Description of Minnesota's Sex Offender Treatment Programs and Services

CHAPTER 3

In this chapter we describe sex offender treatment programs and service providers operating in Minnesota at the end of 1993. We describe where they were located and the types of treatment they provided. We also discuss how much treatment offenders received and how long treatment lasted. Finally, we analyze the costs associated with treatment and the sources of treatment funding. We asked:

- **How many sex offender treatment programs were there in 1993 and who operated them? Where were treatment programs located?**

- **What did sex offender treatment entail and how much treatment did offenders typically receive? How did treatment vary in different treatment settings?**

- **How much did treatment cost and who paid for it?**

To answer these questions, we attempted to identify all treatment programs in Minnesota that treated sex offenders referred by the court or received public funds for some of the costs of providing treatment. We visited programs located in residential settings and those operating in Minnesota correctional facilities to conduct in-depth interviews and examine program documentation. We also conducted detailed telephone interviews with representatives of the outpatient treatment providers we identified and reviewed related documentation. A copy of our outpatient treatment provider interview guide and the data collection form we asked them to complete for each offender they treated in 1992 is included as Appendix A.

We asked treatment providers in Minnesota to describe how they treated sex offenders and, in some cases, we observed group treatment. We also spoke with financial representatives of state, county, and private treatment programs, and interviewed officials from the Departments of Corrections and Human Services regarding sources of treatment funding.

In summary, we identified 70 service providers that treated sex offenders in Minnesota in the fall of 1993. They operated in a variety of settings, including state and county correctional facilities, community residential facilities, a state hospital, and private agencies. We learned that group therapy was the most

common method of sex offender treatment, sometimes supplemented with individual and family counseling. On average, treatment lasted 13 months in state and county correctional programs and 18 months in outpatient programs, although offenders who received outpatient treatment received fewer total hours of treatment. In general, residential sex offender treatment in correctional and community settings was more expensive than outpatient treatment, but in state correctional facilities, program expenses accounted for less than half of the total cost of holding offenders. Treatment programs were funded by several sources, including county and state funds, private insurance, and offender contributions.

IDENTIFYING TREATMENT PROVIDERS

Minnesota's sex offender treatment programs are changing.

To determine the number of sex offender treatment providers in Minnesota, we began with a list of 65 providers supplied by the Department of Corrections. We contacted these providers and talked with court services administrators and probation officers in Community Corrections Act counties and other counties with more than ten reported sex offense convictions. In the process, we eliminated defunct or inapplicable service providers and added others identified by probation officers and treatment officials. We included only programs that either accepted referrals from court services personnel or received public funds for some or all of the costs associated with treating sex offenders.[1] The service providers we identified are listed in Appendix B.

Our efforts to develop a comprehensive, up-to-date list of sex offender treatment providers were hindered by two factors. First, there was no comprehensive list of providers readily available. As we discuss below, no single state agency is responsible for regulating the agencies and therapists that provide sex offender treatment. Second, sex offender treatment programs in Minnesota are undergoing significant change. For example, the Department of Corrections established four new treatment programs in correctional facilities in the last three years and continued to modify them during our study period. In addition, in October 1993, the Department of Human Services instituted a new, comprehensive treatment program at the Minnesota Security Hospital to replace its existing sex offender treatment programs. Some outpatient programs also began or stopped treating sex offenders during our study period. As a result, the number of treatment providers on our list and the type of treatment they offer may have changed since we completed our field work. In this chapter we describe only those programs that were operating in the fall of 1993.

1 In some cases, we found providers operating separate programs for juveniles and adults. We counted these as a single provider but as two programs.

NUMBER OF TREATMENT PROVIDERS

Table 3.1 summarizes the providers we identified by treatment setting and population treated (juveniles, adults, or both). We found that:

- **In 1993, there were 70 providers that treated sex offenders referred by the court or received public funds for some of the costs of providing treatment.**

We located 70 sex offender treatment providers, most of which offered treatment on an outpatient basis.

Table 3.1: Sex Offender Treatment Providers by Setting and Population Served, 1993

	Juveniles	Adults	Juveniles and Adults	Total
STATE FACILITIES				
State correctional facilities	1	4	0	5
Department of Human Services facilities	0	1	0	1
Subtotal	**1**	**5**	**0**	**6**
LOCAL RESIDENTIAL PROVIDERS				
County correctional facilities	2	1	0	3
Sex offender-specific residential facilities	2	1	0	3
Halfway houses	0	2	0	2
General treatment facilities	4	1	0	5
Subtotal	**8**	**5**	**0**	**13**
OUTPATIENT PROVIDERS				
Sex offender-specific providers[a]	2	4	3	9
Community mental health centers[b]	0	4	15	19
Other agencies and therapists	4	5	14	23
Subtotal	**6**	**13**	**32**	**51**
TOTAL	15	23	32	70

Source: Program Evaluation Division analysis of data received through November 1993.

[a]These providers serve only sex offenders or offenders with their families.

[b]This includes only Department of Human Services-licensed "Rule 29" facilities.

As shown in Table 3.1, there were six sex offender treatment programs in state facilities, five of which were located in adult correctional facilities. In addition, there were 13 residential programs operated by county correctional facilities or private agencies in the community. This included three residential treatment facilities that specialized in treating sex offenders, three county correctional facilities with sex offender treatment programs, two halfway houses that provided limited treatment and supervision for sex offenders released from prison under contracts from the Department of Corrections, and five general treatment facilities that worked with both sex offenders and others. As Table 3.1 indicates, private agencies, including sex offender-specific and general treatment facilities, operated 6 of the 9 residential programs for juveniles, while state and county correctional facilities operated 6 of the 10 residential programs for adult sex offenders.

Table 3.1 also shows that:

- **Most sex offender treatment service providers in Minnesota were outpatient agencies or therapists.**

Over 70 percent (51 out of 70) of treatment providers we identified provided outpatient services. They included community mental health centers, private agencies, and individual therapists. Most of these providers treated both juveniles and adults.

In addition to the programs listed in Table 3.1, some county probation departments provided limited therapy as part of their overall supervision of sex offenders. At least three probation departments—Dakota and Hennepin Counties and Arrowhead Regional Corrections—held weekly group sessions for sex offenders. These three programs were funded by Department of Corrections' grants to increase supervision of sex offenders and supplement the treatment they received in other programs.

DESCRIPTION OF TREATMENT PROGRAMS

Just over 20 percent of state prison inmates are sex offenders.

In this section, we describe the treatment programs operated in state facilities, local residential facilities, and by outpatient service providers.

State-Operated Programs

Table 3.2 shows which Department of Corrections facilities housed sex offenders and operated sex offender treatment programs as of January 3, 1994. As shown, convicted sex offenders comprised 21 percent of the total adult and juvenile correctional facility population, and treatment slots were available for 20 percent of them at a given time. Table 3.2 also indicates that two state adult correctional facilities, at Faribault and Shakopee (for women), housed sex offenders but did not have sex offender treatment programs.[2]

Recently, treatment for sex offenders in prison has been expanded.

Until 1991, the Department of Corrections operated sex offender treatment programs in two adult facilities: Lino Lakes, a transitional facility for offenders scheduled for release; and Oak Park Heights, the state's most secure facility. During the 1980s, the state correctional facility at Lino Lakes treated the most sex offenders. In late 1992 and early 1993, the number of sex offenders at Lino lakes increased and outgrew the capacity of the existing treatment program and staff. In mid-1993, the department replaced the existing program with a smaller one under new direction and with a slightly different focus. During the last three years, the Department of Corrections also developed two additional treatment programs for adults at Stillwater

2 The department began a psycho-educational group for women sex offenders at Shakopee after our field work was completed.

Table 3.2: Sex Offenders and Treatment Programs in Minnesota Correctional Facilities, as of January 3, 1994

	Total Facility Population	Number of Sex Offenders[a]	Sex Offenders As Percent of Total	Sex Offender Treatment Slots[b]	Treatment Slots As Percent of Sex Offenders
ADULT FACILITIES					
Faribault	583	94	16.1%	—	—
Lino Lakes	502	182	36.3	57	31.3%
Oak Park Heights	395	79	20.0	28	35.4
St. Cloud	835	144	17.2	30	20.8
Shakopee	142	7	4.9	—	—
Stillwater	1,443	370	25.6	45	12.2
Other facilities	294	0	—	—	—
Subtotal	**4,194**	**876**	**20.9%**	**160**	**18.3%**
JUVENILE FACILITIES[c]					
Red Wing	73	4	5.5	—	—
Sauk Centre	91	15	16.5	20	133.3
Subtotal	**164**	**19**	**11.6%**	**20**	**105.3%**
TOTALS	4,358	895	20.5%	180	20.1%

Source: Department of Corrections.

[a]Inmates serving under a governing sex offense.

[b]As of September 1993.

[c]As of February 7, 1994.

(1991) and St. Cloud (1992). The department also plans to operate a new sex offender treatment program at the Moose Lake correctional facility, which is scheduled to open in 1994.

Department officials told us that the new adult programs are designed to serve inmates at different stages of incarceration and with different needs. For example, offenders with long sentences remaining (typically housed at Oak Park Heights) were likely to receive intensive and prolonged treatment, while those in their final year of incarceration (typically housed at Lino Lakes) received treatment that focused on building and maintaining relationships and preventing reoffense after release.[3]

The program at the St. Cloud facility initially treated 10 sex offenders at one time, but was expanded in the fall of 1993 to serve approximately 30 individuals at once. Unlike other adult sex offender programs, participants in the St. Cloud program are not housed in a separate unit, but are intermingled with other offenders in the prison population.

3 However, the department's need for beds may alter implementation of this plan. Department officials told us in March 1994 that they plan to transfer the intensive sex offender treatment program at Oak Park Heights to another facility in mid-1994. This will allow them to use maximum security beds for offenders who require a higher level of security.

The Department of Corrections also began a 20-bed sex offender treatment program for juveniles at its Sauk Centre facility in March 1993. Since 1987, the department has contracted with an outside consultant to provide counseling at the Red Wing facility for juveniles with a history of sexual offending. The department transferred juvenile sex offenders from the Red Wing facility to Sauk Centre when that treatment program began, and since then, it has placed the majority of its juvenile sex offenders at Sauk Centre.

The Minnesota Security Hospital treats offenders committed as psychopathic personalities and a few other sex offenders.

The Department of Human Services treated adult sex offenders at the Minnesota Security Hospital in St. Peter. Until recently, the Minnesota Security Hospital operated a residential program (Intensive Treatment Program for Sexual Aggressives) for sex offenders on probation who needed more supervision than outpatient programs provided. It also operated a program for less motivated or developmentally slower offenders.

In October 1993, the security hospital began a treatment program for sex offenders committed under Minnesota's psychopathic personality commitment law and incorporated the existing condition-of-probation offenders into the new program.[4] Treatment officials told us that the increase in the number of psychopathic personality commitments resulted in their reducing by half the number of offenders on probation that they accepted at any one time (from 48 to 24).[5] As of March 1, 1994 there were 27 offenders on probation, 60 individuals committed under the psychopathic personality law, and 10 mentally ill and dangerous or mentally retarded offenders in the new the sex offender program at the Minnesota Security Hospital.[6]

Local Residential Providers

Three private residential facilities specialize in treating sex offenders.

As shown in Table 3.1, 13 local residential facilities throughout the state provided treatment to sex offenders in the fall of 1993. However, only three of these facilities (one adult and two juvenile) specialized in treating sex offenders. The adult facility, Alpha Human Services, had a capacity of up to 20 sex offenders in residence at one time, most of which were reserved for offenders from Hennepin County. The juvenile facilities, the Leo A. Hoffmann Center and Mille Lacs Academy, each operated more than one program. The Hoffmann Center operated two programs for boys, one of which could treat 36 at one time. The other, which specialized in treating offenders with low IQs, had a capacity of 16. Mille Lacs Academy operated four programs for boys between 10 and 19, divided into groups by age and overall functioning. The two largest groups had a joint capacity of 56 offenders between the ages of 15 and 19, a third could accept 20 offenders between ages 13 and 15, and the newest program had room to treat up to 12 boys between the ages of 10 and 12. Although the Hoffmann Center began

4 *Minn. Stat.* §§526.09-.115. See Office of the Legislative Auditor, *Psychopathic Personality Commitment Law* (St. Paul, 1994).

5 In addition, the Legislature has appropriated $8.5 million to improve security and expand program capacity by 50 beds.

6 Since most of the clients it treated in 1992 were on probation, we grouped the Security Hospital with "local residential" programs for analysis.

with an emphasis on serving juveniles from rural areas, both this facility and Mille Lacs Academy accepted juvenile offenders from counties and states that were willing to pay for their services.

Some sex offender treatment is available in another ten residential facilities, including three local correctional facilities.

Sex offender treatment was secondary to other services or functions in the remaining ten residential programs. In the three county correctional facilities (one adult and two juvenile), treatment was secondary to the supervision and control of offenders and other functions fulfilled by correctional facilities. The adult facility, Northeast Regional Corrections Center, served approximately 18 sex offenders from the Arrowhead region at one time.[7] The Hennepin County Home School began its Juvenile Sex Offender Program in 1981 and, in the fall of 1993, could treat up to 48 offenders at one time. The Home School program accepted offenders from other counties and states, as long as they could pay the costs of treatment, but the program director told us that its sex offender treatment program was rarely full.[8] Anoka County Juvenile Center began a program in 1991 and had room to treat 11 offenders at one time. This program accepted few from outside Anoka County.

Two halfway houses provided limited treatment to sex offenders on supervised release from prison. In addition, five "general treatment facilities" provided limited treatment to offenders who were typically housed at the facility for other reasons. These facilities included:

- three homes for severely emotionally disturbed children;
- an adolescent group home for juveniles who were removed from their homes temporarily; and
- an intermediate care facility for the mentally retarded (ICF-MR).

In all of these facilities, sex offender treatment supplemented the primary functions of the facility. Each program accepted varying numbers of sex offenders over time, based on program resources and the individuals' other needs. Typically, however, offenders were not placed in these facilities because they were sex offenders, but because of other problems.

A variety of different agencies and individuals treat sex offenders on an outpatient basis.

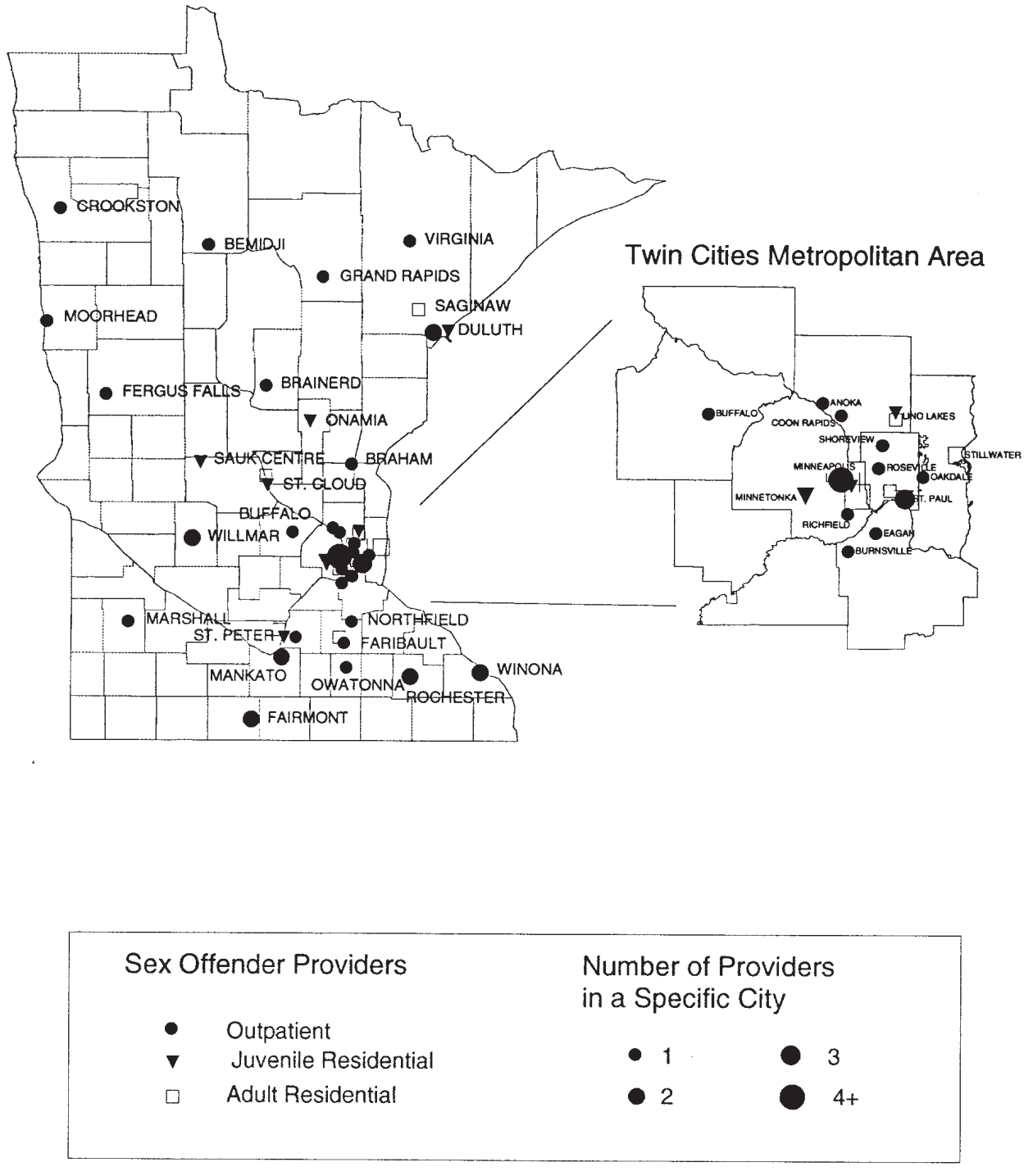
Outpatient Providers

As shown in Table 3.1, 51 agencies or therapists in Minnesota treated sex offenders on an outpatient basis. These providers operated 56 different programs for sex offenders. Nine of the 51 providers treated only sex offenders and 19 were licensed community mental health centers, which served many different clients. All of the others were independent agencies or therapists that treated sex offenders as well as other clients. These included

7 The Northeast Regional offenders were only partially separated from other offenders within the facility, so the program's capacity was not limited by its bed space. The Arrowhead region includes Carlton, Cook, Koochiching, Lake, and St. Louis Counties.

8 As shown below, the daily cost at the Hennepin County Home School was substantially higher than at other residential juvenile facilities.

Figure 3.1: Location of Sex Offender Treatment Providers



Note: State correctional facilities are included in the residential category.

programs at the University of Minnesota, a day program for women involved with the correctional system, several social service agencies, groups of affiliated therapists, and therapists in private practice.

As illustrated in Figure 3.1, approximately half of all local residential and outpatient providers were located in the seven-county Twin Cities metropolitan area (33 of 64). The remainder were dispersed throughout outstate Minnesota. Forty-six percent of outpatient providers in outstate Minnesota were licensed community mental health centers, compared to 28 percent within the seven-county metropolitan area. Conversely, metropolitan area providers were more likely than outstate providers to be specialists in sex offender treatment (20 percent versus 15 percent) or other private therapists (52 percent versus 38 percent).

TREATMENT GOALS AND CONTENT

We asked treatment providers to describe the goals of their sex offender treatment programs, the types of treatment they provided, and the qualifications of staff who provided it.

Treatment and correctional officials told us that the primary goal of sex offender treatment was to stop individuals from repeating deviant sexual behavior. Secondary goals included getting offenders to acknowledge their offenses without minimizing their seriousness or blaming others, and getting them to develop empathy for their victims.

Treatment programs approached these treatment goals somewhat differently. Some programs tried to replace deviant sexual behaviors with more appropriate ones. Some focused on changing offenders' attitudes so that behavioral change would result. Nearly all tried to interrupt the cycles of thought and behavior that led to offenses.[9] Overall, treatment programs told us they tried to teach offenders about their deviant behaviors and motivations, challenged them to change their patterns of offense, and supported them through the process of change.

Most treatment programs covered the same elements of treatment with each of their clients, but individualized each offender's treatment objectives, required activities, and the time allotted for each element. In many programs, a written treatment plan directed an offender's course of treatment according to specific goals and objectives. According to treatment program staff, treatment plans helped to document offenders' progress through treatment and served as tools for ensuring accountability.

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9 Minnesota treatment program staff disagreed whether juveniles, like adults, had offense cycles. Some believed juveniles were too young to have already established patterns, but others believed that adult patterns were formed in adolescence.

We found that:

- **Most sex offender treatment programs in Minnesota relied on a mix of treatment approaches.**

Typically, treatment programs in Minnesota combined learning activities with those that helped to change offender behavior. For example, offenders were often required to attend sexual education lectures, discuss these sessions in groups with other offenders where they could practice social interactions, and then complete homework assignments to further integrate the material into their lives. Programs often had offenders begin treatment by writing their sexual histories, including any abuse they experienced or perpetrated. Many also required offenders to keep written journals of sexual fantasies for review and discussion throughout treatment in order to learn about their motivations and record their progress. Offenders often completed treatment by writing detailed plans for their future behavior.

Minnesota sex offender treatment programs rely primarily on psychological approaches.

Some programs in Minnesota incorporated less common activities into treatment. For example, one residential program for juveniles used massage therapy to teach offenders appropriate touch and allow those in treatment supervised physical contact. This program also invited parents to the facility each month for a "family journey," during which parents and juveniles learned together about healthy communication and sexuality. Another juvenile program sometimes used clinical hypnosis and sex-specific behavior therapies, such as masturbatory reconditioning.[10] At least two residential programs for adults and one for juveniles in Minnesota used plethysmography as part of the assessment or treatment process.[11] At least four residential programs occasionally used polygraphs to determine the depth of deviant thoughts and activities.[12]

In addition, the 1992 Legislature directed the Department of Corrections to fund a pilot program to test the effectiveness of pharmacological agents in the treatment of sex offenders.[13] The department awarded $203,550 for fiscal years 1993 and 1994 to the University of Minnesota to test the effectiveness of depo-provera and prozac in a controlled experiment with voluntary participants who were simultaneously in outpatient treatment. In addition, staff at the Minnesota Security Hospital said that its new sex offender treatment program, which began operating in October 1993, includes drug therapy.[14] However, we did not identify any other programs in Minnesota that used drug therapy to treat offenders.

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10 This treatment method uses an offender's senses to retrain his arousal patterns to respond to appropriate stimuli.

11 A plethysmograph measures responses to sexual stimuli.

12 There may be other programs that used plethysmographs and polygraphs as part of treatment, but we did not request this information from outpatient providers.

13 *Minn. Laws* (1992), Ch. 571, Art. 8.

14 The security hospital plans to do an independent study of the effectiveness of the drugs it uses in reducing sexual compulsiveness.

We also found that:

- **Few treatment programs regularly included "aftercare" as part of their treatment of sex offenders.**

Few programs include long-term follow up.

In general, aftercare is a period of less intense treatment or support to ensure offender accountability during the transition out of more intense treatment and supervision. Approximately one-third of the treatment programs we identified told us they included a period of aftercare at the end of the treatment period. However, programs differed in what they called aftercare, ranging from verbal check-ins to prolonged therapy. Some programs required offenders to periodically call treatment officials, meet with therapists individually, or attend support groups run by participating offenders. On the other hand, some referred clients to other treatment programs that specialized in aftercare for offenders who had completed primary treatment elsewhere.

TREATMENT METHODS

We asked treatment program staff what methods they used to treat sex offenders and how often they used each one. Treatment officials told us they used some treatment methods with all or nearly all of their clients, and other methods only when they seemed to be necessary. We found that:

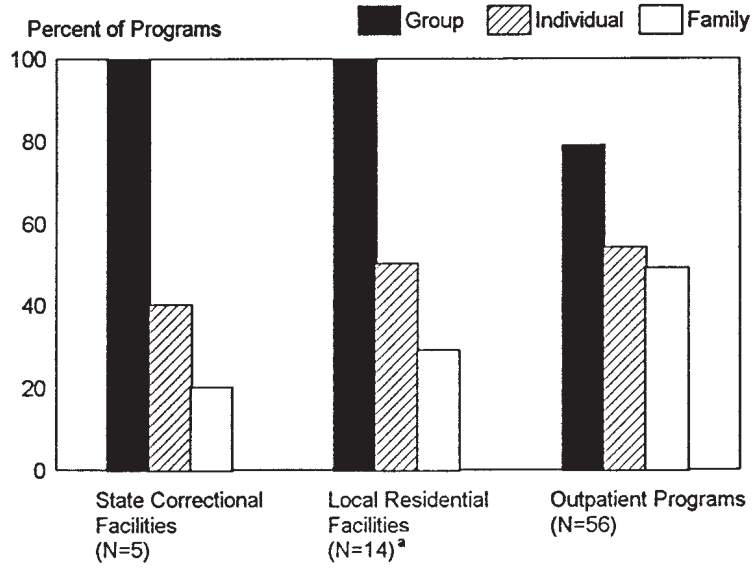
Over 80 percent of programs use group therapy to treat sex offenders.

- **Most programs used group therapy as their primary method of treating sex offenders.**

As Figure 3.2 shows, all of the treatment programs in state and local residential facilities and 80 percent of outpatient programs regularly used group therapy to treat sex offenders. Fewer programs regularly used individual and family counseling. In addition, offenders received over twice as much group therapy as individual treatment on average. In approximately two-thirds of outpatient programs, two therapists jointly conducted group therapy to balance an individual therapist's impressions. There were 8 offenders per group on average, although the groups ranged in size from 4 to 12 members. Typically groups focused on one individual's experience at a time to explore issues common to all.

According to treatment officials, group therapy was most common for at least two reasons. First, sex offenders in treatment with offenders like themselves could not easily deceive each other or their therapists about their offenses. Second, group settings provided role models of similar individuals who were succeeding in the treatment process in some way. According to these treatment officials, peer confrontation and support played an important role in changing deeply rooted patterns of thinking and fulfilling needs.

Figure 3.2: Use of Alternative Treatment Methods by Program Setting



Source: Program Evaluation Division analysis of data provided by treatment programs.

[a]Includes the Minnesota Security Hospital's treatment program.

As Figure 3.2 also shows:

- **Fewer than half of all sex offender treatment programs routinely provided individual or family treatment to their clients.**

Outpatient programs were the most likely to supplement group therapy with the other two forms of treatment. Fifty-four percent of outpatient programs regularly provided individual therapy, compared to 40 percent in state correctional facilities and 50 percent of those in local residential facilities. Forty-eight percent of outpatient programs regularly provided family therapy, compared to 20 percent in state correctional facilities and 29 percent of those in local residential facilities.

Several other programs provided individual counseling "as needed," and a small number of programs in each treatment setting told us they provided counseling to an offender and his family when possible and necessary to achieve treatment goals. We also learned that some sex offenders in outpatient treatment received individual or family counseling from a different provider at the same time, arranged through an offender's probation officer or county case manager.

Treatment Staff

We asked treatment providers about the qualifications of the staff who treated sex offenders. We found that:

Most treatment professionals are licensed in mental health fields.

- **While there were no licensing standards that applied specifically to sex offender treatment providers, most of the people who provided treatment were licensed in mental health fields.**

Most sex offender treatment in Minnesota was provided by mental health workers licensed as social workers, psychologists, or, in some cases, psychiatrists. Also, most programs required at least some treatment staff to have a masters-level or more advanced degree in a mental health field. Over 40 percent said they preferred to hire people with previous experience working with offenders or victims or who were interested in working with these client groups. In correctional facilities, staff were often required to also have experience working within a correctional setting. Most providers also told us it was important for staff to stay current with developments in the sex offender treatment field, mainly by attending seminars, workshops, and conferences.

LENGTH OF TREATMENT

We asked treatment programs how much time sex offenders spent in sex-specific treatment activities each week.[15] As Figure 3.3 shows, offenders in state correctional and sex offender-specific residential programs spent the greatest number of hours in treatment each week. These programs, which included the Minnesota Security Hospital, supplemented several hours of group, individual, and family counseling with activities such as educational lectures and videos related to sexual behavior.

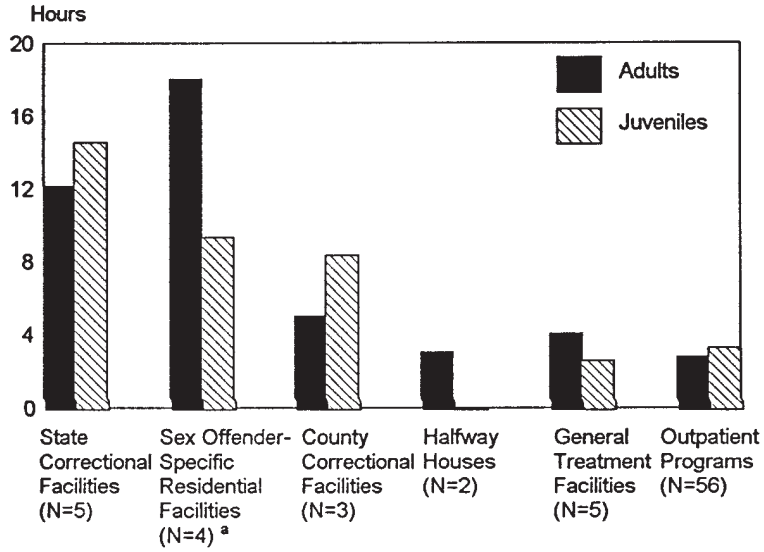
Overall, other residential facilities (which included the halfway houses and general treatment facilities) and outpatient programs provided the fewest hours of treatment each week. They offered between .5 and 15 hours of treatment each week, but on average provided 3 hours of treatment each week. Nearly half of all outpatient programs in Minnesota provided two or fewer total hours of treatment per week.

The amount of treatment juveniles and adults received each week varied in each treatment setting. For example, juveniles in Mille Lacs Academy and the Leo A. Hoffmann Center participated 11 and 8 hours per week, respectively, in sex offender-specific therapy, while adults in the program at Alpha Human Services and the new program at the Minnesota Security Hospital spent

15 Our hourly figures include the time offenders spent in activities that were specifically and consistently related to an individual's sexually offending behavior. We did not include the hours individuals in residential programs spent each week dealing with issues of personal well-being not specifically related to sexual offending. As a result, our figures may understate the number of hours offenders in state, county, and private residential programs spent in treatment activities overall.

In 1993, sex offenders in outpatient programs received an average of three hours of treatment per week.

Figure 3.3: Average Hours per Week in Sex Offender-Specific Treatment by Program Setting



Source: Program Evaluation Division analysis of data provided by treatment programs.

[a]Includes the Minnesota Security Hospital's treatment program.

approximately 18 hours each week in sex offender-specific therapy.[16] Juveniles in treatment spend part of each day in school-related activities, which may help account for these differences.

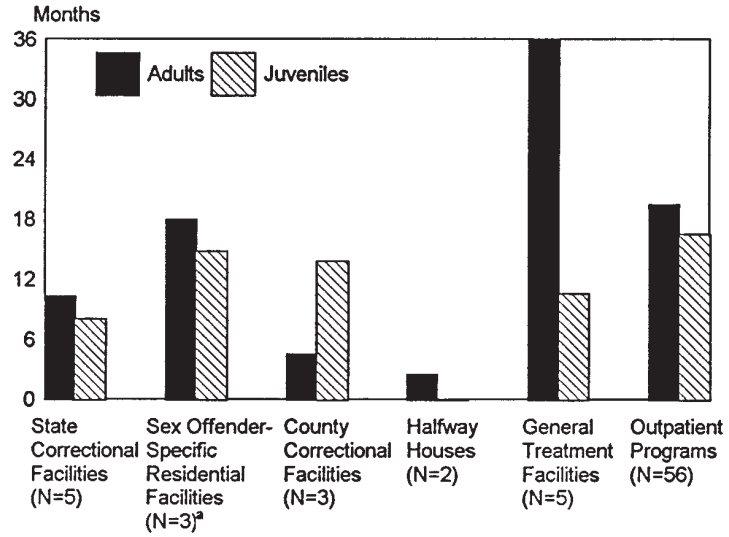
Treatment can last from two months to over three years.

We also asked treatment programs how many months of treatment sex offenders typically received in their programs assuming they successfully completed treatment, and the results are shown in Figure 3.4.[17] With the exception of the one adult general treatment facility—an ICF-MR for the developmentally disabled—outpatient programs lasted the longest on average, followed by sex offender-specific residential programs. Outpatient treatment programs lasted between 2 months and 3.5 years, but most took between 16 and 20 months. In contrast, most residential programs lasted under one year, although Alpha Human Services (sex offender-specific residential program for adults) lasted 18 months plus a period of less intense aftercare. Four of five programs in state correctional facilities took between six and ten months to complete. The intensive treatment program at Oak Park Heights took longer, averaging 17 months for offenders without chemical dependency problems and about 24 months for those who received both chemical dependency and sex offender treatment.

16 As discussed above, Mille Lacs Academy and the Leo A. Hoffmann Center both operated more than one program. Each of their programs provided a different average number of hours of therapy each week. The numbers listed are typical for most offenders who were in treatment at these facilities.

17 As we show in Chapter 4, a large number of offenders do not complete treatment to the program's satisfaction. We learned from residential and correctional facility staff and informal contacts with outpatient programs that "successful completion" may be defined differently. We discuss this issue more fully in Chapter 4.

Figure 3.4: Average Length of Treatment by Program Setting



Source: Program Evaluation Division analysis of data provided by treatment programs.

[a]Does not include the Minnesota Security Hospital's treatment program.

On average, sex offenders in outpatient programs received about half as much treatment in 1992 as those in residential programs.

Table 3.3 shows the average total number of hours of treatment offenders received in each setting.[18] Offenders in the adult sex offender-specific treatment program, Alpha Human Services, received the most treatment by far (an average of 1,638 hours), almost three times the amount of treatment provided by adult correctional facilities and six to seven times the amount of treatment provided by outpatient programs. Juveniles in county correctional facilities received slightly more treatment than those in sex offender-specific treatment facilities, but both setttings provided more total treatment than the state program for juveniles at Sauk Centre.[19]

We found that:

- **Overall, sex offenders received almost twice as much treatment in correctional and residential settings as in outpatient programs.**

Table 3.3 also shows that there is variation in the average number of hours of treatment offenders received in residential programs, with the fewest hours provided by programs that did not specialize in sex offender treatment (for

18 We calculated this by multiplying the average length of treatment by the average number of hours of sex offender-specific treatment per week for each program. We then weighted programs by the number of offenders treated in 1992 to calculate an average for each category. We did not include the new treatment program at the Minnesota Security Hospital because most individuals in the program were committed indefinitely under the psychopathic personality commitment law. However, staff estimated that the treatment program would require a minimum of 33-38 months to complete before consideration for transfer to another facility.

19 The Sauk Centre program was developed for the more difficult-to-treat juvenile, who typically has already spent some time in other treatment programs.

Table 3.3: Estimated Average Total Hours in Treatment by Program Setting

Program Setting	Adult Number of Programs	Adult Average Total Hours	Juvenile Number of Programs	Juvenile Average Total Hours	OVERALL Number of Programs	OVERALL Average Total Hours
RESIDENTIAL PROGRAMS[a]						
State correctional facilities	4	560	1	503	5	549
County correctional facilities	1	98	2	717	3	511
Sex offender-specific residential facilities	1	1,638	2	636	3	970
Halfway houses	2	33	0	n/a	2	33
General treatment facilities	1	624	4	118	5	219
Residential Overall	9	518	9	409	18	464

	Adult and Juvenile Number of Programs	Adult and Juvenile Average Total Hours
OUTPATIENT PROGRAMS	56	241

Source: Program Evaluation Division analysis of data provided by treatment programs.

[a]Excludes the Minnesota Security Hospital's treatment program.

example, adult county correctional facilities, halfway houses, and juvenile general treatment facilities.) However, overall offenders received an average of 464 hours of treatment in residential settings compared to 241 hours in outpatient programs.

However, the variation in average total number of hours that offenders spent in treatment does not entirely account for differences in offender treatment experiences. We visited residential treatment programs and observed daily interactions between treatment officials and offenders. We observed that:

- **Offenders in residential treatment became part of a treatment environment that addressed multiple and interrelated issues.**

In residential treatment programs, offenders and treatment officials interacted throughout the day and worked on treatment goals outside of formal treatment activities. In addition, all an offender's activities took place in the treatment environment, which allowed program officials to identify and address related problems with self esteem, anger, and interpersonal relationships. Finally, residential programs immersed offenders in treatment, forcing them to concentrate intensively on one topic for a prolonged period of time.

According to residential treatment officials, an intensive residential experience helped offenders re-learn appropriate responses to daily life situations. However, the isolation which intensified the program's impact by creating a supportive environment was not likely to last beyond the treatment period. At

release from the program, offenders may face the same high-risk situations as before. As a result, some treatment programs included a period of outpatient aftercare following completion of residential treatment.

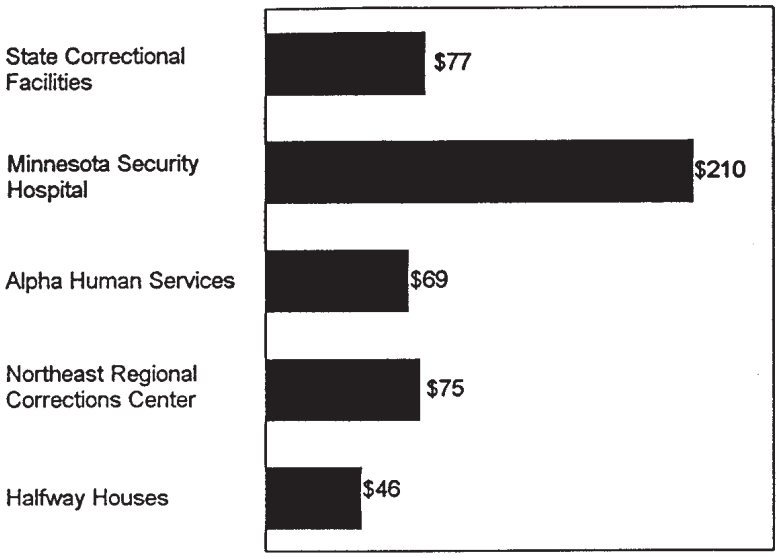
TREATMENT COSTS

We examined the total costs of treatment in each setting. We included the costs of room, board, and security in the expense of correctional and residential programs and calculated the cost of outpatient treatment using hourly charges for group, individual, and family therapy.[20]

Correctional and Residential Programs

As Figure 3.5 shows, the program at the Minnesota Security Hospital was the most expensive residential treatment option for adults during fiscal year 1994, costing nearly three times more than other residential programs.[21] Figure 3.5

Figure 3.5: Cost per Day for Adult Residential Facilities, FY 1994



Source: Program Evaluation Division analysis of data provided by treatment programs.

Note: Figures for state correctional facilities and halfway houses are averages weighted by program capacity.

20 Assessment and testing costs were typically absorbed into the total daily cost in correctional and residential programs and in the hourly fees of outpatient programs. In addition, some programs could not tell us what testing fees applied, because they both treated offenders who had undergone assessment elsewhere and assessed offenders who then entered treatment elsewhere. As a result, when programs isolated these costs, we did not include them in our total cost calculations.

21 The daily cost figure for the program at the Minnesota Security Hospital , provided by its staff, represented the estimated costs for the new sex offender program that began in October 1993. In addition, we did not include the ICF-MR adult residential facility in these calculations because it works only with developmentally disabled offenders who reside there because of their disabilities rather than their sex offenses.

Residential treatment for juveniles was more expensive than for adults.

also shows that the state and county correctional facilities charged similar daily rates which were only slightly higher than the rate for residential treatment in the community facility, Alpha Human Services. Treatment programs in halfway houses cost the least, although, as mentioned above, they provided only limited treatment to offenders coming out of prison on supervised release. Overall, the most expensive programs—in correctional facilities and the Security Hospital—were those that provided a higher level of security for the public and other treatment participants.

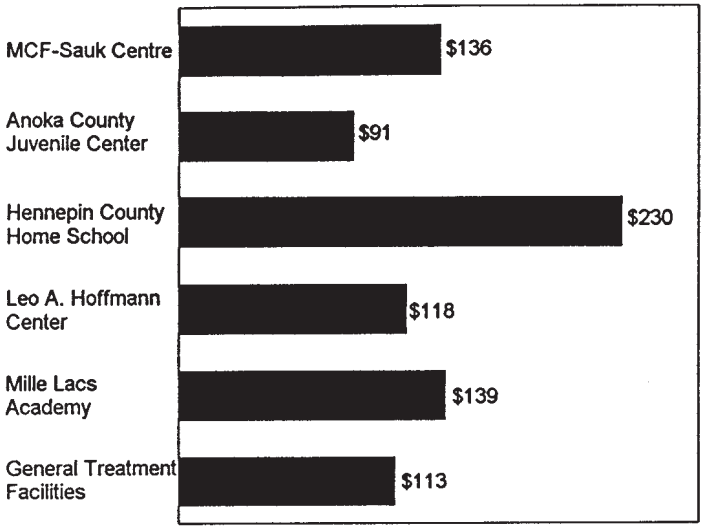
We also calculated the costs of treatment in juvenile residential treatment programs.[22] As Figure 3.6 shows, the cost of juvenile programs ranged from a high of $230 per day at the Hennepin County Home School to a low of $91 at the Anoka County Juvenile Center.

Comparing these results with those for adult facilities, we found that:

- **Overall, residential treatment in a correctional or community setting was more expensive for juveniles than for adults.**

As shown in Figure 3.5, average daily costs for adults ranged from $46 to $210, but costs exceeded $100 per day at only one facility, the Minnesota Security Hospital. On the other hand, Figure 3.6 shows that five of the six juvenile facilities cost more than $100 per day and one facility, the Hennepin County Home School, cost $230 per day. The daily cost at the state

Figure 3.6: Cost per Day for Juvenile Residential Facilities, 1993



Source: Program Evaluation Division analysis of data provided by treatment programs.

Note: Figures for Leo A. Hoffmann Center and Mille Lacs Academy are weighted averages for their several programs. The "General Treatment Facility" category includes Welcome Home, Northwood Children's Home, St. Cloud Children's Home, and St. Joseph's Home for Children.

22 Most of the programs provided us a figure based on calendar year calculations. For consistency, we averaged the costs for fiscal years 1993 and 1994 for those facilities operating on a fiscal year basis.

Treatment accounted for less than 25 percent of the costs of keeping an adult sex offender in prison.

correctional facility at Sauk Centre was $136. However, counties that participated in the Community Corrections Act paid only about 75 percent of the costs of sending a juvenile to a state correctional facility.[23] The state paid the total cost for juveniles from counties that did not participate in the Community Corrections Act.

However, in all residential programs, the costs of treatment represented only a portion of the total cost of keeping an offender in these facilities. All residential facilities also provided room and board, supervision, and, in some cases, security. We were unable to determine what proportion of the total costs sex offender treatment represented for all of the residential facilities. However, we were able to isolate the costs directly associated with the sex offender treatment programs in state correctional facilities. Using figures for fiscal year 1994, we found that:

- **Treatment program costs accounted for between 10.6 and 24.5 percent of the overall cost of keeping and treating adult sex offenders in prison.**

As Table 3.4 shows, treatment program costs accounted for less than one-fourth of each facility's total costs for an inmate over a year's time. However, sex offender programming accounted for nearly half of the daily cost of keeping a juvenile in the facility at Sauk Centre.

Table 3.4: State Correctional Facilities' Annual Sex Offender Program Costs, FY 1994

	Annual Cost Per Offender	Sex Offender Program Costs Per Treatment Slot	Sex Offender Program Costs as Percent of Total Cost
ADULT FACILITIES			
Lino Lakes	$26,240	$ 2,777	10.6%
Oak Park Heights	41,654	5,245	12.6
St. Cloud	25,291	6,203	24.5
Stillwater	20,947	4,620	22.1
JUVENILE FACILITIES			
Sauk Centre	$48,665	$24,129	49.6%

Sources: Minnesota *1994-95 Biennial Budget,* Department of Corrections *Annual Spending Plan*, and the Minnesota Correctional Facility-Sauk Centre.

Outpatient Programs

We asked outpatient programs how much they charged to provide different methods of sex offender treatment. We found that:

23 Counties participating in the Community Corrections Act reimbursed the Department of Corrections for juveniles sent to state correctional facilities at the rate of $98 per day during fiscal year 1992 and $108 during fiscal year 1993 (an average of $103 per day during calendar year 1993).

- **On average, outpatient programs charged $38 per hour for group therapy and about $86 per hour for individual therapy.**

Although charges ranged from $15 to $90 per hour, approximately three-fourths of all outpatient programs charged under $45 per hour for group therapy. Out-patient programs specializing in sex offender treatment charged approximately the same hourly fee as those in community mental health facilities and programs operated by other agencies and therapists. However, programs in the seven county metropolitan area charged somewhat more for group therapy ($41 per hour) than those in outstate Minnesota ($34 per hour).

Although the hourly charge for individual therapy ranged from $34 to $134, half of the outpatient programs that reported their fee charged between $80 and $90 per hour. Sex offender-specific providers tended to charge less per hour ($71) than community mental health centers and other treatment providers, which averaged $91 per hour. In addition, individual therapy tended to be somewhat less expensive in the metropolitan area ($81 per hour) than in outstate Minnesota ($92 per hour).

We found that:

Outpatient treatment cost about $7,200 per sex offender per year in 1993.

- **It was more costly, overall, to treat sex offenders in residential settings than on an outpatient basis due to the additional costs associated with security and room and board. However, looking only at treatment costs, treatment in most correctional facilities was less expensive than outpatient treatment.**

Based on the number of hours in treatment per year, we calculated the average annual cost of outpatient treatment to be approximately $7,200 per offender. This compares to annual treatment costs per offender at the state's correctional facilities, shown above in Table 3.4, that ranged from $2,777 at Lino Lakes to $6,203 at St. Cloud. Treatment costs at the state's only juvenile facility offering sex offender treatment (Sauk Centre) were $24,129 per offender.

SOURCES OF FUNDING

We asked treatment programs to tell us who paid for treatment. We also interviewed county and state officials regarding reimbursement for treatment expenses. We found that:

- **Treatment programs were funded by several sources, including county and state funds, private insurance, and offender contributions.**

State funds were used to pay the costs of treating offenders held in state correctional facilities, halfway houses, and the Minnesota Security Hospital (including those in treatment as a condition of probation).

Also, state funds in the form of block grants went to counties that participated in the Community Corrections Act (CCA) to provide alternatives to incarceration. In 1993, state subsidies to CCA counties totaled almost $21.5 million, which represented approximately 19 percent of CCA counties' total expenditures for community corrections.[24] Some portion of these funds eventually paid for treating offenders associated with the correctional system. For example, Arrowhead Regional Corrections, a recipient of state CCA dollars, funded Northeast Regional Corrections Center, where adult offenders from the Arrowhead region received treatment. In addition, Hennepin and Anoka Counties (both CCA counties) operated their own residential treatment programs for juveniles.[25] Additional CCA dollars funded outpatient treatment and aftercare in these counties through reimbursements to the service providers. Also, the Department of Human Services administers funds for payment for foster care and group homes where some juvenile offenders received treatment, and administers general assistance funds that pay a portion of residential treatment costs for some offenders.

State funds were also used to pay for some portion of outpatient treatment through a number of direct grants from the Department of Corrections. In addition, some unknown amount of state funds (including medical assistance and state matching funds for federal programs) administered through the Department of Human Services paid for outpatient sex offender treatment. Approximately 60 percent of outpatient programs told us they accepted medical assistance for offenders who qualified for reimbursement.[26] Other programs (7 percent) told us they did not accept medical assistance primarily because the reimbursement rates were too low.

Offenders pay what they can afford, with the remaining cost of treatment paid from a variety of public sources.

We found that:

- **In most cases, the client could not afford the total cost of treatment.**

An offender's resources included personal insurance, medical assistance (if the person qualified), and personal income. When these were inadequate, agencies and counties typically supplemented offender contributions according to the offender's need. We learned that:

- **Most outpatient treatment programs operated on a sliding fee basis. Offenders first contributed what they could afford toward the cost of treatment and the remainder was paid through county or state sources.**

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24 We were unable to determine what proportion of these funds counties spent for sex offender treatment and services and, consequently, what proportion of the state CCA subsidy went for treatment of sex offenders. These funds were not accounted for separately.

25 Other counties with juveniles in treatment at the Hennepin and Anoka County facilities paid them a daily fee established by the host county.

26 Almost all such programs supplemented medical assistance with funds from other sources because reimbursement rates did not cover the total cost of their services.

In some cases, treatment programs absorbed a portion of the cost of treating offenders. In others, they used discretionary funds to reduce the costs of treatment. For example, treatment officials at some mental health centers told us their centers received block grants from the host counties to treat individuals with inadequate personal resources. Their centers were typically allowed to determine how best to use these block funds, just as with state block grants to counties. As a result, at the center's discretion, some sex offenders benefited from general county treatment funds.

SUMMARY

We located 70 service providers in Minnesota that treated sex offenders in the fall of 1993. They operated programs in state and county correctional facilities, community residential facilities, a state hospital, and private agencies. Approximately half of the service providers were located in the Twin Cities metropolitan area. Sex offenders were most frequently treated in groups, and sometimes received individual and family counseling. On average, correctional and community residential programs provided more than twice as many hours of treatment and a more comprehensive treatment environment than outpatient treatment programs. Correctional and residential programs were also more expensive than outpatient treatment programs, and more expensive for juveniles than for adults. However, in state juvenile and adult correctional facilities, program expenses accounted for only between 11 and 50 percent of the total cost of holding offenders. Overall, treatment programs were funded from several sources, including county and state funds, private insurance, and offender contributions. We were unable to determine how much of total treatment costs was paid with state funds due to the complexity of funding and reimbursement mechanisms and because sex offender costs were not accounted for separately.