Introduction

Seventeen percent of individuals incarcerated in Minnesota are incarcerated for a governing sex offense, and an additional 12 percent have a prior felony conviction for a sex offense. More than 90 percent will be released back into the community. Long-term intensive residential treatment is used to reduce their risk of reoffending. Providing treatment in prison has a number of advantages: Individuals are incarcerated, so the community is protected from re-offense; Several Minnesota Department of Corrections (DOC) facilities have units that serve as therapeutic communities where individual’s behavior can be closely monitored; Treatment teams work collaboratively to develop treatment plans, provide therapy services, and share observations; Release planners assist individuals in preparing for transition to the community.

Assessment and Treatment

Individuals receive an intake assessment which determines treatment needs. Incarcerated males are first housed at the Minnesota Correctional Facility (MCF)- St. Cloud and incarcerated females at the MCF-Shakopee. The DOC Risk Assessment/ Community Notification unit conducts a risk assessment to determine the appropriate treatment directive for each individual.

The DOC operates its sex offense programming system according to the Risk-Need-Responsivity model, which is proven to be the most effective approach to reducing recidivism. The risk principle states that the highest risk individuals receive the most intensive services. Individuals who are high-risk, and are deemed likely candidates for civil commitment, are given a treatment directive to the Minnesota Sex Offender Program (MSOP)-DOC site at the MCF-Moose Lake. Those who are seen as moderate-to-high risk are directed to enter the Sex Offender Treatment Program (SOTP) at the MCF-Lino Lakes or the MCF-Rush City. Individuals who are seen as lower risk are also directed to SOTP, but are given lower priority for entry into the programs.

Program Descriptions

Medium Custody Facilities
Lino Lakes-SOTP: Offers intermediate to long-term residential programming, which includes substance use disorder treatment, special programing for individuals with lower intellectual functioning, and an extensive transitional program to prepare each person for release.

MSOP-DOC at Moose Lake: Offers long-term residential programming clinically staffed by the Department of Human Services for individuals deemed likely to be candidates for civil commitment upon release. Those needing transitional and/or substance use disorder programming are accommodated.

Close Custody Facility
Rush City-SOTP: Offers intermediate to long-term, residential programming within a close custody facility.

Female Facility
Shakopee: Offers long-term programming for incarcerated females who have committed a sexual offense.

Juvenile Facility
Red Wing: Provides sex offense treatment for juveniles. Residents also participate in the facility’s campus-wide therapeutic community. Substance abuse education classes are available.

---

1 Individuals Incarcerated for Sex Offenses, DOC Fact Sheet, July 2021
2 Risk-Need-Responsivity model for assessment and rehabilitation, published by Public Safety Canada
Once an individual enters a treatment program, they receive a detailed psychological assessment, which identifies deficits that contributed to offending and places them at risk for re-offense. An individualized treatment plan is developed that addresses these deficits (e.g., sexual interests, attitudes and behaviors, antisocial thinking and behavior, self-management skills, substance abuse issues, and concerns related to relationships and social functioning). Treatment is tailored to the motivation, learning style, strengths, and weaknesses of each individual, which increases their likelihood of benefiting from treatment.

Treatment may include daily group therapy, individual therapy, psycho-educational classes, community meetings, individual study, and community-building activities. Therapeutic communities encourage treatment participants to behave responsibly and to be willing to hold others accountable if they behave in an antisocial manner. This helps individuals to be good citizens and prepares them to live a responsible lifestyle after release.

### Sex Offense Treatment Beds

<table>
<thead>
<tr>
<th>Facility</th>
<th>FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lino Lakes</td>
<td>270</td>
</tr>
<tr>
<td>Moose Lake (DOC)</td>
<td>50</td>
</tr>
<tr>
<td>Rush City</td>
<td>70</td>
</tr>
<tr>
<td>Red Wing</td>
<td>18</td>
</tr>
<tr>
<td>Shakopee</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>416</strong></td>
</tr>
</tbody>
</table>

### Treatment Statistics

- Individuals assessed as needing treatment yearly: **565**
- Individuals entering a DOC long-term treatment program: **211**
- Individuals successfully completing treatment: **64%**
- Average program completion time: **21.2 months**
- FY19 Budget: **$4.53 M**

### Release Planning

Individuals in sex offense treatment programs are eligible to receive release planning services. This includes improving their employability (e.g., training in resume writing, interviewing, and good work behaviors), assisting in finding an appropriate and safe residence, setting up post-release treatment and aftercare, and communicating with the corrections agent who will provide supervision. Those who complete treatment prior to release participate in aftercare programming within the facility.

### Treatment Effectiveness

The DOC completed a study of the effectiveness of prison-based sex offense treatment which was published in a major criminological journal. It examined 2,040 individuals incarcerated for sex offenses released from Minnesota prisons between 1990 and 2003. The average follow-up period to track recidivism was 9.3 years. Those who participated in sex offense treatment within the DOC reduced the risk of arrest for a new sex offense by 27 percent (33 percent for those who completed treatment). Participation in treatment also lowered the risk of rearrest for a violent crime (sexual and non-sexual) by 18 percent. Minnesota has the United State’s only Prison-Based Sex Offense Treatment Program listed as “promising” (i.e., supported by research) on the Federal Government’s crimesolutions.gov website.

### Decrease in Recidivism

The sexual recidivism rate in Minnesota continues to decline. Factors in this reduction include:
- Longer and more intensive supervision upon release by fully-trained corrections agents with smaller, specialized caseloads
- Successful treatment participation within prison and community-based programs
- Collaboration between treatment, probation, and law enforcement

---