

REPORT TO THE LEGISLATURE
Pursuant to P.A. 252 of 2014
Section 913(2)

Assaultive Offender and Sex Offender Programming Report – 4th Quarter

Section 913(2): The department shall submit a quarterly report to the members of the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, the state budget director, and the legislative correction ombudsman detailing the current wait list for sex offender programming, assaultive offender programming, and the Thinking for a Change program.

(a) A full accounting 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 (SOP), 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. A new row was added to the tables below to detail the current wait list for these offenders.

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	180	589	1,189	2,033
Assaultive Offender Programming (AOP)	2	1	0	1	4
Sex Offender Programming (SOP)	120	199	463	790	1,572
Thinking for a Change (T4C)	96	326	925	702	2,085

(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	Past Earliest Release Date
Violence Prevention Programming (VPP)	107
Assaultive Offender Programming (AOP)	8
Sex Offender Programming (SOP)	174
Thinking for a Change (T4C)	51
Total	340

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

Program referral rules have been established, ratified across MDOC administrations, and have been applied to the existing waiting lists as well as being utilized at RGC during intake processing. The program referral rules were implemented to ensure that the Department's programming resources are being efficiently utilized, and that duplicate or redundant programming is not being provided to prisoners. All program referrals, enrollments, terminations, and completions are being documented in the central tracking database (OMNI) and are being monitored by facility staff as well as Reentry Division Central Office staff. Central Office staff utilizes the OMNI data to formulate official reports of wait list data. With the migration of our older Corrections Management Information System (CMIS) to OMS, we are now better able to track all of the waiting list cases.

Over the past year Mental Health Services at the Thumb Correctional Facility have been providing AOP to Youthful Offenders (under the age of 18 HYTA, Dual Status and Parolees) identified through RGC Recommendations and Court Orders. Assaultive Offender Programming has also been provided to prisoners at Richard A. Handlon Correctional Facility who are housed in Residential Treatment (RTP) and Adaptive Skills Residential Programs (ASRP). The staff have utilized OMNI tracking in consultation with the Classification Director and the Deputy Warden of Custody. This has resulted in the elimination of an AOP waiting list for the youthful population at the Thumb Correctional Facility as well as special needs prisoners in the RTP and ASRP settings. Youthful Offenders transferring to the Thumb Correctional Facility and RTP/ASRP prisoners at the Richard A. Handlon Correctional Facility will continue to be monitored in the same manner with AOP being provided to on an as needed basis.

The Department continues to work diligently at decreasing the number of prisoners past their ERD requiring sex offender programming. During the 4th quarter the numbers went from 188 to 174, for those past their earliest release dates. For the standard SOP program, 16 SOP groups completed and 14 new groups began during this quarter. There are currently 18 SOP groups running and 2 pending to start. For MSOP, 14 ongoing groups continue and 42 prisoners completed programming. The number of SOP groups that could be started this quarter were decreased in part due to expanding mental health caseloads. Additionally, two facilities were moved from the traditional SOP to the implementation of the Michigan Sex Offender Program (MSOP) where the treatment duration for each offender is between 6 to 18 months. Capacity will increase at these MSOP hub sites in the next quarter as it becomes fully operational. The reduction in numbers is a reflection of the Department's continued systematic review of prisoner records to determine duplicate cases, inappropriate referrals and/or other errors and make appropriate corrections. An ongoing review of records will continue to be done to determine those needing assessments and getting those completed to assist with placing offenders into appropriate programming in a timely manner.

Effective November 2014, VPP is being delivered at all facilities, with exception to RGC, WCC, SAI, and WHV. With the statewide launch of VPP, the wait list has been affected at an even faster pace and the need to transfer prisoners for VPP programming has been eliminated. The T4C program is running at all facilities, except RGC, SAI, WCC, and WHV.

With regards to the VPP and T4C programs, priority placement is given to prisoners who are past or within eight months of the ERD. Quality Assurance monitoring for VPP and T4C is conducted on a frequent basis by trained Reentry Division Central Office and CFA facility staff to ensure that groups are continuously running at capacity as well as to maintain program fidelity and staff accountability.