

REPORT TO THE LEGISLATURE

Pursuant to P.A. 87 of 2021

Article 2, Section 913(3)

Assaultive Offender and Sex Offender Programming Report – 2nd Quarter FY2022

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 correction 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)	75	163	426	789	1,453
Assaultive Offender Programming (AOP)	3	1	5	1	10
Sex Offender Programming (MSOP)	108	94	182	260	644
Thinking for a Change (T4C)	35	70	154	188	447

(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)	131	37	168
Assaultive Offender Programming (AOP)	3	1	4
Sex Offender Programming (MSOP)	131	32	234
Thinking for a Change (T4C)	27	17	44
Total	363	87	450

NOTE: After operating core programming through the fall of 2021, all core programming was once again paused as the MDOC dealt with the Omicron wave of COVID-19. Programming has since restarted at all prisons, but this pause created delays of 6-12 weeks in programming depending on site. This has directly impacted the completion numbers included in this report, resulting in an increase compared to last quarter.

(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 core programming prior to their ERD. The following actions are ongoing to help meet this goal:

- The Department has trained additional staff to facilitate certain core programs and has expanded core programming availability to additional facilities.
- The Department will be increasing the number of group starts at certain facilities to help offset reductions in group participants due to COVID-19 Social Distancing Protocols.
- Working with the Reception Center staff to align the first placement with programming resources.

Specific to MSOP Programming:

- Utilizing contracted staff to address the Post ERD population of individuals recommended for MSOP Programming
- 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.
- 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).