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MINNESOTA SEX OFFENDER PROGRAM ANNUAL PERFORMANCE REPORT 2011

January 2012
Minnesota Sex Offender Program
444 Lafayette Road North
Saint Paul, MN 55155-0992

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Executive Summary

M.S. 246B.035 requires the electronic submission of an annual performance report to the chairs and ranking minority members of the legislative committees and divisions with jurisdiction over funding for the Minnesota Sex Offender Program (MSOP) by January 15th of each year. The statute stipulates the report must include information on the following:

1. description of the program, including strategic mission, goals, objectives and outcomes;
2. program-wide per diem;
3. annual statistics; and
4. the sex offender program evaluation report required under section 246B.03.

MSOP is one program, operating across two campuses. Admissions and the majority of primary treatment occur in Moose Lake. After clients demonstrate meaningful change and progress through the first two phases of treatment, they are considered for transfer to the St. Peter campus. The St. Peter campus has two missions: reintegration and programming for alternative clients. Clients in phase III progress through privileges that allow opportunities to demonstrate their abilities to use new coping skills and risk management techniques in settings with less structure. St. Peter also provides the Alternative Program for clients with impaired executive functioning due to learning disabilities, developmental disabilities, head injury or trauma, and other neuropsychological issues. These clients do all three phases of programming on the St Peter campus.

After a year of review and study, in 2011, The Office of the Legislative Auditor published "Civil Commitment of Sex Offenders." This comprehensive report provided an excellent review of the civil commitment process in Minnesota and the services provided by the Minnesota Sex Offender Program. Most of the recommendations made in the report were consistent with existing goals and objectives of MSOP. Further, most of the specific recommendations have already been addressed through operational, clinical, or legislative changes. The remainder of the recommendations primarily related to alternative facilities and options for managing and treating sex offenders in the community are anticipated to be under review and consideration in the legislature in 2012.

The MSOP clinical program continues to develop in sophistication and research-based design. Obtaining and retaining qualified professional staff has been challenging. The Moose Lake facility in particular has suffered due to ongoing growth and geographic location. MSOP has worked diligently to address this problem and is approaching a full professional staffing complement..

Sex offender treatment is a challenging endeavor and requires professional competency and ongoing training. In 2011, staff have participated in reputable trainings to advance their therapeutic skills and educate themselves on the current research and trends in the field. The theory and program manuals have been updated and a newly designed curriculum will be implemented across the program in 2012. Outside reputable professionals completed a program audit that confirms the direction of the clinical program as well as recognizes the advancements that have been made to date. Consistent with the Office of the Legislative Auditor's (OLA's) report, MSOP has taken steps to measure and increase clinical services in 2011. Programming and treatment hours will be cited in the MSOP quarterly reports starting in 2012.

MSOP broke ground on the new support building at Moose Lake this year, which includes more treatment rooms, a new kitchen; a new dining room; larger vocational work program space; and new

education, recreation, and spiritual services areas. This construction project more than doubles the current MSOP support space. The entire project is expected to be complete by the end of 2012. In addition, MSOP began two major construction projects in St. Peter this year. The first expansion will increase the Community Preparation Services program from the current capacity of 13 to 28 when the project is finished during the first part of 2012. The second project will renovate and modernize a 1950s building used to house clients inside the secure perimeter. This effort will increase the capacity of the program by 55 beds and is expected to be complete by mid-2013.

The year 2011 began with six clients living in the Community Preparation Services (CPS) housing, after successfully petitioning the court to live in a less restrictive facility on the St Peter campus. At year end, ten clients were living in the two CPS facilities – Halvorson House and Green Acres. Construction to expand Green Acres from an 8-bed facility to a 23-bed facility began on October 24th, 2011 and is proceeding on schedule with final completion expected in March 2012.

MSOP continues to formalize the process and policies necessary for when the courts order provisional discharge of clients from CPS. Clients continue to use their community outings to become more accustomed to being out in the community, to apply the skills learned in treatment, and to build and nurture support networks in the community. MSOP has also executed master contracts with two half-way house providers, both with reputable histories in safely reintegrating sexual offenders back into the community.

In response to the OLA report, an MSOP work group convened to examine the clients who are currently in the MSOP Alternative Program and consider their functioning level, their status in treatment, appropriate placements for them and the potential path and timing for them to transition into the community.

From a public policy standpoint, MSOP was successful in obtaining passage of several key pieces of legislation within the agency policy bill. Specifically, language was added to allow for voluntary and temporary re-admission to MSOP for clients experiencing increased risk factors; the definition and process for clients absent without authorization was clarified, the 60-day review hearing was removed from the civil commitment process for sex offenders; and language was added to provide community notification for all clients being provisionally discharged in the community for all MSOP clients.

Section I
Program Overview, Strategic Mission, Goals, Objectives, and Outcomes

Description of the Program: The Minnesota Sex Offender Program provides comprehensive sex-offender-specific treatment to individuals ("clients") who have been civilly committed by the courts. MSOP operates treatment facilities in Moose Lake and Saint Peter. Clients are committed as Sexual Psychopathic Personalities ("SPP") or as Sexually Dangerous Persons ("SDP") or as both SPP and SDP, only after a court has concluded that the individual meets the legal criteria for commitment. Such commitments are for an indeterminate time and, in most cases, follow an individual's completion of a period of incarceration.[1]

With the exception of clients in the MSOP Alternative Program, clients begin treatment at the Moose Lake facility.[2] After successfully progressing through the majority of their treatment there, clients are transferred to the St. Peter facility to complete treatment and begin working toward reintegration. All clients participating in treatment develop skills through active participation in group therapy. Clients are provided opportunities to demonstrate meaningful change through their participation in rehabilitative services such as education classes, therapeutic recreational activities, and vocational work program assignments. MSOP staff observe and monitor clients in treatment groups as well as in all aspects of daily living to determine and provide feedback on how clients are applying new knowledge and prosocial skills.

Strategic Mission: MSOP's mission is to promote public safety by providing world class treatment and successful reintegration opportunities for civilly committed sexual abusers.

Priorities: MSOP executive leadership has established priorities geared toward clarifying the treatment model, fostering cohesiveness and consistency in staff implementation of programming, and identifying areas in which efficiencies could be increased. The following priorities serve as the foundation for MSOP strategic planning.

MSOP is committed to creating a safe and respectful environment for clients and staff. Respect is defined as transparent and proactive communication, accountability, and recognition of the individualized needs of clients. Inherent in respect is the belief that all people are capable of making meaningful change if they possess the motivation and tools to do so.

Responsibility to the Public: Partner with community stakeholders to enhance, develop, and effectively manage a world-class sex offender treatment program.

Therapeutic Environment: Establish MSOP as a world class, research-based, treatment program that is client-focused and has a clear progression across the continuum of care.

Values: Create a values-based environment. Those core values that underlie the treatment program include a change-is-possible orientation, credibility, research-based, effectiveness, authenticity and integrity, transparency, and efficiency.

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[1] As discussed in section III MSOP provides staffing for sex-offender-specific treatment to Department of Corrections' inmates who are identified as likely to be referred for civil commitment upon their release from incarceration.

[2] Clients with low cognitive skills are placed in the MSOP Alternative Program and complete all phases of their treatment at St. Peter.

Learning Organization: Establish a dynamic culture of learning at all levels of our world-class organization, which recognizes the many faces of learning.

Staff Development: Develop and maintain a confident, healthy, and professional team.

2011 Strategic Goals and Objectives:

Goals	2011 Outcomes
Increase external credibility of MSOP.	The MSOP has conducted tours at both sites for local stakeholders including community-based treatment providers and legislative staff. Staff have conducted clinical trainings at national and international professional conferences on the MSOP treatment model and philosophy.
Strengthen the clinical program, consistent with professional standards.	Clinical and assessment staff have participated in current trainings in the field. Individual clinical supervision has been conducted with consistency at both sites. Outside program evaluators have confirmed that the MSOP is utilizing current, evidence-based treatment interventions. Psychoeducational materials are in the process of being updated. Contracts have been arranged for outside experts to bring group skills and treatment delivery skills trainings to all MSOP clinical staff in 2012.
Provide opportunities for staff to increase professionalism and competencies in providing evidenced based treatment for civilly committed sexual offenders.	Staff have attended trainings on current treatment areas in the field throughout the year. Staff have also attended Minnesota Association for the Treatment of Sexual Abusers (MNATSA), Association for the Treatment of Sexual Abusers (ATSA) and Sex Offender Civil Commitment Programs Network (SOCCPN) conferences. Information is brought back and internal trainings have been held to introduce all staff to current practices and trends in the dynamic field of sex offender treatment.
Complete, update and monitor all Reintegration policies (Community Preparation Services (CPS) and Provisional Discharge (PD)).	In 2011, MSOP revised and, implemented policies and forms related to community outings for all Phase III clients to reflect a new, more rigorous approval process and greater client accountability for time spent in the community. Nine Reintegration policies were issued by the Policy Committee.

	Three Community Preparation Services (CPS) policies were completed and are ready to send to the Policy Committee. One CPS policy and seven Provisional Discharge policies are drafted and pending review by the Reintegration Steering Committee
Open Green Acres (CPS residence) expansion with sufficient staff, furnishings, and equipment.	Construction began on October 24th, 2011, and is proceeding on schedule with completion expected in March 2012.
Secure community housing for clients granted Provisional Discharge.	MSOP executed a master contract with a Hennepin County halfway house provider in 2011. A contract with a Ramsey County halfway house provider is in process, awaiting final signatures by Department of Human Services staff.
Establish and maintain the presence of the MSOP Reintegration Specialists in the community with the necessary equipment, standards of operation, and relationships with community stakeholders.	MSOP Reintegration Specialists: Met with and maintained contact with CPS clients' community contacts. Attended more than fifteen community-based training events Contacted more than 50 agencies that will be resources for our clients' reintegration. Procured surveillance and drug testing equipment, evidence kits, and laptop computers. One of the three Reintegration Specialists resigned during the fourth quarter. The vacancy was posted and the position will be filled in early 2012.
Deliver and evaluate quarterly training sessions to all staff who regularly or potentially interact with clients in CPS.	Training was provided to relevant staff each quarter; curriculum was updated and revised to reflect policy changes. The CPS Unit Director and the MSOP St. Peter Electronics Systems Specialist attended a two-day training on MSOP's GPS system.
Fully implement Phase I of the Phoenix computer application. Phase I includes complete separation from Avatar, the scalable framework for future	Phase I of the Phoenix computer application was completed and implemented June 2011. Back file conversion continues.

electronic record modules, and completion of the back file conversion to electronic.	
Secure master contracts for halfway house providers and group home providers to accommodate clients on provisional discharge.	One master contract was fully executed and a second master contract is currently going through the signature process toward full execution.
Increase Special Review Board capacity to allow for up to twelve hearings per month to accommodate increased petitions.	The Special Review Board (SRB) capacity remains at nine due to unforeseen delays in SRB member recruitment and staff shortages. SRB membership was increased in December 2011.
In conjunction with the Executive Team, continue involvement in the long-range planning for reintegration, programming, and future community developments.	During 2011, MSOP operations staff developed several work plans to enhance MSOP programming and reintegration. Additionally, the team reviewed the short-term and long-term bed space needs. Finally, the MSOP continues to develop work opportunities for all clients at all stages of programming.
Enhance and strengthen communication, teamwork, and the mission of "one program, two locations," between Moose Lake and St. Peter.	This year the operations, security, vocational work program, physical plant and construction departments have coordinated day-to-day and annual programming plans between both facilities. Management staff travels between the two facilities in Moose Lake and Saint Peter on a consistent basis in order to strengthen this message. Additionally, regular, daily communications occur between the two facilities as we strive for consistency. Several management staff from both facilities meet regularly at each other's facilities to strengthen the procedures and practices at both locations.
Achieve the priority tasks established by the MSOP Security Team.	Good communication between both facilities has resulted in continuous evaluation of security practices this year. Emergency procedures have all been revised. The MSOP made significant progress on the new and enhanced security systems at both facilities this year.

Successfully complete the construction projects at Moose Lake (phase II support infrastructure) and St. Peter (Green Acres expansion).	Phase II construction of the MSOP Main Building Administrative Area in Moose Lake will be complete in 2012. There were some delays in this effort and the completion date of the final effort, given the state incurred a government shutdown for three weeks. The entire Moose Lake support services building will be completed in the middle of 2012 St. Peter's Green Acres expansion has begun with a March 2012 target date for completion.
Participate in succession planning as we prepare our staff to lead MSOP into the future successfully and effectively.	MSOP operations opened several opportunities for succession planning this past year. These opportunities offered staff the chance to oversee a new area, review how the area operates, and build upon the successes in those areas. This was a very successful effort for the MSOP this year. The MSOP will continue to review more options for staff succession planning opportunities.
Increase partnership of the Office of Special Investigations (OSI) with clinical and security staff.	OSI collaborates with both clinical and security staff on a daily basis during morning meetings (confidential report review, program meeting, and manager's meeting). This represents more than 800 meetings for the year. There were 168 "person crime" cases this year (assaults, criminal sexual conduct, and terroristic threats). This is an increase from 2010 during which 156 such cases were investigated. There were 26 staff assaults this year, this too is an increase from 2010, which saw 15 staff assaults. Although it is impossible to form a causal relationship between collaboration and the number of these cases, one possible increase for the number of cases could be that, due to the collaboration, OSI is informed of more instances than previous years. OSI will continue to track this data.
Provide reintegration support from OSI at all levels.	OSI conducted surveillance operations on 57 CPS outings this year; this represents 219 staff hours. In addition, OSI staff attended 22 CPS meetings, attended three (monthly) Reintegration Steering Committee meetings, has attended all six meetings of

	the Community Outing Review Team (CORT), and continues to provide input on policy and procedures for the Reintegration Division. OSI has also provided technical support on five occasions.
Obtain 100% client compliance with Minnesota Predatory Offender Registration.	According to BCA records, there are 73 non-compliant MSOP clients. This represents an 89% compliance rate. OSI Investigators continue to work with the BCA and local prosecutors to obtain criminal charges on those clients refusing to become compliant. There is currently one case of this nature that has been charged and is awaiting a court disposition.
Develop and implement sexual violence prevention component for DHS.	In 2011, a position dedicated to sexual violence prevention was created and implemented for the Department of Human Services and housed within the Minnesota Sex Offender Program. In the first year, the Prevention Policy Director met with and/or gave presentations to several key stakeholders and partners about prevention, including representatives from the Departments of Corrections, Public Safety and Health; the University of Minnesota; Lutheran Social Services; and membership organizations such as the Minnesota Coalition Against Sexual Assault, the Minnesota Coalition for Battered Women and the Minnesota Association for the Treatment of Sexual Abusers. The legislative component of the position has included meetings with 35 legislators, with 20 of these meetings taking place in legislators' districts, as well as the monitoring of committee hearings and legislation during the 2011 legislative session. A SharePoint site has been established to house information and resources on sexual violence prevention accessible to all DHS and MSOP staff. A sexual violence prevention component is now included in new employee orientation and has been presented four times to date. An assessment of past and current prevention activities within the DHS is

	now being done with a focus on the development of future prevention activities and initiatives.
Pursue separation of statutory language for individuals civilly committed as sexually dangerous persons (SDP) and sexual psychopathic personalities (SPP) from those persons committed as mentally ill and dangerous (MI&D).	In the 2011 session, the legislature passed the MSOP policy bill with unanimous votes in both houses. This bill included provisions allowing voluntary and temporary readmissions to MSOP for clinical assessment and stabilization, clarifying the circumstances in which a client would be considered "absent without authorization," removing the 60-day hearing for civilly committed sex offenders, and strengthening community notification language for clients coming out of the MSOP. It also directed MSOP to work with the Revisor of Statutes to re-organize and distinguish sex offender-specific civil commitment laws from other categories of civil commitment. Since the passage of this bill, MSOP staff worked throughout the summer with the Office of the Revisor of Statutes on creating a separate section, 253D, for the civil commitment of sex offenders. During this process, stakeholders from various counties and other agencies were invited to participate. The proposed bill carrying this language has been approved by the Governor's office for introduction in the 2012 legislative session.
Increase accurate public awareness and access to information about MSOP.	Over the course of 2011, MSOP staff provided several legislative and community presentations and tours to provide information about the mission and scope of the program. MSOP staff also expanded the public website to increase accessibility to information about the program mission, statistics, and policies. MSOP also utilized the release of the report, *Civil Commitment of Sex Offenders*, by the Office of the Legislative Auditor to facilitate dialogue not only about the MSOP, but more generally about the use of civil commitment as one tool of sex offender management in the State of Minnesota. Many of the conversations will be formalized in a symposium co-sponsored by the William Mitchell College of Law and the Department of Human Services in January 2012.

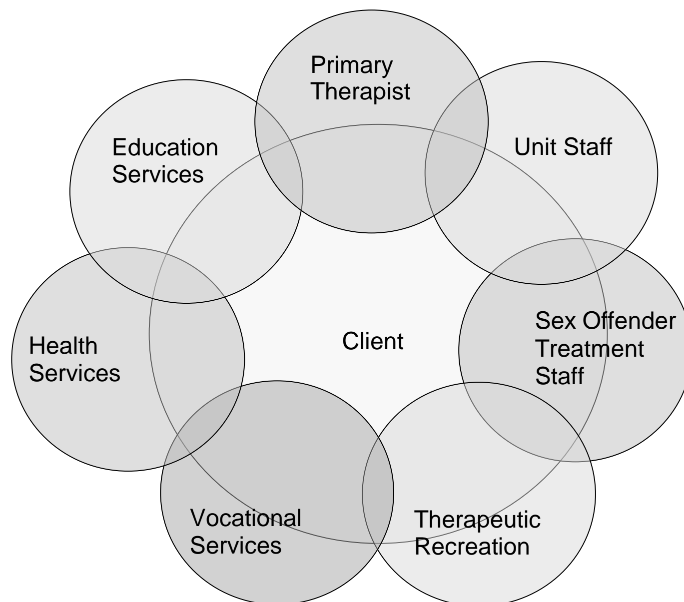
Section II
Treatment Model and Progression

Program Philosophy and Approach
MSOP draws on several contemporary treatment models in its programming. These models include cognitive-behavioral therapy, group psychotherapy, and relapse prevention. In addition, programming is influenced by the professional psychological literature in the areas of risk/needs/responsivity and stages of change, with additional philosophical influence from the "Good Lives" model.

Each client's treatment is guided by an individualized treatment plan that defines measurable goals. These goals are updated as the client progresses through treatment.

Clients progress through three phases of treatment. In the initial treatment phase, clients address treatment-interfering behaviors and attitudes. Following this preparation, clients in the intermediate treatment phase focus on their patterns of abuse and on identifying and resolving the underlying issues in their offenses. Clients in the final treatment phase focus on maintaining the changes they have made and demonstrating their ability to consistently implement those changes and manage their risk.

Comprehensive and Individualized Treatment
MSOP provides a comprehensive treatment program. Clients acquire skills through active participation in group therapy and are provided opportunities to demonstrate meaningful change through participation in rehabilitative services including education classes, therapeutic recreational activities and vocational work programs. Clients are observed and monitored not only in treatment groups, but in all aspects of daily living. This observation and monitoring is crucial for assessing clients' progress in making and maintaining meaningful personal change and in consistently applying treatment concepts, thereby decreasing their risk for re-offense.



All clients follow Individualized Treatment Plans. The plan is developed with the client and the client's primary therapist, and is based on the results of a sexual offender assessment. The plan's goals are written to address the client's individual risk factors for recidivism and specific treatment need areas. Treatment progress is reviewed on a quarterly basis, and plans are modified as needed.

Treatment Design
MSOP clients who choose to engage in treatment participate in a sexual offender assessment that sets the foundation for their individualized treatment plan. Clients are then placed in programming

based on their clinical profile. MSOP provides sex-offender-specific treatment to meet the needs of all clients.

MSOP is one program at two facilities, one in Moose Lake and another in St. Peter. Each facility contributes to the mission of MSOP by specializing in different components of the treatment process.

The Moose Lake facility houses individuals who have been petitioned for civil commitment but not yet committed, clients who refuse to participate in sex-offender-specific treatment, and clients participating in initial and primary stages of treatment. Individuals who have successfully demonstrated meaningful change and have progressed through treatment are transferred to St. Peter to begin the reintegration process.

In addition to the components of reintegration, St. Peter is also the location of the Alternative Program for clients with compromised executive functioning and who therefore are not suited for conventional programming. These clients are in need of unique treatment approaches due to developmental disabilities, traumatic brain injuries, or severe learning disabilities.

MSOP Treatment Units:

Admissions: Clients newly admitted to MSOP and/or involved in the commitment proceedings but who have not been committed.

Alternative Program: Clients with compromised executive functioning. Alternative clients may have cognitive impairments, traumatic brain injuries and/or profound learning disabilities. It is unlikely that these clients would be successful in a conventional cognitive behavioral treatment program and therefore they are in need of specialized programming.

Assisted Living Unit (ALU): Clients who are medically compromised to the extent of requiring specialized care.

Behavior Therapy Unit (BTU): Clients who demonstrate behaviors that are disruptive to the general population and/or affect the safety of the facility: criminal behavior, repetitive restrictions to maintain safety, threatening behavior (e.g., assaults on staff/peers, thefts, predatory type behaviors, etc.) are treated on this unit with the goal of returning clients to their units once the treatment-interfering behaviors have been resolved.

Conventional Programming Unit (CPU): Clients who are motivated to participate in sex-offender-specific treatment and are meeting behavioral expectations.

Corrective Thinking Unit (CTU): Clients who present with unique treatment needs including generally high levels of psychopathy and antisociality. Their traits often include: grandiosity, instrumental emotions, impulsivity, callousness, irresponsibility, conning and deception, belligerence, and lack of sustained effort in treatment.

Mental Health Unit (MHU): Clients with significant mental health diagnoses including Axis I diagnoses that do not meet the requirements for a transfer to the Minnesota Security Hospital

and/or significant personality disorders that result in persistent emotional instability and/or potential self-harm.

Therapeutic Concepts Unit (TCU): Clients refusing to actively participate in sex-offender-specific treatment programming.

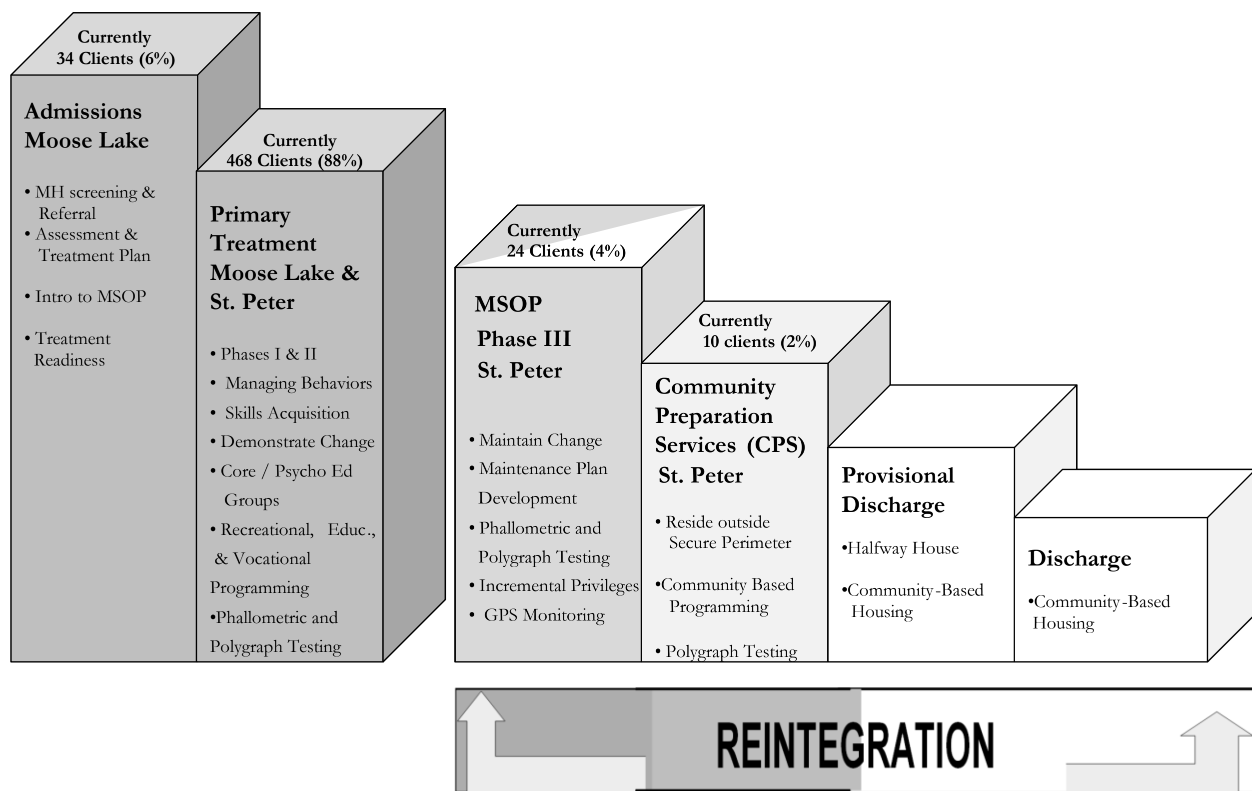
Young Adult Unit (YTU): Clients who are between the ages of 18 and 25 and do not meet criteria for the Alternative Program or CTU programming. Most of these men have not been incarcerated as an adult.

Treatment Progression

Clients progress through treatment by completing group module requirements, treatment assignments, risk management assessments, and by demonstrating they have changed their thinking and behaviors. Progress in treatment is assessed quarterly. Placement in treatment is determined by program matrix factors (See Appendix 1). These factors are reflective of the criminogenic needs of all sexual offenders. These treatment focused-areas are supported in the current professional literature and are indicators of risk for recidivism. On a quarterly basis, each client conducts a self-assessment and the results are compared to those the client's primary therapist and treatment team. Individual treatment plans are modified accordingly.

Once clients have completed the majority of primary programming and have demonstrated meaningful change and successful risk management, they are assessed for and transferred to St. Peter to begin reintegration programming.

MSOP Treatment Progression Model



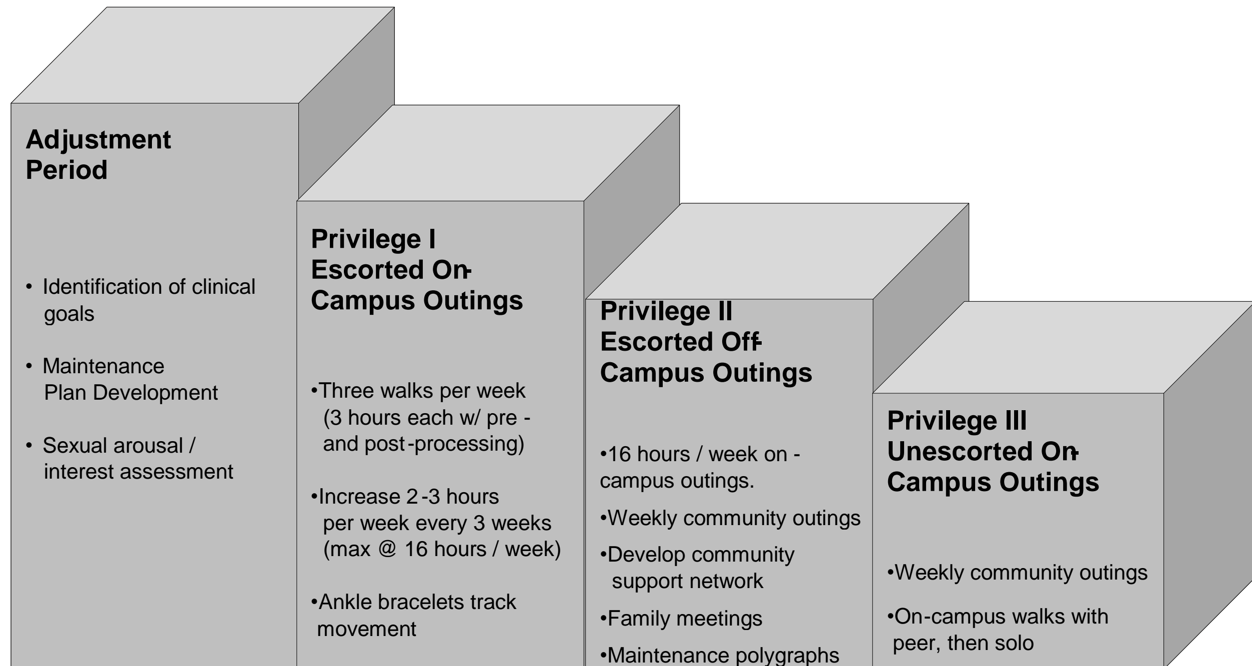
* This chart does not reflect the clients who do not agree to participate in treatment after leaving the Admissions Unit (as of 12/31/11, 99 clients).

Reintegration

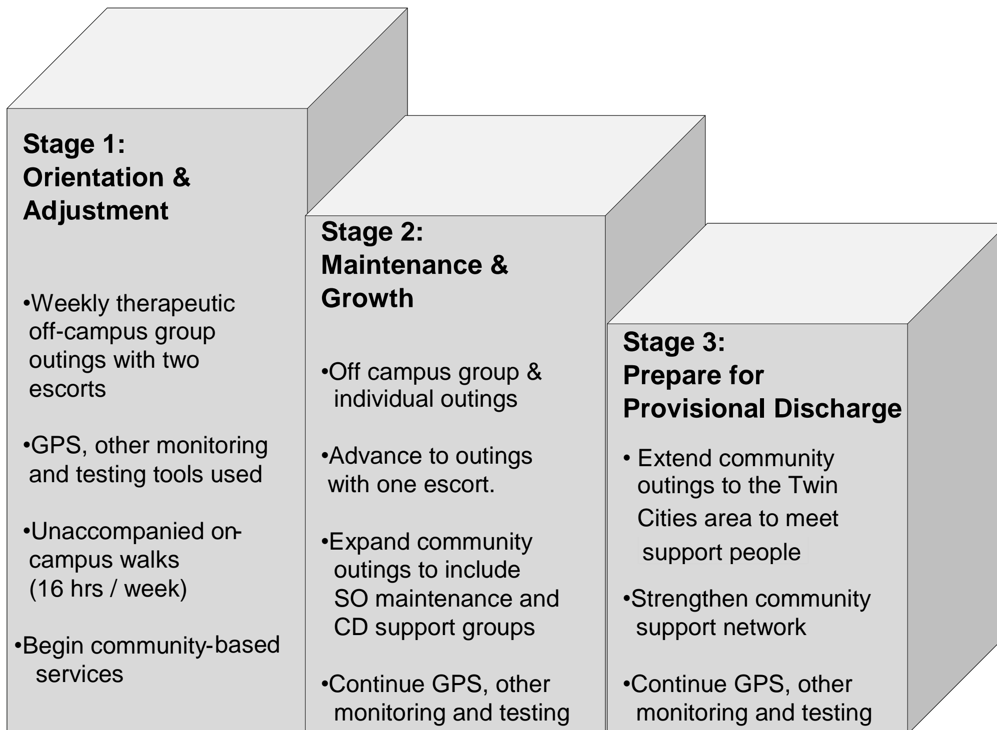
Reintegration is a transitional period designed to provide opportunities for clients to apply their acquired skills and to master increasing levels of privileges and responsibility while maintaining public safety. The focus of treatment during reintegration includes “decompression” from many years (often 15-20) of institutionalization. Clients are provided opportunities at a gradual pace to apply internalized treatment skills and behavioral changes.

Reintegration Progression Model

Phase III: Clients in Phase III are in the beginning of the transitional phase of treatment at MSOP and focus on solidifying skills for living safely in the community. After an adjustment period, clients progress and obtain increased privileges: accompanied on-campus, accompanied off-campus, and unaccompanied on-campus liberties. All Phase III clients with these privileges have Area Monitoring System (AMS) electronic monitoring bracelets.



Community Preparation Services (CPS): After Phase III, clients have demonstrated consistent application of newly acquired skills and management of community environmental triggers, a client is generally considered ready for transfer to CPS, which can only occur via the judicial appeal panel process. CPS clients have both AMS and GPS monitoring. CPS clients typically participate in on-campus vocational opportunities, and are allowed campus privileges and escorted community outings.



Section III
MSOP Treatment at the Department of Corrections

MSOP operates a collaborative, 50-bed, sex offender treatment program located at the Minnesota Correctional Facility in Moose Lake. This program provides sex offender treatment similar in scope and treatment design to the primary phase at the MSOP Moose Lake facility. Program participants are still serving their correctional sentences and have histories that indicate they are likely to be referred for civil commitment. Three outcomes may occur as the result of a client participating in this treatment prior to the end of their sentence in DOC:

1. The client is viewed as having made such significant progress toward management of risk factors that the county does not petition for their civil commitment.

2. The county still pursues civil commitment, but the court determines that the client has made sufficient progress so that civil commitment may not be necessary. For example, the judge may order treatment in a community-based setting.

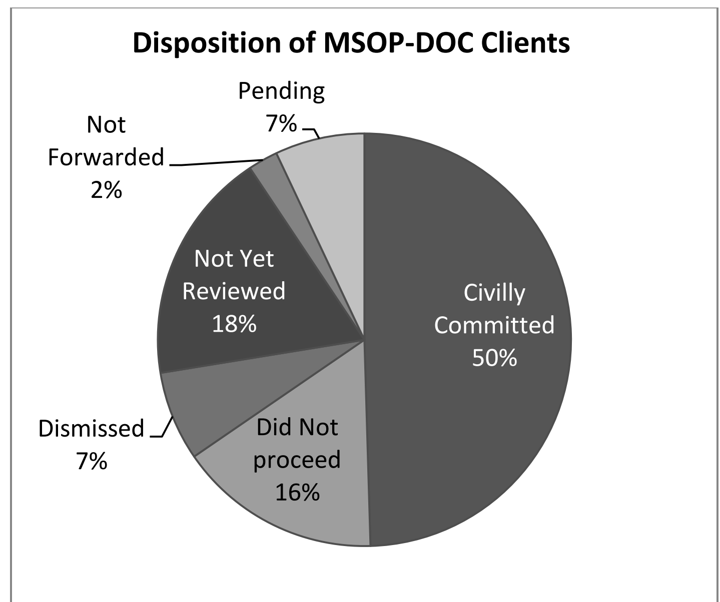
3. The county pursues commitment, and the client is civilly committed to MSOP but is able to start at a later phase in treatment and/or move through MSOP more quickly based upon the clinical work the client has already completed in the MSOP DOC site with MSOP treatment staff.

There have been 271 men who have been admitted to the MSOP-DOC program since 2001. As of January 1, 2012, there are currently 50 still in the program and 7 who are deceased. Of the 214 men who have been discharged from the program, 69 (32.2%) are still in DOC and 145 (67.8%) are not.

Commitment Status of Men Discharged from MSOP-DOC:

Of the 214 men discharged from the program:

- → 106 (49.5%) are currently civilly committed (reside in the MSOP or DOC),
- → 5 (2.3 %) were not forwarded for review (reside in the community or DOC),
- → 34(15.9%) the county did not proceed (reside in the community or DOC),
- → 15(7.0%) the petition was dismissed (reside in the community or DOC),
- → 15 (7.0%) have petitions for commitment pending with their county,
- → 39 (18.2%) have not yet been reviewed for referral (reside in DOC not yet reviewed due to Scheduled Release Date)



Section IV

Minnesota Sex Offender Program
Fiscal Year 2011 & 2012 Per Diem

Description	FY2011 Annual $$	FY2011 Per Diem	FY2012 Annual $$	FY2012 Per Diem
Direct Costs				
Clinical	12,210,100	54.66	13,993,781	58.28
Healthcare and Medical Services	4,893,600	21.91	5,792,482	24.13
Security	31,828,400	142.49	30,572,076	127.33
CPS & Community Preparation	1,567,400	7.02	1,033,455	4.30
Dietary	2,172,600	9.73	1,955,667	8.15
Physical Plant & Warehouse	5,801,500	25.97	7,195,980	29.97
Support Services	9,029,400	40.42	9,872,559	41.12
Total Direct Costs	67,503,000	302.19	70,416,000	293.28
Additional Allocations				
Statewide Indirect	0	0.00	390,799	1.63
DHS Indirect	330,000	1.48	0	0.00
Building Depreciation	2,105,764	9.43	2,105,764	8.77
Bond Interest	3,070,200	13.74	3,070,200	12.79
Capital Asset Depreciation	200,721	0.90	193,224	0.80
Total Indirect Costs	5,706,685	25.55	5,759,987	23.99
Total Costs	73,209,685	327.74	76,175,987	317.27
Average Daily Client Count (ADC)		612		656
Published Per Diem Rate		328		317

*Minnesota Management & Budget charges for services such as central purchasing, payment processing, electric fund transfers, and other services provided to all state agencies.

*Allocated cost of agency central functions such as, but not limited to: financial operations, budgeting, telecommunications and media services, occupancy, compliance and internal audit, legislative coordination, and licensing.

MSOP Per Diem

While there are 21 civil commitment programs (20 state programs and one federal program) in the country, there is no uniform method for calculating the per diem cost of program operations. A survey conducted by MSOP Financial Services revealed that most programs do not include all costs associated with operating and maintaining a program. MSOP has an operating per diem of $302.19 and $293.28 for FY2011 and FY2012, respectively, which does not include indirect costs such as costs incurred by the state for bonding and construction of physical facilities. MSOP also calculates a comprehensive per diem calculation including all direct and indirect costs. This all-inclusive per diem for fiscal years 2011 & 2012 is $328 and $317.

Section V
Annual Statistics

Current Program Statistics
As of January 1, 2012

Total MSOP Clients	**635**
Clients by Location	
Moose Lake	474
St. Peter	161
Clients by Age	
18-25	18
26-35	139
36-45	155
46-55	166
56-65	97
Over 65	60
Average Age	**46**
Youngest	21
Oldest	90
Race	
American Indian/Alaskan Native	48
Black/African American	85
White	478
Other/Unknown	24

Education	
0-8 Years	29
9-12 Years	72
High School Degree	314*
GED	201*
Some college or college degree	16*
Unknown	3
Civilly Committed Offenders by County	
Hennepin	142
Ramsey	59
Olmsted	28
Dakota	25
Anoka	24
Beltrami	16
Other Counties	341
Metro Counties (7-County Area)	272
Non-Metro Counties	363

* These numbers are more specific than in prior years due to a new computer data query option. In prior years, some of the high school graduates and GED recipients were included in a more general "12+" category.

Population Statistics

When civil commitment is pursued for an individual, upon expiration of a DOC sentence or a supervised release date, he or she is placed on a judicial hold while the petition is pending. Individuals on judicial holds have the option to remain in a DOC facility (210 days maximum) or to be admitted to MSOP. As of 01.01.11, there were 18 individuals on hold status. It is a cost savings to the MSOP when individuals choose either to be held in a county jail or to remain in a DOC facility.

Clients Pending Civil Commitment:

Clients on judicial hold status in the MSOP	10
Clients on judicial hold status in the DOC / jails	8
Total on judicial hold status	**18**

Until May, 28, 2011, the civil commitment process in Minnesota had two phases after a county attorney filed a petition for commitment. During an initial hearing, the court determines if the individual meets the statutory criteria for civil commitment. If this burden is met, the individual is initially committed and transferred to MSOP (if the client is not already admitted). Sixty days after this hearing, per the former statute, MSOP was required to submit a report to the committing court indicating whether or not the client's status remained the same. Specifically, did the client still meet the statutory criteria for civil commitment? If the court determined there had not been significant change since the initial commitment, the client's indeterminate commitment was made final.

Effective May 28, 2011, a change in Minnesota statutes eliminated the second phase of the civil commitment process for SPP/SDP commitments to MSOP and, thereby, the 60-day review of the commitment to MSOP.

Clients Civilly Committed to the MSOP:

Clients who have been initially and finally committed during 2011*	5
Clients previously committed whose cases were reviewed and finalized for commitment during 2011	47
Total civil commitments to the MSOP during 2011	**52**

*Includes only those clients who needed just the initial commitment process due to the amended statute

Many clients who are civilly committed to the MSOP also still remain under DOC commitment on supervised release status (dually committed). If these clients engage in actions or criminal behaviors which result in the DOC revoking their supervised release status or result in a new conviction, the clients are returned to DOC to serve a portion or all of their criminal sentences (33 clients in 2011). However, even in DOC custody, these clients still remain under civil commitment and will return to the MSOP upon completion of their periods of incarceration. This is a pending cost liability for the program and its bed spaces.

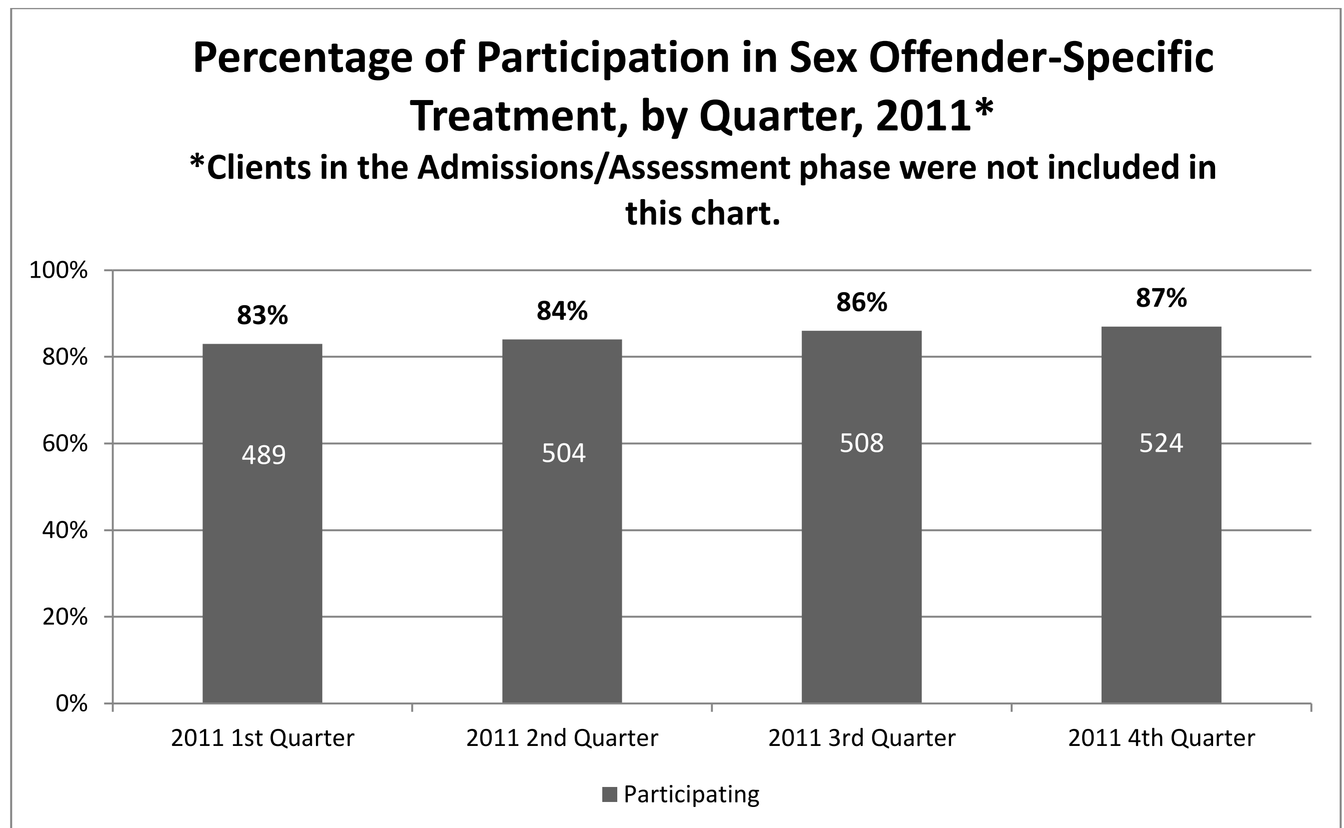
Civilly-Committed Clients Currently in Correctional Facilities:

Clients who are under civil and DOC commitment in the MSOP	202
Clients who are under civil commitment and in a DOC or federal prison	55
Total number of dually committed clients as of January 1, 2012	**257**

Clinical Statistics

Treatment Participation

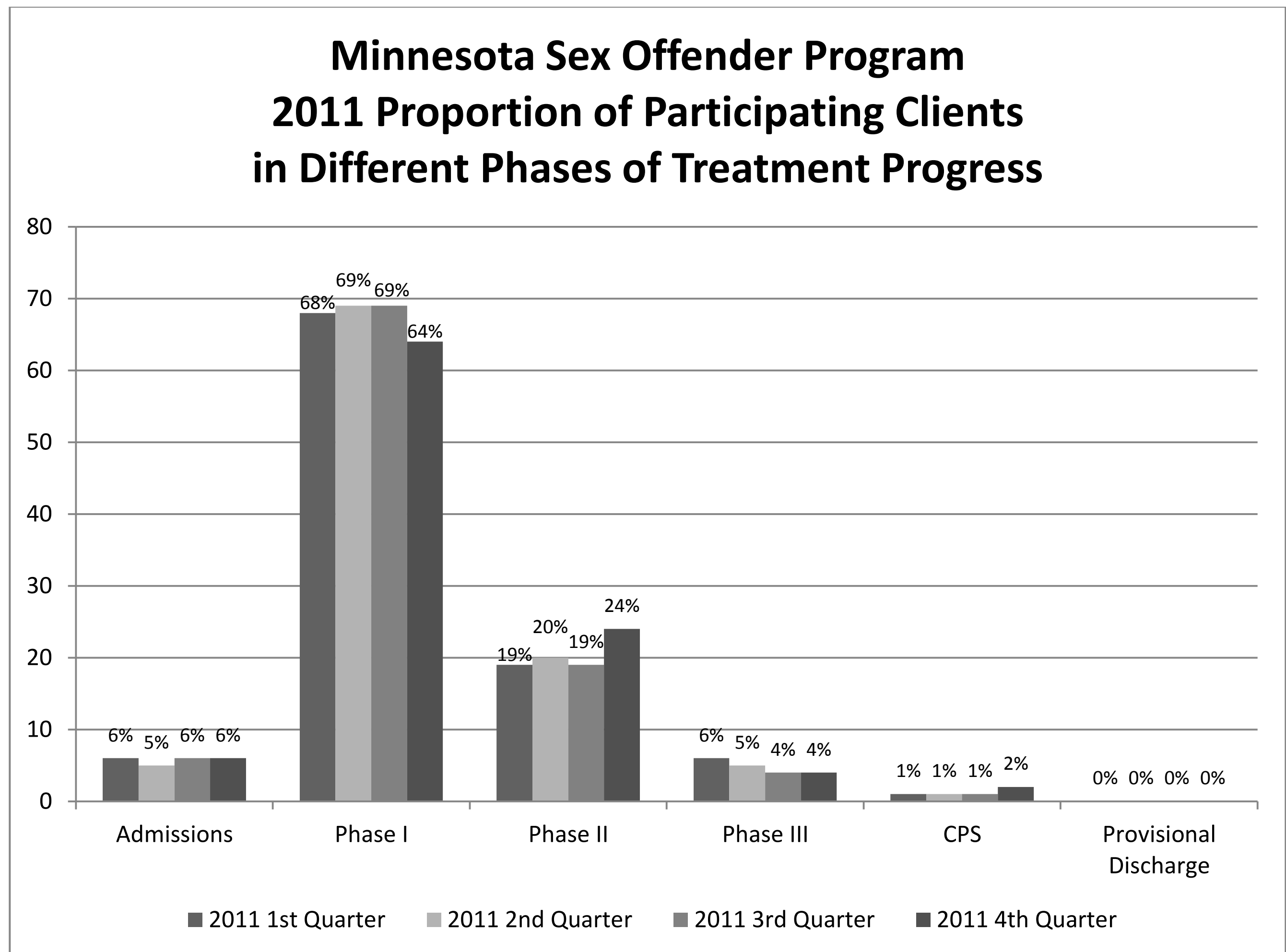
All new admissions are assessed for individualized treatment needs. While on the admissions unit, clients are able to participate in groups geared toward adjustment issues and treatment readiness as well as rehabilitative programming. Of the clients eligible for sex offender-specific treatment, approximately 87% were participating at the end of 2011.



* This data does not include those clients who are on admission status or residing in DOC.

Once the civil commitment process is finalized, and an individual has participated in the sex offender evaluation process, he or she has the opportunity to participate in sex offender-specific treatment. The chart below represents the treatment progression of clients over the past calendar year.

Treatment Progression



* This data does not include those clients who are not participating in treatment.

As a result of initial and ongoing clinical assessments, clients are placed in treatment units appropriate to their individual treatment needs and abilities. The following chart illustrates the year-end distribution of clients across the treatment units. The MSOP population is diverse with 43% of the clients residing on units that provide specialty programming while 42% reside on units providing Conventional Treatment. The remaining 15% of the population resides on programming units that do not provide sex-offender specific treatment (ADM and TCU).

Programming	Location	Total Clients	Percentage
Admissions (non-participants)	Moose Lake	41	6%
Alternative Programming	St. Peter	101	16%
Assisted Living Unit Programming	Moose Lake	23	4%
Behavioral Therapy Unit programming	Moose Lake	20	3%
Community Preparation Services	St. Peter	10	2%
Conventional Programming	Moose Lake and St. Peter	269	42%
Corrective Thinking Unit Programming	Moose Lake	64	10%
Mental Health Unit Programming	Moose Lake	13	2%
MSOP Integration Services	St. Peter	17	3%
Therapeutic Concepts Unit (non-participants)	Moose Lake	59	9%
Young Adult Treatment Unit Programming	Moose Lake	18	3%
Total		635	100%

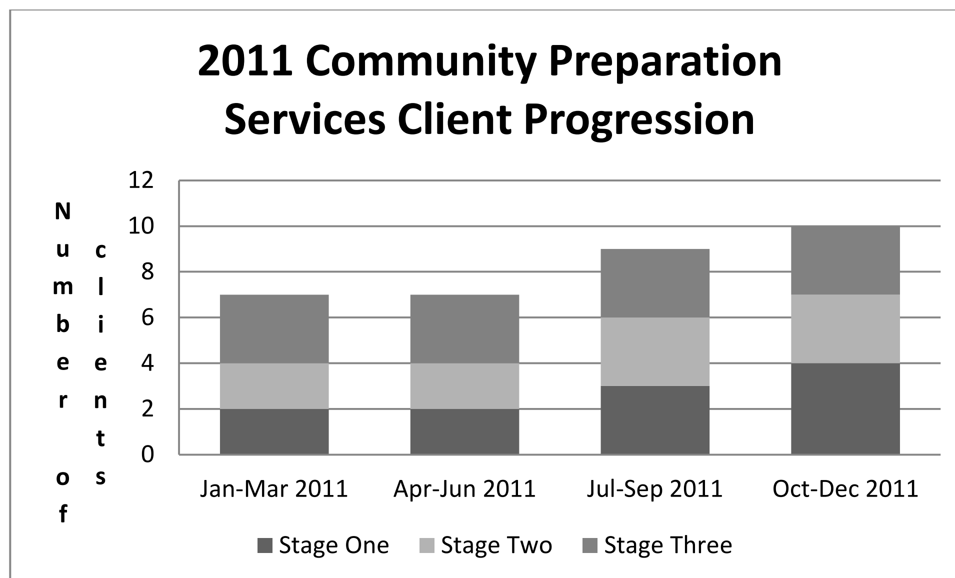
Please note: Although we have a Unit designated for Non-participants, we also have non-participants residing on other Units.
Also, this is not a UNIT census, but rather programming census. A program track can occur across various housing units.

Reintegration Statistics

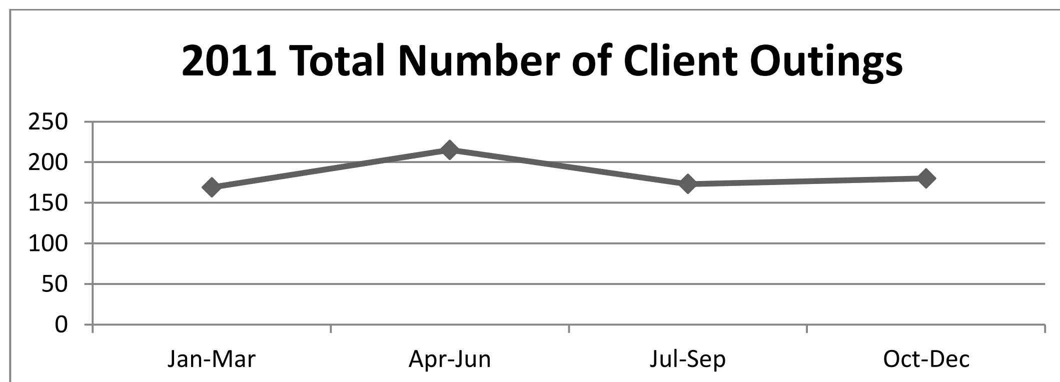
Community Preparation Services (CPS) clientele grew from six clients as of January 1, 2011to ten in December 2011.

Construction began for the new expansion project at CPS in October, 2011 and is on schedule. This expansion, which will increase the CPS unit occupancy from eight to 23-beds, is expected to be completed and ready for occupancy by March 2012.

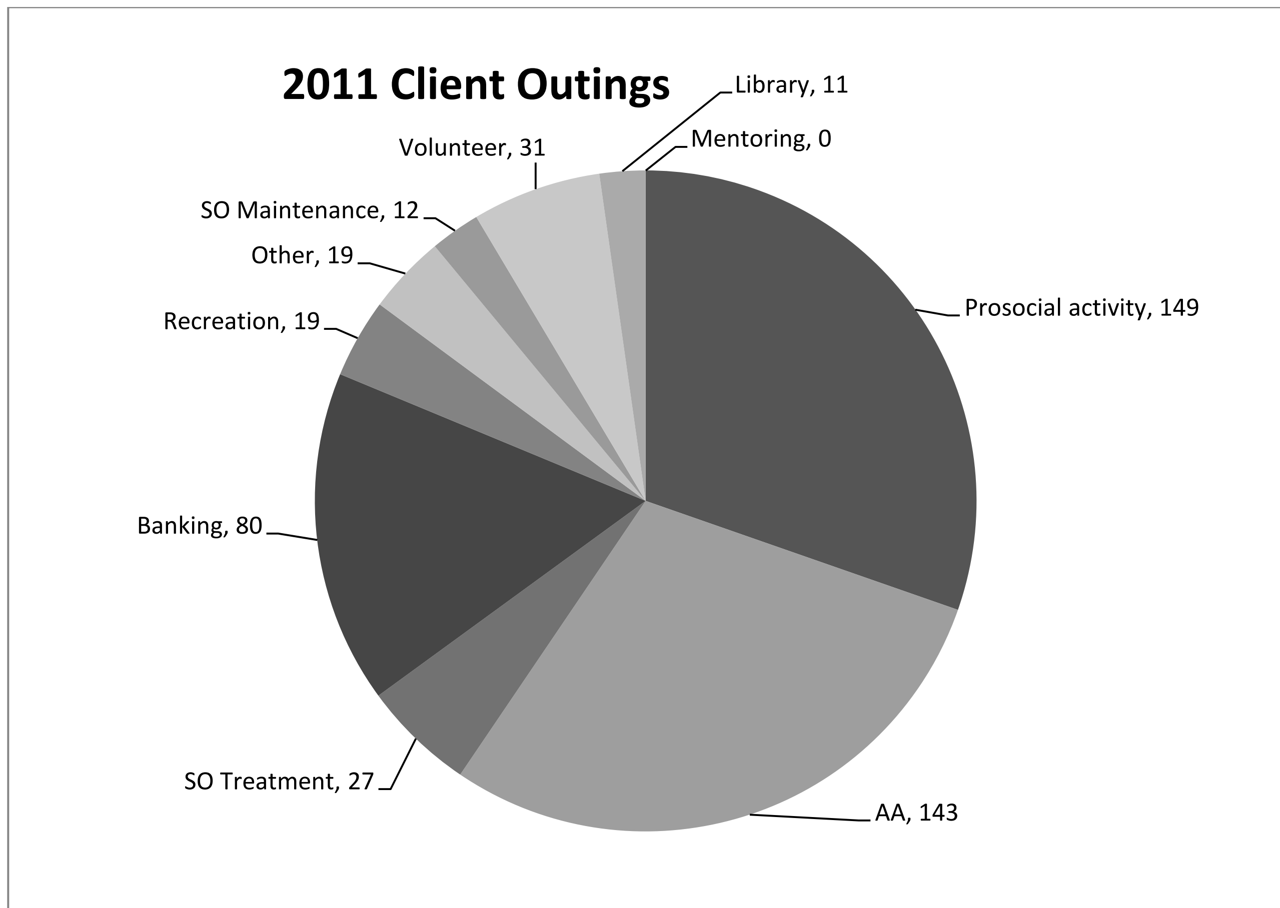
At year end, three clients were in CPS Stage 3, three clients were in Stage 2, and four clients were in Stage 1. Two of the Stage 3 clients had been approved by the Special Review Board (SRB) for Provisional Discharge (PD). One was nearing completion of his Judicial Appeal Panel hearing process, and the other is scheduled to begin in March 2012.



Client Outings
Staff accompanied the ten CPS clients on 737 outings into the community in 2011, without incident.



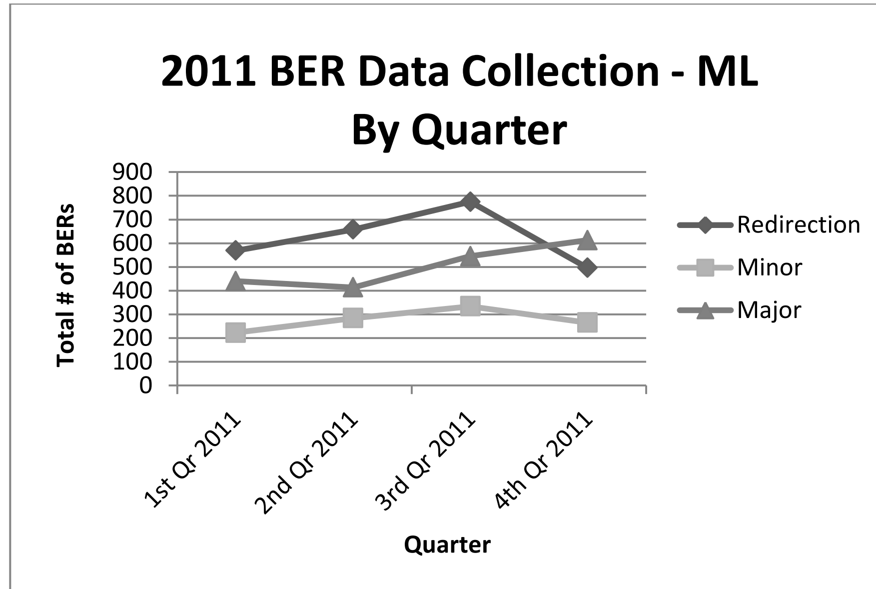
Types of Outings	Total	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Prosocial activity*	149	40	60	28	21
Alcoholics Anonymous	143	27	35	57	24
Sex Offender Treatment	130	36	39	40	15
Banking	80	26	29	15	10
Recreation	97	19	42	30	6
Other	39	19	8	6	6
Sex Offender Maintenance	56	12	19	17	8
Volunteer	100	31	33	20	16
Library	15	11	3	1	0
Mentoring	1	0	1	0	0



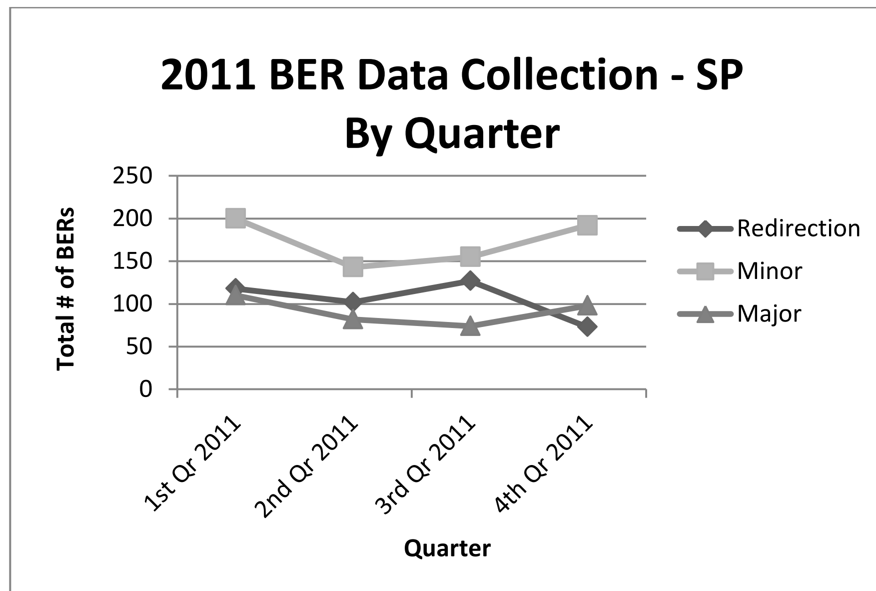
Operational Statistics

Behavioral Expectations

A Behavioral Expectations Report (BER) is a report that is generated when a client is alleged to have violated an established facility rule. The BER is given to the client and must list the client's name, location of incident, date, time, the specific rule violation, and a written summary of the facts surrounding the incident. The client can admit the violation and accept the recommended restriction or challenge the report through the behavioral expectations process.



Moose Lake BERs - 2011	Q1	Q2	Q3	Q4
Redirection	569	658	775	496
Minor	223	284	334	265
Major	440	414	545	613
Total BERs Moose Lake	1232	1356	1654	1374



Saint Peter BERs - 2011	Q1	Q2	Q3	Q4
Redirection	118	102	127	73
Minor	200	143	155	192
Major	110	82	74	98
Total BERs St. Peter	428	327	356	363

Incident Command System

Incident Command System (ICS) is a unified and consistent communication system utilized by MSOP staff and emergency responders when a behavioral incident, facility emergency, or other significantly unusual event occurs which is causing a disruption to daily operations. The initial call for assistance is stated simply and clearly to identify the caller, the location, a brief description of the type of incident or assistance needed, and who is assuming the direct command of the incident. ICS protocol allows MSOP staff members to unambiguously communicate with each other, and to stabilize, isolate, contain, and resolve an incident in a safe and efficient manner, so that they can quickly return a unit or area of the facility to normal operations.

MSOP ICS CAUSES – 2011

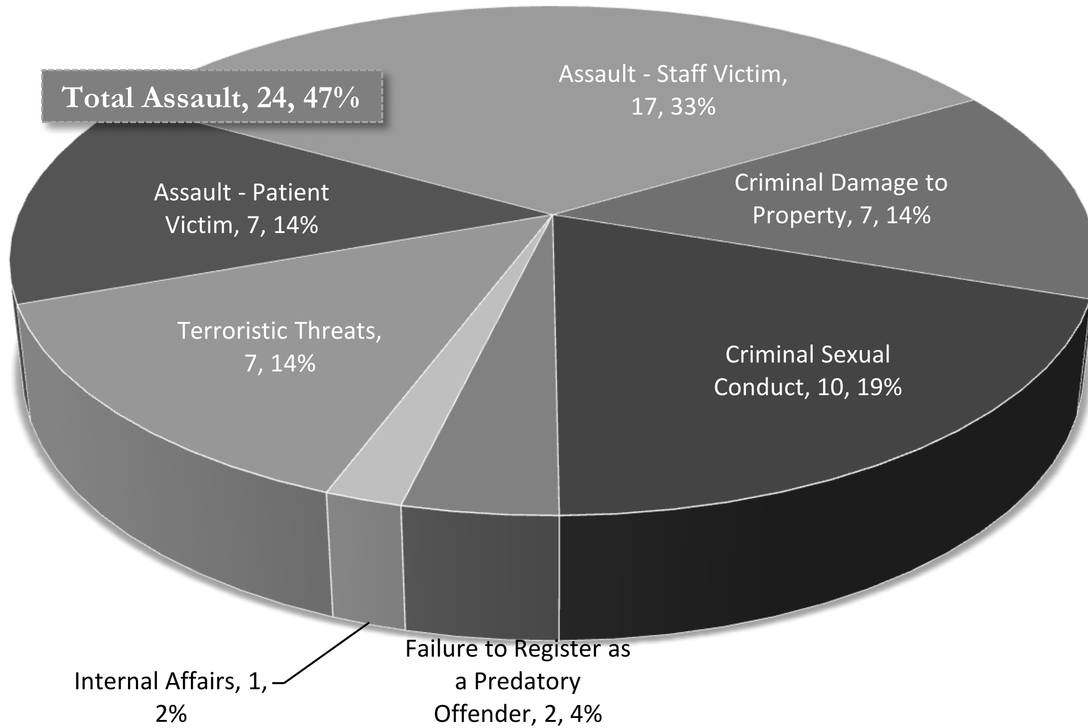
ICS Activations By Cause 2011	Q1 SP	Q1 ML	Q2 SP	Q2 ML	Q3 SP	Q3 ML	Q4 SP	Q4 ML
Weather Emergency	0	0	0	3	4	0	0	0
Verbal Abuse	0	11	0	10	0	18	0	21
Staff Assault	1	1	0	1	0	1	1	0
Client Assault	4	4	2	10	3	0	5	0
Alleged Sexual Assault	1	0	0	0	0	0	1	0
Fight	0	4	0	10	0	4	2	14
Fight with Weapon	0	0	0	0	0	0	0	0
Equipment Failure	3	0	2	0	6	0*	0	0*
Other Activations	0	11	9	9	5	11	5	12
Radio Alarm- false positive	2	11	5	13	3	15	4	30
Medical (client)	7	38	13	25	16	41	5	37
Medical (staff)	0	1	0	0	0	0	0	1
Fire- false positive	12	1	2	2	0	9	2	6
Fire	0	0	1	0	1	0	0	0
Disruptive Behavior	17	54	2	53	8	93	11	96
Disobeying Staff Directives	11	37	11	43	8	64	3	44
Contraband Introduction	0	1	0	0	0	0	0	0
Movement to High Security Area	0	1	0	3	0	1	0	1
Self-Injurious Behavior	0	10	1	12	0	8	3	1
Suicide Attempt	0	0	0	0	0	3	0	0
Escape Attempt	1	0	0	0	0	0	0	0
Subtotal	**59**	**185**	**48**	**194**	**54**	**268**	**42**	**263**
Drills	36	13	43	18	24	8	45	11
Total	**95**	**198**	**91**	**212**	**78**	**276**	**87**	**274**

*** Moose Lake includes "Equipment Failure" under "Other Activations"**

Office of Special Investigation (OSI)

The Office of Special Investigations (OSI) provides the Minnesota Sex Offender Program (MSOP) with coordinated investigative services with the goal of aiding MSOP staff in providing a safe and secure treatment environment and to enhance public safety. In the event that illegal activities are suspected, OSI is responsible for conducting an investigation and providing information and reports to local law enforcement if it is believed a crime has occurred. Responsibilities of OSI include (but are not limited to) investigation of suspected criminal activity, coordinating information collection and dissemination on security threat groups and individuals, conducting covert surveillance on clients escorted into the community and those on provisional discharge, investigating circumstances that pose a threat to the security of the facility, and serving as the official liaison with local, state, and federal law enforcement agencies.

In 2011, OSI completed 439 investigations focusing on client misconduct (there were 461 in 2010). Fifty-one of these cases were referred for criminal charges, with charges being filed in 17 cases (one from 2009, seven from 2010). OSI also provides information to the Department of Corrections (DOC) regarding non-compliant clients who are on conditional release from the DOC. In 2011, 32 clients were returned to DOC for revocations of conditional release or new criminal convictions. The range for days spent in DOC by MSOP clients was 28-1517 days, with 392 being the average.


Primary Incident Types of Cases Referred for Prosecution
January 1, 2011 to December 31, 2011
Total Assault, 24, 47%
Assault - Staff Victim, 17, 33%
Criminal Damage to Property, 7, 14%
Assault - Patient Victim, 7, 14%
Terroristic Threats, 7, 14%
Criminal Sexual Conduct, 10, 19%
Internal Affairs, 1, 2%
Failure to Register as a Predatory Offender, 2, 4%

Section VI

MSOP Evaluation Report Required Under Section 246B.03

In effort to maintain a treatment program that is grounded in current best practices, research, and contemporary theories, MSOP contracted with outside auditors to review the treatment program. This team consists of three professionals who are well respected, both nationally and internationally, in the area of sexual abuse treatment. Individually and as a group, they have consulted with similar programs throughout the world. They bring not only a perspective of current practices, but also years of professional experience. In 2010, they visited the Moose Lake facility. The focus of their consultation is the integrity of the clinical program design. The report generated as a result of this visit is contained within Appendix 1.

Appendix 1

Minnesota Sex Offender Program Site Visit Report

Site Visitors:	James Haaven, Private Consultant, Portland, Oregon Robert McGrath, McGrath Psychological Services, Middlebury, Vermont William Murphy, University of Tennessee, Memphis, Tennessee
Location:	Minnesota Sex Offender Program, Moose Lake, MN Minnesota Sex Offender Program, St. Peter, MN
Dates of Visits:	December 12-16, 2011
Date of Report:	December 31, 2011

Purpose and Overview

The Minnesota Sex Offender Program (MSOP) contracted with the consultants to review and evaluate its treatment program. The consultation was a component of MSOP's quality improvement program. This was a follow-up site visit from our previous program reviews in February 2006, October 2007, April 2009 and October 2010.

During the current review, we spent two days at the Moose Lake site, two days at the St. Peter site, and one half day reviewing and discussing our findings with the Executive Clinical Director and representatives at both sites via video conference from St. Peter.

Summary of Findings

The program has had a strong and stable clinical and administrative leadership team over the past few years. At all levels of the program, staff report improvements in the collaborative working relationships between security and clinical staff.

Since our last site visit, the program has completed a "Theory Manual" (December 2011), which is designed to detail the overall rational, theory, structure and empirical basis of the program. The program is well along to completing a "Treatment Manual" for what is now called the program's psycho-educational modules. The program has fully implemented the "Goal Matrix for Phases I, II and III" of the program. The Goal Matrix focuses on dynamic risk factors that are linked to sexual reoffending.

Since our last review, clinical staffing levels at Moose Lake have improved. Whereas at the time of our 2010 review, almost 40% of 48 clinical positions at Moose Lake remained unfilled, now less than 10% remain unfilled. St. Peter has had comparatively few problems maintaining high clinical staffing levels.

Since our last program review, a slightly higher percentage of clients in the MSOP are enrolled in treatment (from approximately 75% to 84%) and this compares favorably with other civil commitment programs for sex offenders.

The new Moose Lake complex is well under construction and will have a large vocational area and appropriately sized group rooms. The new dining space in the complex will also free up the gym space for recreational use.

The program has increased the number of clients in the CPS Program, the last phase of the program. A total of 10 clients, five more than during the last review, now reside outside the secure perimeter on the St. Peter campus. Three clients have been approved by the Special Review Board and have release hearings scheduled with the Supreme Court of Appeals.

Although the program has made strides in preparing clients for discharge, none have yet been discharged. This is partly due to slow movement through the program and the multiple legislatively required steps for discharge in Minnesota. The lack of anyone "getting out" can be demoralizing to clients and staff and in the long run will likely increase security concerns.

Procedures

Prior to the site visit, Jannine Hebert, MSOP Executive Clinical Director, discussed the purpose of the review and recent program changes during a telephone call with site reviewers Robert McGrath and William Murphy. She also sent the reviewers the following materials:

- Options for Managing the Growth and Cost of the Minnesota Sex Offender Program: Facility Study (January 2011)
- Auditor Evaluation Report: Civil Commitment of Sex Offenders report by the Office of the Legislative Auditor (March 2011)
- MSOP Quarterly Report (October 28, 2011)

During the site visit we engaged in the following activities:

- Met in individual and group meetings with senior management;
  - Dennis Benson, Executive Director
  - Jannine Hebert, Executive Clinical Director
  - Kevin Moser, Director at Moose Lake
  - Elizabeth Barbo, Associate Director at Moose Lake
  - Nancy Johnson, Director at St. Peter
  - Thomas Linquist, Clinical Director at Moose Lake
  - David Berg, Associate Clinical Director at Moose Lake
  - Haley Fox, Clinical Director at St. Peter
- Toured facilities at both sites.
- Attended Morning Report meeting at Moose Lake.
- Met with the following staff groups without their supervisors present at both sites;
  - clinical supervisors

  - clinicians with less than one year of experience in the program
  - clinicians with more than one year experience in the program
  - rehabilitation staff and administrators
  - unit managers
  - security counselors
- Interviewed clients;
  - four clients at MSOP's Supervised Integration (MSI) Unit at St. Peter
  - several clients informally during unit visits and group treatment sessions
- Attended three treatment groups at Moose Lake and five treatment groups at St. Peter.
- Reviewed the clinical records of four Moose Lake clients and six St. Peter clients.
- Provided verbal feedback of our findings to Jannine Hebert, Executive Clinical Director.
- Provided verbal feedback of our findings to a group of senior clinical and administrative directors and managers at both sites via video conference from St. Peter.

The administrative and clinical team provided site visitors with access to all documents requested, access to all areas of the facilities requested and provided access to all staff and clients that the site visitors requested to interview.

Consultation Approach

We evaluated the program against international best practice standards and guidelines in the field. These included national program accreditation criteria used in Canada, Scotland, Hong Kong and the United Kingdom, the Association for the Treatment of Sexual Abusers (ATSA) Practice Standards and Guidelines for the Evaluation, Treatment and Management of Adult Male Sexual Abusers, and the sexual offender and general criminology "What Works" research literature. Concerning issues where relevant guidelines and standards do not exist, we evaluated the program against common practices in other civil commitment programs and general sex offender programs.

Findings and Recommendations

The following sections of the report are organized around 12 best practice areas that are linked with effective sex offender treatment programs. We briefly define each key area, assess the program's functioning in that area and make recommendations for continued development.

1. Model of Change

The program has an explicit and empirically-based model of change that describes how the program is intended to work.

Since our last site visit, the program has completed a "Theory Manual" (December 2011), which is designed to detail the overall rational, theory, structure and empirical basis of the program. The Theory Manual describes the program theory as broadly cognitive-behavioral

and skill based in nature, an approach that is very consistent with best practices in the field. The Theory Manual places a strong emphasis on client engagement and therapist style with a focus on positive approach goals and these elements also have support in the research literature.

The program has a draft Program Manual (December 2011) that is designed to complement the Theory Manual and provide a more detailed description of how the program should operate. In contrast to the Theory Manual, the Program Manual places an emphasis on the use of process groups. As described in the Program Manual and as carried out in practice, these process groups are, by design, relatively unstructured in nature and do not emphasize skill practice. Staff that facilitate Level II and III groups in the Conventional Program at St. Peter report that they emphasize psychodynamic theory and approaches in these process groups.

The reviewers recommend that the program finalize the Program Manual and that it be consistent with Theory Manual. Support for key program theories (e.g., psychodynamic) and approaches (e.g., process groups) that currently are not well described in these documents should be detailed. This would include providing empirical support or a theoretical rationale for the psychodynamic approach used at St. Peter. As the Program Manual is developed, it should include greater detail regarding the program for special needs populations at Moose Lake and the Alternative Program at St. Peter.

2. Risk and Intensity of Services

The intensity of services is matched to the risk level and treatment needs of the clients.

Civil commitment programs focus on a high risk/need population and, therefore, should provide a relatively high level of treatment services.

The goal of the program is to provide at least 7.5 hours of treatment to each client per week. This includes 6 hours of process groups and 1.5 or more hours of psycho-educational groups. At Moose Lake, it has been difficult for all of the clients to obtain more than 6 hours of treatment because not enough staff have been available to provide a full complement of psycho-educational groups. At St. Peter, clients in the Conventional Program typically receive 6 hours of process group per week in addition to up to approximately two individual therapy sessions per month. Services for clients in the Alternative Program at St. Peter typically meet or exceed 7.5 hours of treatment per week.

The program is in the final planning stages of delivering a weekly one-hour therapeutic community meeting on each living unit. It is unclear how such meetings would be conducted on the large housing units at Moose Lake.

The reviewers' experience in reviewing other civil commitment programs is that they typically provide between six and twelve hours of sex offender specific treatment per week.

3. Treatment Targets

The program assesses clients' changeable problems that are closely linked to sexual and other offending behavior and targets them in treatment. These are commonly called "dynamic risk factors."

The program has fully implemented the Goal Matrix for Phases I, II and III of the program. The Goal Matrix focuses on dynamic risk factors that are clearly linked to sexual reoffending.

Discussions with staff raised some concerns about interrater reliability of scoring the Goal Matrix across MSOP assessors. We recommend that the program examine Goal Matrix scoring consistency and address any problem areas identified.

4. Responsivity

The program delivers services in a fashion to which clients can most successfully respond.

This best practice concerns the "responsivity" principle and focuses on how services are delivered. Programs should consider responsivity issues such as clients' motivation, intelligence, psychopathy, mental illness and cultural issues. Additionally, therapist style is an important responsivity issue. Greater treatment impact is found when the therapist is firm, fair, direct and empathetic and shows an overall concern for the client's well being.

As noted in our last program review, the program has continued to be sensitive to client responsivity issues. This includes ongoing Motivational Interviewing training, implementation of the new "Therapeutic Interaction Continuum" policy and an upcoming one-week therapist training program on building therapeutic alliance. We also note that staff consistently talked to us about the importance of addressing client motivation and engagement.

The program has implemented the reviewers' 2010 recommendations for attempting to achieve optimal compositions of clients on the four Alternative Program Units. Staff report that these changes have enhanced client safety and reduced some client behavioral problems.

Since our last program review, a slightly higher percentage of clients in the MSOP are enrolled in treatment (from approximately 75% to 84%) and this compares favorably with other civil commitment programs for sex offenders.

We noted a number of instances of St. Peter staff making comments to clients and us that could be construed as devaluing treatment services provided at Moose Lake. We recommend that this be addressed by administration because such comments to clients do not enhance the program.

Staff should ensure that new program materials developed are appropriate for clients with special needs or develop parallel materials.

5. Program Sequence

The sequence and spacing of services is logical and responsive to clients' treatment needs and learning styles.

The overall sequence of the program is logical and appears to be responsive to clients' treatment needs and learning styles. The program sequence is broadly set out in the Goal Matrix for Phases I, II and III which details client goals for each phase of the program.

We support the Executive Clinical Director's current work on developing the program Treatment Manual which should further detail the sequence and nature of core assignments within each phase of the program.

We are concerned about the high number of clients in Phase I of the program and small number of clients in Phase III of the program. The program should examine factors contributing to the apparent slow movement through the program. These could include the level of expectations to move between phases, degree of treatment emphasis placed on therapeutic processing versus skill building and practice, and amount of credit for past programming.

6. Effective Methods

The program employs methods that have been consistently demonstrated to be effective with clients.

Programs should be skills oriented and utilize techniques such as cognitive restructuring, training in self-monitoring, modeling, role-play, graduated practice with feedback and contingency management. In general, more effective correctional programs allocate about half of treatment time to skill building interventions targeting primarily clients' criminogenic needs. Overall, programs for offenders that are manualized are more effective than those that are not.

The program is well along to completing a Treatment Manual for what is now called the program's psycho-educational modules. The manual will be accessible via the program's internal computer system. It includes staff and client evaluation surveys for facilitating continuous quality improvement of the manual. The manual should provide clinical staff with more direction about how to facilitate groups in a standardized manner, including prescribing core assignments for each phase of the program and the process for how to run groups. Having a detailed treatment manual will also provide clinical supervisors and program evaluators with a guide for determining the degree to which treatment is being delivered as intended.

The reviewers recommend that the program ensure that about 80% of the focus of the final Treatment Manual is on empirically supported dynamic risk factors and that about 50% of client treatment time is devoted to skill practice.

Of the 7.5 hours of treatment that the program is designed to deliver, 1.5 hours are devoted to psycho-educational groups and 6 hours are devoted to process groups. Use of process groups is common in sex offender civil commitment programs (see Annual Sex Offender Civil Commitment Program Network Surveys, 2010, 2011). Nevertheless, the research on effective correctional programs stresses the importance delivering services in structured, skill-based treatment groups. Consequently, we recommend that the program increase the number of treatment hours devoted to delivering services according to the forthcoming structured, skill-based, psycho-educational modules and decrease the number of process group hours.

Recreation therapy, education and vocational services continue to be to be well developed and are offered during weekdays as well as evenings and on weekends. The reviewers continue to emphasize the important role that these services play in assisting clients in generalizing skills that they learn in other aspects of the program.

It was also noted that individual therapy had been offered on some of the special units at Moose Lake. Both therapist and security staff reported that the availability of individual therapy had a positive impact and decreased disruptive behavior. However, due to staff shortages, individual therapy could not be continued. We recommend restarting these services when staffing levels increase.

7. Continuity of Care

Progress that clients make in the institution is reinforced and strengthened by treatment and supervision in the community.

The program has made strides in increasing the number of clients in the CPS Program, the last phase of the program. A total of 10 clients, five more than during the last review, now reside outside the secure perimeter on the St. Peter campus. Three clients have been approved by the Special Review Board and have hearing for release scheduled with the Supreme Court of Appeals.

Community outings continue to be a critical component of the gradual "step down" process of helping clients transition from an institutional to community living setting. We support the program's recent policy to ensure that these outings are linked to treatment goals.

We support discharge options for clients in the Alternative Program that have reached maximum program benefit and whose risk could be managed in a less restrictive environment.

Although the program has made strides in preparing clients for discharge, none have yet been discharged. This is partly due to slow movement through the program and the multiple

legislatively required steps for discharge in Minnesota. The lack of anyone "getting out" can be demoralizing to clients and staff and in the long run will likely increase security concerns.

8. Program Monitoring and Evaluation

The program monitors its operation continuously to ensure that services are delivered as intended, the quality of services are improved and the effects of services are evaluated.

As during previous site visits, the reviewers note that processes are in place for monitoring the ongoing functioning of the program. Key staff meet on a regular basis in daily Morning Report meetings, Unit meetings and shift meetings to ensure the proper functioning of the program. Quality assurance procedures are in place to monitor a variety of activities including record keeping and debriefing critical incidents. Quarterly reports detail action plans to address program goals and progress attained reaching goals. The present review is a review of the program by external experts and this process is considered a best practice in the field.

The Goal Matrix is an important component of measuring client progress. We recommend that the program provide ongoing training on how to score the Goal Matrix to ensure that there is consistency in ratings among providers.

9. Staff Training, Supervision and Support

Staffing levels are adequate and staff are appropriately selected, trained and supervised.

The reviewers continue to believe that the program's staff is dedicated and committed to the program. Executive Clinical Director Jannine Hebert has extensive administrative and clinical experience in corrections and sex offender field. Over the past few years, she has provided needed program stability and continues to refine and improve the program.

At all levels of the program, staff report overall improvements in the collaborative working relationships between security and clinical staff.

Since our last review, clinical staffing levels at Moose Lake have improved. Whereas at the time of our 2010 review, almost 40% of 48 clinical positions at Moose Lake remained unfilled, now less than 10% remain unfilled. St. Peter has had comparatively few problems maintaining high clinical staffing levels.

Staff continue to receive ongoing training to upgrade their skills. Several staff attended the recent Minnesota ATSA (Association for the Treatment of Sexual Abusers) yearly meeting as well as the ATSA national conference. Upcoming trainings on clinical skills, Motivational Interviewing, and implementation of the "Therapeutic Interaction Continuum" policy are scheduled. Increased cross training is occurring and is typically co-led by a team of clinical and security staff.

The program continues to provide ongoing clinical supervision to clinicians; about one hour or more of individual supervision a week for newer staff and about one hour a month for senior staff. All clinical staff interviewed told reviewers that clinical supervisors were readily available for consultation outside normally scheduled supervision meetings when needed.

10. Service Documentation

Staff document services in an appropriate, thorough and timely manner.

We did not audit client records to determine whether documentation was up-to-date but did review 10 client records across the two sites to examine the quality of the documentation. We found assessment reports, treatment plans, and progress notes were all generally linked to the Goal Matrix. Several of the records of the treatment group progress reviews were limited in content regarding examples that indicated progress by the client.

11. Facility and Treatment Environment

The facility and treatment environment is safe, secure, and therapeutic.

As noted in previous reports, the Moose Lake complex has a correctional design. Some of the housing units are large (68 and 98 bed) which makes it difficult to operate a therapeutic milieu. There has been a softening of the environment by using carpeting, painting and other features to make the units more appealing than typical prisons. The St. Peter complex, which houses Phase III clients, some Phase II clients, Alternative Program clients and CPS clients, has smaller units as it is a remodel from when it was a mental health program. This smaller size lends to more therapeutic interaction between clinical and security staff with clients.

As noted in our previous report, the ratio of security counselors to clients decreased markedly a few years ago and this makes it difficult for these staff to be as involved in the therapeutic aspects of the program as occurs in many of the other civil commitment programs. Staffing for each of the units at Moose Lake and St. Peter are generally the same, irrespective of the number of clients on each unit. This does create a significant barrier for security staff to know the clients and to be able to respond to their needs. Any additional staffing on the larger units would likely improve client behavior management and generalization of treatment skills. There is some additional staffing for specialized units (young adult, mental health and behavior), which have greater needs for supervision.

The new Moose Lake complex is well under construction and will solve some of the programming issues at this location. The new facility will have a large vocational area and appropriately sized group rooms. The new dining space in the complex will also free up the gym space for recreational use.

Over the past few years there was a shift in increasing security procedures, client restrictions and security staff having a more exclusive security role. During this site visit there was a

noticeable increase in discussions and actions being taken to balance security needs with clients' treatment needs. Kevin Moser, Director of Moose Lake, has taken a leading role in promoting a therapeutic milieu without compromising security needs at the Moose Lake facility. This year almost all staff, both clinical and security, reported improved relationships between clinical and security staff. The reviewers support plans to increase client movement within the security perimeter which should increase client motivation in the program.

There has been a continued increase in the amount of therapeutic material posted in the facility to enhance the therapeutic nature of the living areas and group treatment room environments. The reviewers support the work of the Therapeutic Environment committee to continue to make improvements in this area.

12. Administrative Structure and Program Organization

The administrative structure and program organization supports the healthy functioning of the program. Staff communicate effectively in order to ensure that clients' services are coordinated.

We continued to find a strong administrative structure and processes in place to ensure ongoing staff communication. There is more stability in clinical leadership. This is first time we have reviewed the program and the same clinical leadership team has been in place since our preceding visit. Recent administrative changes have strengthened the programming potential of the program. The new director at Moose Lake appears very engaged and committed to quality programming. The program continues to include daily Morning Report meetings, Unit meetings and Shift meetings. Clients continue to be staffed at least quarterly and undergo a comprehensive yearly review.

Additional Review Questions

Senior management at the Moose Lake facility asked the reviewers to respond to two additional questions.

First, should MSOP staff conduct a sex offender specific psychosexual evaluation on clients on the admission who have not yet been civilly committed to MSOP?

The evaluators do not recommend that MSOP staff conduct psychosexual evaluations on individuals housed at the program but who have not been civilly committed. Psychosexual evaluations involve risk assessments and therefore the evaluation conducted by the MSOP psychologist could be used as part of the commitment process, thus raising a number of ethical and possible legal concerns. The program currently provides general mental health evaluations for detainees to ensure that their current general mental issues are addressed, which is appropriate and should continue. However, as noted, psychosexual evaluations would not be appropriate.

Second, what are the reviewers' recommendations regarding the development of the small behavior unit currently under construction Moose Lake?

This 8-bed unit is being designed to be a "step-up" program for clients with high treatment, safety and behavioral management needs who have a greater need for containment than offered on the Omega behavior unit. The reviewers support the development of this program. We support efforts to soften the physical environment of the unit so that it does not resemble a segregation unit. The unit should have clear admission and discharge criteria. The unit should have additional treatment services to assist clients, if possible, in moving back to a general population housing unit.