DEPARTMENT OF CORRECTIONS

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February 19, 2019

Shon Thieren, Warden
Minnesota Correctional Facility-Red Wing
1079 Highway 292
Red Wing, MN 55066

RE: Certification of MCF-Red Wing Juvenile Sex Offender Program (Yale Living Unit) under Minnesota Rule Chapter 2955

Dear Mr. Thieren:

The MCF-Red Wing certification to operate a juvenile sex offender treatment program expired on July 31, 2018. Due to scheduling conflicts, the on-site certification program inspection could not be completed before that date. A letter from this office dated July 27, 2018 authorized the continued certification of the Juvenile Sex Offender Program (JSOP) until the report and the new certificate were issued. The on-site inspection was conducted on August 15-17 and the exit interview was conducted on September 11, 2018.

This office and I, personally, want to thank you, your staff, and program clients for the courtesy and cooperation extended to me throughout the inspection. Please accept my apology for the delay in sending this report and the certificate.

Based on the findings of this inspection, the MCF-Red Wing Juvenile Sex Offender Treatment Program (Yale Living Unit) is certified to operate under the conditions described below for a two-year term from August 1, 2018 until July 31, 2020.

INSPECTION PROCESS

The inspection consisted of the following activities.

1. Review of the application for certification, thorough discussion of the rule and the self-rated rule compliance in Form D of the application, and of the responses to previous correction orders with Psychological Services Director Michelle Schmid-Egleston.

2. Review of relevant documentation for rule compliance, including the program policy and procedures manual, personnel files, a sample of client files, and quality assurance/program improvement information.

3. Structured interviews with Warden Shon Thieren, Psychological Services Director Michelle Schmid-Egleston, the two clinical staff, one case worker, the lieutenant and juvenile correctional officers (JCOs) who work in the JSOP.

4. Structured interviews with two groups of residents in the JSOP.

5. Attendance at one treatment group and one cottage committee meeting.

6. Informal conversations with clinical and correctional staff and residents.

7. Observation of general program operation during two evenings.

8. Inspection of the program living unit.

9. An exit interview conducted on September 11, 2018.

Residents were informed that (a) all formal interviews and informal conversations with the inspector were voluntary, and (b) there were no consequences to their residency or treatment if they did not want to participate in the interviews or informal conversations with this inspector. Residents and staff were informed of the limits of confidentiality in the inspection procedure. All residents and staff persons who spoke with this inspector stated that they understood the terms and were willing to participate.

This report summarizes the information regarding rule compliance and program operation gathered during the inspection procedure and discussed at the exit interview.

OVERALL FINDINGS

The census of the JSOP at the time of this inspection was 14. The JSOP has a capacity of 24 and had been operating with a census of 20. However, since PREA regulations require a staff-to-client ratio of 1:8 (lower than the Chapter 2955 ratio) and the staffing level of the program could not justify maintaining 17 or more residents. Consequently, the resident capacity was reduced to 16.

A key issue during this inspection period was the turnover in staff. The administrative director/clinical supervisor position was vacated on December 13, 2016. Michelle Schmid-Egleston assumed this position on December 14, 2016. One therapist position was vacated and filled on January 3, 2017. The current school principal had been in this position was for one year; the current psychiatrist for two months. The JSOP living unit has had two lieutenants, four sergeants and a number of JCOs during this time.

A second key issue was the state of the JSOP at the time Ms. Schmid-Egleston assumed the position of administrative director/clinical supervisor. According to information provided and documentation, the previous administrator/clinical supervisor left a number of significant operational, programming, and staff issues unresolved. As described below, Mr. Schmid-Egleston worked with the MCF-Red Wing administration and the DOC behavioral health unit to work through these issues. During this period, she had accomplished significant gains in the following areas: staff collaboration, staff training, programming revision and implementation, resident motivation and engagement, and the operation of the therapeutic milieu.

Administrative Director and Clinical Supervisor

As noted, during this inspection period, Ms. Schmid-Egleston assumed the combined JSOP position as part the duties of the MCF-Red Wing director of psychological services. This inspection involved discussion of Ms. Schmid-Egleston's experience as the JSOP administrative director/clinical supervisor combined with her duties as the director of psychological services for the facility.

The inspection also involved Ms. Schmid-Egleston and JSOP staff's assessment of the program's strengths, weaknesses, and actions taken and plans for additional change, staff development, and clinical management

of the therapeutic milieu. Finally, this inspection examined the structure and content of the treatment programming and the capability of the staff to deliver it and the residents to receive it.

As noted, as Mr. Schmid-Egleston assumed her position in 2016, the JSOP was somewhat disorganized and demoralized. Both clinical and correctional staff were quite stressed and several had resigned. Reports that some residents had engaged in sexual relations necessitated PREA investigations. Ms. Schmid-Egleston devoted significant time to restructuring and implementing the programming. She re-instituted regular weekly team and cottage committee meetings, as well regular clinical supervision and informal daily oversight. Through these meetings and supervision, she encouraged collaborative relationships among all staff. Ms. Schmid-Egleston obtained additional clinical staff for the mental health program and then shared one of those staff with the JSOP on a part-time basis. She encouraged more probation officer and family involvement in treatment programming, including financial support to offset family travel costs.

Ms. Schmid-Egleston introduced trauma-informed cognitive behavioral therapy to all MCF-Red Wing programming and she contributed to specific training in this topic for the JSOP clinical and security staff. The licensing inspection under Minnesota Rules Chapter 2960 conducted prior to this inspection, raised concern about the frequent use of the Dayton unit deal with behavioral problems. In response, special rooms were created to allow residents to decompress on the units and in school. In conjunction with the trauma-informed care approach, the therapeutic alliance with residents was re-emphasized to encourage resident engagement in treatment and reduce behavioral disturbances.

Ms. Schmid-Egleston informed this office about these issues and concerns as she assumed her position and throughout this inspection period. At the time of this inspection, Ms. Schmid-Egleston believed the JSOP programming had been solidified, the residents were more engaged in treatment, and the therapeutic milieu was much safer and more accountable. In addition, the clinical staff assumed more responsibility for the daily management of the JSOP and they work collaboratively with the case managers, releaser planners, and correctional staff.

Clinical and Security Staff

As noted, the turn-over of clinical staff continues to be a concern. At the last two inspections, two sex correctional program therapists had been in the JSOP less than one year. At this inspection, one of the two correctional program therapists had been in the JSOP less than one year, the second since November 2015. The part-time mental health correctional program therapist came to the JSOP in January 2018.

Clinical and security staff with the longest tenure described the disorganized and demoralized state of the JSOP at Ms. Schmid-Egleston's arrival. The clinical staff lauded Ms. Schmid-Egleston's leadership and experience in working with all of the staff to build a positive atmosphere and collaborative culture. They noted the regular meetings of the clinical staff, cottage committee meetings and, the ongoing, informal supervision provided by Ms. Schmid-Egleston. The staff also lauded Ms. Schmid-Egleston's knowledge and experience in building and maintaining a therapeutic milieu and reported they "learned so much" by observing her work in the therapeutic community, especially in community meetings.

The clinical staff agreed that Ms. Schmid-Egleston provided excellent supervision. They described how they participated in revising the assessment protocol and treatment plans as they implemented trauma-informed care programming; they appreciated Ms. Schmid-Egleston's openness to new ideas.

Both the clinical and security staff said communication between them was very good and provided illustrations of situations with specific issues and specific residents. In particular, the two staffs commented

on the value of their participating in the cottage committee meetings and the amount of formal (i.e., email, logs, etc.) and informal communication that they engage in during their shifts. It was noted that the clinical staff often stay on the unit past the end of their shift to engage with residents and talk with the correctional staff.

Both staffs said they were very interested in getting more training in topics such as personality disorders, developmental disabilities, cognitive development, sexual orientation/gender identity, and others.

Both staffs also agreed that the residents from other units on campus sometimes stigmatize the JSOP residents while at school or on the campus by calling them names and making fun of them. The staff believed this stigmatization was not excessive, and said they acted quickly when they saw/heard it. Nonetheless, they believed it did have a negative impact on the JSOP residents – but it was hard to quantify the impact.

As was the case the last two inspections, the JSOP living unit did not have an assigned sergeant and relied on a temporary fill-in sergeant. Of the JCOs interviewed, one had recently started the job. The JSOP unit was short three regular correctional staff on the third watch. These positions were filled-in by other JCOs – which took them away from their regular posts for that shift.

All of the security staff agreed that the communication between them and the clinical staff was good. Several JCOs noted they enjoyed presenting certain psychoeducational modules. They discussed how beneficial this was for their relationships with residents. Other JCOs commented on the benefits of their participation in cottage committee meetings for their understanding of resident issues and developing strategies for managing their behavior.

Treatment Programming

As noted above, the content of the programming has moved to a trauma-informed approach and is based on a biopsychosocial theoretical framework. The implementation of this approach does not substantially change the basic treatment protocol but needs to incorporated fully into it. This issue will be discussed in the Conditions of Certification section below.

The overall treatment program focuses on three major dynamic risk factors: irresponsible cognition, skill deficits, and inappropriate sexual interests. Each of these factors has a number of risk-related sub-factors. The programming consists of core therapy groups facilitated by the clinical staff. The residents work on core issues related to their dynamic risk factors as evaluated in their assessments and refined in their treatment plan goals and objectives. A variety of psychoeducational modules are assigned to residents based on their treatment needs and level of progress. JCOs present some of the psychoeducational modules.

The program philosophy, content and organization is consistent with the standard practice in the field of juvenile sex offender treatment.

Residents

Formal interviews with residents were conducted in the two core groups with those residents who volunteered to be interviewed. Several residents, at their request, were interviewed individually.

The residents agreed that the treatment programming was very good and useful. They learned “so much” and developed “a lot of skills.” Most agreed that the content was much like what they had received in other

treatment programs, but the difference was the staff. They explained that their therapists "care about us," "are supportive and stand up for us," and "want us to be successful." Other comments about staff included, "they don't give up on us," "We respect treatment because they [therapists] respect us ... even the [security staff]." Unlike the previous inspection, where residents cited a instances of disrespectful, authoritarian, and provocative behavior by particular JCOs, most residents agreed that the JCOs and sergeants staff treated them with respect and even-handedness, even when they had to intervene in a squabble or "simmer things down [on the unit]."

All residents agreed their therapists and security staff "talked [with each other] all the time" and were usually focused on the positive behaviors of the residents rather than the negative.

Residents mentioned that other residents on campus made stigmatizing comments about the JSOP residents, especially at the Dayton unit and at school. They did not like those comments and were hurt by them, but felt there was little that could be done about them. The residents noted that staff responded quickly when they saw/heard such comments, but they could not stop them.

Therapeutic Milieu

This inspector spent two evenings on the JSOP living unit and observed one community meeting. As such, the inspection relies on those observations and the reports of residents, clinical and security staff, and quality assurance data.

Unlike the previous inspection, when the gap between the core values of the community as described in the policy and procedure for the therapeutic milieu, was large, the gap during this inspection was small. That is, the therapeutic milieu was operating at a level quite consistent with its core values. Residents and staff noted the long-way the community had come from its earlier state and attributed much of the gains to Ms. Schmid-Egleston's leadership, knowledge and expertise in operating and managing a therapeutic milieu.

The clinical and correctional staff reported they frequently discussed positive and negative resident behaviors, treatment issues. Residents agreed that the clinical and correctional staff "talked a lot about [the residents] and commented on the respect and care they felt from the staff. Residents and staff agreed that there was a high level of accountability in the community – both resident to resident and resident to the milieu as a whole. Residents rated their safety both with each other and with the staff as very high. This suggested a high degree of trust and responsibility on the part of the residents and support by the staff.

Both the clinical and corrections staff rated their safety with each other and with the residents other as very high.

COMPLIANCE ISSUES

A random sample of client files for review was drawn for each clinical staff person. Only files of client who entered the program during the latter part of this inspection period were included in the sample. Also included in the sample were the files of two clients who had been discharged in the latter part of this inspection period.

1. **Citation:** Initial individual treatment plan: Minnesota Rules, Chapter 2955.0110, subparts 9A and 10.

2955.0110, subpart 9A. The clinical supervisor must convene a treatment team meeting to review the findings and develop the assessment conclusions and recommendations.
2955.0110, subpart 10. The assessment report must be based on the conclusions and recommendations of the treatment team review.

Compliance Issue: Violation.

None of the intake assessments reviewed noted the date of the treatment team meeting. The quality assurance procedures did not track these violations.

Corrective Action Order #1:

Immediately upon receipt of this report and on an ongoing basis, the certificate holder will ensure that the date of treatment team meeting to review the assessment findings and develop the assessment conclusions and recommendations is noted in the assessment.

2. **Citation:** Intake assessment: Minnesota Rules, Chapter 2955.0100, subpart 1, subpart 10A.

2955.0100, subpart 10A. The [assessment] report must include at least the following areas:
Item A. a summary of diagnostic and typological impressions of the client.

Compliance Issue: Violation.

Three intake assessments did not contain a typological impression of the client. The quality assurance procedures did not track these violations.

Corrective Action #2:

Immediately upon receipt of this report, the certificate holder will ensure that intake assessments contain a typological impression of the client. The typology used must be drawn from one or more of the typologies discussed in the basic treatment protocol.

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 as are not cited as rule violations – rather, they are considered to be conditions of certification.

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

The policies and procedures for the basic treatment protocol and the therapeutic milieu supplied in this inspection were termed, *Basic Treatment Protocol Manual*. The manual was revised April 10, 2016. The discussion has organized the various theoretical models and the supporting empirical data so it is better integrated and logically leads to its application in the discussion and diagrams of the causal factors and the methods used to treat these factors. However, the recent introduction and implementation of the trauma-informed treatment approach has not been incorporated into the protocol as yet.

The logic model had been recently revised but has not been integrated into the discussion in the basic treatment protocol.

The discussion of the therapeutic milieu clearly specifies the milieu's objectives and operational structure. However, the discussion would be strengthened by including more recent research on therapeutic milieu effectiveness and the measurement of process outcomes. Several measurement instruments have appeared in the literature that should be noted. This office has references to these instruments and other related research on therapeutic milieus which is available by request.

Condition of Certification #1

No later than March 31, 2019, the certificate holder must also submit to this office a report that provides the following information: A discussion of any necessary and/or proposed additions and/or modifications. This includes the integration of more recent references and related refinement of theory and updating the research base. The logic model may need to be updated to be consistent with the changes in theory and treatment content.

The criteria that are 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.

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 version of the quality assurance plan provided in this inspection are dated January 15, 2018. It is a substantial revision of the previously submitted quality assurance/program improvement. It addresses all eight dimensions required by 2955.0170. However, there are a number of issues that will be discussed below.

The previous quality assurance/plan submitted at the last inspection provided data on the accomplishment of identified goals. According to the data, a number of the benchmark performance targets were not met but no analysis was provided for the reasons for not meeting those benchmarks or no plans to improve performance on those targets. The current plan does not provide any data or information about the accomplishment of the goals defined in the plan. As this plan is a recent revision, it is too soon to have collected relevant performance data.

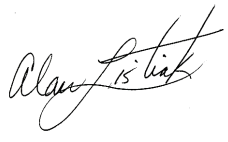
Condition of Certification #2:

No later than March 31, 2019, the certificate holder must also submit to this office a report that includes the following information: A discussion of any necessary and/or proposed additions and/or modifications to the quality assurance/program improvement plan to address issues in data collection, refinement of outcome measures, issues in treatment implementation, identified performance deficiencies, etc. The discussion must also include a timeline for implementing and evaluating the necessary and/or proposed additions and/or modifications.

Chapter 2955 requires programs providing residential treatment to juvenile sex offenders to be accountable for their operations, outcomes, and improvement plans. This certification inspection has identified the compliance issues and conditions of certification 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.

Cordially,



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

cc: Marina Fuhrman, Associate Director of Behavioral Health, Minnesota Department of Corrections
Michelle Schmid-Egleston, Psychological Services Director, MCF-Red Wing
File