CHAPTER 2955

DEPARTMENT OF CORRECTIONS

RESIDENTIAL TREATMENT; SEXUALLY ABUSIVE OR HARMFUL BEHAVIOR

2955.0010 PURPOSE.

Subpart 1. [Repealed, 50 SR 387]

Subp. 2. **Purpose and scope.** As provided under Minnesota Statutes, section 241.67, this chapter sets minimum treatment program standards for inspecting and certifying:

A. treatment programs in state and local correctional facilities; and

B. state-operated 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.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*
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2955.0020 DEFINITIONS.

Subpart 1. **Scope.** For purposes of this chapter, the terms in this part have the meanings given.

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 or harmful behavior.

Subp. 2. **Administrative director.** "Administrative director" means an individual responsible for administering a treatment program and includes the director's designee.

Subp. 3. **Applicant.** "Applicant" means an uncertified treatment program applying for a certificate.

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

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

Subp. 5. [Renumbered subp 7a]

Subp. 6. **Certificate.** "Certificate" means a commissioner-issued document certifying that a treatment program has met the requirements 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 an individual who receives pretreatment or treatment in a program certified under this chapter while residing in the planned therapeutic environment.

Subp. 7a. **Clinical case management.** "Clinical 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. 7b. **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 questions developed in conjunction with treatment staff and the client by measuring and recording physiological responses to the questions.

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

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

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

Subp. 8. **Clinical supervision.** "Clinical supervision" means the oversight responsibility for planning, developing, implementing, and evaluating clinical services.

Subp. 9. **Clinical supervisor.** "Clinical supervisor" means an individual responsible for clinical supervision.

Subp. 10. **Commissioner.** "Commissioner" means the commissioner of corrections.

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

Subp. 12. **Criminal sexual behavior.** "Criminal sexual behavior" means any criminal sexual behavior under Minnesota Statutes, sections 609.294 to 609.352, 609.365, 609.79, 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 treatment staff.

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

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

Subp. 15a. **Focused assessment of sexual interest and response or sexual interest and response assessment.** "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 behavioral and subjective responses to a variety of sexual stimuli.

Subp. 16. **Individual treatment plan.** "Individual treatment plan" means a written plan of intervention and treatment for a client.

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. [Repealed, 50 SR 387]

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

A. for a facility licensed in the state, a commissioner-issued license authorizing the license holder to provide correctional or residential services according to the license terms 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. [Repealed, 50 SR 387]

Subp. 20. [Repealed, 50 SR 387]

Subp. 20a. **Planned therapeutic environment.** "Planned therapeutic environment" means the site where the program environment is purposefully used as part of treatment to foster and support desired behavioral and cognitive changes in clients.

Subp. 21. [Renumbered subp 7b]

Subp. 22. [Renumbered subp 15a]

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

A. residing in the planned therapeutic environment but has not begun to participate 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 treatment program or treatment program.** "Residential treatment program" or "treatment program" means a program that provides a planned therapeutic environment to clients in a facility or housing unit exclusive to the program and set apart from the general correctional population.

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. [Repealed, 50 SR 387]

Subp. 26. [Repealed, 50 SR 387]

Subp. 27. [Repealed, 50 SR 387]

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

A. an involved individual is nonconsenting or cannot legally give consent;

B. a relationship involves an imbalance of power;

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

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

Subp. 29. **Special assessment and treatment procedures.** "Special assessment and treatment procedures" means procedures that are used to help gather information for a client's assessment and that are detailed in the Best Practice Guidelines for the Assessment, Treatment, Risk Management, and Risk Reduction of Men Who Have Committed Sexually Abusive Behaviors, or the Practice Guidelines for Assessment, Treatment, and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behavior. The guidelines are incorporated by reference under part 2955.0025.

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

Subp. 31. [Renumbered subp 20a]

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

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

Subp. 32. [Repealed, 50 SR 387]

Subp. 33. **Variance.** "Variance" means an alternative to a requirement under this chapter.

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; 50 SR 387*

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2955.0025 INCORPORATIONS BY REFERENCE.

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

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

Subp. 3. **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. 4. **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).

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

Statutory Authority: *MS s 241.67*

History: *50 SR 387*

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2955.0030 CERTIFICATION PROCEDURES.

Subpart 1. **Applying for certificate.** An applicant must file with the commissioner an application for 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 name and address of the individual completing the application;

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 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. [Repealed, 50 SR 387]

Subp. 3. [Repealed, 50 SR 387]

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

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2955.0040 CERTIFICATION CONDITIONS.

Subpart 1. [Repealed, 50 SR 387]

Subp. 2. **Reviewing application.**

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

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

Subp. 3. **Issuing certificate.**

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

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

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

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

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

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

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 was 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 program's certificate must be posted conspicuously in an area where clients may read it.

Subp. 5. **Nontransferable.** A certificate is nontransferable.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*
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2955.0050 INSPECTING CERTIFIED PROGRAMS.

Subpart 1. **Inspections; rule compliance.** Each treatment program must be inspected to ensure that it is in compliance with this chapter.

Subp. 2. **Inspections; how conducted.** Department inspections may take place at any time and must be conducted according to Minnesota Statutes, section 241.021, subdivision 1.

Subp. 3. **Program records.** Each treatment program must maintain documentation in client and program records to demonstrate its compliance with this chapter. Each program must also document:

A. compliance with its written policies and procedures;

B. the number of clients served;

C. the type, amount, frequency, and cost of services provided;

D. that services provided are delivered consistent with individual client treatment plans; and

E. the effectiveness in achieving the client's treatment goals.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*
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2955.0060 DENYING, REVOKING, SUSPENDING, AND NONRENEWING CERTIFICATION.

Subpart 1. **Inspections and nonconformance.** Every two calendar years from the date of a treatment program's certification, the commissioner must inspect the 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, revocation, or suspension under this part.

Subp. 2. **Commissioner approval of changes to initial certification.**

A. A certificate holder must document in writing and obtain the commissioner's approval for any changes to the treatment program's initial certification.

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

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

(2) jeopardize treatment quality and client outcomes.

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

(1) notify the certificate holder in writing;

(2) state why the change was denied;

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

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

Subp. 2a. **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. Failure to comply with a corrective action plan is grounds for the commissioner to suspend or revoke a treatment program's certificate according to this part.

Subp. 2b. **Revocation or suspension; when required.**

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

(1) 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 has been suspended 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, if any, required by the commissioner; or

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

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

A. The commissioner must notify a certificate holder when the commissioner intends to revoke or suspend the certificate holder's certificate.

B. The notice must:

(1) be in writing;

(2) state why the commissioner intends to revoke or suspend the certificate;

(3) inform the certificate holder of any action required for compliance; and

(4) inform the certificate holder that it has 30 days after receiving the notice to respond and take any corrective action required for continued operation.

Subp. 4. **Notice of revocation or suspension.**

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

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

Subp. 5. [Renumbered subp 2b]

Subp. 6. [Repealed, 50 SR 387]

Subp. 6a. [Renumbered subp 2a]

Subp. 7. [Repealed, 50 SR 387]

Subp. 8. [Repealed, 50 SR 387]

Subp. 9. **Appeals.**

A. An applicant whose application is denied or a certificate holder whose certificate is revoked or suspended may appeal the commissioner's action by filing a contested case with the Court of Administrative Hearings under Minnesota Statutes, chapter 14. An appeal must be filed within 30 days after the applicant or certificate holder has received the commissioner's final written disposition.

B. If the Court 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 court's issued decision; and

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

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

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2955.0070 VARIANCE.

Subpart 1. **Requesting variance.** An applicant or certificate holder may request a variance by submitting a request through the DOC Portal. The request must specify:

A. the rule requirement from which the variance is requested;

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

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

D. the alternative measures that the applicant or certificate holder will take to:

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

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

Subp. 2. **Evaluating variance request.** The commissioner must grant a variance if the commissioner determines that:

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

B. the treatment program is otherwise in compliance with this chapter or is making progress toward compliance under a corrective action plan or another commissioner-required action under part 2955.0060;

C. granting the variance would not leave the well-being of clients unprotected;

D. the program will take other action as required by the commissioner to comply with the intent of this chapter; and

E. granting the variance does not violate applicable statutes and rules.

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

A. Within 60 days after receiving a request under subpart 1, the commissioner must inform the applicant or certificate holder through the DOC Portal whether the request has been granted or denied and the reason for the decision.

B. The commissioner's decision to grant or deny a 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 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 after the commissioner's determination.

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

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

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2955.0080 STAFFING REQUIREMENTS.

Subpart 1. **Conflict with licensure rules; 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, the 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.** A treatment program must employ or contract with an administrative director.

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

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

A. A treatment program must employ or contract with at least one clinical supervisor.

B. A clinical supervisor may not supervise more than eight counselors.

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

(1) identifies the performance and qualifications of each counselor; and

(2) ensures that each counselor receives the guidance and support needed to provide clinical services in the areas in which the counselor practices.

D. A clinical supervisor must:

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

Subp. 5. **Treatment staff required.** A treatment program must employ or contract with treatment staff. Treatment staff must include a clinical supervisor and a counselor. Except for a clinical supervisor, treatment staff need not be licensed under Minnesota Statutes, chapter 245I.

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

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

B. 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 treatment staff to clients.**

A. As prescribed under the program's staffing plan, a treatment program must have treatment staff to provide adjunctive and clinical services.

B. A treatment program must maintain a maximum ratio of one full-time equivalent position providing clinical services to no more than ten clients.

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. An administrative director must develop and follow a written staffing plan that identifies the assignments of each staff position needed to provide adjunctive and clinical services and needed to maintain the program's safety and security.

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. **Orientation, development, and training for program staff.**

A. A treatment program must develop and follow a written staff orientation, development, and training plan for each program staff member. The plan must be developed within 90 days of a staff member's employment and must be reviewed and, if necessary, revised at least annually. Training must augment job-related knowledge, understanding, and skills to improve the staff member's ability to perform their job duties and must be documented in the staff member's orientation, development, and training plan. The plan and any revisions must be documented and placed in the staff person's personnel file.

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

C. Within two years of their employment date and every two years thereafter, an unlicensed treatment staff member who works less than half time in a year must complete at least 26 hours of training.

Subp. 10. **Examiner conducting deception assessment.** A treatment program that uses a deception assessment must employ or contract with an examiner to conduct the assessment.

Subp. 11. **Examiner conducting sexual interest and response assessment.** A treatment program that uses a sexual interest and response assessment must employ or contract with an examiner to conduct the assessment.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

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

Statutory Authority: *MS s 241.67*

History: *50 SR 387*

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2955.0090 STAFF QUALIFICATIONS AND DOCUMENTATION.

Subpart 1. **Qualifications for staff working directly with clients.** A program staff member working directly with a client must:

A. be at least 21 years of age; and

B. meet the qualification requirements of the treatment program's license.

Subp. 2. **Administrative director; qualifications.**

A. In addition to the requirements under subpart 1, an administrative director must:

(1) have the following educational experience:

(a) hold a postgraduate degree in behavioral sciences or other field relevant to administering a 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; or

(b) have a bachelor's degree in behavioral sciences or other field relevant to administering a treatment program from an accredited college or university, with at least four years of work experience providing services in a correctional or human services program; and

(2) have 40 hours of training in topics relating to managing and treating sexually abusive or harmful behavior, mental health, and human sexuality.

B. The training under item A, subitem (2), must be completed within 18 months after the director's hiring date.

Subp. 3. **Clinical supervisor; qualifications.**

A. In addition to the requirements under subpart 1, a clinical supervisor must:

(1) be qualified according to Minnesota Statutes, section 245I.04, subdivision 2;

(2) have experience and proficiency in the following areas:

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

i. corrections;

ii. substance use disorder treatment;

iii. mental health;

iv. developmental disabilities;

v. social work; or

vi. victim services;

(b) 2,000 hours of supervised experience providing direct therapy services;

(c) assessing individuals who have engaged in sexually abusive or harmful behavior; and

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

(3) have training in the following core areas or subjects:

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

(b) 30 hours in human development;

(c) 12 hours in clinical supervision;

(d) 16 hours applying cognitive behavioral therapies;

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

(f) eight hours in human sexuality;

(g) 16 hours in family systems;

(h) 12 hours in crisis intervention;

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

(j) 12 hours in substance use disorder treatment.

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

Subp. 4. [Repealed, 50 SR 387]

Subp. 5. **Counselor; qualifications.**

A. In addition to the requirements under subpart 1, a counselor must:

(1) hold a postgraduate degree or bachelor's degree in behavioral sciences or other relevant field from an accredited college or university;

(2) if holding a bachelor's degree, have experience and proficiency in one of the following areas:

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

i. corrections;

ii. substance use disorder treatment;

iii. mental health;

iv. developmental disabilities;

v. social work; or

vi. victim services;

(b) 500 hours of experience providing direct counseling or clinical case management services to clients who have engaged in sexually abusive or harmful behavior; or

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

(3) have training in the following core areas or subjects:

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

(b) 30 hours in human development;

(c) 12 hours applying cognitive behavioral therapies;

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

(e) eight hours in human sexuality;

(f) eight hours in family systems;

(g) four hours in crisis intervention;

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

(i) four hours in substance use disorder treatment.

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

Subp. 6. **Examiner conducting deception assessment; qualifications.** An examiner conducting a deception assessment 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 Model Policy for Post-Conviction Sex Offender Testing, which is incorporated by reference under part 2955.0025.

Subp. 7. **Examiner conducting sexual interest and response assessment; qualifications.** An examiner conducting a sexual interest and response assessment must:

A. be licensed or certified in the clinical use of the assessment within the scope of their licensure or certification; and

B. have certified training in the clinical use of the assessment for individuals who have engaged in sexually abusive or harmful behavior.

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

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

B. 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) the treatment program's basic treatment protocol; and

(3) crisis management.

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

Subp. 8. **Documenting qualifications.**

A. A treatment program must document the following for each program staff member:

(1) a copy of required professional licenses and other qualifications required for compliance with this chapter; and

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

B. All documentation must be maintained by the treatment program in the staff member's personnel file.

Subp. 9. [Repealed, 50 SR 387]

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; L 2016 c 158 art 1 s 214; 50 SR 387*

Published Electronically: *December 1, 2025*

2955.0100 STANDARDS FOR CLIENT ADMISSION, INTAKE, AND ASSESSMENT.

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

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

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

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

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

B. The admission procedure must be coordinated with the nonclinical correctional facility conditions within which the program operates.

C. A clinical supervisor must develop and follow a written intake assessment procedure that determines a client's functioning and treatment needs. A client must have a written intake assessment report completed within 30 business days:

(1) after the client's admission to the program; or

(2) after the client has transitioned from pretreatment.

Subp. 2. **Intake assessments.**

A. A clinical supervisor must direct treatment staff to gather the information under subpart 1 during the intake assessment process and any reassessments under subpart 4. The staff members who conduct the intake assessment must be trained and experienced in administrating and interpreting assessments in accordance with their licensure 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 assessment appropriate to treatment program's basic treatment protocol.** A treatment program may adapt the parameters under subparts 6 to 8 to conduct assessments that are appropriate to the program's basic treatment protocol. The rationale for the adaptation must be provided in the program's policy and procedure manual under part 2955.0140, subpart 1, item E.

Subp. 4. **Reassessment.** A clinical supervisor or treatment staff member may reassess a client to assist in decisions on the client's:

A. progress in treatment;

B. movement within the program's structure;

C. receipt or loss of privileges; and

D. discharge from the program.

Subp. 5. **Cultural sensitivity.** 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.

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 assessments and investigations, and criminal history and juvenile justice data under Minnesota Statutes, section 13.875;

B. psychological and psychiatric test information;

C. client-specific test information, including deception and sexual interest and response assessments;

D. relevant medical information;

E. interviews with the client;

F. previous and concurrent assessments of the client, including substance use, 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. **Information included in assessment.** An assessment must include the following information, as applicable to the client:

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

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

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

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

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

B. the client's history of perpetration of sexually abusive or harmful behavior or 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 or harmful behaviors or 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 harmful behavior or criminal sexual behavior on the victims;

(5) the dynamics and process of victim selection;

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

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

(10) a profile of sexual interest and 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 or harmful 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 timeline;

(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) nature of peer relations;

(4) play and leisure interests;

(5) medical history;

(6) educational history;

(7) substance use history;

(8) employment and vocational history; and

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

(7) organicity and neuropsychological factors; and

(8) assessment of vulnerability;

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

J. the client's risk and protective factors, including at a minimum:

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

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

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

A. 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 intake assessments must be standardized and normed for the given population tested.

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

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

A. The conclusions and recommendations of the intake assessment must be based on the information obtained during the assessment.

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

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

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

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

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

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

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

(3) address the issues necessary to make decisions on treatment and reoffense risk factors.

Subp. 10. **Assessment report.** One treatment staff member must complete the assessment report, which must be signed and dated and placed in the client's file. The report must include the following areas:

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

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

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

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

(1) if 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 treatment needs;

(b) recommendations, as appropriate, for the client's needs for adjunctive services in areas such as health, substance use disorder treatment, 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.

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

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

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

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

Published Electronically: *December 11, 2025*

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.**

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

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

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

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

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

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 or counselor 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 is ready to 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 services received;

B. the type of pretreatment services received;

C. all reviews of the client's progress in pretreatment under subpart 4, item B;

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

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

Statutory Authority: *MS s 241.67*

History: *50 SR 387*

Published Electronically: *December 1, 2025*

2955.0110 STANDARDS FOR INDIVIDUAL TREATMENT PLANS.

Subpart 1. **Individual treatment plan.**

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

(1) after the client's 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 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.

C. Input on the individual treatment plan and interventions may be obtained from:

(1) program staff;

(2) representatives from social service and criminal justice agencies; and

(3) other treatment-related resources.

D. One licensed treatment staff member or a treatment staff member under the supervision of a licensed treatment staff member must complete the treatment plan. A treatment staff member must sign and date the treatment plan and place it 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, has received and understands the treatment plan.

B. The treatment plan, including the types and amounts of adjunctive and clinical services delivered to the client, must be documented in the client's file.

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

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

A. the 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:

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

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

D. treatment areas to be addressed by the client;

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

F. provisions for protecting victims and potential victims, as appropriate.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

Published Electronically: *December 1, 2025*

2955.0120 STANDARDS FOR REVIEWING CLIENT PROGRESS IN TREATMENT.

Subpart 1. **Weekly progress notes.** At least weekly, 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, treatment staff must:

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

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

(3) review and modify treatment plans.

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

Subp. 2. **Review session.** In addition to quarterly reviews under subpart 1a, a client and at least one treatment staff member may meet 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, except as provided under item C:

(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; juvenile treatment programs.** The following information must be documented in the client's file:

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

B. any determination under subpart 3, item C.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

Published Electronically: *December 1, 2025*

2955.0125 AFTERCARE.

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

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

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

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

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

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

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

Statutory Authority: *MS s 241.67*

History: *50 SR 387*
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2955.0130 STANDARDS FOR DISCHARGE REPORTING AND SUMMARY.

Subpart 1. **Notifying supervising agent of client's discharge.** Except for an adult treatment program in a state correctional facility, a client's supervising agent must be notified within 24 hours after the treatment program discharges the client from the program, regardless of whether the client completed treatment.

Subp. 2. **Discharge summary.** A clinical supervisor or counselor must complete a discharge summary for each client discharged from the program within 20 business days after the client's discharge and must place the summary in the client's file. This subpart applies regardless of whether the client completed treatment.

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

A. the admission date;

B. the discharge date;

C. 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 health and attitude when discharged;

F. prescribed medications at discharge;

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

H. an assessment of the client's risk factors for sexual reoffense and other abusive behavior; and

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

(1) a written reference to or summary of the client's plan for maintaining and continuing treatment gains under part 2955.0140, subpart 4, item B, subitem (10);

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

(3) any recommendations for aftercare and continuing treatment.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*
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2955.0140 PROGRAM STANDARDS FOR CLIENT TREATMENT; POLICY AND PROCEDURE.

Subpart 1. **Program policy and procedure manual.** Each treatment program must develop and follow a written policy and procedure manual. The manual must be made available to clients and program staff. The manual must include 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) 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 adjunctive and clinical services offered;

B. policies and procedures for managing the planned therapeutic environment, as applicable to the program, including the manner in which the components of the planned therapeutic environment are structured;

C. policies and procedures for preventing predation among clients and promoting and maintaining 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 violating the program 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 treatment.** This subpart contains the minimal standards of practice for treatment provided in a treatment program. Treatment 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 each client's individual treatment needs;

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. **Treatment purpose; basic treatment protocol.**

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

B. The focus of treatment is on:

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

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

C. The goals of treatment include at least the goals under subpart 4, items A to E. The treatment program's basic treatment protocol must determine the goals that will be operationalized by the program and the methods used to achieve them. The applicability of the goals and methods to a client must be determined by the client's intake assessment, individual treatment plan, and progress in treatment. The treatment program must be designed to allow, assist, and encourage the client to develop the motivation and ability to achieve the goals under subpart 4, items A to E, as appropriate.

Subp. 4. **Treatment goals.**

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

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

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

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

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

B. The client must choose to stop and act to prevent the circumstances that lead to sexually abusive or harmful behavior or criminal sexual behavior and other abusive or aggressive behaviors. 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 engaging in sexually abusive or harmful behavior or criminal sexual behavior;

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

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

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

(a) manage paraphilic and aggressive sexual interest and response, urges, fantasies, and other 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 substance use or other problematic behavior in engaging in sexually abusive or harmful behavior or criminal sexual behavior and remediate those factors;

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

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

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

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

(10) develop a plan for maintaining and continuing treatment gains that:

(a) identifies the pattern or cycle of sexually abusive or harmful 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 client's plan for maintaining and continuing treatment gains; and

(12) build the network of individuals identified in subitem (10), unit (c), who will support implementing the plan and share the plan with those 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:

(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 to:

(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 to:

(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 transition into the community.

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

Published Electronically: *December 1, 2025*

2955.0150 STANDARDS FOR DELIVERING TREATMENT.

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.

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

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

Subp. 4. [Repealed, 50 SR 387]

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 treatment staff-to-client ratio of 1-to-16.

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

Subp. 6. [Repealed, 50 SR 387]

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

A. The time a client is in treatment depends on the:

(1) treatment program's basic treatment protocol;

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

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

B. The minimum length of treatment is as prescribed under Minnesota Statutes, section 241.67, subdivision 2, paragraph (a).

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

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

Published Electronically: *December 1, 2025*

2955.0160 STANDARDS FOR 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. special assessment and treatment procedures to be used;

B. purpose and rationale for using each procedure;

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

D. conditions and safeguards under which the procedure is used for a 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 under item F; and

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

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; and

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

Subp. 2. **Specific standards for deception assessment.**

A. In addition to the requirements under subpart 1, the standards under this subpart apply if a deception assessment is used for an adult client.

B. A deception assessment must be administered:

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

(2) in accordance with the following documents incorporated by reference under part 2955.0025:

(a) the Standards and Principles of Practice; and

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

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

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

B. An assessment must be administered:

(1) by an examiner under part 2955.0090, subpart 7; and

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

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

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

A. The results obtained through an assessment under this part must be used for assessment, treatment planning, treatment monitoring, or risk assessment.

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

Subp. 5. [Repealed, 50 SR 387]

Statutory Authority: *MS s 241.67*

History: *23 SR 2001; 50 SR 387*

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2955.0170 STANDARDS FOR CONTINUING QUALITY IMPROVEMENT.

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

(1) program's goals and objectives and the outcomes achieved;

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

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

(4) quality of staff performance and administrative support and how staff and administrative support contribute to the outcomes achieved in subitems (1) to (3);

(5) quality of the planned therapeutic environment, as appropriate, and its contribution to the outcomes achieved in subitems (1) to (3);

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

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

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

(9) effectiveness of the monitoring and evaluation process.

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

(1) how the requisite information is objectively measured, collected, and analyzed; and

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

Statutory Authority: *MS s 241.67*

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