DHS-6677C-ENG 2-16

DEPARTMENT OF HUMAN SERVICES

MSOP Annual Performance report (2021)

Direct Care & Treatment Division

01/24/2022

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is $6,000.

Direct Care and Treatment
Minnesota Sex Offender Program
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https://mn.gov/dhs/people-we-serve/adults/services/sex-offender-treatment/

As requested by Minnesota Statute 3.197: This report cost approximately $6,000 to prepare, including staff time, printing and mailing expenses.

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.

Contents

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, usually following completion of their prison sentence. As of December 31, 2021, there were 742 MSOP clients in St. Peter and Moose Lake facilities, 15 clients at the Department of Corrections and 2 in federal facilities who were returned due to revocation or new criminal sentencing, and 36 clients on provisional discharge currently living in the community.

MSOP continues to provide sex offender treatment in a safe and therapeutic environment with a voluntary 85.2% 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), court-ordered provisional discharges into the community, and full discharges.

The COVID-19 pandemic continued to affect operations at MSOP. Coming up on the second year of contending with and combatting COVID and associated variants, our program responded accordingly to provide safety within our facilities for staff and clients. Through strict infection prevention and control measures, we were fortunate to keep numbers of COVID positive cases relatively low in 2021 across our sites. Positive COVID cases for the year ending 12/30/2021 numbered 127 positive staff and 21 positive clients. Programming and treatment opportunities have been significantly impacted due to the need to separate clients by unit and maintain isolation and quarantine units within our facilities at times. Our staff, and specifically our MSOP Health Services Department, remained vigilant and responsive again this past year as we navigated our way through this ongoing pandemic.

Like so many organizations are experiencing, we have staff shortages due to the current employment situation in our country and in our state. We will continue to actively strategize and incentivize ways to recruit and retain employees as we struggle with these labor market realities.

MSOP's interdisciplinary teams continue to maintain a strong therapeutic environment supportive of client change. Improvements continue to occur within our clinical and operational departments for enhanced delivery of services. In 2021, MSOP successfully supervised over 35 clients on provisional discharge in the community, constructed and moved into a 20-bed expansion at CPS on the St. Peter campus, and made progress toward goals outlined in our strategic plan.

Strengthening our therapeutic living environments, ensuring program quality and integrity, growing as a learning organization, encouraging ongoing employee engagement, all while maintaining our responsibility to safety and security, are the values we are invested in and continue to promote. MSOP highlights for 2021 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.

Background

Minnesota Statutes, section 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 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
- Program Evaluation Report occurred in September 2021 (attached)

MSOP is one program, operating across two campuses with three sites. Admissions and most of the 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 primary missions which are programming for clients in the Alternative Program and preparation for reintegration through deinstitutionalization. St. Peter 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 participate in all three phases of programming on the St. Peter campus. Clients in Phases II and III of conventional programming participate in opportunities that demonstrate their abilities to use new coping skills and risk management techniques in settings with less structure.

Program Overview

MSOP provides comprehensive sex-offender-specific treatment to individuals (clients) who have been civilly committed to the program by the courts.

MSOP operates treatment facilities in Moose Lake and Saint Peter. 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 from MSOP.

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 most 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 maintaining a safe and therapeutic living 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 can make meaningful change if they possess the motivation and tools to do so. MSOP Principles that guide our staff and clients include personal accountability, respect for others, and community responsibility. MSOP executive leadership has established five strategic goals. These strategic goals are organized under the following five core values: Program Integrity, Therapeutic Environment, Responsibility to the Public, Learning Organization, and Employee Engagement.

MSOP Strategic Goals and Outcomes

Program Integrity

Description:
Program integrity defines the extent to which all program services have been delivered as intended. Integrity ensures that MSOP is carrying out common goals that maintain consistency and quality across departments and sites, encourages compliance and accountability, and protects public funds.

Goal:

1. Increased use of best practices across targeted areas and departments at MSOP by using quality assurance system.
2. Enhance and maintain continuity and consistency of programming.

Strategies:

- Develop and implement a process that evaluates our system relative to current best practices and research in the field.
- Revise ongoing audit system to enhance quality of programming and services.
- Research department establishes and prioritizes hypotheses for research projects.

Therapeutic Environment

Description:

The therapeutic environment refers to the physical, social, and psychological spaces that are specifically designed to support change for each individual and the community. It involves keeping "the client in the center of the room," speaking the same language, having a unified approach while upholding ethical morals and values, understanding theory, and balancing treatment, safety, and security. It is individualized, flexible, and designed to support differing functional levels and approaches to care.

Goal:

1. An established treatment culture is fully integrated into all departments and across all shifts.
2. A strong and comprehensive therapeutic environment exists for all staff and clients.

Strategies:

- Increase training for staff that will weave a "treatment culture" across the program and will enhance understanding of roles within a secure setting.
- Role model how treatment threads throughout the program across all departments and encourage all staff to take responsibility in this process.
- Enhance culture and environment through therapeutic language and messaging during staff supervision and across meeting settings.

Responsibility to the Public

Description:

The extent to which MSOP maintains safety within the facilities and to the public, demonstrates transparency consistently, fulfills obligations to stakeholders, is responsive and timely to concerns and questions, and is fiscally responsible.

Goal:

1. Increased awareness and education regarding MSOP's commitment to public safety.
2. MSOP clients are well prepared to enter the community with safe and healthy engagement.

Strategies:

- Increase community awareness by teaching, presenting, and networking about sexual offending behavior, civil commitment in MN, sex offender treatment, and risk at a wide variety of public forums.
- By soliciting feedback from clients on PD, outpatient providers, and reintegration agents, increase and refine client reintegration preparation strategies inside the perimeter and at CPS to enhance public safety and client success.

Learning Organization

Description:
MSOP promotes and maintains a strong learning environment with valuable learning opportunities to meet the diverse professional development needs of staff within an organic and evolving program. MSOP strives to create, transfer, and modify philosophy and policies to reflect new knowledge and insights.

Goal:

1. Staff are confident and competent in their roles and recognize how they contribute to client change.
2. Reputation as being a state-of-the-art sex offender treatment program is enhanced.

Strategies:

- Learning and supervision gaps are addressed on all watches.
- To build on competencies, support and engage staff in self-assessment as part of their professional development.
- Build comprehensive framework and promote "One MSOP Team" concept fostered by multi-discipline and multi-location exchanges for learning and solution finding.
- Increase professional networking opportunities "bringing the outside in."

Employee Engagement

Description:
MSOP promotes a culture where all staff are essential to maintaining a safe and therapeutic treatment environment. Employee engagement encompasses the relationship between the employee and the work. MSOP provides opportunities for staff to contribute meaningfully to the program, to be supportive of one another, to recognize and acknowledge employee commitment, and to encourage new ideas and alternative ways of thinking.

Goal:

1. MSOP has an engaged work culture.
2. Staff build and maintain healthy person-centered supervisory relationships to enhance overall employee satisfaction.

Strategies:

- Staff are supported and encouraged to invest in self-care activities.
- Staff have opportunities to learn about and understand the expected benefits of change as well as participate in creative ways to promote positive client change.
- Collaboration with other departments becomes the norm through joint efforts and inclusiveness of ideas across departments and disciplines.

Treatment and Model Progression

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.

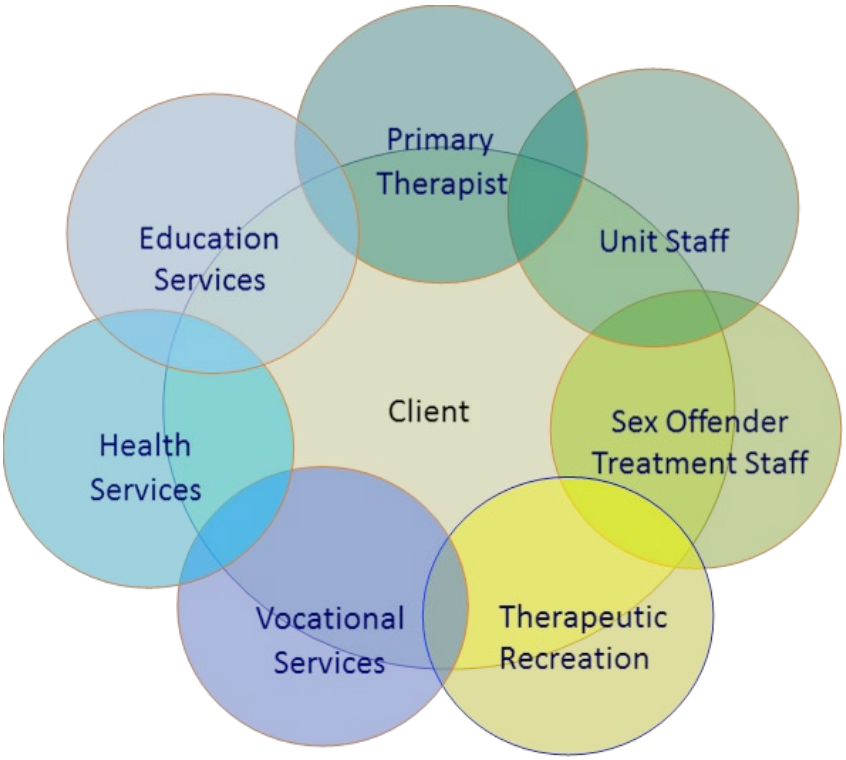
Each client participating in treatment is guided by an Individualized Treatment Plan that defines measurable goals. These goals are updated as the client progresses through treatment.

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.

Comprehensive and Individualized Treatment

MSOP provides comprehensive treatment. 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 and vocational work programs. Clients are observed and monitored not only in treatment groups, but in all aspects of daily living. Observation and monitoring are 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. 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 annually or as needed.



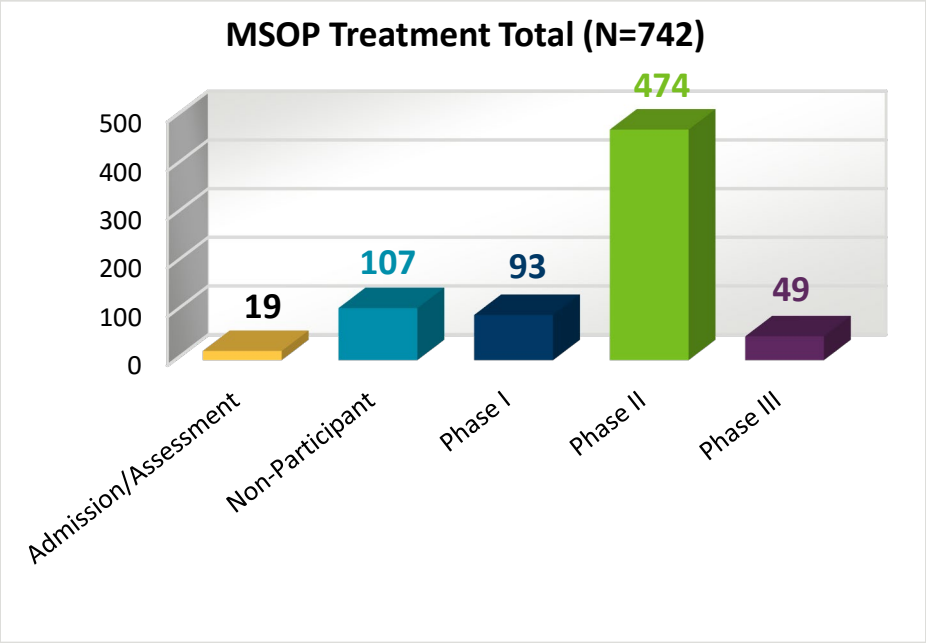
MSOP clients who choose to engage in treatment participate in a sex offender assessment that sets the foundation for their Individualized Treatment Plan. Clients are then placed in programming based on their clinical profiles. MSOP provides sex-offender-specific treatment to meet the needs of all clients.

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.

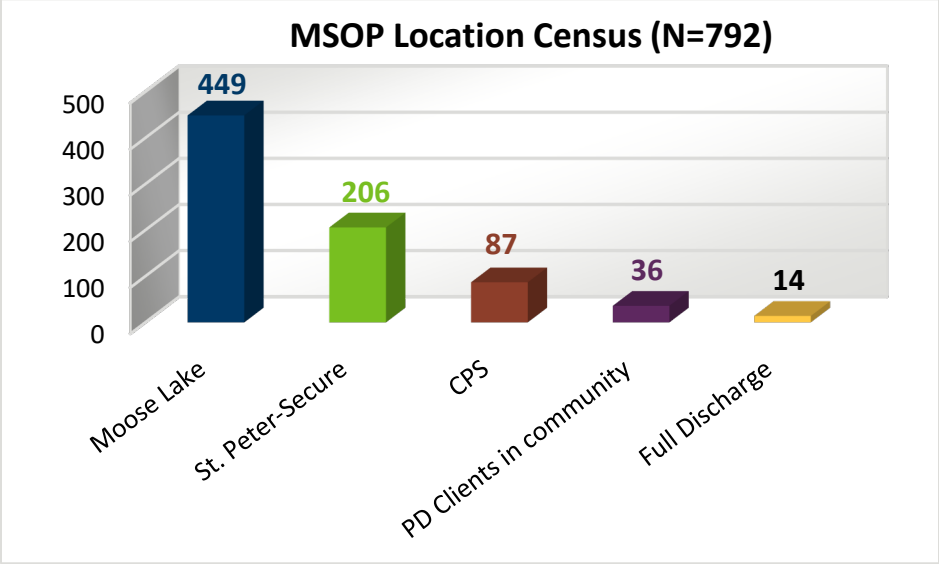
- Group behaviors
- Attitude to change
- Self-monitoring
- Interpersonal skills
- Sexuality
- Cooperation with rules and supervision
- Healthy lifestyle
- Life enrichment
- Thinking errors
- Prosocial problem solving
- Emotional regulation

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. Individualized Treatment Plans and treatment targets are modified accordingly.



Note: *Chart Data as of 12/31/2021*

In the history of the MSOP, 57 clients have been given provisional discharge orders, 36 are currently living in the community on provisional discharge, 10 have been revoked, 14 have been fully discharged, and 4 have provisional discharge orders issued and are waiting placement/appeal.



Note: *Chart Data as of 12/31/2021*

Community Preparation Services

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 Commitment Appeals Panel (CAP) 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.

Treatment at CPS utilizes the same treatment progression phase system as used in the secured MSOP facilities. Additionally, a stage system is used to indicate progress at CPS. Client treatment focuses on increasing internal motivation for change, learning and managing individual risks, and applying treatment skills across settings. When clinically indicated, clients may have supervised opportunities to practice treatment skills in community settings in preparation for successful reintegration into the community.

Established in 2008, the program has experienced tremendous growth in the past few years. A total of 200 clients have received transfer orders since the inception of CPS. At capacity since 2016, CPS has a total of 89 beds. Due to bed capacity limitations, a waitlist of 51 clients exists as of December 31, 2021. However, as of January 13, 2022, MSOP will have opened an additional 20 beds at CPS due to 2020 legislative approval for $1.8 million in funding. This brings total bed capacity to 109. The governor supports the $17.8 million legislative bonding proposal for the 2022 legislative session to build the final 30 beds and remaining infrastructure of the original CPS project. This funding is necessary to eliminate waitlists consisting of clients who have received court orders to transfer to CPS.

Reintegration

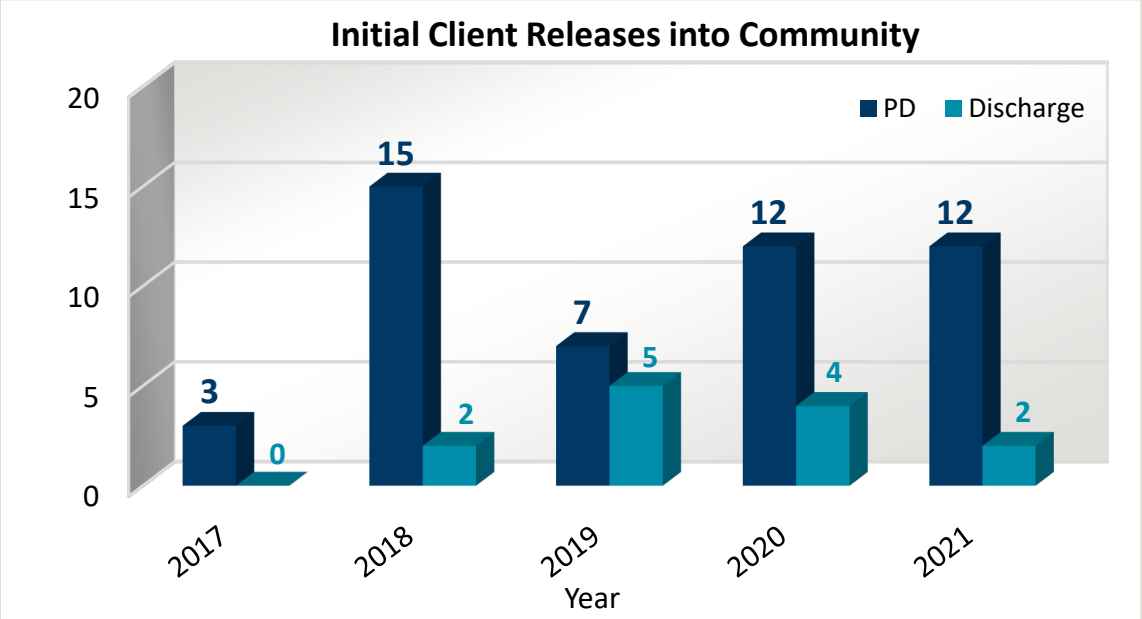
MSOP operates a robust Reintegration Department that provides management and supervision of MSOP clients granted a provisional discharge (PD) and placed into the community. MSOP clients on PD are closely monitored and supervised by trained Reintegration Agents who are responsible for overseeing compliance with the client's court-ordered Provisional Discharge Plan. In addition, Reintegration Agents assist clients in establishing housing, securing out-patient sex offender treatment, finding employment, as well as providing other case-management services. MSOP has a Tier 1-5 supervision continuum that is aligned with best practices and matches each individual client's risk and needs.

MSOP assists clients with securing housing and outpatient sex offender treatment as part of their placement into the community. This is done through 12 contracts with different housing providers throughout the state, along with 7 treatment contracts.

During 2021, 21 provisional discharge clients volunteered to be interviewed about their experiences at Community Preparation Services (CPS) and how well CPS prepared them for living in the community. The interviews took place over seven months. Overall, clients found outings into the community, volunteering, and mock interviews to be especially helpful in preparing them to transition back into community life. Clients wished they had been able to learn more about technology (i.e., how to use computers, cell phones, the internet), had

more vocational hours, and received more targeted, specific occupational training in order to increase their marketable skills.

Twelve clients were granted a provisional discharge and placed into the community in 2021, while two clients were granted a full discharge from civil commitment. As of December 31, 2021, MSOP is supervising a total of 36 clients who are residing throughout Minnesota communities on a provisional discharge. In the history of MSOP, 57 clients have received a provisional discharge from the courts and 14 clients have received a full discharge. Forty-nine clients have been released into the community on provisional discharge just in the last five years along with 13 clients who have been fully discharged from civil commitment in the past 4 years.



The priority of the MSOP Reintegration Department is to promote public safety by closely managing and supervising clients on provisional discharge to reduce recidivism and promote successful client outcomes.

Program Per Diem and Fiscal Summary

Description	FY 2022 Approp. $$	Per Diem
Direct Costs		
Clinical	$ 18,817,129	69.20
Healthcare and Medical Services	$ 7,175,167	26.39
Security	$ 38,155,300	140.32
Community Preparation Svcs	$ 7,676,160	28.23
Dietary	$ 2,563,012	9.43
Physical Plant & Warehouse	$ 8,422,038	30.97
Program Support	$ 11,640,863	42.81
Total Direct Costs	$ 94,449,669	347.34
Operating Per Diem		*$ 347*
Indirect Costs		
Statewide Indirect	$ 133,566	0.49
DHS Indirect	$ 3,506,257	12.89
DCT Operations Support	$ 4,438,037	16.32
Building Depreciation	$ 4,216,563	15.51
Bond Interest	$ 5,670,200	20.85
Capital Asset Depreciation	$ 90,733	0.33
Total Indirect Costs	$ 18,055,357	66.40
Total Costs	$ 112,505,026	413.74
Average Daily Census (ADC)	745	
Published Per Diem Rate		$ 414

MSOP Per Diem

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 2022 is $414.

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

NOTE: *The program support costs mainly consist of legal (including litigation), client evaluations, and Workers Compensation expenses.*

Annual Statistics

Current program statistics through December 31, 2021, are listed below.

- Total MSOP Clients: 742

Clients by Location	Count	Percentage
Moose Lake	449	60.5%
St. Peter-Secure	206	27.8%
CPS	87	11.7%
Total	742	100.0%

Clients by Age	Count	Percentage
21 - 25	2	0.3%
26 - 35	62	8.4%
36 - 45	191	25.7%
46 - 55	182	24.5%
56 - 65	194	26.1%
Over 65	111	15.0%

Age Ranges

- Youngest: 23 years
- Oldest: 88 years
- Average Age: 52 years

Clients by Race	Count	Percentage
American Indian/Alaskan Native	56	7.5%
Black/African American	110	14.8%
Other/Unknown	40	5.4%
White/Caucasian	531	71.6%
Asian/Pacific Islander/Multi Racial	5	0.7%
Total	742	100.0%

Clients by Education	Count	Percentage
Elementary School	17	2.3%
Some High School	55	7.4%
GED	224	30.2%
High School Degree	325	43.8%
High School Degree and GED	8	1.1%
Some College	60	8.1%
College Degree	23	3.1%
Unknown	30	4.0%
Total	742	100.0%

Commitment Type	Count	Percentage
PP Final	35	4.7%
SDP Final	429	57.8%
SPP Final	9	1.2%
SPP/SDP Final	258	34.8%
Judicial Hold	11	1.5%
Total	742	100.0%

Commitment County	Count	Percentage
Metro	278	40.8%
Non-Metro	464	59.2%
Total	742	100.0%

* Metro counties include Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington.

Population Statistics

Admissions	Count
New Admissions	26
Transfers In	18
Total Admissions	44
Departures/Transfers	
Transfer – Provisional Discharge	15
Transfer – DOC Revocation	8
Transfer – Discharge to other DHS Programs	10
Transfer – New Criminal Sentence	1
Departure - Death	8
Departure – Court Order Dismissal	2
Total Departure/Transfers	44
Net change (Admissions – Departures/Transfers)	0

When civil commitment is pursued for an individual, upon expiration of a DOC sentence or a supervised release date, the individual 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	Count
Clients on judicial hold status in the MSOP	11
Clients on judicial hold status in the DOC/Jails	2
Total on judicial hold status	13

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 and the client was not already admitted, the individual is committed and transferred to MSOP.

Many clients civilly committed to the MSOP remain under DOC commitment on DOC supervised release status ("dually committed"). If these clients engage in actions or criminal behaviors resulting in the DOC revoking their supervised release status, or resulting in a new conviction, the clients are returned to DOC to serve a portion or all other criminal sentences. Even in DOC custody, these clients remain under civil commitment and will return to the MSOP upon completion of their periods of incarceration.

As of December 31, 2021, there were 20 clients dually committed and currently residing in the DOC or federal prison.

Dually Committed Clients:	Count
Clients who are under civil and DOC commitment in the MSOP	134
Clients who are under civil commitment and in a DOC or federal prison	20
Clients who are under civil and DOC commitment on Provisional Discharge	1
Total number of dually committed clients as of December 31, 2021	155

Clinical Statistics

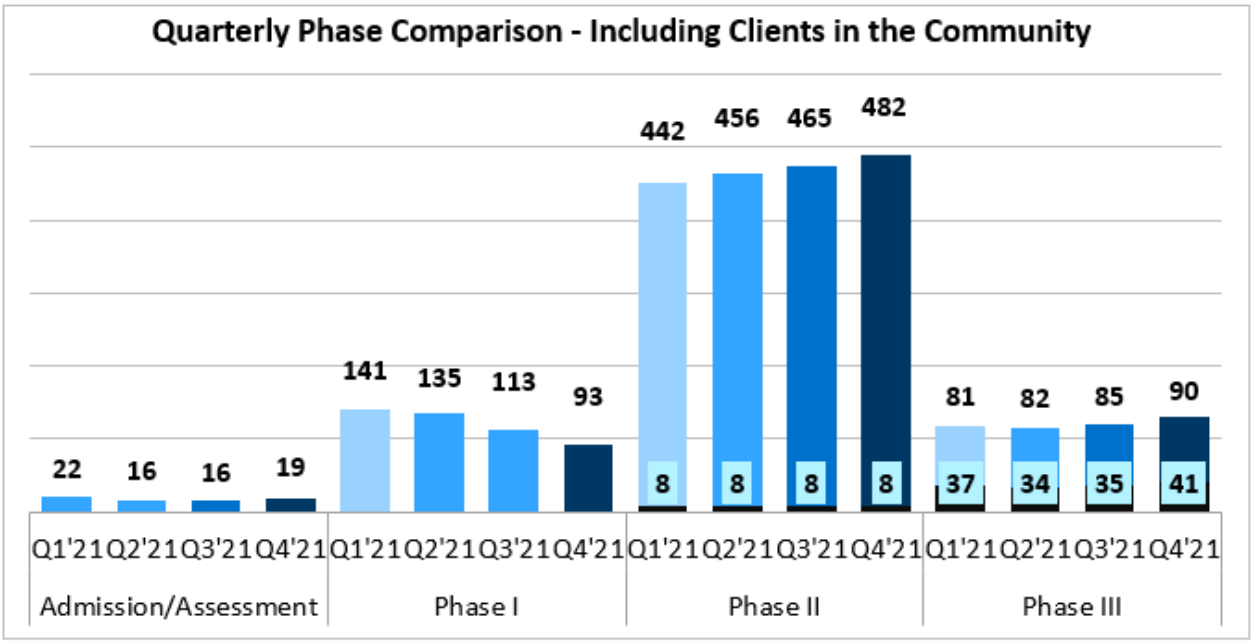
Treatment Participation

All new admissions are assessed for individualized treatment needs. While on the admissions unit, clients can participate in groups geared toward adjustment issues and treatment readiness as well as rehabilitative programming.

Once the civil commitment process is finalized, an individual is encouraged to participate in treatment. If the individual chooses to engage in treatment, a sex offender assessment is completed, and an Individualized Treatment Plan is developed to address unique needs. Of the clients eligible for sex offender-specific treatment (723), 85.2% were participating at the end of 2021.

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.



Values in black (at top of bar) counts ALL clients - including those in the community and those at a MSOP facility. Values in light blue boxes are the number of clients living in the community based on their phase at time of departure from a MSOP facility

The following chart illustrates the 2021 distribution of clients across the treatment units. The MSOP population is diverse with 17.5 percent of the clients residing on units that provide specialty programming while almost 80 percent reside on units providing conventional treatment. The remaining 2.6 percent of the population resides on the Admissions/Assessment unit, which does not provide sex-offender specific treatment.

Treatment Unit	Location	Count	Percentage
Admission/Assessment	Moose Lake	19	2.6%
Alternative Programming	St. Peter	80	10.8%
Assisted Living	Moose Lake	21	2.8%
Behavioral Therapy	Moose Lake	29	3.9%
Conventional Programming	All 3 sites	593	79.9%
Total		742	100.0%

Minnesota Sex Offender Program Site Visit Report 2021

Site Visitors:	Robert McGrath, McGrath Psychological Services Middlebury, Vermont
	William Murphy, University of Tennessee Health Science Center Memphis, Tennessee
	Jason Smith, Assessment and Counseling Associates West Des Moines, Iowa and Middleton, Wisconsin
Location:	Minnesota Sex Offender Program, St. Peter, Minnesota Community Preparation Services, St. Peter, Minnesota
Dates of Visit:	November 1-5, 2021
Date of Report:	November 17, 2021

Purpose and Overview

The Minnesota Sex Offender Program (MSOP) contracted with the consultants to review and evaluate its treatment programs at St. Peter. 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 at St. Peter was in November 2019.

During the current review, we spent four and one-half days at St. Peter. On the last one-half day that we were on site, we reviewed and discussed our initial findings with Nancy Johnston, MSOP Executive Director, and Jannine Hebert, MSOP Executive Clinical Director, via videoconference. We then reviewed and discussed these initial findings with senior managers at St. Peter and Moose Lake via videoconference.

Evaluation Request

During the current site visit, the MSOP requested that we evaluate its two programs in St. Peter and the following specific topics for each program:

I. Community Preparation Services (CPS)
   a. Working relationship between clinical and security staff, including a review of the Designated Security Counselor (DSC) positions
   b. Program refinements and revisions to the CPS Handbook for clients
   c. Clinical staff engagement and satisfaction

II. MSOP St. Peter Conventional Program (CP) and Alternative Program (AP)

a. Working relationship between clinical and security staff, including a review of Security Counselor bi-weekly meetings with clients
b. Integration of education, recreation, and vocational services into the overall treatment program

Procedures

We reviewed the following written materials:

- Recent MSOP Site Visit Reports
- MSOP organizational Charts
- MSOP program census data
- MSOP: Annual Performance Report (2020)
- MSOP Quarterly Reports (last three quarters) for:
    - Community Preparation Services
    - MSOP St. Peter Clinical Services
    - MSOP St. Peter Operations
- MSOP Theory Manual, Revised, March 2014
- MSOP Clinician's Guide, Revised March 2020
- Treatment Progression Policy Number 215-5010
- Group schedules
- Organizational charts
- Community Preparation Services Handbook, Revised September 2019
- Community Preparation Services Handbook, Draft October 2021
- Client Accountability Report
- MSOP Community Newsletter, Third Quarter 2021
- Client records:
    - Individual Treatment Plans (10 at CPS and 10 at MSOP St. Peter)
    - Annual Treatment Progress Report (2 reports)
    - Sexual Violence Risk Assessment (2 reports)
    - Special Review Board Report (2 reports)

During the site visit we engaged in the following activities:

- Met in individual and small group meetings with senior management, including:
    - Nancy Johnston, MSOP Executive Director
    - Jannine Hebert, MSOP Executive Clinical Director
    - Bonnie Wold, MSOP St. Peter Facility Director
    - Brenda Todd-Bense, MSOP St. Peter Clinical Director
    - Paul Rodriguez, CPS Director
    - Heidi Menard, CPS Associate Clinical Director
    - Michelle Sexe, CPS Operations Manager

- Attended one CPS Therapeutic Community Meeting
- Attended three Case Consultation meetings at MSOP St. Peter
- Met with the following staff in individual meetings without their supervisors
    - clinical supervisors (2 individuals at CPS and 3 individuals at MSOP St. Peter)

    - operations supervisors (2 individuals at CPS and 2 individuals at MSOP St. Peter)
    - clinicians (6 individuals at CPS and 9 individuals at MSOP St. Peter)
    - security counselors (9 individuals at CPS and 10 individuals at MSOP St. Peter)
    - recreation staff (1 individual)
    - vocational staff (2 individuals)
    - educational staff (2 individuals)
- Met with clients (12 individuals at CPS and 9 individuals at MSOP St. Peter)

The administrative and clinical team provided us with access to all documents requested, all areas of the facilities requested, and all staff and clients that we 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 other civil commitment programs for adults convicted of sexual offenses.

Findings and Recommendations

In this section of the report, Program Strengths and Recommendations for Continued Development are detailed.

Program Strengths

1. Staff across departments consistently supported the overall mission and values of the program and believe that the program continues to move in an overall positive direction.

2. Overall, clients reported that the program continues to move in a positive direction and believe that progress in treatment can lead to eventual community reintegration. Overall, clients reported deriving benefit from the treatment they receive.

3. Increasing numbers of MSOP clients are being placed and safely reintegrated back into the community.

    a. The number of clients who have been placed in the community on provisional discharge over the history of MSOP has increased by over 40% during the last two years. At the time of our present site visit, 59 clients had been placed in the community on provisional discharge compared to 34 clients at the time of our last site visit two years ago.

    b. The number of clients who have been fully discharged from MSOP has more than doubled during the last two years. At the time of our present site visit, 14 clients had been fully discharged from MSOP compared to 6 clients at the time of our last site visit two years ago.

4. Over the past 10 years, there has been a clear, steady, and positive trend in program movement and phase progression.

a. Whereas there were 331 clients were in Phase I during the fourth Quarter in 2012, a significant number of clients have moved on to Phase II and there are now less than approximately 145 clients in Phase I.

b. Whereas there were 210 clients in Phase II during the fourth Quarter in 2012, there are currently more than approximately 430 clients in Phase II.

c. Whereas there were only 33 clients in Phase III during the fourth Quarter in 2012, there are currently approximately 85 clients in Phase III.

d. At the time of the present site visit, 88 clients were residing at the CPS program and approximately another 50 clients have been approved to be placed at CPS and are awaiting available beds.

5. A high percentage of clients are actively participating in treatment. At MSOP St. Peter, 92% of clients are participating in treatment. At CPS, 100% of clients are participating in treatment.

6. Senior administrative, clinical, and operations staff have good collaborative working relationships.

7. Across clinical and operations, staff consistently reported that they like and respect the people that they work with. They value the collaborative nature of the working relationships within each of their teams. They reported that they derive satisfaction from helping clients make positive life changes and be safely and successfully reintegrated into the community.

8. The structure of the program helps facilitate good integration across departments. Staff across departments attend a variety of meetings together. For example, operations supervisors at CPS attend clinical consultation meetings, which strengthens the relationship between clinicians and security. The recreational therapy and education departments place an emphasis on addressing the matrix goals with clients in their programs that are detailed in treatment plans. Clinical staff representatives regularly attend Morning Meeting with operations staff. Security staff regularly attend Therapeutic Community Meetings.

9. Overall clinical and security staff indicated they received information to do their jobs in a timely manner. Program updates are regularly posted on the MSOP's Homepage.

10. Most clinical and security staff reported good interdisciplinary working relationships. The quality of the relationships is somewhat dependent on the program unit and particular staff involved.

11. Although both programs are understaffed, a large percentage of staff are very experienced and are long-term employees at MSOP. This is especially true for security counselor positions and senior level management. The program takes advantage of this longevity by having more experienced staff serve as mentors for newer staff.

12. Security counselor responsibilities over the last several months now include meeting biweekly with a small number of assigned clients in individual meetings to discuss daily needs and to support appropriate treatment goals. This role change is generally viewed as positive across departments.

Several security counselors reported it has been helpful to build rapport and better understand and support what the client is working on in treatment. Clinical staff consistently reported that security counselors' notes that document these meetings have been valuable in helping them develop a more complete picture of clients' treatment progress.

13. Overall, clients interviewed supported the goal of enhancing collaborative working relationships with security counselors through having individual meetings. There was some variability among clients however regarding how helpful meetings were to them personally. Some clients reported finding it very helpful while others said they did not presently need that level of attention.

14. There have been improvements in the quality of Individualized Treatment Plans (ITP) since the last site visit. In particular, ITP action plans are more clearly linked to matrix factors and target specific, observable, measurable and time limited treatment goals. Many are written in an approach format. Overall, clients reported understanding their ITPs. Responsible staff were identified for each goal, indicating that either staff were directly involved in helping the client achieve goals or information they produced was being used in the treatment planning process.

15. CPS is formally updating ITPs every three months, and this provides increased opportunity for clients to receive structured feedback in the short term.

16. The vocational, educational, and recreation therapy departments are well integrated into the overall treatment program. Staff in these departments appear to be committed to the mission of the program and integrate matrix factor goals into services for clients. Staff in these departments attend interdisciplinary meetings as is feasible given time constraints.

17. The education program prioritizes helping clients prepare for reentry into the community by obtaining their GED or attaining a functional reading level. Education staff indicated that only 27 residents do not have a high school diploma or GED. Most of these clients are in the alternate program and many do not have the ability to complete the GED.

18. CPS is developing a new behavior accountability process which will involve a client community council. CPS should be commended for recognizing the need for a more formal accountability system given the growth of the program. They should be recognized for involving the community council as a key component of the process and focusing on a restorative justice approach.

19. CPS has developed a new expanded client handbook. It improves on the previous handbook and serves as a more detailed and comprehensive resource for client's questions about the program compared to the previous version of the handbook.

Areas for Further Development

1. The approximately 50 clients who have been court-ordered for transfer to CPS remain housed at MSOP St. Peter and a few at Moose Lake because CPS is at full capacity (89 beds). MSOP has plans to add beds at CPS in the near future, but funding is essential to further expand CPS and follow court orders to place clients in the appropriate setting in a timely manner.

2. It could be beneficial to simplify the provisional discharge process. To be provisionally discharged, a client must petition the Special Review Board (SRB) and the Supreme Court Appeal Panel (SCAP), and various parties can challenge a client's discharge. The process is typically quite lengthy, and the SRB and SCAP each have a backlog of cases that further delays the process. This can negatively impact staff and client motivation. The discharge process contains more steps, is more complicated, and is costlier than discharge processes in similar programs in other states.

3. The MSOP program model has evolved over the past several years and the program should consider updating the internal process for recommending a client for progression from Phase II to III. The current process requires considerable staff resources, including involvement of several senior clinical management staff across the three MSOP programs. Some clinical supervisors and therapists appear to be overly cautious about recommending Phase II to III progressions under the current system. The process could be streamlined to better use resources and meet the program's current needs.

4. The audit team recommends that the MSOP consider administering the Sex Offender Assessment psychological test battery (which is now used to assist in making later-stage Phase progress decisions) earlier in the treatment program to identify specific treatment targets and responsivity issues so that they may be addressed earlier in the treatment process. Additionally, the MSOP should ensure that the tests used in the test battery are clearly relevant to the referral issues. A challenge, however, is that it has been difficult to hire and retain psychologists, in part, because psychologist positions at MSOP St. Peter are in a lower classification compared to psychologist positions at the state hospital on the same campus. Resolving this classification and salary disparity is recommended.

5. MSOP should consider utilizing an empirically based dynamic risk assessment tool that could complement the Treatment Goal Matrix factors and aid in making Phase II to III progression and other program decisions. Possible tools include the Stable-2007 and VRSSO, which are used by external evaluators and inform some of their recommendations about treatment targets that clients should address when further treatment is recommended.

6. The draft CPS Handbook for clients should be screened for readability, as should all documents that are written for clients.

7. CPS should increase the consistency of clinical staff attendance at the 3:30 to 4:00 pm meeting between security staff and clinical staff to at least a few days per week.

8. Several clinical staff a MSOP St. Peter said they did not feel supported by senior clinical management. Clinical services is understaffed. Paperwork demands and staff covering for one another creates considerable stress. Consideration should be given to further reducing treatment hours in a strategic way to allow staff to complete tasks without negatively impacting client progress in treatment. It also may be beneficial for management to meet with staff at different levels for support and to enhance good communication.

9. MSOP should provide further training for clinical and security counselors regarding security counselors' new role conducting bi-weekly individual client meetings. It would be helpful for security counselors to have better access to clients' ITP goals and for therapists to help identify what goals security counselors should focus on. Training for security counselors could include engagement strategies, motivational

interviewing, and skill training, which are included in training programs such as Effective Practices in Correctional Settings (EPICS) and Skill Training Aimed at Reducing Re-arrest (STARR).

10. Several clients complained about the length of time it takes to complete the program. MSOP should ensure that assignment to treatment tasks and modules are based on treatment needs and that redundancy between modules is reduced.

11. Education services assesses clients' academic skills with the WRAT as resources are available. The program should consider reviewing all clients to identify those whose reading abilities are below a 6th grade level and try to engage them in educational activities to increase reading basic and academic skills. Given the limited number of education staff, the education department would benefit from additional software to serve a larger number of residents who may need to increase basic academic skills.

12. Several staff reported that they would like to be more involved in policy planning processes at MSOP, and when not involved, would like to know the rational for program changes when allowable.