REPORT TO THE LEGISLATURE
Pursuant to P.A. 166 of 2020
Article 2, Section 913(3)
Assaultive Offender and Sex Offender Programming Report – 3rd Quarter FY2021

Section 913(3): The department shall submit a quarterly report to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, the legislative corrections ombudsman, and the state budget office, detailing enrollment in sex offender programming, assaultive offender programming, violent offender programming, and thinking for a change programming. At a minimum, the report shall include the following:

(a) A full accounting, from the date of entrance to prison, of the number of individuals who are required to complete the programming but have not yet done so.

The numbers below are based on prisoners required to complete Violence Prevention Programming (VPP), Assaultive Offender Programming (AOP), Sex Offender Programming (MSOP), or Thinking for a Change (T4C). The Violence Prevention Programming is not suitable for youthful offenders, or mentally ill assaultive offenders who require residential treatment (RTP), so a special program was created for these populations to be delivered by Health Care staff, which is called AOP.

Program Name	Zero to Six Months to Earliest Release Date (ERD)	Greater Than Six Months to One Year to Earliest Release Date (ERD)	Greater Than One Year to Two Years to ERD	More Than Two and up to Four Years to ERD	Total
Violence Prevention Programming (VPP)	120	237	490	946	1,793
Assaultive Offender Programming (AOP)	1	1	1	0	3
Sex Offender Programming (MSOP)	33	45	133	281	492
Thinking for a Change (T4C)	41	165	181	181	454

(b) The number of individuals who have reached their earliest release date (ERD), but who have not completed required Violence Prevention Programming (VPP), Assaultive Offender Programming (AOP), Sex Offender Programming (SOP), or Thinking for a Change (T4C).

Program Name	Post ERD – Non-PVT	Post ERD – PVT	Post ERD – Total
Violence Prevention Programming (VPP)	114	47	161
Assaultive Offender Programming (AOP)	2	2	4
Sex Offender Programming (MSOP)	107	30	137
Thinking for a Change (T4C)	34	18	52
Total	257	97	354

NOTE: The Department is once again operating core programming at all facilities after seeing intermittent programming pauses due to COVID-19 in Fiscal Year '20 and the complete stoppage of core programming activities in the first quarter of Fiscal Year '21 due to COVID-19 mitigation protocols. Programming restarted at many facilities in the second quarter, with the remaining facilities restarting in the third quarter. Due to the time needed to complete programming, the impact of additional starting in the current quarter is not yet reflected in the programming metrics. In addition, while programming has restarted, the MDOC continues to comply with state and federal regulations and guidance related to COVID-19, which limits group sizes for the sake of social distancing within the correctional facilities.

(c) A plan of action for addressing any waiting lists or backlogs programming that may exist.

The MDOC continues to work to allow prisoners the opportunity to complete MSOP programming prior to their ERD. The following actions are ongoing to help meet this goal:

- Provide ongoing quality control of risk assessments completed by the MDOC.
- Continuing to complete STATIC-99Rs at intake by our fully trained staff.
- Provide information to parole board members and other stakeholders regarding risk assessment and treatment recommendations.
- Provide regular training to MDOC staff and to community-based treatment providers in use of standardized risk assessment tools.
- Working with MDOC transfer coordination staff to ensure eligible level I and II sexual offenders are transferred to MSOP hub sites expeditiously.
- Ongoing transferring of sex offenders to hub sites directly from RGC as appropriate.
- Ongoing completion of all SORAs within 2 years of ERD.
- STABLE-2007 assessments completed on all individuals with a history of engaging in sexually abusive behaviors who are 4 years to 7 years of their ERD to determine programming needs.
- Use of telemedicine devices as needed to complete Sex Offender Risk Assessments (SORAs).