

January 28, 2021

Gene Taylor, Executive Director
Leo A. Hoffmann Center, Inc.
1715 Sheppard Drive
P.O. Box 60
St. Peter, MN 56082

RE: Certification of the residential treatment program for adolescent boys displaying inappropriate or harmful sexual behavior at the Leo A. Hoffmann Center, Inc. Under Minnesota Rules, Chapter 2955

Dear Mr. Taylor:

The certification residential treatment program for adolescent boys displaying inappropriate or harmful sexual behavior at the Leo A. Hoffmann Center, Inc. expires on January 31, 2021.

The COVID-19 pandemic has required 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 certification review. It was initially delayed and then determined that an abbreviated virtual review would be conducted that would be limited to discussion and interviews with administrators, specific staff, review of relevant quality assurance information, and review relevant client and staff files via the proctive system. The abbreviated virtual review took place on January 20-22, 2021.

Based on the results of this certification review, the residential treatment program for adolescent boys displaying inappropriate or harmful sexual behavior at the Leo A. Hoffmann Center, Inc. is certified for the period of February 1, 2021 to January 31, 2023.

The virtual review process consisted of the following activities.

1. Review of the application for certification and thorough discussion of the self-rated rule compliance in Form D of the application with the (a) executive director, (b) clinical director, (c) clinical supervisor/family therapist, and (d) accreditation coordinator.
2. Structured interviews with the (a) clinical director, (b) clinical supervisor/family therapist, (c) four therapists, (d) four unit supervisors, (e) nurse, (f) residential program/recreation coordinator, and (g) accreditation coordinator.
3. Review of compliance documentation – including the policy and procedures manual, and relevant information from personnel files and a sample of client files.
4. Review of the 2019 and 2020 Continuous Quality Improvement Reports, the 2019 Annual Continuous Quality Improvement Report (the 2020 report is not yet completed), and other relevant information provided by the accreditation coordinator.
5. Visual inspection of the Leo A. Hoffmann Center facility and campus.

6. As this inspector met with the clinical director at the end of each day to review the process and any issues that were found, no formal exit interview was necessary.

OVERALL FINDINGS

The Leo A. Hoffmann Center (LAHC) is licensed by the Department of Human Services under Minnesota Rules Chapter 2960 and accredited by the Council on Accreditation. At the time of this review, the census of the residential treatment program for adolescent boys displaying inappropriate or harmful sexual behavior (RTP) was 28 clients. The clients are housed in two separate buildings each with two living units separated by a common area between the units. The four living units are differentiated by the age and level of functioning of the clients.

The LAHC and the RTP have adapted to the COVID-19 pandemic with strict procedures and newly installed technologies to maintain the health and safety of clients, families, and staff. In person visitation has been replaced by telephone and virtual contacts. There have been no confirmed cases of COVID-19, but in May-June 2020, several staff and residents tested positive for COVID-19 and were appropriately isolated. Since then, just one staff was exposed to the virus and was appropriately isolated. The RTP is implementing its regular programming schedule. The school is now operating on a half-day schedule (for each building) with in-class sessions with appropriate masks and social distancing.

During this certification period, a new building with a gymnasium and several classrooms was completed. A new building with 16 beds and space for offices and programming is nearing completion. This building is part of a plan to add a psychiatric residential treatment facility (PRTF) to the LAHC's complement of services. In conjunction with the departments of human services and health, the plan is to open the PRTF gradually over 2021 and grow from eight to 32 beds. This growth will entail eliminating converting one RTP building to the psychiatric treatment program. Consequently, the RTP will be reduced to 16 beds in one of the existing buildings with two separate living units.

Most of the groundwork for the PRTF has been accomplished but much remains to be developed and completed, not the least of which is recruiting the necessary medical, clinical, and youth care staff.

Staff

The clinical director and clinical supervisor have continued to focus on the development and maintenance the staff culture across all four RTP living units. Information gathered from documentation and interviews indicates that staff oversight and supervision is provided through weekly meetings, individual sessions, and training. As found in the previous certification review, the clinical director's presence appears to be ubiquitous – often in and around the living units' day and evening, participating in milieu activities, modeling appropriate behavior, and providing supervisory feedback to both clients and staff. As also found in the previous certification review, the clinical staff and unit supervisors appreciated the clinical director's accessibility and clinical insight and expertise.

Of the four clinical staff, one has been with the RTP since 2018, two since June 2019, and one since late 2020. These staff commented that they are developing good working relationships with each other and were enthused when included as active participants in the revision/update of the policies and procedures for the basic treatment protocol and therapeutic milieu.

As the clinical staff office on the living units, they noted they have lots of communication with the unit supervisors, youth counselors, especially at staff meetings but also when they were on the living units. While not directly questioned about participation in and views of the RTP staff culture, it was apparent from the interviews that the clinical staff operated as part of the treatment team and included the unit supervisors and youth counselors as part of the team.

The program/recreation coordinator has been with the RTP since 2012 and supervises the four unit supervisors. Of the unit supervisors, one has been with the RTP since 2007, one since 2011, one since 2017, and one since 2020. Several of the unit supervisors have experience as youth counselors in the RTP. These staff oversee the operation of the therapeutic milieu and the youth counselors. They understand the importance of both the therapeutic milieu, the relationship with the clinical staff, and the staff culture. It was noted that there had been an issue with some youth counselors that disturbed the staff culture of one of the living units, but the issues had been “worked through.” While each living unit has its own unique history and process and thereby its own culture, the consensus was that the staff cultures (including the clinical staff), in the four living units scored high in trust and safety ratings. While there had been some turnover in the youth counselors across the units, the cultures remained strong as new staff were oriented, supported, and encouraged to be a part of the treatment team. There was also consensus that more youth counselors were needed.

As no youth counselors were interviewed in this review, no direct information about their experiences and views of the staff culture is available. However, one of the unit supervisors noted that a youth counselor said, “The only reason I’m working here is the staff I work with.” All agreed that this was a very powerful statement about the strength and health of the staff cultures across the RTP.

In this vein, it was also noted that a number of staff, including a clinical staff person, unit supervisor, and several youth counselors had worked in the RTP, left it for other work, and returned to the RTP after some time – and were glad to be back. This was interpreted as a good indicator of the positive conditions of the work, administration, staff, and culture of the RTP.

The RTP nurse works closely with the consulting psychiatrist (who was not available to be interviewed at the time of this review). They manage the medical and mental health issues of the clients. Other staff reported that the nurse has developed positive therapeutic relationships with the clients in the context of their medical case management. The nurse continues to be active in staffing meetings and provides good oversight and information to staff about managing resident behavior.

Treatment Programming

No treatment groups were observed and no clients were interviewed or observed during this review. This 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 programming of the RTP is designed to address the mental health issues and the inappropriate/harmful sexual behavior of its adolescent clients. The major sex abuse-specific programming modality used in the RTP is psychoeducational, using a series of specially designed workbooks and assignments derived from

the topics in them. During this certification period, the RTP introduced a new series of workbooks which are somewhat more explicitly theory-based incorporate a more strengths-based approach.

The clinical staff noted that they appreciated the workbooks' focus on client accomplishments and that the assignments were useful learning experiences. It was not possible to obtain the clients' experience and evaluation of these workbooks and related assignments.

As described in the policy and procedures manual in section 5.1 parts IV to VII, the clinical staff and youth counselors use a variety of cognitive-behavioral interventions as part of their on-going work with clients. As no therapy groups or psychoeducational classes were observed, this review relies on the information provided in interviews and client files to note that these interventions appear to be well supervised and consistent with the observations of the RTP in past reviews.

Overall, the RTP programming is consistent with the types interventions and dosage of treatment found in many treatment programs in this field.

Therapeutic Milieu

The two program units in each building have developed unique and separately operating therapeutic milieus, which the RTP refers to as therapeutic communities. The client population of each unit present with different ages, developmental, psychiatric, behavioral and emotional issues. This inspector did not observe the therapeutic communities in action or interview clients or youth counselors. As such, sources of information about the milieu are the staff who were interviewed as described above, the quality assurance data, and the RTP policy and procedures for the therapeutic milieu.

All RTP staff agreed that the therapeutic community was the main agent of change. The living units vary in the number of clients in each and the range of developmental, psychiatric, behavioral and emotional issues they present. And, at times, these issues are exacerbated by the strain each community is under due to the adaptations necessary for the COVID-19 pandemic. The staff described several behavioral incidents in different living units, and identified several clients whose behavior was disturbing their respective communities and therapeutic cultures along with the staff responses to manage them. Nonetheless, the consensus of the staff was that, overall, the therapeutic communities were relatively stable, the clients held each other accountable relatively well, trusted each other, and felt safe. It was noted that the youth counselors and unit supervisors emphasized safety and accountability as key dimension in the management of the communities. It was further noted that the staff also emphasized the judicial use of consequences for rule violations – citing the point system as an important mechanism of social control. Evidence of this overall assessment included the low number of physical restraints/holds in the living units, the effectiveness of de-escalation techniques, and the development of therapeutic relationships with the clients.

COMPLIANCE ISSUES

As there were no compliance issues were cited in the 2019 certification report, there are no corrective action orders to review for completion.

At this review, in a sample of client files several violations or possible violations of the timeliness of intake assessment, initial treatment plans were noted. In the personnel files, several violations of training

requirements were noted. All of 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 and, 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 conditions of certification.

- Rule requirement:** Basic treatment protocol and policies and procedures for 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 therapeutic milieu are dynamic documents that grows and changes to incorporate relevant new theoretical and empirical research and treatment modalities to provide grounding and direction to growth and change in the RTP programming.

The basic treatment protocol is contained in the LAHC Policy and Procedure Manual at Section 1.1, Program Theory, dated July 2016. The basic treatment protocol for intake assessments is contained in the LAHC Policy and Procedures Manual at section at Client Care, Sections 5.16 (revised June 14, 2018) and 5.6 (revised June 11, 2018). The policies and procedures for the therapeutic milieu are contained in the LAHC Policy and Procedure Manual at Client Care, Section 5, A-1 (revised September 2018).

No updates or modifications to these policies and procedures have been made since 2016 and 2018. Note that the most recent date for a citation to the relevant literature in these documents is 2006.

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 March 4, 2019 required the certificate holder to submit to this office “A discussion 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, despite several discussion during this certification period regarding this issue.

1. No later than March 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.

As the substantive direction and content of the updates were discussed in some detail during this review, there is no need to have a substantive 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 RTP, aspects of the good lives model and psychodynamic attachment theory are being applied in the RTP programming. It would be useful to identify the current mix of theoretical approaches active in the RTP and to illustrate the connection between these approaches and the dynamic risk and protective factors. In particular, their relationship with family systems theory deserve elaboration as this theory undergirds much of the family therapy provided in the RTP.

As a set of workbooks are the main treatment modality used in the RTP, it would be helpful to elaborate the cognitive-behavioral basis of this applied psychoeducational approach to treatment. To identify 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 workbooks and the interpretation of the results achieved.

This discussion will form the basis for the RTP theory of change – the discussion of the array of treatment methods used to address the dynamic risk and protective factors and responsivity issues. The logic model can illustrate theory of change and identify the desired outcomes.

2. No later than March 15, 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 an excellent discussion and outline of the structure and use of the therapeutic milieu as a mechanism of change. It was recommended that one or more of the established measures of milieu climate and/or process be incorporated into the discussion. The discussion will benefit from a review of several standards for therapeutic community operation and evaluation.

The criteria that are used to evaluate the policies and procedures of the basic treatment protocol and therapeutic milieu are described in Form D of the application for certification.

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

2955.0170. Standards for quality assurance and program improvement. 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 2018 update of the policies and procedures for the quality assurance and program improvement plan provides a good overview and discussion of the numerous variables and requisite measures that the LAHC is tracking to evaluate the RTP's performance and other characteristics.

The 2019 and 2020 Continuous Quality Improvement Reports, the 2019 Annual Continuous Quality Improvement Report (the 2020 report is not yet completed), and other relevant information provided by the accreditation coordinator provide data that cover items A through H in 2955.0170. The data show that the RTP met or exceeded thresholds for performance on most of the variables assessed. Where a performance issue was identified, such as an assessment past due, the accreditation coordinator instituted a corrective action.

There is no condition of certification necessary for this policy and procedure.

Gene Taylor, Executive Director
Certification of the Leo A. Hoffman Center
Residential Treatment Program for Adolescent Boys
Displaying Inappropriate or Harmful Sexual Behavior
Under Minnesota Rules Chapter 2955
January 28, 2021

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This office has a relatively up-to-date database and resources on adolescent sexual offending, treatment; program development and evaluation, continuing quality improvement, and more. This database is accessible to program staff 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 certification inspection has identified the compliance issues described above and prescribed the actions necessary to meet that accountability. If you have any questions, need more information, or desire technical assistance, 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 cursive script, appearing to read "Alan Listiak".

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

cc: Thomas Kelly, Clinical Director
Cindy McCabe, Chair of the Board of Directors, Leo A. Hoffman Center
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