



Chapter 2955/2965 Advisory Committee 5-21-2024 Meeting Notes

Meeting began around 10:00 a.m. central time

1. Discussion.

Page-and-line numbers correspond with the online rule draft, dated 4/18/2024.

1.1 Definitions (2955.0020).

- *business day* (2.12-2.13): every program or facility is different, so we want to be careful about adding a specific timeframe. The definition is used in the following parts:
 - 2955.0100 (admission and assessment), **line 33.7.**
 - 2955.0110 (individual treatment plans), **line 41.13.**
 - 2955.0120 (client progress in treatment), **line 43.21.**
 - 2955.0130 (discharge reporting), **line 45.3.**
- **Action item:** should we add time to the definition, or should we leave as is?
- *clinical services* (3.1-3.10): discussed whether to add certain items to the definition:
 - Aftercare: not every client receives it, and it can be limited based on what is available in the community; shouldn't add to the list.
 - Support group sessions: it was suggested to add this to the list of clinical services.
 - Staff development and evaluation: because clinical services are for clients, it was suggested to remove this item from the list of clinical services.
 - Other suggestions: clarify that clinical services should be based on the individual needs of the client and the program's design; we can add this in another rule part.
 - Not discussed: is there a difference between clinical services and treatment services or program services?

Action item: except as provided above, leave the definition as is. Determine whether to replace treatment services and program services with clinical services in the rule, as appropriate.



- *direct service staff* (4.5-4.6): for programs in correctional facilities, this definition is meant to refer to correctional officers.
 - Could this definition also include case managers, which aren't directly mentioned in the rule?
 - We should clarify the following: (1) what constitutes "operational functions," (2) that direct service staff don't directly report to the clinical supervisor, and (3) that these staff don't "care" for clients.
 - "Program staff" is also used in the rule: 5.16, 10.17, 15.14, and 46.5.

Action item: amend the definition as directed; amend "program staff" references as appropriate.

- *special assessment and treatment procedures* (7.3-7.18): we need to ensure a balanced definition that doesn't restrict new standards and practices but that also doesn't allow for poor practices or for programs to overuse or abuse the definition.

Action item: review ATSA standards—and other standards—to determine whether to reference these standards in the definition.

- *treatment staff* (8.7-8.10): this definition is meant to refer to licensed, professional staff. Under 2955.0080, subp. 5 (18.11-18.21), we should combine the list to require (1) a clinical supervisor, and (2) a therapist *or* a counselor. Not discussed whether to include direct care staff.

Action item: continue to discuss at next meeting.

- *treatment team* (8.11-8.14): agreement that we can specify that this would include a therapist, a clinical supervisor, and a mental-health professional (which could be a therapist or psychologist);

- Treatment team may also include a release planner, when appropriate to the program.

- Family is included in treatment, but family wouldn't be part of the treatment team.

Action item: draft language on requirements for what must be included in a treatment team.

1.2 Certification and variances (2955.0030 to 2955.0070).

- No standards on what is required for an initial application; discussed that this would closely mirror what is required for a recertification.
- Agreement to remove unnecessary rule requirements for recertification and instead have I&E inspect for these issues during the audit/inspection process.

- 10.17-10.18 is unnecessary for rule; interviews with staff and clients are part of current I&E inspection process.
- While we want to ensure flexibility for programs, we also want to protect against unethical conduct or serious rule violations. Balance is needed to allow for licensing actions to be taken when needed and to not be overly prescriptive in rule requirements.
- Update mail requirements to reference the DOC Portal.
- Internally, DOC system can't process continuous variances, but the intent is for variances to be reviewed during the two-year inspection process; variances should be for a foreseeable need and not for something such as late documentation.
- Not discussed: why 2955.0050 (monitoring certified programs) is being repealed in the rule draft.

Action item: draft changes to these parts to ensure consistency with statutory licensing requirements and other DOC rules.

2. Miscellaneous.

- Between meetings, the committee should review ATSA standards and other resources such as the Center for Sex Offender Management (<https://cepp.com/project/center-for-sex-offender-management-csom/>).
- The next meeting will focus on staffing requirements (2955.0080) and staff qualifications (2955.0090).

The meeting ended around 11:20 a.m. central time

Attendees

Ian Lewenstein, Robin Goldman, Lauren Bizzotto, Mindy Malm, Tara Osborn Leivian, Holly Hanson, Jessica Brueggen, Gina Mulder, Kristi Strang