Minnesota Department of Corrections

Division Directive:	**500.309**	**Title: Behavioral Health Services - Sexual Abuse/Harassment**
Issue Date:	**10/18/16**	
Effective Date:	**10/18/16**	

AUTHORITY: Minn. Stat. §241.021, subd. 4
Prison Rape Elimination Act (PREA), 28 C.F.R. §115 (2012)

PURPOSE: Department of Corrections (DOC) behavioral health services staff ensure prevention, detecting, reporting, response, and retention of records relating to an incident of sexual abuse/assault and/or harassment of any offender/resident by an offender/resident, contractor, volunteer, staff, or visitor.

APPLICABILITY: Minnesota Department of Corrections (DOC); all facilities, behavioral health staff

DIRECTIVE: All DOC behavioral health staff must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/assault or sexual harassment that occurred in a facility; this includes medical and mental health practitioners, unless otherwise precluded by law. DOC behavioral health services staff also must participate in facility sexual assault response teams (SARTs) to respond to alleged incidents of sexual abuse/assault/harassment to ensure that appropriate care is provided to offenders/residents involved in these incidents, and to provide behavioral health assessment to inform and guide the SART response.

Medical and mental health practitioners must obtain informed consent from an offender/resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender/resident is under the age of 18.

DEFINITIONS: None

PROCEDURES:

A. All full and part-time behavioral health staff with routine client contact receive specialized training, which is documented and retained in the training management system, on:
   1. How to detect and assess signs of sexual abuse and harassment;
   2. How to preserve physical evidence of sexual abuse;
   3. How to respond effectively and professionally to victims of sexual abuse and harassment; and
   4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment (see Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response").

B. Each facility's mental health director must designate a primary mental health provider and a backup mental health provider to participate as a member of that facility's SART team. These individuals must have a competency in providing assessment, treatment planning, and therapy services to victims of sexual abuse, assault, and harassment. The department makes training available to these designated providers to maintain current competency, and records it the training management system when completed.

C. Designated mental health providers must participate in each active SART response as described in Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response." The

designated mental health staff must ensure that services are provided in a timely manner responsive to the needs of the offender(s)/resident(s) involved. Staff must produce appropriate clinical documentation as described in Policy 500.303, "Mental Health Assessment," and Policy 500.307, "Mental Health Records," including documenting the timeliness of services.

D. For reports of sexual assault/abuse/harassment during non-business hours, the on-call mental health provider must be contacted. The on-call mental health provider provides services as described in Policy 500.305, "Mental Health Services On-Call."

E. If the incident involves sexual assault of an offender/resident by a DOC staff person, a non-DOC contracted mental health professional (with training in the assessment and treatment of sexual abuse) must be offered to provide care for the offender. Upon receiving a request from an offender/resident in a substantiated case of DOC staff sexual assault of an offender/resident, the facility must process an annual plan agreement per Policy 106.030, "Processing Contracts and Other Agreements" to provide care and minimize any delays in the provision of immediate care. The contracted provider must work in conjunction with DOC treatment providers to coordinate care. The contracted provider must undergo orientation to the facility where services may be provided in advance to minimize initial complications in services delivery and safety for non-providers.

INTERNAL CONTROLS:

A. All training is documented and retained in the training management system.

B. All clinical documentation is retained in the offender's/resident's mental health record according to applicable DOC policies.

REVIEW: Annually

REFERENCES: ACA Standards 4-4281-4, 4-4281-5
Policy 202.057, "Sexual Abuse/Harassment Prevention, Reporting, and Response"
Policy 500.303, "Mental Health Assessment"
Policy 500.307, "Mental Health Records"
Policy 500.305, "Mental Health Services On-Call"
Policy 106.030, "Processing Contracts and Other Agreements"

SUPERSESSION: Division Directive 500.309, "Behavioral Health Services - Sexual Abuse/Harassment," 7/1/14.
All facility policies, division directives, instructions, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS: None

/s/
Deputy Commissioner, Facility Services