

**CHAPTER 9515**  
**DEPARTMENT OF HUMAN SERVICES**  
**STATE HOSPITAL ADMINISTRATION**

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**9515.3000 DEFINITIONS.**

Subpart 1. **Scope.** As used in parts 9515 3000 to 9515 3110, the following terms have the meanings given them.

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

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

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

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

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

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

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

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

Subp. 8. **Treatment staff.** "Treatment staff" means staff members of the Minnesota sexual psychopathic personality treatment center who are responsible for arranging, evaluating, planning, coordinating, or providing the programming and services required in part 9515.3040, subpart 1.

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

**Statutory Authority:** *MS s 246B.04*

**History:** *20 SR 935*

**9515.3010 PURPOSE AND APPLICABILITY.**

Parts 9515.3000 to 9515.3110 apply only to residential treatment programs operated by the commissioner primarily for persons committed as sexual psychopathic personalities or as sexually dangerous or admitted with the commissioner's consent. The purpose of parts 9515.3000 to 9515.3110 is to govern the operation, maintenance, and licensure of these department-administered treatment programs. As of October 30, 1995, the Minnesota sexual psychopathic personality treatment center at Moose Lake is the only such treatment program.

**Statutory Authority:** *MS s 246B.04*

**History:** *20 SR 935*

**9515.3020 PROGRAM ADMISSION CRITERIA.**

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

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

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

C. Final commitment action committing the person as a sexual psychopathic personality or sexually dangerous person has been taken under Minnesota Statutes, chapter 253B.

**Statutory Authority:** *MS s 246B.04*

**History:** *20 SR 935*

**9515.3030 EVALUATION, ASSESSMENT, AND TREATMENT PLANNING.**

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

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

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

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

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

**Statutory Authority:** *MS s 246B 04*

**History:** *20 SR 935*

**9515.3040 TREATMENT PROGRAM SERVICES.**

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

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

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

C. educational programming;

D. assessment and treatment of chemical dependency;

E. vocational rehabilitation services; and

F. leisure and recreational activities.

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

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

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

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

C. Prevent abuse and predation among program participants.

D. Provide gender-specific treatment where appropriate.

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

F. Monitor for contraband.

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

**Statutory Authority:** *MS s 246B.04*

**History:** *20 SR 935*

### 9515.3050 STAFFING REQUIREMENTS.

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

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

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

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

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

C. The license holder must develop a written plan that identifies specific participant characteristics related to resource utilization and specifies methods for evaluating the effectiveness and adequacy of staffing levels necessary to provide active treatment, support order, and provide safety and security to staff and participants.

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

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

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

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

**Statutory Authority:** *MS s 246B.04*

**History:** *20 SR 935*

**9515.3060 STAFF QUALIFICATIONS.**

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

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

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

**Subp. 2. Treatment staff and treatment support staff qualifications.**

A. Treatment staff members and consultants whose duties require them to be licensed, certified, or registered by the state of Minnesota must have a copy of their current license, certification, or registration in their personnel files.

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

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

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

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

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

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

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

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

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

**Statutory Authority:** *MS s 246B.04*

**History:** *20 SR 935*

**9515.3070 STAFF ORIENTATION AND DEVELOPMENT.**

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

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

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

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

(3) be knowledgeable about the rights of persons in treatment under applicable laws such as Minnesota Statutes, sections 144.651 (the Patient Bill of Rights) and

626.557 (the Reporting of Maltreatment of Vulnerable Adults Act), and about program policies ensuring these rights;

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

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

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

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

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

(3) control of infection and infectious diseases; and

(4) assessment and individual treatment planning.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Statutory Authority:** *MS s 246B,04*

**History:** *20 SR 935*

**9515.3080 PROGRAM SAFETY AND RULES FOR BEHAVIOR.**

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

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

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

The license holder must also give each staff member a copy of the written rules and consequences and ensure that the contents are discussed in the orientation required by part 9515 3070

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

- A. regulate only behavior that endangers persons in treatment or others or threatens the license holder's ability to maintain the order and safety of the treatment program, and
- B. be clearly and objectively stated in terms of observable behavior.

**Statutory Authority:** *MS s 246B.04*

**History:** *20 SR 935*

**9515.3090 BEHAVIOR MANAGEMENT AND PROGRAM SAFETY.**

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

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

- A. be in proportion to the rule's importance to the order, safety, and security of the treatment program and to the severity of the violation;
- B. be reasonably related to the nature of the behavior, and
- C. take into consideration the person's past behavior while in the program.

**Subp 3. Emergency seclusion.** "Emergency seclusion" means an emergency intervention that physically separates the person in treatment from others, including placing the person in a room from which the person is not able or permitted to exit. Emergency seclusion does not include locking a person in the person's sleeping room during normal sleeping hours or limiting a person's access to parts of the facility to which the person would otherwise have access. Emergency seclusion must be

- A. imposed only when necessary to protect the person being secluded or another person or individual from imminent danger of serious physical harm or to prevent serious property damage;
- B. authorized by the nurse on duty who must immediately contact a physician for an order; and
- C. continued only as long as the person's behavior indicates imminent danger continues.

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

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

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

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

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

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

(1) explains why continued protective isolation is necessary;

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

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

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

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

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

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

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

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

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

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

B. The review must be conducted and the outcome determined within seven days of being requested, excluding Saturdays, Sundays, and legal holidays, unless the review panel states in writing why a determination cannot be made within seven days and specifies when a determination will be made

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

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

**Statutory Authority:** *MS s 246B.04*

**History:** 20 SR 935

### 9515.3100 ADMINISTRATIVE RECORDS.

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

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

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

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

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

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

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

C. a copy of the purchase of service contracts and subcontracts with a consultant and other individuals who provide services in the residential program, but who are not under the direct control of the license holder, and

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

**Statutory Authority:** *MS s 246B.04*

**History:** *20 SR 935*

### **9515.3110 RECORDS OF PERSONS IN TREATMENT.**

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

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

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

B. a photograph taken at admission;

C. the date of admission,

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

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

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

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

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

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

B. names of the person's medical providers;

C documentation of incidents or emergencies involving the person,

D copies of any state review board reports on the person; and

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

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

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

B. the information that will be released;

C. the purpose for releasing the information; and

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



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

**Statutory Authority:** *MS s 246B.04*

**History:** *20 SR 935*