a persons's
6 record without a written consent signed by the person that
7 specifies:

8 A. the date of authorization and length of time, not
9 to exceed six months from the date of the persons's signature,
10 for which the consent is valid;

11 B. the information that will be released;

12 C. the purpose for releasing the information; and

13 D. the name of the individual or organization
14 authorized to receive the information.

15 Subp. 5. Secure confidential file. Confidential
16 information that is not to be released to a person must be kept
17 separate from the person's medical record in a secure
18 confidential file. The file must be accessible to staff 24
19 hours a day.