

REPORT TO THE LEGISLATURE

Pursuant to P.A. 166 of 2020

Article 2, Section 913(3)

Assaultive Offender and Sex Offender Programming Report – 2nd 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 (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.

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)	97	229	484	940	1,750
Assaultive Offender Programming (AOP)	1	0	1	0	2
Sex Offender Programming (MSOP)	43	46	134	272	494
Thinking for a Change (T4C)	63	99	197	198	557

(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)	133	46	179
Assaultive Offender Programming (AOP)	0	1	1
Sex Offender Programming (MSOP)	136	45	181
Thinking for a Change (T4C)	37	12	49
Total	306	104	410

NOTE: The department worked maintain limited programming and minimize the impact on the waitlist between March and November of 2020 during the COVID pandemic.. In November of 2020, the decision was made to halt all core programming as the Department instituted additional protocols to protect against an increasing number of COVID cases at many facilities. Beginning in January, the MDOC began developing and deploying new programming protocols to allow for the safe restart of programming at select facilities. These restarts continued to occur in February and March of 2021. The cause of waitlist increases is a direct result of precautions the department has taken including restrictions on prisoner transfers in an effort to minimize the spread of COVID-19.

(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 offenders from 4 years to 7 years of their ERD to determine programming needs.
- Staff continue to administer the STABLE-2007s to assist with the identifying program needs.
- Use of telemedicine devices to complete Sex Offender Risk Assessments (SORAs).