



# Minnesota Direct Care and Treatment: Advisory Committee Meeting

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**JUNE 26, 2026**

**MOOSE LAKE, 1111 HIGHWAY 73, MOOSE LAKE, MN 55767**



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# Today's Agenda

Welcome

1

Presentation: Minnesota Sex Offender Program

2

DCT Advisory Committee Business

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Open Public Comment

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Wrap Up and Next Steps

5



## DCT Advisory Committee Presentation

Jannine Hébert MA, LP | MSOP Executive Clinical Director

# ONE program – TWO campuses – THREE sites



# Census as of 6/16/26

- Moose Lake - 417
- St. Peter - 204
- CPS - 139

# Treating adults who have engaged in sexual abuse

- Generally high risk, high needs
- Continuum of behaviors. Range of pathology and risk.
- Range of management tools and treatment interventions-based on individual risk, needs, progress and strengths
- Identified professional field of study based in research with emerging theories and best practices

- Association for the Prevention and Treatment of Sexual Abuse (**ATSA**)



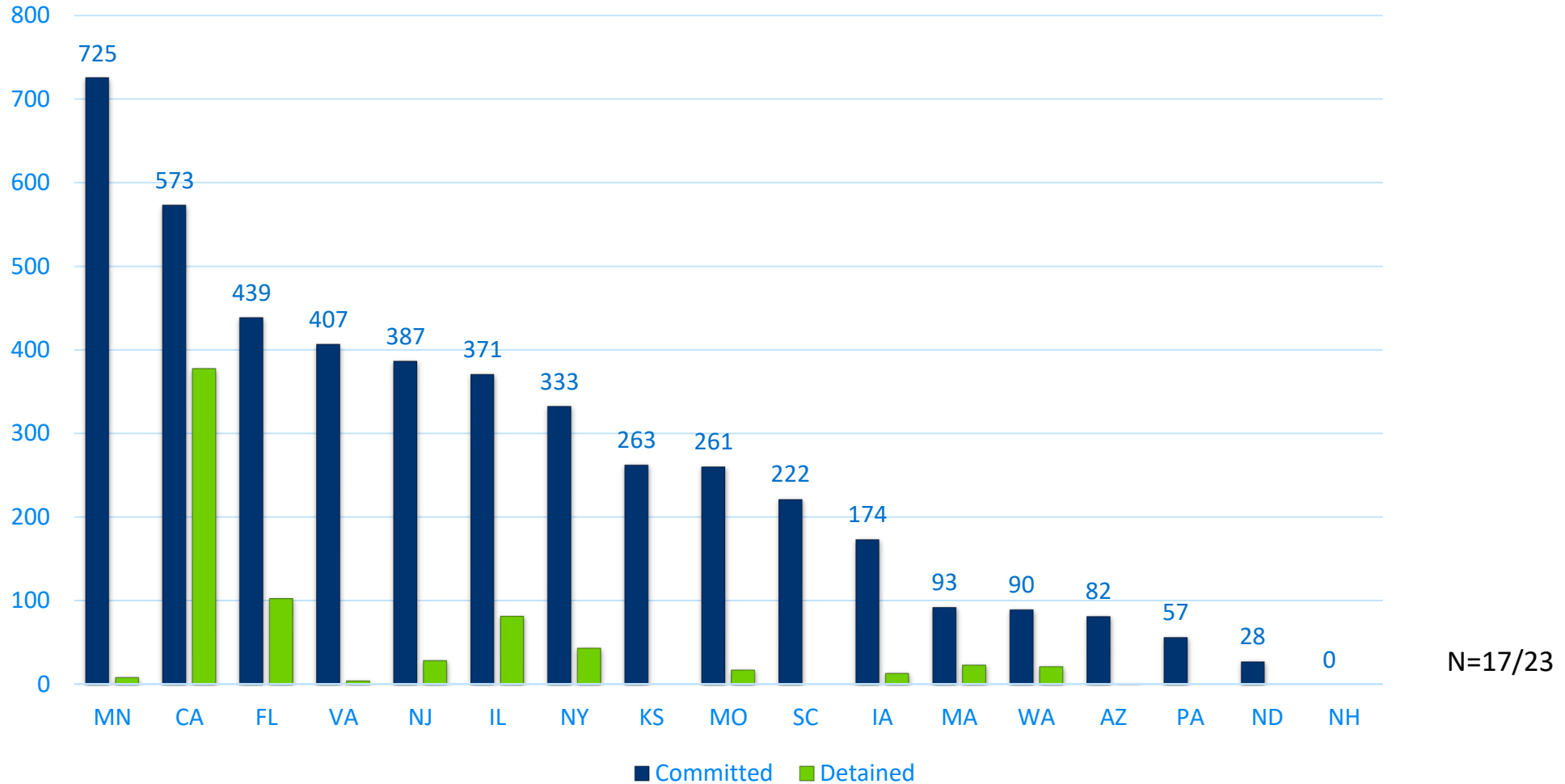
- Minnesota chapter- **MnATSA**



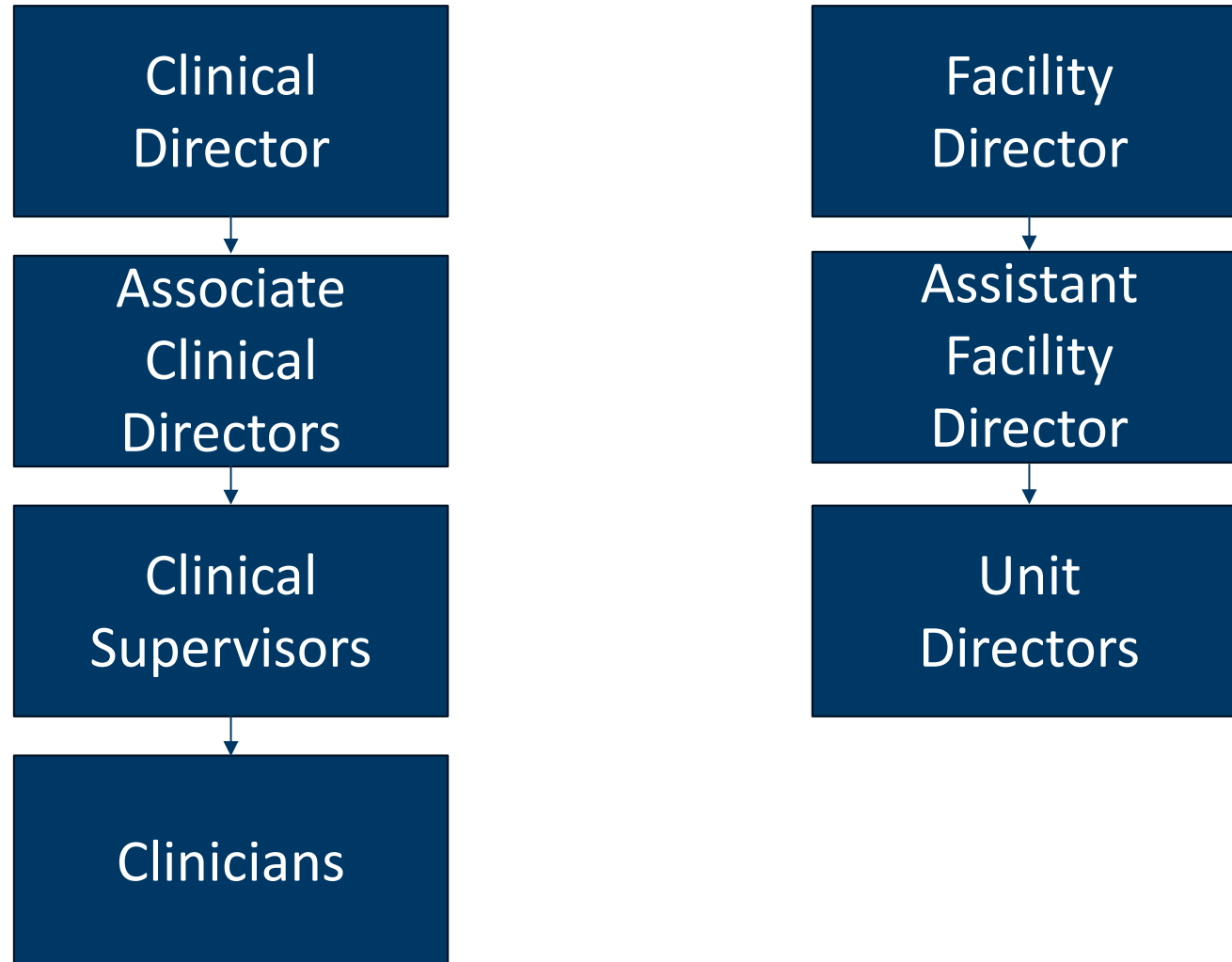
- Sex Offender Civil Commitment Network (**SOCCPN**)

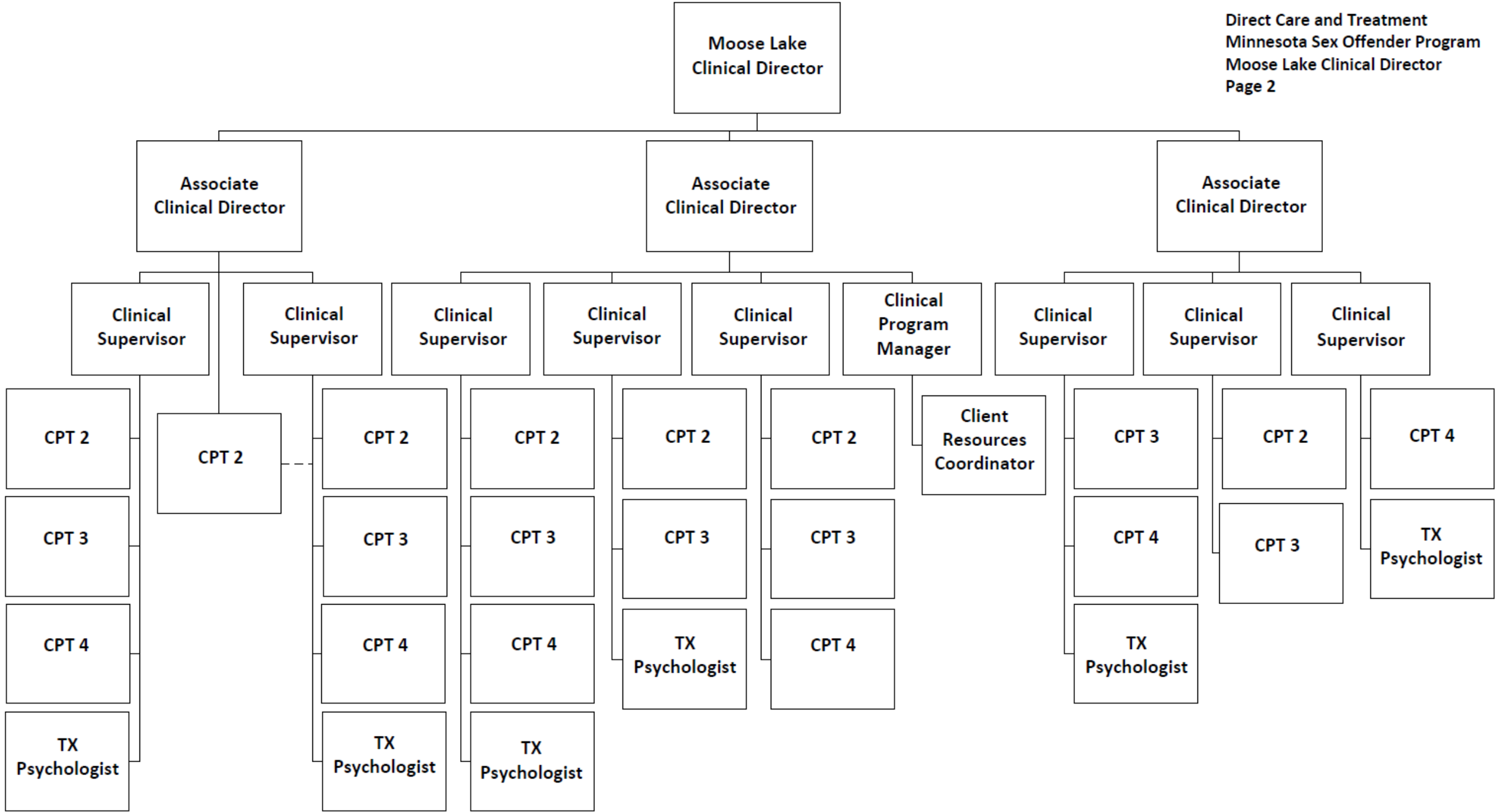


# SVP Civil Commitment Census by State



# MSOP facility staffing structure





Treatment

# MSOP: Uniquely Challenging Clinical Population

- Generally, individuals with higher risk for sexual re-offense
- Present with patterns of sexual deviance
- Personality disorders (antisocial, narcissism, borderline etc.)
- Psychopathy/Antisociality
- Institutionalization

# MSOP population – Diagnoses

- Clients with at least one substance use disorder: 481 (65.5%; N=734)
- Clients with an acute mental health disorder (any of below): 352 (48.0%)
  - Trauma-related: 82 (11.2%)
  - Mood/depressive: 231 (31.5%)
  - Anxiety/OCD: 60 (8.2%)
  - Psychotic: 30 (4.1%)
- Clients with at least one personality disorder: 657 (89.5%)
- Clients with at least one paraphilic disorder: 666 (90.7%)
  - Sexual Sadism Disorder: 52 (7.1%)
  - Pedophilic Disorder: 333 (45.4%)

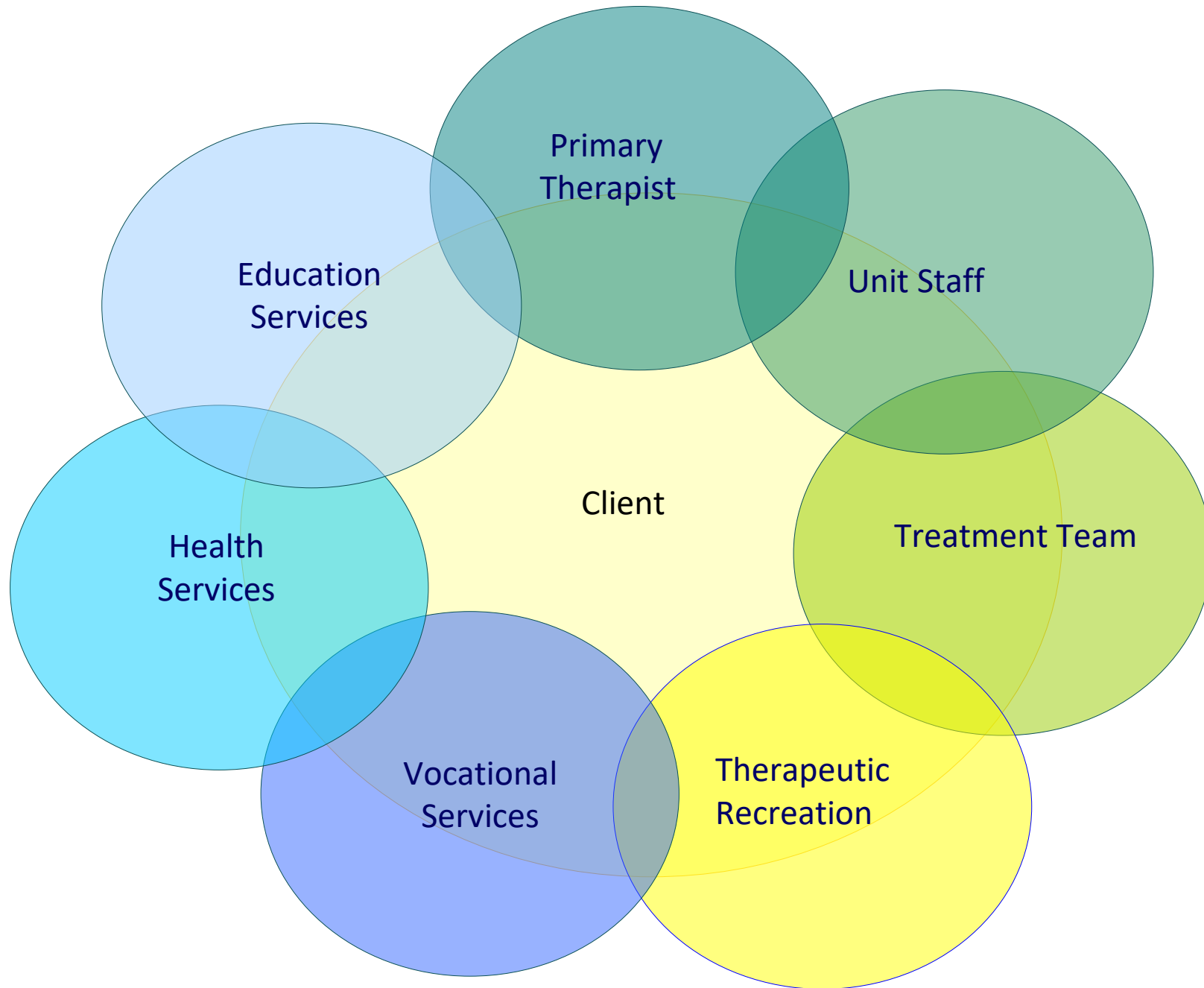


Source: Phoenix active diagnoses (August 2024)

Personal **Accountability**

**Respect** for Others

Community **Responsibility**



# MSOP Client Factors Informing Treatment

**Sexual Deviance**

**Antisociality**

**Mental Health**

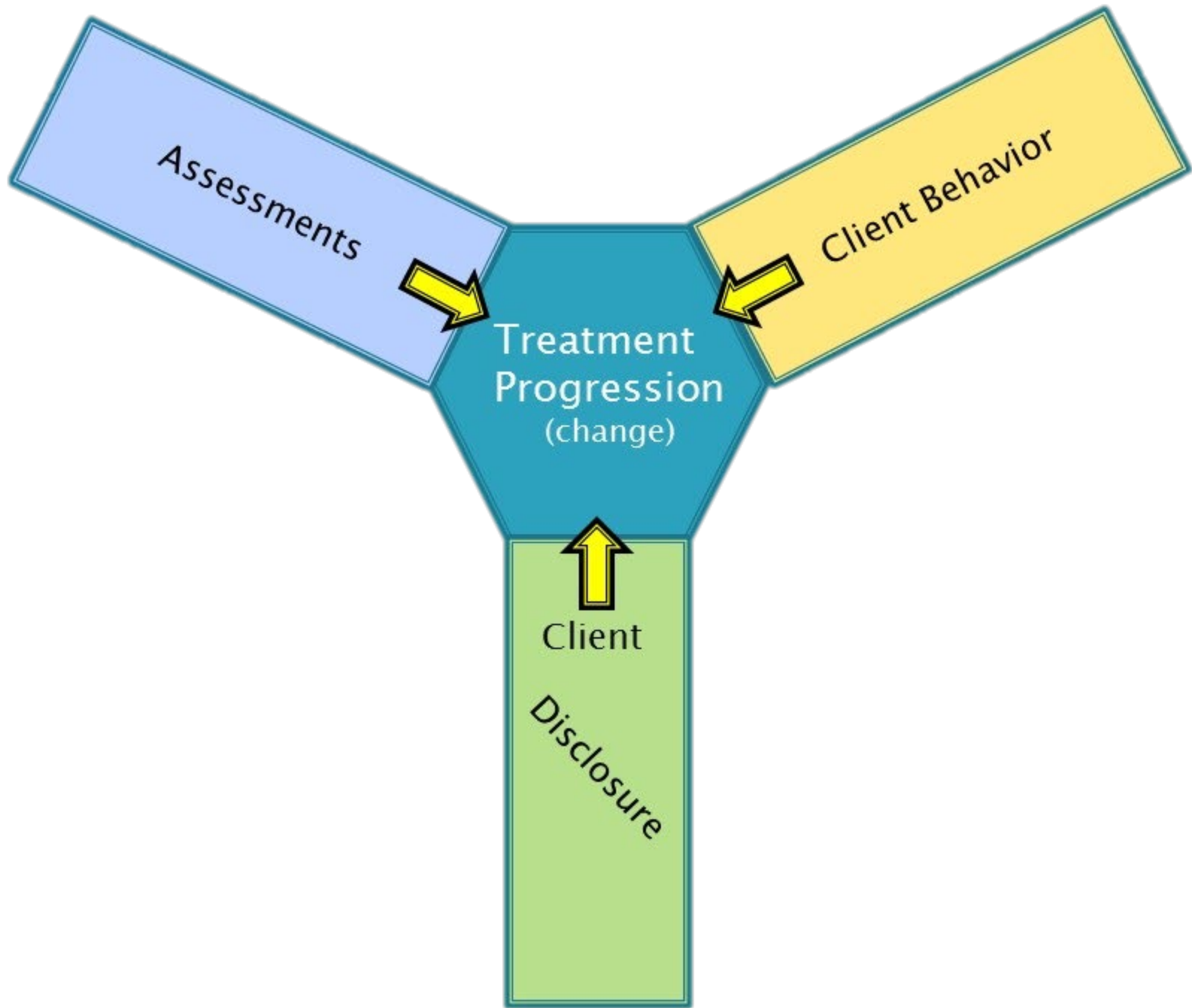
**Cognitive Abilities**

**Trauma/Attachment**

**Insight/Accountability**

# MSOP Comprehensive Treatment

- **Sex offense specific treatment**
  - Core groups/psychoeducation groups
- **Individual treatment**
  - Treatment psychologists
- **Specialty Programming**
  - Arousal management
  - Sexual compulsivity
- **Clinical Programming**
  - Vocational, educational, therapeutic recreation



**TREATMENT = CHANGE**



**Initiate**

**Engage In**

**Maintain**

**Change**

(in an artificial environment)

**Content**



**Process**



# Foundational Research Informing Treatment & Best Practices

## **Stages of change**

Prochaska, J.O., & Velicer, W.F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), 38-48

## **Risk Needs Responsivity**

Bonta, J., & Andrews, D. A. (2007). *Risk-need-responsivity model for offender assessment and rehabilitation* (User Report No. 2007-06). Public Safety Canada.

# Stages of Change

- Pre-Contemplation
- Contemplation
- Preparation
- Action
- Maintenance

# Risk Needs Responsivity

## Who, What, How

- ***Risk Principle***-Match the level (intensity) of service with the client's risk to reoffend (**who**)
- ***Needs Principle***-Target criminogenic needs in treatment (**what**)
- ***Responsivity Principle***-Provide the treatment in a style and mode that is responsive to the client's learning style and ability (**how**)

# Research Based Criminogenic Needs (RNR)

## Antisociality

- Antisocial Attitudes/Beliefs
- Relationship Instability
- General Social Rejection
- Lack of Concern for Others
- Impulsivity
- Poor Problem Solving
- Negative Emotionality
- Negative Social Influences

## Sexual Deviance

- Deviant Sexual Interest
- Emotional Congruence with Children
- Hostility Toward Women
- Sexual Drive and Preoccupation
- Sexualized Coping

# MSOP Treatment Phases

**Phase I** - Orientation, engagement, self-management

**Phase II** - Disclosure, identification of abuse patterns and schemas, skill acquisition, awareness of self and others

**Phase III** - Skill application, transitions, consistent utilization of pro-social coping strategies

# Phase I

(stages of change  
pre-contemplation/early contemplation)

## Clients

- High need, low responsivity
- Externally focused
- Testing of parameters
- Resistant to personal accountability/change
- Immediate gratification
- Highly litigious
- Less internal controls/need for external controls, cues

## Treatment Targets

- Establish therapeutic relationship/trust
- General self-management
- Maintain behavioral control
- Conform to the rules of the program
- Identify treatment interfering behaviors/attitudes

# Phase II

(stages of change  
contemplation, preparation, action)

## Clients

- Recognize problem(s) exist
- Range of treatment motivation
- Reliance on therapeutic relationship
- Maintain behavioral control, even under stress of treatment
- Focus shifts from external to internal
- Recognition of offending capability/expressed desire to change

## Treatment Targets

- Identify patterns of sexually abusive behavior
- Identify motivation in sexual offending/risk factors
- Identify pro-offending beliefs/distortions of self and other
- Identify sexual deviancy
- Develop strategies/build strengths for future prosocial life

# Phase III (Stages of Change maintenance)

## Clients

- Developing familiarity with new identity
- Practicing skills: relational, communication, living
- Mentoring peers
- Establish and maintain internal controls

## Treatment Targets

- Continued deinstitutionalization
- Generalize treatment gains across settings
- Maintain meaningful change
- Preparation for reintegration

# MSOP Matrix Factors (treatment targets)

- Group behavior
- Attitude toward change
- Self-monitoring
- Thinking errors
- Pro-social problem solving

- Emotional regulation
- Interpersonal skills
- Sexuality
- Cooperation with rules/supervision
- Life Enrichment
- Healthy Lifestyle



**MSOP**  
*working to end sexual violence*  
MINNESOTA SEX OFFENDER PROGRAM

## Phase I

Treatment Goal Matrix

**MSOP**  
*working to end sexual violence*  
MINNESOTA SEX OFFENDER PROGRAM

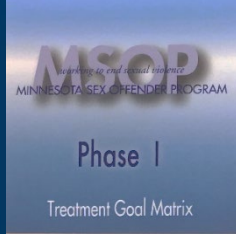
## Phase II

Treatment Goal Matrix

**MSOP**  
*working to end sexual violence*  
MINNESOTA SEX OFFENDER PROGRAM

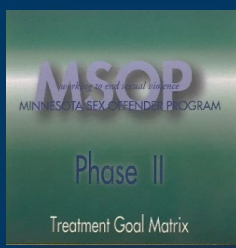
## Phase III

Treatment Goal Matrix



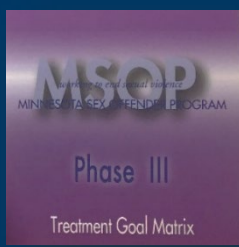
# MSOP Emotional Regulation: Phase I

- Understand feelings. Know that it is okay to have feelings.
- Express feelings in the right time, place, and manner. Do not stuff feelings and do not go overboard with them.
- Keep your behavior in check when you have strong emotions.
- Ask for help when you have a hard time recovering from difficult or intense emotions.



# MSOP Emotional Regulation: Phase II

- Know your feelings and accept them. Do not deny having them. Do not stuff them or make yourself think they are much bigger than they really are.
- Know what to do with your feelings. Try new ways to handle and express them.
- Understand how feelings relate to your offense patterns and to the part of you capable of sexual abuse.
- Take charge of your emotions. Be able to manage feelings without being prompted.
- Learn to recover quickly when you have strong feelings.

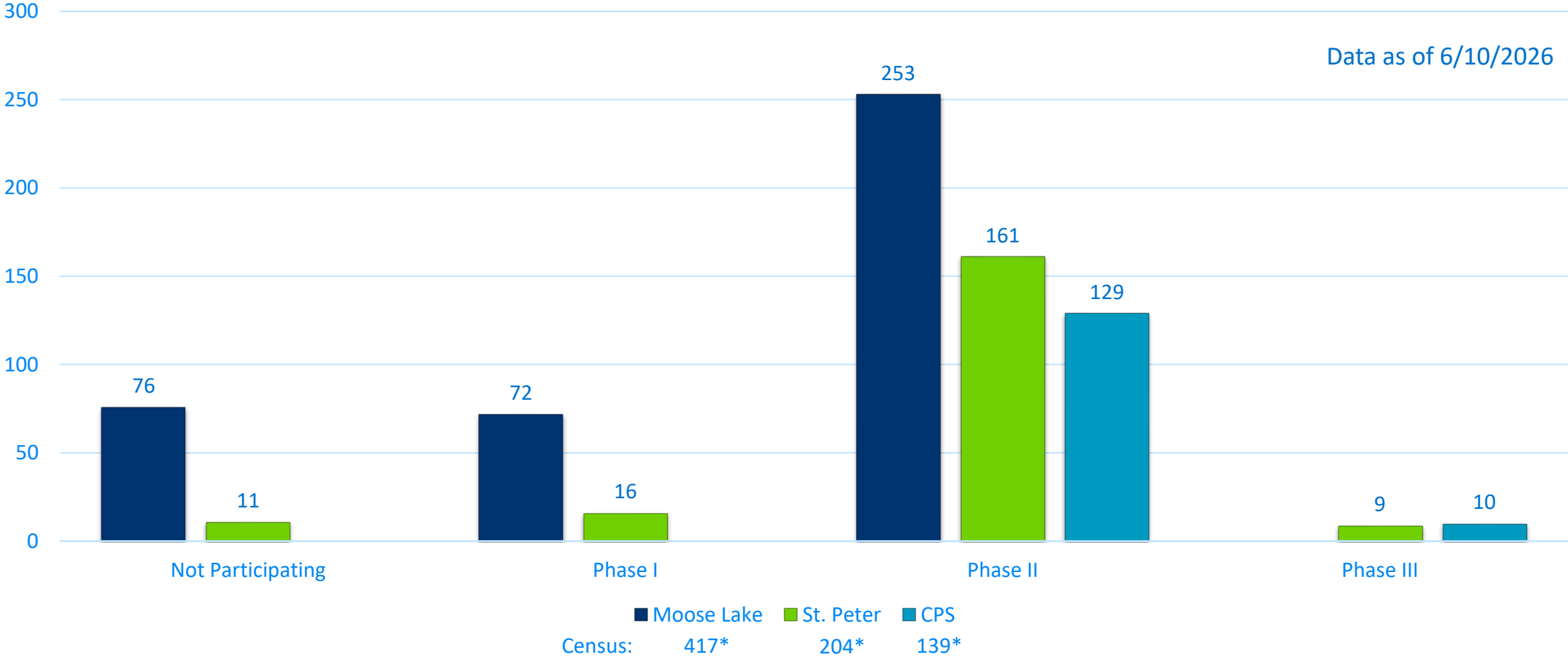


# MSOP Emotional Regulation: Phase III

- Be aware of your feelings during new activities, when you have more freedom, choices and temptations.
- Be willing to talk about your feelings, even when it is hard to do.
- Cope with events in a way that shows a healthy range of feelings that are appropriate to time, place and manner, no matter where you are or what you are doing.
- Help peers to notice and cope with their feelings.

# MSOP Treatment Phase by Site

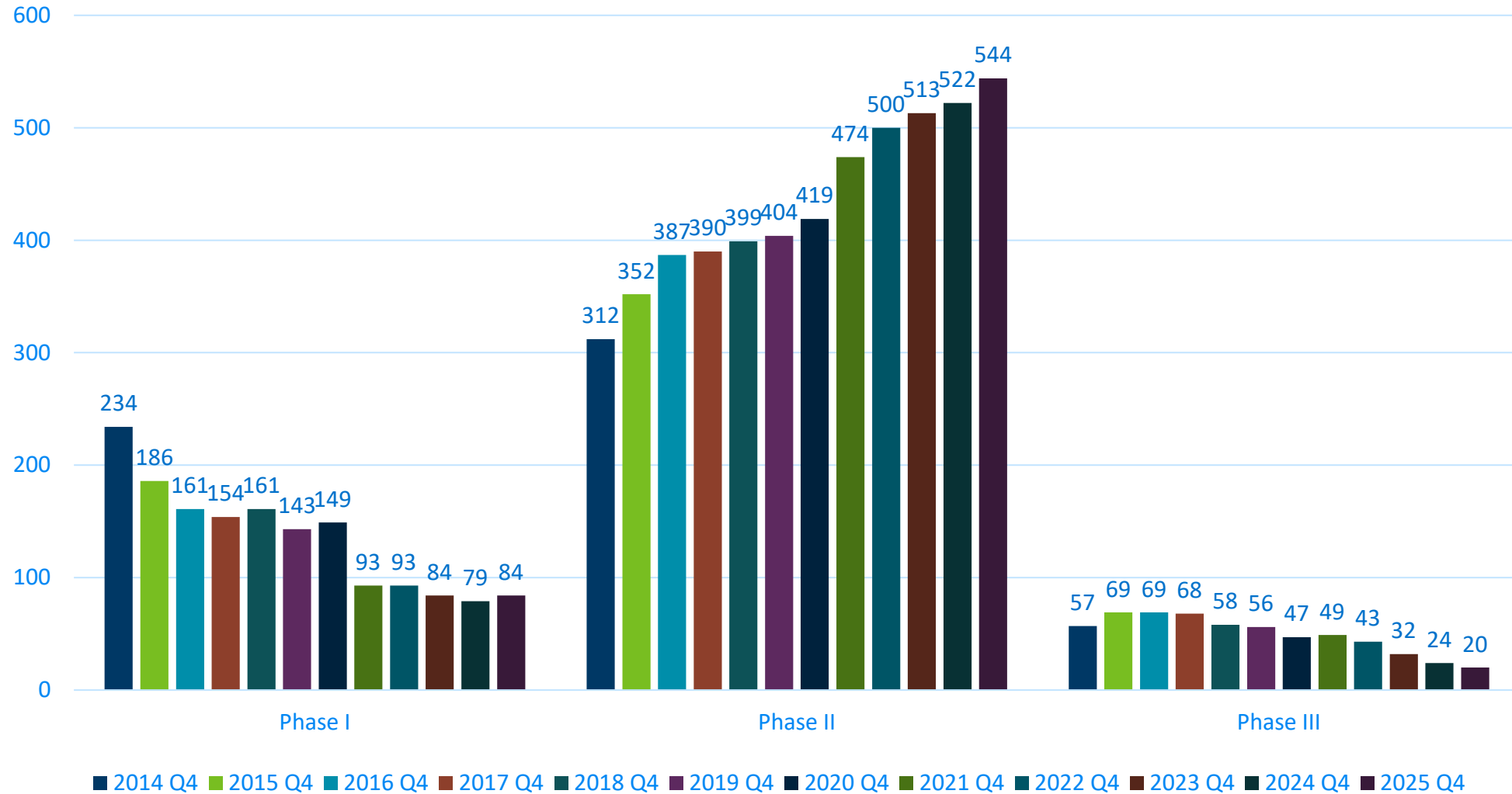
## Client Treatment Phase Counts by Site



\*Census data from 6/16/2026

# Client Phase Comparison

## Q4 2014 to Q4 2025\*



\*Does not include Admission/Assessment and clients not participating in treatment

# Thank You!

**Jannine Hébert MA,LP**

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# DCT Advisory Committee Business



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# MN DCT Advisory Committee Business



Advisory Committee to review and discuss the following items:

- **Upcoming meeting cadence and agenda planning**
  - Reminder: No July Advisory Committee Meeting
  - Next Meeting: August 26, 2026 (St. Peter)
- **Additional Advisory Committee business**

# Open Comment Period



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# MN DCT Advisory Committee Meeting Open Comment

The Committee is dedicated to creating a consistent, fair and transparent method for members of the public to provide comments during meetings. The last 15 minutes of each meeting will be dedicated open comment.

- Members of the public who would like to comment must submit the form on the MN DCT Advisory Committee webpage.
- Comments are limited to topics within the DCT Advisory Committee's scope.
- Each speaker is allotted about three minutes to provide their comment.
- Public comment rules and expectations include:
  - Commenters must adhere to the amount of time allotted.
  - Commenters must address the committee respectfully. Personal attacks, profanity, or disruptive behavior are not permitted.
  - Presentations or materials are not allowed.
  - Comments must not contain any personal health information (PHI) or personally identifiable information (PII) about individuals who are associated with or have received care at DCT facilities.
- The Committee Chair or meeting staff may issue a warning or end a speaker's comment if rules are violated.
- During the public comment, the Advisory Committee will listen to comments and will not engage in discussion or provide responses.

# Wrap Up and Next Steps



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## Wrap Up and Next Steps

### > Upcoming Meetings

- > August 26, 2026
- > Information on the Advisory Committee and upcoming meetings available on the DCT Advisory [webpage](#)

- > **Questions or concerns:** Reach out to Dani or Jill (email addresses in chat)