DEPARTMENT OF CORRECTIONS

Central Office
1450 Energy Park Drive, Suite 200, St. Paul, MN 55108
Main: 651.361.7200 | Fax: 651.642.0223 | TTY: 800.627.3529
www.mn.gov/doc

December 15, 2022
Revised January 3, 2023

Shannon Amundson, Executive Director
Nexus-Mille Lacs Family Healing Residential Treatment Programs
407 130th Avenue South
Onamia, MN 56359

RE: Certification of the Juvenile Sex Offender Treatment Program at Nexus-Mille Lacs Family Healing Under Minnesota Rule Chapter 2955

Dear Ms. Amundson:

Due to the COVID-19 pandemic, the on-site inspection for the certification of the Juvenile Sex Offender Treatment Program originally planned for July 2021 was postponed several times due to health and safety concerns. It was agreed that the inspection would be conducted virtually and limited to discussion and interviews with the administrative, clinical supervisors, and quality assurance personnel. Due to technological and scheduling issues, no interviews with clients would be conducted unless specifically requested. This abbreviated inspection occurred on October 18 to 20, 2022, the exit interview was conducted on October 24, 2022, and the file review was completed on November 2, 2022.

Based on the findings of the virtual inspection, the Juvenile Sex Offender Treatment Program at Nexus-Mille Lacs Family Healing Residential Treatment Programs is approved for certification under Minnesota Rules Chapter 2955 under the conditions listed below for two years from September 1, 2021 to August 31, 2023. The certification includes The Castle (Program 1) and The Navigators (Program 2).

VIRTUAL INSPECTION

This office thanks you, and your staff for the courtesy and cooperation extended to me during this inspection. The process 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 the executive director and clinical director.

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

3. Formal interviews with the clinical director, clinical supervisors, a milieu supervisor, milieu lead, and several therapists and counselors.

4. Formal interview and review of quality assurance/program improvement information with the quality improvement coordinator.

5. An exit interview conducted on October 24, 2022.

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

Note: Due to the need for additional information regarding program operation and current policies and procedures, the completion of this written report was delayed.

OVERALL FINDINGS

N-MLFH is a program operated by Nexus Family Health (NFH) and is licensed by the Department of Human Services under Minnesota Rules Chapter 2960; it also accredited by the Council on Accreditation (August 2021). The JSOTP operates under the licensure of Chapter 2960 with additional certification under Minnesota Rules Chapter 2955. The JSOTP is composed of two residential living units, The Castle (Program 1) and Navigators (Program 2). Both living units provide treatment for juveniles with problematic sexual behaviors who display secondary mental health issues. The Castle serves juveniles ages 10 to14 and has 10 clients in residence; Navigators serves juveniles ages 14 to 18 and currently has 16 clients in residence.

At the previous inspection, the instability in administrative and clinical staff identified were noted as paramount issues. During this certification period, those issues have been resolved. In particular, the clinical director position has been solidified with a permanent appointment and now oversees all clinical operations. Based on all reports, the administration and clinical director have stabilized the implementation of programming in the JSOTP and have been able to minimize the impact of the COVID-19 pandemic. While early in this period a number of staff and clients had tested positive for the virus and one living unit was turned into a quarantine unit, at the time of this inspection, no staff or clients were positive for COVID-19. This has further helped with stabilizing the implementation of the programming, although it still relies on virtual technologies for family and individual therapy as well as other administrative tasks.

Also noted in the previous inspection was the shortage of youth care professional staff and the impact on existing staff to provide necessary program coverage. During this certification period, NFH has prioritized recruitment of youth care professional staff and their retention. Within the past few months, both the Castle and Navigators were reported to be fully or nearly fully staffed. However, the addition of new staff brings the burden of orientation, training and close supervision as these staff learn and apply the therapeutic procedures and operate in the therapeutic milieu.

A third point noted in the previous inspection, was the temporary loss of the recreational component which has been rectified during this certification period, thus providing an increase in the amount of treatment qualified under Chapter 2955.

The Parent Partner mentioned in the previous inspection continues to receive positive feedback from clients and their families as it directly addresses the need to involve families in the treatment process as much as possible.

The continuing quality improvement data show that the quality of services has improved in several important areas, especially in the reduction of the number of disciplinary interventions with clients.

TREATMENT PROGRAMMING

No treatment groups were observed and no clients, therapists, or youth care professional staff (YCP) were interviewed or observed during this inspection. This inspection relied on the policies and procedures for the basic treatment protocol and therapeutic milieu, review of the treatment materials and delivery structure, and information provided by executive director, the clinical director, the clinical supervisors, therapists, youth care professionals (YCPs) and the quality improvement coordinator, supplemented by quality assurance data.

The JSOTP continues the implementation of the Trauma Focused Cognitive Behavior Therapy (TF CBT) the predominant approach to programming, combining both a theoretical focus on a key set of variables in the development of sexually abusive behavior along with a theory of change regarding the methodologies used to address these variables. Consistent with this approach is the incorporation of Eye Movement Desentization and Reprocessing as an effective intervention to process traumatic experiences. Also consistent with this approach is the recent adoption of a new set of client workbooks to guide and support clients in working through the therapeutic change process. Other methods mentioned include the use of Positive Behavior Supports and Empowering Positive Engagement, both based in theoretical approaches slightly different than but consistent with TF-CBT.

Several staff discussed the Guidance Plan as a useful tool, especially for the YCPs. Developed by the therapists with input from others, a Guidance Plan is a working document that provides information on a client's behavior and emotional dynamics so staff can work more effectively with a client both individually and in the therapeutic milieu. The Plan can be updated and amended as the client progresses in treatment.

The clinical supervisors reported that after an initial year of training in the TF-CBT approach, most staff getting used to the non-confrontive, less "consequential" methodology, but there were still some staff who struggled to change from the more confrontive, "correctional" approach.

Given this abbreviated inspection, it is not clear to how deeply ingrained the TF-CBT approach has become in training, supervision of delivery, actual application, and measure of effectiveness.

The consulting psychiatrist was not available at the time of this inspection. However, the clinical supervisors noted the psychiatrist meets regularly with staff, school representatives and nurses to review each resident's medication history, symptoms, and behavior.

STAFF

At this inspection, contact with program staff was limited to virtual interviews.

During this certification period, the significant changes and instability at the administrative and clinical director position noted in the previous certification report have been addressed and alleviated. The current clinical director has provided significant leadership in managing the changes required by the continuing COVID-19 pandemic and the implementation of the TF-CBT approach and working closely with the clinical supervisors and milieu managers to oversee the treatment process and the operation of the therapeutic milieus in both The Castle and Navigators.

Several of the staff in The Castle and Navigators have been with N-MLFH for a number of years and they noted that the ongoing implementation of the TF-CBT approach and the introduction of corresponding methodologies has been a "major change" in practice that, overall, has had a positive impact on staff and clients. It was noted that the some of the newer staff seemed to need more training and supervision than they were getting; in fact, it was mentioned that these staff needed "more than just training and supervision."

Regarding supervision, all staff agreed that the provision of supervision has been consistent at all levels and that, for the most part, it addresses their needs. The staff in both living units stressed the importance of the staff culture and described the inter-relationship between the staff culture and the client culture. The staff cultures in the two living units were noted to have different developmental histories and issues based on the differences in their clients and the number of new YCP joining the units. The Castle, with younger clients, was noted to have more behavioral problems and different stress levels than Navigators which has older clients. The Castle unit recently had a two-day staff retreat which was reported to be a very positive team building experience.

Overall, the results of the treatment programming and milieu management are shown in the quality assurance data – major reductions in physical holds, property destruction, and improved staff retention. However, it is noted that most staff reported only passing familiarity with little in-depth understanding of the basic treatment protocol of the JSOTP – which raises concern about the ability of the program to evaluate the integrity of the implementation of the programming.

THERAPEUTIC MILIEU

The operation of the therapeutic milieus in the two JSOTP living units was not observed. The main sources of information are the administrative staff, clinical and milieu supervisors, the policies and procedures for the therapeutic milieu, supplemented by quality assurance data.

The two previous certification inspections noted that the JSOTP living units were commonly referred to as Program 1 and Program 2 rather than by their designated names – The Castle and Navigators. At this inspection, the practice has continued to the extent that Program 1 and Program 2 were used in interviews more often than the designated names. As such, it is not clear how often the designated names for the living unit/therapeutic milieus are used in actual practice in the program. This issue is raised yet again because the names of living units are important to creating, developing, and maintaining the identity of therapeutic communities. To repeat the comment in the previous inspection: "N-MLFH spent much time and money creating the living spaces to be consistent with and symbolic of those names. This finding, along with minimal mention of the Cornerstone Values central to the mission and philosophy of the JSOTP, suggested that the identity and values of the individual therapeutic communities have been diminished. It was recommended that these identities and values be re-established and reinforced."

JSOTP staff reported that the use of designated names has increased although some slippage does occur in practice. It was noted that The Castle, in particular, has been symbolically reinvigorated with both staff and clients participating in various rituals associated with the castle metaphor.

During the COVID-19 pandemic, the therapeutic milieus have had to adapt to preserve the safety and health of clients and staff. With the easing of the pandemic, more direct contact with clients and staff from other living units is occurring. Everyone agreed that "getting back to normal" was a very positive

accomplishment.

Overall, all staff agreed that the therapeutic milieus in both programs were operating at relatively good levels in terms of client accountability, behavioral issues, and client-staff relationships, although The Castle, with younger clients, was said to have somewhat more operational concerns than Navigators. The quality assurance reports document this level of operation.

Several staff commented that the newer YCP needed more specific training in the operation of the therapeutic milieu than they received as part of their initial orientation.

COMPLIANCE ISSUES

A sample of staff files were reviewed for compliance issues with qualifications, training requirements, supervision, performance reviews, and clinical supervision. Any compliance issues noted were identified in the quality assurance procedures and addressed internally. As such, there are no citations regarding the standards for these issues.

A sample of client seven client files with dates of admission during this certification period were reviewed. At least two of these files included clients who had been discharged during this period. The review found several compliance issues regarding the timeliness of intake assessment and treatment plans. In every case, the quality assurance procedures identified the issue and requisite action was documented to address the issue with the staff responsible.

1. **Citation:** Intake assessment: *Minnesota Rules, Chapter 2955.0100, subpart 3.*

   Ssubpart 3. ***Intake assessmen appropriate to basic treatment.*** *A program may adapt the parameters specified in subpart 6 to 8 to conduct assessments that are appropriate to the program's basic treatment protocol. The rationale for the particular adaptation must be provided in the program policy and procecures manual as specified under part 2955.0140, subpart 1, item E.*

   Compliance issue: Violation.

   The intake assessments reviewed included a typological impression of the clients as required by 2955.0100, subpart 10, item A. The typology used is based on the pathways theorized in the self-regulation model. While this model was included in the documents considered as the basic treatment protocol at the previous certification inspection, it is not included in the documents identified as the policies and procedures for the basic treatment protocol for this inspection.

   Corrective Order #1:

   No later than February 6, 2023, the certificate holder must include a discussion of the self-regulation model in the documents identified as the policies and procedure for 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. Consequently, issues in these areas as are not cited as rule violations – rather, they are considered conditions of certification.

1. 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 policy and procedures for the basic treatment protocol and therapeutic milieu is a dynamic document that grows and changes to accommodate relevant new theoretical and empirical research and resultant changes in the program itself. The basic treatment protocol involves both the chosen general theory of the cause(s) of sexually abusive behavior and the general theory of how client change is accomplished. It presents the current professional literature and clinical practice that the chosen theories are based on and that support them. It also provides the rationale for the content of the intake assessment and the treatment goals and objectives developed in that assessment. (See the criteria for evaluating the basic treatment protocol in Form D of the application for certification at 2955.0140, subpart 1A.)

The policies and procedures for the therapeutic milieu describe the structural components of the milieu, how it promotes and manages clients' behavioral and cognitive change, and how it is maintained, and its operation evaluated. (See the criteria for evaluating the policies and procedures for the therapeutic milieu in Form D of the application for certification at 2955,0140, subpart 1B.)

These two policies and procedures provide the theoretical and empirical basis of the JSOTP, define the basic content of the intake assessments and programming as well as the justification for the methods/interventions used to help clients make positive life changes.

At the previous certification inspection, it was noted that the conditions of certification set in the prior inspection had not been met. This failure was due to the instability at the clinical director position. A part-time acting clinical director was attempting to fulfill the duties of this position while the search was on for a full-time clinical director. As such, this previous certification inspection carried over the conditions of certification from the prior inspection.

At this current inspection, a full-time clinical director has been appointed and a concerted effort has been made to address those conditions of certification. Three documents were reviewed that were intended to cover the policies and procedures for the basic treatment protocol and for the therapeutic milieu. These documents include: the *Nexus Family Healing Residential Treatment Manual: Residential Intervention Standards* (revised and updated September 2021); the *Nexus-Mille Lacs*

Residential Treatment Staff Handbook (no date), and the *Nexus Mille Lacs Family Healing Youth Handbook* (no date).

The first document, the *Nexus Family Healing Residential Treatment Manual: Residential Intervention Standards,* appears to address the overall programming for all the residential programs in the Nexus Family Healing system. The latter two documents, the *Nexus-Mille Lacs Residential Treatment Staff Handbook* and the *Nexus Mille Lacs Family Healing Youth Handbook* are addressed specifically to the N-MLFH but their contents are drawn and applied mostly from the first document with several items that are discussed in more detail.

These documents provide a wide-ranging discussion of the design, procedures, and specifications of the Nexus Family Healing approach to residential treatment. The documents are well-written and appear to be written to provide a general overview of the included topics with specific activities and instructions as to how to implement them.

Regarding the basic treatment protocol, these documents describe the Nexus Practice Model: and the ICARE values and its ten dimensions (graphed in a pie chart). In the master document, i.e., the *Residential Treatment Manual*, each dimension is explained, and a list of the "activities" used and to accomplish each dimension is presented. The desired outcomes are described. The "wide array" of treatment services and modalities are briefly itemized and the sections on Youth Care and Supervision and Residential Facilities describe the structure of the therapeutic milieu and activities used to implement it.

The *Residential Treatment Manual* continues the focus on the therapeutic milieu in the section, Trauma Informed Treatment Culture – Philosophy of the Treatment Milieu. Here the Nexus Cornerstone Values are listed and the Empowering Restorative Engagement Model (ERE) is presented as a primary methodology/intervention composed of three dimensions, each composed of a set of implementation instructions which then lead to the methodology/interventions to address unsafe behavior. The manual goes on to address family involvement, assessment, service planning and monitoring, issues around clients leaving the program, personnel and specialized services.

These three documents are very informative and instructive. However, from the perspective of Chapter 2955, there are several concerns. First, as identified above in Citation 1, the pathways defined in the self-regulation model are used as the typological impression in the intake assessments. The self-reguation model was included in the basic treatment protocol provided at the previous certification inspection but this document was not provided in an updated form at this inspection. The three submitted documents, which are considered to the basic treatment protocol for this inspection, do not present a discussion of the self-regulation model as part of the theory of cause or the theory of change. Corrective Action #1 requires the certificate holder to include a discussion of the self-regulation model where appropriate in these documents upon receipt of this report.

Second, in the *Residential Treatment Manual,* with the exception of the discussion of Youth with Sexually Problematic Behavior, there is no reference to any authority or supportive literature for all of the discussions of philosophical, theoretical, empirical basis, and of the many activities/procedures beyond the Council on Accreditation standards – which are cited at the end of sections as COA/RTX with specific parts noted. The exception in the Youth with Sexually Problematic Behavior (which does cite COA/RX at the end) is a reference to (1) the Association for the Treatment of Sexual

Abusers (ATSA) guidelines (2017) "for assessment, treatment, and intervention with adolescents who have engaged in sexually abusive behavior," (2) the ATSA guidelines (2017) [the correct date is 2014] for the "Assessment and treatment of adolescents with intellectual disabilities who exhibit sexual problems or offending behaviors, (3) one reference to the professional literature in the discussion of the Risk-Needs-Responsivity (RNR) Model, (4) two references to the professional literature in the discussion of the Good Lives Model, and (5) in the section on Adapted CBT for Youth with Disabilities, the "resource used" is cited as *A Manual of Cognitive Behavior Therapy for People with Mild Learning Disabilities and Common Mental Disorders. A training guide to help professional therapists in treating people with communication and cognitive problems in CBT* (2012).

In spite of the Conditions of Certification #1 stated in the previous certification report, it appears the lack of supporting reference literature was a deliberate decision as the previous protocol document, *MLA's Treatment Protocol* (dated April 2019), which provided the base for the *Residential Treatment Manual*, included several references in its discussion (although not a sufficient number and in need of updating) as well as a simple logic model that highlighted the services provided under the protocol which specifically identified processes and expected outcomes. In the two handbooks, there are no references even to the Council on Accreditation standards; it could be argued that, as handbooks, there is no need for reference citations.

The 2017 document, *Mille Lacs Academy Treatment Program Theory& Interventions*, while short on references, provides a schematic representation of the general theory of the causes of problematic sexual behavior which identifies eight contributing factors and *drills* down schematically to depict a range of underlying and related factors for each of the eight contributing factors as well as the range of treatment methods/interventions to address these factors. On January 3, 2023, the certificate holder submitted an updated version of the *Treatment Program Theory & Interventions* dated October 13, 2021. This document again schematically identifies eight factors that form *NML's General Theory* and follows the same format as the 2017 version to depict for each of the eight factors, a range of underlying factors, a range of treatment interventions to address those factors, the expected outcomes of those interventions, and a brief logic model listing indicators to measure outcomes.

The current documents do not provide the depth of theoretical discussion and representation as in the *Treatment Program Theory & Interventions* documents. However, this document, while stating some basic assumptions about the treatment process, and identifying eight causal factors as part of the general theory, does not provide any discussion of the theoretical and empirical connections between these eight causal facors how they contribute to the decision to sexually abuse.

The discussion in the *Residential Treatment Manual* under the Youth with Sexually Problematic Behavior section states that the JSOTP "follow[s]" the two ATSA guidelines for treating adolescents who have engaged in sexually abusive behaviors and adolescents who exhibit sexual behavior problems or offending behaviors. Based on the discussion, it is not clear what it means to "follow" these guidelines as none of the guidelines are specifically mentioned nor are any discussion points attributed to the guidelines. While the ATSA guidelines address numerous assessment and treatment issues, they do not address important issues in Chapter 2955. In fact, the discussion does not mention Chapter 2955 which has rule requirements that must be followed and are not in the ATSA guidelines. Chapter 2955 requires the JSOP to provide policies and procedures on the basic treatment protocol and the therapeutic milieu. In the discussion under the Youth with Sexually Problematic Behavior section, there is no mention of either of these requirements or their basis for intake assessments and

treatment planning – for which there are also specific standards. In addition, Chapter 2955 has requirements to develop a quality assurance plan and collect data on eight dimensions relevant to assessing the integrity of the treatment program.

With respect to the therapeutic milieu, the three current documents do provide a good, if scattered, discussion of the structure and expected operation of the therapeutic milieu. Especially significant is the focus on the importance of relationships in fostering client growth and change. What could be clarified is the goals and objectives of the therapeutic milieu as the most important mechanism of change in the JSOTP and the types of quality assurance data that could evaluate the operation of the milieu. A review of the theoretical basis of the therapeutic milieu and its effectiveness would help solidify this discussion.

In this regard it is noted that the N-MLFH policy and procedure for the Therapeutic Environment – Staff and Youth Interactions is limited to "guidelines in the development of healthy, staff and youth interaction' and references Minnesota Statutes section 245A.25, subd. 3F. This inspector could find no policy and procedure that specifically discussed the therapeutic milieu in the terms of Chapter 2955, noted above. Much relevant information is provided through the three documents discussed here, but it is not in an organized policy and procedure statement.

Condition of Certification #1

No later than February 20, 2023. the certificate holder must also submit to this office the following information.

1. A copy of the current version of the policies and procedures for the basic treatment protocol and therapeutic community.

2. Carried over from the two certification inspections ago:

    a. The policies and procedures must be updated to include current research and theoretical literature to ensure the policies and procedures are conversant with main issues in the field and address them in their application to the treatment programming. Please provide a report noting the relevant current literature to be consulted and outline a plan to revise the current policies and procedures for this update and an estimated timeline for completion.

    b. The policies and procedures for the therapeutic milieu need a more fully developed discussion of the theoretical and empirical basis of the operating therapeutic communities at the unit level and discuss how their operation and outcomes will be measured. Please provide a report noting the relevant current literature to be consulted, the measures considered for implementation, and outline a plan to revise the current policies and procedures for this update and an estimated timeline for completion.

The criteria used to evaluate the policies and procedures for 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, 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 JSOTP policies and procedures for quality assurance and program improvement are a part of the larger NFH continuing quality improvement procedure for the entire NFH system. The *Nexus Family Healing Quality Improvement: Home Office Procedures ad Plan* (dated December 28, 2021) provides a clear statement of the supportive relationship between the corporate entity and N-MLFH and outlines the basic measures and procedures involved the continuing quality improvement process.

The JSOTP has a Continuous Quality Improvement (CQI) Committee that, along with the clinical and administrative directors, oversees the CQI process. In each quarter, the committee monitors various quality indicators to assess benchmark performance; any indicator that is below established benchmarks is addressed through a plan of action to correct the deficiency.

The N-MLFH policy and procedures manual has a policy and procedure for Program Outcome and Measurement, Evaluation, and Community Involvement whose purpose is to ensure that the treatment services offered by Nexus-Mille Lacs are "consistent with the youth's treatment in accordance with Minnesota Rule 2960.0060." This policy and procedure does not reference Chapter 2955.0170 which also requires compliance.

Similarly, the policy and procedure, Treatment Plan Compliance, references Chapter 2960.0140, subp.2, 2960,0190, subp.2, 2960,0600, and 9520.0790, subp. 4. Chapter 2955 has specific standards for individual treatment plans, yet this policy and procedure does not address compliance with those standards. In fact, perusal of the policy and procedures manual finds no reference to Chapter 2955 when numerous standards in this chapter are relevant to existing policies and procedures or could require a specific policy and procedures.

The *N-MLFH 2021 Annual Evaluation* documents the performance of the entire program but many measures are broken down by living unit. As such, the two living units of the JSOP can be tracked in this report. Based on the data reported, the JSOTP has improved in several important variables compared to the previous review period. There is no need here to provide details on those variables or further analyze the results. The key finding is that the CQI procedure is maintain its focus and function while, overall, the data are trending in a positive directions.

It is not the purpose of Chapter 2955 to assess the performance of the JSOTP 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 CQI plan, the range and reasonableness of the measures chosen, and the integrity of the implementation of the procedures and process. Discussion with the quality assurance coordinator and review of the current and recent CQI data and reports indicates that the process is gathering the requisite data. Chapter 2955 has no benchmarks to evaluate the actual implementation of the CQI process and the actual implementation of the JSOTP, but this abbreviated review found information to suggest that the process is being implemented with a good degree of integrity.

Condition of Certification #2:

No later than February 6, 2023, 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 during the certification period from September 1, 2021 to August 31, 2023 to address identified performance deficiencies, issues in treatment implementation, data collection, refinement of outcome measures, etc. The discussion must also include a timeline for implementing and evaluating the necessary and/or proposed additions and/or modifications.

The criteria used to evaluate the policies and procedures for the quality assurance/program improvement plan and its implementation are described in Form D of the application for certification.

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

Chapter 2955 requires programs providing residential treatment to juveniles who commit sexual offenses to be accountable for their operations, outcomes, and continuous quality improvement plans. This certification inspection has identified the compliance issues described above and prescribed the actions necessary to meet that accountability. This office remains at your service to discuss any issues or concerns about this report and to provide technical assistance in achieving compliance with Chapter 2955. Please do not hesitate to contact me at 651-361-7148 or Alan.Listiak@state.mn.us.

Yours truly,

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

cc. Ncholas DeChene, Director of Clinical Services, Nexus-Mille Lacs Family Healing
Paula Minske, Vice President of Clinical Services, Nexus Family Healing
File