May 26, 2021

Shon Thieren, Warden

Minnesota Correctional Facility-Red Wing

1079 Highway 292

Red Wing, MN 55066

**RE:** **Certification of MCF-Red Wing Sex Offense Treatment Program (Yale Cottage) 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, 2020. Due to the COVID-19 pandemic, the on-site inspection for the certification of the program was postponed for health and safety reasons. This office sent a letter dated July 23, 2020 extending the certification of the MCF-Red Wing Sex Offence Treatment Program until the inspection could be safely completed under department of corrections policies and procedures and the new certificate was issued by the commissioner.

The COVID-19 pandemic has required MCF-Red Wing to institute several adaptations in structure and procedures to preserve the health and safety of staff, clients, families, and the community. At this time, the conditions for a complete on-site inspection continue to be problematic. Consequently, it was agreed that an abbreviated virtual inspection would be conducted limited to discussion and interviews with the correctional staff, administrative director/clinical supervisor, and clinical staff. The inspection would also include a review of a sample of client and staff files.

This abbreviated inspection occurred on May 12-13, 2021. Due to technical problems with the virtual interview system and virtual access to the client files, on-site face-to-face interviews (masked) with correctional staff were conducted and the client file review was conducted using the MCF-Red Wing electronic file system.

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.

**Based on the findings of this inspection, the MCF-Red Wing Sex Offence Treatment Program (Yale Cottage) is certified to operate under the conditions described below for a two-year term from August 1, 2020 until July 31, 2022.**

**Inspection Process**

The inspection consisted of the following activities.

1. Review of the application for certification of the MCF-Red Wing Sex Offence Treatment Program (SOTP), thorough discussion of the Chapter 2955 rules and the self-rated rule compliance in Form D of the application, and of the responses to previous correction orders with the director of psychological services/administrative director/clinical supervisor (Supervisor) and the lead sex offender therapist.

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 the Supervisor, the lead sex offender therapist, one case worker, and four correctional officers who work in and/or supervise the SOTP.

This inspection did not include interviews with SOTP clients, observation of the SOTP therapeutic community operation, attendance/observation of staff or community meetings, inspection of the living unit, or a formal exit interview.

Staff were informed of the limits of confidentiality in the inspection procedure. All staff persons who spoke with this inspector stated that they understood the terms and were willing to participate in the process.

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

**OVERALL FINDINGS**

The Yale cottage has a capacity of 24 but due to PREA regulations that require a staff-to-client ratio of 1:8 (lower than the ration in Chapter 2955) resident capacity has been limited to 16. Due to facility renovations the SOTP has moved to the Brown cottage where it occupies only one wing of the facility (instead of the two wings at Yale cottage). At the time of this inspection, the SOTP census was 13 (two clients in the process of being discharged with two clients are waiting for admission).

Most clients over 18 years of age have been vaccinated for COVID-19 (several clients refused the vaccination). The facility is starting to vaccinate clients 16-18 years of age. Most correctional staff have been vaccinated.

New admissions to the MCF-Red Wing (including the SOTP) are quarantined for 14-days. The need for space to house quarantined admissions required the elimination referrals for detention holds and possible return to the program for clients on furlough/transition to return to programming if they violate the conditions of their furlough.

All staff noted that housing the SOTP on one wing of the Brown cottage “was not ideal” because the limited space created potential safety issues, in particular placing older clients in close proximity to younger clients and limiting the space available for clients to meet with each other and engage in activities. The third-watch correctional staff and supervisor discussed the necessity for close and consistent monitoring of clients when in the wing. It was also noted that the SOTP is planned to return to its home at the Yale cottage sometime in August 2021.

During the pandemic, the school day was reduced to three hours (7:30 – 10:30 a.m.) with no classroom attendance. Clients received schooling in their cottages via tablet computers and virtual teaching. There has been extra effort by the school staff to make up for lost class time and education credits for the clients. Recently, an hour has been added to the school day.

Probation officer and family visits have been reduced to telephone and virtual calls – iPads were purchased for clients to use in these virtual calls. Plans are underway to set a date for on-site visits as well as off-site client visits to family.

Psychiatric services have continued through the pandemic but, until recently, medical and dental care had been reduced to only when “absolutely necessary.”

At the start of the COVID-19 pandemic, the SOTP programming very limited, but after the first month it was deemed safe enough to provide full the full program again with certain limitations. The basic program includes group therapy, trauma-focused groups, and psychoeducational classes. Due to the pandemic, therapy group size has been limited to five or six clients; psychotherapy classes have been allowed to be slightly larger and are presented by the lead therapist and correctional staff. Therapeutic community groups were stopped due to their large size, but recently have been re-instituted.

The SOTP has been short one full-time sex offender treatment staff person since last year. The vacant position was filled twice, but each person left the position after a short time. The Supervisor and the lead sex offender therapist have filled-in the functions for the vacant position. As such, the Supervisor provides approximately 20 hours per week of sex offender treatment services. The vacant position will be posted again in June 2021.

The Supervisor, in addition to the additional fill-in clinical services, also functions as the MCF-Red Wing director of psychological services. These functions are an extremely heavy workload. Nonetheless, the Supervisor continues to provide and exceed the 2955-required amount of clinical supervision via individual sessions and clinical meetings and weekly cottage meetings (which include the case worker and correctional staff). As the SOTP operates under the Behavioral Health Unit of the department, the Supervisor does not oversee or have direct authority over the correctional staff – they have their own line of authority and supervision.

During this review period, there has been less turn-over in the SOTP correctional staff than in previous inspections. Nonetheless, the turn-over has brought several new correctional staff with little to no experience in the therapeutic treatment of juveniles with sexual behavior problems and in the operation and maintenance of a therapeutic milieu/community in a correctional setting.

The Supervisor continues to work with the MCF-Red Wing administration, the correctional staff, and the Behavioral Health Unit to build and reinforce staff collaboration, staff training, programming revision and implementation, resident motivation and engagement, and the operation of the therapeutic milieu.

**Administrative Director and Clinical Supervisor**

This inspection involved discussion of the Supervisor’s combined duties as the MCF-Red Wing director of psychological services and the SOTP administrative director and clinical supervisor. As noted above, the Supervisor has added approximately 20 hours per week of sex offender treatment services to her workload. The Supervisor noted that this is indeed a heavy load with many duties and obligations that sometimes compete for time and resources. This combination is undoubtedly a stress generator. Chapter 2955 has no issue with combined positions, but it is concerned about the quality of services provided in the SOTP and issues that affect the services. In this regard, the effects of the heavy workload of the Supervisor’s performance and ability to build, maintain, and increase the integrity of SOTP services are a concern. While the effects are not quantifiable, they are an issue that must be discussed and assessed in the Supervisor’s supervision by the Behavioral Health Unit.

As noted in the previous inspection report, the Supervisor has accomplished a great deal to strengthen and support the SOTP and the quality of its services. In particular, the emphasis on family and probation officer involvement in the program and the introduction of trauma-informed cognitive-behavior therapy were a significant addition to the complement of services. The Supervisor also strengthened the operation of the therapeutic community and focused on building therapeutic alliances between all staff and clients.

The inspection also involved the Supervisor’s and SOTP 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.

In this regard, the assessment concluded that the SOTP had been basically maintaining the status quo during the pandemic what with the clinical staff shortage and the less than ideal cottage living quarters. As noted, the sex offender therapist position will be posted in June 2021. The lead sex offender therapist has been with the SOTP for over two years and is well-experienced and grounded in the treatment of juveniles with sexual behavior problems and the holistic approach of the programming.

However, the Supervisor has recently introduced the empirically based dialectical behavior therapy program into the service mix. A six-hour digital training program is involved in the introduction – so far two hours of the training have been delivered. In addition, the therapeutic community meetings have been implemented along with some training provided by the lead sex offender therapist.

**Clinical and Correctional Staff**

As noted, the turn-over of clinical staff continues to be a concern. During this review, a vacant sex offender therapist position was filled twice, and, in each case, the person left the position after a short time. The SOTP has been operating with a vacant position for over a year. The Supervisor and the lead sex offender therapist have shared the functions of the vacant position. They adjusted programming to the conditions of the pandemic as prudent and, when deemed appropriate, added additional services until operating at near “normal” levels.

Prior to and during COVID-19 pandemic, the correctional staff reported that the communication and relationship with the clinical staff was very good. The correctional staff indicated that they received good information about the clients’ problems and strategies for managing them and appreciated the weekly cottage meetings with the clinical staff.

The correctional staff see their role as security and managers of client behavior. However, several correctional staff are involved in psychoeducation classes, and other staff were described as “really invested” in working with the clients. At least half of the staff have been with the SOTP for a year or more and are scheduled, as much as possible, to work on the same shifts with the newer staff (who came from other cottages).

The correctional staff described operating as a team working together with the clinical staff to combine safety/security and client centered relationships. In this regard, several staff mentioned playing games with clients on the wing and “getting [the clients] outside as much as possible.” The correctional staff noted that they receive good supervision and oversight; their supervisor is often on the wing and is available to them “almost any time.”

**Information was provided which raised concerns about relationships within the team regarding certain decisions and procedures in the SOTP. These concerns have the potential to cause strain among team members and can affect both the operation of the SOTP and, in particular, the clients. From the perspective of Chapter 2955, such matters process issues and should be considered by the quality assurance procedure to assess their basis and to develop strategies to resolve them. It was reported that these concerns have already been addressed administratively and within the SOTP, and that further attention to this matter is planned for next week.**

**Treatment Programming**

As noted, the structure of the SOTP program has not changed significantly during this inspection period. Given the necessary adaptations made to accommodate the threats to health and safety by the COVID-19 virus, the delivery of the program is slowly returning to a “normal” level of functioning – albeit with two staff filling-in the vacant full-time sex offender therapist position.

The implementation of the trauma-informed approach was followed during this inspection period by the recent introduction of the dialectical behavior therapy model. As the training has just begun on this model, it is too early to assess the quality of its implementation and its impact on client outcomes. Like the trauma-informed approach, the dialectical behavior therapy model does not substantially change the SOTP’s basic treatment protocol but needs to be incorporated into it. This issue will be discussed in the Conditions of Certification section below.

The overall treatment program continues to focus 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. As noted, correctional staff present some of the psychoeducational modules.

Both the clinical and correctional staffs noted that the treatment materials are good and at a level that most of the clients can understand. Both staffs also noted that clients do progress in the program and their changes are observed and reinforced.

The program philosophy, content and organization are consistent with the standard practice and recent developments in the field of juvenile sex offender treatment. A strength of the program is the availability of a correctional case worker who has a wealth of experience and expertise in developing “successful living plans” in conjunction with client, family, and staff, managing client transition to family and the community with resources and support, and then following up to ensure clients meet their goals and assignments.

**Clients and the Therapeutic Community**

No clients were observed or interviewed during this inspection. The operation of the therapeutic community in the SOTP cottage was not observed. Only the persons noted above were interviewed during this inspection. Besides information they provided, other sources of information are client files and the policies and procedures for the therapeutic milieu, supplemented by quality assurance data.

The therapeutic milieu of the SOTP is structured as a therapeutic community and is conceptualized as the main agent of client change. The Supervisor has a long history in developing and managing therapeutic communities. As noted, it appears that there some concerns about the clinical management of clients. As noted, these concerns have not yet had the opportunity to be addressed.

In assessing the therapeutic community, the following information is considered. (1) The community is under strain due to the adaptations necessary for the COVID-19 virus. (2) There are only 13 clients in the community at this date. (3) The clients may be grieving the two client who are being discharged and adjusting to two clients who will be joining the community. The clients are also dealing with several incidents involving clients that affect community cohesion. (4) The clients present a mix of ages and serious clinical issues. (5) The living unit on the wing of the Brown cottage presents a challenge for maintaining client safety. A correctional staff person commented on the need to be “hyperaware” of the kitchen and other “blind sports” in the wing. (6) Nonetheless, both clinical and correctional staff described the clients as adjusting to the on-going changes and challenges. Their opinion was that the community was working “pretty well” with the staff’s help and their ability to “avoid potholes” before they get too big.

Based on this information, the SOTP therapeutic community appears to be functioning at a medium-to-moderately high level.

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

**COMPLIANCE ISSUES**

When provided access to the electronic record system, a random sample of three client files for review was drawn for the two clinical staff. Only files of client who entered the program during 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:** Intake assessment: Minnesota Rules, Chapter 2955.0100, subpart 1.

*2955.0100, subpart 1. Admission procedure and new client intake assessment required. All clients admitted to a residential juvenile sex offender treatment program must have a written intake assessment completed within the first 30 days of admission to the program.*

Compliance Issue: Violation.

The intake assessments for clients C-2, C-3, and C-6 were found to be dated past 30-days from the date of admission. There is no indication that the quality assurance procedure tracked and responded to these violations.

**Corrective Action #1:**

Immediately upon receipt of this report, the certificate holder must ensure that intake assessments are completed within the 30-day requirement.

**2. 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.

This is a repeat violation.

**Corrective Action Order #2:**

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.

**3. Citation:** Initial individual treatment plan: Minnesota Rules, Chapter 2955.0110, subpart 1.

*2955.0110, subpart 1. A written individual treatment plan for each client must be completed within 30 days of the client's entrance into the program.*

Compliance Issue: Violation.

The individual treatment plans for clients C-3, C-4, and C-5 were found to be dated past 30-days from the date of admission. In the case of clients C-4 and C-5, it is possible the initial treatment plan was not placed in the file. There is no indication that the quality assurance procedure tracked and responded to these violations.

**Corrective Action Order #2:**

Immediately upon receipt of this report and on an ongoing basis, the certificate holder must ensure that the initial individual treatment plan is completed within the 30-day requirement and that the plan is not dated prior to the date of the intake assessment for a specific client.

**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 contained in a document entitled, *Red Wing Sex Offence Treatment Program: Treatment Theory Manual* The manual was reported to have been revised in revised September 2020 but the manual is dated April 10, 2021. As with the previous version of these policies and procedures, this manual presents several theoretical models and supporting empirical data which are then applied in a discussion of three primary causal factors, to wit, irresponsible cognitions, skill deficits, and inappropriate sexual interests. This discussion elaborates a number of sub-causal factors for the three primary factors and presents them in diagrammatic form. The discussion then presents the basic theory of change outlining the various therapeutic interventions used to treat the causal factors.

It was noted that the clinical staff intend to update the references used as a basis for the theoretical and empirical discussion in the next revision. At the previous inspection, it was noted that the introduction and implementation of the trauma-informed treatment approach had not been incorporated into the protocol. It has not been incorporated into the protocol in the current version. In addition, the already implemented dialectical behavior therapy model also needs to be incorporated into the protocol.

At the previous inspection, it was noted that the logic model had been revised but was not integrated into the discussion in the basic treatment protocol. The logic model is not presented in this current version of the protocol, although a theory of change is presented in narrative form.

The current protocol provides a thorough discussion of the policies and procedures for the therapeutic milieu. As noted at the previous inspection, the discussion would be strengthened by including more recent research on the effectiveness of therapeutic milieus and the evaluation of the therapeutic climate and process. 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 are available by request.

**Condition of Certification #1**

No later than June 30, 2021, the certificate holder must submit to this office a report that provides the following information: A discussion outlining a plan to update and incorporate any necessary and/or proposed additions and/or modifications to these policies and procedures. 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 discussion must also include a timeline for implementing and evaluating the necessary and/or proposed additions and/or modifications

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:

As defined in 2955.0170, the quality assurance/program improvement plan presents the procedures and measures to document the integrity of the service delivery. It does not prescribe what those procedures and measures should be – how to document the integrity of services delivery is for each regulated program to define and implement. For each of the areas in items A through H, the plan should present (1) the program-specific variables chosen to measure and analyze as indices of program performance, and (2) the actions deemed necessary to maintain or increase the quality of the outcomes obtained by the measurement process.

The version of the quality assurance plan provided at this inspection is entitled, *Quality Assurance Documentation*, and is not dated. It presents the seven of the eight categories, specified in 2955.0170 as items A through G and lists a series of measurable variables under each category; in some instances, a performance benchmark is noted. For three quarters (July-September 2020, October-December 2020, and January-March 2021), these seven categories and related variables are presented and the measurable variables are noted as completed or not completed – meaning if the data was collected for that variable or not; if the data was collected and noted as completed, it is seems to be implied that the outcomes measured indicated satisfactory performance.

This documentation shows that significant thought has been given to defining and measuring the quality and performance of the implementation of the SOTP. And it also shows a significant amount of work in the collection of the relevant information for these variables. It provides an excellent summary of the quality assurance/program improvement procedure and reflects well on the SOTP’s performance and outcomes.

It is noted that several variables were said to be “not completed.” The meaning of this “not completed” note is not clear. To an outside eye, the most obvious meaning is that no or only partial information was collected on that particular variable so that no interpretation could be made regarding the performance on that variable.

This documentation/summary of the quality assurance process would be strengthened by providing some information beyond the completed–not competed note regarding how the information gathered on certain key variables has been interpreted. For example, in cases where a performance benchmark has been accomplished, it would be useful to know how and why it was accomplished and what might be done to reinforce and maintain/improve this performance. In cases where the benchmark was not accomplished, it would be helpful to know how, and it was not accomplished and what actions might be taken to improve performance on this variable.

It is noted that the three client files cited above for tardiness in the intake assessment and initial treatment plan requirements were noted as completed in the documentation for these variables – implying that the files had been reviewed and no discrepancies had been found. If this is the case, then there was an error in the review, and the plan should include an analysis of the cause for the error the data collection process plan along with the appropriate action to be taken to correct the error.

For consideration, it is It is suggested for consideration

**Condition of Certification #2:**

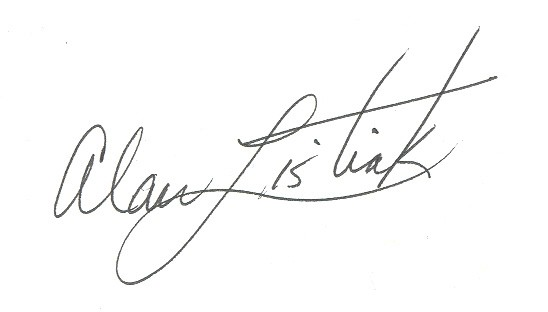
No later than June 30, 2021, the certificate holder must submit to this office a report that includes the following information: A discussion of any necessary and/or proposed additions and/or modifications to the quality assurance/program improvement plan to address issues in data collection, refinement 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.

This office has many resources relevant to the requirements for these policies and procedures that can be made available upon request. In addition, this inspector is available for technical assistance to support compliance with Chapter 2955. The operational intent of the rules is to help programs be as effective as possible.

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](mailto:Alan.Listiak@state.mn.us).

Cordially,



Alan Listiak

Administrator of Sex Offender Program Certification

Inspection and Enforcement Unit

cc: Michelle Schmid-Egleston, Psychological Services Director, MCF-Red Wing

Diane Medchill, Associate Director of Behavioral Health, Minnesota Department of Corrections

File

**Appendix A**

**Confidential Data as Defined by Minnesota Statutes § 13.85 sub. 2**

**Client Identification Key**

**Current Residents OID**

C-1 Shawn Bellanger 232331

C-2 Cole Cleveland 257355

C-3 Wesley Conzet 260864

C-4 Lucas Kurtz

C-5 D’Monte Leanna 261982

C-6 Kevin Torres 260058