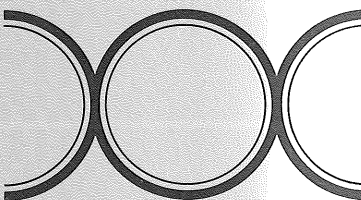
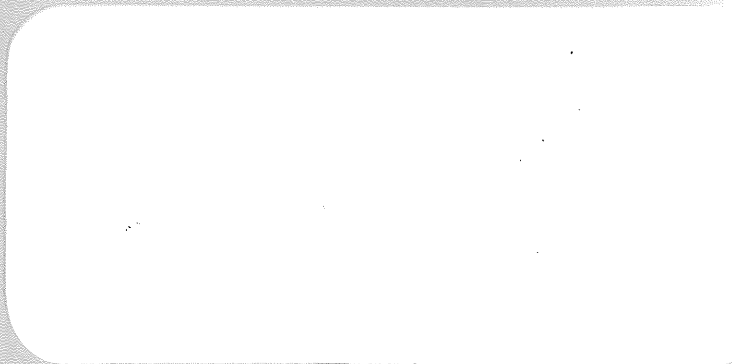


950376



# Minnesota Department of Corrections

The logo for the Minnesota Department of Corrections, consisting of three stylized, overlapping circles of varying sizes, arranged horizontally.

RC  
560  
.S47  
C66  
1994

---

**COMMUNITY-BASED  
SEX OFFENDER  
PROGRAM EVALUATION PROJECT**

**1994 Report to the Legislature**

Minnesota Department of Corrections  
300 Bigelow Building  
450 North Syndicate Street  
St. Paul, Minnesota 55104  
612/642-0200

October 1994

This information will be made available  
in an alternative format upon request.

The total cost of salaries, printing, and  
supplies incurred in the development and  
preparation of this report was \$14,728  
(reported as required by M.S. 3.197).

---

# Contents

<b>Introduction .....</b>	<b>1</b>
<b>Background .....</b>	<b>3</b>
<b>Funding for Community-Based Sex Offender Treatment .....</b>	<b>5</b>
<b>Sex Offender Treatment Fund .....</b>	<b>5</b>
<b>Program Grants .....</b>	<b>7</b>
<b>Data Collection .....</b>	<b>9</b>
<b>Data Collection Instruments .....</b>	<b>9</b>
<b>Retrospective Studies Component .....</b>	<b>11</b>
<b>District Development Component .....</b>	<b>13</b>
<b>Evaluation Research Component .....</b>	<b>16</b>
<b>Why Evaluate Community-Based Sex Offender Treatment? .....</b>	<b>16</b>
<b>Description of the Evaluation Research Component .....</b>	<b>19</b>
<b>Continuing Issues Addressed by the Project .....</b>	<b>24</b>
<b>Summary and Recommendations .....</b>	<b>26</b>
<b>Bibliography .....</b>	<b>29</b>
<b>Appendix A - Task Force Members .....</b>	<b>30</b>
<b>Appendix B - Letter from Jim Breiling .....</b>	<b>31</b>
<b>Appendix C - Grant Recipients .....</b>	<b>33</b>
<b>Appendix D - Dr. Raymond Knight Biography .....</b>	<b>35</b>

---

# Introduction

This is the second annual report to the Minnesota Legislature on the Community-Based Sex Offender Program Evaluation Project (the Project), as required by Minnesota Statutes 241.67, subd. 8(c). At the time of the first report, the Project staff had been recently hired and the Advisory Task Force was established but had not met for the first time. A great deal has been accomplished since then. This report will describe those accomplishments and the proposed plans for continued development of the Project.

The legislature is seeking effective and efficient mechanisms by which it can provide funding for community-based sex offender treatment. To establish such mechanisms, the legislature recognized that comprehensive information is required regarding sex offenders and the nature of sex offender treatment. In addition, sound evaluation of treatment programs and treatment outcomes is needed. Recent reports to the legislature by the Office of the Legislative Auditor (1994) and the Departments of Corrections and Human Services (1993) stated that this information is not available in Minnesota. The reports also stated that the effectiveness of sex offender treatment in reducing recidivism has not been demonstrated.

In 1993, the legislature established the Community-Based Sex Offender Program Evaluation Project in M.S. 241.67, subd. 8. One of the Project's stated goals is to gather the necessary information required to develop a plan for an effective and fiscally sound, coordinated statewide system of sex offender

treatment. As part of this process, the Project is required to provide a three-year follow-up to determine reoffense rates for all sex offenders who are sentenced to treatment as a condition of probation. The Project also is required to provide funding to help offset the cost to communities of sex offender treatment and to directly fund sex offender treatment programs where need is established. Eleven grants for community-based treatment and assessment projects have been awarded, and \$750,000 will soon be distributed to fund sex offender treatment.

The task set for the Project is unprecedented in that no such multi-dimensional prospective project to evaluate sex offender programming has ever been conducted in the United States. Considerable resources and commitment will be required to implement and complete this mandate. However, the benefits generated by the results of this project are anticipated to have a major impact. If the integrity of the Project is not compromised, one result, for example, would be a complete overview of sex offender treatment as it is currently applied in Minnesota. This would include: 1) a description and assessment of how the system is working and how much it costs; 2) information on what occurs after sex offenders leave treatment; and 3) the ability to identify what treatment components are effective in reducing recidivism. Secondly, the core data base will create an infrastructure which will allow ongoing evaluations for future decisions regarding funding and programming. Sex offender programs will get important feedback to help them monitor their effectiveness.

Thirdly, this infrastructure would provide a basis for the in-depth study of sexual aggression, as well as for the study of psychopathology in general.

Project staff are seeking monies to supplement the funding provided by the legislature. The National Institute of Mental Health (NIMH) has already provided funding for several expert researchers to travel to Minnesota to consult with Project staff. Additionally, NIMH has plans to allocate further discretionary funding for the Project in its next budget. The Traumatic Stress and Violence Unit of the NIMH has made the Project a top priority for its perpetrator research program (see Appendix B). Project staff are currently preparing a research proposal with the aid of Dr. Raymond Knight, an expert in the field of sex offender research, for submission to NIMH for substantial funding of the core component of data gathering of the Project.

A project of this magnitude has many issues to resolve and obstacles to overcome. No guidelines exist for conducting such a project. Because of this, before any research can be undertaken, many issues and alternative courses of action need to be explored, and their costs and benefits defined. During the period covered by this report, much of the conceptualization and research design has been completed. The Project's direction has been substantially structured and plans for the initial stages of implementation have been determined. There are still a number of issues and many details to be resolved, but the first data collection instruments are ready to be tested and the first research projects will soon be underway. The Minnesota Department of Corrections (DOC) is committed to conducting the highest quality planning

and research possible in order to make a practical, realistic, and workable recommendation. The department is pleased to present this report to the Minnesota Legislature.

Before proceeding with the report, one important issue must be addressed. As the Project developed, it naturally moved through several stages of planning and refinement of its goals and objectives. Early in this process, it became clear that sex offender treatment is viewed in terms that are too narrow. The tendency is to consider sex offender treatment as a process that begins when offenders enter a treatment program and ends when they leave the program. This results in outcome and recidivism research that isolates a treatment program from its social context and attributes the "success" or "failure" of its clients as due solely to the actions of the program on its clients. In consultation with the Advisory Task Force, the Project has conceptualized sex offender treatment in broader terms. This perspective is labeled "comprehensive sex offender programming" and is composed of a series of related activities: assessment, treatment, aftercare, and supervision. Comprehensive sex offender programming is the main focus of the Project's data gathering and research effort, and the goal of its recommendations.

This report begins with a section which describes the legislative history of the Project and the Project mandate. Subsequent sections describe Project plans for the administration of funds for community-based sex offender treatment, collection of relevant data, and evaluation research activities. The report concludes with a list of recommendations for consideration by the legislature.

# Background

In Minnesota and across the nation, a great deal of public attention has focused on crimes of violence, particularly sex crimes. The Minnesota Legislature has responded to the public's concern by enacting legislation targeting sex offenders who pose the greatest threat to public safety. In recent years, the legislature has increased presumptive prison sentences for the most serious sex offenses, required DNA samples and registration of the most serious sex offenders, enacted a patterned sex offender statute, and mandated that the DOC review incarcerated "high risk" sex offenders before release for referral under the state's psychopathic personality statute.

The majority of sex offenders are, however, thought to pose a moderate degree of risk and are placed on probation rather than incarcerated. Many of these offenders are required to complete sex offender treatment as a condition of probation. Whether sex offender treatment is more effective than incarceration in preventing the commission of additional sex offenses is not known. The results of previous empirical research on the effectiveness of sex offender treatment are tainted by the use of inadequate research methodologies, preventing definitive conclusions on treatment effectiveness (Office of the Legislative Auditor, 1994; Furby, Weinrott, and Blackshaw, 1989; Marshall, et al., 1991). Hence, the Minnesota Legislature and other state legislatures have been forced to make decisions affecting the funding and use of community-based sex offender programming without adequate information.

Historically, Minnesota has operated without a clearly articulated, coordinated, and consistent approach to sex offender programming in the community. Only recently has there been a significant effort to develop a coordinated and integrated statewide approach to the treatment of adult and juvenile sex offenders. In 1992, the Minnesota Legislature passed M.S. 241.671 which called for the development of a Sex Offender Treatment Fund to pay for community-based sex offender treatment programming for adults and juveniles. That fund was to be modeled after the Consolidated Chemical Dependency Treatment Fund established by M.S. 254B in 1988. The Sex Offender Treatment Fund was to be initiated under the jurisdiction of an inter-agency work group led by the commissioners of corrections and human services. The task of the work group was to coordinate agency activities relating to sex offender treatment and create a fund to help pay for the treatment of sex offenders.

In 1993, the commissioners' report to the legislature (Minnesota Department of Corrections and Minnesota Department of Human Services, 1993:2) stated that the development of a coordinated sex offender treatment fund was:

...an excellent idea and in the long run it [would] prove to be more cost effective than simply incarcerating sex offenders. While there will always be a need to incarcerate a portion of sex offenders, by placing emphasis on providing structured supervision and

programming in the community, monies will be saved and the money saved can then be invested in other programs benefitting the family and their young.

However, the work group's review of two needs assessments done in accordance with M.S. 241.671 resulted in the conclusion that the data necessary to establish a sex offender treatment fund were not available. Further, it was not financially prudent to create a fund based on the limited and inconsistent data that did exist. The commissioners thus recommended that the 1992 legislation be repealed and that a system be established to gather the data necessary to develop and manage a sex offender treatment fund.

The 1993 Legislature repealed M.S. 241.671 and modified M.S. 241.67. Subdivision eight was added to M.S. 241.67 to establish the Community-Based Sex Offender Program Evaluation Project under the administration of the commissioner of corrections. The legislation specified that Project-related activities and services focus on adults who have been convicted, or juveniles who have been adjudicated, of a sex or sex-related offense and have been sentenced to sex offender treatment as a condition of probation. As stated previously, the legislation required that the Project be developed in consultation with an advisory task force of probation officers from Community Correction Act (CCA) and other counties,

court service providers, and other interested officials. The Project, as directed by M.S. 241.67, will:

1. provide follow-up information on each sex offender for a period of three years following the offender's completion of or termination from treatment [M.S. 241.67, subd. 8(b)(1)];
2. provide treatment programs in several geographical areas of the state [M.S. 241.67, subd. 8(b)(2)];
3. provide the data necessary to recommend a fiscally sound plan to provide a coordinated statewide system of effective sex offender treatment programming [M.S. 241.67, subd. 8(b)(3)]; and
4. provide an opportunity to local and regional governments, agencies, and programs to establish models of sex offender programs that are suited to the needs of that region [M.S. 241.67, subd. 8(b)(4)].

A sex offender treatment fund, the awarding of grants for new or enhanced sex offender programming, and the District Development Component have been created to fulfill the second and fourth mandates. The Data Collection component, the Retrospective Studies Component, and the Evaluation Research Component fulfill mandates one and three.

# Funding for Community-Based Sex Offender Treatment

Funding for community-based sex offender treatment primarily is provided by the county in which the offender is convicted. However, counties have reported that the demand for sex offender treatment exceeds available resources. A needs assessment conducted in 1993 by the Sex Offender Services Unit of the DOC found that many counties required additional outpatient sex offender treatment programming. Specifically, that report found that the three problems most often cited by service providers were: 1) inadequate funding for treatment costs; 2) a lack of qualified therapists; and 3) a lack of quality aftercare (Minnesota Department of Corrections and Minnesota Department of Human Services, 1993).

The Project activities which will begin to address the problems identified in 1993 by the DOC and Department of Human Services (DHS) include the administration of sex offender treatment funds and the distribution of grants to fund new or enhanced sex offender treatment programming.

## SEX OFFENDER TREATMENT FUND

Minnesota Statutes 241.67, subd. 1, establishes a sex offender treatment system to be provided and financed by the DOC. That legislation does not address the disbursement of those funds; however, the recent legislative report submitted by the DOC and DHS (1993) makes a number of specific recommendations regarding the administration of treatment fund monies. These recommendations were

used as guidelines to develop Project policy and procedure for the disbursement of treatment funds.

The primary purpose of providing treatment monies is to supplement funding for sex offender treatment currently provided by the counties; it is not offered as a replacement for current county funding. Many areas of the state previously without the funds necessary to provide even minimal treatment for sex offenders ordered to treatment by the court will now have some resources. Those counties that already provide some sex offender treatment services will have additional resources with which treatment opportunities may be expanded.

The Project staff, after consulting the Advisory Task Force, allocated \$750,000 for treatment funds for fiscal year 1995. A larger allocation was deemed inappropriate, as the evaluation of sex offender programming outcomes and the identification of programming needs should precede the extensive funding of treatment. Project staff have developed a funding formula to ensure equitable distribution among the counties and established guidelines for county eligibility. Counties provided treatment funds will be asked to provide data to the DOC on those offenders receiving treatment. The guidelines were established to facilitate the collection of these data. The remainder of this section describes the funding formula and the guidelines.



## Funding Formula

Project staff have determined that treatment funds should be divided equally between juveniles and adults for the first year. The division of treatment monies intentionally provides a larger portion of funds to juveniles relative to adults as a smaller number of juveniles are adjudicated for sex offenses than adults each year. Treatment monies will be divided differently in subsequent years if deemed necessary.

The portion of treatment funds allocated for adult offenders in fiscal year 1995 will be distributed in the following manner: 1) Every county will be allocated \$1,000 to provide a base for sex offender treatment funding; 2) 50 percent of the remaining monies will be allocated in proportion with the number of sex offenders convicted in each county. The number of sex offenders convicted will be determined by averaging the number of sex offenders convicted between 1990 and 1993; 3) The balance of the funds will be allocated according to the existing CCA formula (M.S. 401). All counties will receive a base amount of \$1,000 in the first year, given that the need for treatment funds among the counties currently is unknown.

In fiscal year 1996, the adult treatment funds will be allocated as follows: 1) 25 percent of the funds will be allocated based on the number of felony sex convictions in the county, determined by averaging the number of offenders convicted of a felony sex offense in the previous two years; 2) 25 percent will be based on the number of documented sex offenders in the county (indicated by the number of Initial Probation Report Forms completed and received by the DOC; a description of the Initial Probation Form appears in the "Data Collection" section); and 3) 50 percent of the funds will be allocated using the existing CCA formula.

The adult treatment funds for fiscal year 1997, and all subsequent years, will be allocated as follows: 1) 50 percent of the funds will be allocated in proportion with the number of sex offenders reported by means of the Initial Probation Report; and 2) 50 percent will be allocated based on the existing CCA formula.

The juvenile portion of the treatment funds will be distributed using the same formulas described above, but using juvenile adjudication data from the two most recent years available in place of the adult conviction data.

## Conditions of Funding

Counties choosing to receive treatment funds must follow the funding guidelines established by the Project. These guidelines are necessary to provide the Project with information on those offenders for whom sex offender treatment is a condition of probation and to establish accountability criteria for the expenditure of treatment funds.

The following are the conditions of continued eligibility:

1. The county agrees to maintenance of effort as a condition of the receipt of DOC sex offender treatment funds. The county agrees not to reduce the amount of funding provided for sex offender treatment below the county's average annual funding level, calculated using data from the previous three years.
2. The county agrees to follow DOC guidelines (under development) when they are introduced regarding: a) the appropriate level of treatment for offenders; and b) the level of financial need of the offender based on an evaluation by the probation officer or other court designated assessor.

3. The county agrees to identify those treatment providers offering programs specific to sex offenders and to use only those vendors certified by the DOC as approved vendors (when applicable). Approved vendors must supply information to the DOC via the Project Program Survey instrument prior to authorization of payment.
4. The county agrees to allow the DOC staff to examine the implementation of the funding guidelines described in 1 through 3 above.

### Distribution of Funds

The DOC will distribute treatment funds on or about the first day of each quarter of the fiscal year based on the number of offenders for which the DOC has received an Initial Probation Report. Use of the treatment funds is left to the discretion of the county or the DOC designated administrator. However, no treatment monies will be released unless the county has submitted an Initial Probation Report for the treated offender. For example, if a county has ten convicted sex offenders in a particular quarter and submitted an Initial Probation Report form for each offender, the county would be eligible to receive 100 percent of the quarterly allocation. If the county had the same number of offenders and reported five of them, the county would be eligible to receive 50 percent of the allocation.

### PROGRAM GRANTS

In fiscal year 1995, Project staff allocated \$450,000 for direct support of sex offender-specific treatment programs in the form of grants. In May 1994, a Request for Proposals (RFP) was published in the State Register and distributed according to DOC guidelines.

Grants up to \$45,000 were available for the 12 months of fiscal year 1995. Grants were awarded to fund:

1. new or expanded outpatient treatment for traditionally underserved sex offender populations. A traditionally underserved population refers to a specific population that needs services tailored to meet the population's cultural or other specific needs; for example, people of color, people who are differently abled, etc.;
2. new or expanded continuing care programming which will involve increased interagency collaboration;
3. new outpatient sex offender specific treatment program in areas of the state where a need is shown to exist; and
4. enhancements to existing outpatient sex offender treatment programs shown to increase their effectiveness, such as adding more cognitive behavioral treatment components, plethysmography, polygraphy, a more intensive chemical dependency component, new or expanded psychoeducational modules, etc.

The Request for Proposals elicited 32 responses. A review committee was formed to evaluate the proposals and make recommendations on funding priorities. Eleven proposals were selected for funding. Appendix C provides a list of the grants awarded, the amount awarded to each agency, and a brief description of the funded projects.

Six of the 11 grants were awarded to provide new or enhanced sex offender treatment to offenders on probation in greater Minnesota. One grant was awarded to develop an assessment process for developmentally delayed juvenile males in need of sex offender treatment. Two programs were awarded grants to

add polygraphy to program intake assessments. One of these programs provides outpatient treatment programming for adults, and the other provides outpatient treatment programming for juveniles. Yet another grant was awarded to study the veracity of self-reported compliance with the conditions of probation using polygraphy. That grant also will examine the utility of adding a chemical dependency evaluation and a chemical abuse educational component to sex offender supervision groups. The final grant will develop a uniform, sex offender assessment protocol for use by court-designated assessors.

Each of the 11 projects awarded funding have submitted procedures and measures for compliance with the proposal and evaluating progress. Seven of the grants were awarded for new or enhanced treatment programming. Representatives from all seven programs will meet with Project staff on October 28, 1994, to discuss and develop uniform data collection and evaluation procedures and measures.

# Data Collection

The legislative mandate for the Project requires the collection and evaluation of data on all sex offenders sentenced to probation. This information will be utilized to recommend to the legislature a plan for the creation of a standard, statewide program for the assessment and treatment of sex offenders. Such a system also will provide an avenue through which the DOC can track sex offenders in the future.

Project staff must develop a system to retrieve the necessary data as no comprehensive data base on sex offenders currently exists. One problem arising from the lack of data on sex offenders is an inability to provide descriptive data on sex offenders sentenced to treatment as a condition of probation. As a result, Project staff are unable to provide "baseline" data on sex offenders or an account of the current state of community-based sex offender treatment. A second problem stemming from the lack of relevant data is the inability to determine regional treatment needs. Little data exists on the availability of community-based sex offender treatment, particularly in the non-metropolitan areas of the state. Further, the need for sex offender treatment funding among the counties is not known.

These deficiencies will be remedied through: 1) development and use of data collection instruments, 2) completion of a series of retrospective studies, and 3) establishment of district coalitions to determine problems affecting the delivery of sex offender services. Project staff are developing data collection

instruments which will provide data on sex offenders sentenced to probation as they are processed through the criminal justice and treatment systems. The Retrospective Studies Component of the project will produce baseline information utilizing treatment files and existing data bases which permit the identification of sex offenders on probation. Completion of the District Development Component will yield information on the present treatment needs of communities across the state. Findings obtained from the data collection procedure will be used to facilitate subsequent Project-related research and planning.

It should be noted that the Project mandate requires all counties receiving DOC funds to supply the commissioner of corrections with any data deemed necessary to ensure the successful development of a statewide sex offender services system. In addition, considerable effort has been made by Project staff to ensure uniformity in the operationalization and measurement of variables across research components of the Project. Subsequently, most data collected by the data collection instruments will be analogous to data collected for the Retrospective Studies and the Evaluation Research Components.

## DATA COLLECTION INSTRUMENTS

A great deal of time and effort has gone into planning the data collection process and creating suitable data collection instruments. These instruments will obtain the data deemed necessary to the Project while not

placing an unnecessary burden on those persons asked to complete the instruments. As such, these instruments will be standardized to reduce the amount of time the data collection task may require on those asked to complete the forms and facilitate data processing.

At this time, there is no single source for information on all the sex offenders in either DOC or CCA counties statewide. The development of the data collection forms by the Project will form the basis for the efficient and consistent collection of sentencing and treatment data on those sex offenders sentenced to probation.

The data collection process will begin at the time an offender is charged with a sex or sex-related offense; determination of eligibility will be made by the probation agent assigned to the offender either through statute number or analysis of the criminal activity. Additional information will be collected on those convicted or adjudicated of a sex offense at four points throughout the time the offender is under the supervision of the commissioner of corrections.

Following is a description of the data collection forms, the purpose of the data collection at the point in time referenced for each, and the intended use of the data being sought.

### **Initial Probation Form**

This instrument will be completed by the probation agent as the offender is added to the agent's caseload. At this point, the data form will request information on the demographic characteristics of the offender as well as charging and conviction data. The conditions of probation, including the recommendations or orders for various assessments and treatments, will be recorded as well. The Initial Probation Form will seek information

on no more than 30 salient descriptors of the offender and completion should not require more than 15 minutes of the agent's time if the form is completed during or immediately after the initial probation contact.

### **Court Assessment Form**

All offenders who have been ordered by the court to complete a sex offender assessment, regardless of the statute allegedly violated, will be recorded by the professional responsible for reporting the assessment to the court. This instrument will initiate the assessment reimbursement process through the Sex Offender/Chemical Dependency Services Unit of the DOC. The court assessment data collection form will provide Project staff with additional information not sought on the Initial Probation Form but necessary for the development of an effective evaluation of treatment programs. The form also will provide a means by which the DOC may evaluate the methods used by assessors to determine the appropriate treatment for sex offenders, the psychometric testing commonly conducted during such an assessment, the data used to determine if an offender should be recommended for treatment, and the recommendations supplied to the court as a result of the evaluation.

### **Treatment Intake Form**

Those offenders who are referred for sex offender treatment by the court, especially those for whom treatment exists as a condition of probation, will be identified at the time of program intake through the use of the treatment intake data collection instrument. In addition to the demographic and personal identifiers common to all of the forms, those data that specifically address the reasons for the treatment, the amenability of the offender for treatment at the time of admission to the

program, and the ability of the offender to pay all (or a portion) of the costs of treatment, will be collected with this instrument. Some criminal history information, information about the characteristics of the offense itself, and characteristics of the victim(s) will be recorded. The offender will be asked to supply those data not available from another source at the time of admission; however, the greatest portion of the information will be obtained from court documents and other reports and recorded by staff at the treatment facility. Completion of the Treatment Intake Form will be considered as an application by the county of conviction for treatment reimbursement funds administered by the department.

### **Treatment Assessment/Client History Form**

The most comprehensive set of data on each offender participating in sex offender treatment will be collected with this instrument. Two to four weeks into the treatment process, a treatment professional, using the Treatment Assessment/Client History Form, will gather the information requested on this form. Much of the information requested by the Project will be obtained through the offender's self reports (offender interviews by treatment staff), although some information will be supplied by the professional based on interactions with the offender during the course of treatment. Additional information will be selected from the files supplied to the treatment facility by the courts (usually after the offender has been admitted to treatment), and often is available to the staff of the treatment facility at some time during the course of treatment.

Information will be collected on approximately 60 different variables, and will be of great value to the Project in the process of evaluating the offenders' progress through the course of treatment and continued probation. The information will also assist the

Project in conducting a comparative analysis of the various modalities employed by different treatment facilities to treat offenders who are convicted sex offenders.

### **Client Discharge Summary Form**

This data collection tool will be completed and filed with the Project on each offender discharged from treatment. This will include all discharges, regardless of the reason for discharge, including departure of the offender from treatment against medical advice, removal of the offender from treatment by the treatment staff for disciplinary or other reasons, or successful completion of treatment by the offender.

Information provided by the Client Discharge Summary Form will permit the Project staff to track those offenders who have successfully completed treatment throughout the remainder of that offender's probationary term and to determine if all of the treatment goals and offender's needs have been met. It will also alert staff to those offenders who have left the treatment program prematurely and facilitate monitoring of the offender's compliance with the conditions of probation. The form also will provide the mechanism to determine the closure of the billing period for the offender and, hence, the end of the reimbursement responsibility for the DOC.

### **RETROSPECTIVE STUDIES COMPONENT**

The purpose of conducting the Retrospective Studies Component is to create a data base from which may be developed a "baseline" description of sex offenders sentenced to probation and an account of the current state of sex offender programming. Several public and private agencies collect data on convicted sex offenders as these offenders are processed through the courts and the correctional sys-

tem, provided with treatment, and released back into the community. However, no organization collects data at all of these junctures. As a result, no comprehensive data base on sex offenders or sex offender programming currently exists within the state and little is known about sex offenders or the programs that treat them. The Retrospective Studies Component of the Project involves the collection and analysis of archival data on sex offenders and sex offender treatment programs located throughout Minnesota. Findings from the Retrospective Studies Component also will be used by Project staff when planning future Project-related research, including the Evaluation Research Component.

### Sampling

A portion of the offenders included in the Retrospective Studies data base will be accessed through a number of sex offender treatment facilities. Project staff have received permission from the staff of 14 facilities offering sex offender programming statewide to examine the facility treatment files. These facilities, although not randomly selected, are located throughout Minnesota; therefore, it is likely that the sample of offenders served by these facilities are representative of all sex offenders receiving treatment. The facilities sample will include adults and juveniles as well as a small number of female sex offenders and developmentally-delayed sex offenders. The inclusion of the latter two groups of offenders is significant as both are thought to have special needs not addressed by traditional sex offender treatment programs.

It should be noted that some of the 14 facilities may not be represented in the Retrospective Studies data base. Prior to data collection, either Project staff or a facility employee will select a random sample of treatment files

to determine whether the facility's files contain the data sought by Project staff. A facility will be selected and included in the Retrospective Studies Component only if a majority of the requested data is found in each file examined. At this time, Project staff do not know how many facilities record the requested data; subsequently, the size of the facilities sample cannot be estimated.

Ultimately, the facilities sample of the Retrospective Studies data base will include all offenders arrested between January 1, 1987, and December 31, 1993, who entered into treatment at a selected facility. January 1, 1987 was selected as the beginning date as data collection prior to 1987, was believed to be irregular and unreliable; December 31, 1993, was selected as the ending date to increase the likelihood that the offender had completed or exited from treatment by the time data collection begins.

Most data collected on the facilities sample will be gathered by Project staff from treatment files retained by each facility. The criminal history of each offender will be obtained through state and federal criminal records checks conducted through the Minnesota Bureau of Criminal Apprehension.

The offenders who will comprise the remainder of the Retrospective Studies data base have been selected from the data base on convicted offenders maintained by the Minnesota Sentencing Guidelines Commission (the SGC). The subjects from the commission's data base include a sample of all persons convicted of a sex or sex-related offense and sentenced to probation in 1987, 1989, and 1992.

The 1987 and 1989 samples were taken from two data sets initially compiled by the SGC in 1990. One data set, utilized in the commission's publication entitled "Report to

the Legislature on Intermediate Sanctions" (1991), includes a sample of all felons sentenced to community supervision between November 1, 1986, and October 31, 1987. The subjects for that study were obtained from 37 of Minnesota's counties; notably, these counties represent over 80 percent of all convicted felons sentenced to community supervision in 1987. The other data set, analyzed for the commission's publication entitled "Report to the Legislature on the Mandatory Minimum Law for Weapons Offense" (1991), includes the population of offenders charged in 1989 with a weapons offense in eight Minnesota counties: Anoka, Crow Wing, Dakota, Hennepin, Olmsted, Ramsey, St. Louis, and Washington. These counties were chosen by the commission "because they provide a representation of the metro area as well as a representation of the larger rural areas in the state" (1991b:11).

A subset of offenders -- those convicted of a sex or sex-related offense -- was selected from the 1987 and 1989 data sets and included in the Retrospective Studies data base. The 1987 sample includes 176 offenders and the 1989 sample includes 109 offenders. Most of the data initially collected by the SGC on these offenders have been included in the data base and additional data will be collected throughout fiscal year 1995. A large part of the data gathered will be obtained from the offenders' probation files and used to update previously collected data to determine sanctions served and treatment outcomes. In addition, the criminal history of each offender will be obtained through state and federal criminal records checks.

The 1992 sample of offenders includes all offenders who were: 1) convicted of a sex or sex-related offense and sentenced to community supervision in 1992; and 2) convicted in a county included in either the 1987 or 1989 sample. The sample, which includes 561

offenders, was chosen in this manner for convenience although offenders from all regions of the state are represented. Some data on the 1992 sample have been obtained directly from the SGC data base, but the majority will be collected by Project staff from the offenders' probation files. Additional data, particularly pertaining to treatment outcomes and recidivism, will be collected by Project staff from the offenders' probation files and criminal records checks.

### Data Acquisition

The Retrospective Studies data base will include variables measuring demographic characteristics of the offender and the victim(s) of the most recent offense; characteristics of the offender's family of origin; the offender's criminal history, chemical use history, and treatment history; and attributes of the current offense including a description of the criminal act itself, conditions of probation, and treatment orders. Similar variables will be examined in the facilities sample of the data base, although a greater portion of the variables will measure aspects of treatment as opposed to sentencing data. Follow-up data on treatment completion and subsequent arrests and convictions will be obtained for all offenders included in the data base. Moreover, all follow-up data will be gathered at least three years after the offender has left the treatment program or was placed on probation.

### DISTRICT DEVELOPMENT COMPONENT

The development of a coordinated, community-based system of sex offender treatment in Minnesota requires an understanding of the current process for the disposition and management of sex offenders statewide. The formation of such a system also involves providing districts the opportunity to estab-



lish models of sex offender programs suited to their needs. To accomplish these tasks, district coalitions comprised of representatives from the sex offender service system will be established. These district coalitions, once formed, will assist in the statewide implementation of an effective, community-based sex offender services delivery system.

It should be noted that it is not a goal of the District Development Component to determine what constitutes "effective" sex offender treatment programming. Rather, the District Development Component will determine the best system through which "effective" sex offender services can be administered throughout the state. However, the District Development Component will involve the collection of some data on treatment outcomes: District coalitions will be asked to incorporate a data collection and quality management system into the system delivery plan.

### **The Present System of Sex Offender Treatment Programming**

Little information is available about the present system of community-based sex offender treatment. Hence, a primary objective of the District Development Component is to identify and describe the various dimensions of the current system. The 1993 report written by the DOC and DHS, entitled "Legislative Report: Sex Offender Treatment Fund," found that neither the number of offenders in need of community-based sex offender treatment nor the cost of providing that treatment is known. That report also revealed that there is no data collection system in place which could provide the above information. Finally, the authors found that current sex offender treatment programs are not governed by a licensing or other regulatory process.

The Auditor's report (1994) also found the paucity of information on sex offenders and sex offender services problematic. However, the Auditor was able to identify and survey 70 sex offender treatment programs in the state, 19 of which are residential or sex offender specific programs. The Auditor's investigation revealed that many of these treatment facilities are located within the Twin Cities metropolitan area, and the task of delivering sex offender services is difficult in outstate areas.

### **Goals**

The primary goal of the District Development Component is to provide the district coalitions with the support necessary to: 1) identify the needs of each coalition, and 2) develop a plan for the coordinated delivery of sex offender services. Regional coalitions will encourage county representatives, regional corrections employees, regional treatment providers, and members of other relevant community organizations to participate in the identification of regional treatment needs. Next, the coalitions will develop a plan for providing comprehensive, coordinated community-based sex offender programming to address the identified needs. Comprehensive sex offender services include the related activities of assessment, treatment, aftercare, and post-treatment supervision. Coordinating a sex offender programming system means that all system activities are initiated, monitored, and managed by a centralized source. The latter function includes: 1) referring to treatment offenders convicted or adjudicated of a sex or sex-related crime; 2) distributing state and county treatment funds; and 3) collecting data as required by the Project.

A second goal of the District Development Component is to ensure that a data collection and quality management system, which will provide data on the cost and outcomes of

treatment, is incorporated into the system delivery plan. The data collection and quality management system will provide information to the regional coalitions which can be used to modify the treatment system. The data generated also can be used to assess the cost-effectiveness and outcomes of regional treatment systems. All of the data will be made available to Project staff as well.

### **Regional Input**

As stated above, an important purpose of the District Development Component is to gather information on sex offender programming needs throughout the state. Clearly, the need for, and access to, sex offender programming services differ regionally. More populous regions have a greater number of sex offenders, thus demanding a greater proportion of the available treatment services than less populous areas. In contrast, the less populous areas might be most concerned with the issue of access to treatment. In some areas of the state, the distance to an appropriate program might inhibit access; in other areas, availability of funding might present the greatest barrier to treatment. Project staff believe that seeking the input of persons involved in the sex offender services system is a critical component of identifying regional needs and other issues which might affect the implementation of a statewide sex offender treatment system.

### **Coalition Development**

An important decision in the planning of the District Development Component was determining the best manner through which to garner the input of regional service providers. For guidance, Project staff examined the formation of the Consolidated Chemical Dependency Fund and the juvenile and adult mental health systems. That examination led Project staff to the conclusion that the best way to determine regional needs was to ask representatives from the sex offender services system to form regional coalitions. Initially, the state was to be divided into regional coalitions based on the ten judicial districts. Discussions with DOC district supervisors and CCA administrators led Project staff to conclude that a better way to divide the state into regional coalitions would be to utilize the DOC districts.

### **Funding**

Project staff, after consulting with the Advisory Task Force, have allocated \$387,000 in fiscal year 1995 for the District Development Component. These funds will be used to offset the costs of meetings and seminars necessary for the development of regional coalitions. In addition, these funds are to be used to reimburse counties for travel and other legitimate expenses incurred by the counties in the assessment of treatment needs.

# Evaluation Research Component

The Evaluation Research Component (ERC) will measure the nature, length, and quality of sex offender treatment in Minnesota and track offenders receiving this treatment to determine rates of reoffending. This research attempts to link the degree of exposure to various sex offender treatment modalities and in-program changes to reoffense rates. Methodological constraints prevent the ERC from employing a research design which will enable the Project staff to reach definitive conclusions on the effectiveness of sex offender treatment. Nevertheless, the proposed study will allow staff to meet the legislative mandate, make statements on the outcomes of sex offender treatment, and suggest what aspects of treatment future studies should examine.

Funding for the initial stages of the ERC is included in the current Project budget and the budget request for the next biennium. It is anticipated that additional funding for this research will be obtained from the NIMH. Project staff will submit a grant application to the NIMH in February, 1995. This grant application is being completed with the assistance of Dr. Raymond Knight, a nationally recognized expert in the field of sexual aggression. Dr. Knight will participate in the research as one of the principal investigators if the grant is awarded. A description of Dr. Knight's educational and professional experience is listed in Appendix D.

## WHY EVALUATE COMMUNITY-BASED SEX OFFENDER TREATMENT?

A significant portion of the Project mandate is to develop recommendations for a statewide sex offender treatment system. Therefore, the primary reason Project staff will engage in a treatment evaluation is that the recommendations mentioned above must be grounded in accurate information on the outcomes of sex offender treatment.

A second reason to evaluate community-based sex offender treatment stems from the growing use of sex offender services. Since 1970, the number of reported sex offenses has increased nearly threefold (Office of the Legislative Auditor, 1994). Whether that increase is due to an increase in the incidence of sex offenses or in victim reporting, the result has been an increase in the number of sex offenders processed by the criminal justice system. Recent data on convicted sex offenders indicates that the majority are sentenced to probation (Ibid). In addition, it appears that many sex offenders who are sentenced to probation are ordered to participate in sex offender treatment as a condition of their probation (Ibid).

The empirical research, however, is inconclusive regarding the efficacy of sex offender treatment. Clearly, methodologically sound research on the outcomes of sex offender treatment will provide state policymakers the necessary data to determine whether probation and community-based treatment should be used as an alternative to incarceration.

## The Nature and Prevalence of Sex Offending

The recent report by the Office of the Legislative Auditor (the Auditor), entitled "Sex Offender Treatment Programs" (1994), found that the majority of sex offenses are committed by males who have no prior felony or sex offense convictions. Furthermore, that report found that most sex offenses are committed against persons under the age of 16, by a relative or an acquaintance of the victim, and without the use of force.

Additional information presented in the Auditor's report (1994) indicates that the rate of reported sex offenses more than doubled in Minnesota between 1971 and 1984. Since 1984, that rate has remained fairly constant at approximately 150 per 100,000 population. It should be noted that the sex offense rate calculated by the Auditor includes the two offense categories of "rape" and "other sex offenses," categories defined by the Federal Bureau of Investigation and utilized by the Minnesota Department of Public Safety (DPS). Rape is defined as the carnal knowledge of a female using force and committed against her will; rapes by force and attempted rapes are included in this category (Minnesota Department of Public Safety, 1994). The rape rate, as calculated by the DPS, is considerably lower than the Auditor's more inclusive sex offense rate: In 1993, the crime rate for reported rapes was 61 (Minnesota Department of Public Safety, 1994). However, DPS statistics show that both the number and rate of reported rapes more than doubled between 1989 and 1993 (Ibid). The number and rate of reported rapes peaked in 1992, at which time 2,900 rapes were reported and the rate of reported rapes reached 65 per 100,000 (Ibid).

Accordingly, the proportion of sex offenders in Minnesota prisons has increased dramatically since the mid-1980s. Currently, sex offenders constitute the largest single offense category of adult male offenders in our prisons, comprising 21.2 percent of the total inmate population (Minnesota Department of Corrections, 1994). These offenders are sentenced to prison for an average of 7.4 years (Office of the Legislative Auditor, 1994). Sex offenders constitute the third largest category in the state juvenile correctional institutions, accounting for 13.8 percent of that population (Ibid). The recent changes in Minnesota's prison population mirror what has happened at the national level: Between 1988 and 1990, the national prison population of sex offenders increased 48 percent (Minnesota Department of Corrections, 1991).

Despite the growth in the population of incarcerated sex offenders, the Auditor's report (1994) found that the majority of both adult and juvenile sex offenders are placed on probation. In 1992, 70 percent of adults convicted of a sex offense were placed on probation. The disposition for juvenile offenders was less clear, although only one juvenile was sentenced to the commissioner of corrections in 1992. The Auditor's report (1994) noted that it is not possible to determine the exact number of sex offenders placed on probation with treatment as a condition because of the lack of a statewide data base that included this information. However, the available data indicate that an estimated 80 to 90 percent of the adult sex offenders and 75 to 85 percent of the juvenile sex offenders placed on probation are required to complete sex offender treatment as a condition of probation (Office of the Legislative Auditor, 1994).

## Previous Research on Treatment Outcomes Among Sex Offenders

Recent reviews of the national literature on the effectiveness of sex offender treatment programming provide mixed results. Rather than summarize the debate in detail, readers are encouraged to review the summary of the national literature found in the Auditor's report (1994). In summary, however, the Auditor's report found that:

1. very few evaluations of sufficient quality have been done, preventing definitive conclusions about the effectiveness of sex offender treatment programming;
2. results from the few methodologically sound treatment evaluations are mixed: Some studies show positive effects from treatment and others show no or negative effects. Researchers differ in their interpretation of these results;
3. all of the sex offender treatment reviews, regardless of their conclusions on the effectiveness of treatment, state that the research to date has been severely limited by numerous methodological problems and a lack of uniformity across studies. In addition, all agree that it is extremely difficult to design and conduct a large-scale evaluation of the effectiveness of sex offender treatment programming; and
4. there appears to be a consensus emerging among treatment professionals that some kinds of treatment might be effective with some sex offenders.

The Auditor's report (1994) also found that few sex offender programs in Minnesota collect adequate data on the offenders that enter and are discharged from their programs. Only eight of the 70 identified treat-

ment providers in the state had followed released offenders to determine rates of recidivism.

The problems associated with prior sex offender treatment research have left states to their own devices to decide how to address and manage the very real problem of treating sex offenders. Marques, Day, Nelson, and West (1993) summarize the current practice of creating sex offender treatment policies, attributing the development of most state policies to public reaction as opposed to empirical evidence:

...the dominant factor influencing policy decisions at any given time in this area continues to be the public reaction to media coverage of particularly heinous sex crimes. A brutal offense committed by someone who had been imprisoned without treatment is likely to provoke a cry for the development of treatment programs; news of an offense by a perpetrator who had received treatment typically turns public sentiment toward abolishing programs. One reason for this reactivity has been the lack of a consistent, empirical data base to provide the foundation for policy decisions regarding sex offender treatment.

Echoing this view, the Auditor's report (1994:41) states:

Based on our review, we conclude that the literature on treatment effectiveness cannot provide policymakers with a clear answer of whether to provide treatment to sex offenders. There is no consistent, solid evidence that clearly proves that treatment reduces sex offender recidivism nor is there solid evidence that it does not.

## DESCRIPTION OF THE EVALUATION RESEARCH COMPONENT

The ERC will enable the Project to address the numerous questions posed by the Minnesota Legislature and will include:

1. in-depth information on offenders and programs allowing a detailed description of the distribution of sex offenders across programs, the nature of the treatment they receive, their status at release, and whether they reoffend after release;
2. standardized assessment and follow-up data enabling the generation of predictive models of reoffending;
3. a rich network of variables allowing Project staff to identify through correlational analysis what components of therapy might be most efficacious for particular types of offenders; and
4. information permitting the introduction of manipulations of programs within the state that will test specific hypotheses about treatment efficacy.

### Selection of Research Design

The selection of a rigorous research design is a central issue in the development of the ERC. The Minnesota Legislature instituted the Project to plan "...a coordinated statewide system of effective sex offender treatment programming" [M.S. 241.67, subd. 8(b)(3)]. However, the debate over what constitutes an effective sex offender treatment program continues largely due to the inadequacy of prior research. Much of the past research examining the efficacy of sex offender treatment has suffered from weak research questions and methodological flaws (Furby,

Weinrott, and Blackshaw, 1989; Marshall et al., 1991); consequently, the findings of these studies are considered questionable by many.

A significant issue which affects the research design concerns the use of causal versus correlational analysis. The decision to use either causal or correlational analysis often depends on practical limitations imposed by time, research budgets, or the nature of the proposed study. Causal analysis entails the use of a more exacting research design than correlational analysis and permits the researcher to infer which variable is the "cause" and which is the "effect."

Typically, causal analysis requires a two-group study design in which one group receives the experimental treatment (the experimental group) and one group does not (the control group). Ideally, subjects are assigned randomly to the experimental and control groups so that extraneous factors -- such as changes in the subject's social environment, the effect of physical or cognitive maturation, or even historical events including changes in the political or economic structure -- which might affect the relationship between the variables of interest are distributed randomly in each group. "Controlling" the effect of these extraneous factors increases the likelihood that any change in the outcome variable is due to the experimental treatment. However, random assignment to experimental and control groups often is not feasible. In lieu of random assignment, a matched control group can be used. A matched control group design requires that the researcher match pairs of individuals on important factors (e.g., age, gender, or ethnic affiliation) and then assign one of the pair to the experimental group and the other to the control group.

Correlational analysis is ideal when a control group cannot be used or the equivalency of the experimental and control groups cannot be established. Correlational analysis permits the researcher to establish the strength of the relationship between two or more variables (i.e., the extent to which the variables vary together as measured on a scale from 0 to 1) and the direction of the relationship (i.e., whether the variables change in the same direction, indicative of a positive correlation, or in opposing directions, indicative of a negative correlation). The major weakness of correlational analysis is that the researcher can not infer a causal relationship between a treatment and outcome.

Project staff would prefer to use causal analysis as such an analysis would enable staff to assess the efficacy of treating sex offenders. However, an impediment to the use of causal analysis for the ERC is the assignment of subjects to groups receiving sex offender treatment and those not receiving sex offender treatment. As stated above, causal analysis requires the random assignment or paired assignment of sex offenders to experimental or control groups. Assignment to experimental and treatment groups, however, is problematic for three reasons. First, a DOC policy prohibits the testing of treatment efficacy unless it can be shown that the inmates involved will not be affected negatively. Although directly referring to research conducted by the Information Technology and Research Unit of the Department of Corrections, DOC policy 2-102.6b(5) states:

The information and analysis unit shall not engage in any study of a program implemented for the purpose of testing the effectiveness of treatment modalities unless it can be demonstrated that both the program and research are unlikely to have any negative impact on inmates involved.

A second problem with the use of random or paired assignment stems from a general ethical debate raised by the intentional withholding of treatment to some offenders. Some will fault the DOC for withholding important services to high-risk sex offenders, asserting that it is unethical to withhold treatment which might benefit the offender and prevent him or her from committing future offenses. Moreover, public safety might be jeopardized for the sake of a rigorous research design. Proponents of causal analysis would counter these arguments by asserting that the effectiveness of sex offender treatment has not been established. Subsequently, nothing of proven value is being withheld and no ethical dilemma exists. A third problem exists when the criminal statute mandates treatment for all offenders precluding the option of placement in an experimental or control group (M.S. 609.342, subd. 3; 609.343, subd. 3; 609.344, subd. 3; 609.345, subd. 3).

Informed by the issues discussed above, the Project staff will utilize correlational analysis in a naturalistic study of sex offender treatment and outcome. The proposed study will create an extensive, longitudinal data base on a representative sample of juvenile and adult sex offenders in all Minnesota penal and community-based treatment programs. A longitudinal design was chosen to facilitate the accurate measurement of repeat offending (i.e., recidivism) and the variables which might predict repeat offending. Past research suggests that long follow-up periods increase the validity of research findings given the vast underreporting of sex offenses (Furby, Weinrott, and Blackshaw, 1989). Subsequently, the ERC includes a five-year follow-up period in addition to the three-year follow-up period mandated by the legislature. Further, the study will include incarcerated sex offenders as well as those receiving community supervision. This decision reflects the Project staff's belief that an accurate portrait

of sex offender treatment programming must examine, to some degree, all offenders receiving treatment. Finally, the study will measure separately the recommitment of sex and non-sex offenses, reflecting the belief that a rigorous study of treatment outcomes must measure all types of recidivism.

### **Data Acquisition and Research Design**

Data will be gathered during the offender's involvement in a treatment program (program phase) and when he or she has been released or terminated from the program (follow-up phase). Four major data sources will be accessed during the program phase. First, the offender's archival records will be coded into a series of scaled dimensions using a well-validated coding dictionary. Second, all offenders included in the study will be administered the Multidimensional Assessment of Sex and Aggression (MASA). This self-report inventory, developed by Dr. Ray Knight, assesses most of the areas that have been proven important in predicting criminal outcome among sexual offenders. The MASA has been validated on a wide variety of sex offenders and also on criminal and noncriminal controls. Third, a detailed quantification of the therapy each offender has received will be compiled from therapist reports and archival records. Dimensions of therapy examined will include the type of therapeutic intervention (e.g., behavioral, cognitive, interpersonal, and/or drug as well as individual and/or group), the number of hours each type of therapy was delivered, the success of therapy as perceived by the therapist, the experience and orientation of the therapist, the nature of the program (e.g., residential or outpatient, mixed population or exclusively sex offender), and the location of the program (rural or city). Fourth, tests of dimensions hypothesized to be central to therapy efficacy (e.g., the ability to identify future risk factors and

situations, immunity to cognitive rationalizations, development of empathy, and reduction of deviant sexual fantasies and deviant sexual arousal) will be administered.

Data collected during the follow-up phase will be obtained from multiple archival sources including FBI records, Minnesota Bureau of Criminal Apprehension records, and probation records. Police and court records of subsequent offenses will be accessed to determine the details of these offenses and resulting dispositions.

The MASA and the dimensions of therapy efficacy test will be administered by a master's-level psychometrician hired specifically for this research project. The offenders will be informed that both tests are "experimental." Moreover, they will be assured that the tests will be used only for research purposes and will not be made available to treatment personnel or judicial authorities. Accessing and coding of all archival records will be carried out by a team of coders trained specifically for this task.

Data acquisition will be slightly different for the incarceration and probation samples. Specifically, the incarceration sample will take the MASA and dimensions of therapy efficacy tests post-therapy, while the probation sample will take both tests pre- and post-therapy. The reason for this difference is that the average sentence length for sex offenders in Minnesota is seven years. Hence, administering the tests to the incarceration sample before and after therapy would mean that the collection of follow-up data would be postponed an average of seven years. Project staff viewed this as an unacceptably long wait for recidivism data and decided to conduct only post-therapy tests for the incarceration sample.



As discussed previously, two samples of offenders will be followed -- those convicted of a sex offense who are released on probation and incarcerated offenders who are in the last six months of their sentence and scheduled to be released (Figure 1). Subjects from both samples will be selected in two waves. A two-wave design, as opposed to a single wave design, allows the inclusion of an increased number of subjects, thereby increasing the study's ability to detect real differences that are present. In addition, this design provides an important methodological advantage: Analyses from the first wave will yield patient and institution data that will allow manipulations of the system during the second wave to test specific hypotheses.

As illustrated in Figure 2, the waves for the probation samples are each 18 months in duration as this is the average length of therapy in Minnesota sex offender treatment programs (Office of the Legislative Auditor, 1994). The first probation sample will be selected randomly from the pool of all sex offenders placed on probation between December 31, 1995 and May 31, 1997; the second sample will be selected in the same manner from the pool of all sex offenders placed

on probation between June 1, 1997 and December 31, 1998. Each wave will include approximately 350 juveniles and 225 adults, thus a total of 1,150 offenders should be included in the probation sample. Juveniles comprise a greater proportion of the total probation sample as juvenile sex offenders are more likely to be sentenced to probation than are adult sex offenders.

Also shown in Figure 2, the first incarceration sample will include the population of offenders released from a state correctional facility between December 31, 1995 and December 31, 1996. It is estimated that approximately 25 juveniles and 225 adults will be released during this period of time. The second incarceration sample will include the population of offenders released from a state correctional facility between June 1, 1997 and June 1, 1998; an estimated 75 juveniles and 225 adults will be included in the second incarceration sample. Combined, the two incarceration samples should yield a final incarceration sample of 550 offenders. The data collection waves are separated by six months to allow adequate time to plan for specific interventions (e.g., aftercare) during the second wave.

FIGURE 1

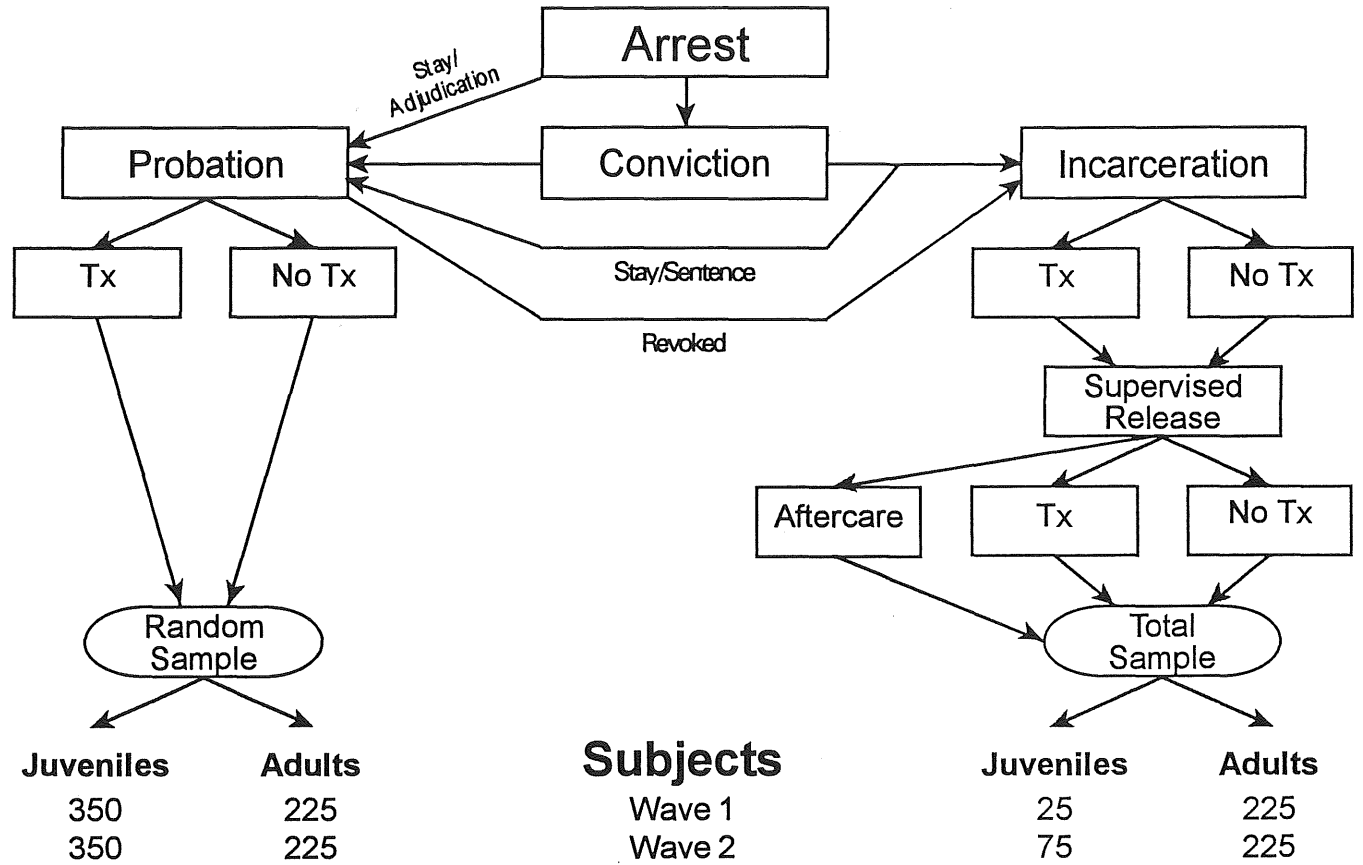


FIGURE 2

Staffing: 1 CPTS MASA psychometrician  
1 File identifier and copier  
3 coders

	12/95	6/96	12/96	6/97	12/97	6/98	12/98
Subjects:	NIMH 1 250 + 375 = 625		NIMH 2 150 + 375 = 525		NIMH 3 150 + 375 = 525		
Files:	+ 100 = 725		+ 100 = 625		+ 100 = 625		
Incarceration	Wave 1 Juvenile = 25    Adult = 225			Wave 2 Juvenile = 75    Adult = 225			
Probation	Wave 1 Juvenile = 350    Adult = 225			Wave 2 Juvenile = 350    Adult = 225			

# Continuing Issues Addressed by the Project

At this point, the funding procedures have been delineated, the data collection instruments have been described, the Retrospective Studies and District Development Components have been outlined, and the ERC has been presented. What remains is to discuss three issues that have been mentioned at points in the discussion, but deserve specific attention because of the significant ongoing difficulties they create for the Project. These issues have thwarted the prior development of such research and related policy and continue to impede the Project's progress. These issues are:

1. there is no central source for information on offenders and probation resources statewide;
2. the existing data bases which do permit the identification of sex offenders are incompatible and sometimes incomplete; and
3. there are no standardized case definitions or standardized reporting procedures, in part due to the use of multiple probation systems across the state.

A brief description of each issue follows.

## **The Lack of a Centralized Statewide Data Base**

The Office of the Legislative Auditor (1994) found that a significant impediment to the study of probationers is the lack of a statewide data base. Currently, there is no single

source for data on the characteristics of offenders sentenced to probation or the types of court-imposed conditions of probation. As a result, Project staff must create a data base which includes all sex offenders who are on probation and required to complete sex offender treatment as a condition of probation.

## **The Problem of Incompatible and Incomplete Data Bases**

The State Judicial Information System (SJIS) is the primary source of information on adult sentences and juvenile court dispositions of sex offenders in the state. The SJIS data base is managed by the Minnesota Supreme Court and includes data on the offender, the victim, the nature of the crime, and the sentence imposed. All of this information is submitted by the district courts to the Minnesota Supreme Court. Ideally, the SJIS data base would allow the tracking of an offender from arrest through conviction. However, the tracking of offenders through the court system is difficult as data collection is based on each criminal case rather than each offender. The result of using a case-based system is that a single offender charged with multiple offenses might be included in the data base under multiple SJIS entries, eroding the possibility of tracking a single offender through the judicial system.

The Auditor's report (1994) also noted deficiencies in the amount and specificity of information present in existing data bases. Referring to the SJIS data base, the Auditor (1994:15) stated:

...we found inadequacies in the Supreme Court data on sentencing. No other data other than the amount of jail time were collected on the conditions of adult probation and only 35 percent of the juvenile cases included information on the outcome or disposition of the offense. Of those juvenile cases that listed dispositions, they were general, such as 'counseling' or 'group home' and did not specify whether sex offender treatment was offered or required.

### **The Lack of Standardized Reporting Methods**

Currently, only an estimate of the number of offenders being supervised throughout the state is possible because of a lack of standardized reporting methods. In part, this is due to the fact that there are three separate systems for delivering community corrections services

in Minnesota: CCA counties, County Probation Officer (CPO) counties, and DOC contract counties. The primary problem with using three systems for delivering community corrections services is that data collection systems differ across and within delivery systems. DOC counties collect data on probationers using a computerized data management system called PROBER. Most, but not all, of the CCA counties use a system called the Court Services Tracking System (CSTS). A significant difference between the two systems is that PROBER gathers offense information through statute numbers while CSTS uses the Minnesota Offense Codes (MOC). Further, the systems use different methods of assigning identification numbers to offenders in the data base; hence, there is no uniform identification number assigned across the state other than the SJIS number (in a previous section, several problems associated with the assignment of an SJIS number were identified).

# Summary and Recommendations

## SUMMARY

Since the last annual report, Project staff have accomplished the following.

### Sex Offender Treatment Funds

A total of \$750,000 has been allocated for fiscal year 1995 to help pay the treatment costs of sex offenders sentenced to treatment as a condition of probation. A formula for allocating and distributing the funds has been established. It is anticipated that distribution will begin by January, 1995. The amount of money to be allocated to this fund for the next biennium remains to be determined.

### Program Grants

A Request for Proposals was developed and disseminated statewide for the enhancement of existing or the establishment of new sex offender treatment, including aftercare and assessments. A total of \$450,000 was allocated and ultimately awarded to 11 programs and projects. A new series of Requests for Proposals is planned for the next biennium. The amount of money to be awarded in this series remains to be determined.

### Data Collection

Five data collection instruments have been developed. These instruments will be the main source of data collection in the initial stage of the Project. They are short forms to

be completed in the field and will provide a means to surmount the lack of a centralized data base, the incompatibilities of different data base systems used by counties, and the lack of standardized data reporting methods. The five forms are: (a) initial probation form, (b) court assessment form, (c) treatment intake form, (d) treatment assessment/client history form, and (e) client discharge summary form.

### Retrospective Studies Component

The Retrospective Studies component will create a data base from which may be developed a baseline description of sex offenders sentenced to probation and an account of the current state of sex offender programming. Thus far, a data collection instrument has been developed, and Project staff are determining which treatment facilities will be included in the Retrospective Studies data base.

### District Development Component

Project staff have developed a plan to form regional coalitions of representatives from the sex offender service system. Each coalition will identify and describe the various treatment needs as they exist in that district. The district coalitions will then devise a strategy for the coordinated delivery of sex offender services in their respective districts and submit those strategies to the Project for statewide coordination.

## Evaluation Research Component

The ERC is the in-depth, longitudinal research project which will attempt to link the degree of exposure to various sex offender treatment modalities and in-program changes to reoffense rates. Project staff have worked closely with Dr. Ray Knight in planning the research design and methodology and are completing a research grant requesting additional funds from NIMH.

In the ensuing years, the Project will provide:

1. a description of the existing sex offender treatment system;
2. the ability to link treatment outcomes of various sex offender treatment modalities to recidivism rates;
3. data to sex offender treatment programs on the outcomes of various treatment modalities
4. a prototype of a data base which will allow the identification of sex offenders on probation and enable corrections officials and researchers to track those sex offenders through the criminal justice and sex offender treatment systems;
5. the ability to draw conclusions about which sex offenders are: (a) most likely to be treated successfully; (b) the appropriate conditions for and type of treatment; (c) the cost-effectiveness of such treatment; and (d) the disposition and management of those sex offenders not likely to be treated successfully.

In addition, projects such as this create many opportunities for smaller scale research studies and often lead in unanticipated but fruitful directions. In addition to the obvious opportunity to do in-depth studies on sex

offenders, the Project has the potential to provide information on other criminally aggressive activities.

## RECOMMENDATIONS

### Recommendation 1:

*The legislature should provide language to clarify and define the content of sex-related crimes; the statute should be broadened to include all adult offenders sentenced and all juvenile offenders adjudicated for a sex or sex-related crime; the statute should be broadened to include offenders who are charged with any level of sex offense or sex-related offense; i.e., misdemeanors and gross misdemeanors.*

### Rationale

Minnesota Statutes 241.67, subd. 8(a), defines a sex offender as an adult who has been convicted, or a juvenile who has been adjudicated, for a sex offense or sex-related offense and has been sentenced to sex offender treatment as a condition of probation.

For the purposes of the Project, a more substantial definition of sex-related offense is required in order to adequately locate and describe the population required to be the focus of the Project. In addition, the Project needs to include comparison groups of sex offenders, such as those who are who are on probation with no condition of treatment, or who are incarcerated and may or may not receive treatment.

### Recommendation 2:

*The follow-up period required by M.S. 241.67, subd. 8(b)(1), should be extended from three years to five years and legislative support for the project should be extended commensurate with this time frame.*

**Rationale**

Current research indicates that sex offenders who reoffend tend to do so further in time from their original charge than previous reports suggested. The additional two years of follow-up will allow the Project to observe this apparent trend.

**Recommendation 3:**

*Minnesota Statutes 241.67, subd. 1, and 241.67, subd. 8(b)(2) and (4), should include language for specifically funding sex offender treatment.*

**Recommendation 4:**

*The legislature should add language to M.S. 241.67, subd. 8, that permits the commissioner of corrections, for the purposes of the*

*Community-Based Sex Offender Program Evaluation Project and policy development, to access and examine any and all information on any sex offender held by assessors, treatment programs, probation agencies, and the courts.*

**Recommendation 5:**

*Current statutory language regarding sex offender assessments should be consolidated into one statute and include all sex offenders ordered for assessment by any court.*

**Rationale**

Absent specific mechanisms for distribution of sex offender programming funds, equitable distribution to the areas of greatest need is problematic.

# Bibliography

- Furby, L., Weinrott, M.R., and Blackshaw, L. (1989). Sex Offender Recidivism: A Review. *Psychological Bulletin*, 105(1), 3-30.
- Marques, Day, Nelson, and West (1993). The Relationship Between Treatment Goals and Recidivism Among Child Molesters.
- Marshall, W.L., Jones, R., Ward, T., Johnston, P., and Barbaree, H.E. (1991). Treatment Outcome with Sex Offenders. *Clinical Psychology Review*, 11, 465-485.
- Minnesota Department of Corrections, Information Technology and Research (1994). *Probation Survey*.
- Minnesota Department of Corrections, Information Technology and Research (1991). *Probation Survey*.
- Minnesota Department of Corrections and Minnesota Department of Human Services (1993). *Legislative Report: Sex Offender Treatment Fund*.
- Minnesota Department of Public Safety, Office of Information Systems Management (1994). *Minnesota Crime Information 1993*.
- Minnesota Sentencing Guidelines Commission (1991a). *Report to the Legislature on Intermediate Sanctions*.
- Minnesota Sentencing Guidelines Commission (1991b). *Report to the Legislature on the Mandatory Minimum Law for Weapons Offenses*.
- Office of the Legislative Auditor, Program Evaluation Division. (1994). *Sex Offender Treatment Programs*.



# Appendix A - Task Force Members

**James Ahrens, MPA**  
Bureau of Community Corrections  
C-2353 Government Center  
Minneapolis, MN 55487-0533

**Janis Bremer, Ph.D.**  
Bureau of Community Corrections  
626 South 6th Street  
Minneapolis, MN 55415

**Debra Dailey, MPA**  
MN Sentencing Guidelines Commission  
Meridian National Bank Building  
205 Aurora Avenue  
St. Paul, MN 55103

**Robert Devlin**  
Arrowhead Regional Corrections  
319 Courthouse  
Duluth, MN 55802

**Steve Huot, Ph.D. (candidate)**  
MCF - Oak Park Heights  
5329 Osgood Avenue, Box 10  
Stillwater, MN 55082

**Jerry Keeville**  
Anoka County Community Services  
325 Main Street  
Anoka, MN 55303

**Sam Knutson**  
Minnesota Department of Corrections  
810 West St. Germain, Box 1143  
St. Cloud, MN 56302

**Katherine Langer**  
Todd-Wadena Community Corrections  
239 Central Avenue  
Long Prairie, MN 56347

**Nancy Lee-Borden, Ph.D.**  
Upper Mississippi Mental Health Center  
Box 640  
Bemidji, MN 56601

**Michael Miner, Ph.D.**  
Program of Human Sexuality  
1300 South 2nd Street, #180  
Minneapolis, MN 55454

**Joanne Pohl**  
Court Services, Goodhue County  
1st Judicial District  
Red Wing, MN 55066

**Denise Rowe**  
Minnesota Department of Corrections  
450 North Syndicate Street  
300 Bigelow Building  
St. Paul, MN 55104

**Steve Sawyer, MSW**  
Project Pathfinder, Inc.  
1821 University Avenue West  
Suite N385  
St. Paul, MN 55104

**Patricia Seleen**  
Ombudsman of Corrections  
1885 University Avenue #395  
St. Paul, MN 55104

**James Sop**  
Minnesota Department of Corrections  
1759 Commerce Drive, Box 2022  
North Mankato, MN 56002

**Kay Tegt, MS**  
Woodland Centers  
P.O. Box 787  
Willmar, MN 56201

**David Ward, Ph.D.**  
University of Minnesota  
909 Social Science Building  
267 - 10th Avenue A  
Minneapolis, MN 55455

# Appendix B

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

---

National Institutes of Health  
National Institute of Mental Health  
5600 Fishers Lane  
Rockville, Maryland 20857

October 6, 1994

Alan Listiak, Ph.D.  
Minnesota Department of Corrections  
333 Bigelow Building  
450 North Syndicate Street  
St. Paul, Minnesota 55104

Dear Dr. Listiak:

With the arrival of a new Federal fiscal year, I thought I should confirm our plans here at the National Institute of Mental Health (NIMH) for continued collaboration with Minnesota states's sex offender treatment and evaluation initiative. Because the initiative and its evaluation research has the potential for such significant contributions to policy, programs and procedures concerning sex offenders, our continued collaboration is the top priority for NIMH's perpetrator research program. In this regard, we are seeking a doubling of funds (to \$40,000) for consultants who you desire to help with the development and implementation of the initiative. We also will seek to reserve research grant funds for the collaborative proposal for research that Dr. Raymond Knight and you are developing to enhance the initiative's evaluation research, so that this application, if highly rated for scientific merit in the independent peer review process, can be promptly funded.

Such collaboration is our top priority because Minnesota's sex offender treatment and evaluation initiative is unprecedented in size and potential impact. I say this as the professional at NIMH who has had immediate responsibility for the institute's research and related activities concerning sex offenders for 20 years, and who has been closely involved with the growth in this field over the past two decades. This view is also shared by the leading researchers who we arranged to provide consultation concerning the initiative during the past fiscal year.

Page 2 - Alan Listiak, Ph.D.

Let me be specific about some of the reasons why the initiative represents such an important opportunity.

A frequent problem with sex offender treatment is that it is not of sufficient intensity and duration. The initiative addresses this by providing for extensive out-patient treatment over 18 months.

A major problem with evaluations of treatment is that the number of cases completing a particular program each year is usually relatively modest, so that several decades are required to accumulate a sufficient number of subjects. The initiative addresses this by providing for the treatment of 900 sex offenders over 3 or so years.

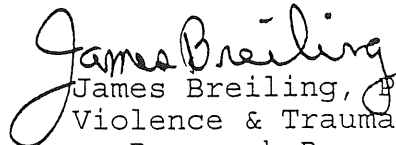
Other problems for evaluation include limited variation in treatment methods, in the settings for treatment, and in the extent of the evaluation of recidivism. The initiative addresses these by providing for treatment in scores of treatment programs throughout the state, and by a minimum of a 3 year follow-up to assess recidivism.

Given the above, last fiscal year, upon learning of the initiative, we reallocated funds to enable nationally recognized experts to provide consultation that you desired in four areas: on the design of the evaluation; on data collection, processing and management; on the development of correlated research; and on enhancement and illumination of treatment.

As we discussed, in this new Federal fiscal year we plan to build on the successes of last year with funds to facilitate Dr. Raymond Knight's development of a collaborative research proposal on the classification of the participating sex offenders and on the evaluation of treatment; to encourage other researchers, especially faculty at the University of Minnesota, to develop mutually agreeable collaborative research; to provide presentations and training for Minnesota sex offender treatment programs in order to enhance the vigor of treatment efforts and to facilitate the specification of treatment so that the evaluation can be more meaningful; and to enable expert consultation on other needs that you identify.

It has been a pleasure to interact with you and your colleagues this past year on this extraordinarily important effort, and I look forward to building on those successes so that the Minnesota sex offender treatment and evaluation initiative realizes its enormous potential for Minnesota and the nation.

Sincerely yours,

  
James Breiling, Ph.D.  
Violence & Traumatic Stress  
Research Branch

NIMH  
5600 Fishers Lane -- Parklawn  
Building 10C-26  
Rockville, MD 20857  
(301) 443-3728  
FAX (301) 443-4045  
INTERNET:  
JBREILIN@AOAMH2.SSW.DHHS.GOV

# Appendix C - Grant Recipients

**Alpha Human Services**  
1561 West Lake Street  
Minneapolis, MN 55408

**Total Request:** \$23,061.00

**Number served:** 75 assessments of adults

**Objectives:** Add polygraphy to intake assessments of 75 adult sex offenders regarding accuracy of self-report of (a) current offense, (b) prior victimization of others, and (c) own histories of being victimized.

**Alpha-PHASE**  
1600 University Avenue West, Suite 305  
St. Paul, MN 55104-3825

**Total Request:** \$34,600.00

**Number served:** 100 assessments of juveniles

**Objectives:** Add polygraph to intake assessments of 100 juvenile sex offenders regarding accuracy of self-report of (a) current offense, (b) prior victimization of others, and (c) own histories of being victimized.

**Anoka County Corrections Sex Offender Supervision Program**  
325 East Main Street  
Anoka, MN 55303

**Total Request:** \$44,850.00

**Number served:** minimum of 45 adults in one or more of the curriculums

**Objectives:** To existing sex offender supervision groups: add a cognitive critical skills curriculum, add chemical dependency evaluation, add a chemical abuse component, implement re-offense prevention curriculum, utilize polygraph and plethysmograph testing.

**Central Minnesota Community Corrections, Sex Offender Supervision Program**  
1777 Highway 18 East, Building 19  
Brainerd, MN 56401

**Total Request:** \$45,000.00

**Number served:** up to 50 adults; a few juveniles

**Objectives:** Start up to three therapy groups per week, start one case management group bi-weekly.

**Dodge-Fillmore-Olmsted Community Corrections System**  
151 4th Street SE  
Rochester, MN 55904-3711

**Total Request:** \$45,000.00

**Number served:** 30 juveniles, 55 adults, 10 female offenders

**Objectives:** To existing Isolated Sex Offender Program add 590 hours of couples and family therapy, start program for female offenders, develop standardized intake assessment instrument.

**Hennepin County Department of Community Corrections, Psychological Services**  
C-2300 Government Center  
Minneapolis, MN 55487-0533

**Total Request:** \$44,995.93

**Objectives:** Develop a uniform sex offender protocol for sentencing disposition.

**Leo Hoffman Center**

105 South 3rd Street  
St. Peter, MN 56082

**Total Request:** \$45,000.00

**Number served:** 62 adults and juveniles

**Objectives:** Start assessment and outpatient services for juveniles and adults in southern Minnesota locations as needed. Hoffman staff to travel to locations for assessments; if sufficient numbers develop at a location, Hoffman staff conduct twice weekly group at location and family therapy as needed.

**Metropolitan Community  
Mental Health Center**

2201 Blaisdell Avenue South  
Minneapolis, MN 55404

**Total Request:** \$44,521.00

**Number served:** up to 10 juvenile developmentally delayed

**Objectives:** Enhance existing program by adding a six to eight week comprehensive assessment period, initiate parent support/education groups coincidental with the assessment, obtain expert consultation.

**Project Pathfinder**

1821 University Avenue, Suite N385  
St. Paul, MN 55104

**Total Request:** \$36,950.00

**Number served:** 17 adults

**Objectives:** Start an outpatient program for adults in a suitable location to serve clients in Carver, LeSueur, McLeod and Scott Counties.

**Todd-Wadena Community Corrections  
Comprehensive Sex Offender Treatment  
Program**

239 Central Avenue  
Long Prairie, MN 56347

**Total Request:** \$44,905

**Number served:** 46 adults

**Objectives:** Start a comprehensive sex offender treatment program with a weekly treatment group, bi-monthly maintenance group, aftercare/support group, and individual and family therapy as needed.

**Upper Mississippi Mental Health Center  
Sex Offender Treatment Program**

P.O. Box 650  
Bemidji, MN 56601

**Total Request:** \$45,000.00

**Number served:** 10 juveniles and adults

**Objectives:** Start new juvenile and adult groups in Baudette and Walker, MN, initiate an Advisory Task Force in each city.

# Appendix D

Dr. Raymond Knight received his doctorate in Clinical Psychology from the University of Minnesota in 1973. He was hired as an Assistant Professor at Brandeis University in Massachusetts directly from Minnesota and has remained at Brandeis until the present. He is now Professor of Psychology. Dr. Knight's research has focused on the etiology, course, and outcome of sexual aggression and schizophrenia disorders. Notably, he has received funding from both the National Institute of Mental Health (NIMH) and the National Institute of Justice over the last 17 years to study the typological structure of those persons diagnosed as sexually aggressive, the developmental antecedents of sexu-

ally aggressive behaviors, and the prognosis for various types of sexual offenders. Dr. Knight has generated empirically validated typologies for rapists and child molesters and an inventory (the Multidimensional Assessment of Sex and Aggression) that evaluates the major components of sexual coercion against women. Currently, he is on the Editorial Board for the *Journal of Interpersonal Violence*, *Criminal Justice Behavior*, and the *Journal of Abnormal Psychology*. In addition, Dr. Knight is an ad hoc reviewer for several other journals, a consistent outside consultant for the NIMH Clinical Neuroscience Review Committee and Treasurer for the Society for Research in Psychopathology.