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), Thinking for a Change (T4C), or TRY (Treatment Readiness for You in MSAPP). 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 by time to Earliest Release Date (ERD).

Program Name	0 to 6 Months to ERD	Greater Than 6 Months to 1 Year to ERD	Greater Than 1 Year to 2 Years to ERD	More Than 2 and up to 4 Years to ERD	Greater Than 4 Years to ERD	Total
Waiting for Program						
Violence Prevention Programming (VPP)	35	54	112	194	750	1,145
Assaultive Offender Programming (AOP)	0	0	0	1	0	1
Sexual Abuse Prevention Programming (MSAPP)	53	73	153	195	357	831
Thinking for Change (T4C)	16	58	130	143	140	487
SUBTOTAL	104	185	395	533	1,247	2,464
Active in Program						
Violence Prevention Programming (VPP)	41	48	71	116	342	618
Assaultive Offender Programming (AOP)	0	0	3	0	0	3
Sexual Abuse Prevention Programming (MSAPP Phase I Try)	2	6	12	3	0	23
Sexual Abuse Prevention Programming (MSAPP Phase II-V)	65	17	19	3	2	106
Thinking for Change (T4C)	15	40	48	42	41	186
SUBTOTAL	123	111	153	164	385	936
TOTAL	227	296	548	697	1,632	3,400

(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), Thinking for a Change (T4C), or TRY (MSAPP).

Program Name	Post ERD – Non-PVT	Post ERD – PVT	Post ERD – TOTAL
Waiting for Program			
Violence Prevention Programming (VPP)	79	34	113
Assaultive Offender Programming (AOP)	0	1	1
Michigan Sexual Abuse Prevention Programming (MSAPP)	86	20	106
Thinking for Change (T4C)	12	26	38
SUBTOTAL	177	81	258
Active in Program			
Violence Prevention Programming (VPP)	79	37	116
Assaultive Offender Programming (AOP)	6	3	9
Sexual Abuse Prevention Programming (MSAPP Phase I Try)	16	7	23
Sexual Abuse Prevention Programming (MSAPP Phase II-V)	234	33	267
Thinking for Change (T4C)	14	20	34
SUBTOTAL	349	100	449
TOTAL	526	181	707

(c) A plan of action for addressing any waiting lists or backlogs 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 MDOC 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:

 • Ongoing approval of overtime for MSAPP staff to increase number of groups offered to individuals recommended for MSAPP programming.
 • Offering MSAPP group therapy within protection unit at IBC correctional facility
 • Provide ongoing quality control of risk assessments completed by the MDOC
 • Continuing to complete STATIC-99Rs at intake by fully trained staff.
 • Provide training 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 individuals with a sexually motivated crime to hub sites directly from RGC as appropriate.
• Ongoing completion of all Sex Offense Risk Assessments (SORAs) within 2 years of ERD.
• Use of telemedicine devices as needed to complete (SORAs).