

Monday, August 2nd, 2021 Informational Hearing 1:00 PM

The EndMSOP Coalition was formed in order to do exactly that, to end the shadow prison known as the MSOP. We care about our position that civil commitment does not work to reduce crime in the state of Minnesota. We are passionate about bringing awareness to how the detainees at the MSOP are not treated respectfully or receiving proper therapy. With the multiple issues at hand, here are some quick bullet points as to why *all* of you here today should care too and move towards doing the right thing and end civil commitment in Minnesota.

- \$96 million price tag, with over \$80 million of that being just for salaries
- In 2019, the Minnesota State Legislature appropriated ONLY \$750,000 for two years starting in 2020 for this new Domestic Violence and Sexual Assault Prevention Program---just IMAGINE if programs like this had \$96 million to work with!
- 88 people have died since the MSOP opened and only 14 have been fully discharged
- Detainees are approximately 6 times as likely to die while at the MSOP versus being released
- Those on provisional discharge are subjected to harsher guidelines and rules/regulations than those on ISR from prison and at a much higher price tag
- LGTBQIA+ detainees are not fairly represented or provided quality access to care
- MN commits more individuals per capita than any other state at a price tag of over \$143,000 per day, per person
- 31 states do NOT have SPP/SDP civil commitment and they do NOT have a higher crime rate than states with civil commitment
- MSOP has been the center of multiple scandals, including employing a Treatment Psychologist who is now charged with felonies for having sex with clients
- MSOP is most definitely unconstitutional---just take one look at how many punitive policies they have for punishment versus treatment oriented goals and progression.

As a former employee of MSOP, I can attest that this place is not designed for treatment. This place is focused on nothing more than security and punitive measures for a population that several of the staff have openly admitted to detesting. There obviously is not enough time to list out everything experienced there; however here is an overview:

- Heard other Supervisors, unit directors, clinicians and security refer to clients in derogatory, racist, and discriminatory ways.
- Have had supervisors tell me, and other clinicians, we had to **lower the scores** of quarterlies and annuals to avoid progressing detainees
- Associate Clinical Directors have personal relationships/friendships with Supervisors and Clinicians so there is no objectivity—they even go on vacation with their subordinates
- Nepotism—and promotions are not based on qualifications—it’s all about who you know or date
- There is no compassion when a client dies from either Security or Clinical—most will just laugh and say “good” or “one less for us to have to put up with”

- When a client dies, several staff will refer to it as “another graduated the program”
- Security has been heard stating they could solve the MSOP problem with a bullet for each client
- Client reports of abuse or assault are not taken seriously by staff
- Client health concerns are not taken seriously by staff
 - I have several examples (all well documented) of this as it has taken outside support to get the minimal care for clients from health services
- I have heard conversations between staff and clients and then read the reports and staff have blatantly lied about what was said

Other areas that show MSOP is not treatment:

- Several research articles and reports show that the DSM-V is being misused for diagnosis for civil commitment; however, MSOP continues to misuse the DSM-V with no regard for the client or accuracy of their reports
- A multitude of research has shown that sex offender treatment should be no longer than 3 years
 - In the statistics provided by MSOP, it takes an average of **17 years just to get to phase 3**
- Statistics show that states that do not have civil commitment do not have drastically higher crime rates for sexual offenses than the states that do; therefore, it is clear that preventative detention does not work

DHS and the MSOP have shown all of us that time and time again they focus on creating a smoke screen so that the truth about the program is not released. We implore ALL of you here today to move towards ending the MSOP by utilizing a phase out process and get these people home to their loved ones. If you refuse, then all of those that die in the future in that facility, their blood is on your hands and it *will* be your fault.