

May 6, 2019

John Emmel, Supervisor
Anoka County Juvenile Center
7545 Fourth Avenue
Lino Lakes, MN 55104

RE: Certification of the Anoka County Juvenile Center Sex Specific Program under Minnesota Rules, Chapter 2955

Dear Mr. Emmel:

The certification of the Anoka County Juvenile Center Sex Specific Program (SSP) expired on February 28, 2019. Due to scheduling conflicts the certification inspection of the program could not be completed before the expiration date. A letter from this office dated February 20, 2019, authorized the continued certification of the Anoka County Juvenile SSP program until the certification inspection was completed and the certificate issued. The on-site re-certification inspection of the Sex Specific Program was conducted on March 12-15, 2019. This office and I thank you, your staff, administration and program residents for the courtesy and cooperation extended to me throughout my inspection.

Based on the findings of this inspection, the Anoka County Juvenile Center Sex Specific Program is approved for certification under Minnesota Rules Chapter 2955 under the conditions listed below. The certification period is two years from March 1, 2019 to February 28, 2021.

INSPECTION PROCESS

The process consisted of the following activities.

1. Review of the application for certification, thorough discussion of the rule, self-rated rule compliance form, and response to previous correction orders over several meetings with Administrative Director John Emmel, Clinical Supervisor Michael O'Brien and Treatment Coordinator Kari Gustafson.
2. Review of relevant documentation for rule compliance, including the program policy and procedures manual, a sample of personnel and client files and quality assurance/program improvement information.
3. Structured interviews with administrator, clinical supervisor, treatment coordinator, and a sample of juvenile probation officers who work in the SSP/
4. Structured interview with SSP residents who voluntarily agreed to meet with this inspector. This interview was conducted in a group format.
5. Informal conversations with SSP staff and residents who voluntarily agreed to talk with this inspector.

5. Observation of general SSP operation conducted during one evening.
6. Inspection of the SSP living unit conducted throughout the inspection.
7. An exit interview conducted on March 15, 2019.

Residents were informed that all formal interviews and conversations with the inspector were voluntary. Residents and staff were informed of the limits of confidentiality in the inspection procedure. All staff persons and residents who spoke with this inspector stated that they understood the terms and were willing to participate.

OVERALL FINDINGS

The Sex Specific Program (SSP) is located in the K-pod of the Anoka County Juvenile Center, a secure facility. The program has capacity for 11 residents. While the main focus of the program is high-risk juveniles who have committed sexual offenses, it also accepts a limited number of referrals for 30- to 60-day evaluations. Referrals continue to present with significant mental health concerns along with their sexual issues.

During the certification period, referrals have been below average. The resident census had recently dipped to four but is currently seven.

There have been a number of staff changes during this review period. Four probation officers left the SSP and their positions filled with younger, less experienced probation officers. The use of part-time utility staff to help manage the SSP living unit has been altered to use full-time utility staff. While these staff are not probation officers, they are consistently present, better able to understand the treatment orientation of the SSP, and thereby to manage the living unit with a less “correctional” approach.

Psychiatric services continue to be a concern since the contracted on-site psychiatrist left and was not replaced. Medications are managed by an off-site psychiatric nurse and resident access to a psychiatrist can take up to 60 days. As noted at the previous inspection, this situation places additional demands on the staff and has negative effects on the quality of the medical and psychiatric management of residents.

Treatment Programming

Treatment programming is based on the policies and procedures for the SSP basic treatment protocol and therapeutic community. There have been no changes to the basic treatment protocol or programming during this certification period. The protocol is structured around identified dynamic risk factors which are addressed through group, individual and family therapy. Treatment is guided by 12 topical assignments to be completed by residents. Additional therapeutic interventions include dog and equine therapy, and gardening.

All of the residents said the SSP was “the best.” They noted the reason why the SSP was so good was because of Mr. O’Brien. The residents agreed that Mr. O’Brien understood them and their experiences in such a way that they could trust him and be safe with him. When reviewing their current treatment goals and objectives, the residents described in some detail the work they were doing, how Mr. O’Brien, Ms. Gustafson, and the staff helped them figure out what they needed to do to complete their assignments. The residents commented that the assignments were relevant to them and worth the effort to complete. They added that they had time to present them in group to get feedback and did not feel that they had to wait too

long to present them.

As noted, the unit staff review and help the residents with their assignments. The staff also sit in on group therapy sessions. They reported that experiencing the groups was a great learning experience – not only about the nature of therapy, but also about the residents themselves – which they put to use in managing their behavior on the unit. The staff also reported that they are familiar with the basic treatment protocol/therapeutic milieu policies and work within the framework set by them.

The Therapeutic Milieu

This inspector had limited observation of the therapeutic milieu in action. The main sources of information are the residents, the staff and the policies and procedures for the therapeutic milieu, supplemented by quality assurance data.

During the previous certification period, the residents chose to name the SSP, *The Knights*. This was a significant event in the life of the community as it provided a coherent and symbol-rich identity. It was noted in the previous certification report that this identity can promote a connection to the community via of sense of membership and belonging. At this inspection, the SSP had maintained *The Knights* identity and its symbolism. However, when discussing the milieu with residents and staff, this inspector did not observe or hear the *Knights* name/identity specifically mentioned or any comments on membership in the *Knights* community. This inspector did not directly pursue this line of inquiry, but notes simply the interesting point that such material was not spontaneously brought forward when given the opportunity to talk about their experiences and relationships in the milieu.

The residents rated their safety with each other at 10 out of 10 (with 10 as completely safe) and safety with staff as 9.5 out of 10. They described how they hold each other accountable and how supportive and respectful most of the staff were.

The staff were able to describe key factors in assessing the health and safety of the unit and some actions that would effectively manage resident behavioral disturbances. They noted they participate in the clinical meetings and how this contributed to their sense of working together as a team, especially for the newer staff.

In his staff trainings, Mr. O'Brien continues to address the correctional versus the client-centered motivational interviewing approaches to managing the residents and the milieu. The staff noted there had been few management issues and the milieu was operating quite smoothly. They rated their safety with each other and with the residents and 10 out 10 for each.

COMPLIANCE ISSUES

Review of personnel, a sample of client files and available quality assurance/program improvement data found no compliance issues. Ongoing quality assurance procedures check for compliance with the relevant rule parts.

CONDITIONS OF CERTIFICATION

The following rule requirements are on-going, developmental projects that both anchor and drive the treatment program. As such, they require continued review and evaluation (using the criteria described in Form D of the application for certification). Consequently, issues in these areas are not cited as rule violations – rather, they are considered as conditions of certification.

1. **Rule Requirement:** Policies and procedures for the basic treatment protocol and policies and procedures for the therapeutic milieu: Minnesota Rules, Chapter 2955.0140, subpart 1A and 1B.

2955.0140, subpart 1. Program policy and procedures manual. Each program must develop and follow a written policy and procedures manual. The manual must be made available to clients and program staff. The manual must include, but is not limited to:

- A. *policies and procedures for the basic treatment protocol.*
- B. *policies and procedures for the therapeutic milieu.*

Current Status:

Mr. O'Brien reports that there are no changes in the policies and procedures for the basic treatment protocol and therapeutic milieu.

Condition of Certification #1:

The current version of the basic treatment protocol provides a brief and concise discussion of the combined theory of cause and theory of change. At the previous inspection Mr. O'Brien noted that the updates he made to these policies and procedures did not provide enough guidance and depth for the staff to apply the policies and procedures in developing treatment plans, providing guidance, developing therapeutic alliances and managing the therapeutic milieu.

No later than April 15, 2019, the certificate holder will submit to this office a report that:

1. discusses any necessary and proposed additions and/or modifications;
2. presents a timeline for implementing those additions and/or modifications; and
3. cites updated/current references to the theoretical and empirical literature supportive of those additions and/or modifications, and

The criteria used to evaluate the policies and procedures for the basic treatment protocol and the therapeutic milieu are described in Form D of the application for certification. Please refer to the criteria and the *DOC Guidelines and Resources for the Basic Treatment Protocol, Therapeutic Milieu and Quality Assurance/Program Improvement Plan* to ensure the policies and procedures meet the criteria and guidelines.

2. Rule Requirement: Quality Assurance and Program Improvement: Minnesota Rules, Chapter 2955.0170.

2955.0170. Each program must maintain and follow a quality assurance and program improvement plan and procedures to monitor, evaluate, and improve all components of the program. The review plan must be written and consider the:

- A. goals and objectives of the program and the outcomes achieved;*
- B. quality of service delivered to clients in terms of the goals and objectives of their individual treatment plans and the outcomes achieved;*
- C. quality of staff performance and administrative support and their contribution to the outcomes achieved in items A and B;*
- D. quality of the therapeutic milieu, as appropriate, and its contribution to the outcomes achieved in items A and B;*
- E. quality of the client's clinical records;*
- F. use of resources in terms of efficiency and cost-effectiveness;*
- G. feedback from referral sources, as appropriate, regarding their level of satisfaction with the program and suggestions for program improvement; and*
- H. effectiveness of the monitoring and evaluation process.*

The review plan must specify the manner in which the requisite information is objectively measured, collected, and analyzed. The review plan must specify how often the program gathers the information and document the actions taken in response to the information.

Current Status:

At the previous inspection, Ms. Gustafson expanded the dimensions covered in the quality assurance/program improvement plan to cover items A through H of 2955.0170 and we discussed various options for measurement and quality control for each item. Ms. Gustafson has implemented a number of these options during this certification period.

Condition of Certification #2:

No later than April 15, 2019, the certificate holder will submit to this office a report that:

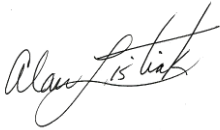
- 1. discusses any necessary and proposed additions and/or modifications;
- 2. presents a timeline for implementing those additions and/or modifications; and
- 3. cites appropriate references to the theoretical and empirical literature supportive of those additions and/or modifications.

The criteria used to evaluate the policies and procedures for the quality assurance/program improvement plan are described in Form D of the application for certification. Please refer to the criteria and the *DOC Guidelines and Resources for the Basic Treatment Protocol, Therapeutic Milieu and Quality Assurance/Program Improvement Plan* to ensure the policies and procedures meet the criteria and guidelines.

This office has a relatively up-to-date database of current theorizing and research in psychotherapy, sex offender treatment, program development and evaluation, continuing quality improvement, and more. This database can be made accessible upon request. Technical assistance is also available on request.

Chapter 2955 requires programs providing residential treatment to juvenile sex offenders to be accountable for their operations, outcomes and improvement plans. This re-certification inspection has identified the compliance issues described above and prescribed the actions necessary to meet that accountability. If you have any questions or need more information, please do not hesitate to contact me at 651-361-7148 or email me at Alan.Listiak@state.mn.us.

Yours truly,

A handwritten signature in black ink, appearing to read "Alan Listiak", with a stylized flourish at the end.

Alan Listiak
Administrator of Sex Offender Program Certification
Inspection & Enforcement Unit

cc. Michael O'Brien, Sex Offender Specific Program Clinical Supervisor
Kari Gustafson, Sex Offender Specific Program Treatment Coordinator
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