

# Office of the Revisor of Statutes

## Administrative Rules



**TITLE:** Proposed Permanent Rules Relating to Residential Treatment Programs for Individuals Who Have Engaged or Attempted to Engage in Sexually Abusive or Harmful Behavior

**AGENCY:** Department of Corrections

**REVISOR ID:** R-4447

**MINNESOTA RULES:** Chapters 2955 and 2965

### **INCORPORATIONS BY REFERENCE:**

Part 2955.0025, subpart 2: "Best Practice Guidelines for the Assessment, Treatment, Risk Management, and Risk Reduction of Men Who Have Committed Sexually Abusive Behaviors," published by the Association for the Treatment and Prevention of Sexual Abuse or its successor organization (2025 and as subsequently amended), is not subject to frequent change and is available on the department's website.

Part 2955.0025, subpart 3: "Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior," published by the Association for the Treatment of Sexual Abusers or its successor organization (2017 and as subsequently amended), is not subject to frequent change and is available on the department's website.

Part 2955.0025, subpart 4: "Model Policy for Post-Conviction Sex Offender Testing," published by the American Polygraph Association (September 2021 and as subsequently amended), is not subject to frequent change and is available on the department's website.

Part 2955.0025, subpart 5: "Standards of Practice," published by the American Polygraph Association (2024 and as subsequently amended), is not subject to frequent change and is available on the department's website.

The attached rules are approved for  
publication in the State Register

A handwritten signature in cursive script that reads "Karen L. Lenertz".

Karen L. Lenertz  
Deputy Revisor

1.1 **Department of Corrections**

1.2 **Proposed Permanent Rules Relating to Residential Treatment Programs for Individuals**  
1.3 **Who Have Engaged or Attempted to Engage in Sexually Abusive or Harmful Behavior**

1.4 **2955.0010 ~~STATUTORY AUTHORITY AND PURPOSE.~~**

1.5 Subpart 1. [See repealer.]

1.6 Subp. 2. **Purpose and scope.** As provided under Minnesota Statutes, section 241.67,  
1.7 this chapter sets minimum sex-offender treatment program standards through rules according  
1.8 to Minnesota Statutes, section 241.67, subdivision 2, paragraph (a). These standards apply  
1.9 to and provide a framework for the inspection and certification of inspecting and certifying:

1.10 A. ~~residential juvenile sex-offender~~ treatment programs in state and local  
1.11 correctional facilities; and

1.12 B. state-operated ~~residential juvenile sex-offender~~ treatment programs not operated  
1.13 in state and local correctional facilities.

1.14 Subp. 3. **Nonapplicability.** This chapter does not apply to programs licensed under  
1.15 parts 9515.3000 to 9515.3110.

1.16 **2955.0020 DEFINITIONS.**

1.17 Subpart 1. **Scope.** ~~As used in~~ For purposes of this chapter, the following terms in this  
1.18 part have the meanings given them.

1.19 Subp. 1a. **Adjunctive services.** "Adjunctive services" means nonclinical services  
1.20 provided to a client that help reduce the client's risk of engaging in sexually abusive or  
1.21 harmful behavior.

1.22 Subp. 2. **Administrative director.** "Administrative director" means the person  
1.23 designated to be an individual responsible for administrative operations of administering a  
1.24 residential juvenile sex-offender treatment program and includes the director's designee.

2.1 Subp. 3. **Applicant.** "Applicant" means an ~~entity~~ uncertified treatment program  
2.2 applying for a certificate or a renewal of a certificate.

2.3 Subp. 4. **Basic treatment protocol.** "Basic treatment protocol" means ~~the~~ a statement  
2.4 of the philosophy, goals, and model of ~~sex-offender~~ treatment employed by ~~the~~ a certificate  
2.5 holder.

2.6 ~~The Basic treatment protocol also describes the sex offender population served; the~~  
2.7 ~~theoretical principles and operating methods employed to treat clients; the scope of the~~  
2.8 ~~services offered; and how all program components, such as clinical services, therapeutic~~  
2.9 ~~milieu, group living, security, medical and psychiatric care, social services, educational~~  
2.10 ~~services, recreational services, and spirituality, as appropriate to the program, are coordinated~~  
2.11 ~~and integrated to accomplish the goals and desired outcomes of the protocol.~~

2.12 Subp. 4a. **Business day.** "Business day" means Monday through Friday, but does not  
2.13 include holidays under Minnesota Statutes, section 645.44, subdivision 5.

2.14 *[For text of subpart 5, see Minnesota Rules]*

2.15 Subp. 6. **Certificate.** "Certificate" means ~~the~~ a commissioner-issued document issued  
2.16 ~~by the commissioner~~ certifying that a ~~residential juvenile sex-offender~~ treatment program  
2.17 has met the requirements ~~of~~ under this chapter.

2.18 Subp. 6a. **Certificate holder.** "Certificate holder" means a person that holds a  
2.19 certificate and includes the person's designee.

2.20 Subp. 7. **Client.** "Client" means ~~a person~~ an individual who receives ~~sex-offender~~  
2.21 pretreatment or treatment in a program certified under this chapter while residing in the  
2.22 planned therapeutic environment.

2.23 Subp. 7c. **Clinical services.** "Clinical services" means services that:

3.1 A. help reduce a client's risk of engaging in sexually abusive or harmful behavior;

3.2 and

3.3 B. are provided by, coordinated by, and overseen by treatment staff.

3.4 Subp. 8. **Clinical supervision.** "Clinical supervision" means the ~~documented~~ oversight  
3.5 responsibility for the ~~planning, development, implementation, and evaluation of~~ planning,  
3.6 developing, implementing, and evaluating clinical services ~~such as admissions, intake~~  
3.7 ~~assessment, individual treatment plans, delivery of sex offender treatment services, client~~  
3.8 ~~progress in treatment, case management, discharge planning, and staff development and~~  
3.9 ~~evaluation.~~

3.10 Subp. 9. **Clinical supervisor.** "Clinical supervisor" means ~~the person designated to~~  
3.11 ~~be an individual~~ responsible for the clinical supervision of ~~a residential juvenile sex offender~~  
3.12 ~~treatment program.~~

3.13 Subp. 10. **Commissioner.** "Commissioner" means the commissioner of the Minnesota  
3.14 ~~Department of corrections or the commissioner's designee.~~

3.15 Subp. 11. **Correctional facility.** "Correctional facility" has the meaning given in  
3.16 Minnesota Statutes, section 241.021, subdivision 1, ~~paragraph (f)~~ 1i.

3.17 Subp. 12. **Criminal sexual behavior.** "Criminal sexual behavior" means any criminal  
3.18 sexual behavior ~~as identified in~~ under Minnesota Statutes, sections ~~609.293~~ 609.294 to  
3.19 ~~609.352, 609.36, 609.365, 609.79, 609.795, and 617.23 to 617.294.~~

3.20 Subp. 13. **Department.** "Department" means the Minnesota Department of Corrections.

3.21 Subp. 13a. **Direct service staff.** "Direct service staff" means staff in a local correctional  
3.22 facility who have primary responsibility for:

3.23 A. nonclinical operational functions within the treatment program; or

3.24 B. nonclinical client supervision in the planned therapeutic environment.

4.1 Subp. 14. **Discharge summary.** "Discharge summary" means written documentation  
4.2 that summarizes a client's treatment, prepared at the end of treatment by the program  
4.3 summarizing a client's involvement in treatment staff.

4.4 Subp. 14a. **DOC Portal.** "DOC Portal" means the department's detention information  
4.5 system under Minnesota Statutes, section 241.021, subdivision 1, paragraph (a).

4.6 *[For text of subpart 15, see Minnesota Rules]*

4.7 Subp. 16. **Individual treatment plan.** "Individual treatment plan" means a written  
4.8 plan of intervention, and treatment, and services for a client in a residential juvenile sex  
4.9 offender treatment program that is based on the results of the client's intake assessment and  
4.10 is reviewed at scheduled intervals.

4.11 Subp. 16a. **Intake assessment.** "Intake assessment" means a client's assessment after  
4.12 admission to a treatment program that is used to determine the client's:

4.13 A. cognitive, emotional, behavioral, and sexual functioning;

4.14 B. amenability to treatment;

4.15 C. risk and protective factors; and

4.16 D. treatment needs.

4.17 Subp. 17. [See repealer.]

4.18 Subp. 18. **License.** "License" means:

4.19 A. for a facility licensed in the state, a commissioner-issued license issued by the  
4.20 commissioner or the commissioner of human services authorizing the license holder to  
4.21 provide specified correctional or residential services according to the license terms of the  
4.22 license and the rules of the commissioner or the commissioner of human services, under  
4.23 chapter 2920 or 2960; and

5.1 B. for a facility licensed outside the state, a license issued according to the laws  
5.2 of the facility's state.

5.3 Subp. 19. [See repealer.]

5.4 Subp. 20. [See repealer.]

5.5 Subp. 21. **Clinical psychophysiological assessment of deception or deception**  
5.6 **assessment.** "Clinical psychophysiological assessment of deception" or "deception  
5.7 assessment" means a procedure used in a controlled setting to develop an approximation of  
5.8 the veracity of a client's answers to ~~specific~~ questions developed in conjunction with ~~the~~  
5.9 ~~program~~ treatment staff and the client by measuring and recording ~~particular~~ physiological  
5.10 responses to ~~those~~ the questions.

5.11 Subp. 22. **Psychophysiological Focused assessment of sexual interest and response**  
5.12 **or sexual interest and response assessment.** "Psychophysiological Focused assessment  
5.13 of sexual interest and response" or "sexual interest and response assessment" means a  
5.14 procedure used in a controlled setting to develop an approximation of a client's sexual  
5.15 interest and response profile and insight into the client's sexual motivation by measuring  
5.16 and recording ~~particular physiological~~ behavioral and subjective responses to a variety of  
5.17 sexual stimuli.

5.18 Subp. 22a. **Pretreatment.** "Pretreatment" means a status assigned to a client who is:

5.19 A. residing in the planned therapeutic environment but has not begun to participate  
5.20 in primary sex-offense-specific treatment; and

5.21 B. receiving empirically informed services to enhance the client's motivation for  
5.22 change, readiness for treatment, and acclimation to the planned therapeutic environment.

5.23 Subp. 22b. **Program staff.** "Program staff" includes a treatment program's  
5.24 administrative director, clinical supervisor, treatment staff, and direct service staff.

6.1 Subp. 23. **Residential ~~juvenile sex offender~~ treatment program or treatment**  
6.2 **program.** "Residential ~~juvenile sex offender~~ treatment program" or "treatment program"  
6.3 means a program that provides ~~sex offender treatment to juvenile sex offenders in which~~  
6.4 ~~the offender resides, at least during the primary phases of treatment,~~ a planned therapeutic  
6.5 environment under which food, housing, supervision, and treatment are delivered to clients  
6.6 in a facility or housing unit exclusive to the program ~~and set apart from the general~~  
6.7 ~~correctional population. A program's treatment and residential services may be provided in~~  
6.8 ~~separate locations.~~

6.9 *[For text of subpart 24, see Minnesota Rules]*

6.10 Subp. 25. [See repealer.]

6.11 Subp. 26. [See repealer.]

6.12 Subp. 27. [See repealer.]

6.13 Subp. 28. **Sexually abusive or harmful behavior.** "Sexually abusive or harmful  
6.14 behavior" means any sexual behavior in which:

6.15 A. ~~the other person involved does not or cannot freely consent to participate~~ an  
6.16 involved individual is nonconsenting or cannot legally give consent;

6.17 B. ~~the~~ a relationship between the persons is unequal involves an imbalance of  
6.18 power; ~~or~~

6.19 C. verbal or physical intimidation, manipulation, exploitation, coercion, or force  
6.20 is used to gain participation; or

6.21 D. material on child sexual exploitation was accessed, used, produced, or  
6.22 distributed.

6.23 Subp. 29. **Special assessment and treatment procedures.** "Special assessment and  
6.24 treatment procedures" means procedures ~~used in sex offender assessment and treatment that~~

~~are intrusive, intensive, or restrictive and present a potential physical or psychological risk when used without adequate care. A special assessment and treatment procedure that is intrusive impinges upon or invades a client's normal physical or psychological boundaries. The procedures include the psychophysiological assessment of deception and sexual response and treatment strategies that involve the use of aversive or painful stimuli. A special assessment and treatment procedure that is intensive involves the application of a procedure in a strong or amplified form in order to increase the effect of the procedure for a client. The procedures include marathon therapy sessions, psychodrama and role play involving the reenactment of criminal sexual behaviors or victimization, and certain forms of behavioral management in the therapeutic milieu; for example, high-level confrontation. A special assessment and treatment procedure that is restrictive limits or controls a client's privileges, access to resources, or freedom of movement in the program. The procedures include certain forms of behavioral management in the therapeutic milieu such as the use of seclusion, timeout, and restraint that are used to help gather information for a client's assessment and that are detailed in the Best Practice Guidelines for the Assessment, Treatment, Risk Management, and Risk Reduction of Men Who Have Committed Sexually Abusive Behaviors, or the Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior. The guidelines are incorporated by reference under part 2955.0025.~~

Subp. 30. **Supervising agent.** "Supervising agent" means ~~the~~ a parole or probation agent or case manager working with a client.

Subp. 31. **Planned therapeutic milieu environment.** "Planned therapeutic milieu environment" means ~~the planned and controlled use of the program environment and components~~ the site where the program environment is purposefully used as part of the treatment regimen to foster and support desired behavioral and cognitive changes in clients. ~~A therapeutic milieu functions to coordinate and integrate supervised group living and the delivery of treatment services with other program components such as security, medical~~



~~and psychiatric care, social services, nutrition, education, recreation, and spirituality. The nature and degree of development of a therapeutic milieu in the program may vary, depending upon the certificate holder's basic treatment protocol and the environmental and other conditions in which the program operates.~~

Subp. 31a. **Treatment.** "Treatment" means coordination of adjunctive and clinical services and the use of theoretically and empirically informed practices provided through a planned therapeutic environment to help a client reduce the risk of engaging in sexually abusive or harmful behavior.

Subp. 31b. **Treatment staff.** "Treatment staff" means staff who are employed by or contracted by a treatment program and who are responsible for planning, organizing, and providing treatment within the scope of their training and their licensure or certification.

Subp. 32. [See repealer.]

Subp. 33. **Variance.** ~~"Variance" means written permission given by the commissioner allowing the applicant or certificate holder to depart from specific provisions of this chapter for a specific period of time~~ an alternative to a requirement under this chapter.

*[For text of subpart 34, see Minnesota Rules]*

## **2955.0025 INCORPORATIONS BY REFERENCE.**

Subpart 1. **Incorporations; generally.** The publications in this part are incorporated by reference, are not subject to frequent change, and are available on the department's website.

Subp. 2. **Adult practice guidelines.** "Best Practice Guidelines for the Assessment, Treatment, Risk Management, and Risk Reduction of Men Who Have Committed Sexually Abusive Behaviors," published by the Association for the Treatment and Prevention of Sexual Abuse or its successor organization (2025 and as subsequently amended).

9.1 Subp. 3. **Juvenile practice guidelines.** "Practice Guidelines for Assessment, Treatment,  
9.2 and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior,"  
9.3 published by the Association for the Treatment of Sexual Abusers or its successor  
9.4 organization (2017 and as subsequently amended).

9.5 Subp. 4. **Model Policy for Post-Conviction Sex Offender Testing.** "Model Policy  
9.6 for Post-Conviction Sex Offender Testing," published by the American Polygraph Association  
9.7 (September 2021 and as subsequently amended).

9.8 Subp. 5. **Standards of Practice.** "Standards of Practice," published by the American  
9.9 Polygraph Association (2024 and as subsequently amended).

9.10 **2955.0030 PROCEDURES FOR CERTIFICATION PROCEDURES.**

9.11 Subpart 1. ~~Filing application~~ Applying for certification certificate. The  
9.12 ~~administrative director or other person in charge of a previously uncertified residential~~  
9.13 ~~juvenile sex offender treatment program~~ An applicant must file with the commissioner an  
9.14 application for certification with the commissioner of corrections at least 60 days prior to  
9.15 the date the program expects to begin providing sex offender treatment. Completed  
9.16 applications must be considered for certification by the commissioner a certificate before  
9.17 the treatment program may provide treatment.

9.18 Subp. 1a. **Application contents.** An application must be submitted on a  
9.19 department-provided form on the department's website and contain:

9.20 A. the name and address of the individual completing the application;

9.21 B. the treatment program's name and address;

9.22 C. the program's requested client capacity;

9.23 D. if a juvenile program, the age ranges of clients to be served;

10.1 E. the names and addresses of the owners, board members, or controlling  
10.2 individuals that will hold the certificate;

10.3 F. an organizational chart showing the program's organizational authority;

10.4 G. the program's policies and procedures required under this chapter;

10.5 H. the program's plans for operations; and

10.6 I. if the program is not operating in a state correctional facility, documentation  
10.7 that a local zoning authority has approved the program to operate in the local government  
10.8 unit.

10.9 Subp. 2. [See repealer.]

10.10 Subp. 3. [See repealer.]

10.11 **2955.0040 ~~CONDITIONS OF CERTIFICATION~~ CONDITIONS.**

10.12 Subpart 1. [See repealer.]

10.13 Subp. 2. ~~Review of applicant~~ Reviewing application. A review of the applicant shall  
10.14 ~~begin after the commissioner receives the completed application. Before a certificate is~~  
10.15 ~~issued or renewed, the commissioner must complete a certification study that includes:~~

10.16 ~~A. inspection of the physical plant, program records, and documents;~~

10.17 ~~B. review of all conditions required to be in compliance with this chapter; and~~

10.18 ~~C. observation of the program in operation or review of the plans for beginning~~  
10.19 ~~operations.~~

10.20 A. The commissioner must issue a certificate to an applicant if the commissioner  
10.21 determines that the application demonstrates that the treatment program can comply with  
10.22 this chapter.

11.1 B. The commissioner must issue the certificate within 60 days of receiving an  
11.2 application that contains all the information needed for the commissioner to determine the  
11.3 applicant's compliance with this chapter.

11.4 Subp. 3. ~~**Term Issuing certificate.** The certificate shall remain in force for one year~~  
11.5 ~~unless revoked. The commissioner may issue a certificate for up to two years to programs~~  
11.6 ~~that have operated for at least one year without negative action against the program's~~  
11.7 ~~certification or any relevant license or accreditation.~~

11.8 A. The commissioner must issue a certificate for the following types of treatment  
11.9 programs:

11.10 (1) a program treating juveniles in a local correctional facility if the program  
11.11 is licensed under chapter 2960;

11.12 (2) a program treating adults in a local correctional facility if the program is  
11.13 licensed under chapter 2920;

11.14 (3) a program treating juveniles or adults in a state correctional facility; and

11.15 (4) an out-of-state program treating juveniles if the program is licensed  
11.16 according to the laws of its state and complies with this chapter.

11.17 B. A certificate does not expire but is subject to a compliance inspection under  
11.18 part 2955.0050 and any corrective action plan, revocation, or suspension under part  
11.19 2955.0060.

11.20 Subp. 3a. **Notifying applicant of denied application.** If the commissioner denies an  
11.21 application, the commissioner must:

11.22 A. notify the applicant in writing;

11.23 B. state why the application was denied;

11.24 C. inform the applicant of any action required to correct the reason for denial; and

D. inform the applicant that the applicant may resubmit its application or appeal the commissioner's action according to part 2955.0060, subpart 9.

Subp. 4. **Posting required.** ~~A residential juvenile sex offender treatment program must post the~~ A program's certificate must be posted conspicuously in an area where it ~~may be read by clients~~ may read it.

Subp. 5. **Nontransferable.** A certificate is ~~not transferable~~ nontransferable.  
~~Certification applies only to the entity to whom it is issued.~~

## **2955.0050 MONITORING OF INSPECTING CERTIFIED PROGRAMS.**

Subpart 1. **Purpose Inspections; rule compliance.** Each ~~certified residential juvenile sex offender treatment program must be monitored~~ inspected to ensure that it is in compliance with ~~the standards established in this chapter. Monitoring is conducted by department personnel with understanding and expertise in program evaluation and the treatment of juvenile sex offenders.~~

Subp. 2. **Program review and site visit Inspections; how conducted.** Each program ~~may be monitored through a site visit. This site visit may be timed to coincide with other licensing inspections or evaluations. The department's visits to a program to investigate complaints or for any other lawful purpose~~ Department inspections may take place at any time and ~~shall~~ must be conducted according to Minnesota Statutes, section 241.021, subdivision 1.

Subp. 3. **Program ~~monitoring~~ records.** Each treatment program must maintain ~~sufficient~~ documentation in client and ~~operational~~ program records to ~~verify that it complies~~ demonstrate its compliance with ~~the requirements of this chapter. Each program must also~~ document:

A. compliance with its written policies and procedures, ~~including, but not limited to;~~

- 13.1 B. the number of clients served;
- 13.2 C. the type, amount, frequency, and cost of services provided; ~~the consistency of~~
- 13.3 D. that services provided are delivered consistent with individual client treatment
- 13.4 plans; and
- 13.5 E. the effectiveness in achieving the client's treatment goals; ~~and other information~~
- 13.6 ~~requested by the department on forms provided by the department.~~

13.7 **2955.0060 DENIAL, REVOCATION, SUSPENSION, AND NONRENEWAL OF**

13.8 **DENYING, REVOKING, SUSPENDING, AND NONRENEWING CERTIFICATION.**

- 13.9 Subpart 1. **Compliance required Inspections and nonconformance.** The
- 13.10 ~~commissioner must deny the application for certification of an applicant that does not comply~~
- 13.11 ~~with this chapter. The commissioner must revoke or suspend the certification of a residential~~
- 13.12 ~~juvenile sex offender treatment program if the program does not comply with this chapter.~~
- 13.13 Every two calendar years from the date of a treatment program's certification, the
- 13.14 commissioner must inspect the treatment program to determine compliance with this chapter,
- 13.15 but the commissioner must inspect a treatment program annually if the commissioner
- 13.16 determines it necessary to ensure compliance with a corrective action plan, revocation, or
- 13.17 suspension under this part.

- 13.18 Subp. 2. **Commissioner approval of proposed changes required to initial**
- 13.19 **certification.**

- 13.20 A. ~~The~~ A certificate holder must ~~notify the commissioner~~ document in writing
- 13.21 and obtain the commissioner's approval ~~at least 20 days prior to making~~ for any changes in
- 13.22 ~~relevant licensing or accreditation conditions, staffing patterns that reduce the amount of~~
- 13.23 ~~program services, the total number of hours, or the type of program services offered to~~
- 13.24 ~~clients~~ to the treatment program's initial certification.

14.1 B. Within 60 days of receiving a requested change under item A, the commissioner  
14.2 must approve the change unless the commissioner determines that the change would:

14.3 (1) make the treatment program noncompliant with this chapter; or

14.4 (2) jeopardize treatment quality and client outcomes.

14.5 C. If the commissioner denies a change, the commissioner must:

14.6 (1) notify the certificate holder in writing;

14.7 (2) state why the change was denied;

14.8 (3) inform the certificate holder of any action required to correct the reason  
14.9 for denial; and

14.10 (4) inform the certificate holder that the certificate holder may resubmit the  
14.11 change.

14.12 Subp. 3. **Notice of noncompliance intent to revoke or suspend certificate.**

14.13 A. The commissioner must ~~provide any applicant or~~ notify a certificate holder  
14.14 ~~that does not comply with this chapter that its~~ when the certificate holder's certificate ~~may~~  
14.15 ~~be denied, has been~~ revoked, ~~or~~ suspended, ~~or not renewed.~~

14.16 B. ~~This~~ The notice must:

14.17 (1) ~~be sent by certified mail and~~ in writing;

14.18 (2) ~~state the grounds for such action and must~~ why the certificate has been  
14.19 revoked or suspended;

14.20 (3) inform the ~~applicant or~~ certificate holder of ~~the actions~~ any action required  
14.21 ~~to correct the situation or to apply for a variance~~ for compliance; and

15.1                   (4) that inform the applicant or certificate holder that it has 30 days after  
15.2 receiving the notice to respond and comply with the requirements of the notice of  
15.3 noncompliance take any corrective action required for continued operation.

15.4           Subp. 4. **Notice to program of action revocation or suspension.** ~~After the 30-day~~  
15.5 ~~period to respond to the notice of noncompliance has expired, an applicant or certificate~~  
15.6 ~~holder that does not take the action required by the notice of noncompliance must be notified~~  
15.7 ~~in writing, by certified mail,~~

15.8                   A. If a certificate holder does not take the required action, if any, under subpart  
15.9 3 within 30 days after receiving the notice, the commissioner must notify the certificate  
15.10 holder in writing that its the certificate has been denied, revoked, or suspended, or not  
15.11 renewed.

15.12                   B. The notice must inform the applicant or certificate holder of the right to appeal  
15.13 the commissioner's action according to subpart 9.

15.14           Subp. 5. **Shortened notice to program of action Revocation or suspension; when**  
15.15 **required.**

15.16                   A. The commissioner must suspend a treatment program's certificate when:

15.17                           (1) ~~a program whose residential or correctional facility~~ the commissioner has  
15.18 documented serious violations of policies and procedures;

15.19                           (2) the program's operation poses an imminent risk to the health or safety of  
15.20 the program's clients or staff or the public; or

15.21                           (3) the program's license or accreditation is revoked, has been suspended, or  
15.22 not renewed, or a program whose operation poses an immediate danger to the health and  
15.23 safety of the clients or the community, must have its certificate revoked or suspended by  
15.24 the commissioner upon delivery of the notice of revocation or suspension to the certificate



16.1 ~~holder or any staff person at the program.~~ under Minnesota Statutes, section 241.021,  
16.2 subdivision 1c.

16.3 B. The commissioner must revoke a treatment program's certificate when:

16.4 (1) the program:

16.5 (a) has been notified of the commissioner's intent to revoke the program's  
16.6 certificate because of documented serious violations of policies and procedures; and

16.7 (b) has not taken an identified action, if any, required by the  
16.8 commissioner; or

16.9 (2) a program's license has been revoked under Minnesota Statutes, section  
16.10 241.021, subdivision 1b.

16.11 Subp. 6. [See repealer.]

16.12 Subp. 6a. **Corrective action plan.**

16.13 A. The commissioner must issue a corrective action plan to a certificate holder  
16.14 when the commissioner determines that the certificate holder is not complying with this  
16.15 chapter.

16.16 B. The corrective action plan must:

16.17 (1) be in writing;

16.18 (2) identify all rule violations;

16.19 (3) detail the corrective action required to remedy each violation; and

16.20 (4) provide a deadline to correct each violation.

16.21 C. When the certificate holder has corrected each violation, the certificate holder  
16.22 must submit to the commissioner documentation detailing the certificate holder's compliance  
16.23 with the corrective action plan. If the commissioner determines that the certificate holder

17.1 has not corrected each violation, the certificate holder is subject to an additional corrective  
17.2 action. Failure to comply with a corrective action plan is grounds for the commissioner to  
17.3 suspend or revoke a treatment program's certificate according to this part.

17.4 Subp. 7. [See repealer.]

17.5 Subp. 8. [See repealer.]

17.6 Subp. 9. **Appeals.**

17.7 A. An applicant ~~or certificate holder~~ whose application for certification is denied  
17.8 or a certificate holder whose certificate is revoked, or suspended, or not renewed may appeal  
17.9 the commissioner's action. ~~The appeal must be in writing and mailed to the commissioner~~  
17.10 ~~within 30 days of the date of the notice of action in subpart 4. The department must advise~~  
17.11 ~~the appellant of the department's action on the appeal no later than 30 days after the receipt~~  
17.12 ~~of the written appeal to the commissioner. An applicant or certificate holder not satisfied~~  
17.13 ~~with the commissioner's action on appeal may file an appeal to~~ by filing a contested case  
17.14 with the Office Court of Administrative Hearings under Minnesota Statutes, chapter 14. An  
17.15 appeal must be filed within 30 days after the applicant or certificate holder has received the  
17.16 commissioner's final written disposition.

17.17 B. If the Court of Administrative Hearings affirms a commissioner decision to  
17.18 deny an application or revoke a certificate:

17.19 (1) the applicant or certificate holder cannot apply for a certificate for two  
17.20 calendar years from the date of the court's issued decision; and

17.21 (2) the commissioner must notify the applicant or certificate holder of the  
17.22 restriction in writing.

18.1 **2955.0070 VARIANCE.**

18.2 Subpart 1. ~~Request for~~ **Requesting variance.** An applicant or certificate holder may  
18.3 request a variance ~~for up to one year from the requirements of this chapter. A request for a~~  
18.4 ~~variance must be submitted to the commissioner on a form supplied by the commissioner.~~  
18.5 ~~The request must~~ by submitting a request through the DOC Portal. The request must specify:

18.6 A. ~~the part number of the rule requirement from which the variance is requested;~~

18.7 B. ~~the reasons~~ why the applicant or certificate holder cannot comply with the rule  
18.8 requirement;

18.9 C. the period ~~of time~~ for which the variance has been requested; and

18.10 D. the ~~equivalent~~ alternative measures that the applicant or certificate holder ~~must~~  
18.11 will take to:

18.12 (1) ensure the quality and outcomes of ~~the treatment services~~ and the health,  
18.13 safety, and rights of clients and staff; and

18.14 (2) ~~to~~ comply with the intent of this chapter, if the variance is granted.

18.15 Subp. 2. ~~Evaluation of a~~ **Evaluating variance request.** The commissioner must  
18.16 grant a variance ~~may be granted~~ if the commissioner determines that ~~the conditions in items~~  
18.17 ~~A to F exist.:~~

18.18 A. compliance with ~~one or more of the provisions shall~~ the rule requirement from  
18.19 which the variance is requested would result in undue hardship, or and the variance would  
18.20 not jeopardize the quality and outcomes of the treatment services or the health, safety,  
18.21 security, detention, or well-being of clients or program staff;

18.22 B. the ~~residential juvenile sex offender~~ treatment program is otherwise ~~conforms~~  
18.23 ~~with the standards in~~ compliance with this chapter or is making ~~satisfactory~~ progress toward  
18.24 ~~conformity.~~ compliance under a corrective action plan;

19.1 C. granting the variance ~~shall~~ would not preclude the program from making  
19.2 ~~satisfactory progress toward conforming~~ compliance with this chapter;

19.3 D. granting the variance ~~shall~~ would not leave the well-being of the clients  
19.4 unprotected;

19.5 E. the program ~~shall~~ will take other action as required by the commissioner to  
19.6 comply with the ~~general purpose of the standards.~~ intent of this chapter; and

19.7 F. granting the variance does not violate applicable ~~laws~~ statutes and rules.

19.8 Subp. 3. **Notice by commissioner.**

19.9 A. Within 30 60 days after receiving the a request for a variance and documentation  
19.10 supporting it under subpart 1, the commissioner must inform the applicant or certificate  
19.11 holder in writing through the DOC Portal whether the request has been granted or denied  
19.12 and the reasons reason for the decision.

19.13 B. The commissioner's decision to grant or deny a variance request is final and  
19.14 not subject to appeal under Minnesota Statutes, chapter 14.

19.15 Subp. 4. **Renewing variance.**

19.16 A. A request to renew a variance must:

19.17 (1) contain the information under subpart 1; and

19.18 (2) be submitted through the DOC Portal at least 30 days before the variance  
19.19 expires.

19.20 B. The commissioner must renew a variance if the certificate holder:

19.21 (1) continues to satisfy the requirements under subpart 2; and

19.22 (2) demonstrates compliance with the alternative measures imposed when  
19.23 the variance was granted.

20.1 **Subp. 5. Revoking or not renewing variance.**

20.2 **A. The commissioner must revoke or not renew variances as follows:**

20.3 **(1) the commissioner must not renew a variance if a renewal request is**  
20.4 **received less than 30 days before the variance expires; and**

20.5 **(2) the commissioner must revoke or not renew a variance if the commissioner**  
20.6 **determines that the requirements under subpart 2 are not being met.**

20.7 **B. The commissioner must notify the applicant or certificate holder through the**  
20.8 **DOC Portal within 60 days after the commissioner's determination.**

20.9 **C. The commissioner's determination is final and not subject to appeal under**  
20.10 **Minnesota Statutes, chapter 14.**

20.11 **2955.0080 STAFFING REQUIREMENTS.**

20.12 Subpart 1. ~~Highest~~ **Conflict with licensure rules; more stringent requirement**  
20.13 **prevails.** If the staffing requirements of this part conflict with the staffing requirements of  
20.14 applicable rules governing a treatment program's licensure ~~or accreditation~~, the highest  
20.15 ~~staffing requirement is the prevailing requirement~~ **more stringent staffing requirement**  
20.16 **prevails.**

20.17 **Subp. 1a. Staff qualifications; generally.** All program staff must meet their respective  
20.18 qualifications under part 2955.0090.

20.19 Subp. 2. **Administrative director required.** ~~The~~ A treatment program must employ  
20.20 ~~or have under contract with an administrative director who meets the requirements under~~  
20.21 ~~part 2955.0090, subpart 2.~~

20.22 Subp. 3. ~~Responsible staff person~~ **Administrative director; designee.** ~~Where~~  
20.23 ~~appropriate,~~ When an administrative director is unavailable or not present in the treatment  
20.24 program, the administrative director must, during all hours of operation, designate a staff

21.1 member who is present in the ~~program as~~ treatment program to be responsible for the  
21.2 program.

21.3 Subp. 4. **Clinical supervisor required; duties.**

21.4 A. The A treatment program must employ or have under contract a with at least  
21.5 one clinical supervisor who meets the requirements under part 2955.0090, subpart 3.

21.6 B. For each client in the program, a clinical supervisor must provide at least two  
21.7 hours per month of clinical supervisory service. A clinical supervisor may not supervise  
21.8 more than eight counselors.

21.9 C. The A clinical supervisor must establish develop and follow a written policy  
21.10 and procedure on staff evaluation and supervision procedure that:

21.11 (1) identifies the performance and competence qualifications of each treatment  
21.12 staff person counselor; and

21.13 (2) ensures that each staff person received counselor receives the guidance  
21.14 and support needed to provide treatment clinical services in the areas in which the person  
21.15 counselor practices.

21.16 D. At least four hours per month A clinical supervisor must be devoted to the  
21.17 clinical supervision of each staff person providing treatment services. Clinical supervision  
21.18 of staff may be provided:

21.19 (1) provide clinical supervision to counselors, either in individual or group  
21.20 sessions, and must document the provided supervision; and

21.21 (2) provide clinical supervision to each counselor under this item at least two  
21.22 hours per month unless the clinical supervisor determines that less clinical supervision is  
21.23 needed and documents in the counselor's personnel file why less clinical supervision was  
21.24 provided.

22.1 E. The clinical supervisor must document all hours of clinical supervisory activities  
22.2 in the appropriate location supervision.

22.3 Subp. 5. **~~Sex offender Treatment staff required.~~** The A treatment program must  
22.4 employ or have under contract with treatment staff who are responsible for and qualified  
22.5 to deliver sex offender treatment services in the program. These sex offender Treatment  
22.6 staff must include: the clinical supervisor who meets the qualifications in part 2955.0090,  
22.7 subpart 3; the sex offender therapist who meets the qualifications in part 2955.0090, subpart  
22.8 4; and the sex offender counselor who meets the qualifications in part 2955.0090, subpart  
22.9 5 a clinical supervisor and a counselor. Except for a clinical supervisor, treatment staff need  
22.10 not be licensed under Minnesota Statutes, chapter 245I.

22.11 Subp. 6. **~~One person staff member occupying more than one position.~~** ~~One person~~

22.12 A. A staff member may be simultaneously employed as the an administrative  
22.13 director, clinical supervisor, or sex offender therapist or counselor if the individual the staff  
22.14 member meets the qualifications for these the positions that they are simultaneously employed  
22.15 in.

22.16 B. If a sex offender therapist is simultaneously an administrative director or clinical  
22.17 supervisor, that individual is considered less than a full-time equivalent sex offender therapist  
22.18 as a proportion of the work hours performed in the other positions. A counselor may be  
22.19 simultaneously employed as an administrative director or a clinical supervisor, but the time  
22.20 that the counselor works in the other position is subtracted from the counselor's time  
22.21 providing treatment and must be documented and adjusted as needed to comply with this  
22.22 part.

22.23 Subp. 7. **~~Ratio of sex offender treatment staff to clients.~~**

22.24 A. The As prescribed under the program's staffing plan, a treatment program must  
22.25 have sufficient sex offender treatment staff to provide the required program services,

23.1 ~~implement individual treatment plans, and maintain the safety and security of the program~~  
23.2 adjunctive and clinical services.

23.3 B. The number of work hours performed by the sex offender treatment staff may  
23.4 be averaged weekly and combined in different ways, depending on program needs, to achieve  
23.5 A treatment program must maintain a ~~minimum~~ maximum ratio of one full-time equivalent  
23.6 position for each providing clinical services to no more than ten clients in the primary phases  
23.7 of treatment and one full-time equivalent position for each 20 clients in the transition and  
23.8 reentry phases of treatment.

23.9 C. A treatment program may exceed the ratio under item B if:

23.10 (1) the ratio includes clients in aftercare or clients preparing for community  
23.11 reentry; and

23.12 (2) the administrative director documents why the ratio is being exceeded.

23.13 **Subp. 8. Staffing plan.**

23.14 A. ~~The program~~ An administrative director must develop and ~~implement~~ follow  
23.15 a written staffing plan that identifies the assignments of ~~program, security, and sex offender~~  
23.16 ~~treatment staff so that the staff level is adequate~~ each staff position needed to provide  
23.17 adjunctive and clinical services and needed to ~~implement the programming and~~ maintain  
23.18 the program's safety and security ~~of the program~~.

23.19 B. The administrative director and clinical supervisor must review the staffing  
23.20 plan at least annually and document the review. In consultation with the clinical supervisor,  
23.21 the administrative director must revise the staffing plan as needed to:

23.22 (1) ensure that adjunctive and clinical services are provided to clients; and

23.23 (2) maintain the treatment program's safety and security.



Subp. 9. **Staff Orientation, development, and training for program staff.**

~~A. The~~ A treatment program must have develop and follow a written staff orientation, development, and training plan for each ~~sex offender treatment program staff person member~~. ~~The program shall require that each sex offender treatment staff person complete the amount of course work or training specified in this part. The education~~ The plan must be developed within 90 days of a staff member's employment and must be reviewed and, if necessary, revised at least annually. Training must augment job-related knowledge, understanding, and skills to update or enhance improve the treatment staff's staff member's ability to deliver clinical services for the treatment of sexually offending behavior perform their job duties and must be documented in the staff person's member's orientation, development, and training plan. The plan and any revisions must be documented and placed in the staff person's personnel file.

~~A. B. A staff~~ Within two years of their employment date and every two years thereafter, an unlicensed treatment staff member who works an average of half time or more in a year must complete at least 40 hours per biennium of course work or training.

~~B. C. A staff~~ Within two years of their employment date and every two years thereafter, an unlicensed treatment staff member who works an average of less than half time in a year shall must complete at least 26 hours per biennium of course work or training.

Subp. 10. **Examiners Examiner conducting psychophysiological assessments of deception assessment.** ~~A treatment program that uses psychophysiological assessments of a deception as part of its services assessment must employ or contract with an examiner to conduct the procedure who meets the requirements under part 2955.0090, subpart 6 assessment.~~

Subp. 11. **Examiners Examiner conducting psychophysiological assessments of sexual interest and response assessment.** ~~A treatment program that uses psychophysiological assessments of a sexual interest and response assessment as part of its~~

25.1 services must employ or contract with an examiner to conduct the ~~procedure who meets the~~  
25.2 ~~requirements under part 2955.0090, subpart 7~~ assessment.

25.3 **2955.0085 TRAINING.**

25.4 The following activities qualify as training under this chapter:

25.5 A. attending conferences, workshops, or seminars related to a staff member's job  
25.6 duties;

25.7 B. attending online or in-person training related to a staff member's job duties;

25.8 C. observing a staff member who is trained and qualified to perform the observing  
25.9 staff member's job duties under this chapter; and

25.10 D. for a clinical supervisor and counselor: research, teaching, clinical case  
25.11 management, program development, administration or evaluation, staff consultation, peer  
25.12 review, record keeping, report writing, client care conferences, and any other duty related  
25.13 to maintaining the clinical supervisor's or counselor's licensure or certification.

25.14 **2955.0090 STAFF QUALIFICATIONS AND DOCUMENTATION.**

25.15 Subpart 1. **Qualifications for ~~all employees~~ staff working directly with clients.** ~~All~~  
25.16 ~~persons~~ A program staff member working directly with ~~clients~~ a client must ~~meet the~~  
25.17 ~~following requirements:~~

25.18 ~~A. meet the rule requirements of the applicable residential or correctional facility~~  
25.19 ~~license or accreditation~~ be at least 21 years of age; and

25.20 ~~B. be at least 21 years of age~~ meet the qualification requirements of the treatment  
25.21 program's license.

25.22 Subp. 2. **Qualifications for Administrative director; qualifications.** In addition to  
25.23 the requirements ~~in~~ under subpart 1, an administrative director must ~~meet the criteria in~~  
25.24 ~~items A to C.~~ ;

A. ~~An administrative director must~~ have the following educational experience:

(1) hold a postgraduate degree in the behavioral sciences or a field relevant to administering a ~~sex-offender treatment~~ program from an accredited college or university, with at least two years of work experience providing services in a correctional or human services program. ~~Alternately, an administrative director must; or~~

(2) have a bachelor's degree in the behavioral sciences or field relevant to administering a ~~sex-offender treatment~~ program from an accredited college or university, with ~~a minimum of at least~~ four years of work experience in providing services in a correctional or human services program;

~~B. An administrative director must have 2,000 hours of experience in the administration or supervision of a correctional or human services program.~~

~~C. B.~~ An administrative director must have 40 hours of training in topics relating to the management and treatment of sex offenders managing and treating sexually abusive or harmful behavior, mental health, and human sexuality; and

C. complete the training under item B within 18 months after the director's hiring date.

Subp. 3. ~~Qualifications for Clinical supervisor; qualifications.~~

A. In addition to the requirements ~~in~~ under subpart 1, a clinical supervisor must ~~meet the criteria in items A to C.;~~

A. (1) ~~A clinical supervisor must be licensed as a psychologist under Minnesota Statutes, section 148.907; an independent clinical social worker under Minnesota Statutes, section 148E.055; a marriage and family therapist under Minnesota Statutes, sections 148B.29 to 148B.39; a physician under Minnesota Statutes, section 147.02, and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry; or a registered nurse under Minnesota Statutes, sections 148.171 to 148.285,~~

27.1 ~~and certified as a clinical specialist in juvenile psychiatric and mental health nursing by the~~  
27.2 ~~American Nurses Association.~~ be qualified according to Minnesota Statutes, section 245I.04,  
27.3 subdivision 2;

27.4 ~~B. (2) A clinical supervisor must~~ have experience and proficiency in the following  
27.5 areas:

27.6 ~~(1) (a)~~ (1) (a) at least 4,000 hours of full-time supervised experience ~~in the provision~~  
27.7 ~~of providing~~ individual and group psychotherapy to individuals in at least one of the  
27.8 following professional settings:

27.9 i. corrections;

27.10 ii. ~~chemical dependency~~; substance use disorder treatment;

27.11 iii. mental health;

27.12 iv. developmental disabilities;

27.13 v. social work; or

27.14 vi. victim services;

27.15 ~~(2) (b)~~ (2) (b) 2,000 hours of supervised experience ~~in the provision of providing~~  
27.16 direct therapy services ~~to sex offenders;~~

27.17 ~~(3) (c) sex offender assessment~~ (3) (c) assessing individuals who have engaged in  
27.18 sexually abusive or harmful behavior; and

27.19 ~~(4) (d)~~ (4) (d) clinical case management, including treatment planning, ~~general~~  
27.20 knowledge of social services and appropriate referrals, and record keeping; mandatory  
27.21 reporting requirements; and, if applicable, confidentiality rules ~~and regulations~~ that apply  
27.22 to juvenile ~~sex offender~~ clients; and

28.1 ~~C. (3) a clinical supervisor must~~ have training in the following core areas or  
28.2 subjects:

- 28.3 (a) eight hours in managing a planned therapeutic environment;  
28.4 ~~(1) (b) 30 hours in child or adolescent~~ human development;  
28.5 ~~(2) (c) 12 hours in clinical supervision;~~  
28.6 ~~(3) (d) 16 hours in the treatment of~~ applying cognitive distortions, thinking  
28.7 errors, and criminal thinking behavioral therapies;  
28.8 ~~(4) 16 hours in behavioral therapies for sex offenders;~~  
28.9 ~~(5) (e) 16 hours in relapse prevention~~ applying both risk, need, and  
28.10 responsivity principles and risk and protective factors to treatment planning and community  
28.11 reintegration;  
28.12 ~~(6) (f) 16~~ eight hours in human sexuality;  
28.13 ~~(7) (g) 16 hours in family systems;~~  
28.14 ~~(8) (h) 12 hours in crisis intervention;~~  
28.15 ~~(9) (i) 12~~ eight hours in the policies and procedures of the Minnesota criminal  
28.16 justice system; and  
28.17 ~~(10) (j) 12 hours in substance abuse~~ use disorder treatment.

28.18 ~~Persons who do not have the training required in this part shall have one year from~~  
28.19 ~~their date of hire to complete the training.~~

28.20 B. The training under item A, subitem (3), must be completed within 18 months  
28.21 after the clinical supervisor's hiring date.

28.22 Subp. 4. [See repealer.]

Subp. 5. ~~Qualifications for sex offender Counselor; qualifications.~~

~~A. In addition to the requirements in under subpart 1, a sex offender counselor must meet the criteria in items A to C;~~

~~A. (1) A sex offender counselor must hold a postgraduate degree or bachelor's degree in one of the behavioral sciences or related fields field from an accredited college or university;~~

~~B. (2) A sex offender counselor if holding a bachelor's degree must, have experience and proficiency in one of the following areas:~~

~~(+)~~ ~~(a)~~ 1,000 hours of experience ~~in the provision of~~ providing direct counseling or clinical case management services to clients in one of the following professional settings:

i. corrections;

ii. ~~chemical dependency~~; substance use disorder treatment;

iii. mental health;

iv. developmental disabilities;

v. social work; or

vi. victim services;

~~(2)~~ ~~(b)~~ 500 hours of experience ~~in the provision of~~ providing direct counseling or clinical case management services to ~~sex offenders or other involuntary~~ clients who have engaged in sexually abusive or harmful behavior; or

~~(3)~~ ~~(c)~~ 2,000 hours of experience in a secured correctional or community corrections environment; and

30.1 C. ~~(3) A sex offender counselor holding either degree must have training in the~~  
30.2 following core areas or subjects:

- 30.3 (a) eight hours in managing a planned therapeutic environment;
- 30.4 ~~(1)~~ (b) 30 hours in child or adolescent human development;
- 30.5 ~~(2)~~ (c) 12 hours in the treatment of applying cognitive distortions, thinking  
30.6 ~~errors, and criminal thinking behavioral therapies;~~
- 30.7 ~~(3) eight hours in behavioral therapies for sex offenders;~~
- 30.8 ~~(4)~~ (d) eight hours in relapse prevention applying both risk, need, and  
30.9 responsivity principles and risk and protective factors to treatment planning and community  
30.10 reintegration;
- 30.11 ~~(5)~~ (e) eight hours in human sexuality;
- 30.12 ~~(6)~~ (f) eight hours in family systems;
- 30.13 ~~(7)~~ (g) four hours in crisis intervention;
- 30.14 ~~(8)~~ (h) four hours in the policies and procedures of the Minnesota criminal  
30.15 justice system; and
- 30.16 ~~(9)~~ (i) four hours in substance abuse use disorder treatment.

30.17 ~~Persons who do not have the training required in this part shall have one year from~~  
30.18 ~~their date of hire to complete the training.~~

30.19 B. A counselor must complete the training under item A, subitem (3), within 18  
30.20 months after the counselor's hiring date.

30.21 Subp. 6. ~~Qualifications for examiners~~ Examiner conducting psychophysiological  
30.22 ~~assessments of deception assessment; qualifications.~~ The An examiner conducting  
30.23 ~~psychophysiological assessments of a deception assessment~~ must:

31.1 A. be a full or associate member in good standing of the American Polygraph  
31.2 Association; and

31.3 B. have 40 hours of training in the ~~clinical use of this procedure in the assessment,~~  
31.4 ~~treatment, and supervision of sex offenders~~ Model Policy for Post-Conviction Sex Offender  
31.5 Testing, which is incorporated by reference under part 2955.0025.

31.6 Subp. 7. ~~Qualifications for examiners~~ Examiner conducting psychophysiological  
31.7 assessments of sexual interest and response assessment; qualifications.

31.8 A. ~~The~~ A clinical level examiner conducting psychophysiological assessments of  
31.9 a sexual interest and response assessment must:

31.10 (1) be licensed as one of the following:

31.11 (a) ~~a doctor of medicine~~ physician licensed under Minnesota Statutes,  
31.12 ~~section 147.02, chapter 147;~~

31.13 (b) a psychologist licensed under Minnesota Statutes, ~~section 148.907,~~  
31.14 sections 148.88 to 148.98; or

31.15 (c) a social worker licensed under Minnesota Statutes, ~~section 148B.21~~  
31.16 sections 148E.050, subdivision 5, and 148E.115;

31.17 (2) ~~have 40 hours of certified~~ training in the clinical use of ~~this procedure in~~  
31.18 ~~the assessment and treatment of sex offenders~~ the assessment for individuals who have  
31.19 engaged in sexually abusive or harmful behavior; and

31.20 (3) have conducted five assessments under the direct supervision of a clinical  
31.21 level examiner who was present through the entire ~~procedure~~ assessment.

31.22 ~~Persons who meet the qualifications in subitem (1) and have been conducting~~  
31.23 ~~psychophysiological assessments of sexual response for three years or more on April 26,~~  
31.24 ~~1999, are exempt from the qualifications specified in subitems (2) and (3).~~



32.1 B. ~~The A~~ technical level examiner conducting ~~psychophysiological assessments~~  
32.2 ~~of a sexual interest and response assessment~~ must:

- 32.3 (1) be under the direct supervision of a clinical level examiner;
- 32.4 (2) have ~~eight hours of~~ certified training in the clinical use of ~~this procedure~~  
32.5 ~~in the assessment, treatment, and supervision of sex offenders~~ the assessment for individuals  
32.6 who have engaged in sexually abusive or harmful behavior; and
- 32.7 (3) have conducted five assessments under the direct supervision of a clinical  
32.8 level examiner who was present through the entire ~~procedure~~ assessment.

32.9 Subp. 7a. **Qualifications for direct service staff.**

32.10 A. This subpart applies to direct service staff who have direct contact with a client  
32.11 half time or more in a calendar year.

32.12 B. Direct service staff must have at least 16 hours of initial training and annual  
32.13 training every year thereafter in at least the following core areas or subjects:

- 32.14 (1) managing the planned therapeutic environment;
- 32.15 (2) the treatment program's basic treatment protocol; and
- 32.16 (3) crisis management.

32.17 C. Direct service staff must complete the initial training before having direct  
32.18 contact with a client.

32.19 Subp. 8. **Documentation of Documenting qualifications.**

32.20 A. ~~The department shall accept the following as adequate documentation that the~~  
32.21 ~~staff described in subparts 2 to 7 have the required qualifications~~ A treatment program must  
32.22 document the following for each program staff member:

(1) ~~copies a copy~~ of required professional licenses and other ~~relevant certificates and memberships~~ qualifications required for compliance with this chapter; and

(2) ~~copies a copy~~ of official transcripts, attendance certificates, syllabi, or other ~~credible~~ evidence documenting ~~successful~~ completion of required training.

B. All ~~qualification~~ documentation must be maintained by the treatment program in the ~~employee's~~ staff member's personnel file ~~or other appropriate personnel record~~.

Subp. 9. [See repealer.]

**2955.0100 STANDARDS FOR SEX OFFENDER CLIENT ADMISSION, INTAKE, AND ASSESSMENT.**

Subpart 1. **Admission procedure and new client intake assessment; report required.**

A. A treatment program's clinical supervisor must develop and follow a written admission procedure ~~must be established~~ that includes ~~the determination of~~ determining the appropriateness of ~~the~~ a client for the program by reviewing:

(1) the client's condition and need for treatment;

(2) the ~~treatment~~ adjunctive and clinical services offered by the program;

and

(3) other ~~available resources~~ documents in the client's file relating to the client's treatment history, reason for treatment, and other clinically assessed needs.

B. ~~This~~ The admission procedure must be coordinated with the ~~external,~~ nonclinical correctional facility conditions ~~required by the legal, correctional, and administrative systems~~ within which the program operates.

C. ~~an~~ A clinical supervisor must develop and follow a written intake assessment ~~process must also be established~~ procedure that determines ~~the~~ a client's functioning and treatment needs. ~~All clients admitted to a residential juvenile sex offender treatment program~~

34.1 A client must have a written intake assessment report completed within the first 30 business  
34.2 days;

34.3 (1) ~~of~~ after admission to the program; or

34.4 (2) after the client has transitioned from pretreatment.

34.5 Subp. 2. **Intake assessments** ~~conducted by qualified staff.~~

34.6 A. ~~The~~ A clinical supervisor must direct ~~qualified~~ treatment staff to gather the  
34.7 ~~requisite~~ information under subpart 1 during the intake assessment process and any  
34.8 ~~subsequent~~ reassessments under subpart 4. The staff members who conduct the intake  
34.9 assessment must be trained and experienced in ~~the administration and interpretation of sex~~  
34.10 ~~offender~~ administering and interpreting assessments in accordance with their license or be  
34.11 supervised by a clinical supervisor.

34.12 B. A treatment program may contract with an outside entity to conduct an intake  
34.13 assessment if the entity is qualified under this part.

34.14 Subp. 3. **Intake assessment appropriate to treatment program's basic treatment**  
34.15 **protocol of program.** A treatment program may adapt the parameters ~~specified in~~ under  
34.16 subparts 6 to 8 to conduct assessments that are appropriate to the program's basic treatment  
34.17 protocol. The rationale for the ~~particular~~ adaptation must be provided in the ~~program~~  
34.18 program's policy and procedures manual as specified under part 2955.0140, subpart 1, item  
34.19 E.

34.20 Subp. 4. **Reassessment.** ~~At the discretion of the~~ A clinical supervisor or treatment  
34.21 ~~team, a full or partial reassessment may be conducted~~ staff member may reassess a client  
34.22 to assist in decisions ~~regarding~~ on the client's:

34.23 A. progress in treatment;

34.24 B. movement within the program's structure ~~of the program;~~

C. receipt or loss of privileges; and

D. discharge from the program.

Subp. 5. **Cultural sensitivity.** ~~Assessments~~ An assessment must take into consideration the effects of cultural context, ethnicity, race, social class, and geographic location on the client's personality, identity, and behavior of the client.

Subp. 6. **Sources of assessment data.** Sources of assessment data may include:

A. collateral information, such as police reports, victim statements, child protection information, presentence ~~sex-offender~~ assessments, presentence and investigations, and ~~delinquent and criminal history and juvenile justice data under Minnesota Statutes, section 13.875;~~

B. psychological and psychiatric test information;

C. ~~sex-offender-specific~~ client-specific test information, including ~~psychophysiological measurement of deception and sexual~~ interest and response assessments;

*[For text of items D to H, see Minnesota Rules]*

Subp. 7. **Dimensions Information included in assessment.** ~~The~~ An assessment must include, ~~but is not limited to,~~ baseline the following information ~~about the following~~ dimensions, as appropriate applicable to the client:

A. a description of the client's conviction or adjudication offense, noting:

(1) the facts of the criminal complaint, or the delinquency petition under Minnesota Statutes, section 260B.141;

(2) the client's description of the offense;

(3) any discrepancies between the client's and the official's or victim's description of the offense; and

36.1 (4) the assessor's conclusion about the reasons for any discrepancies in the  
36.2 information;

36.3 *[For text of items B to D, see Minnesota Rules]*

36.4 E. the client's personal history that includes such areas as:

36.5 *[For text of subitems (1) and (2), see Minnesota Rules]*

36.6 (3) nature of peer relations;

36.7 (4) play and leisure interests;

36.8 ~~(3)~~ (5) medical history;

36.9 ~~(4)~~ (6) educational history;

36.10 ~~(5)~~ (7) ~~chemical abuse~~ substance use history;

36.11 ~~(6)~~ (8) employment and vocational history; and

36.12 ~~(7)~~ (9) military history;

36.13 *[For text of items F and G, see Minnesota Rules]*

36.14 H. personal mental health functioning that includes such variables as:

36.15 *[For text of subitems (1) to (5), see Minnesota Rules]*

36.16 ~~(6) learning disability or attention deficit disorder;~~

36.17 ~~(7)~~ (6) posttraumatic stress behaviors, including any dissociative process that  
36.18 may be operative;

36.19 ~~(8)~~ (7) organicity and neuropsychological factors; and

36.20 ~~(9)~~ (8) assessment of vulnerability;

36.21 *[For text of item I, see Minnesota Rules]*

J. ~~identification of factors that may inhibit as well as contribute to the commission of offensive behavior that may constitute significant aspects of the client's offense cycle and their current level of influence on the client.~~ the client's risk and protective factors, including at a minimum:

(1) how the factors may inhibit or contribute to the client's engagement in sexually abusive or harmful behavior; and

(2) the factors' current level of influence on the client.

Subp. 8. ~~Administration of~~ Administering psychological testing, measures of risk and protective factors, and assessments of adaptive behavior.

A. ~~Where possible~~ If applicable to the client, psychological tests; ~~measures of risk and protective factors;~~ and assessments of adaptive behavior, adaptive skills, and developmental functioning used in ~~sex-offender~~ intake assessments must be standardized and normed for the given population tested.

B. ~~The~~ Test results of the tests must be interpreted by a ~~qualified person~~ treatment staff member who is trained and experienced in ~~the interpretation of~~ interpreting the tests, ~~measures, and assessments.~~ The results may not be used as the only or the major source of ~~risk~~ the intake assessment.

Subp. 9. **Assessment conclusions and recommendations.**

A. The conclusions and recommendations of the intake assessment must be based on the information obtained during the assessment. ~~The clinical supervisor must convene a treatment team meeting to review the findings and develop the assessment conclusions and recommendations.~~

B. The interpretations, conclusions, and recommendations described in the assessment report must ~~show consideration of~~ consider the:

(1) strengths and limitations of the procedures used in the assessment;

(2) strengths and limitations of self-reported information and demonstration of ~~reasonable~~ efforts to verify information provided by the client; and

(3) ~~client's legal status and the relevant criminal and legal considerations~~  
current conviction or adjudication offense and criminal history and juvenile justice data  
under Minnesota Statutes, section 13.875.

C. The interpretations, conclusions, and recommendations described in the assessment report must:

(1) be impartial and provide an objective and accurate base of data;

(2) note any issues or questions that exceed the level of knowledge in the field or the assessor's expertise ~~of the assessor~~; and

(3) address the issues necessary ~~for appropriate decision making regarding~~  
to make decisions on treatment and reoffense risk factors.

Subp. 10. **Assessment report.** ~~The assessment report must be based on the conclusions and recommendations of the treatment team review. One qualified sex offender treatment staff person who is also a team member must be responsible for the integration and completion of~~ complete the written report, which is must be signed and dated and placed in the client's file. The report must include ~~at least~~ the following areas:

A. a summary of diagnostic and typological impressions of the client;

B. an initial assessment of the factors that both protect the client from and place the client at risk for unsuccessful completion of the treatment program and sexual reoffense;

C. a conclusion about the client's amenability to treatment; and

D. a conclusion ~~regarding on~~ the appropriateness of the client for placement in the program as follows:

(1) if ~~residential sex-offender treatment is determined to be inappropriate~~ the program cannot meet the client's treatment needs, a recommendation for alternative placement or treatment is provided; or

(2) if the assessment determines that the client is appropriate for the program, the report must present:

(a) an outline of the client's ~~sex-offender treatment needs and the treatment goals and strategies to address those needs~~;

(b) recommendations, as appropriate, for the client's needs for adjunctive services in adjunctive areas such as health, ~~chemical dependency~~ substance use disorder treatment, education, vocational skills, recreation, and leisure activities;

*[For text of units (c) and (d), see Minnesota Rules]*

**Subp. 11. Client review and input.**

A. A client must have the opportunity to review the assessment report under subpart 10 and discuss it with a treatment staff member and, if needed, to verify or correct information in the report. Nothing under this item allows the staff member to override the conclusions and recommendations of the review under subpart 9.

B. If the report is amended, the amended report must be signed and dated by the staff member.

**2955.0105 PRETREATMENT.**

Subpart 1. Definition. For purposes of this part, "full-time treatment" refers to clients not in pretreatment.

Subp. 2. Policy and procedure required. A treatment program in a state correctional facility may use a pretreatment phase. If a treatment program uses a pretreatment phase, a clinical supervisor must develop and follow a written policy and procedure on pretreatment.



40.1 Subp. 3. **Pretreatment services.** The policy and procedure under subpart 2 must state  
40.2 at least the following:

40.3 A. how treatment staff will determine a client's need for pretreatment;

40.4 B. the pretreatment services that will be provided; and

40.5 C. how treatment staff will assess for a client's pretreatment needs.

40.6 Subp. 4. **Pretreatment standards.**

40.7 A. The policy and procedure under subpart 2 must describe how the treatment  
40.8 program will:

40.9 (1) manage the program's pretreatment clients, including in relation to clients  
40.10 in full-time treatment;

40.11 (2) minimize the time that clients spend in pretreatment; and

40.12 (3) plan for clients to transition to full-time treatment.

40.13 B. Treatment staff must review a client's progress in pretreatment at least every  
40.14 14 days.

40.15 Subp. 5. **Client expectations; removing from pretreatment.**

40.16 A. A pretreatment client must:

40.17 (1) follow facility rules and the rules of the client's living unit;

40.18 (2) when held, attend weekly community meetings; and

40.19 (3) when held, attend a weekly programming group with other pretreatment  
40.20 clients.

40.21 B. A clinical supervisor or counselor may remove a client from pretreatment if  
40.22 the client:

- 41.1                    (1) does not follow facility rules or the rules of the client's living unit;
- 41.2                    (2) is disrupting the ability of clients to receive pretreatment or treatment; or
- 41.3                    (3) presents a safety risk to other clients or program staff.

41.4                    C. A clinical supervisor or counselor must document if a client has been removed  
41.5 under item B and the reason for removal.

41.6                    **Subp. 6. Transitioning from pretreatment to full-time treatment.**

41.7                    A. A client must transition to full-time treatment:

- 41.8                    (1) if the client has an assessed and documented need for sex-offense-specific  
41.9 treatment; and
- 41.10                    (2) after treatment staff have determined that the client can transition to  
41.11 full-time treatment.

41.12                    B. A transition to full-time treatment is subject to:

- 41.13                    (1) facility security conditions; and
- 41.14                    (2) the treatment program's ability to provide the client with full-time  
41.15 treatment.

41.16                    **Subp. 7. Documentation.** In addition to the documentation requirements under this  
41.17 part, treatment staff must document the following information in a client's file:

- 41.18                    A. the amount and frequency of pretreatment services received;
- 41.19                    B. the type of pretreatment services received;
- 41.20                    C. all reviews of the client's progress in pretreatment under subpart 4, item B;
- 41.21                    D. when a client transitioned to full-time treatment; and
- 41.22                    E. any other related documentation on a client's progress in pretreatment.

42.1 **2955.0110 STANDARDS FOR INDIVIDUAL TREATMENT PLANS.**

42.2 Subpart 1. ~~Initial~~ **Individual treatment plan.**

42.3 A. ~~A written~~ An individual treatment plan for each client must be completed  
42.4 within 30 business days:

42.5 (1) ~~of after~~ the client's ~~entrance~~ admission into the program; or

42.6 (2) after the client has transitioned from pretreatment.

42.7 B. The individual treatment plan and the interventions designated to achieve its  
42.8 goals must be based on the initial treatment recommendations developed in the intake  
42.9 assessment under part 2955.0100 with additional information from the client and, when  
42.10 possible, the client's family or legal guardian.

42.11 C. Input ~~may also be~~ on the individual treatment plan and interventions may be  
42.12 obtained from:

42.13 (1) ~~the~~ program staff;

42.14 (2) ~~appropriate~~ representatives from ~~outside~~ social service and criminal justice  
42.15 agencies; and

42.16 (3) ~~other appropriate~~ treatment-related resources.

42.17 D. ~~One qualified sex offender treatment staff person~~ licensed treatment staff  
42.18 member or a treatment staff member under the supervision of a licensed treatment staff  
42.19 member ~~must be responsible for the integration and completion of~~ complete the written  
42.20 treatment plan, which is signed and dated and placed. A treatment staff member must sign  
42.21 and date the treatment plan and place it in the client's file.

42.22 Subp. 2. **Explanation, signature, and copies required.**

42.23 A. The individual treatment plan under subpart 1 must be explained to the client  
42.24 in a language or manner that they can understand and a copy provided to the client and, if

appropriate, the client's family or legal guardian. The treatment program must seek a written acknowledgment that the client and, if appropriate, the client's family or legal guardian ~~have, has~~ received and ~~understand~~ understands the ~~individual~~ treatment plan.

B. The ~~individual~~ treatment plan ~~and documentation related to it, including the~~ types and amounts of adjunctive and clinical services delivered to the client, must be kept ~~at the program~~ documented in the client's case file.

C. If a copy is requested by a client's supervising agent, a copy of the client's ~~individual~~ treatment plan must be made available to the supervising agent, ~~if requested,~~ when ~~it~~ the treatment plan is completed.

Subp. 3. **Plan contents.** ~~The~~ An individual treatment plan must include at least the following information:

A. the ~~sex-offender~~ treatment goals and specific time-limited objectives to be addressed by the client;

*[For text of item B, see Minnesota Rules]*

C. the impact of:

(1) any concurrent psychological or psychiatric disorders, mental health concerns, or other clinical factors that affect how a client learns and understands treatment; and

(2) the disorders, concerns, or factors under subitem (1) on the client's ability to participate in treatment and to achieve treatment goals and objectives;

D. ~~other problem~~ treatment areas to be ~~resolved~~ addressed by the client;

E. a list of the services required by the client and the entity ~~who~~ that will provide the ~~required~~ services; and

F. ~~the estimated length of time the client will be in the program; and~~

~~G. F.~~ provisions for ~~the protection of~~ protecting victims and potential victims, as appropriate.

**2955.0120 STANDARDS FOR REVIEW OF REVIEWING CLIENT PROGRESS IN TREATMENT.**

Subpart 1. ~~Responsibility and documentation~~ Weekly progress notes. At least weekly, ~~progress notes must be entered in client files indicating the types and amounts of services each client has received and whether the services have had the desired impact a~~ counselor must write and document progress notes that reflect treatment staff observations of client behavior related to the client's treatment goals and progress toward the goals.

Subp. 1a. Quarterly review.

A. At least once quarterly, ~~the treatment team~~ staff must:

(1) review and document each client's progress toward achieving individual treatment plan objectives;

(2) if applicable to the client or treatment program, approve the client's movement within the program's structure ~~of the program;~~ and

(3) review and modify treatment plans.

B. Documentation of the review and any review session under subpart 2 must be placed in each client's file ~~within ten days after the end of~~ within 20 business days after the review period ends.

Subp. 2. **Review session.** ~~A progress review session must involve the client and, if necessary, the client's family or legal guardian, and at least one member of the treatment team. Where appropriate, the program must inform the client's supervising agent and family or legal guardian of the scheduling of each progress review, invite them to attend, and provide them with a written summary of the review session. The names of the persons attending the review session who are not clients must be documented in the client's file. A~~

45.1 review session between the client and at least one treatment staff member may occur at any  
45.2 time to review the client's progress toward treatment goals.

45.3 **Subp. 3. Involving family or legal guardian; juvenile treatment programs.**

45.4 **A. This subpart applies to a treatment program treating only juveniles.**

45.5 **B. For a quarterly review or review session under this part, a treatment staff**  
45.6 **member must, except as provided under item C:**

45.7 **(1) inform the client's supervising agent and family or legal guardian of the**  
45.8 **quarterly review or review session;**

45.9 **(2) invite the agent and family or legal guardian to attend; and**

45.10 **(3) provide the agent and family or legal guardian with a written summary**  
45.11 **after the quarterly review or review session.**

45.12 **C. A treatment staff member must not invite a client's supervising agent and family**  
45.13 **or legal guardian if the treatment staff member determines that inviting the agent and family**  
45.14 **or legal guardian to the quarterly review or review session would not help the client meet**  
45.15 **the client's treatment goals or would pose a risk to the client's health, safety, or welfare.**

45.16 **Subp. 4. Required documentation; juvenile treatment programs. The following**  
45.17 **information must be documented in the client's file:**

45.18 **A. the names of the nonclients attending a quarterly review or review session**  
45.19 **under subpart 3; and**

45.20 **B. any determination under subpart 3, item C.**

46.1 **2955.0125 AFTERCARE.**

46.2 **Subpart 1. Aftercare allowed; policy and procedure required.**

46.3 A. A treatment program may provide aftercare to a client who has completed  
46.4 treatment but still requires adjunctive services to maintain and continue the client's treatment  
46.5 gains.

46.6 B. If a treatment program provides aftercare, a clinical supervisor must develop  
46.7 and follow a written policy and procedure on aftercare.

46.8 **Subp. 2. Providing aftercare services.**

46.9 A. The policy and procedure under subpart 1 must, at a minimum, state the  
46.10 aftercare that the treatment program will provide.

46.11 B. For each client receiving aftercare, treatment staff must provide aftercare at  
46.12 least twice each calendar month.

46.13 **Subp. 3. Documentation.** For each client receiving aftercare, treatment staff must  
46.14 document in the client's file the aftercare that the client receives.

46.15 **2955.0130 STANDARDS FOR DISCHARGE SUMMARIES REPORTING AND**  
46.16 **SUMMARY.**

46.17 **Subpart 1. ~~Written Notification~~ Notifying supervising agent of client's**  
46.18 **discharge.** ~~Where applicable, written notice must be provided to the~~ Except for an adult  
46.19 treatment program in a state correctional facility, a client's supervising agent must be notified  
46.20 within 24 hours of a client's discharge from the program after the treatment program  
46.21 discharges the client from the program, regardless of whether the client completed treatment.

46.22 **Subp. 2. ~~Written Discharge summary completed within 14 days.~~** A written clinical  
46.23 supervisor or counselor must complete a discharge summary for each client discharged from  
46.24 the program must be completed within 14 20 business days of after the client's discharge

~~from the program, or upon request by an interested party~~ and must place the summary in the client's file. This subpart applies regardless of whether the client completed treatment.

Subp. 3. **Summary content.** The discharge summary must include at least the following client information:

*[For text of items A and B, see Minnesota Rules]*

C. ~~reasons for why~~ the client is being discharged from the treatment program;

D. if applicable to the client, a brief summary of the client's current conviction or adjudication offense and past criminal or juvenile record;

E. the client's mental ~~status~~ health and attitude ~~at the time of discharge when~~ discharged;

*[For text of items F and G, see Minnesota Rules]*

H. an assessment of the client's ~~offense cycle and protective~~ and risk factors for sexual reoffense and other ~~aggressive~~ abusive behavior; and

I. the following plans and recommendations, if applicable to the client:

~~I. (1) a description~~ written reference to or summary of the client's ~~reoffense prevention plan, including what changes in the client's reoffense potential have been accomplished and what risk factors remain~~ for maintaining and continuing treatment gains under part 2955.0140, subpart 4, item B, subitem (10);

~~J. (2)~~ (2) the client's aftercare and community reentry plans; and

~~K. (3)~~ (3) any recommendations for aftercare and continuing treatment.



**2955.0140 PROGRAM STANDARDS FOR ~~RESIDENTIAL~~ CLIENT TREATMENT  
OF JUVENILE SEX OFFENDERS; POLICY AND PROCEDURE.**

Subpart 1. **Program policy and procedures manual.** Each treatment 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~~ at least the following:

A. the basic treatment protocol used to provide services to clients, as defined by the philosophy, goals, and model of treatment employed, including the:

(1) ~~sex offender~~ population of clients served;

(2) theoretical principles and operating methods used to deliver adjunctive and clinical services to identified treatment needs of clients served; and

(3) scope of ~~the~~ adjunctive and clinical services offered;

B. policies and procedures for ~~the management of~~ managing the planned therapeutic ~~milieu~~ environment, as ~~appropriate~~ applicable to the program, including the manner in which the ~~various~~ components of the planned therapeutic ~~milieu~~ environment are structured to ~~promote and maintain the desired behavioral and cognitive changes in the~~ client;

C. policies and procedures for ~~the prevention of~~ preventing predation among clients and ~~the promotion~~ promoting and ~~maintenance of~~ maintaining the security and safety of clients and staff, which must address the sexual safety of clients and staff, as well as:

[For text of subitems (1) and (2), see Minnesota Rules]

(3) program rules for behavior that include a range of consequences that may be imposed for ~~violation of~~ violating the program rules and due process procedures;

[For text of items D to K, see Minnesota Rules]

Subp. 2. **Standards of practice for sex-offender treatment programming.** This subpart contains the minimal standards of practice for treatment programming provided in a residential juvenile sex-offender treatment program. Treatment programming must:

*[For text of items A and B, see Minnesota Rules]*

C. address ~~the~~ each client's individual treatment needs ~~of each client~~;

*[For text of items D to I, see Minnesota Rules]*

Subp. 3. **Goals of sex-offender Treatment purpose; basic treatment protocol.**

A. The ultimate goal of ~~residential juvenile sex-offender~~ treatment is to protect the community from sexually abusive or harmful behavior or criminal sexual behavior by reducing ~~the~~ a client's risk of reoffense, but treatment does not include treatment that addresses sexually abusive or harmful behavior or criminal sexual behavior when the treatment is provided incidental to treatment for mental illness, developmental disability, or substance use disorder.

B. The focus of treatment is on:

(1) the occurrence and dynamics of sexual behavior and providing information, psychotherapeutic interventions, and support to clients to assist them in developing the motivation, skills, and behaviors that promote change and internal self-control; and

(2) coordinating services with other agencies and providers involved with a client to promote external control of the client's behavior.

C. The goals of ~~sex-offender~~ treatment include, ~~but are not limited to,~~ at least the outcomes in goals under subpart 4, items A to E. The treatment program's basic treatment protocol ~~of the program shall~~ must determine the ~~specific~~ goals that ~~shall~~ will be operationalized by the program and the methods used to achieve them. The applicability of ~~these~~ the goals and methods to a client ~~shall~~ must be determined by ~~that~~ the client's intake

assessment, individual treatment plan, and progress in treatment. The treatment program must be designed to allow, assist, and encourage the client to develop the motivation and ability to achieve the goals ~~in~~ under subpart 4, items A to E, as appropriate.

**Subp. 4. Treatment goals.**

A. ~~The~~ A client must acknowledge the sexually abusive or harmful behavior or criminal sexual behavior and admit or develop an increased sense of personal culpability and responsibility for the behavior. The treatment program must provide activities and procedures that are designed to assist clients to:

(1) reduce ~~their~~ the denial or minimization of ~~their~~ the client's sexually abusive or harmful behavior or criminal sexual behavior and any blame placed on circumstantial factors;

(2) disclose ~~their~~ the client's history of sexually abusive ~~and~~ or harmful behavior or criminal sexual behavior and pattern of sexual response;

(3) learn and understand the effects of sexual abuse ~~upon~~ on the client's victims and ~~their~~ victims' families, the community, and the client and ~~the~~ the client's family; and

(4) develop and implement options for restitution and reparation to ~~their~~ the client's victims and the community, in a direct or indirect manner, as ~~appropriate~~ applicable to the client.

B. The client must choose to stop and act to prevent the circumstances that lead to sexually abusive ~~and~~ or harmful behavior or criminal sexual behavior and other abusive or aggressive behaviors ~~from occurring~~. The program must provide activities and procedures that are designed to assist clients to:

(1) identify and assess the function and role of thinking errors, cognitive distortions, and maladaptive attitudes and beliefs in ~~the commission of sexual offenses and~~

51.1 ~~other~~ engaging in sexually abusive or aggressive harmful behavior or criminal sexual  
51.2 behavior;

51.3 *[For text of subitem (2), see Minnesota Rules]*

51.4 (3) identify the function and role of paraphilic and aggressive sexual ~~responses~~  
51.5 ~~and urges~~ interest and response, recurrent sexual fantasies, and patterns of reinforcement  
51.6 ~~in the commission of~~ engaging in sexually abusive or harmful behavior or criminal sexual  
51.7 ~~offenses~~ behavior;

51.8 (4) learn and use appropriate strategies and techniques to:

51.9 (a) manage paraphilic and aggressive sexual ~~responses~~ interest and  
51.10 response, urges, fantasies, and other interests; and

51.11 (b) maintain or enhance sexual interest and response to appropriate  
51.12 partners and situations and develop and reinforce positive, prosocial sexual interests;

51.13 (5) identify the function and role of any ~~chemical abuse~~ substance use or  
51.14 ~~other antisocial~~ problematic behavior in ~~the commission of~~ engaging in sexually abusive  
51.15 or criminal sexual ~~offenses~~ behavior and remediate those factors;

51.16 *[For text of subitem (6), see Minnesota Rules]*

51.17 (7) ~~when~~ if clinically appropriate, understand and address ~~their~~ the client's  
51.18 own sense of victimization and its impact on ~~their~~ the client's behavior;

51.19 *[For text of subitems (8) and (9), see Minnesota Rules]*

51.20 (10) develop a ~~detailed reoffense prevention~~ plan for maintaining and  
51.21 continuing treatment gains that:

51.22 *[For text of units (a) to (c), see Minnesota Rules]*

52.1 (11) practice the positive social behaviors developed in the ~~reoffense~~  
52.2 ~~prevention~~ the client's plan for maintaining and continuing treatment gains; and

52.3 (12) build the network of ~~persons~~ individuals identified in subitem (10), unit  
52.4 (c), who will support ~~the implementation of~~ implementing the ~~reoffense prevention~~ plan  
52.5 and share the plan with those ~~persons~~ individuals.

52.6 C. The client must develop a positive, prosocial approach to the client's sexuality,  
52.7 sexual development, and sexual functioning, including realistic sexual expectations and  
52.8 establishment of appropriate sexual relationships. The program must provide activities and  
52.9 procedures that are designed to assist clients to:

52.10 *[For text of subitems (1) to (3), see Minnesota Rules]*

52.11 D. The client must develop positive communication and relationship skills. The  
52.12 program must provide activities and procedures that are designed to assist clients to:

52.13 *[For text of subitems (1) to (3), see Minnesota Rules]*

52.14 E. The client must reenter and reintegrate into the community. The program must  
52.15 provide activities and procedures that are designed to assist clients to:

52.16 *[For text of subitem (1), see Minnesota Rules]*

52.17 (2) prepare a plan designed to enable the client to successfully ~~prepare for~~  
52.18 ~~and make the~~ transition into the community.

52.19 **2955.0150 STANDARDS FOR DELIVERY OF SEX OFFENDER DELIVERING**  
52.20 **TREATMENT SERVICES.**

52.21 Subpart 1. **Amount of treatment.** Each client must receive the amount of treatment  
52.22 and frequency of treatment specified in the client's individual treatment plan under part  
52.23 2955.0110. ~~At least an average of 12 hours per week of sex offender treatment must be~~  
52.24 ~~provided to each client in the primary phases of treatment. A variable amount of sex offender~~

53.1 ~~treatment, but no less than an average of two hours per week, may be provided to each client~~  
53.2 ~~in the transitional and reentry phases of treatment.~~

53.3 *[For text of subpart 2, see Minnesota Rules]*

53.4 Subp. 3. **Clinical case management services.** ~~The~~ A treatment program must provide  
53.5 each client with clinical case management services. ~~These~~ The services must be documented  
53.6 in ~~client files~~ each client's file.

53.7 Subp. 4. [See repealer.]

53.8 Subp. 5. **Size of group therapy and psychoeducation groups.**

53.9 A. Group therapy sessions must not exceed ten clients per group.

53.10 B. For juvenile clients, psychoeducation groups must not exceed a ~~sex-offender~~  
53.11 treatment staff-to-client ratio of ~~one-to-16~~ 1-to-16.

53.12 C. For adult clients, psychoeducation groups must not exceed a treatment  
53.13 staff-to-client ratio of 1-to-20.

53.14 Subp. 6. [See repealer.]

53.15 Subp. 7. **Length of treatment.**

53.16 A. ~~The length of time a client is in residential sex-offender treatment shall depend~~  
53.17 ~~upon~~ depends on the:

53.18 (1) treatment program's basic treatment protocol, ~~the;~~

53.19 (2) client's treatment needs as identified in the client's individual treatment  
53.20 plan; ~~and the~~

53.21 (3) client's progress in achieving treatment goals.

53.22 B. The minimum length of treatment is ~~four months. At least two months of~~  
53.23 ~~treatment must be provided in the residential setting of the program, after which treatment~~

54.1 ~~may be provided in a nonresidential setting operated by or arranged for by the program, as~~  
54.2 ~~appropriate to the client~~ as prescribed under Minnesota Statutes, section 241.67, subdivision  
54.3 2, paragraph (a).

54.4 Subp. 8. **Where provided.** A treatment program's treatment and residential services  
54.5 may be provided in separate locations.

54.6 **2955.0160 STANDARDS FOR USE OF USING SPECIAL ASSESSMENT AND**  
54.7 **TREATMENT PROCEDURES.**

54.8 Subpart 1. **Policy.** A treatment program that uses special assessment and treatment  
54.9 procedures must develop and follow a written policy and procedure that describes the:

54.10 A. ~~specific~~ procedures to be included in the policy;

54.11 B. purpose and rationale for ~~the use of~~ using each procedure;

54.12 C. qualifications of staff who implement the procedure and any technology needed  
54.13 to conduct each procedure;

54.14 D. conditions and safeguards under which the procedure is used for a ~~particular~~  
54.15 client;

54.16 *[For text of items E and F, see Minnesota Rules]*

54.17 G. process to obtain and document informed consent under item F; and

54.18 *[For text of item H, see Minnesota Rules]*

54.19 Subp. 1a. **Juvenile treatment program.** A treatment program serving juvenile clients  
54.20 may use special assessment and treatment procedures if:

54.21 A. allowed under the Practice Guidelines for Assessment, Treatment, and  
54.22 Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior;

B. the assessment is administered by an examiner under part 2955.0090, subpart 6 or 7; and

C. any materials used as stimuli in the assessment are securely stored.

Subp. 2. **Specific standards for the psychophysiological deception assessment of deception.**

A. In addition to the requirements ~~in~~ under subpart 1, the standards ~~in items A and B~~ under this subpart apply if a psychophysiological deception assessment of deception is used for an adult client.

~~A. B.~~ The procedure A deception assessment must be administered:

(1) by an examiner under part 2955.0090, subpart 6; and

(2) ~~in a controlled setting using questions developed in conjunction with the sex offender treatment staff and the client, and~~ in accordance with the following documents incorporated by reference under part 2955.0025:

(a) ~~the Current Standards and Principles of Practice published by the American Polygraph Association (Chattanooga, Tennessee, August, 1998), and the current ethical standards and principles for the use of physiological measurements and polygraph examinations of the Association for the Treatment of Sexual Abusers (Beaverton, Oregon, August, 1998). Both of the referenced standards and principles are incorporated by reference and are available through the Minitex interlibrary loan system. Both of the referenced standards and principles are subject to frequent change.; and~~

(b) the Best Practice Guidelines for the Assessment, Treatment, Risk Management, and Risk Reduction of Men Who Have Committed Sexually Abusive Behaviors.



~~B. The procedure must be administered by a qualified examiner as described in part 2955.0090, subpart 6.~~

Subp. 3. **Specific standards for the psychophysiological sexual interest and response assessment of sexual response.**

A. In addition to the requirements under subpart 1, the standards in items A and ~~B~~ under this subpart apply if the psychophysiological a sexual interest and response assessment of sexual response is used for an adult client.

~~A. B. The procedure~~ An assessment must be administered:

(1) by an examiner under part 2955.0090, subpart 7; and  
(2) in a controlled setting and in accordance with the current ethical standards and principles for the use of physiological measurements and plethysmograph examinations of the Association for the Treatment of Sexual Abusers (Beaverton, Oregon, August, 1998), that are incorporated by reference and are available through the Minitex interlibrary loan system. The standards and principles are subject to frequent change Best Practice Guidelines for the Assessment, Treatment, Risk Management, and Risk Reduction of Men Who Have Committed Sexually Abusive Behaviors.

~~B. The procedure must be administered by a qualified examiner as defined in part 2955.0090, subpart 7.~~

C. Materials used as stimuli in the ~~procedure~~ assessment must be stored securely.

Subp. 4. **Additional standard for results and interpretation of interpreting data.**

A. The results obtained through the use of psychophysiological procedures in sex offender treatment an assessment under this part must be used for assessment, treatment planning, treatment monitoring, or risk assessment.

B. The results must be interpreted within the context of a comprehensive assessment and treatment process and ~~may~~ must not be used as the only or the major source of clinical ~~decision-making~~ decision-making and risk assessment.

Subp. 5. [See repealer.]

**2955.0170 STANDARDS FOR CONTINUING QUALITY ASSURANCE AND  
PROGRAM IMPROVEMENT.**

A. Each treatment program must ~~maintain~~ develop and follow a written quality assurance and program improvement plan and written procedures to monitor, evaluate, and improve all program components ~~of the program~~, including services provided by contracted entities. The ~~review~~ plan and procedures must ~~be written and consider~~ address the:

~~A.~~ (1) program's goals and objectives ~~of the program~~ and the outcomes achieved;

~~B.~~ (2) quality of ~~service~~ treatment delivered to clients in terms of the goals and objectives of their individual treatment plans and the outcomes achieved;

(3) if offered, quality of pretreatment delivered to clients;

~~C.~~ (4) quality of staff performance and administrative support and ~~their contribution~~ how staff and administrative support contribute to the outcomes achieved in ~~items A and B~~ subitems (1) and (2);

~~D.~~ (5) quality of the planned therapeutic ~~milieu~~ environment, as appropriate, and its contribution to the outcomes achieved in ~~items A and B~~ subitems (1) and (2);

~~E.~~ (6) quality of the client's clinical records;

~~F.~~ (7) use of resources in terms of efficiency and cost-effectiveness;

~~G.~~ (8) feedback from each referral ~~sources~~ source, as appropriate, regarding ~~their~~ the referral source's level of satisfaction with the program and suggestions for program improvement; and

58.1 ~~H. (9)~~ effectiveness of the monitoring and evaluation process.

58.2 B. The ~~review~~ quality assurance and program improvement plan must specify:

58.3 (1) ~~the manner in which~~ how the requisite information is objectively measured,  
58.4 collected, and analyzed. ~~The review plan must specify how; and~~

58.5 (2) how often the program gathers the information and ~~document~~ documents  
58.6 the actions taken in response to the information.

58.7 **TERM CHANGE.** The following terms are changed wherever they appear in Minnesota  
58.8 Rules, chapter 2955:

58.9 A. "case management" is changed to "clinical case management";

58.10 B. "chemical" is changed to "substance";

58.11 C. "chemical dependency" is changed to "substance use";

58.12 D. "sexual arousal or response" is changed to "sexual interest and response";

58.13 E. "sexually abusive behavior" is changed to "sexually abusive or harmful behavior";

58.14 F. "sexually abusive or criminal sexual behavior" is changed to "sexually abusive or  
58.15 harmful behavior or criminal sexual behavior";

58.16 G. "sexually abusive and criminal sexual behavior" is changed to "sexually abusive or  
58.17 harmful behavior or criminal sexual behavior";

58.18 H. "sexually abusive and criminal sexual behaviors" is changed to "sexually abusive  
58.19 or harmful behaviors or criminal sexual behaviors"; and

58.20 I. "sexually offensive behavior" is changed to "sexually abusive or harmful behavior."

58.21 **RENUMBERING INSTRUCTION.** Each part of Minnesota Rules listed in column A is  
58.22 renumbered with the number listed in column B. Cross-reference changes consistent with  
58.23 the renumbering are made.

59.1	<u>Column A</u>	<u>Column B</u>
59.2	<u>2955.0020, subpart 5</u>	<u>2955.0020, subpart 7a</u>
59.3	<u>2955.0020, subpart 21</u>	<u>2955.0020, subpart 7b</u>
59.4	<u>2955.0020, subpart 22</u>	<u>2955.0020, subpart 15a</u>
59.5	<u>2955.0020, subpart 31</u>	<u>2955.0020, subpart 20a</u>
59.6	<u>2955.0060, subpart 5</u>	<u>2955.0060, subpart 2a</u>
59.7	<b><u>REPEALER.</u></b> <u>Minnesota Rules, parts 2955.0010, subpart 1; 2955.0020, subparts 17, 19,</u>	
59.8	<u>20, 25, 26, 27, and 32; 2955.0030, subparts 2 and 3; 2955.0040, subpart 1; 2955.0060,</u>	
59.9	<u>subparts 6, 7, and 8; 2955.0090, subparts 4 and 9; 2955.0150, subparts 4 and 6; 2955.0160,</u>	
59.10	<u>subpart 5; 2965.0010; 2965.0020; 2965.0030; 2965.0040; 2965.0050; 2965.0060; 2965.0070;</u>	
59.11	<u>2965.0080; 2965.0090; 2965.0100; 2965.0110; 2965.0120; 2965.0130; 2965.0140;</u>	
59.12	<u>2965.0150; 2965.0160; and 2965.0170, are repealed.</u>	