

REPORT TO THE LEGISLATURE

Pursuant to P.A. 166 of 2022

Article 2, Section 708(3)

Assaultive Offender and Sex Offender Programming Report –1st Quarter FY2023

Section 708(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), Michigan Sexual Abuse Prevention Programming (MSAPP), 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)	66	57	188	415	726
Assaultive Offender Programming (AOP)	0	0	2	0	2
Sexual Abuse Prevention Programming (MSAPP)	28	30	143	278	479
Thinking for a Change (T4C)	25	51	115	131	322

(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), Sexual Abuse Prevention Programming (MSAPP), or Thinking for a Change (T4C).

Program Name	Post ERD – Non-PVT	Post ERD – PVT	Post ERD – Total
Violence Prevention Programming (VPP)	101	32	133
Assaultive Offender Programming (AOP)	0	0	0
Sexual Abuse Prevention Programming (MSAPP)	99	30	129
Thinking for a Change (T4C)	16	28	44
Total	216	90	306

(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 MDOC has modified the program delivery schedule for multiple groups to increase the total number of prisoners active in programming.
- Program Centralization staff has worked with the Reception Center staff to align initial placement after intake with programming resources.

Specific to MSAPP Programming:

- Utilizing contracted staff to address the Post ERD population of individuals recommended for MSAPP Programming
- Approved overtime for MSAPP staff to increase number of groups offered to individuals recommended for MSAPP programming
- Offering MSAPP group therapy within protection unit at Bellamy Creek Correctional Facility (IBC).
- Provide ongoing quality control of risk assessments completed by the MDOC.
- Continuing to complete STATIC-99Rs at intake by 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 Charles E. Egeler Reception and Guidance Center (RGC) as appropriate.
- Ongoing completion of all Sex Offender Risk Assessments (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 (SORAs).