

Executive Summary

The Assaultive Offender Program (AOP) is a group therapy process for Michigan prisoners. It is designed to change assaultive attitudes and behaviors and thus reduce the individual's risk to the public upon parole.

AOP takes 44-52 weeks to complete. Because of long waiting lists, many prisoners cannot complete AOP before they become eligible for parole. The parole board then often denies release.

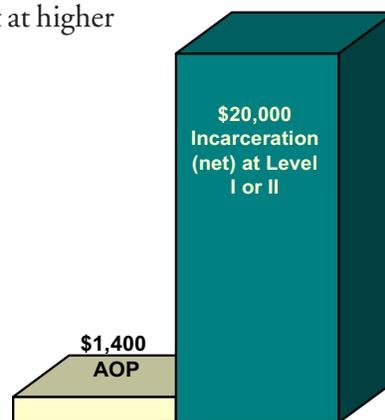
- There are 2,053 prisoners currently enrolled in AOP.
- There are 2,256 prisoners on waiting lists who have already passed or are within one year of reaching their first parole dates.
- These waiting lists grew by 19 percent from February 2004-February 2005.

Each time the parole board denies parole for a year so a Level I or II prisoner can complete AOP, it costs the taxpayers 14 times as much as it would have cost to have provided AOP in a timely manner.

- The net cost of keeping a prisoner at a Level I or II facility for one year (after subtracting the cost of parole supervision) is about \$20,000. The cost at higher security levels is substantially more.
- The per prisoner cost of providing AOP is about \$1,400.
- Although the MDOC does not track this information, it appears that the parole board denies release to as many as 600 prisoners a year solely to permit completion of AOP, at a cost for further incarceration of about \$12 million.

Some prisoners serve their maximum sentences without having the opportunity to take AOP. These prisoners are discharged to the community without parole supervision or supportive services.

- Many of the prisoners who "max out" had behavioral problems while incarcerated. Of those on the 2004 waiting lists, it appears that 67 were at security Level IV and 49 were at Level V when they were discharged.
- Prisoners at higher security levels are housed under highly restrictive conditions. They are the least prepared to live on their own and pose a greater risk upon release.



The frequent failure to provide AOP before parole consideration and even discharge has several causes:

- There are not enough therapists available to conduct AOP groups.
- The MDOC does not maintain one statewide AOP waiting list. Instead, facilities have their own lists which change constantly as prisoners are transferred.
- The availability of AOP at Level I and II prisons and camps varies widely.
- AOP groups are not conducted at Level III, IV and V prisons or at two camps.
- Prisoners nearing their release dates are commonly housed at facilities where the treatment is not even provided.
- Program eligibility criteria have been changed over time so that prisoners who have served many years sometimes reach their first parole interview without having been assessed for AOP.

Parole board practices may compound the problem.

- Prisoners are frequently denied parole for “failing” to complete a treatment program they could not access.
- Prisoners enrolled in AOP were often continued in prison for a full year when they were only a few months from completing treatment, a practice the parole board is working to correct.
- There are no criteria for deciding when AOP need not be required or when it would be appropriate to make completion of a comparable program a condition of parole.

Even successful completion of AOP does not guarantee parole since the board routinely disagrees with the assessments of therapists.

- In 2004, of the prisoners considered for parole who had completed AOP, more than half were denied release.
- When the board concludes that a prisoner who has completed AOP with a positive assessment remains a risk to release, it is not required to explain its difference of opinion with the treating therapist.
- No process exists for reviewing the board's findings or appealing its decisions.
- Currently, nearly 1,500 prisoners have served their minimum sentences and completed AOP but have been denied parole.

Numerous steps could be taken to increase the availability of assaultive offender treatment to prisoners and the movement of prisoners to parole. Such steps would include:

- hiring more therapists to conduct AOP groups

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- establishing a statewide waiting list and transferring prisoners as needed so they can enter groups in time to finish before they become parole eligible
- adopting practical AOP admissions criteria and applying those criteria consistently
- providing AOP at all custody levels
- allowing the parole board to defer decisions for up to three months to allow a prisoner to complete AOP
- prohibiting the parole board from denying release solely because a prisoner has not completed a treatment program the prisoner could not access
- creating a review process for cases in which the board disagrees with the conclusions of MDOC therapists
- identifying criteria for when AOP participation can reasonably be waived altogether and when it can safely be completed in the community as a condition of parole.

Taking such steps would require a short-term investment of resources and a commitment by the MDOC to give the same priority to treatment as it does to institutional management. It would also require a thorough analysis of the relationship between program completion and parole decision-making. The fact that the Department is currently exploring some of these options is a hopeful sign. In the long-term, increased public safety and decreased incarceration costs would be well worth the effort.