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Ombudsman for Corrections

The Minnesota Correctional Facility Sauk Centre Juvenile Sex Offender Program

Investigative Report 95-1

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INTRODUCTION

In 1992 the Minnesota Legislature directed the Department of Corrections to establish a juvenile sex offender program. On March 10, 1993 the Juvenile Sex Offender Program (JSOP) opened at the Minnesota Correctional Facility - Sauk Centre (MCF-SCR) and began accepting clients.

Historically, the Ombudsman has been interested in new programming in the Minnesota Department of Corrections facilities. In the summer of 1994, we made some inquiries regarding the juvenile sex offender program at Sauk Centre. We requested to see the treatment manual and were told there wasn't a treatment manual specific to the sex offender program. We tried to talk to the MCF-SCR psychologist, who we were told was the clinical director for the program. We had difficulties in setting up a meeting with the psychologist. We knew Dr. Alan Listiak who had been hired as an advisor to the program was no longer involved with the program. This led us to question who was in charge of this new program. In order to get more information, we decided to conduct an overview of the program. The emphasis would be on the structure of the program, information on the treatment component of the program and the staff responsibilities.

The contents of this report include data gathered and analyzed by Mary Jo Reiter and Diane Grinde, investigators with the Ombudsman for Correction's office. Interviews were conducted with MCF-SCR Superintendent Dale Ulrich, Jim McArdeU, MCF-SCR Unit Director, Bill Donnay, the Department of Corrections (DOC) Program and Policy Monitor, and Bill Guelker, the Acting Director for the DOC Sex Offender/Chemical Dependency Services Unit. Also interviewed were other staff at MCF-SCR and residents in the program. The investigators reviewed several treatment and parole plans as well as monitored a Critical Thinking Skills Session and a Positive Peer Culture Group.

OVERVIEW

On March 10, 1993 the Sex Offender Program began accepting clients. The maximum capacity of the program is 20 juvenile males. Juvenile offenders who are eligible to receive treatment, according to the legislation, are juvenile males who have been adjudicated for a sex or sex related offense and have been committed to the custody of the Commissioner of Corrections.

This program was not intended to compete with existing programs, but to provide programming for juveniles who could not receive it in the community for various reasons. The components for sex offender treatment were designed by the DOC Sex Offender/Chemical Dependency Services Unit, Sauk Centre staff and outside consultants.

The investigators were told the Juvenile Sex Offender Program does not have a specific mission statement. However, the MCF-SCR does have a mission statement which states:

" MCF-SCR's mission is to participate in the overall Department of Corrections Mission, calling for the protection of society as well as rehabilitative programming at the juvenile level. This is accomplished by establishing goals and programs that cause juvenile residents to internalize attitudinal and behavioral changes enabling them to adequately function in a free society to a degree that will prevent further involvement with the Criminal Justice System. Such changes are effected through academic and remedial education as well as programs dealing with the development of social skills and behavior."¹

The JSOP was designed to fit into the overall programming at Sauk Centre. All the cottages at MCF-SCR are autonomous and the residents have limited contact with other cottage residents. The JSOP residents may be involved in institution wide programs such as, Chapter I and Drivers Ed. Except for special education classes, the JSOP residents do not attend school with other residents on the campus.

The requirements, as they presently exist, for a juvenile male to enter the Juvenile Sex Offender Program are as follows:

- 1) He must have been committed to the Commissioner of Corrections.

¹MCF-SCR, Department of Corrections, Policy and Procedures Manual II, pg. 1.

- 2) He must be adjudicated for a sex or sex related offense.
- 3) He must have failed to complete a court ordered residential sex offender program or;
- 4) He must have been court ordered to complete residential sex offender treatment but were not accepted into any program due to factors such as denial of offense, age, aggressive/assaultive behavior or a previous program failure or;
- 5) A sex offender assessment determines the Sauk Centre program is the most appropriate based on the circumstances of the case.

The JSOP uses Positive Peer Culture as the basic treatment model. Positive Peer Culture (PPC) is designed to turn around a negative youth subculture and mobilize the power of the group in a positive manner. Offenders in PPC groups learn how to identify problems and how to work toward resolution of their problems with the guidance of adults.

Other treatment models are utilized in the program. Critical Thinking Skills which focus on problem solving, social skills, negotiation skills, management of emotions, creative thinking, values enhancement and critical reasoning have also been included.

Treatment specific to sex offenders occurs in four segments:

- 1) Engagement (including an assessment);
- 2) Facing the abuse;
- 3) Cycle of abuse;
- 4) Demonstrating responsibility/preventing relapse.

The investigators were told that the other treatment models incorporated into the program include; behavioral, behavioral/cognitive, psycho/socio/educational, bio-medical and relapse prevention. The bio-medical treatment modality refers to consultation with the psychiatrist regarding prescription drugs such as Lithium and Tegretol for individuals suffering from mood disorders. Additional modalities utilized in the treatment include; polygraph, masturbatory reconditioning, fantasy work, anger management, victim work, sex education and employment/vocational issues. The program offers both group and individual counseling. Involvement is based on need and ability to benefit from a specific course of treatment.

A typical weekday consists of a half day in school, an hour and a half Positive Peer Culture Group, at least one hour of psycho-educational group and at least one hour of goal work. Recreation is also considered an important part of the program.

Every resident has an individual treatment plan which is reviewed every thirty days. The treatment plans are developed by the caseworker and reviewed by the unit director and the program director. The goals are measured by the individual's institution behavior, written assignments, relationship skills, ability to help others and pro-social attitudes.

Treatment plans reviewed by this office contained goals in the following areas:

- | | |
|-------------------------------|--|
| 1) Academic; | 6) Specialized treatment |
| 2) Vocational; | a) Responsibility for crime |
| 3) Group Living | b) Life history |
| a) Self Esteem | c) Cycle of abuse; |
| b) Authority Problems | 7) Empathy; |
| c) Responsibility | 8) Chemical Dependency Evaluation |
| d) Anger; | 9) Community Contacts |
| 4) Restitution; | (Parole Officer, family, other programs) |
| 5) Self Control & Discipline; | |

All residents are staffed within five weeks and seen by the Office of Juvenile Release (EOJR) within seven weeks, at which time they are told their minimum and extended release dates. A resident will not be paroled until he completes his treatment goals unless age becomes a factor. The EOJR may choose to parole a resident that is over the age of eighteen so there can be some supervision before mandatory discharge from the juvenile system. Presently, program stays are averaging between six and seven months.

The parole plans are developed by the case worker, the parole officer and any community agencies that are going to be involved. The parole plans may require further counseling for support, further treatment, education, and for issues that may develop after the juvenile returns to the community. Each resident leaves the program with a formal Offense Prevention Plan. This plan is approved by the treatment team and the resident's parole agent. Parents are also made aware of the specifics of the plan, as are group homes or other placements, as appropriate. Also, each resident has in place a plan for continuing sex offender specific out-patient counseling, if under age 19.

We were told that after completing the program approximately 45% of the residents return home. The other residents may be unable to return home because there is a victim or perpetrator in the home or the family is so dysfunctional it is not an appropriate placement.

STAFFING

The program is presently supervised by Larry Smith, MSW, the Program Director who supervises all the programs at MCF-SCR and James McArdell, the Unit Director, who has a BS in Secondary Education. Mr. McArdell presently supervises the JSOP and the girls' program. Two Case Managers and eight Correctional Counselors complete the staffing making this the most intensely supervised program at MCF-SCR. The MCF-SCR Psychologist is also designated as the Clinical Director for the JSOP. The Psychologist/Clinical Director is assigned 80% of the time to the sex offender unit and 20% of the time to the rest of the institution. At the time of this writing, that position was vacant. Mr. McArdell is presently providing weekly clinical supervision to the staff. Mary Yost and Fred Rudy, staff psychologists at MCF-St.Cloud visit the institution weekly and are available to staff that want to see them. The psychiatrist is also available once a month for staff consultation.

The Psychologist at MCF-SCR resigned in October of 1994. Initially there was difficulty in recruiting suitable candidates to fill this position. This continues to be a problem. The Department of Corrections is attempting to upgrade this position to a Psychologist III classification which requires that applicants are Licensed Psychologists. The position will also require prior sex offender treatment experience. MCF-SCR anticipates that this position will be filled in the spring of 1995. The Ombudsman's Office will continue to monitor the progress of this appointment.

MCF-SCR has submitted an initiative to the governor requesting positions for a family therapist and an aftercare coordinator for the JSOP. These positions are important additions to the program and are part of the 1996-1997 budget requests.²

²The Department of Corrections deleted these two positions from the 1996-1997 budget requests.

TRAINING

Prior to the program's opening, all the JSOP original staff, including correctional counselors, attended the University of Kentucky's 2 week Sex Offender Counselor Certification Course. Current plans are that only new case managers will complete the course.

Some staff have also completed the Department of Corrections training for Critical Thinking Skills. Only these staff are qualified to teach the Critical Thinking Skills sessions.

Mr. McArdell, the Unit Director, has completed the course work for a Masters Degree in counseling, attended the training at the University of Kentucky, and has a certificate from The Center of Behavior Therapy. In addition, he has attended various training sessions addressing juvenile sex offenders.

All the Department of Corrections staff are required to attend 40 hours of training a year.

EVALUATION

After we had written the majority of this report, we became aware of a report entitled "The Juvenile Sexual Offender Program at the Minnesota Correctional Facility at Sauk Centre: Initial Six-Month Formative Evaluation and Provisional Evaluation Plan." The report was written by James R. Hulbert, PhD of Bell Hulbert Associates. Some of the recommendations contained in that report are being made by the Ombudsman after concluding our overview of the JSOP.

We were told the Hulbert report did not meet the needs of the DOC in providing a program evaluation. The contract for this evaluation has been rewritten and is now going forth under the direction of Michael Miner, PhD, Assistant Professor Department of Family Practice and Community Health and Program in Human Sexuality at the University of Minnesota. Dr. Miner is familiar with other program evaluation efforts underway within the DOC.

This comprehensive evaluation began in July of 1994 and will examine, among other things:

- 1) The treatment process within the program including short-term effects of program components.
- 2) Long-term effectiveness using re-offense behavior as well as adjustment to the community.

Three groups will be studied, a treatment group, a sex offender comparison group, and a non sex offender comparison group. This evaluation is projected to be long term (at least seven years of data collected and evaluated) and will cover every aspect of the program.

The Legislative Auditors Office has conducted an evaluation of juvenile facilities and is preparing a report. However, because the sex offender program at MCF-SCR is so new, there will only be a description of the program included in this report. The report should be completed in February or March of 1995.



CONCLUSIONS

■ The current design of the Juvenile Sex Offender Program is comprehensive and appears to contain the treatment components that allow for successful programming for juvenile sex offenders.

■ Given the nature of the multiple therapeutic modalities incorporated in the treatment program, to ensure the success of the program, it is necessary that the Department of Corrections hire and retain a skilled Clinical Director to lead the Program.

■ There has been significant change in the supervisory staff positions since the programs inception in 1993.

■ Originally all staff working in the program were sent to the University of Kentucky for two weeks of training specifically dealing with juvenile sex offenders. At present only new case managers will be sent for the training. Staff training is essential since the staff are hired from the correctional officer list and may not have sex offender training.

■ Since MCF-SCR has no control over who is committed to the program, identifying and developing individual treatment plans is important. Given the current structure of the program, mentally ill and low functioning sex offenders can be housed with more sophisticated offenders. The potential for victimization of this vulnerable group is a concern. At this time the problems have been minor. The low functioning residents sometimes slow up the group process.

The program does not have appropriate alternative treatment materials for low functioning residents. MCF-SCR is not designed to deal with mentally ill residents. The treatment for mentally ill offenders can take longer. They exhibit behavior which can result in placement in the security cottage; they are not involved in programming during these periods. Residents placed in the security cottage are visited daily by staff of JSOP to determine if they are motivated to complete treatment assignments so they can be integrated back into the program at the earliest opportunity. The security cottage provides the staff the ability to remove a resident who is having behavior problems for short periods of time without terminating them from the program.

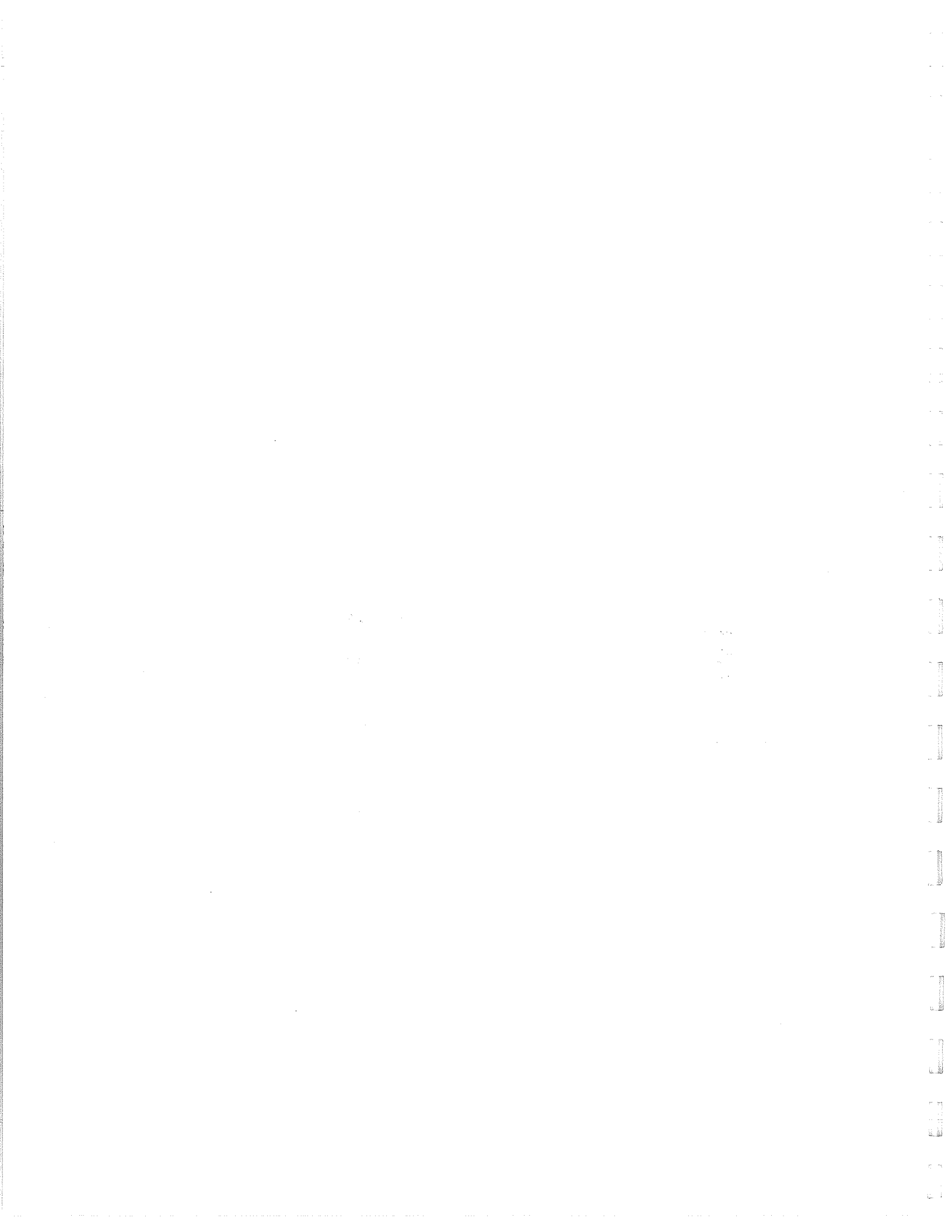
■ The institution and the Executive Office of Juvenile Release appear to be working together to assure that residents have met their goals and an appropriate parole plan has been developed before release.

RECOMMENDATIONS

1. That MCF-SCR hire and retain a clinical director for the JSOP. If MCF-SCR is unable to recruit such a person, the DOC should re-evaluate its options immediately in order to ensure that the residents are participating in a quality program and that program staff have adequate clinical supervision.
2. That the addition of a Corrections Behavior Therapist position for the juvenile sex offender programs be considered in the staffing complement for the program. This job classification exists for adult sex offender programs, and could complement the staffing of the JSOP. Recently we were told that MCF-SCR is investigating the feasibility of adding this position to their program.
3. A formal orientation for new sex offender treatment staff should be developed.
4. A comprehensive staff training program be developed. The program must adopt a clear, workable, and consistent philosophy of treatment; the techniques need to be taught to staff. Because of the nature and special needs of these offenders, the staff should have ongoing training in treating child sex offenders and victims, preventing relapse, family violence, the incest perpetrator, and other similar courses. New staff should have a training curriculum that includes treatment techniques for dealing with sex offenders, information regarding the cycle of sexual abuse and other relevant courses.
5. The issue of housing vulnerable offenders with more sophisticated offenders should be addressed specifically from a management/safety and programmatic perspective. Solutions need to be generated.
6. That the family therapist, when hired, be involved in the victim reconciliation work. The hiring of a family therapist will allow the program to place more residents back into their homes after the families have resolved some issues.
7. An aftercare coordinator be hired. This will improve the follow-up of residents who have left the program.

DEPARTMENT OF CORRECTIONS RESPONSES

1. The DOC is still searching for someone to fill the position. Department of Employee Relations has denied DOC request to upgrade the position to Psychologist III. The location continues to be a problem in recruiting appropriate applicants.
2. The DOC has discussed the possibility of converting the Case Managers positions to the Corrections Behavior Therapist classification recognizing the desirability of having similar positions in the sex offender programs throughout the DOC.
3. The DOC will consider developing a formal orientation for new sex offender treatment staff.
4. The Sex Offender/Chemical Dependency Unit has developed plans to provide training for all DOC staff who are assigned to sex offender and chemical dependency treatment programs. A needs analysis is underway and it is expected that the first training sessions will occur in May and/or June, 1995. These training sessions will be presented by current DOC staff and outside experts as well. We expect these training sessions to be presented annually to DOC staff. The DOC has a considerable amount of written material which could be organized to develop a program manual.
5. DOC shares this concern and is generating plans appropriate for this "vulnerable" group. There has been one serious instance of such victimization, which has been documented in a memo from Dale Ulrich to Jim Bruton dated July 15, 1994. The perpetrator has been convicted of Criminal Sexual Conduct regarding this behavior. This indicates that the DOC does take this behavior seriously, and is attempting to prevent sexual exploitation wherever possible.
6. The DOC is committed to the concept of restorative justice which includes working with victims of sexual assault. This would include providing an opportunity for victims to address their needs within the context of JSOP.
7. This will be pursued in future budget years.



May 10, 1995

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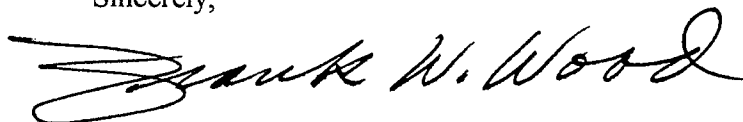
Dear Ms. Seleen:

Thank you for the opportunity to review the final report on the sex offender program at the Minnesota Correctional Facility-Sauk Centre. We appreciate being given the opportunity to meet with your investigators and note that you incorporated our suggested changes and our responses to your recommendations into the final report.

The Minnesota Department of Corrections remains committed to providing sex offender treatment programming for juveniles who are adjudicated and sent to the MCF-Sauk Centre. We realize that these juveniles have generally failed other treatment programs and that they will be housed at Sauk Centre for approximately six months. During the time that they are there, we endeavor to provide psycho-educational programming for sex offenders, as well as a positive peer culture environment. We are committed to maintaining professionalism within the program and are working within budgetary constraints to provide the best programming possible for these juvenile sex offenders.

In conclusion, we would like to thank your staff for their work on this report. The suggestions made will be helpful to us as we continue to evaluate and improve this program.

Sincerely,



Frank W. Wood
Commissioner

FWW:kl

