

SEX OFFENDER TREATMENT PROGRAMS

REPORT TO THE 1991 LEGISLATURE

January 1, 1991

By:

**Minnesota Department of Corrections
Minnesota Department of Human Services**

BACKGROUND

The 1989 Minnesota Legislature required the Commissioners of Corrections and Human Services to evaluate funding mechanisms and other aspects of existing sex offender treatment programs in Minnesota.

The legislation also required the commissioners to report on the status of pilot programs for which the 1989 Legislature appropriated funds.

In accordance with these directives the Department of Corrections and Human Services submit this summary report.

SEX OFFENDER TREATMENT SERVICES EVALUATION

INTRODUCTION

The legislature in the laws of 1989, Chapter 290, called on the Commissioners of Corrections and Human Services to evaluate the funding mechanisms and other aspects of sex offender treatment programs.

The specific charge from the legislature was to:

- ". . . Evaluate the funding of sex offender treatment programs for adults and juveniles and make findings concerning:
 - a. The extent to which sex offender treatment programs are used on a state-wide basis; and
 - b. The effectiveness and adequacy of existing funding mechanisms."

METHOD OF STUDY

A seven-member Sex Offender Treatment Funding Committee, consisting of representatives of the two departments, community mental health and private providers of services to sex offenders, was assembled to address the issues raised by the legislature. Surveys were utilized to identify demand for, and needs of, programs attempting to significantly impact the vicious cycle of abuse perpetrated by sexual offenders in our state.

COMMITTEE MEMBERS:

Dick Seely, Director
Nancy Walbek, Research Psychologist
Intensive Treatment Program for Sexual Aggressives
St. Peter, Minnesota

Mike O'Brien, Executive Director
East Communities Family Service
St. Paul, Minnesota

Becky Montgomery, Child Protection Program Consultant
Protective Services
Department of Human Services

Skye Payne, Ph.D., LCP
Five County Mental Health Center
Braham, Minnesota

Charles Ness, Probation Agent
Department of Corrections
Pipestone, Minnesota

Tom Lawson, Director
Community Services Division
Department of Corrections
St. Paul, Minnesota

JAN 9 1991

The committee surveyed 122 corrections agencies and 83 known providers of treatment services for both adolescent and adult offenders. Information obtained on these surveys, together with knowledge of the committee members, form the basis for these findings and conclusions.

FINDINGS

- 1) A large pool of candidates for sex offender treatment exists. As of July 1, 1990 there were a reported 2,172 adults and 427 juveniles on probation and parole caseloads for criminal sexual conduct charges. There were an additional 461 adults and 180 juveniles on these caseloads who were convicted of a crime not charged as Criminal Sexual Conduct but involving sexual offense behaviors. Therefore, a total of 3,240 adults and juveniles were on community caseloads. A total of 613 were in the prison system for sexual or sexually related offenses.
- 2) A large number of sex offenders are referred to service providers in community corrections areas. Twelve hundred forty-eight adult and 472 adolescent referrals are reported between January 1 and July 1, 1990. Referrals were made to sex offender-specific treatment (30 percent), chemical dependency treatment (10 percent), mental health programs (8 percent), and other community or institution-based programs. Each referral does require an individualized assessment to determine amenability for treatment.
- 3) Locked or inpatient treatment spaces are limited and there is frequently a waiting period before an offender can be accepted into treatment. Within the state correctional population, 79 inmates are currently in programs specifically designed to treat sexual assaultive behavior. In addition, sex offender services are available at Minnesota Correctional Facility - Stillwater serving 20 to 40 inmates annually and Minnesota Correctional Facility - St. Cloud serving 12 to 15 annually and assessing 100 inmates annually. Total inmates served annually approximately 240. The Department of Human Services operates one program consisting of 48 inpatient and 22 aftercare clients receiving specialized sex offender treatment. Private providers have capacity for 70 adult and 20 juvenile inpatient clients within a community-based setting. Waiting periods ranging from several months up to one year before an offender can enter inpatient treatment are the rule. Those experienced in the treatment of sex offenders see long waiting periods as counterproductive to engagement in the therapeutic process.
- 4) Outpatient treatment services are provided by mental health centers and private vendors to approximately 50 percent of all adjudicated sex offenders and/or their families. These services are heavily concentrated in the metro region. Those responding to the committee's questionnaire report a caseload of 182 adolescents and 676 adults in outpatient treatment on July 1, 1990. Unidentified and non-responding providers of outpatient treatment services for sexual offenders add an indeterminate additional number.
- 5) Public funding, including medical assistance, community corrections, and county funds pays for the majority of sex offender treatment. Some individuals expressing a desire for treatment do not qualify for funding of this treatment and do not have the means to privately pay for the approximately two years of ongoing inpatient and/or outpatient therapy likely to be required to modify their sexual behavior.

The costs for 20 to 30 percent of those receiving treatment were paid privately or by insurance companies, who appear to be increasingly resistant to paying for this type of treatment. The overriding concern expressed by treatment providers was the lack of funding available for treatment. Lack of funds has an impact on acceptance to programs, expansion of existing programs, and training of qualified staff. Even when offenders are accepted into a treatment program, they are prevented from participation by the long waiting lists. Corrections agents are clearly attempting to exhaust every avenue for treatment of the sex offenders on their case loads. They often send sex offenders to chemical dependency treatment, for which funding is more readily available, and thus unintentionally provide support for the erroneous belief that blame for the sexual offending behavior can be placed on chemical use.

- 6) The rate of acceptance for sex offender specific treatment is higher for juveniles than for adults (80 percent vs 71 percent), but the rate of participation is affected by lack of space in the program much more often for adolescents than for adults (31 percent vs 4 percent), while adults are more often excluded because of denial, resistance, absconding, or rearrest (24 percent vs 6 percent) which may reflect treatment providers' motivations. The high rate of rejection for "inappropriateness for the program" for both adults and adolescents suggests a need for more diversity of treatment programs for both groups.

CONCLUSIONS

Sex offender specific treatment programs are at capacity with waiting lists between two months and one year. Many corrections agents have indicated they limit referrals to sex offender treatment programs because of the long waiting lists. At least 15 percent of all inpatient referrals are placed on waiting lists because treatment beds are not available. It appears that currently an additional 150 inpatient treatment beds are needed at any given time. Early indicators suggest that recent changes in sentencing guidelines may have a significant impact toward increasing the demand for treatment services in outpatient, residential, and correctional institutions.

Lack of funding is the number one issue raised by all providers of sex offender treatment and agencies making referrals to them. Public funding pays for most sex offender treatment and for virtually all treatment of adolescents who are less likely to be turned away from treatment providers because of a lack of program availability. The findings suggest that funding is disproportionately available in the Twin City metro area. Costs vary significantly related to level of care and location.

Sex offender treatment is characterized by a great deal of interface between the Department of Human Services and the Department of Corrections. Appreciation for this cooperation between departments is expressed by both agents and service providers.

The pool of private funds including individual pay, insurance, and family has always been small, and appears to be shrinking significantly due to increased resistance by insurance providers. It furthermore appears difficult for outstate geographic areas to make services available to offenders. Many areas have no programs available and costs or distance prohibit involvement of offenders in programs outside of their geographic area.

RECOMMENDATIONS

The Sex Offender Treatment Funding Committee makes the following recommendations:

- 1) It is recommended that centrally located programs be established within each of the nine mental health regions to assure accessibility within a one-hour drive.
- 2) It is recommended that the State of Minnesota develop a categorized source of funding to be administered by the Department of Corrections and Human Services for the payment for sex-offender specific outpatient services. This funding is to assure continuity of services within each region of the local mental health centers.
- 3) It is recommended that funding be provided the Department of Corrections and Human Services to implement a cooperative effort to provide 150 additional inpatient beds for sex offender specific treatment. Existing inpatient programs are used to capacity, and all data indicate a need for 150 residential treatment beds outside the prison system. Whether in public or private facilities, most of these beds should be community based.
- 4) It is recommended that the treatment services endorsed above be supported by adequate funding to provide for their administration and for the necessary staff training.

PILOT PROGRAMS FOR SEX OFFENDER TREATMENT UPDATE

INTRODUCTION

The Laws of 1989, Chapter 290 appropriated \$1,000,000 for pilot programs to increase sex offender treatment for adults and juveniles. The legislation required that the Commissioner of Corrections designate three or more pilot programs ... "At least one pilot program must be in the seven county metropolitan area, at least one program must be outside the seven county metropolitan area, at least one program must be in a Community Corrections Act county, and at least one program must be in a non-Community Corrections Act county."

In addition, the legislation required that "The Commissioner of Corrections and the Commissioner of Human Services shall evaluate the pilot programs designated ... and include an analysis of the programs in the report required under this section."

The money appropriated was for fiscal year 91 and in the 1990 session, as the Legislature moved to balance the state budget, the \$1,000,000 was cut to \$500,000.

The Department of Corrections developed a request for proposals. A total of 15 proposals were received with total requests amounting to \$2,756,844. Of those proposals, all of the required areas of the state specified in the legislation were represented.

A review committee was appointed to advise the Commissioner of Corrections on funding of proposals. The review committee included representatives of the Department of Corrections, Department of Human Services and providers of sex offender treatment services.

The review committee selected six proposals to recommend for funding. The Commissioner of Corrections concurred.

PROPOSALS FUNDED

<u>Applicant/ Implementing Agency</u>	<u>Dollars</u>	<u>Program</u>
Brown/Nicollet Co Human Svcs Bd/Hoffman Ctr	\$156,420	Residential for low functioning adolescents
Tri Co Comm Correct/Comm Corr/Mental Health Ctr	111,184	Outpatient & residential services for convicted adult offenders in three county area plus three neighboring counties
Hubbard Co Soc Svcs/ Upper Mississippi MH Ctr	124,370	Outpatient treatment for offenders from Hubbard/Beltrami & Cass counties. Later inclusion of Clearwater, Lake of Woods & Roseau counties
Goodhue Co Soc Svc Ctr/ Family Therapy Ctr	20,670	Outpatient therapy for juvenile sex offenders in Goodhue County

University of MN/Mpls	\$ 52,597	Outpatient treatment program for male sex offenders 60 years of age and over
Hennepin Co Bureau Comm Corr	34,749	Outpatient treatment program for female sex offenders

SUMMARY

Because the funding was not available until July 1, 1990 or after and because sex offender treatment commonly continues for two years or more, no evaluation of program results is possible at this time. All grantees, however, are required by conditions of the grant to provide the Commissioner of Corrections with such data as may be required for evaluation of the program. The review committee participated in the development of a form which will collect basic information similar to that being collected by other existing programs in the State of Minnesota so that in the long-term, some program comparisons may be possible.