

September 28, 2020

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:

The certification of the Juvenile Sex Offender Treatment Program at Nexus-Mille Lacs Family Healing Residential Treatment Programs under Minnesota Rules Chapter 2955 expired on August 31, 2020. Due to the COVID-19 pandemic, the on-site inspection for the certification of the program originally planned for July 2020 was postponed due to health and safety concerns. This office sent a letter dated August 26, 2020 extending the certification of the Juvenile Sex Offender Treatment Program until the certification report and the new certificate are issued by the commissioner.

It was agreed that an abbreviated on-site inspection be conducted limited to discussion and interviews with the administrative, clinical supervisors, and quality assurance personnel. This abbreviated inspection occurred on August 19-20, 2020.

**Based on the findings of the 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 one year from September 1, 2020 to August 31, 2021. The certification includes The Castle (Program 1) and The Navigators (Program 2).**

**Note:** the certification for one year is based on the significant administrative and clinical changes that have occurred at Nexus-Mille Lacs Family Healing (N-MLFH) and the Juvenile Sex Offender Treatment Program (JSOTP) during this certification period. These include the appointment of a new executive director in January 2020 and the recent departures of the two clinical directors. While only one of the clinical directors will be replaced, the position remains open at the time of this certification inspection. The clinical director position is currently filled on a part-time basis by the director of clinical services of Nexus Family Healing (NFH). In addition, 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. Consequently, the one year certification will permit a closer monitoring of the continuing adaptations and continued compliance with Chapter 2955.

**ON-SITE 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, clinical supervisors, quality improvement coordinator, and the NFH director of clinical services.
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 supervisors of JSOTP.
  4. Formal interview and review of quality assurance/program improvement information with the quality improvement coordinator.
  5. An exit interview conducted on August 20, 2020.

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**

The N-MLFH is licensed by the Department of Human Services under Minnesota Rules Chapter 2960. The facility has four residential living units that, until this certification period, were devoted to the JSOTP. Given the changing nature of the referral population and other considerations, in June 2019 the JSOTP was reduced to two living units – The Ship and Navigators. Each JSOTP living unit has one unit coordinator, two therapists, three youth care professional staff per shift (day and evening).

The other two living units have been assigned to the Emotional, Behavior, and Mental Health Program and the Intellectually/Developmentally Delayed and Special Needs Program. Due to the impact of the COVID-19 pandemic on referrals, in April 2020 one of the living units was closed and the two programs were temporarily combined until sometime in fall 2020.

Significant turnover in administrative and staff positions continues to be an issue for N-MLFH. A new administrative director was appointed in January 2020. The associate director position has been eliminated. The two clinical directors appointed in 2017 left their positions in April and June 2020. As only three residential living units are operating at this time, only one of the clinical director positions will be filled. On a two-day a week basis, the director of clinical services for NFH is temporarily fulfilling the functions of the clinical director position. This has been, at best, a stop-gap measure. At the time of this inspection, the search process for this position has been completed and a candidate will be hired in the near future. When the fourth living unit comes back online, the second clinical director position will be filled.

Other staff issues. At this time, the JSOTP program (both living units) is short nine youth care professional staff. The recruitment and retention of youth care professional staff is a common problem for all residential treatment programs for juvenile; note that the current shortage is somewhat lower than in past certification periods, but is still significant. NFH is actively recruiting for these positions as well as implementing

procedures for staff development and retention. Current staff, including the clinical supervisors of each living unit, are providing additional coverage for the gaps created by the staff shortage.

At the previous certification inspection, the vocational and recreational component was cited as a strength of the JSOTP. At that time, the component has received grant funding to further develop vocational programming and a second staff person was added. During this inspection period, the vocational recreation manager and coordinator positions have been placed on hold for 2020. The (temporary) loss of these positions impacts the amount of treatment qualified under Chapter 2955 that can be delivered. This is documented in record which shows that while the JSOTP continues to deliver more treatment than the minimum required by Chapter 2955.0150, subd. 1, there has been a reduction in the total amount of treatment.

The departure of the previous executive director, both clinical directors combined with the shortage of youth care professional staff has impaired the development and maintenance of a cohesive leadership team and the organizational culture as well as staffing, programming. However, the continuing quality improvement data show that the quality of services has remained relatively stable and the adjustments for COVID-19, while stressful, have been well managed.

The Parent Partner is designed to enhance the inclusion of client families in the treatment programming and to engage community resourced to support the client reentry and aftercare process. This is consistent with the current research literature which finds that programs that actively involve families in the treatment process show more positive outcomes than programs that do not. The Parent Partner continues to receive very good feedback from the families involved.

### **TREATMENT PROGRAMMING**

No treatment groups were observed and no clients, therapists, or youth care professional staff (YCP) were interviewed or observed during this inspection. The 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 acting clinical director, the clinical supervisors, and the quality improvement coordination, supplemented by quality assurance data.

During the previous certification period, NHF adopted a formalized cognitive-behavioral trauma-informed treatment (CBTIT) approach for all of its programs. This approach is consistent with the overall theoretical orientation and includes a number of interventions and processes used in treatment programming as described in the N-MLFH basic treatment protocol (Treatment Program Theory & Interventions). The two previous clinical directors had begun to incorporate this formalized approach into the basic treatment protocol and to implement it at the practice level. However, the protocol has not been revised since May 2017. When they departed, the JSOTP clinical supervisors and the acting clinical director continued to implement the CBTIT approach at the practice level but have not revised the basic treatment protocol to fully integrate the approach.

The clinical supervisors reported that training in the approach was continuing but noted that some YCP's, did not like certain aspects of it; they preferred the more "correctional" approach that is being replaced. The clinical supervisors noted that, overall, the implementation of the CBTIT approach was somewhat disjointed and lacked clear guidelines on unit management. They thought the strength of the approach was the focus on self-regulation for both the clients and staff.

Given this abbreviated inspection, it is not clear to what extent the CBTIT approach has been implementation in terms of training, supervision of delivery, and actual application.

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, the two JSOTP therapists, two unit coordinators, YCP staff, and clients were not interviewed or observed delivering services.

The two therapists in Navigators unit have been with N-MLFH for two and five years respectively. The two in The Castle unit have been with N-MLFH for 16 years and three months respectively. The clinical supervisors described the therapists in their units as well-grounded, and noted how the physical layout of the units promotes "lots of interaction" both among themselves and with the clients. The therapists stagger the times they meet for individual therapy and for family therapy sessions to minimize disruption to the school day. Therapy groups are held after school. The clinical supervised noted the therapists often stay in the units until 6:30-7:00 p.m. to connect with the clients and/or to hold family sessions.

There has been a significant amount of turnover in the YCP staff – a number of newly hired YCPs did not "last long" on the job, creating additional coverage gaps and need for orientation training and close supervision. Not only was the lack of acceptance of the CBTIT approach by the longer tenured YCPs an issue in the staff culture, but on one of the units, those staff also "dissed" the newer YCPs. Such behaviors raise concern about the operation of the staff culture and its integrity. Not to mention the added stress on everyone, but especially the YCPs, of the adaptations to the CORONA-19 virus to maintain health and safety.

The clinical supervisors reported that they meet regularly with the clinical staff as well as the unit supervisors and YCPs. They also reported they were aware of the issues in the staff cultures and were addressing them – but looking forward to the new clinical director for help in stabilizing and promoting the cultures.

### **THERAPEUTIC COMMUNITY**

The operation of the therapeutic communities on the two JSOTP living units was not observed and, as noted, no clinical or YCP staff were interviewed during this inspection. The main sources of information are the administrative staff, clinical supervisors, the policies and procedures for the therapeutic milieu, supplemented by quality assurance data.

At the previous certification inspection, it was observed that the living units were commonly referred to as Program 1 and Program 2 rather than by their designated names – The Castle and Navigators. It was further noted that the designated names are important to creating, developing, and maintaining the identity of therapeutic communities. 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. According to the clinical supervisors, the living units are now often called by their designated names, although some slippage to Programs 1 and 2 still occurs. The clinical supervisors said numerous activities and work with clients on the symbolism inherent in the unit names have strengthened the bonds between clients as well as between clients and staff. In each unit, more authority is given to the clients to make decisions about various community issues. The Cornerstone Values are much more visible and “are [often] talked about.”

However, the therapeutic communities are under strain due to the adaptations necessary for the COVID-19 virus – especially no or very limited contact with clients from other living unit(s). As the pandemic continues, the strains continue to grow. As of the date of this inspection, no COVID-19 infections have been reported.

### **COMPLIANCE ISSUES**

A random sample of two client files with dates of admission during this certification period from each JSOTP therapist were reviewed. At least two of these files included clients who had been discharged during this 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 the several clients were found to be dated past 30-days from the date of admission.

The continuing quality assurance procedure tracked these violations and they were addressed in supervision with the appropriate clinical staff. Consequently, no immediate corrective action is necessary.

2. **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 several clients were found to be dated past 30-days from the date of admission

The continuing quality assurance procedure tracked these violations and they were addressed with the appropriate clinical staff. Consequently, no immediate corrective action is necessary.

## **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 a general theory of the cause(s) of sexually abusive behavior and a theory of how client change is accomplished, including the use of the therapeutic milieu.

The previous certification inspection reviewed the document, *Mille Lacs Academy Program Description*. This document discussed the therapeutic culture, sexuality treatment, family therapy, chemical health, therapeutic recreation, special needs clients, and adjunct services. It also provided a good initial discussion of the JSOTP's operating assumptions and brief description of theoretical frameworks used to analyze sexual offending behavior along with a basic logic model. The implementation of the CBTIT approach underway at that time was discussed by the previous clinical directors. They planned to make ongoing revisions to these policies and procedures to incorporate the CBTIT approach and this was noted as part of the conditions of certification in that certification report.

It appears that little headway was made in this regard before the two clinical directors departed; understandably, during this transition period with the part-time acting clinical director these policies and procedures have not been addressed.. The current policies and procedures for the basic treatment protocol and the therapeutic milieu are partially contained in the document, *Treatment Program Theory & Interventions: Mille Lacs Academy*, dated May 2017. This document provides a statement of basic assumptions and a diagrammatic description of the general theory of problematic sexual behaviors, causal factors, the interventions used to address those factors, and the expected outcomes and indicators for those interventions in quasi-logic model format. Of note, the use of the therapeutic community as an intervention is not included in the diagrammatic descriptions or outcomes.

The previous review also noted that the policies and procedures for the therapeutic milieu needed to

be expanded to provide more detail about the theoretical/empirical basis of therapeutic community and discuss outcome measures for the operation of the therapeutic community. It appears the previous clinical directors did not address this condition of certification.

It is understandable that during this current transition period between clinical directors there the basic treatment protocol was not a priority to comply with the conditions of certification for this certification period. However, when the full-time clinical director is hired, the policies and procedures for the basic treatment protocol and therapeutic community must be addressed.

### **Condition of Certification #1**

No later than November 30, 2020, 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. A discussion of any necessary and/or proposed additions and/or modifications to fully incorporate the CBTIT approach in the basic treatment protocol.
3. Carried over from the previous certification condition:
  - 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 *NHF Continuous Quality Improvement: Corporate Procedures & Plan* (not dated) 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.

As part of the process, N-MLFH has a Continuous Quality Improvement (CQI) Committee that, along with the clinical and administrative directors, oversees the JSOTP CQI process. At each quarter three quality indicators are monitored; any indicator that is below established benchmarks is addressed through a plan of action to correct the deficiency.

In addition, the licensing requirement under Minnesota Rules Chapter 2960 also require specific information to be gathered to meet its quality assurance requirements.

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. There are no benchmarks to evaluate the actual implementation of the CQI process, but this abbreviated review found information to suggest that the process is being implemented with a high degree of integrity.

**Condition of Certification #2:**

Carried over from previous inspections: The issue of the CQI for the therapeutic communities should be expanded to include one or more measures of One item of the required plan that still needs attention is item D, *quality of the therapeutic milieu, as appropriate, and its contribution to the outcomes achieved in items A and B*. In discussions with the executive director and the clinical directors, it was suggested that the QA for the therapeutic milieu should consider implementing one or more of the available instruments to assess therapeutic communities on such dimensions as social climate, client



clinical progress, treatment engagement, and therapeutic integrity. Consequently, the same suggestion is made in this inspection.

No later than November 30, 2020, the certificate holder must submit to this office a review of several instruments to measure the operation of the therapeutic milieu and discuss the feasibility of incorporating one or more of the instruments into the continuing quality improvement plan.

**Condition of Certification #3:**

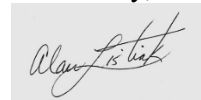
On a quarterly basis for this inspection period, the certificate holder must submit to this office information and data regarding performance on items A through H of 2955.0170.

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

Yours truly,



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

cc. Jackie DeMarr, Clinical Supervisor, Nexus-Mille Lacs Family Healing  
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