2955/65 Rulemaking
Summary of Changes to 8-6-2024 Rule Draft

This document summarizes the changes that the department has made to the rule draft from last August. The proposed changes include recommendations from the 2955/65 advisory committee and revisions from the department's Inspection and Enforcement Unit and department behavioral-health staff.

1. Definitions (2955.0020).

- Delineate what constitutes treatment by defining both *adjunctive* and *clinical services*
- Define *pretreatment*
- Streamline staff references by defining *program staff* and repealing the term *treatment team*

2. Certification conditions (2955.0040).

- Require the department to notify an applicant of a denied application and state any action needed to correct the denial

3. Actions against certification (2955.0060).

- Streamline when the department can revoke or suspend a certificate
- Update notification requirements
- Add requirements on corrective-action plans (department inspection reports)
- If a program appeals a department action and the Office of Administrative Hearings affirms the department action, a program has a two-year cooling-off period before reapplying for a certificate

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4. Variances (2955.0070).

- Change department review period for a variance request from 30 calendar days to 60 calendar days

5. Staffing requirements (2955.0080).

- Require that a training plan for each new staff member be developed within 90 calendar days of the staff member's employment and that the training plan be reviewed at least annually
- A program's staffing plan must be reviewed at least annually

6. Training (2955.0085).

- New rule part that specifies what constitutes training for purposes of meeting the rule's training requirements

7. Staff qualifications (2955.0090).

- Remove the therapist position
- Remove the required 2,000 hours of experience for an administrative director
- Require 16 hours of initial and annual training for direct-service staff

8. Pretreatment (2955.0105).

- New rule part allowing a department program (Rush City, Lino Lakes, Red Wing) to provide pretreatment
- The rule part does not apply to local correctional facilities

9. Standards for delivering treatment (2955.0150).

- Remove the required 12 hours of weekly treatment for each client
- Treatment hours should be individualized to the client and correspond to the client's clinically assessed needs

10. Special assessments (2955.0160).

- Special assessments used must comply with ATSA guidelines
- Current ATSA guidelines do not recommend special assessments for juvenile clients

11. Other changes.

- Conforming and clarifying changes; plain-language revisions

Questions?

Email **docrulemaking.DOC@state.mn.us** or submit a comment **online**

Department of Corrections

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

2955.0010 ~~STATUTORY AUTHORITY AND~~ PURPOSE.

Subpart 1. [See repealer.]

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

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

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

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

2955.0020 DEFINITIONS.

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

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

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

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

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

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

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

[For text of subpart 5, see Minnesota Rules]

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

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

Subp. 7. **Client.** "Client" means ~~a person~~ an individual who receives ~~sex offender~~ treatment or pretreatment in a program certified under this chapter.

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

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

B. are provided by, coordinated by, or overseen by treatment staff.

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

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

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

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

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

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

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

A. nonclinical operational functions within the treatment program; or

B. nonclinical client supervision in the planned therapeutic environment.

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

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

[For text of subpart 15, see Minnesota Rules]

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

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

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

B. amenability to treatment;

C. risk and protective factors; and

D. treatment needs.

Subp. 17. [See repealer.]

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

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

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

Subp. 19. [See repealer.]

Subp. 20. [See repealer.]

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

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

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

A. residing in the planned therapeutic environment but is not participating in primary sex-offense-specific treatment; and

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

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

Subp. 23. **Residential ~~juvenile sex offender~~ treatment program or treatment program.** "Residential ~~juvenile sex offender~~ treatment program" or "treatment program" means a program that provides ~~sex offender treatment to juvenile sex offenders in which the offender resides, at least during the primary phases of treatment,~~ a planned therapeutic

environment under which food, lodging, supervision, and treatment are delivered to clients in a facility or housing unit exclusive to the program ~~and set apart from the general correctional population. A program's treatment and residential services may be provided in separate locations.~~

[For text of subpart 24, see Minnesota Rules]

Subp. 25. [See repealer.]

Subp. 26. [See repealer.]

Subp. 27. [See repealer.]

Subp. 28. **Sexually abusive behavior.** "Sexually abusive behavior" means any sexual behavior in which:

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

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

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

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

Subp. 29. **Special assessment and treatment procedures.** "Special assessment and 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 ATSA Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers, or the ATSA Practice Guidelines for the Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior.

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~~ purposeful use of the program environment ~~and components~~ 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 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.** "Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers," published by the Association for the Treatment of Sexual Abusers or its successor organization (2014 and as subsequently amended).

Subp. 3. **Current Standards and Principles of Practice.** "Current Standards and Principles of Practice," published by the American Polygraph Association (1998 and as subsequently amended).

Subp. 4. **Juvenile practice guidelines.** "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).

Subp. 5. **Model Policy for Post-Conviction Sex Offender Testing.** "Model Policy for Post-Conviction Sex Offender Testing," published by the American Polygraph Association (September 2021 and as subsequently amended).

2955.0030 ~~PROCEDURES FOR~~ CERTIFICATION PROCEDURES.

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

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

A. the applicant's name and address;

B. the treatment program's name and address;

C. the program's requested client capacity;

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

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

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

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

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

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

Subp. 2. [See repealer.]

Subp. 3. [See repealer.]

2955.0040 ~~CONDITIONS OF~~ CERTIFICATION CONDITIONS.

Subpart 1. [See repealer.]

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

The commissioner must issue a certificate to an applicant if the commissioner determines that:

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

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

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

A. the applicant has submitted all required information under this chapter; and

B. the application demonstrates that the program can comply with this chapter.

Subp. 3. **Issuing certificate; term.** ~~The certificate shall remain in force for one year unless revoked.~~ The commissioner ~~may~~ must issue a two-year certificate for ~~up to two years to programs that have operated for at least one year without negative action against the~~

~~program's certification or any relevant license or accreditation.~~ a treatment program as follows:

A. for a program treating juveniles in a local correctional facility if the program is licensed under chapter 2960;

B. for a program treating adults in a local correctional facility if the program is licensed under chapter 2920;

C. for a program treating juveniles or adults in a state-owned and state-operated correctional facility; or

D. for an out-of-state program serving juveniles if the program is licensed according to the laws of its state and complies with this chapter.

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

A. notify the applicant in writing;

B. state why the application has been denied;

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~~ Department inspections.** 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~~ Department investigations.** ~~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 investigations 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 compliance with its written policies and procedures~~, including, but not limited to~~ and the following information:

A. the number of clients served;

B. the type, amount, frequency, and cost of services provided; ~~the consistency of~~

C. services provided are delivered consistent with individual client treatment plans;

D. the effectiveness in achieving the client's treatment goals; and

E. any other information related to a program's policies and procedures that are requested by the department ~~on forms provided by the department~~ to determine the program's compliance with this chapter.

2955.0060 ~~DENIAL, REVOCATION, SUSPENSION, AND NONRENEWAL OF~~ DENYING, REVOKING, SUSPENDING, AND NONRENEWING CERTIFICATION.

Subpart 1. ~~**Compliance required**~~ **Inspections and nonconformance.** ~~The commissioner must deny the application for certification of an applicant that does not comply with this chapter. The commissioner must revoke or suspend the certification of a residential juvenile sex offender treatment program if the program does not comply with this chapter.~~

Every two years, the commissioner must inspect a treatment program to determine compliance with this chapter, but the commissioner must inspect a treatment program annually if the commissioner determines it necessary to ensure compliance with a corrective action plan or other action under this part.

Subp. 2. **Commissioner approval of proposed changes required.**

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

B. The commissioner must deny a change under this part if the change would:

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

(2) jeopardize treatment quality and client outcomes.

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

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

B. ~~This~~ The notice must:

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

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

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

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

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

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

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

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

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

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

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

(3) the program's license ~~or accreditation is revoked,~~ has been suspended~~, or not renewed, or a program whose operation poses an immediate danger to the health and safety of the clients or the community, must have its certificate revoked or suspended by the commissioner upon delivery of the notice of revocation or suspension to the certificate holder or any staff person at the program.~~ under Minnesota Statutes, section 241.021, subdivision 1c.

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

(1) the program:

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

(b) has not taken an identified action required by the commissioner; or

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

Subp. 6. [See repealer.]

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

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

B. The corrective action plan must:

(1) be in writing;

(2) identify all rule violations;

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

(4) provide a deadline to correct each violation.

C. When the certificate holder has corrected each violation, the certificate holder must submit to the commissioner documentation detailing the certificate holder's compliance with the corrective action plan. If the commissioner determines that the certificate holder has not corrected each violation, the certificate holder is subject to an additional corrective action.

Subp. 7. [See repealer.]

Subp. 8. [See repealer.]

Subp. 9. **Appeals.**

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

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

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

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

2955.0070 VARIANCE.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Subp. 4. **Renewing variance.**

A. A request to renew a variance must:

(1) contain the information under subpart 1; and

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

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

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

(2) demonstrates compliance with the alternative measures or conditions imposed when the variance was granted.

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

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

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

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

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

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

2955.0080 STAFFING REQUIREMENTS.

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

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

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

Subp. 3. ~~**Responsible staff person**~~ **Administrative director; designee.** ~~Where appropriate,~~ When an administrative director is unavailable or not in the facility, the administrative director must, during all hours of operation, designate a staff member who is present in the ~~program as~~ facility to be responsible for the program.

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

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

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

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

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

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

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

(1) provide and document clinical supervision to counselors, either in individual or group sessions~~.~~; and

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

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

Subp. 5. **~~Sex offender~~ Treatment staff required.** ~~The~~ A treatment program must employ or ~~have under~~ contract with treatment staff ~~who are responsible for and qualified to deliver sex offender treatment services in the program~~. ~~These sex offender~~ Treatment staff must include~~: the clinical supervisor who meets the qualifications in part 2955.0090, subpart 3; the sex offender therapist who meets the qualifications in part 2955.0090, subpart 4; and the sex offender counselor who meets the qualifications in part 2955.0090, subpart 5~~ a clinical supervisor and a counselor.

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

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

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

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

A. ~~The~~ As prescribed under the program's staffing plan, a treatment program must have ~~sufficient sex offender~~ treatment staff to provide ~~the required program services, implement individual treatment plans, and maintain the safety and security of the program~~ adjunctive and clinical services.

B. ~~The number of work hours performed by the sex offender treatment staff may be averaged weekly and combined in different ways, depending on program needs, to achieve~~ A treatment program must maintain a minimum ratio of one full-time equivalent position ~~for each~~ providing clinical services to ten clients ~~in the primary phases of treatment and one full-time equivalent position for each 20 clients in the transition and reentry phases of treatment~~.

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

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

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

Subp. 8. **Staffing plan.**

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

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

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

(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 training plan must be developed within 90 days of a staff member's employment and must be reviewed and, if necessary, revised at least annually. The ~~education~~ 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 training 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~~.

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

2955.0085 TRAINING.

The following activities qualify as training under this chapter:

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

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

C. observing another staff member performing that staff member's job duties; and

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

2955.0090 STAFF QUALIFICATIONS AND DOCUMENTATION.

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

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

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

Subp. 2. **~~Qualifications for~~ Administrative director; qualifications.** In addition to the requirements ~~in~~ under subpart 1, an administrative director must ~~meet the criteria in 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 problematic sexual behaviors, mental health, and human sexuality~~.~~; and

C. complete the training under this subpart within 18 months of 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, and certified as a clinical specialist in juvenile psychiatric and mental health nursing by the American Nurses Association.~~ be qualified according to Minnesota Statutes, section 245I.04, subdivision 2;

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

~~(1)~~ (a) at least 4,000 hours of full-time supervised experience ~~in the provision of~~ providing individual and group psychotherapy to individuals in at least 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) 2,000 hours of supervised experience ~~in the provision of~~ providing direct therapy services ~~to sex offenders~~;

~~(3)~~ (c) ~~sex offender assessment~~ assessing individuals who have committed sexually abusive behavior; and

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

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

(a) eight hours in managing a planned therapeutic environment;

~~(1)~~ (b) 30 hours in ~~child or adolescent~~ human development;

~~(2)~~ (c) 12 hours in clinical supervision;

~~(3)~~ (d) 16 hours ~~in the treatment of~~ applying cognitive ~~distortions, thinking errors, and criminal thinking~~ behavioral therapies;

~~(4) 16 hours in behavioral therapies for sex offenders;~~

~~(5)~~ (e) 16 hours ~~in relapse prevention~~ applying both risk, need, and responsivity principles and protective factors to treatment planning and community reintegration;

~~(6)~~ (f) ~~16~~ eight hours in human sexuality;

~~(7)~~ (g) 16 hours in family systems;

~~(8)~~ (h) 12 hours in crisis intervention;

~~(9)~~ (i) ~~12~~ eight hours in the policies and procedures of the Minnesota criminal justice system; and

~~(10)~~ (j) 12 hours in substance ~~abuse~~ use disorder treatment.

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

B. The training under item A must be completed within 18 months after the clinical supervisor's hiring date.

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 a 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:

~~(1)~~ (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 committed sexually abusive behavior; or

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

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

(a) eight hours in managing a planned therapeutic environment;

~~(1)~~ (b) 30 hours in ~~child or adolescent~~ human development;

~~(2)~~ (c) 12 hours ~~in the treatment of~~ applying cognitive ~~distortions, thinking errors, and criminal thinking~~ behavioral therapies;

~~(3) eight hours in behavioral therapies for sex offenders;~~

~~(4)~~ (d) eight hours ~~in relapse prevention~~ applying both risk, need, and responsivity principles and protective factors to treatment planning and community reintegration;

~~(5)~~ (e) eight hours in human sexuality;

~~(6)~~ (f) eight hours in family systems;

~~(7)~~ (g) four hours in crisis intervention;

~~(8)~~ (h) four hours in the policies and procedures of the Minnesota criminal justice system; and

~~(9)~~ (i) four hours in substance ~~abuse~~ use disorder treatment.

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

B. A counselor must complete the training under item A within 18 months after the counselor's hiring date.

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

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

B. have 40 hours of training in the ~~clinical use of this procedure in the assessment, treatment, and supervision of sex offenders~~ Model Policy for Post-Conviction Sex Offender Testing.

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

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

(1) be licensed as one of the following:

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

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

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

(2) have ~~40 hours of~~ certified training in the clinical use of ~~this procedure in the assessment and treatment of sex offenders~~ the procedure being used for sexual interest and response assessments; and

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

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

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

(1) be under the direct supervision of a clinical level examiner;

(2) have eight hours of training in the clinical use of ~~this procedure in the assessment, treatment, and supervision of sex offenders~~ the procedure being used in sexual interest and response assessments; and

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

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

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

(1) managing the planned therapeutic environment;

(2) human sexuality and human development;

(3) the treatment program's basic treatment protocol; and

(4) crisis management.

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

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

A. ~~The department shall accept the following as adequate documentation that the staff described in subparts 2 to 7 have the required qualifications~~ A treatment program must 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 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 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. A clinical supervisor must develop and follow an 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~~ A client must have a written intake assessment completed within the first 30 business days:

(1) of admission to the program~~.~~; or

(2) after the client has transitioned from pretreatment.

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

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

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

Subp. 3. **~~Intake~~ 30-day assessment appropriate to treatment program's basic treatment protocol ~~of program~~.** A treatment program may adapt the parameters ~~specified in~~ under subparts 6 to 8 to conduct assessments that are appropriate to the program's basic treatment protocol. The rationale for the ~~particular~~ adaptation must be provided in the program policy and procedures manual ~~as specified~~ under part 2955.0140, subpart 1, item E.

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

A. progress in treatment~~,~~;

B. movement within the 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;

B. psychological and psychiatric test information;

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

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

Subp. 7. **Dimensions 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 delinquent act;

(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

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

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

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

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

(3) nature of peer relations;

(4) play and leisure interests;

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

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

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

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

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

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

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

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

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

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

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

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

[For text of item I, see Minnesota Rules]

J. ~~identification of~~ identifying factors that may inhibit as well as contribute to ~~the commission of~~ engaging in offensive behavior that may constitute ~~significant aspects~~ patterns of the client's ~~offense cycle~~ risk and protective factors and ~~their~~ 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 the risk 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~~ A clinical supervisor must ~~convene a treatment team meeting~~ meet with treatment staff 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~~ any legal considerations.

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 under subpart 9. 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 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 client and 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.

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

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

B. the pretreatment services that will be provided; and

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

Subp. 4. **Pretreatment standards.** The policy and procedure under subpart 2 must describe how the treatment program will:

A. manage the program's pretreatment clients, including in relation to clients in full-time treatment;

B. minimize the time that clients spend in pretreatment; and

C. plan for clients to transition to full-time treatment.

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

A. A pretreatment client must:

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

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

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

B. A clinical supervisor may remove a client from pretreatment if the client:

(1) does not follow facility rules or the rules of the client's living unit;

(2) is disrupting the ability of clients to receive pretreatment or treatment; or

(3) presents a safety risk to other clients or program staff.

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

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

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

(1) if the client has an assessed and documented need for sex-offense-specific treatment; and

(2) after treatment staff have determined that the client can transition to full-time treatment.

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

(1) facility security conditions; and

(2) the treatment program's ability to provide the client with full-time treatment.

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

A. the amount and frequency of pretreatment received;

B. the type of pretreatment services received;

C. when a client transitioned to full-time treatment; and

D. any other related documentation on a client's progress in pretreatment.

2955.0110 STANDARDS FOR INDIVIDUAL TREATMENT PLANS.

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

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

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

(2) after the client has transitioned from pretreatment.

B. The individual treatment plan and the interventions designated to achieve its goals must be based on:

(1) the initial treatment recommendations developed in the intake assessment under part 2955.0100 with additional information from the client and, when possible, the client's family or legal guardian.; and

(2) any input ~~may also be~~ obtained from:

(a) the program staff.;

(b) ~~appropriate~~ representatives from ~~outside~~ social service and criminal justice agencies.; and

(c) other ~~appropriate~~ treatment-related resources.

C. One ~~qualified sex offender treatment staff person~~ licensed treatment staff member or a treatment staff member under the supervision of a licensed treatment staff member must ~~be responsible for the integration and completion of~~ complete the ~~written~~ treatment plan, which ~~is~~ must be signed and dated and placed in the client's file.

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

A. The individual treatment plan under subpart 1 must be explained to the client 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~~ clinical summary must be ~~kept at~~ maintained by the program in the client's case file.

C. If a copy is requested by a 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 impact of the disorders, concerns, or factors 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 structure of the treatment program~~,~~; and

(3) review and modify treatment plans.

B. Documentation of the review and a 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 review session with the client and at least one treatment staff member may occur at any time to review the client's progress toward treatment goals.

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

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

B. For a quarterly review or review session under this part, a treatment staff member must:

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

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

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

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

Subp. 4. **Required documentation.** The names of the nonclients attending a quarterly review or review session under this part must be documented in the client's file.

2955.0130 STANDARDS FOR DISCHARGE ~~SUMMARIES~~ REPORTING.

Subpart 1. ~~**Written**~~ **Notification.** ~~Where~~ When applicable, ~~written notice must be provided to the~~ a client's supervising agent must be notified within 24 hours of ~~a~~ the client's discharge from the treatment program.

Subp. 2. **Written summary completed within ~~14~~ 15 business days.** A written discharge summary for each client discharged from the program must be completed within ~~14~~ 15 business days of the client's discharge ~~from the program, or upon request by an interested party~~ and placed in the client's file.

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:

~~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;

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

~~K.~~ (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 criminal sexual behavior by reducing ~~the~~ a client's risk of reoffense~~.~~, but treatment does not include treatment that addresses sexually abusive or criminal sexual behavior that 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 provision of 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) the coordination of 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~~ under subpart 4, items A to E. The treatment program's basic treatment protocol ~~of the program shall~~ must determine the specific goals under subpart 4 that ~~shall~~ will be operationalized by the program and the methods used to achieve them. The applicability of ~~those~~ the goals and methods to a client ~~shall~~ must be determined by that 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 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 criminal sexual behavior and any blame placed on circumstantial factors;

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

(3) learn and understand the effects of sexual abuse ~~upon~~ on victims and ~~their~~ victims' families, the community, and the client and ~~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 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 other~~ engaging in sexually abusive or ~~aggressive~~ criminal sexual behavior;

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

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

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

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

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

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

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

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

[For text of subitems (8) to (11), see Minnesota Rules]

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

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

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

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

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

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

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

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

2955.0150 STANDARDS FOR ~~DELIVERY OF SEX OFFENDER~~ DELIVERING TREATMENT ~~SERVICES~~.

Subpart 1. **Amount of treatment.** Each client must receive the amount of treatment and frequency of treatment specified in the client's individual treatment plan under part

2955.0110. ~~At least an average of 12 hours per week of sex offender treatment must be provided to each client in the primary phases of treatment. A variable amount of sex offender treatment, but no less than an average of two hours per week, may be provided to each client in the transitional and reentry phases of treatment.~~

[For text of subpart 2, see Minnesota Rules]

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

Subp. 4. [See repealer.]

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

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

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

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

Subp. 6. [See repealer.]

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

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

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

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

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

B. The minimum length of treatment is ~~four months. At least two months of treatment must be provided in the residential setting of the program, after which treatment may be provided in a nonresidential setting operated by or arranged for by the program, as appropriate to the client~~ as prescribed under Minnesota Statutes, section 241.67.

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

2955.0160 STANDARDS FOR ~~USE OF~~ USING SPECIAL ASSESSMENT AND TREATMENT PROCEDURES.

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

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

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

C. qualifications of staff who implement the procedure;

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

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

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

[For text of item H, see Minnesota Rules]

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

A. allowed under the Practice Guidelines for Assessment, Treatment, and 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, in a controlled setting using questions developed in conjunction with treatment staff and the client; 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 adult clients.

~~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:

(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 Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers.

~~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~~ Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers.

~~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~~ using psychophysiological procedures in ~~sex offender~~ treatment 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. **Contract for technology.** A treatment program that does not own or operate the ~~particular~~ technology required to conduct clinical psychophysiological assessments of deception or sexual interest and response must contract with a ~~qualified~~ consultant or program that has the ~~appropriate~~ technology and meets the standards for ~~use of~~ using the procedure in this part.

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 must be ~~written~~ in writing and ~~consider~~ address the:

~~A.~~ (1) 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;

~~C.~~ (3) quality of staff performance and administrative support and ~~their~~ staff and administrative support contribution to the outcomes achieved in ~~items A and B~~ subitems (1) and (2);

~~D.~~ (4) 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.~~ (5) quality of the client's clinical records;

~~F.~~ (6) use of resources in terms of efficiency and cost-effectiveness;

~~G.~~ (7) 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

~~H.~~ (8) effectiveness of the monitoring and evaluation process.

B. The review plan must specify:

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

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

C. The types and amounts of adjunctive and clinical services delivered to the client must be documented in the client's file.

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

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

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

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

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

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

Column A	Column B
2955.0020, subpart 5	2955.0020, subpart 7a
2955.0020, subpart 21	2955.0020, subpart 7b
2955.0020, subpart 22	2955.0020, subpart 15a
2955.0020, subpart 31	2955.0020, subpart 20a
2955.0060, subpart 5	2955.0060, subpart 2a

REPEALER. Minnesota Rules, parts 2955.0010, subpart 1; 2955.0020, subparts 17, 19, 20, 25, 26, 27, and 32; 2955.0030, subparts 2 and 3; 2955.0040, subpart 1; 2955.0060, subparts 6, 7, and 8; 2955.0090, subparts 4 and 9; 2955.0150, subparts 4 and 6; 2965.0010; 2965.0020; 2965.0030; 2965.0040; 2965.0050; 2965.0060; 2965.0070; 2965.0080; 2965.0090; 2965.0100; 2965.0110; 2965.0120; 2965.0130; 2965.0140; 2965.0150; 2965.0160; and 2965.0170, are repealed.