CHAPTER 2955
DEPARTMENT OF CORRECTIONS
JUVENILE SEX OFFENDER TREATMENT

2955.0010 STATUTORY AUTHORITY AND PURPOSE.

Subpart 1. **Authority.** Minnesota Statutes, section 241.67, subdivision 1, establishes a sex offender treatment system under the administration of the commissioner of corrections to provide and finance a range of sex offender treatment programs. Minnesota Statutes, section 241.67, subdivision 2, paragraph (a), requires the commissioner of corrections to adopt rules under Minnesota Statutes, chapter 14, that establish standards for sex offender treatment programs and for the certification of sex offender treatment programs in state and local correctional facilities and state-operated sex offender treatment programs not operated in state or local correctional facilities. A correctional facility may not operate a sex offender treatment program unless the program has met the standards adopted by and been certified by the commissioner of corrections.

Subp. 2. **Purpose and scope.** 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:

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.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0020 DEFINITIONS.

Subpart 1. **Scope.** As used in this chapter, the following terms have the meanings given them.

Subp. 2. **Administrative director.** "Administrative director" means the person designated to be responsible for administrative operations of a residential juvenile sex offender treatment program.

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

Subp. 4. **Basic treatment protocol.** "Basic treatment protocol" means the statement of the philosophy, goals, and model of sex offender treatment employed by the 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. 5. **Case management.** "Case management" means the use of a planned framework of action that coordinates services both within the program and with other agencies and providers involved with a client regarding the client's progress in treatment and plans for discharge and aftercare, as appropriate.

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

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

Subp. 8. **Clinical supervision.** "Clinical supervision" means the documented oversight responsibility for the planning, development, implementation, and evaluation of 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 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).

Subp. 12. **Criminal sexual behavior.** "Criminal sexual behavior" means any criminal sexual behavior as identified in Minnesota Statutes, sections 609.293 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. 14. **Discharge summary.** "Discharge summary" means written documentation prepared at the end of treatment by the program summarizing a client's involvement in treatment.

Subp. 15. **Family.** "Family" has the meaning given in Minnesota Statutes, section 260C.007, subdivision 17.

Subp. 16. **Individual treatment plan.** "Individual treatment plan" means a written plan of intervention, 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. 17. **Legal guardian.** "Legal guardian" means a guardian as defined in Minnesota Statutes, section 525.539, subdivision 2, or a conservator as defined in Minnesota Statutes, section 525.539, subdivision 3.

Subp. 18. **License.** "License" means a 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 terms of the license and the rules of the commissioner or the commissioner of human services.

Subp. 19. **Paraphilia.** "Paraphilia" means a psychosexual disorder as described in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association in 1994, which is incorporated by reference and is available through the Minitex interlibrary loan system. The manual is not subject to frequent change.

Subp. 20. **Progress report.** "Progress report" means a report that describes the status of a client in a sex offender treatment program.

Subp. 21. **Psychophysiological assessment of deception.** "Psychophysiological assessment of deception" 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 staff and the client by measuring and recording particular physiological responses to those questions.

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

Subp. 23. **Residential juvenile sex offender treatment program.** "Residential juvenile sex offender 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, 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.

Subp. 24. **Serious violations of policies and procedures.** "Serious violations of policies and procedures" means a violation that threatens the quality and outcomes of the treatment services, or the health, safety, security, detention, or well-being of clients or program staff; and the repeated nonadherence to program policies and procedures.

Subp. 25. **Sex offender.** "Sex offender" means a person who has engaged in, or attempted to engage in, criminal sexual behavior as defined in subpart 12 or who is ordered to sex offender treatment incident to adjudication for any other crime.

Subp. 26. **Sex offender intake assessment.** "Sex offender intake assessment" means the assessment of a sex offender after admission to a residential sex offender treatment program to determine the client's current cognitive, emotional, behavioral, and sexual functioning; amenability to treatment; risk level; and treatment needs.

Subp. 27. **Sex offender treatment.** "Sex offender treatment" means a comprehensive set of planned and organized services and therapeutic experiences and interventions that are intended to improve the prognosis, function, or outcome of clients to reduce their risk of sexual reoffense, or other sexually abusive and other aggressive behavior, by assisting them to adjust to and deal more effectively with their life situations. The focus of sex offender treatment is on:

A. the occurrence and dynamics of sexual behavior and provision of information, psychotherapeutic interventions, and support to clients to assist them to develop the motivation, skills, and behaviors that promote change and internal self-control; and

B. the coordination of services with other agencies and providers involved with a client to promote external control of the client's behavior.

Sex offender 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 chemical dependency.

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;

B. the relationship between the persons is unequal; or

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

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.

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

Subp. 31. **Therapeutic milieu.** "Therapeutic milieu" means the planned and controlled 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. 32. **Treatment team.** "Treatment team" means at least two persons employed by or under contract to a residential juvenile sex offender treatment program who provide assessment, treatment, or clinical oversight services to clients.

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.

Subp. 34. **Victim.** "Victim" has the meaning given in Minnesota Statutes, section 611A.01, paragraph (b).

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; L 1999 c 139 art 4 s 2; L 2001 c 178 art 1 s 44; L 2005 c 56 s 2*

2955.0030 PROCEDURES FOR CERTIFICATION.

Subpart 1. **Filing application for certification.** The administrative director or other person in charge of a previously uncertified residential juvenile sex offender treatment program must file 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.

Subp. 2. **Application for renewal of certification.** The administrative director or other person in charge of a certified residential juvenile sex offender treatment program must file an application to renew certification with the commissioner at least 60 days prior to expiration of the current certificate. The application must include a record of changes in the treatment program or facility during the period covered by the current certification and contemplated changes for the coming certification period. The changes or contemplated changes are subject to approval pursuant to part 2955.0060, subpart 2.

Subp. 3. **Application by programs required to be certified under this chapter but in operation prior to April 26, 1999.** The administrative director or other person in charge of a program required to be certified under this chapter but in operation prior to April 26, 1999, must file an application with the commissioner within 60 days following April 19, 1999.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0040 CONDITIONS OF CERTIFICATION.

Subpart 1. **Issuance of certificate.** An applicant must be issued a certificate if the residential juvenile sex offender treatment program conforms with this chapter, or the applicant has been granted a variance under the procedure in part 2955.0070.

Subp. 2. **Review of applicant.** 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:

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.

Subp. 3. **Term.** The certificate shall remain in force for one year unless revoked. The commissioner may issue a 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.

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

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

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0050 MONITORING OF CERTIFIED PROGRAMS.

Subpart 1. **Purpose.** Each certified residential juvenile sex offender treatment program must be monitored 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.** 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 may take place at any time and shall be conducted according to Minnesota Statutes, section 241.021, subdivision 1.

Subp. 3. **Program monitoring records.** Each program must maintain sufficient documentation in client and operational records to verify that it complies with the requirements of this chapter. Each program must also document compliance with its written policies and procedures, including, but not limited to: the number of clients served; the type, amount, frequency, and cost of services provided; the consistency of services delivered with individual client treatment plans; the effectiveness in achieving the client's treatment goals; and other information requested by the department on forms provided by the department.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0060 DENIAL, REVOCATION, SUSPENSION, AND NONRENEWAL OF CERTIFICATION.

Subpart 1. **Compliance required.** 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.

Subp. 2. **Commissioner approval of proposed changes required.** The certificate holder must notify the commissioner in writing and obtain the commissioner's approval at least 20 days prior to making 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.

Subp. 3. **Notice of noncompliance.** The commissioner must provide any applicant or certificate holder that does not comply with this chapter that its certificate may be denied, revoked, suspended, or not renewed. This notice must be sent by certified mail and state the grounds for such action and must inform the applicant or certificate holder of the actions required to correct the situation or to apply for a variance and that the applicant or certificate holder has 30 days to respond and comply with the requirements of the notice of noncompliance.

Subp. 4. **Notice to program of action.** 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, that its certificate has been denied, revoked, suspended, or not renewed. The notice must inform the applicant or certificate holder of the right to appeal the commissioner's action.

Subp. 5. **Shortened notice to program of action.** A program whose residential or correctional facility license or accreditation is revoked, 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.

Subp. 6. **Notification to commissioner of investigation or litigation.** An applicant or certificate holder must notify the commissioner by the next working day if the program or any of its staff has:

A. received official notice that a licensing board or professional accreditation organization is investigating malpractice or ethical violations;

B. been named as a party defendant in a civil action where a complaint has been filed with the court or has been named as a defendant in a criminal proceeding, where either the civil or criminal proceeding is related to the delivery of services or professional activities; or

C. received official notice that a staff person is being investigated for child abuse or maltreatment of minors.

Subp. 7. **Temporary suspension.** A program's certification may be temporarily suspended if subpart 6, item A, B, or C, applies and the commissioner determines that there is a likelihood that the program will be rendered ineffective by the investigation or litigation or there is a risk of harm to a client or the community related to the violation alleged.

Subp. 8. **Revocation.** Absent the existence of mitigating factors, a program's certification may be revoked if the program or any of its staff is found guilty of any charges or liable in any action outlined in subpart 6. Mitigating factors will be evaluated according to relevant criteria under part 2955.0070, subpart 2.

Subp. 9. **Appeals.** An applicant or certificate holder whose application for certification is denied or whose certificate is revoked, 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 the Office of Administrative Hearings.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0070 VARIANCE.

Subpart 1. **Request for 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 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 the applicant or certificate holder must take to ensure the quality and outcomes of the treatment services and the health, safety, and rights of clients and staff, and to comply with the intent of this chapter, if the variance is granted.

Subp. 2. **Evaluation of a variance request.** 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 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 otherwise conforms with the standards in this chapter or is making satisfactory progress toward conformity.

C. Granting the variance shall not preclude the program from making satisfactory progress toward conforming with this chapter.

D. Granting the variance shall not leave the well-being of the clients unprotected.

E. The program shall take other action as required by the commissioner to comply with the general purpose of the standards.

F. Granting the variance does not violate applicable laws and rules.

Subp. 3. **Notice by commissioner.** Within 30 days after receiving the request for a variance and documentation supporting it, the commissioner must inform the applicant or certificate holder in writing whether the request has been granted or denied and the reasons for the decision. The commissioner's decision to grant or deny a variance request is final and not subject to appeal under Minnesota Statutes, chapter 14.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0080 STAFFING REQUIREMENTS.

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

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

Subp. 3. **Responsible staff person.** Where appropriate, the administrative director must, during all hours of operation, designate a staff member who is present in the program as responsible for the program.

Subp. 4. **Clinical supervisor required; duties.** The program must employ or have under contract a clinical supervisor who meets the requirements under part 2955.0090, subpart 3. For each client in the program, a clinical supervisor must provide at least two hours per month of clinical supervisory service. The clinical supervisor must establish a staff evaluation and supervision procedure that identifies the performance and competence of each treatment staff person and ensures that each staff person received the guidance and support needed to provide treatment services in the areas in which the person practices. At

least four hours per month must be devoted to the clinical supervision of each staff person providing treatment services. Clinical supervision of staff may be provided in individual or group sessions. The clinical supervisor must document all clinical supervisory activities in the appropriate location.

Subp. 5. **Sex offender treatment staff required.** The program must employ or have under contract staff who are responsible for and qualified to deliver sex offender treatment services in the program. These sex offender treatment staff 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.

Subp. 6. **One person occupying more than one position.** One person may be simultaneously employed as the administrative director, clinical supervisor, or sex offender therapist if the individual meets the qualifications for those positions. 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.

Subp. 7. **Ratio of sex offender treatment staff to clients.** The 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. 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 minimum ratio of one full-time equivalent position for each 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.

Subp. 8. **Staffing plan.** The program must develop and implement a staffing plan that identifies the assignments of program, security, and sex offender treatment staff so that the staff level is adequate to implement the programming and maintain the safety and security of the program.

Subp. 9. **Staff orientation, development, and training.** The program must have a written staff orientation, development, and training plan for each sex offender treatment staff person. The program shall require that each sex offender treatment staff person complete the amount of course work or training specified in this part. The education must augment job-related knowledge, understanding, and skills to update or enhance the treatment staff's ability to deliver clinical services for the treatment of sexually offending behavior and be documented in the staff person's orientation, development, and training plan.

A. A 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. A staff member who works an average of less than half time in a year shall complete at least 26 hours per biennium of course work or training.

Subp. 10. **Examiners conducting psychophysiological assessments of deception.** A program that uses psychophysiological assessments of deception 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 6.

Subp. 11. **Examiners conducting psychophysiological assessments of sexual response.** A program that uses psychophysiological assessments of sexual response 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.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0090 STAFF QUALIFICATIONS AND DOCUMENTATION.

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

A. meet the rule requirements of the applicable residential or correctional facility license or accreditation; and

B. be at least 21 years of age.

Subp. 2. **Qualifications for administrative director.** In addition to the requirements in subpart 1, an administrative director must meet the criteria in items A to C.

A. An administrative director must hold a postgraduate degree in the behavioral sciences or a field relevant to administering a sex offender 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 have a bachelor's degree in the behavioral sciences or field relevant to administering a sex offender program from an accredited college or university, with a minimum of 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. An administrative director must have 40 hours of training in topics relating to the management and treatment of sex offenders and human sexuality.

Subp. 3. **Qualifications for clinical supervisor.** In addition to the requirements in subpart 1, a clinical supervisor must meet the criteria in items A to C.

A. A clinical supervisor must be licensed as a psychologist under Minnesota Statutes, section 148.907; an independent clinical social worker under Minnesota Statutes, section 148B.21; 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.

B. A clinical supervisor must have experience and proficiency in the following areas:

(1) at least 4,000 hours of full-time supervised experience in the provision of individual and group psychotherapy to individuals in at least one of the following settings: corrections, chemical dependency, mental health, developmental disabilities, social work, or victim services;

(2) 2,000 hours of supervised experience in the provision of direct therapy services to sex offenders;

(3) sex offender assessment; and

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

C. A clinical supervisor must have training in the following areas or subjects:

(1) 30 hours in child or adolescent development;

(2) 12 hours in clinical supervision;

(3) 16 hours in the treatment of cognitive distortions, thinking errors, and criminal thinking;

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

(5) 16 hours in relapse prevention;

(6) 16 hours in human sexuality;

(7) 16 hours in family systems;

(8) 12 hours in crisis intervention;

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

(10) 12 hours in substance abuse 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.

Subp. 4. **Qualifications for sex offender therapist.** In addition to the requirements in subpart 1, a sex offender therapist must meet the criteria in items A to C.

A. A sex offender therapist must be licensed as a psychologist under Minnesota Statutes, section 148.907; a psychological practitioner under Minnesota Statutes, section 148.908; an independent clinical social worker under Minnesota Statutes, section 148B.21; 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.

B. A sex offender therapist must have experience and proficiency in the following areas:

(1) 2,000 hours of supervised experience in the provision of individual and group psychotherapy to individuals in one of the following settings: corrections, chemical dependency, mental health, developmental disabilities, social work, or victim services;

(2) 2,000 hours of supervised experience in the provision of direct therapy services to sex offenders;

(3) sex offender assessment; and

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

C. A sex offender therapist must have training in the following areas or subjects:

(1) 30 hours in child or adolescent development;

(2) 16 hours in the treatment of cognitive distortions, thinking errors, and criminal thinking;

(3) 16 hours in behavioral therapies for sex offenders;

(4) 16 hours in relapse prevention;

(5) 16 hours in human sexuality;

(6) 16 hours in family systems;

(7) 12 hours in crisis intervention;

(8) 12 hours in the policies and procedures of the Minnesota criminal justice system; and

(9) 12 hours in substance abuse 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.

Subp. 5. **Qualifications for sex offender counselor.** In addition to the requirements in subpart 1, a sex offender counselor must meet the criteria in items A to C.

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

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

(1) 1,000 hours of experience in the provision of direct counseling or case management services to clients in one of the following settings: corrections, chemical dependency, mental health, developmental disabilities, social work, or victim services;

(2) 500 hours of experience in the provision of direct counseling or case management services to sex offenders or other involuntary clients; or

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

C. A sex offender counselor holding either degree must have training in the following areas or subjects:

(1) 30 hours in child or adolescent development;

(2) 12 hours in the treatment of cognitive distortions, thinking errors, and criminal thinking;

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

(4) eight hours in relapse prevention;

(5) eight hours in human sexuality;

(6) eight hours in family systems;

(7) four hours in crisis intervention;

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

(9) four hours in substance abuse.

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

Subp. 6. **Qualifications for examiners conducting psychophysiological assessments of deception.** The examiner conducting psychophysiological assessments of deception must:

A. be a full or associate member in good standing of the American 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.

Subp. 7. **Qualifications for examiners conducting psychophysiological assessments of sexual response.**

A. The clinical level examiner conducting psychophysiological assessments of sexual response must:

(1) be a doctor of medicine licensed under Minnesota Statutes, section 147.02, a psychologist licensed under Minnesota Statutes, section 148.907, or a social worker licensed under Minnesota Statutes, section 148B.21;

(2) have 40 hours of training in the clinical use of this procedure in the assessment and treatment of sex offenders; and

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

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 technical level examiner conducting psychophysiological assessments of sexual response 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; and

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

Subp. 8. **Documentation of qualifications.**

A. The department shall accept the following as adequate documentation that the staff described in subparts 2 to 7 have the required qualifications:

(1) copies of required professional licenses and other relevant certificates and memberships; and

(2) copies 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 program in the employee's personnel file or other appropriate personnel record.

Subp. 9. **Existing staff exempt from qualifications for current position.** Administrative directors and sex offender treatment staff who have been in their positions for six months or more on April 26, 1999, are exempt from the qualifications specified for their positions in this part, but must meet the qualifications required under subpart 1 or for other positions defined in this part.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0100 STANDARDS FOR SEX OFFENDER ADMISSION AND ASSESSMENT.

Subpart 1. **Admission procedure and new client intake assessment required.** A written admission procedure must be established that includes the determination of the appropriateness of the client by reviewing the client's condition and need for treatment, the treatment services offered by the program, and other available resources. This procedure must be coordinated with the external, nonclinical conditions required by the legal, correctional, and administrative systems within which the program operates. An intake assessment process must also be established that determines the client's functioning and treatment needs. All clients admitted to a residential juvenile sex offender treatment program must have a written intake assessment completed within the first 30 days of admission to the program.

Subp. 2. **Assessments conducted by qualified staff.** The clinical supervisor must direct qualified staff to gather the requisite information during the intake assessment process and any subsequent reassessments. The staff who conduct the intake assessment must be trained and experienced in the administration and interpretation of sex offender assessments.

Subp. 3. **Intake assessment appropriate to basic treatment protocol of program.** A program may adapt the parameters specified in 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 clinical supervisor or treatment team, a full or partial reassessment may be conducted to assist in decisions regarding the client's progress in treatment, movement within the structure of the program, receipt or loss of privileges, and discharge from the program.

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

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

A. collateral information, such as police reports, victim statements, child protection information, presentence sex offender assessments, presentence investigations, and delinquent and criminal history;

B. psychological and psychiatric test information;

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

D. relevant medical information;

E. interviews with the client;

F. previous and concurrent assessments of the client, including chemical dependency, psychological, educational, and vocational;

G. interviews, telephone conversations, or other communication with the client's family members, friends, victims, witnesses, probation officers, and police; and

H. observation and evaluation of the client's functioning and participation in the treatment process while in residency.

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

A. a description of the client's conviction or adjudication offense, noting the facts of the criminal complaint, the client's description of the offense, any discrepancies between the client's and the official's or victim's description of the offense, and the assessor's conclusion about the reasons for any discrepancies in the information;

B. the client's history of perpetration of sexually abusive and criminal sexual behavior and delineation of patterns of sexual response that considers such variables as:

(1) the number and types of known and reported sexually abusive and criminal sexual behaviors committed by the client;

(2) the type of sexual aggression used and any use of weapons;

(3) the number, age, sex, relationship to client, and other relevant characteristics of the victims;

(4) the type of injury to the victims and the impact of the sexually abusive or criminal sexual behavior on the victims;

(5) the dynamics and process of victim selection;

(6) the role of chemical use prior to, during, and after any sexually abusive and criminal sexual behaviors;

(7) the degree of impulsivity and compulsivity, including any attempts by the client to control or eliminate offensive behaviors, including previous treatment;

(8) use of cognitive distortions, thinking errors, and criminal thinking in justifying, rationalizing, and supporting the sexually abusive and criminal sexual behaviors;

(9) the reported degree of sexual arousal or response prior to, during, and after any sexually abusive and criminal sexual behaviors;

(10) a profile of sexual arousal or response, including any paraphilic or sexually abusive fantasies, desires, and behaviors;

(11) the degree of denial and minimization, degree of remorse and guilt regarding the offense, and degree of empathy for the victim expressed by the client; and

(12) the developmental progression of sexually abusive behavior over time;

C. the client's developmental sexual history that considers such variables as:

(1) family of origin or other caretaker attitudes about sexuality and the sexual atmosphere;

(2) childhood and adolescent learning about sexuality, patterns of sexual interest, and sexual play;

(3) history of reported sexual victimization;

(4) sexual history time line;

(5) courtship behaviors and relationships, including marriages;

(6) experience of puberty;

(7) exposure to and use of sexually explicit materials;

(8) nature and use of sexual fantasies;

(9) masturbation pattern and history;

(10) sense of gender identity and sex role behavior and attitude;

(11) sexual orientation; and

(12) sexual attitudes and knowledge;

D. the client's history of any other aggressive or criminal behavior;

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

(1) current living circumstances and relationships;

(2) prior out-of-home placements and living arrangements;

(3) medical history;

(4) educational history;

(5) chemical abuse history;

(6) employment and vocational history; and

(7) military history;

F. a family history that considers such variables as:

(1) reported family composition and structure;

(2) parental separation and loss;

(3) family strengths and dysfunctions;

(4) criminal history;

(5) chemical abuse history;

(6) mental health history;

(7) sexual, physical, and emotional maltreatment; and

(8) family response to the sexual criminality;

G. the views and perceptions of significant others, including their ability or willingness to support any treatment efforts;

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

(1) mental status;

(2) intellectual functioning;

(3) coping abilities, adaptational styles, and vulnerabilities;

(4) impulse control and ritualistic or obsessive behaviors;

(5) personality attributes and disorders and affective disorders;

(6) learning disability or attention deficit disorder;

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

(8) organicity and neuropsychological factors; and

(9) assessment of vulnerability;

I. the findings from any previous and concurrent sex offender, psychological, psychiatric, physiological, medical, educational, vocational, or other assessments; and

J. identification of factors that may inhibit as well as contribute to the commission of offensive behavior that may constitute significant aspects of the client's offense cycle and their current level of influence on the client.

Subp. 8. **Administration of psychological testing and assessments of adaptive behavior.** Where possible, psychological tests 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. The results of the tests must be interpreted by a qualified person who is trained and experienced in the interpretation of the tests. The results may not be used as the only or the major source of 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 clinical supervisor must convene a treatment team meeting to review the findings and develop the assessment conclusions and recommendations.

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

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

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

(3) client's legal status and the relevant criminal and legal considerations.

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 expertise of the assessor; and

(3) address the issues necessary for appropriate decision making regarding treatment and reoffense risk factors.

Subp. 10. **Assessment report.** The assessment report must be based on the conclusions and recommendations of the treatment team review. One qualified sex offender treatment staff person who is also a team member must be responsible for the integration and completion of the written report, which is 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 program and sexual reoffense;

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

D. a conclusion regarding the appropriateness of the client for placement in the program:

(1) if residential sex offender treatment is determined to be inappropriate, 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 services in adjunctive areas such as health, chemical dependency, education, vocational skills, recreation, and leisure activities;

(c) a note of any concurrent psychological or psychiatric disorders, their potential impact on the treatment process, and suggested remedial strategies; and

(d) recommendations, as appropriate, for additional assessments or necessary collateral information, referral, or consultation.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0110 STANDARDS FOR INDIVIDUAL TREATMENT PLANS.

Subpart 1. **Initial individual treatment plan.** A written individual treatment plan for each client must be completed within 30 days of the client's entrance into the program. The individual treatment plan and the interventions designated to achieve its goals must be based on the initial treatment recommendations developed in the intake assessment with additional information from the client and, when possible, the client's family or legal guardian. Input may also be obtained from the program staff, appropriate representatives from outside social service and criminal justice agencies, and other appropriate resources. One qualified sex offender treatment staff person must be responsible for the integration and completion of the written plan, which is signed and dated and placed in the client's file.

Subp. 2. **Explanation, signature, and copies required.** The individual treatment plan must be explained and a copy provided to the client and, if appropriate, the client's family or legal guardian. The program must seek a written acknowledgment that the client and, if appropriate, the client's family or legal guardian have received and understand the individual treatment plan. The individual treatment plan and documentation related to it must be kept at the program in the client's case file. A copy of the client's individual treatment plan must be made available to the supervising agent, if requested, when it is completed.

Subp. 3. **Plan contents.** The 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;

B. measurable outcomes for each time-limited treatment objective that specify the therapeutic experiences and interventions most necessary to assist the client to achieve the objectives;

C. the impact of any concurrent psychological or psychiatric disorders on the client's ability to participate in treatment and to achieve treatment goals and objectives;

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

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

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

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

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0120 STANDARDS FOR REVIEW OF CLIENT PROGRESS IN TREATMENT.

Subpart 1. **Responsibility and documentation.** 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. At least quarterly, the treatment team must review and document each client's progress toward achieving individual treatment plan objectives, approve movement within the structure of the program, and review and modify treatment plans. Documentation of the review must be in each client's file within ten days after the end of the review period.

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.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0130 STANDARDS FOR DISCHARGE SUMMARIES.

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

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

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

A. the admission date;

B. the discharge date;

C. reasons for the client being discharged from the program;

D. a brief summary of the client's current conviction and past criminal record;

E. the client's mental status and attitude at the time of discharge;

F. prescribed medications at discharge;

G. the client's progress in achieving individual treatment plan goals;

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

I. a description of the client's reoffense prevention plan, including what changes in the client's reoffense potential have been accomplished and what risk factors remain;

J. the client's aftercare and community reentry plans; and

K. recommendations for aftercare and continuing treatment.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0140 PROGRAM STANDARDS FOR RESIDENTIAL TREATMENT OF JUVENILE SEX OFFENDERS.

Subpart 1. **Program policy and procedures manual.** Each program must develop and follow a written policy and procedures manual. The manual must be made available to clients and program staff. The manual must include, but is not limited to:

A. 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 served;

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

(3) scope of the services offered;

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

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

(1) the relationship between security and treatment functions and how staff are used in these functions;

(2) communication between the various levels of staff in the program; and

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

D. admission and discharge criteria and procedures;

E. assessment content and procedures, including the rationale for the particular format and procedures as required by part 2955.0100, subpart 3;

F. treatment planning and review of client progress in treatment;

G. policies and procedures for client communications and visiting with others both within and outside of the program;

H. policies and procedures for the use of special assessment and treatment methods according to part 2955.0160;

I. policies and procedures that address data privacy and confidentiality standards, including reports by a client of previously unreported or undetected criminal behavior and the use of results from psychophysiological procedures as described in part 2955.0160, subparts 2 to 4;

J. policies and procedures for reporting and investigating alleged unethical, illegal, or negligent acts against clients, and of serious violations of written policies and procedures; and

K. the program's quality assurance and program improvement plan and procedures as required in part 2955.0170.

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:

A. safeguard the well-being of victims and their families, the community, and clients and their families;

B. encourage clients to be personally accountable through participation, self-disclosure, and self-monitoring;

C. address the individual treatment needs of each client;

D. be consistent with and supportable by the professional literature and clinical practice in the field;

E. use effective methods to assist the client to achieve treatment goals and objectives;

F. include and integrate the client's family or legal guardian into the treatment process when appropriate and document inquiries regarding the degree to which the client's family or legal guardian desires to be involved in the client's treatment;

G. address, within the limits of available resources, the client's personality traits and deficits that are related to increased reoffense potential;

H. address any concurrent psychiatric disorders by providing treatment or referring the client for treatment; and

I. protect the legal and civil rights of clients, including the client's right to refuse treatment.

Subp. 3. **Goals of sex offender treatment.** The ultimate goal of residential juvenile sex offender treatment is to protect the community from criminal sexual behavior by reducing the client's risk of reoffense.

The goals of sex offender treatment include, but are not limited to, the outcomes in items A to E. The basic treatment protocol of the program shall determine the specific goals that shall be operationalized by the program and the methods used to achieve them. The applicability of those goals and methods to a client shall be determined by that client's intake assessment, individual treatment plan, and progress in treatment. The program must be designed to allow, assist, and encourage the client to develop the motivation and ability to achieve the goals in items A to E, as appropriate.

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

(1) reduce their denial or minimization of their criminal sexual behavior and any blame placed on circumstantial factors;

(2) disclose their history of sexually abusive and criminal sexual behavior and pattern of sexual response;

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

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

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

(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 abusive or aggressive behavior;

(2) learn and use appropriate strategies and techniques for changing thinking patterns and modifying attitudes and beliefs regarding sexually abusive and criminal sexual behavior and other abusive or aggressive behavior;

(3) identify the function and role of paraphilic and aggressive sexual responses and urges, recurrent sexual fantasies, and patterns of reinforcement in the commission of sexual offenses;

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

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

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

(5) identify the function and role of any chemical abuse or other antisocial behavior in the commission of sexual offenses and remediate those factors;

(6) demonstrate an awareness and empathetic understanding of the effects of their sexually abusive and criminal sexual behaviors on their victims;

(7) when appropriate, understand and address their own sense of victimization and its impact on their behavior;

(8) identify and address particular family issues or dysfunctions that precipitate or support the sexually offensive behavior;

(9) develop a positive sense of self-esteem and acceptance and demonstrate positive behaviors to meet psychological and social needs;

(10) develop a detailed reoffense prevention plan that:

(a) identifies the pattern or cycle of sexually abusive behavior that includes the background stressors and precipitating conditions and situations that indicate a risk to reoffend;

(b) outlines specific alternative, positive social behaviors that will remove or decrease that risk and how to interrupt the cycle before a sexual offense occurs by using self-control methods; and

(c) identifies a network of persons who support the client in achieving the desired cognitive and behavioral change which includes the client's family or legal guardian, as appropriate;

(11) practice the positive social behaviors developed in the reoffense prevention plan; and

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

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:

(1) learn and demonstrate an understanding of human sexuality that includes anatomy, sexual development, the motivations for sexual behavior, the nature of sexual dysfunctions, and how the healthy expression of sexual desire and behavior contrasts with the abusive expression of sexual desire and behavior;

(2) learn and demonstrate an understanding of intimate and love relationships and how to develop and maintain them; and

(3) explore and develop a positive sexual identity.

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

(1) develop emotional awareness and demonstrate the appropriate expression of feelings;

(2) develop and demonstrate appropriate levels of trust in relating to peers and adults; and

(3) develop and demonstrate appropriate communication, anger management, and stress management skills.

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

(1) prepare a plan for aftercare that includes arrangements for continuing treatment or counseling, support groups, and socialization, cultural, religious, and recreational activities, as appropriate to the client's needs and consistent with available resources; and

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

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0150 STANDARDS FOR DELIVERY OF SEX OFFENDER 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. 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.

Subp. 2. **Type of services.** Each client must receive the types of services specified in the client's individual treatment plan.

Subp. 3. **Case management services.** The program must provide each client with case management services. These services must be documented in client files.

Subp. 4. **Quality of services.** Services provided to the client must meet or exceed the quality standards for the type of service provided. Quality standards may be established by an accreditation standard or be based on the current norms for quality of a service in Minnesota.

Subp. 5. **Size of group therapy and psychoeducation groups.** Group therapy sessions must not exceed ten clients per group. Psychoeducation groups must not exceed a sex offender treatment staff-to-client ratio of one-to-16.

Subp. 6. **Duty to monitor services provided by providers under contract to certificate holder.** The certificate holder must monitor the amount, type, quality, and effectiveness of any service provided to a client by a provider under contract to a certificate holder to provide services to a client. If the certificate holder has reason to believe the services provided to a client by a provider under contract to a certificate holder are not provided according to the client's individual treatment plan, are not effective, or are not in compliance with this chapter, the certificate holder must inform the contractor and take action to correct the situation. If no satisfactory resolution can be achieved, the certificate holder must contract with an alternate provider as soon as possible.

Subp. 7. **Length of treatment.** The length of time a client is in residential sex offender treatment shall depend upon the program's basic treatment protocol, the client's treatment needs as identified in the client's individual treatment plan, and the client's progress in achieving treatment goals. 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.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0160 STANDARDS FOR USE OF SPECIAL ASSESSMENT AND TREATMENT PROCEDURES.

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

A. specific procedures to be included in the policy;

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

C. qualifications of staff who implement the procedure;

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

E. process by which the procedure is approved for use with a client;

F. determination of which procedures will be voluntary and require informed consent from the client or the client's legal guardian, as appropriate;

G. process to obtain and document informed consent; and

H. process by which the use of the procedure is documented and evaluated for effectiveness.

Subp. 2. **Specific standards for the psychophysiological assessment of deception.** In addition to the requirements in subpart 1, the standards in items A and B apply if a psychophysiological assessment of deception is used.

A. The procedure must be administered in a controlled setting using questions developed in conjunction with the sex offender treatment staff and the client, and in accordance with 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.

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 assessment of sexual response.** In addition to the requirements under subpart 1, the standards in items A and B apply if the psychophysiological assessment of sexual response is used.

A. The procedure must be administered 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.

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 must be stored securely.

Subp. 4. **Additional standard for results and interpretation of data.** The results obtained through the use of psychophysiological procedures in sex offender treatment must be used for assessment, treatment planning, treatment monitoring, or risk assessment. The results must be interpreted within the context of a comprehensive assessment and treatment process and may not be used as the only or the major source of clinical decision making and risk assessment.

Subp. 5. **Contract for technology.** A program that does not own or operate the particular technology required to conduct psychophysiological assessments of deception or sexual response must contract with a qualified consultant or program that has the appropriate technology and meets the standards for use of the procedure in this part.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*

2955.0170 STANDARDS FOR QUALITY ASSURANCE AND PROGRAM IMPROVEMENT.

Each program must maintain and follow a quality assurance and program improvement plan and procedures to monitor, evaluate, and improve all components of the program. The review plan must be written and consider the:

A. goals and objectives of the program and the outcomes achieved;

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

C. quality of staff performance and administrative support and their contribution to the outcomes achieved in items A and B;

D. quality of the therapeutic milieu, as appropriate, and its contribution to the outcomes achieved in items A and B;

E. quality of the client's clinical records;

F. use of resources in terms of efficiency and cost-effectiveness;

G. feedback from referral sources, as appropriate, regarding their level of satisfaction with the program and suggestions for program improvement; and

H. effectiveness of the monitoring and evaluation process.

The review plan must specify the manner in which the requisite information is objectively measured, collected, and analyzed. The review plan must specify how often the program gathers the information and document the actions taken in response to the information.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001*