

Minnesota Sex Offender Program Annual Performance Report 2017

Minnesota Sex Offender Program
February 2018

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I. Executive Summary

The Minnesota Sex Offender Program (MSOP) provides comprehensive programming to individuals who have been court-ordered to participate in sex offender specific treatment. Clients are civilly committed by the courts and placed in treatment for an indeterminate period of time, usually following their release from prison. There are currently 726 clients at MSOP.

The ongoing *Karsjens* federal class action lawsuit continued to play out in 2017. Filed in 2011 by clients of the Minnesota Sex Offender Program (MSOP), the case resulted in a trial occurring in February and March of 2015. The district court issued an order that same year on June 17, finding the Minnesota sex offender civil commitment statute unconstitutional both in how it is written and in how it is applied.

The State appealed that order and the related remedies order to the 8th Circuit U.S. Court of Appeals. A three-judge panel of that court heard oral arguments on April 12, 2016, in St. Louis, Missouri. On January 3, 2017, the 8th Circuit Court of Appeals issued an opinion in which it reversed the district court's rulings of Minnesota's sex offender civil commitment statutes and implementation unconstitutional. The plaintiffs asked the United States Supreme Court to take the case and on October 2, 2017 that court denied that request. That denial effectively ended the first phase of the case. The next step in the case is for the remaining claims to be presented to the district court on summary judgement which will be argued at that court February 5, 2018.

As the on-going federal court case continues to unfold, MSOP continues to provide comprehensive sex offender treatment in a safe and therapeutic environment with a voluntary 85% client participation rate. Clients are demonstrating progress, making changes, and advancing through treatment, as evidenced by the increasing numbers of clients in the later phases of treatment, court-ordered transfers to Community Preparation Services (CPS), and court-ordered provisional discharges into the community as well as two full discharges (one of which is currently in the appeal process).

Phase I of the approved 2015 bonding request was completed in 2016 and MSOP opened a new 30 bed wing for clients being transferred by the Supreme Court Appeals Panel (SCAP) to CPS. CPS is a less restrictive alternative setting outside the secure perimeter on the lower campus in St. Peter. Due to this recent expansion, we now have 89 total beds in that unlocked facility and it is filled to capacity. Bonding for Phase II was in the Governor's budget for the 2017 legislative session, bonding that project would have expanded CPS even further to accommodate those clients that SCAP continues to grant transfer orders for. For the upcoming 2018 legislative session, the same Phase II bonding request will be brought forward. Without additional space added outside the secure perimeter, court orders for transfer are not being adhered to. We currently have a waiting list of approximately 30 clients.

Commitment to staff safety is exemplified by the Minnesota Safety Council Meritorious Achievement Award in Occupational Safety awarded to the St. Peter program site for the 5th consecutive year with this year's award of higher standing as the Outstanding Achievement Award. The Moose Lake program site also received the Meritorious Award for the 3rd consecutive year.

MSOP Annual Performance Report 2017

MSOP's interdisciplinary team continues to maintain a strong infrastructure for a therapeutic environment supportive of client change. The 4th annual St. Peter Family Support Day was held two separate days accommodating increased client participation in this critical treatment component ensuring clients have support networks while in treatment and while reintegrating to the community.

In 2017, eight clients received orders for provisional discharge and one for full discharge. Three of those eight individuals have been moved safely into the community where MSOP provides their supervision, the remaining clients are in the process of securing housing at this time. There are now 9 total clients on provisional discharge in the community.

MSOP highlights for 2017 and program goals for 2018 contained in this report reflect continued focus on our mission to promote public safety by providing comprehensive treatment and reintegration opportunities for civilly committed sexual abusers. Areas of priority to strengthen and maintain include program integrity, therapeutic environment, learning organization, employee engagement, and responsibility to the public.

II. Background

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 15, of each year. During the 2016 legislative session, a proposal for extending the report's due date to February 15 of each year was approved. This assures a complete and accurate report that reflects all data and statistics of the entire reporting year.

The statute specifies that this report include:

- Program descriptions, including strategic mission, goals, objectives and outcomes
- Calculation of program-wide per diem
- Annual statistics.

This program evaluation occurred in December 2017.

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.

St. Peter is also the location for clients with compromised executive functioning due to learning disabilities, developmental disabilities, head injuries or trauma, or other issues that prevent them from being successful in conventional programming. These clients do all three phases of programming on the St. Peter campus.

The St. Peter campus has two missions: reintegration and programming for the 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 compromised executive functioning due to learning disabilities, developmental disabilities, head injury or trauma, and other issues that prevent them from being successful in conventional programming. These clients do all three phases of programming on the St Peter campus.

III. 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 to the MSOP.

MSOP operates treatment facilities in Moose Lake and Saint Peter¹. Clients are civilly committed as Sexual Psychopathic Personalities (SPP), as Sexually Dangerous Persons (SDP) or as both SPP and SDP. The courts are responsible for determining if an individual meets the legal criteria for commitment. The courts are also responsible for determining when a client meets criteria to be provisionally discharged and/or completely discharged for the MSOP program.

All clients enter MSOP through the admissions unit at the Moose Lake facility. Conventional program clients begin their treatment at Moose Lake; those assessed as being appropriate for the Alternative Program are transferred to St. Peter for all phases of treatment. After successfully progressing through the majority of their treatment in Moose Lake, conventional 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 and individual sessions. Clients are provided opportunities to demonstrate meaningful change through their participation in rehabilitative services programming such as education classes, therapeutic recreation activities, and vocational opportunities. 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 comprehensive treatment and reintegration opportunities for civilly committed sexual abusers.

Priorities: 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.

MSOP executive leadership has established five strategic goals. These strategic goals are organized under the following five program values: Therapeutic Environment, Program Integrity, Learning Organization, Employee Engagement, and Responsibility to the Public

¹ As discussed in section V, 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.

MSOP Strategic Goals and Outcomes:

Therapeutic Environment

Goal: To further develop, complete, and implement the Community Living Project at MSOP

Outcome: The Community Living Project (CLP) is a philosophy based on developing a therapeutic community as an approach to maintaining a healthy treatment environment in a residential setting. A strong therapeutic community is especially important for this population. It is crucial for MSOP clients to develop internal autonomy and master problem solving skills rather than relying on external supports. This initiative will shift personal responsibility back on the clients rather than MSOP staff “fixing” issues. This multi-step initiative was designed to meet the specific and unique needs of the MSOP clientele. Numerous interventions and enhancements were considered by the project team which were empirically based in literature and identified as best practice within the sex offender treatment field. CLP theory promotes clients taking personal responsibility for daily issues and problems, skill-building to problem solve, and maintaining safe and positive behaviors in the living environment. The project was comprised of 4 primary areas which included conflict resolution, a tier privilege system, behavioral expectations unit re-design, and a “staff toolbox” to utilize in challenging situations. Many MSOP staff have been trained thus far, policies have been approved, and client councils established. Implementation of the project was rolled out in 2016 and several treatment units are currently piloting CLP, full implementation expected by July of 2018.

Learning Organization

Goal: To increase overall awareness and provide opportunities for learning to the public and stakeholders about sex offender treatment, civil commitment, and reintegration of sex offenders in Minnesota

Outcome: This past year several clinicians and leadership were asked to provide training and present at local conferences in Minnesota as well as a national conference held in Missouri. Those organizations where MSOP was represented included the state and national Association for the Treatment of Sexual Abusers (ATSA) as well as the Sex Offender Civil Commitment Program Network (SOCCPN). In addition, every fall of each year, MSOP administration and legal managers host an event and presentation to county and defense attorneys, risk assessment examiners, Special Review Board members, Supreme Court Appeals Panel judges, and others. In 2017, there were approximately 75 attendees and a full facility tour at the Moose Lake campus. This event is to provide current information about the program, legal issues, and reintegration of MSOP clients.

Program Integrity

Goal One: Develop Quality Assurance System for clinical data

Outcome: MSOP manages a significant amount of clinical data regarding clients by the Research and Program Evaluation Unit and the clinical department. Establishing a coordinated and consistent quality assurance plan for overseeing and managing existing data will create a foundation to further enhance program evaluation initiatives as well as provide a framework for ensuring future research activities have a high level of reliability. Implementing an annual review of quality assurance results permits confidence in the integrity of data used for further clinical program development and decision making.

Goal Two: To re-evaluate and prioritize management level tasks specific to clinical supervision of the program at the Moose Lake facility.

Outcome: The MSOP Moose Lake site poses unique challenges. It is an admission/intake facility, offers treatment to individuals in the early stages of treatment and approximately 15% of its clients choose not to participate in treatment at any given time. These clients are clinically complex and require higher levels of supervisory scrutiny and clinical support staff. Developing strategies for efficient yet thorough case review is critical to ensure that established procedures and protocols consistent with program design are implemented and reinforced. In 2017, time and energy was dedicated to developing and enhancing the clinical and management skills of unit clinical supervisors through case conceptualization and consistent application of program design and group process. Moving forward, Associate Clinical Directors, along with the Clinical Director, will develop a systematic approach to evaluating client progress, barriers to effective treatment and interventions that will maximize the treatment effect of program design and founded in the MSOP theory manual. This will include the development of a structured process applied to case and treatment plan review, timely and effective application of treatment tools and measures, and documentation review.

Responsibility to the Public

Goal: Safely supervise, case manage, and assist in the successful reintegration of clients who are provisionally discharged into the community

Outcome: Searching for and securing appropriate housing for those clients granted provisional discharge (PD) was a primary focus and ongoing challenge in 2017. We now supervise, monitor, and provide case management services for 9 individuals released into various communities. There are 12 additional clients as of this writing who have PD orders that we are actively securing housing for. Residency restrictions and ordinances in our state along with other barriers often interfere with placement efforts by MSOP. We are assuring there is gradual, safe, and intentional reintegration by developing and implementing solid policies and procedures that govern our practices, assisting in job searching with clients, assisting clients in forming a positive support network, working with aftercare organizations, and approving and overseeing outings and increased liberty. Putting together safeguards, extra precautions, solid planning, and providing ongoing supervision is a priority for MSOP as clients continue to receive court orders for provisional discharge.

IV. Treatment Model and Progression

A. Program Philosophy and Approach

MSOP draws on several contemporary treatment approaches in its programming. These 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.

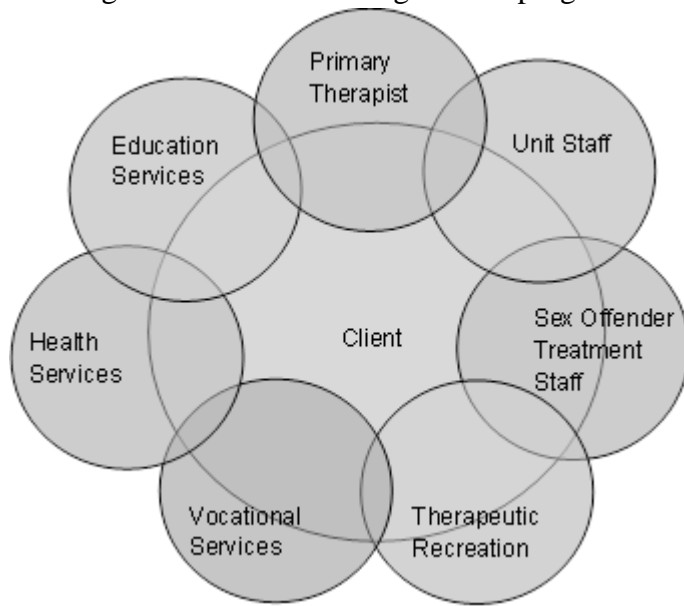
Each client participating in treatment is guided by an individualized treatment plan that defines measurable goals. These goals are updated as the client progresses through treatment.

Clients progress through three phases of treatment. In the initial treatment phase, clients acclimate to treatment and address treatment-interfering behaviors and attitudes. The next phase is the intermediate treatment phase with a focus on a client’s 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 while they work on deinstitutionalization and community reintegration.

B. Comprehensive and Individualized Treatment

MSOP provides a comprehensive treatment program. Clients acquire skills through active participation in psychoeducational modules and 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.

Clients who participate in treatment have an Individualized Treatment Plan. Each plan is developed with the client and the client's primary therapist, and is grounded in 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.

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 profiles. MSOP provides sex-offender-specific treatment to meet the needs of all clients.

C. Treatment Progression

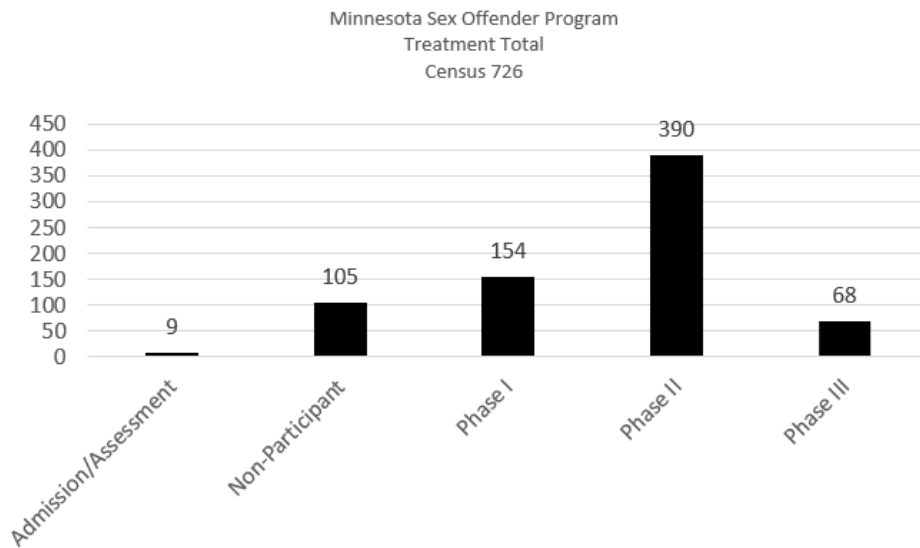
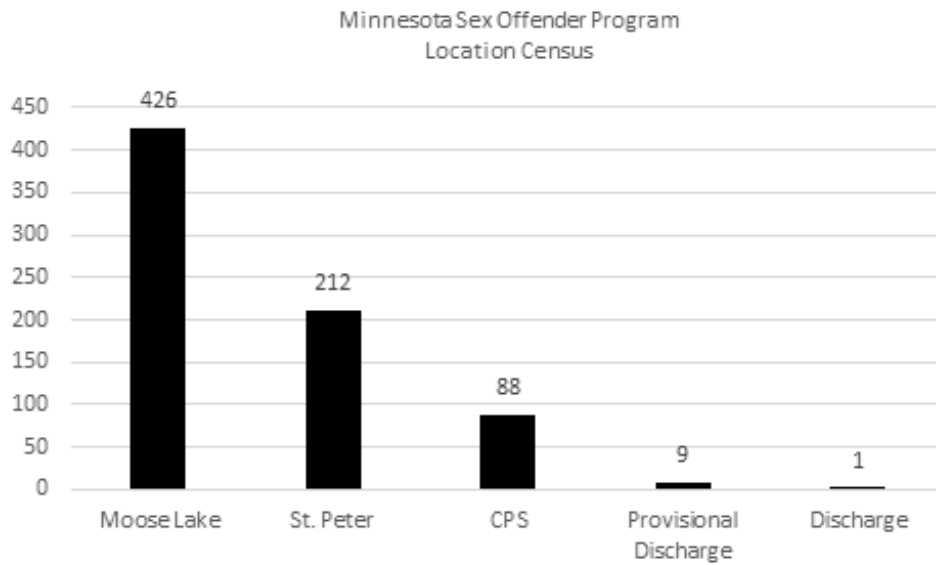
Clients address their own individual risk and treatment needs by adhering to their individualized treatment plans. They attend psychoeducational modules based on their treatment needs and core groups. On a quarterly basis, all clients are reviewed on MSOP matrix factors, which are based on the criminogenic needs in current research.

The matrix factors are:

- Group behaviors
- Attitude to change
- Self-monitoring
- Interpersonal skills
- Sexuality
- Cooperation with rules and supervision
- Healthy lifestyle
- Life enrichment
- Thinking errors
- Prosocial problem solving
- Emotional regulation.

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On a quarterly basis, each client participating in treatment conducts a self-assessment and the results are compared with the observations and assessments of the client's primary therapist and treatment team. Individual treatment plans and treatment targets are modified accordingly.



V MSOP Treatment at the Department of Corrections

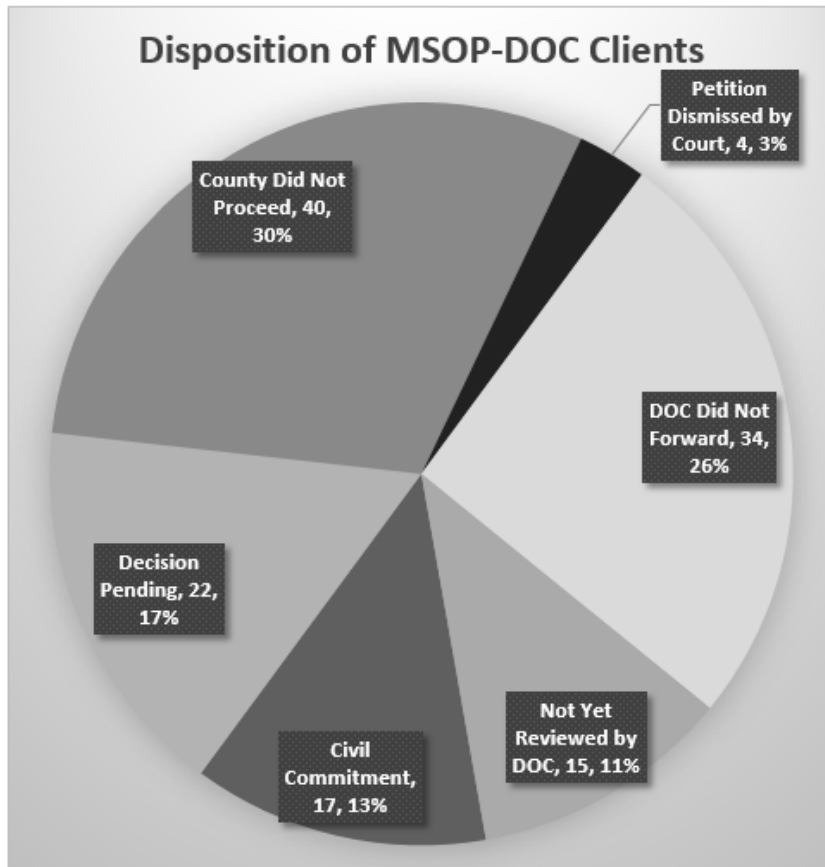
MSOP operates a collaborative, 50-bed, sex offender treatment program located at the Minnesota Correctional Facility in Moose Lake. This program provides sex offender treatment similar in scope and treatment design to the MSOP Moose Lake facility. Program participants are serving their correctional sentences and have histories that indicate they are likely to be referred for civil commitment.

As a result of participating in sex offender treatment prior to the end of their sentence in the Department of Corrections (DOC):

1. The county may not pursue commitment due to a client's significant progress toward management of risk factors.
2. The county may pursue commitment, if the client is civilly committed to MSOP, he is able to continue treatment where he left off at DOC.

There have been 181 men admitted to the MSOP-DOC program since 2009. As of Dec 22, 2017, there are currently 49 clients in the program and 132 men discharged from the program. From the beginning of the quarter, there have been two additional clients admitted to the program.

Commitment Status of Clients Discharged from MSOP-DOC since 2009:



VI. Community Preparation Services and Reintegration

Community Preparation Services and Reintegration

As part of the treatment program at MSOP, Community Preparation Services (CPS) was developed and operates as a free-standing, unlocked, “step-down” residential facility located on St. Peter’s lower campus. CPS prepares clients for their transition and reintegration back into the community. When a client petitions for a reduction in custody, the Supreme Court Appeals Panel (SCAP) grants orders for clients who meet the statutory criteria for transfer from the secure perimeter to CPS to continue their treatment in a less restrictive setting.

Established in 2008, the program has experienced tremendous growth in the past few years, especially most recently in 2016 and 2017. In 2016, a total of 43 clients were granted transfer orders from SCAP to CPS. All 89 beds were filled to capacity. In 2017, another 31 clients received transfer orders from the courts, however, most of those clients have been unable to move and remain inside the perimeter due to no available beds at CPS.

Phase I of the bonding project to expand beds at CPS was completed in 2016 which provided 30 additional beds to that facility. However, due to continued transfer orders from the courts, CPS immediately filled to capacity. Phase II of the bonding bill was requested at the 2017 legislative session to expand CPS by 50 additional beds as well as renovate other space to provide the needed services outside the secure perimeter for those clients transferred by the court. However, that bonding request did not pass. MSOP will be bringing forward that same Phase II request at the upcoming 2018 session.

Reintegration

The reintegration division within MSOP is responsible for establishing housing, out-patient sex offender treatment, supervision and monitoring, and case-management services for those clients granted a Provisional Discharge (PD) by SCAP.

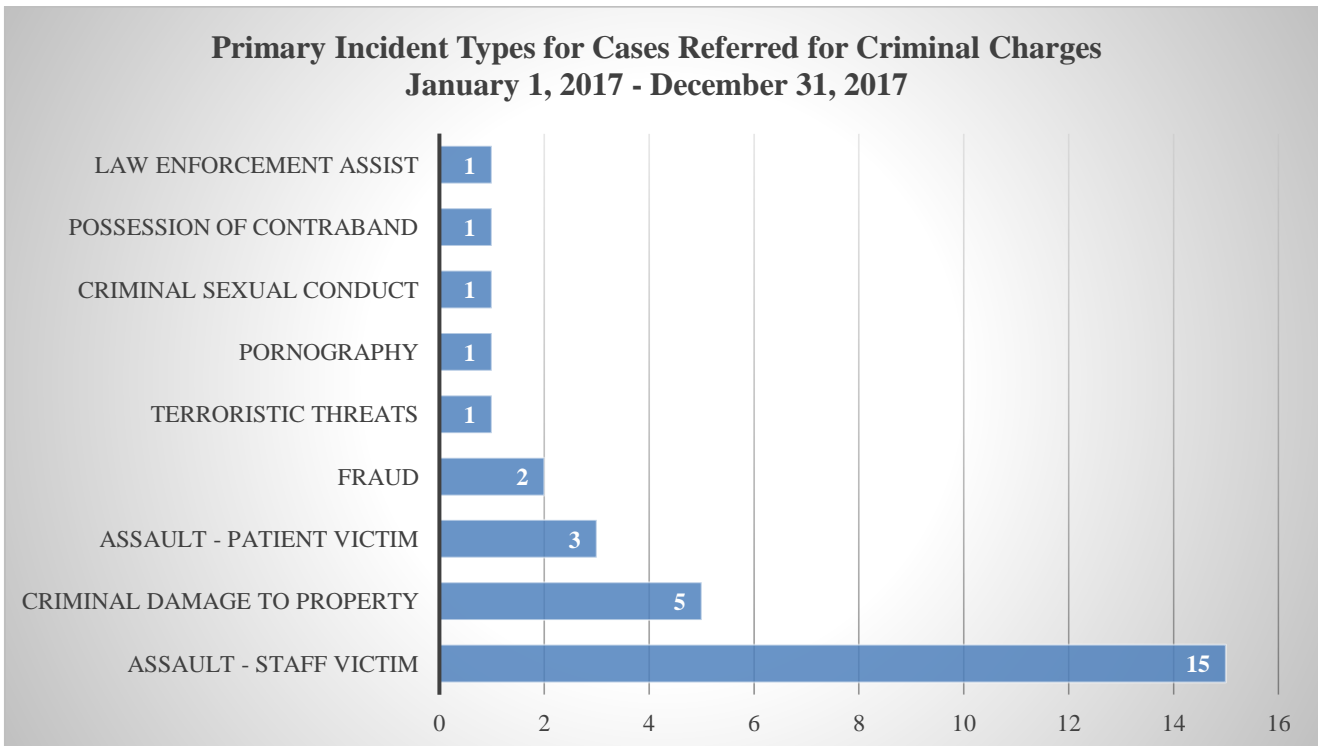
In 2017, a total of 8 clients were granted provisional discharge orders to move to the community and 1 full discharge was granted and is now being appealed. Currently there are 9 clients living in MN communities with 12 others who have received provisional discharge orders in 2016 and 2017 and are waiting to secure housing. The court-ordered Provisional Discharge Plan is based on the individual needs of clients, the MSOP reintegration agents provide close supervision to safely manage and monitor those clients on provisional discharge.

VII. Office of Special Investigations

The Office of Special Investigations (OSI) provides DCT with coordinated investigative services with the goal of aiding DCT staff in providing a safe and secure treatment environment and to enhance public safety. In the event illegal activities are suspected, OSI is responsible for conducting an investigation and providing comprehensive investigative reports to local law enforcement. Responsibilities of OSI include (but are not limited to): investigation of suspected criminal activity, gathering intelligence data and disseminating that information to program administrations, conducting covert surveillance of clients who have community privileges and those on provisional discharge, investigating circumstances that pose a threat to the security of a program facility, and serving as the official liaison with local, state, and federal law enforcement agencies.

From January 1, 2017, to December 31, 2017, OSI conducted 151 investigations; 105 for MSOP, 44 for Forensic Services (FS), and 2 for Community Based Services (CBS). Of the 151 cases, 30 were referred for criminal charges (18 for MSOP and 12 for FS), with charges being filed in 22 cases (14 for MSOP and 8 for FS). OSI also provides information to the Department of Corrections (DOC) regarding clients who are not compliant with their Conditions of Release. In 2017, OSI had 28 cases that were referred to DOC for revocation. Of the 28 cases, 20 MSOP clients were returned to DOC for violations of conditional release, 7 MSOP clients had their conditions restructured, and 1 case remains open.

*** See Graph Below ***



VIII. Program-Wide Per Diem and Fiscal Summary

<u>Description</u>	FY 2018	
	<u>Approp. \$\$</u>	<u>Per Diem</u>
Direct Costs		
Clinical	\$ 22,048,781	82.86
Healthcare and Medical Services	\$ 6,454,922	24.26
Security	\$ 36,898,512	138.67
Community Preparation Svcs	\$ 4,686,907	17.61
Dietary	\$ 1,512,917	5.69
Physical Plant & Warehouse	\$ 7,248,335	27.24
Program Support	\$ 10,483,724	39.40
Total Direct Costs	\$ 89,334,098	335.73
<i>Operating Per Diem</i>		\$ 336
Indirect Costs		
Statewide Indirect	\$ 147,867	0.56
DHS Indirect	\$ 180,000	0.68
Building Depreciation	\$ 3,969,731	14.92
Bond Interest	\$ 5,359,200	20.14
Capital Asset Depreciation	\$ 101,897	0.38
Total Indirect Costs	\$ 9,758,695	36.68
Total Costs	\$ 99,092,793	372.41
Average Daily Census (ADC)	729	
Published Per Diem Rate		\$ 372

Direct Costs – Costs attributed to providing care and treatment to clients, maintaining facilities and providing general support services to operate the program.

Indirect Costs – Costs not directly attributable to the program but are allocated/assigned as a cost of the overall operations of the program.

NOTE: The program support costs mainly consist of Legal (including Attorney General’s Office and the DHS General Counsel’s Office), SRB/SCAP, MN.IT and Workers Comp expense. Finance & Staff Development have been transferred to DCT Operations and no longer paid directly from the MSOP budget.

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 uses a comprehensive per diem calculation that includes all direct and indirect costs, including costs incurred by the state for bonding and construction of physical facilities. This all-inclusive per diem for fiscal year 2018 is \$372.

IX. Annual Statistics

Current Program statistics through December 31, 2017 –

Total MSOP Clients	726
Clients by Location	
Moose Lake	426
St. Peter	300
Clients by Age	
18-25	8
26-35	101
36-45	188
46-55	197
56-65	163
Over 65	69
Average Age	49
Youngest	23
Oldest	86
Race	
American Indian/Alaskan Native	49
Black/African American	103
White Caucasian	541
Other/Unknown	33
Education	
0-8 Years	19
9-12 Years	49
High School Degree	345
GED	220
High School degree and GED	7
Some college or college degree	49
Unknown	37
Metro Counties (7-County Area)	305
Non-Metro Counties	421

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.

Clients Pending Civil Commitment:	
Clients on judicial hold status in the MSOP	4
Clients on judicial hold status in the DOC/jails	7
Total on judicial hold status	11

The civil commitment process in Minnesota is started by a county attorney, in the area the crime occurred, by filing a petition for commitment. During the commitment hearing, the county court will determine if the individual meets the statutory criteria for civil commitment. If this burden is met the individual's committed and transferred to MSOP (if the client was not already admitted).

Clients Civilly Committed to the MSOP:	
Total civil commitments to the MSOP during 2017	18

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 remanded to either a county jail or the DOC to serve a portion or all of their criminal sentences.

Dually-Committed Clients:	
Clients who are under civil and DOC commitment in the MSOP	170
Clients who are under civil commitment and in a DOC or federal prison	28
Total number of dually committed clients as of December 31, 2015	142

Clinical Statistics

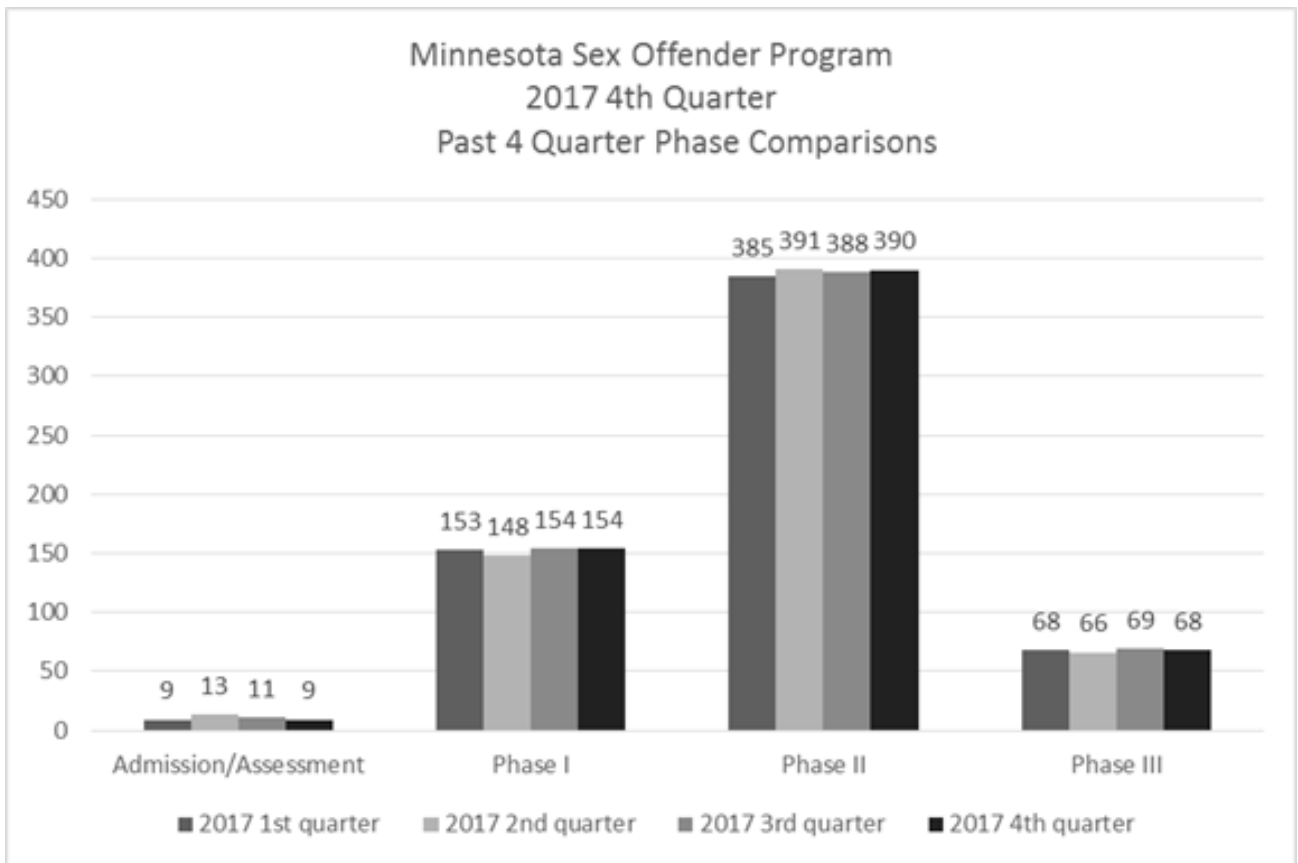
Treatment Participation

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 84 percent were participating at the end of 2017.

Once the civil commitment process is finalized, an individual is encouraged to participate in treatment. Should they choose to engage in treatment, a sex offender assessment is completed and an individualized treatment plan is developed to address their unique needs.

Treatment Progression

The phase progression data show how clients are progressing through the three treatment phases. The chart below represents the treatment progression of clients over the past calendar year.



The following chart illustrates the 2017 distribution of clients across the treatment units. The MSOP population is diverse with 22 percent of the clients residing on units that provide specialty programming while 77 percent reside on units providing Conventional Treatment. The remaining 1 percent of the population resides on the Admissions (ADM) programming unit, which does not provide sex-offender specific treatment.

	Location	Count	Percentage
Admissions	Moose Lake	9	1%
Alternative Program Units	St. Peter	102	14%
Assisted Living Unit	Moose Lake	18	3%
Behavioral Therapy Unit	Moose Lake	31	5%
Conventional Program Units	Moose Lake and St. Peter	556	77%
Total		726	

Clinical Service Hours

Clinical Service hours at MSOP include both treatment hours and programming hours. Clients participating in treatment are scheduled for treatment hours based on their individual treatment needs and their treatment Phase. The MSOP program design offers Phase I clients a minimum of eight hours of treatment each week. Clients in Phase II and Phase III are offered at minimum nine hours per week. The number of treatment hours offered at MSOP is consistent with similar civil commitment programs across the country.

Treatment hours are spent in Core Group, Psychoeducational Modules, therapeutic community meetings, reintegration services, modified programming, individual therapy, progress reviews, and assessments.

In addition to weekly treatment hours, clients are offered the opportunity to participate in clinical programming. Programming hours are comprised of educational, therapeutic recreation, vocational, and volunteer services. Assignment to programming is determined by the client’s treatment phase and individual needs.

	Clinical Treatment	Clinical Programming	Total Clinical Services Hours
Phase I	4	8	12
Phase II	7	13	20
Phase III	8	14	22

X. MSOP Evaluation Report Required Under Section 246B.03

In an effort to maintain a treatment program that is grounded in current best practices, research, and contemporary theories, MSOP contracts 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. The observations, feedback and recommendations in the annual site visit report are reviewed and discussed with the auditors at the end of their visit. The report is reviewed in subsequent meetings with MSOP leadership and incorporated into quarterly and annual program goals.

Minnesota Sex Offender Program Site Visit Report 2017

Site Visitors: Robert McGrath, McGrath Psychological Services
Middlebury, Vermont

William Murphy, University of TN Health Science
Center Memphis, Tennessee

Jason Smith, Assessment & Counseling Associates
West Des Moines, Iowa and Middleton,
Wisconsin

Location: Minnesota Sex Offender Program, St. Peter, Minnesota

Dates of Visit: December 4-8, 2017

Date of Report: December 12, 2017

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. The present site visit was a follow-up to our previous site visits. The last site visit was in December 2016.

During the current review, we spent four and one-half days at the St. Peter site. While we were on site, we reviewed and discussed our initial findings with Nancy Johnston, MSOP Executive Director (via videoconference), and Jannine Hebert, MSOP Executive Clinical Director, for one hour on December 8, 2017. We again reviewed and discussed our initial findings with senior managers at the St. Peter site and, via videoconference, with Moose Lake and other senior managers for one hour from the St. Peter site on December 8, 2017.

Evaluation Request

During the current site visit, the MSOP requested that we evaluate the following three programs at St. Peter: Conventional Program (CP), Alternative Program (AP), Community Preparation Services (CPS) program and pay particular attention the quality of group treatment services within the three programs.

Procedures

We reviewed the following written materials:

- Organizational Charts
- Community Preparation Services Program Design, August 2016
- Community Preparation Services Handbook, August 2016
- MSOP Quarterly Reports, 3rd quarter 2017
- MSOP Theory Manual
- MSOP Clinician's Manual
- Recent MSOP Site Visit Reports

During the site visit we engaged in the following activities:

- Attend the St. Peter Morning Meeting
- Met in individual and small group meetings with senior management, including:
 - Nancy Johnston, MSOP Executive Director
 - Jannine Hebert, MSOP Executive Clinical Director
 - Bonnie Wold, Facility Director at St. Peter
 - Christopher Schiffer, Clinical Director at St. Peter
 - Brenda Todd-Bense, Associate Clinical Director at St. Peter
 - Paul Rodriguez, CPS Director
 - Michelle Sexe, CPS Operations Manager
 - Scott Halvorson, Reintegration Director
- Met with the following staff groups without their supervisors present across the AP, CP, and CPS programs:
 - clinical supervisors (4 individual meetings)
 - clinicians (8 individual meetings)
 - psychologists (3 individuals in individual and small group meetings)
 - operations supervisors and frontline staff (6 individual meetings)
- Attended 12 group therapy sessions (11 core groups and 1 psycho-education group)
- Attended Community meetings across the AP, CP, and CPS programs (6 community meetings)
- Conducted client interviews across the AP, CP, and CPS programs
 - 18 scheduled individual meetings
 - several unscheduled informal individual meetings during unit visits and pre- and post-treatment-group sessions

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

Consultation Approach

We evaluated the program against best practice standards and guidelines in the field. These included the Association for the Treatment of Sexual Abusers (ATSA) Practice 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 sex offender programs, in particular other sex offender civil commitment programs.

Findings and Recommendations

For each of the three program areas that MSOP requested that we review, we detail here our findings and make recommendations for continued development.

i. Administrative Structure, Organizational Development, and Continuous Improvement

Strengths

1. There is strong and committed administrative and clinical leadership team at the upper management level. There has been relatively little staff turnover at the upper management level in recent years, which has provided for considerable consistency in the operation of the program.
2. At the time of the present site visit, 89 clients were residing at the CPS program and an additional 26 clients had been approved to enter the CPS program and were awaiting available beds. As well, 9 individuals were in the community on provisional discharge status, up from 7 individuals last year. Over the past few years, there has been a dramatic and significant increase in the number of client placements in the later treatment stages of the MSOP compared to earlier years.
3. During the last year, MSOP has established and filled the Reintegration Director position, which oversees a small team of reintegration staff that provide supervision and other support services to clients placed in the community on provisional discharge.
4. At the time of the present review, 89% of clinical positions were filled, which is an improvement from previous years. Maintaining clinical staffing is an extremely common challenge in sex offender civil commitment programs.

5. Most clinical and operations staff reported that they like and respect the people that they work with. Overall, they value the collaborative nature of the working relationships within each of their teams.
6. Several staff noted that MSOP has increased the involvement of frontline staff in the development of new policy and procedures.
7. The CPS program, following the period of a dramatically increased census over the last 18 months, has worked diligently to develop policies and procedures to address the security and clinical needs for this population.
8. The AP staff, to ensure continuity of care, are developing trainings for staff at group homes where clients will be placed.
9. The MSOP has an ongoing process to assess program strengths and areas of improvement. This includes the relatively recent establishment and appointment of a Director of Fidelity position. In addition, each MSOP program prepares quarterly performance reports that identify program strengths and concerns, as well as to develop and track actions plans for program improvements. Current MSOP quality improvement activities include the following.
 - a. Update the Alternative Program in consultation with external expert James Haaven
 - b. Continue to implement and improve the conflict resolution process for staff at all levels to use with clients
 - c. Develop the Community Living Project to improve the therapeutic milieu of program units
 - d. Examine interrater reliability of the Matrix to inform staff training needs on how to increase staff scoring accuracy of the instrument
 - e. Review the clinical documentation process to ensure that documentation is of high quality and necessary
 - f. Improve the onboarding process of clinical staff, including the quality and quantity of clinical training
 - g. Develop a re-entry curriculum to further help clients develop skills to transition successfully from the institution to the community.

Areas for Further Development

1. The audit team supports MSOP's quality improvement priority to address clinician's challenges in completing paperwork in a timely manner. Factors contributing to these challenges appear to include the following.
 - a. The length of and level of detail included in client quarterly reports and annual reviews

- b. Difficulty gathering supporting documents across multiple department to complete quarterly reports and annual reviews
 - c. Increase in requests from internal and external evaluators to clinical staff for program and client information related to completing reports for the SRB and SCAP
 - d. Responding to client crises and problematic behavior outside of scheduled treatment sessions
2. The audit team supports the Reintegration Program's efforts to find housing for clients who have been approved for provisional discharge but continue to reside at CPS. The audit team recognizes the difficulty of finding community housing, which other sex offender civil commitment programs often identify as one of their most challenging areas of program development.
3. The audit team supports addressing the requests from several staff for MSOP to continue to improve communication about new policies. Although staff typically reported that they are informed about changes in policies in a timely manner, front line staff reported that they could better implement new policies if they understood the rationale for the policies, especially policies that clients interpret negatively.
4. The audit team supports efforts to improve consistent staffing levels at CPS to support treatment-related activities such as community outings. Some staff reported that CPS utility staff continue to be periodically assigned to units inside the perimeter to address staff shortages in those units.

II. Treatment Engagement and Delivery

Strengths

1. The percentage of clients who participate in treatment continues to be in the 85 to 89% rates, which is favorable compared to other similar programs.
2. With very few exceptions, clinicians appeared to be engaged with clients in a manner that was respectful, fair, firm, warm, empathetic, and directive.
3. The program has made a concerted effort to improve the therapeutic functioning of treatment groups. Overall, clinicians consistently followed the program's group treatment model.
 - a. Clinicians consistently held pre-group planning meetings and post-group debriefings
 - b. Clinicians supported the development of safe and supportive positive group cultures

- c. Clinicians regularly used motivational interviewing approaches
 - d. Clinicians regularly supported client to client interactions, as opposed to conducting individual treatment in the group setting
 - e. Clinicians regularly helped clients relate current individual issues with dynamic risk factors
 - f. Client and staff challenges to each other were done in a respectful manner
4. The MSOP has a commitment to providing trauma informed care (TIC). The MSOP recently provided a one-day TIC training to staff across disciplines. Staff have been trained to deliver EMDR to clients based on treatment need and will be adding Cognitive Processing Therapy (CPT), another empirically-based trauma treatment, to its menu of treatment services.
 5. Clinical staff now typically accompany clients to psychiatric appointments. This improves continuity of care across services, as well as provides cross training for staff on psychiatric and treatment interventions.

Areas for Further Development

1. The audit team recommends that the MSOP provide more assistance to clinicians to help them deliver group treatment according to the MSOP Clinician's Guide and evidence-supported practices. Recommendations include the following.
 - a. Reduce time spent on group check-ins to about 10 minutes as recommended in the Clinician's Guide
 - b. Prescribe group check-in topics based on issues the client is currently addressing rather than having clients self-report sexual thoughts and behaviors each group
 - c. Increase the use of skill practice in core groups (e.g., define the skill, identify usefulness of the skill, model the skill, practice the skill, give feedback, prescribe out-of-group skill practice)
 - d. Increase the use of other active learning strategies in core groups, such as those commonly included in psycho-educational groups
2. The audit team supports the Alternative Program's quality improvement plans to update its program and make it more responsive to the special learning needs of this population. The audit team recommends that these plans include the following.
 - a. Reduce the length of treatment groups and Therapeutic Community meetings
 - b. Simplify the psychoeducation modules
 - c. Increase the use of other active learning strategies
3. The audit team recommends reducing the time it takes for clients to go through the process for advancement from Phase 2 to Phase 3, which some staff report can take six or more months.

4. The audit team recommends that the MSOP reinstitute the use of a structured group therapy monitoring process such as the GIPRS. The monitoring process should include group treatment practices listed in this section of the report above in 1, a-d.
5. The audit team recommends that the MSOP consider administering the Sex Offender Assessment psychological test battery (which is now used to make later-stage Phase progress decisions) earlier in the treatment program to identify specific responsivity issues. Additionally, the MSOP should ensure that the tests used in the test battery are clearly relevant to the referral issues.

III. Program Structure

Strengths

1. Approximately one year ago, the MSOP moved a large number of Moose Lake clients to the St. Peter Conventional Program and Alternative Program. Several of these clients were in earlier treatment stages and displayed a relatively high number of treatment interfering behaviors, many of which were related to general antisociality. Over the last several months, the St. Peter program has increased its ability to address individuals who have higher levels of psychopathy. This included providing a specialized one-day training on this topic. The St. Peter program appears to have been largely successful in adjusting to its changing client population.
2. The operations and clinical staff in the Adaptive Program on the Pexton Units have paid particular attention to developing positive collaborative clinical and operations staff working relationships and using a team approach to provide services to this challenging population. Among program changes, the AP has increased the program structure on the unit and in community meetings.
3. The MSOP continues to provide approximately 10 hours of treatment per client per week. This is an adequate dose and compares favorably with other sex offender civil commitment programs.
4. MSOP clinical caseloads range from 8-10 clients, which is consistent with or lower than other similar programs. The number of hours that clinicians provide direct face-to-face treatment services to clients is approximately 20 hours per week, which is also within expected range of other similar programs. However, as noted in a previous section, other clinician job responsibilities are targets for quality improvement attention.
5. MSOP primary clinicians provide each of their clients about one hour of individual treatment services per month. MSOP psychologists provide short-term individual therapy to clients on an as needed basis for approved specific issues such as addressing

trauma. Treatment programs that provide for such individualization of services have been found to be more effective than those that do not.

6. Over the last year, the CPS program began providing the majority of treatment to its clients onsite. This is a positive development. It likely improves treatment integrity and the milieu and certainly reduces client movement in and out of the perimeter.

Areas for Further Development

1. The audit team supports MSOP's plan to use the quality improvement process to enhance new staff onboarding activities. Several staff reported challenges acclimating to the work demands of the program, including not having adequate time to learn about the assessment and treatment model before being placed alone in service provision roles. Staff however reported that supervisors were readily available for consultation outside regularly scheduled supervision meetings.
2. Although most staff report that there are respectful and good working relationships between clinical and operations staff, greater need for improvements in these working relationships exist, particularly on Schantz units.

iv. Other Client Feedback

Strengths

1. For the most part, audit team interviews with clients indicate that clients felt heard and respected by treatment and operations staff, but to a slightly less consistent degree among operations staff. For the most part, clients interviewed also indicated that they have learned and benefited from the program.
2. Several clients in particular reported that they were very satisfied with the Arousal Management program and consistently reported experiencing positive treatment benefits through participation in the program.

Areas for Further Development

1. The audit team recommends that the MSOP review the average amount of time it takes for a reasonably well-motivated client to complete each phase of the program and the total program. Such a review should ensure that services provided are clearly linked to helping prepare clients for successful release to the community and that services are delivered efficiently. Clients consistently volunteered, and several staff agreed, that the program overall is slow and lengthy and can be repetitive. Overall, clients this year appeared slightly more discouraged about their prospects for moving through the program successfully in what they believed would be a reasonable time frame.

Benchmarks for identifying reasonable program timelines include comparisons with other similar sex offender civil commitment programs and reviewing the menu of assignments and activities that are typically required of most clients in the current program design to ensure that they are necessary. Staff did not appear to have an understanding of any broad timelines for progression through various phases of the program. Although, as a group, MSOP staff appeared to be very competent, assessment and treatment services could be delivered more efficiently and with a greater sense of urgency to help clients be successful in and moving through Phases in a timelier manner.

2. The audit team recommends that the MSOP further explain to clients the rationale for reductions in activities such as outings on the grounds and in the community or provide staff to increase opportunities for these activities. Clients express discouragement regarding a reduction in these types of activities.
3. The audit team recommends that MSOP periodically solicit client feedback to improve the program's functioning by using structured methods such client satisfaction surveys and Feedback-Informed Treatment (FIT) scales.

v. Staff Training and Supervision

Strengths

1. Clinical staff reported feeling very supported in their work by supervisors. Clinical staff reported receiving regular supervision and reported that supervisors were available for assistance when needed outside of scheduled meetings.
2. Clinical supervisors in the Alternative and Conventional programs are sitting in on groups once a month to provide direct observation and feedback to clinicians.
3. Clinicians in pursuit of licensure received clinical supervision from outside consultants to improve their skills.
4. The program provides ongoing staff training, which has been well received. Based on the results of recent needs assessments, recent trainings have included one-day trainings on psychopathy and trauma informed care.
5. Training on diversity issues and staff self-care is provided and important.

Areas for Further Development

1. The audit team recommends that operations staff receive more cross training on clinical issues. Several staff reported that clinical staff receive training on operational and security issues, but operations staff do not have as much opportunity for training in clinical areas (e.g., the program model and motivational interviewing).