

February 23, 2021

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) expires on February 28, 2021. Due to the COVID-19 pandemic, the SSP has made a number of adaptations in structure and procedures to preserve the health and safety of staff, clients, families, and the community. The pandemic also affected the on-site inspection procedure. It has been determined that an abbreviated virtual inspection would be conducted which would be limited to a virtual discussion and interviews with administrators, specific staff, review of relevant quality assurance information, and review relevant client and staff files. Due to scheduling issues, the abbreviated virtual inspection took place on February 18 and 22, 2021.

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, 2021 to February 28, 2023.

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 with the administrative director, clinical supervisor, and treatment coordinator.
2. Structured interview with one probation officer who is a sex offender treatment counselor in the SSP.
3. Review of compliance documentation, including the program policy and procedures manual, a sample of personnel and client files and quality assurance/program improvement information.
4. Given the abbreviated nature of this inspection and the continued discussion of compliance and performance issues, no formal exit interview was necessary.

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 clients; the current census is seven clients. While the main focus of the program is high-risk juveniles who have committed inappropriate or harmful sexual behavior, 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 the sexual issues.

The SSP and the secure facility have adapted to the COVID-19 pandemic with strict procedures to maintain the health and safety of clients, families, and staff. In person visitation has been replaced by telephone and virtual contacts. Volunteers provide services via a virtual connection. There have been no confirmed cases of COVID-19, but one staff person tested positive when away from work and was isolated until cleared. The SSP is implementing its regular programming schedule.

Staff

Staff retention has been good during this certification period. The administrative director and clinical supervisor have been with the SSP for more than 25 years. A new treatment coordinator joined the SSP in November 2019. One of three sex offender treatment counselors left the SSP and was replaced in January 2021.

At the previous certification inspection, it was noted that full-time utility staff replaced the part-time utility staff in the SSP living unit. These staff continue to perform at a more effective and efficient level and have adapted well to the use of behavior management interventions with a more therapeutic and less “correctional” approach.

Due to scheduling conflict, only one sex offender treatment staff was formally interviewed. This staff person has been with the SSP for three years. The sex offender treatment staff work schedule is six-days-on and three-days-off. It was reported that the staff are happy with this schedule as the overlap between the day and evening shifts provides time to review together the operation of the therapeutic milieu as well as engagement in the daily life of the SSP.

It was reported that the clinical supervisor and treatment coordinator provided “a lot” of supervision to the sex offender treatment and youth care staff – including weekly meetings (2.5 hours), quarterly meetings (3-4 hours), and in-service trainings. The staff participate in the group therapy and community sessions run by the clinical supervisor and the treatment coordinator. The supervision was described as excellent and the supervisors as providing good feedback. The sex offender treatment staff and youth care staff were described as part of the clinical team – which was noted to be “close knit,” open and trusting. This team culture is focused on a holistic view of the clients and “building rapport” with them.

As in the previous certification inspection, psychiatric and medical services continue to be a concern. While the COVID-19 pandemic has impacted the delivery of these services to some extent, the concerns noted before, remain at the time of this inspection.

Treatment Programming

No treatment groups were observed, and no clients were interviewed or observed during this review. It relies on information gained through staff interviews, the policies and procedures for the basic treatment protocol and therapeutic milieu, and the quality assurance data.

The SSP treatment programming is designed to address the inappropriate/harmful sexual behaviors and mental health issues of its adolescent clients. As required by Chapter 2955, the programming is based on the policies and procedures for the SSP basic treatment protocol and therapeutic milieu. It was noted that a number of updates and modifications to incorporate different treatment modalities, interventions, and approaches have been implemented or are partially implemented during this certification period. While these changes are being researched and discussed, they have not yet been incorporated into the written basic treatment protocol and therapeutic milieu documents.

The programming takes a holistic and developmental perspective that focused on both the dynamic risk factors for sexual recidivism and exacerbation of mental health issues and the protective factors to offset those risk factors. It incorporates (1) a strengths-based approach using the good lives model, (2) an attachment perspective which is melded with trauma-informed and mindful interventions, (3) an identity-change approach to develop more positive and productive client identities, and (4) the use of the therapeutic milieu as a major mechanism of behavior change. Major treatment modalities include the use of 12 topical assignments, group and individual therapy, and the therapeutic milieu. Under the COVID-19 conditions, animal therapy and outside activities have had to be curtailed. However, in warmer weather, gardening continued to be a treatment modality.

The Therapeutic Milieu

This inspector did not observe the therapeutic milieu in action or interview clients. As such, sources of information about the milieu are the staff who were interviewed as described above, the quality assurance data, and the SSP policy and procedures for the therapeutic milieu.

At the previous certification inspection, the clients had chosen to name the SSP and their K-Pod living unit *The Knights*. Evidently, this symbol-rich identity was popular for only a little while and the name and identity has waned in its significance to the clients and in its role in the milieu.

No ratings of client and staff safety in the milieu and with each other was obtained. Nonetheless, the sex offender treatment staff and the supervisors all agreed that the treatment milieu was operating with a high level of safety – with the acknowledgement that with only seven clients in residence, the milieu was more manageable. It was reported that staff had good rapport with the clients, the clients were actively holding each other accountable with little push from the staff, and the community meetings were productive.

In past inspections, it was noted that staff in the milieu too often managed it by using a high-level confrontation style – the “corrections” approach. Despite efforts to minimize and eliminate this approach, a number of staff continued to use this approach. During this inspection period, it was reported that the corrections approach was basically eliminated in favor of a more therapeutic process for accountability and confrontation.

COMPLIANCE ISSUES

Review of personnel, a sample of client files and available quality assurance/program improvement data found several violations of the timeliness of client intake assessment and initial treatment plans. These compliance issues were tracked by the continuing quality improvement process and shown to have either acceptable explanations to excuse the issue or subsequent action to address the issue and prevent its recurrence. As these issues were addressed as they arose in practice, there is no need to cite them and issue corrective action orders in this report.

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:

As noted above, several modifications and different interventions have been incorporated into SSP programming during this certification period but not incorporated into the policies and procedures for the basic treatment protocol and therapeutic milieu.

The current version of the basic treatment protocol continues to provide a brief and concise discussion of the combined theory of cause and theory of change, and the current discussion of the therapeutic milieu provides an overview of the operation of the milieu and the specifics of its normative structure. The clinical supervisor acknowledges that these policies and procedures need to be updated to reflect and guide the SSP programming and its implementation by the staff.

Condition of Certification #1:

At the 2019 certification review, the need to update the policies and procedures for the basic treatment protocol and the therapeutic milieu was discussed and Conditions of Certification #1 in the certification report dated May 6, 2019 required the certificate holder to submit to this office a report that “discusses of any necessary and/or proposed additions and/or modifications” of these policies and procedures. The certificate holder has not complied with this condition of certification.

No later than April 15, 2021, the certificate holder must submit to this office a plan to update the policies and procedures for the basic treatment protocol. The plan must outline any necessary and/or proposed additions and/or modifications of these policies and procedures and provide a timeline for the accomplishment of the update.

During this inspection, the substantive direction and content of the updates were discussed in some detail. There is no need to have such a discussion in this report. The update of the basic treatment protocol must ensure that it is conversant with the main issues in the assessment and treatment of adolescents displaying inappropriate or harmful sexual behavior as discussed in the current literature. There are available a number of good reviews, summaries, and critiques of the field and particular aspects of it that can provide the basis for this discussion.

In particular, the update must include a discussion of the current state of adolescent risk assessment for sexual reoffense, including a review of the PROFESOR checklist as the main measure to identify risk and protective factors for adolescents and emerging adults who have offended sexually. Other risk assessment tools included in the assessment battery and their application should be noted here too.

As part of the theory of cause, the dynamic risk and protective factors are the key targets of treatment (along with identified responsivity issues). It is suggested that the identification of these factors form the core of the basic treatment protocol (along with the empirical support for them). These factors are derived from and reflect back to various theoretical approaches that explain the development and maintenance of inappropriate or harmful sexual behavior in adolescents. While a cognitive-behavioral approach predominates in the SSP, aspects of the good lives model and psychodynamic attachment theory are being applied in the SSP programming. It would be useful to identify the current mix of theoretical approaches active in the SSP and to illustrate the connection between these approaches and the dynamic risk and protective factors.

As the set of 12 assignments are a major treatment modality used in the SSP, it would be helpful to elaborate the cognitive-behavioral basis of this applied psychoeducational approach to treatment. Identifying the theoretical process model will help identify and clarify the particular dynamic risk and protective factors addressed in the workbooks. It will also help in developing a protocol for the implementation of the assignments and the interpretation of the results achieved.

This discussion will form the basis for the SSP theory of change – the discussion of the array of treatment methods used to address the dynamic risk and protective factors and responsivity issues. A logic model can illustrate theory of change and identify the desired outcomes. There are several logic-model “builders” available that automatically create a logic model based on input from the program staff. These are identified in Appendix E of the *DOC Guidelines and Resources for the Basic Treatment Protocol, Therapeutic Milieu and Quality Assurance/Program Improvement Plan*.

Condition of Certification #2:

No later than March 19, 2021, the certificate holder must submit to this office a plan to update the policies and procedures for the therapeutic milieu. The plan must outline any necessary and/or proposed additions and/or modifications of these policies and procedures and provide a timeline for the accomplishment of the update.

As noted in the 2019 certification report, the policies and procedures for the therapeutic milieu provide a good discussion and outline of the structure and use of the therapeutic milieu as a mechanism of change. The discussion will benefit from a review of (1) recent studies on the operation and measures of the quality of services in therapeutic communities, and (2) several standards for therapeutic community operation and evaluation.

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 those 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:

The treatment coordinator is responsible for the development and maintenance of the quality assurance/program improvement (QA/PI) plan and its application as well as the quality assurance requirements of Minnesota Rules Chapter 2960.

The 2019 update of the policies and procedures for the QA/PI plan expanded the dimensions covered in the quality assurance/program improvement plan to cover items A through H of 2955.0170. The treatment coordinator at that time had implemented a number of these options for this certification period. While the new treatment coordinator has introduced several innovations and refined some data collection points, there has been little or no follow-through on the actions of the previous treatment coordinator. Moreover, those additions that have been made have not been incorporated

into the overall QA/PI plan.

It is not the purpose of Chapter 2955 to assess the performance of the SSP from an evaluative perspective; the choice of evaluative criteria, in any case, are beyond the scope of Chapter 2955. Rather, the assessment is of the QA/PI plan, the range and reasonableness of the measures chosen, and the integrity of the implementation of the procedures and process. Discussion with the treatment coordinator and review recent data and reports indicates that the process is gathering the some of the requisite data. However, there are no benchmarks to evaluate the actual implementation of the QA/PI process, but this abbreviated review found information to suggest that the process is being reviewed and refined with the goal of developing a self-evaluating system of program performance evaluation and improvement – and complying with the rule requirements of Chapters 2955 and 2960.

Condition of Certification #3:

No later than April 15, 2021, the certificate holder must submit to this office report that

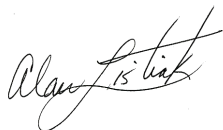
1. provides a summary of the data collected under each of items A through H of 2955.0170;
2. discusses any necessary and proposed additions and/or modifications to the data and the data collection process during the current certification period; and
3. presents a timeline for implementing those additions and/or modifications.

The criteria used to evaluate the policies and procedures for the QA/PI 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,



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

cc. Michael O'Brien, Sex Offender Specific Program Clinical Supervisor
Tracy Avery, Sex Offender Specific Program Treatment Coordinator
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