

Indiana Sex Offender Management and Monitoring (INSOMM) Program

Quarterly Outcome Report

3rd Quarter – April 1, 2018 through June 30, 2018



REPORT PREPARED BY:

Liberty Behavioral Health Corporation
401 E. City Ave., Suite 820
Bala Cynwyd, PA 19004
610-668-8800

Adam Deming, Psy.D., INSOMM Program Executive Director
Sue Nayda, Senior Vice President & Chief Operating Officer
Todd Casbon, Ph.D., INSOMM Program Quality Assurance and Research Coordinator

MISSION STATEMENT

The mission of the Indiana Sex Offender Management and Monitoring (INSOMM) Program is to develop a collaborative, statewide system to protect the public and enhance community safety by reducing sexual recidivism among convicted sexual offenders in Indiana.

TABLE OF CONTENTS

Executive Summary.....	3
Program Overview.....	6
Quality Assurance.....	7
I. Effectiveness.....	8
A. Overview of INSOMM Program Recidivism Data.....	8
B. Aggregate Recidivism Data on INSOMM Program Parolees.....	8
C. The Impact of Static-99 Risk Level on Rates of Recidivism.....	9
D. The Impact of Time Since Release on Rates of Recidivism.....	11
E. New Sex Crimes Within Three Years of <i>Initial</i> Release to Parole.....	12
F. Three-Year Recidivism Data for IDOC Sex Offenders.....	14
G. Expanding Efforts to Measure Reductions in Recidivism.....	15
II. Efficiency.....	16
A. Facility Programming.....	16
1. Risk Assessment.....	16
2. Polygraph Assessment.....	16
3. PPG Assessment.....	17
4. Male Risk-Based Sex Offender Treatment.....	17
5. Male Sexual Violence Education Class.....	19
6. Female Offender Treatment Program.....	19
7. Juvenile Offender Services.....	19
B. Re-Entry Program.....	20
C. Parole - Phase III	21
1. GPS Monitoring.....	21
2. Treatment Referrals.....	21
3. Polygraph Assessment.....	22
4. Containment Meetings.....	23
III. Reduction In Risk.....	23
A. High Risk Offenders.....	23
Quality Improvement Initiatives.....	24
Third Quarter Summary and Future Goals.....	26



Indiana Sex Offender Management and Monitoring (INSOMM)

QUALITY ASSURANCE REPORT

3rd Quarter

April 1, 2018 through June 30, 2018

Executive Summary

During the third quarter of the 2017-2018 contract year (April, May, June), the Indiana Sex Offender Management and Monitoring (INSOMM) Program, via partnership between the Indiana Department of Correction (IDOC), Liberty Behavioral Health Corporation (LBHC), and multiple subcontracted entities throughout the state, continued to effectively and efficiently carry out its mission of reducing recidivism in persons convicted of sex crimes in the state of Indiana.

The program held its 17th Annual Training Conference on Monday April 16 and Tuesday April 17, 2018. As the result of feedback from previous conferences, the conference was held at the Wellington Banquet and Conference Center in Fishers, Indiana this year, rather than in the downtown Indianapolis area. The first day of the conference included opening remarks by Mr. James Basinger, IDOC Deputy Commissioner for Operations, and featured Dr. Sandy Jung presenting a workshop on the use of the Risk-Need-Responsivity model with sexual abusers. Breakout sessions in the afternoon included Mr. Steve Sawyer speaking on the topic of group therapy with sexual abusers, and INSOMM Program Executive Director Adam Deming speaking on the topic of controversies in the community supervision of sexual abusers. The second day of the conference included a morning session focusing on the preparation of sexual offenders for polygraph examination, provided by Ms. Denise Ackermann, Ms. Jennifer Considine, and Mr. Neil Remaklus. Breakout sessions on day two included INSOMM Program Clinical Director Aimee Wilczynski providing a session on working with challenging clients, and INSOMM Program Quality Assurance and Research Coordinator, Dr. Todd Casbon, speaking on the topic of recidivism in sexual abusers. Feedback from attendees at the conference was very positive both with respect to the conference location as well as the content of the training sessions.

Regarding Phase III community based treatment services, an interview with prospective Phase III treatment provider Ms. Melanie Riggs, LMHC, was held at the INSOMM Program main office on Wednesday April 25, 2018. Ms. Riggs is interested in providing treatment services with an existing INSOMM Program sub-contracted provider, the Indianapolis Counseling Center. Ms. Riggs is familiar to the INSOMM Program due to having previously provided services in Phase III as well as having worked in Phase II of the program at the New Castle Correctional Facility. Ms. Riggs was provided with credentialing materials and encouraged to move forward with the credentialing process. Also related to Phase III services, an audit of Phase III providers at the Counseling and Enrichment Center, in New Albany, Indiana was held on Thursday April 26, 2018. Results of the audit were "fully acceptable".

The bi-monthly Program Management Committee Meeting was held on Tuesday May 1 at the INSOMM Program main office. An update on global positioning satellite (GPS) services was

provided by Kyle Shore, who informed the committee that Rich Sowder from Attenti is retiring effective June 1, 2018, and will be replaced by David Talarico. Other issues addressed by the committee during the meeting included a brief discussion of the agenda for a scheduled meeting at Wernle Youth and Family Treatment Center in Richmond, Indiana on June 4, 2018, and the upcoming training of INSOMM parole agents in August of this year. Finally, Indiana Department of Correction Director of Juvenile Parole, Stacy Doane-Selmier, requested that INSOMM Program counselor's progress notes for youth at Pendleton Juvenile Correctional Facility include more detail regarding contacts with guardians regarding placement.

A meeting was held on Monday May 21, 2018 at the IDOC to discuss the use of GPS monitoring with youth that have sexually offended and have been released to parole with sex offender parole stipulations. Participants at the meeting discussed the potential number of youth that might receive this service, the mechanisms for monitoring GPS alerts, where the units would be attached, and the training that would be necessary to implement this service. The meeting was very positive with agreement on all issues between those in attendance.

Also related to youth with a history of sexually illegal behavior, a meeting was held on Thursday May 24, 2018 with administrative personnel from Logansport Correctional Facility, Pendleton Juvenile Correctional Facility, and the INSOMM Program. The meeting was held to discuss the definition of "sexual exceptional needs", the process for evaluating youth with an apparent history of sexually illegal behavior, and how to ensure those students that meet sexual exceptional needs criteria get referred to the Sexual Treatment and Education Program (STEP) at Pendleton Juvenile Correctional Facility. There was consistent agreement among attendees on the definition and process for referral of these students, and INSOMM Program staff agreed to be more involved in classification meetings that occur at the Logansport Correctional Facility moving forward.

Secondary to the resignation of Mr. Paul Hansard as the INSOMM Program Phase II polygraph examiner at New Castle Correctional Facility, Mr. Garland (Barry) Bridges has recently been contracted to begin performing polygraph services at that facility. It is anticipated that he will begin providing polygraph exams at New Castle in July of this year.

Managers working with the INSOMM Program, from both the IDOC and LBHC, attended a meeting at Wernle Youth and Family Treatment Center in Richmond, Indiana on June 4, 2018. The meeting was held to discuss potential opportunities for improving coordination of services and communication about students that will be placed at Wernle following discharge from the STEP at Pendleton Juvenile Correctional Facility. Attendees at the meeting were provided an overview of the Wernle treatment program and a tour of the facility by Wernle administrative and direct care staff, and participated in a discussion of difficult cases and methods for improving communication between Pendleton and Wernle staff. All attendees agreed that the meeting was productive and beneficial.

IDOC Director of Registration and Victim Services Mr. Brent Myers and IDOC Event Planner Mr. Brian Barrett met with INSOMM Program Executive Director Adam Deming on Thursday June 28 to discuss potential topics for a series of upcoming Sex Offender Registration and Notification Act (SORNA) grant training events. Mr. Myers and Mr. Barrett provided information regarding the planned scope and content of the training conferences to be held sometime in late 2018 and throughout 2019. Dr. Deming agreed to provide Mr. Myers and Mr. Barrett with a list of potential topics that could be relevant and of interest to prospective attendees.

Throughout the month of June, consistent with discussion during a meeting in May, INSOMM Program Clinical Director Aimee Wilczynski has started participating in weekly meetings (via

telephone) with staff at Logansport Juvenile Correctional Facility regarding classification of students at that facility as meeting “sexual exceptional needs” criteria for transfer to Pendleton Juvenile Correctional Facility. Students meeting those criteria are then transferred to Pendleton for placement in the STEP program. Thus far, Ms. Wilczynski’s participation in these meetings appears to be beneficial in assisting in appropriately classifying these students, and she plans to travel to Logansport to attend a meeting in person in the month of July.

During the third quarter of this contract year, the INSOMM Program started using a new approach to gathering feedback regarding staff, subcontractor, and customer satisfaction with program methods and processes. In June, the program implemented the use of “Survey Monkey”, an online survey process that will replace the use of paper mail-in surveys. It is hoped that this online process will be easier and more convenient for survey respondents as Liberty continues to look for areas in which it can make improvements in the overall effectiveness and efficiency of the INSOMM Program. INSOMM Program clients (offenders) will continue to receive and be asked to complete the paper surveys.

Finally, throughout this quarter, the INSOMM Program main office continued to implement changes relating to its information technology system. The program changed internet service providers and also installed a new computer server. Throughout the quarter efforts were underway by LBHC’s subcontracted information technology team to move the INSOMM Program web application and database from the old server to the new server. This process was ongoing at the end of the third quarter and the goal is to have that process complete prior to the end of the contract year.

Program Overview

Program Description

The fundamental purpose of the INSOMM Program is the ***maintenance of public safety***. Every service that is offered thru the INSOMM Program is driven by this purpose and remains continually sensitive to the perspective of the victims of sexual violence and abuse.

The INSOMM Program utilizes the most current information, research, and techniques from the field of sex offender assessment, treatment, and community management to accomplish its mission. The program focuses on providing sex offender specific treatment and psycho-education within Indiana Department of Correction (IDOC) facilities, management and monitoring of paroled sex offenders in the community, and training and education to IDOC facility staff, parole agents, and community treatment providers and polygraph examiners.

Program Objectives

Guided by the goal of reducing sex offender recidivism and improving public safety in the state of Indiana, the INSOMM Program has the following objectives:

- Maintain a system for reliably identifying convicted sex offenders at the point of entry into the Indiana Department of Correction and monitoring them through the course of incarceration and the post-release parole period.
- Maintain a standardized system for assessment of risk potential and individual treatment needs in the area of sexual offending.
- Maintain specialized sex offender specific treatment and psychoeducational programs for incarcerated sex offenders, which require them to recognize, acknowledge, and take responsibility for their deviant and abusive sexual behavior, and targets the development of improved behavioral self-management of sexual behavior.
- Support the implementation of specialized stipulations and post-release supervision of INSOMM parolees by state and court agents to provide more effective supervision and surveillance, as well as sex offender specific polygraph assessments and treatment by qualified community providers.
- Maintain a statewide network of qualified providers with expertise in the assessment, treatment, and management of sex offenders to serve INSOMM parolees and expand the availability of sex offender specific services throughout the state of Indiana.
- Maintain a tracking system to monitor and verify ongoing participation of parolees in their prescribed course of community treatment as specified by the conditions of parole.
- Maintain a quality improvement system to continually monitor program efficiency and effectiveness and provide ongoing service reports.
- Support the Indiana Sex Offender Registry and post-release offender registration requirements under Indiana Law IC 5-2-12.

Program Governance

Liberty Behavioral Health Senior Vice President and Chief Operating Officer, Behavioral Health Programs, INSOMM Contract Manager: The Liberty Behavioral Health Senior Vice President and Chief Operating Officer, INSOMM Contract Manager, is responsible for ensuring Liberty Behavioral Health's maintenance of its contractual agreement between Liberty Behavioral Health and the Indiana Department of Correction. She serves as a liaison between the Department of Correction and Liberty Behavioral Health in a general manner, and with specific reference to contractual issues.

Liberty Behavioral Health Vice President of Quality Performance / Quality Improvement, Corporate Compliance Officer: The Liberty Behavioral Health Vice President of Quality Performance / Quality Improvement, Corporate Compliance Officer, is responsible for general oversight, supervision and consultative needs relating to the INSOMM quality improvement program. She assists the INSOMM Quality Assurance and Research Coordinator in ensuring standards of quality and performance are established, regularly measured, and achieved throughout all aspects of the INSOMM Program.

Executive Director: The Executive Director is responsible for directing and managing all operations of the INSOMM Program, including Phases I, II, and III, and all training services. The Executive Director oversees the delivery and quality of all INSOMM Program services, and ensures compliance with administrative codes, contract deliverables to the IDOC, and Liberty Behavioral Health performance standards. He/she provides fiscal, administrative, and clinical oversight to ensure efficient day to day operation of the program, and serves as a liaison between the Department of Correction and Liberty Behavioral Health.

Director of Community Services: The Director of Community Services supervises the delivery of all community services in Phase III, including the supervision of District Coordinators. He/she is responsible for ensuring the appropriate credentialing of community treatment providers and polygraph examiners. He/she serves as a liaison between IDOC parole agents, subcontracted treatment providers and polygraph examiners and Liberty Behavioral Health.

Clinical Director: The Clinical Director supervises the provision of all clinical services in Phases I and II, including assessment services and sex offender specific group therapies and psycho-educational sessions. The Clinical Director is also responsible for ensuring appropriate clinical programming, program development, and assessing the quality of clinical programming. He/she is responsible for ensuring compliance with all state and national ethical standards and use of best practices in the field of sex offender treatment.

Quality Assurance

To ensure continuous quality services, the INSOMM Program works diligently to monitor the suitability and quality of the services that are provided to INSOMM Program offenders. The INSOMM Program reviews all the relevant aspects of the program with a special focus on maintaining the highest standard of practice that is possible. Special emphasis is concentrated across the following domains: effectiveness, efficiency, and reduction in risk. Statistics and outcomes are presented in each domain below.

I. Effectiveness

A. Overview of INSOMM Program Recidivism Data

Each year, INSOMM Program recidivism analyses track and aggregate recidivism data across all INSOMM Program offenders that have been released to parole since 1999. In this manner, the total number and percentage of paroled sex offenders that have recidivated since their release is reported. The most recent update to the INSOMM Program aggregate data was completed in October of 2017. This update tracked and aggregated recidivism data for all INSOMM Program offenders releasing to parole between 1999 and the end of calendar year 2015. The update defined recidivism as any new conviction resulting in a re-incarceration in an IDOC facility through the end of calendar year 2016. Data from this update are presented below.

Additionally, in collaboration with the IDOC, each year efforts are also made to examine recidivism rates among Indiana's sex offenders occurring within three years of institutional release. The most recent update tracked a cohort of sex offenders who released from IDOC facilities to Parole, Probation, a Community Transition Program, or directly to the community with no supervision during the calendar year 2013. Given the three-year follow-up period, these data (presented below in this report) are current through the end of calendar year 2016. Data from this update are also presented below in this report.

B. Aggregate Recidivism Data on INSOMM Program Parolees

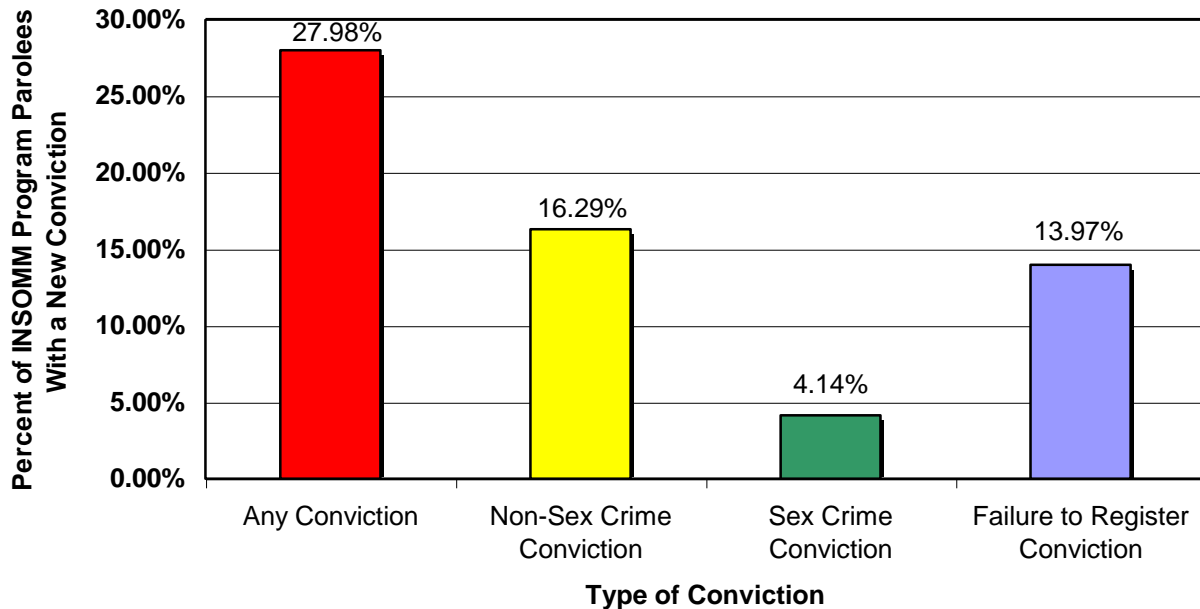
For the purposes of this analysis, recidivism was defined as any new conviction resulting in a return to IDOC prison incarceration. To be counted as a new conviction, the arrest and date of sentencing for the new charge had to occur after the offenders' initial release to parole. Any new conviction occurring on or before 12-31-2016 was counted. To identify new convictions for each offender, a comparison was made between the initial date of parole listed in the INSOMM Program Phase III database and the arrest and sentencing dates of charges listed in the IDOC Offender Database on the internet. The Offender Information System (OIS) was also used as a cross reference on cases in which date of initial release to parole was not clearly indicated in the INSOMM Program Phase III database. Offenders who had been released from prison for less than one year as of 12-31-2016 were excluded from the analysis.

Results indicated that of the 6,115 adult male offenders released to parole under INSOMM Program supervision between 10-1-99 and 12-31-15, 253 individuals (4.14%) were convicted for new sexual crimes, 854 (13.97%) were convicted for Failure to Register as a Sex Offender, and 996 (16.29%) were convicted for new non-sexual crimes. Of these individuals, 382 had been convicted for crimes in more than one of the three categories listed above. Thus, a total of 1,711 (27.98%) unique offenders were found to have been convicted of a new offense of some type.

In compiling this year's INSOMM Program aggregate recidivism data we were excited to see a very significant finding in the percentage of new sex crimes. It is well understood and expected that over time the percentage of new sex crimes observed in a group of sexual offenders will predictably increase the longer that group remains at risk in the community. However, for the first year since the INSOMM Program has been in operation, the aggregate recidivism percentage rate has decreased rather than increased. As reported above, the new sex crime recidivism rate this year was 4.14%, while the predicted rate would have been 4.30%. In other words, during the past year, with a larger number of INSOMM Program offenders in the community, and for a greater time at risk to commit new sex offenses, the recidivism rate actually decreased from

4.18% in FY2015-2016 to 4.14% in FY2016-2017. Interestingly, the within 3 years of release new sex crime recidivism percentage also dropped and was the lowest since these data have been tracked by the IDOC/INSOMM Program (see below). In fact, we are pleased to report that the aggregate recidivism rates for non-sex crimes and failure to register offenses also decreased during this past year. Although it may be premature to explain this unexpected but welcome decrease in recidivism, some hypotheses are offered. Of course, we would like to believe that INSOMM Program interventions and services are accounting for this decrease. If so, this could also explain the trend in lower non-sex crimes, failure to register, and within 3 years of release recidivism data. Other possible explanations could include an aging population of offenders in the total sample, or an anomalous cohort of offenders that have been released within the last few years. Continued monitoring of recidivism rates over the next few years is needed in order to draw more definitive conclusion relating to this year's data.

Aggregate Recidivism Data for INSOMM Program Parolees Released Between 10-01-99 thru 12-31-15



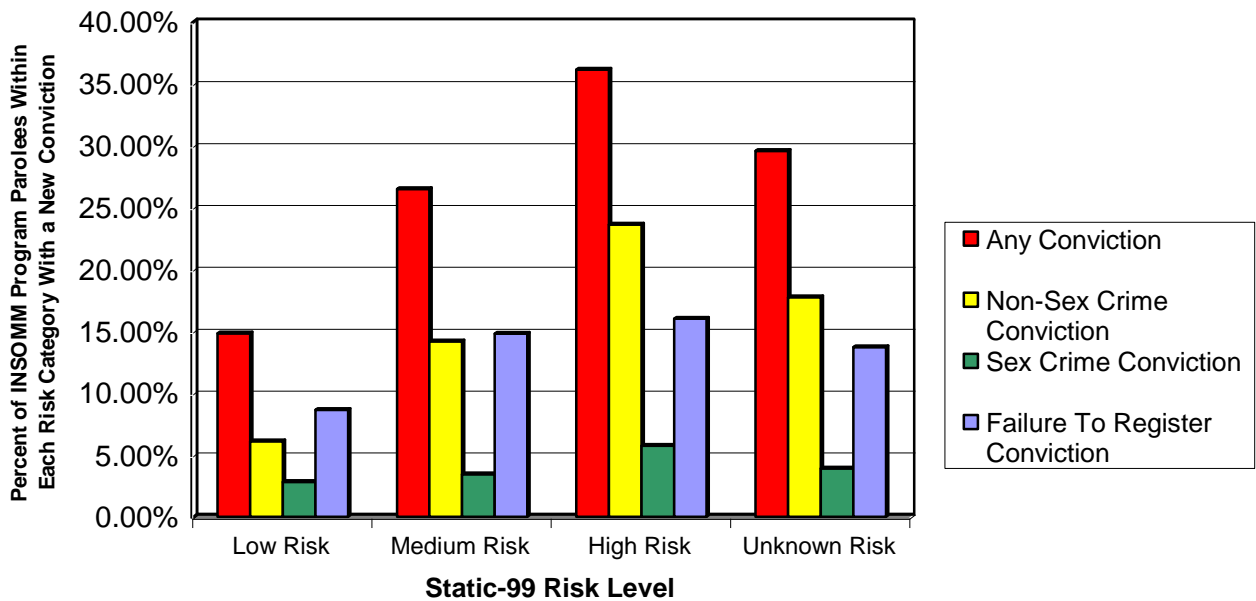
	Any Type of New Conviction		New Non-sex Conviction		New Sex Crime Conviction		New Failure to Register Conviction	
INSOMM Program Parole Recidivists	1,711	27.98%	996	16.29%	253	4.14%	854	13.97%

C. Supplemental Aggregate Recidivism Analysis #1: The Impact of Static-99 Risk Level on Rates of Recidivism

Because research regarding risk for re-offense has suggested that higher scores on the Static-99 are predictive of increased risk for the commission of new crimes, a second supplemental analysis was conducted to determine the extent to which this trend is observed within the

aggregate INSOMM Program Parolee recidivism data. For this analysis, the sample of 6,115 offenders was separated by risk level as defined by their Static-99 scores. Accordingly, 1,066 offenders were identified as Low Risk, 2,267 were identified as Medium Risk, 1,987 were identified as High Risk, and 795 offenders' risk levels were defined as "Unknown" in the INSOMM Program Phase III database. This latter-most designation is assigned only to offenders for whom there is not enough file information available to complete a Static-99 risk assessment. Recidivism rates for each risk level were calculated by dividing the number of offenders at a given risk level with new convictions by the total number of offenders within the same risk level. For example, 30 of the 1,066 Low risk offenders were convicted of a new sex crime to produce a recidivism rate of 2.81% for sex crimes among Low Risk sex offenders. Results generated from this effort are provided in graphical and tabular formats below.

Aggregate INSOMM Program Parolee Recidivism Data by Offense Type and Static-99 Risk Level



Static-99 Risk Level	Type of Conviction							
	New Non-Sex Crime Convictions		New Sex Crime Convictions		New Failure to Register Convictions		Any Type of New Criminal Conviction	
	Number	%	Number	%	Number	%	Number	%
Low Risk (n = 1,066)	65	6.10%	30	2.81%	92	8.63%	158	14.82%
Medium Risk (n = 2,267)	321	14.16%	78	3.44%	335	14.78%	600	26.47%
High Risk (n = 1,987)	469	23.60%	114	5.74%	318	16.00%	718	36.13%
Unknown Risk (n = 795)	141	17.74%	31	3.90%	109	13.71%	235	29.56%

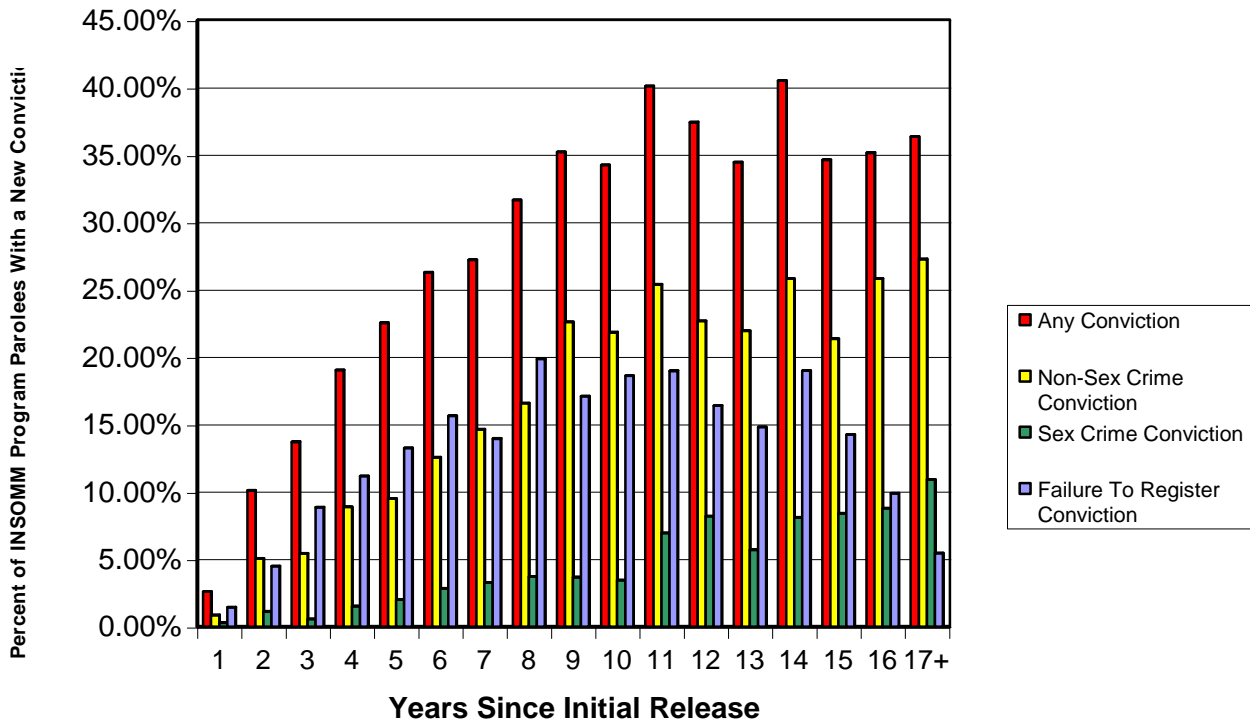
Overall, these results are consistent with prior research in that risk for any type of conviction increases linearly across risk level groups from low to high risk. A similar pattern is observed for new non-sex crimes and new sex crimes. Rates of new Failure to Register convictions were found to be the lowest among low risk offenders (8.63%), but were similar among medium and high risk offenders (14.78% for medium risk and 16.00% for high risk). Generally speaking, the pattern of recidivism results across each type of conviction among offenders with unknown risk

looked most similar to those of the medium risk group. This is to be expected as the unknown risk group is likely composed of offenders from all three risk levels. Thus, recidivism rates within this group would likely average out to be similar to those observed in the medium risk group.

D. Supplemental Aggregate Recidivism Analysis #2 - The Impact of Time Since Release on Rates of Recidivism

Because research has consistently demonstrated a positive correlation between re-offense rates and length of time since release to the community, a supplemental analysis was conducted to determine the extent to which this trend is observed within the aggregate INSOMM Program Parolee recidivism data. For this analysis, the sample of 6,115 offenders was divided into subgroups based on the number of years since their initial release to parole. Offenders listed in the “1-Year” subgroup were those whose initial release date was at least one year ago, but less than two years ago. Offenders in the “2-Year” subgroup were those offenders whose initial release was at least two years ago, but less than 3 years ago, and so on. The number of offenders identified in each “time” sub-group can be found in the left-most column of the table below. Recidivism rates were recalculated within each subgroup by dividing the number of offenders with new convictions within that subgroup, by the total number of offenders falling within the same subgroup. For example, one (1) of the 349 offenders in the “1-Year” subgroup was convicted of a new sex crime to produce a recidivism rate of 0.29% for sex crimes among sex offenders released at least one, but less than two years ago. Results generated from this effort are provided in graphical and tabular formats below.

Aggregate INSOMM Program Parolee Recidivism Data By Conviction Type and Years Since Initial Release to Parole



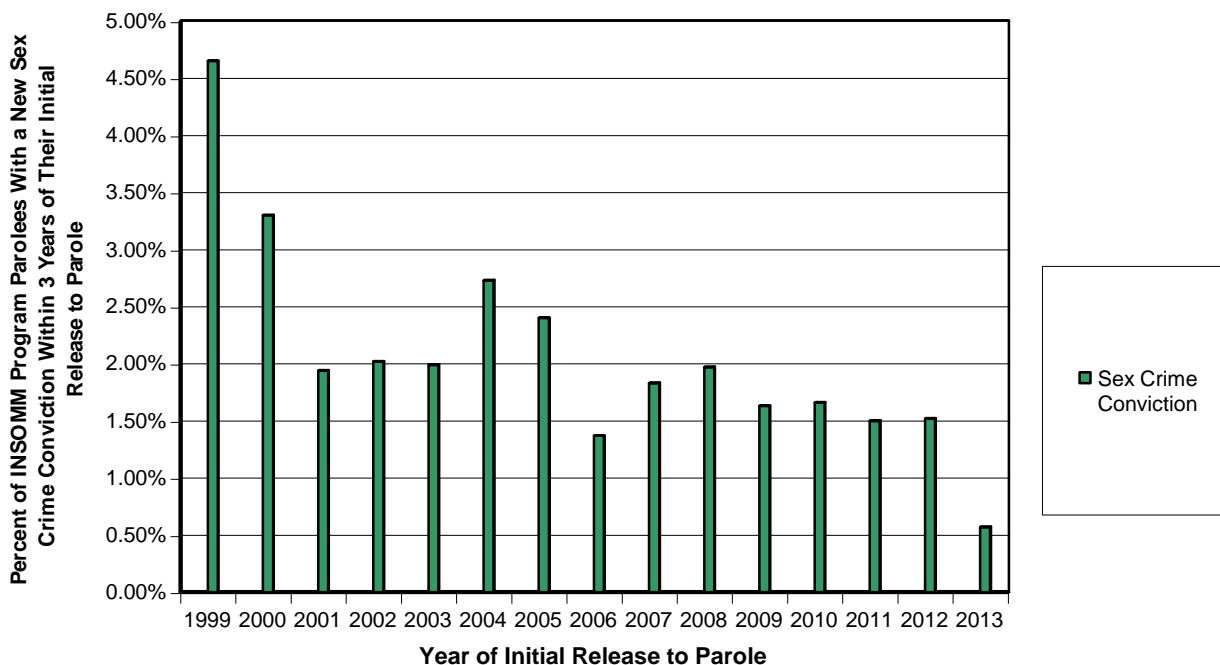
Years Since Initial Release to Parole	Type of Conviction							
	New Non-Sex Crime Convictions		New Sex Crime Convictions		New Failure to Register Convictions		Any Type of New Criminal Conviction	
	Number	%	Number	%	Number	%	Number	%
1 (n = 347)	3	0.86%	1	0.29%	5	1.44%	9	2.59%
2 (n = 356)	18	5.06%	4	1.12%	16	4.49%	36	10.11%
3 (n = 350)	19	5.43%	2	0.57%	31	8.86%	48	13.71%
4 (n = 394)	35	8.88%	6	1.52%	44	11.17%	75	19.04%
5 (n = 400)	38	9.50%	8	2.00%	53	13.25%	89	22.25%
6 (n = 422)	53	12.56%	12	2.84%	66	15.64%	111	26.30%
7 (n = 430)	63	14.65%	14	3.26%	60	13.95%	117	27.21%
8 (n = 458)	76	16.59%	17	3.71%	91	19.87%	145	31.66%
9 (n = 491)	111	22.61%	18	3.67%	84	17.11%	173	35.23%
10 (n = 435)	95	21.84%	15	3.45%	81	18.62%	149	34.25%
11 (n = 374)	95	25.40%	26	6.95%	71	18.98%	150	40.11%
12 (n = 366)	83	22.68%	30	8.20%	60	16.39%	137	37.43%
13 (n = 351)	77	21.94%	20	5.70%	52	14.81%	121	34.47%
14 (n = 395)	102	25.82%	32	8.10%	75	18.99%	160	40.51%
15 (n = 309)	66	21.36%	26	8.41%	44	14.24%	107	34.63%
16 (n = 182)	47	25.82%	16	8.79%	18	9.89%	64	35.16%
17+ (n= 55)	15	27.27%	6	10.91%	3	5.45%	20	36.36%

Generally speaking, and as expected, a positive correlation was observed for all types of convictions between recidivism rates and number of years since initial release to parole. Despite this increase in recidivism rates across time, the rates observed among INSOMM Program parolees appear to compare favorably to those reported in various studies that have considered length of time since release to parole. For example, multiple studies have reported a sexual offense recidivism rate of 13% to 14% for offenders who have been released 4 - 6 years (Hanson & Bussiere, 1998; Hanson & Harris, 2004). In contrast, the sexual recidivism rate for the 794 INSOMM Program offenders released 4 – 6 years is 1.76%.

E. Supplemental Aggregate Recidivism Analysis #3 – New Sex Crime Convictions Within Three Years of Initial Release to Parole Under INSOMM Program Supervision

In an attempt to better assess the extent to which the INSOMM Program has improved in its effectiveness at reducing recidivism since its inception in 1999, for the seventh consecutive year, an additional supplemental aggregate recidivism analysis was conducted. Specifically, efforts were made to separate all sex offenders who released to parole under INSOMM Program supervision between 1999 and the end of 2013, by the year of each offender's *initial* release to parole. Rates of new sex crime convictions that resulted in a return to an IDOC prison facility within three years of *initial* release to parole were then calculated for each year of releases between 1999 and 2013. Results generated from this effort are provided in graphical and tabular formats below.

Aggregate INSOMM Program Parolee Recidivism Data - Percent of Parolees With a New Sex Crime Conviction and Return to an IDOC Facility Within Three Years of Initial Release to Parole - Presented by Year of Initial Release



Year of Initial Release to Parole	New Sex Crime Convictions Within 3 Years of Initial Release to Parole	
	Number	%
1999 (n = 43)	2	4.66%
2000 (n = 182)	6	3.30%
2001 (n = 309)	6	1.94%
2002 (n = 395)	8	2.03%
2003 (n = 351)	7	1.99%
2004 (n = 366)	10	2.73%
2005 (n = 374)	9	2.40%
2006 (n = 435)	6	1.38%
2007 (n = 491)	9	1.83%
2008 (n = 458)	9	1.97%
2009 (n = 430)	7	1.63%
2010 (n = 422)	7	1.66%
2011 (n = 400)	6	1.50%
2012 (n = 394)	6	1.52%
2013 (n = 350)	2	0.57%

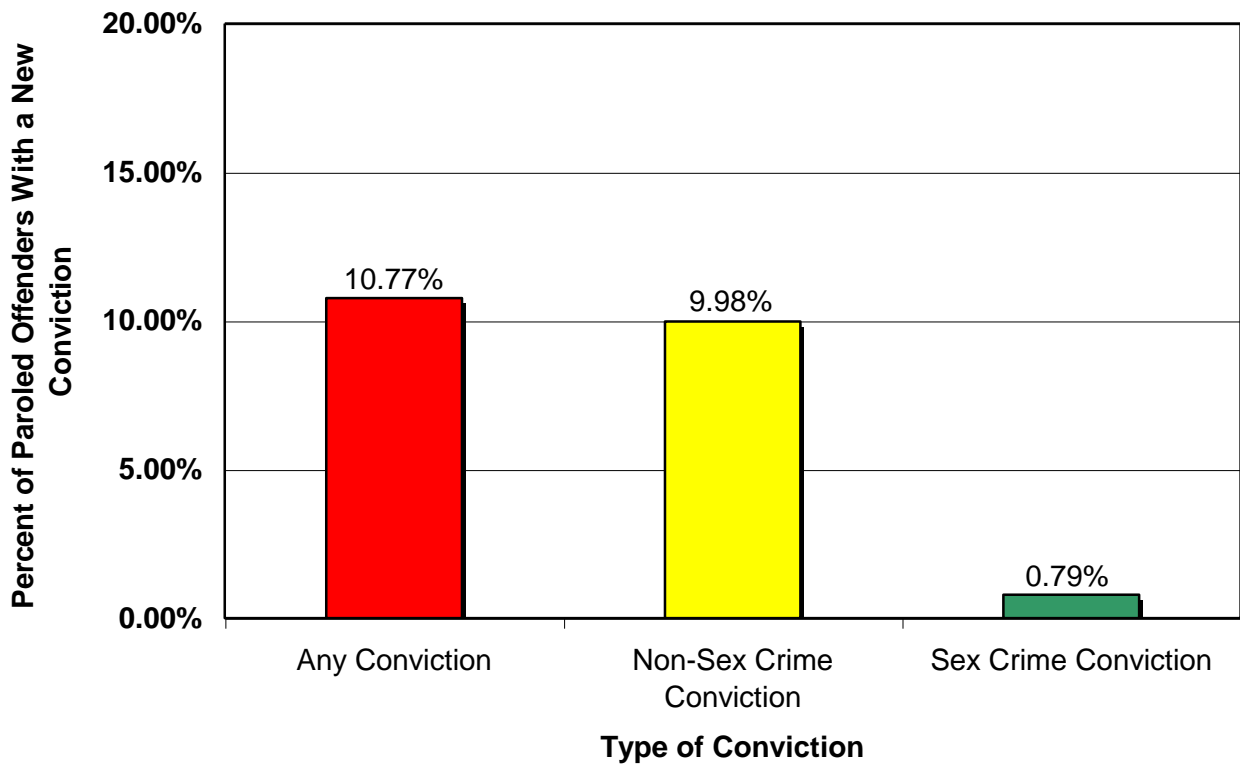
Generally speaking, a trend in the data can be observed in which the percentage of new sex crime convictions within three years of initial release has gotten smaller since the program's inception in 1999 (in which the percentage was 4.66%) through 2013 (in which the percentage was 0.57%). In light of the INSOMM Program's mission and goal to enhance community safety

by reducing sexual recidivism among convicted sexual offenders in Indiana, this trend continues to be a very promising observation.

F. Three-Year Recidivism Data for IDOC Sex Offenders Released in 2013 to Parole, Probation, a Community Transition Program (CTP), or Directly to the Community With No Supervision

As noted above, in collaboration with the IDOC, each year efforts are made to examine recidivism rates among *all* of Indiana's sex offenders occurring within three years of institutional release. Specifically recidivism rates are examined among sex offenders who release from IDOC facilities to Parole, Probation, a Community Transition Program (CTP), or directly to the community with no supervision during a given calendar year. This method was used this year to track a cohort of sex offenders who released from IDOC facilities in 2013. Recidivism was defined as any return to IDOC incarceration within three years of an offender's release date. For the purpose of the present analysis type of return was separated into any new conviction, new non-sex crime convictions, new sex crime convictions, and returns for violations. Because the INSOMM Program is responsible for community supervision of offenders released specifically to parole, data pertaining to type of return for new convictions among the 2013 parolees are presented graphically below. All available data on returns for convictions / violations for each of the different types of releases comprising the 2013 cohort are presented in tabular format below.

Three-Year Recidivism Data for IDOC Sex Offenders Released in 2013 to Parole



	Discharge (No Supervision)	CTP	Probation	Parole	Total
Number of Offenders Released in 2013	22	50	350	631	1,053
Returned for a New Sex Crime Conviction	1 (4.55%)	0 (0.00%)	3 (0.86%)	5 (0.79%)	9 (0.85%)
Returned for a New Non-Sex Crime Conviction	0 (0.00%)	7 (14.00%)	40 (11.43%)	63 (9.98%)	110 (10.45%)
Returned for a Violation	1 (4.55%)	20 (40.00%)	83 (23.71%)	273 (43.26%)	377 (35.80%)
Total Offenders Returned Within 3 Years	2 (9.09%)	27 (54.00%)	126 (36.00%)	341 (54.04%)	496 (47.10%)

Similar to results observed in the 2005, 2006, 2007, 2008, 2009, 2010, 2011, and 2012 cohorts, the total percentage of offenders from the 2013 cohort who returned to the IDOC for a new sex crime conviction was found to be less than 2% (i.e., in 2013, the rate was 0.85%). The rate of new sex crime convictions among offenders released specifically to parole in 2013 and supervised by the INSOMM Program was also found to be less than 2%, with a rate of 0.79%.

One of the advantages of examining recidivism within three years of release for IDOC sex offenders is that it allows for comparison to recidivism rates reported by DOC's in other states that have also adopted this 3-year time frame. The table below provides rates of new sex crime convictions within three years of institutional release from a sample of different states within the United States. Using the 3-year data reported above for offenders releasing in 2013, it would appear that Indiana compares favorably to rates observed in other states.

	Indiana	Alaska	Minnesota	U.S. Department of Justice***	California	Ohio	Tennessee
Year Offenders Released to the Community	2012	Around 2003	1990 - 2002	1994	2003	1989	2001
Percent Returned for a New Sex Crime Conviction Within 3 Years	0.8%	3.0%	3.0%	3.5%	3.6%	5.3%	5.5%

***The U.S. Department of Justice study included a sample of 9,691 offenders released from state prisons in the following 15 states: Arizona, California, Delaware, Florida, Illinois, Maryland, Michigan, Minnesota, New Jersey, New York, North Carolina, Ohio, Oregon, Texas, and Virginia.

G. Expanding Efforts to Measure Reductions in Recidivism Among INSOMM Program Offenders

Although the results from the aggregate and 3-year recidivism analyses provide useful information about the rates of re-offending among INSOMM Program Offenders, program administrators regularly look for ways to enhance understanding of the factors that impact recidivism among its offenders. For example, over the past year, the INSOMM Program Executive Director and INSOMM Program Quality Assurance and Research Coordinator have been working on a research project aimed at enhancing the validity of the Static-99 in predicting

risk for recidivism among Indiana's sex offenders. The original goal of the research was to develop INSOMM Program specific Static-99 base rates for use with INSOMM Program offenders. However, due to a number of factors, achieving that goal with the existing subject pool will not provide the anticipated predictive ability at this time. Thus the study's researchers have shifted the aim of the project to focus on providing a detailed description of the INSOMM Program, including its assessment, treatment and supervision components, observed recidivism rates among INSOMM Program sexual offenders, and recommendations to similar programs regarding the tracking and assessment of recidivism risk and recidivism rates. The goal moving forward is to finish developing a written research paper and present the findings of this research project in the form of a published journal article.

II. Efficiency

A. Facility Programming

1. Risk Assessment

As part of the Phase I Assessment and Screening component of the INSOMM Program for adult male offenders, determination of risk for re-offense and the intensity of requisite treatment are based on a psychosexual assessment that includes, at a minimum, the Static-99R. During the 3rd quarter of fiscal year 2014-2015 a transition was made to using the Static-99R, a revised version of Static-99 that is the same as Static-99 with the exception of updated age weights that have been found to enhance the measure's accuracy in predicting recidivism. A total of 144 Static-99R risk assessments were completed on offenders this quarter. The total number of Static-99/Static-99R risk assessments completed since programming changes under IDOC Executive Directive 06-30 were initiated in July 2006 is 10,010.

During the final quarter of Fiscal Year 2007 - 2008, the INSOMM Program began conducting assessments with all female sex offenders who are screened for programming. To date, no standard risk assessment measures or protocol for female sex offenders has been established to reliably predict risk for recidivism. Thus, the current assessment protocol used with female sex offenders in the INSOMM Program consists of a psychosexual interview. During the 3rd quarter of this fiscal year, four (4) female offenders were assessed using this protocol.

Since the 3rd quarter of Fiscal year 2009-2010, the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (J-SORRAT-II) has been used to assess risk for recidivism among juvenile offenders at Pendleton Juvenile Correctional Facility (PJCF). To date, this measure has been completed on a total of 482 juvenile offenders at PJCF. A total of 13 J-SORRAT-II risk assessments were completed during the 3rd Quarter.

2. Polygraph Assessment

In January, 2008 facility-based polygraph testing was initiated for adult male offenders in IDOC facilities. This assessment procedure was initiated primarily to provide Phase II counselors with additional information on specific offenders who are identified as refusing to take responsibility for past acts of sexual abuse relating to their instant offenses. During the 3rd quarter of this fiscal year, no facility-based polygraph examinations were conducted.

Number of Facility-Based Polygraph Examinations 2017-2018

	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	TOTAL
No Deception Indicated	1	0	0		1
Deception Indicated	0	0	0		0
Inconclusive	0	0	0		0
Total	1	0	0		1

3. PPG Assessment

In November, 2009 facility-based penile plethysmograph (PPG) assessments were initiated for adult male offenders at New Castle Correctional Facility. This measure is used to help assess and address offender treatment needs pertaining to unhealthy patterns of sexual arousal. Although offenders are encouraged to participate when risk factors suggest PPG assessment could be clinically useful, offender participation in PPG assessment is voluntary, and no sanctions or consequences are given if the offender refuses to engage in the assessment when a recommendation is made by the Phase II clinical staff. No PPG assessments were completed during the 3rd quarter of this fiscal year.

Number of Facility-Based Penile Plethysmograph (PPG) Examinations 2017-2018

1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	TOTAL
0	1	0		1

4. Male Risk-Based Sex Offender Treatment

Phase II treatment programming consists most heavily of Risk-Based programming, with higher-risk offenders receiving treatment that is greater in intensity and duration than that provided to lower-risk offenders. In December 2009, a new Risk-Based treatment curriculum and format was initiated for adult males at NCCF. This program provides various sex offender related psycho-educational groups, depending upon identified areas of offender skill deficits, while also providing a sex offender specific core group that is based on offender recidivism risk level. During the 3rd quarter of this fiscal year, 81 adult male offenders successfully completed Risk-Based programming.

Number of Adult Male Offenders Successfully Completing Risk-Based Group Treatment 2017-2018

	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	TOTAL
Risk Level					
▪ Low	29	31	55		115
▪ Medium	25	18	16		59
▪ High	8	21	10		39
▪ Total	62	70	81		213

For the purposes of improving and increasing offender retention in sex offender group therapy, those adult male offenders not completing Risk-Based Programming, and the reasons for non-completion, have been tracked each quarter. During this quarter, 26 offenders began, but failed to complete treatment. The reasons for non-completion during the 3rd quarter were as follows:

- **Early Release to the Community** – Of the 26 offenders who did not complete Risk-Based Programming this quarter, 14 (54%) released early to the community.
- **Removed – Failure to Meaningfully Participate / Non-Compliant / Disruptive** – Seven (27%) of the 26 offenders who did not complete group this quarter were removed by INSOMM Program clinical staff due to failure to meaningfully participate or because of non-compliant / disruptive behavior.
- **Offender Refused to Continue / Quit** – One (4%) of the 26 offenders who did not complete group this quarter refused to continue in treatment or quit.
- **Removed – In Disciplinary Segregation** – One (4%) of the 26 offenders who did not complete group this quarter was removed from group due to placement in disciplinary segregation.
- **Removed – Language Barrier Impeded Progress in Treatment** – One (4%) of the 26 offenders who did not complete group this quarter was removed due to a language barrier that impeded the offender's progress in treatment.
- **Removed – Mental Health Issues** – One (4%) of the 26 offenders who did not complete Risk-Based Programming this quarter was removed due to mental health issues.
- **Removed – Facility Transfer** – One (4%) of the 26 offenders who did not complete Risk-Based Programming this quarter was removed from group due to transfer to a different IDOC facility.

Reasons for Non-Completion of Risk-Based Programming Among Adult Male Offenders

	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	TOTAL
Early Release to the Community	20	16	14		50
Removed – Failure to Meaningfully Participate / Non-Compliant / Disruptive	3	0	7		10
Pled Not Guilty To Their Sex Offenses and Were Removed Secondary to U.S. District Court Decision, Lacy v. Butts	0	8	0		8
Offender Refused to Continue / Quit	3	0	1		4
Removed – In Disciplinary Segregation	1	1	1		3
Removed – Seeking Legal Appeal	2	0	0		2
Released to the Court System	0	1	0		1
Removed – Language Barrier Impeded Progress in Treatment	0	0	1		1
Removed – Mental Health Issues	0	0	1		1
Removed – Facility Transfer	0	0	1		1
Removed – Medical Issues	0	0	0		0
Removed – It Was Determined That Offender's Sexual Offense Does Not Meet Criteria for Mandated Sex Offender Treatment	0	0	0		0
Offender Died During Incarceration	0	0	0		0
TOTAL	29	26	26		81

5. Male Sexual Violence Education (SVE) Class

In March of 2018, the INSOMM Program implemented the Sexual Violence Education (SVE) class for those persons that pleaded not guilty to their index sex offense but were convicted of that crime. This class is not a therapy group and does not require offenders to discuss, speak about, or admit to having engaged in a sexual crime. Rather, this class provides education about the effects of sexual violence on victims and society. The class is mandatory for all offenders that have pleaded not guilty to their sexual offense but were convicted of that offense, and those offenders that refuse to meaningfully participate in the class are written up on a 356 Code C violation. During the 3rd quarter of fiscal year 2017-2018, a total of 23 offenders participated in SVE classes. Five (5) offenders successfully participated in these groups until their release to the community and four (4) offenders failed to complete SVE classes due to an early release to the community. The remaining 14 offenders were still enrolled in treatment at the end of the 3rd quarter.

6. Female Offender Treatment Program

In June, 2007 the INSOMM Program began providing facility-based treatment to adult female sexual offenders at the Rockville Correctional Facility (RCF). During the 3rd quarter of fiscal year 2017-2018, a total of 14 adult female offenders participated in facility-based treatment. Two (2) offenders successfully participated in these groups until their release to the community. The remaining 12 offenders were still enrolled in treatment at the end of the 3rd quarter.

Number of Adult Female Offenders Successfully Participating in Group Treatment Until Release to the Community 2017-2018

1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	TOTAL
4	5	2		11

7. Juvenile Offender Services

In January of 2009, the INSOMM Program began providing facility-based treatment to juvenile male sexual offenders at the Pendleton Juvenile Correctional Facility (PJCF). The primary treatment modality within the INSOMM / STEP is group therapy. A total of 66 juvenile male sex offenders were enrolled with INSOMM Program Counselors this quarter to undergo INSOMM / STEP Programming at PJCF. Eight (8) of these offenders were released to the community after successfully participating in INSOMM / STEP programming and one was released from the facility before successfully completing INSOMM / STEP. This latter offender was discharged and sent to another state to live with his aunt. The remaining 57 juvenile male offenders were still enrolled in INSOMM / STEP programming with INSOMM Program counselors at the end of the 3rd quarter. The INSOMM Program conducted 455 individual therapy sessions with juvenile male offenders during the 3rd quarter. In addition to individual and group therapy, the INSOMM Program provides family therapy sessions at PJCF. The INSOMM Program conducted 150 family therapy sessions this quarter.

**Number of Juvenile Male Offenders Released From Programming After
Successfully Participating in INSOMM / STEP
2017-2018**

1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	TOTAL
17	4	8		29

B. Re-Entry Program

In order to facilitate a more successful transition into the community, the INSOMM Re-Entry Program was designed to address needs most critical to sex offenders. The program includes two types of classes. Parole Education and Community Preparation classes provide general education about parole requirements and responsibilities related to attendance in sex offender treatment and to bi-annual polygraph examination appointments. The second type of class, Sex Offender Registration Education classes, serves to educate offenders about sex offender registration requirements following release to the community. In addition, the INSOMM Program provides individual placement and re-entry case management services. Under these services, offenders meet individually with INSOMM Program personnel to further facilitate procurement of a viable housing placement and to help offenders identify and secure additional community-based resources such as employment, healthcare, financial assistance, and education.

A total of 126 adult male offenders attended Parole Education and Community Preparation classes during the 3rd quarter of this fiscal year. A total of 185 adult male offenders attended Sex Offender Registration Education classes during the 3rd quarter of this fiscal year. Seven (7) individual placement and re-entry case management meetings were held during the 3rd quarter.

During fiscal year 2007 – 2008 these two types of Re-Entry classes were provided to adult female offenders at Rockville Correctional Facility for the first time. Due to the limited number of female offenders in INSOMM Program treatment, these classes are conducted for females on an “as-needed” basis. During the 3rd quarter of this fiscal year, no Re-Entry classes were conducted for adult female offenders. The last time such classes were conducted was during the 2nd quarter of this fiscal year.

Beginning in the 2nd quarter of Fiscal Year 2011 - 2012, GPS monitoring was initiated to facilitate monitoring of higher risk offenders being released to the community under parole supervision. Because a limited number of GPS devices are available for monitoring paroled sex offenders in the state, and because not all sex offenders warrant this level of supervision, GPS risk assessments are conducted by the INSOMM Program GPS Facility Coordinator at NCCF. These risk assessments, which were initiated for the first time during the 2nd quarter of the 2011 – 2012 fiscal year, are used to identify the offenders nearing release to parole who are most in need of and most appropriate for GPS monitoring. Once completed by the GPS Facility Coordinator, the assessments are provided to IDOC parole agents who make final determinations regarding the placement of GPS units on any given offender. The GPS Facility Coordinator completed 64 GPS risk assessments during the 3rd quarter of this fiscal year. Since initiating this service in February 2012, a total of 2,685 GPS risk assessments have been completed.

C. Parole - Phase III

1. GPS Monitoring

As noted above, GPS monitoring was initiated during the 2nd quarter of Fiscal Year 2011 – 2012 to monitor higher risk offenders in the community under parole supervision.

During the 3rd quarter of this fiscal year, a total of 125 INSOMM Program offenders were placed on GPS monitoring. These offenders were identified as warranting GPS monitoring either through the GPS risk assessments completed at NCCF (see above) or through GPS risk assessments completed by members of the community containment teams from each of the parole districts across the state. Of the 125 offenders placed on GPS monitoring during the 3rd quarter, 108 were placed on GPS at NCCF just prior to their release to parole. The remaining 17 offenders were placed on GPS monitoring within their local parole districts.

2. Treatment Referrals

During the 3rd quarter, 167 INSOMM Program adult offenders were released to parole supervision. Of these offenders, 145, or 87% were referred for treatment to INSOMM Program network providers. There were a number of different reasons that the remaining 22 offenders were not referred for treatment. These are listed in the table below.

**Reasons For Non-Referral of New Adult Parolees for Treatment
3rd Quarter**

Reason for Non-Referral	Number of Offenders Not Referred	Percent of the 22 Offenders Who Were Not Referred
Short Parole	9	41%
Pending Charge / Jail Detainer / Outstanding Warrant / Delinquent / VOP	7	32%
Interstate Transfer / Deportation / Immigration Hold	2	9%
No Sex Offender Parole Stipulations	2	9%
Medical Reasons	1	5%
Offender Is on Dual Parole / Probation Supervision With Probation Responsible for Arranging Treatment	1	5%
Total	22	100%

Review of this table suggests that all of the non-referrals were for valid reasons in which treatment referrals should not or cannot be made.

During the 3rd quarter, seven (7) juvenile offenders were released to parole. All seven (7) of these offenders were referred for treatment to INSOMM Program Network Treatment Providers.

3. Polygraph Assessment

A total of 386 polygraph examinations were scheduled for adult offenders this quarter. Of these 386 scheduled exams, 81 could not be conducted on their scheduled date due to offenders being unavailable for testing for a variety of reasons (i.e., Incarceration, VOP, Delinquency, Discharge, Inter-State Transfer, INS Custody, or Deportation). Of the remaining 305 scheduled exams, 264, or 87% were completed, and 40, or 13% resulted in a cancellation or no show.

Parole Polygraph Participation Summary For Adult Offenders – 3rd Quarter

Polygraph Types	Number of Scheduled Exams	Number of Exams for Which Offenders Were Unavailable For Testing After Scheduling	Number of Cancelled / Missed Exams	Number of Exams Initiated, But Not Completed	Number of Completed Exams
Maintenance	376	81	39	1	255
Monitoring	1	0	0	0	1
Instant Offense	2	0	0	0	2
Sexual Offense History	7	0	1	0	6
Total	386	81	40	1	264

To help identify steps that can be taken to enhance compliance with polygraph testing for adult offenders, a more detailed analysis of the reasons for cancelled appointments was conducted. Results indicated that of the 40 unattended appointments this quarter, reasons were as follows:

Reasons for Cancelled or Missed Polygraph Appointments Among Adult Offenders 3rd Quarter

Reason for Cancelled or Missed Polygraph Exam	Number of Offenders Who Missed Polygraph Exams	Percent of the 40 Offenders Who Missed Polygraph Exams
Financial Reason	14	35%
Medical Reasons	8	20%
Containment Team Decision to Cancel and/or Reschedule Exam (Exam Scheduled Too Close to Offender's Anticipated Discharge Date – 3 Offenders; Team Requested Exam be Rescheduled to Avoid a Conflict With Offender's Work Schedule; Team Requested That Exam Be Rescheduled With a Different Examiner)	5	13%
Parole Agent Decision to Cancel and/or Reschedule Exam (Exam Scheduled Too Close to Offender's Anticipated Discharge Date)	4	10%
No Show / Late to Appt.	3	8%
Polygraph Examiner Opted Not to Conduct Exam (Offender Arrived to the Exam Reporting That He Was Experiencing Significant Pain – 2 Offenders; Offender Arrived to the Exam Reporting a Recent Shoulder Injury and Displaying Tremors in His Left Hand)	3	8%
Polygraph Examiner Cancelled (Examiner No Longer Conducting Exams for the INSOMM Program; Examiner Had a Scheduling Conflict)	2	5%
Polygraph Examiner Error (Examiner Cancelled the Exam Because He Mistakenly Thought the Offender Had Been Arrested)	1	3%
Total	40	100%

Two polygraph examinations scheduled for juvenile offenders this quarter. Both of these exam were completed as scheduled.

Parole Polygraph Participation Summary For Juvenile Offenders – 3rd Quarter

Polygraph Types	Number of Scheduled Exams	Number of Exams for Which Offenders Were Unavailable For Testing After Scheduling	Number of Cancelled / Missed Exams	Number of Exams Initiated, But Not Completed	Number of Completed Exams
Maintenance	2	0	0	0	2
Monitoring	0	0	0	0	0
Instant Offense	0	0	0	0	0
Sexual Offense History	0	0	0	0	0
Total	2	0	0	0	2

4. Containment Meetings

One thousand, four hundred, fifty-eight (1,458) adult offender reviews were conducted in Containment Team meetings this quarter. Teams focus on the alerts that report non-attendance in treatment and other significant information that results from polygraph examinations, parole supervision, and treatment sessions. Forty-four (44) juvenile offender reviews were conducted in Containment Team meetings this quarter.

	10-01-17 thru 12-31-17	1-01-18 thru 3-31-18	04-01-18 thru 6-30-18	7-01-18 thru 9-30-18	Total
Adult Offenders Reviewed in Containment Mtgs.	1,434	1,477	1,458		4,369
Juvenile Offenders Reviewed in Containment Mtgs.	53	46	44		143

III. Reduction in Risk

A. High Risk Offenders

Each parolee is monitored for his/her involvement in treatment and must submit to mandatory polygraph examinations. To enhance public safety each parolee is assessed by the Static-99R, and those that score as “High Risk” are a special focus of Phase III. Of the 675 adult offenders being supervised on parole at the close of the 3rd quarter, High Risk offenders averaged 23% of the caseload.

INSOMM Offender Risk Levels (4/1/18 – 6/30/18)

	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
High Risk	151	22%	153	22%	157	23%		
Medium Risk	264	38%	262	38%	235	35%		
Low Risk	240	34%	236	34%	237	35%		
None Indicated	44	6%	45	6%	46	7%		

At the end of the quarter, 157 high-risk parolees were open on parole, and, of those, 130 (83%) were enrolled in Phase III treatment at that time. Sixteen (16) of the remaining 27 high-risk parolees successfully completed community-based treatment. The reasons that the remaining 11 (7%) high-risk parolees were not in treatment are provided in the table below.

Reasons That High-Risk Parolees Were Not Involved in Treatment – 3rd Quarter

Reason for Not Being In Treatment	Number of High-Risk Offenders Not In Treatment	% of the 11 High-Risk Offenders Who Were Not In Treatment
Medical Reasons	5	45%
Short Parole	4	36%
Pending Charge / Jail Detainer / Outstanding Warrant / Delinquent / VOP	1	9%
No Sex Offender Parole Stipulations	1	9%
Total	11	100%

Quality Improvement Initiatives

During the 3rd quarter of this year the INSOMM Program Quality Assurance / Quality Improvement (QA / QI) Committee provided oversight to a number of quality improvements initiatives. The committee consists of the INSOMM Program Executive Director, Director of Community Services, Clinical Director, Quality Assurance & Research Coordinator, and Office Manager. The primary quality improvement initiatives addressed during the 3rd quarter of this year were the following:

Community Treatment Quality Assurance – The INSOMM Program continued conducting its quality assurance audits on its Network Treatment Providers this quarter. During the 3rd quarter, one (1) treatment agency was audited in New Albany. Results from the audits were rated as Fully Acceptable. The next Network Treatment Provider Quality Assurance Audits are scheduled to occur with two agencies in Evansville on July 16, 2018.

Polygraph Quality Assurance – Two different polygraph examinations conducted by INSOMM Program Network Polygraph Examiners were audited during the 3rd quarter of this fiscal year.

Both examinations were found to be Fully Acceptable with no deficiencies identified. Written feedback was provided to each of the examiners who were audited.

Satisfaction Surveys – Each of the past seven years, the INSOMM Program has disseminated a set of satisfaction surveys to INSOMM Program offenders, INSOMM Program employees, INSOMM Program subcontractors, and IDOC parole agents and supervisors. Historically, these have all been completed in a hand written format and returned in-person or mailed to the INSOMM Program main office. This year, INSOMM Program Administrators decided to utilize the online survey development website “Survey Monkey” to disseminate a number of surveys electronically. Specifically during the month of June the INSOMM Program employee survey, the INSOMM Program network treatment provider and polygraph examiner survey, and the IDOC parole agent survey were all disseminated electronically using Survey Monkey. Additionally, a fourth satisfaction survey was developed for the first time this year and was disseminated electronically in June to several IDOC management staff members who oversee and/or are involved with the operations of the INSOMM Program. Due to restrictions in access to the internet, dissemination of the two remaining offender surveys (i.e., Phases I & II and Re-Entry; Phase III) was initiated in June through administration of the same paper-and-pencil format utilized in prior years. It is anticipated that all surveys will be completed over the next month or two.

Annual Aggregate Recidivism Analyses – Efforts were initiated on 4-27-18, and continued in May and June, to begin updating the INSOMM Program aggregate recidivism database to track new convictions and returns to the IDOC through the end of calendar year 2017 among INSOMM Program offenders who released to parole between 1999 and the end of calendar year 2016. Updated data pertaining to each offender’s conviction history since their institutional release will be gathered across the next several months. Once data collection is complete, updated aggregate recidivism analyses will be conducted. Results from these analyses will be reported in the INSOMM Program Annual Report to be released in November 2018.

File Audits – In an effort to monitor the completeness and timeliness of information contained in INSOMM Program files, file audits are conducted each month throughout the fiscal year. The types of INSOMM Program files that are audited include (a) Phase II – clinical files from Rockville Correctional Facility (RCF), (b) Phase II - clinical files from New Castle Correctional Facility (NCCF), (c) Phase III – database adult offender files, and (d) Phase III – database juvenile offender files. The file audit process that is used clearly defines standard documents and fields that should be found in each of these types of offender record. This quarter, several files were randomly selected from each of the types of offender records listed above. Specifically, five (5) Phase II hard copy clinical files from RCF, 15 Phase II hard copy clinical files from NCCF, 30 Phase III database adult offender files, and five (5) Phase III database juvenile offender files were selected for auditing this quarter. Results from these file audits are provided below:

Type of File	Number of Files Audited This Quarter	Number of Audited Files With Deficiencies
Phase II – Clinical Files (RCF)	5	0
Phase II – Clinical Files (NCCF)	15	0
Phase III – Database Adult Offender Files	30	0
Phase III – Database Juvenile Offender Files	5	0

The results from these audits were highly favorable. Specifically, no deficiencies were found in any of the four file types.

3rd Quarter Quality Assurance / Quality Improvement (QA/QI) Committee Meeting –

The INSOMM Program Quality Assurance / Quality Improvement QA/QI Committee held its 3rd Quarter meeting on June 14th. The meeting was used to address a number of issues including (a) an update on which management team members still needed to complete 3rd Quarter File Audits, (b) an update on the results of the 3rd Quarter polygraph audits, (c) planning for network treatment provider audits for the 4th quarter of this fiscal year, (d) updates on the development of electronic versions of several of the 2018 INSOMM Program Satisfaction Surveys, and (e) planning for dissemination of the 2018 INSOMM Program Satisfaction Surveys.

Third Quarter Summary and Future Goals

The efficiency and effectiveness of INSOMM Program services provided during the third quarter of this fiscal year are exemplified and summarized by the following information and data:

- INSOMM Program staff members continued to assist the IDOC in managing their GPS monitoring program with identified (usually high risk) INSOMM Program sex offenders. At the close of the third quarter (June 30, 2018), 339 sex offenders were being monitored using GPS services via the INSOMM Program.
- One hundred and eight (108) sex offenders were placed on GPS at NCCF by the INSOMM Program GPS Facility Coordinator prior to release, and an additional 17 sex offenders were placed on GPS within their parole districts during the third quarter.
- A total of 144 Static-99R risk assessments were completed on adult male sex offenders at NCCF in Phase I of the INSOMM Program. Additionally, 13 Juvenile Sex Offender Recidivism Risk Assessment Tool - II (JSORRAT-II) assessments were completed on juvenile sex offenders at Pendleton Juvenile Correctional Facility during the third quarter. Two (2) sexual offender assessments were completed on adult female offenders at Rockville Correctional Facility during the quarter.
- Penile Plethysmograph (PPG) assessment remains available for those male sex offenders that volunteer for the assessment at NCCF. There were no offenders that volunteered for PPG assessment during the third quarter.
- No polygraph examinations were conducted with offenders in Phase II of the INSOMM Program at NCCF during the third quarter.
- Fifty-four (54) GPS risk assessments were completed by the INSOMM Program GPS Facility Coordinator during the quarter.
- At the close of the third quarter, 182 sexual offenders were receiving INSOMM Program Phase II treatment services between the New Castle, Pendleton, and Rockville Correctional Facilities. An additional 14 offenders were participating in the recently implemented sexual violence education class.
- Eighty-three (83) adult male sex offenders completed Phase II of the risk based sex offender treatment program at NCCF during the third quarter. In addition, 8 juvenile and 2 adult female sex offenders successfully participated in, and completed, Phase II of the INSOMM Program prior to release from IDOC facilities.

- During the third quarter, 126 adult male offenders were seen in INSOMM Program Re-Entry Parole Education and Community Preparation classes, and 185 adult males attended Sex Offender Registration Education Classes. Seven (7) offenders were seen at NCCF for individual re-entry case management to assist in locating housing and employment. At Rockville Correctional Facility, no female sex offenders participated in the Parole Education and Community Preparation classes, nor did any female sex offenders participate in the Sex Offender Registration Education class during the quarter.
- Eighty-seven percent (145 out of 167) of INSOMM Program adult offenders released to parole were referred to Phase III INSOMM Program Network Treatment Providers during the third quarter.
- A total of 264 Phase III polygraph examinations were conducted on paroled adult INSOMM Program sex offenders during this third quarter. There were also 2 polygraph exams conducted on paroled juvenile offenders during the quarter.
- Containment Team members conducted 1,458 adult offender reviews, and 44 juvenile reviews, during INSOMM Program containment team meetings throughout the third quarter.
- Ninety three percent (146 out of 157) of High Risk adult offenders were actively involved in or had completed community treatment with Phase III INSOMM Program Network Treatment Providers at the end of the third quarter.

As it relates to reviewing program needs for strengthening and development, the following points are summarized:

- As a result of the decision of the United States District Court in Lacy v. Butts, the INSOMM Program has updated most of its forms and offender workbooks for adult offenders. More specifically, forms and workbooks have been edited to clarify that persons participating in the Phase II sex offender treatment program are not required to discuss any sexual offense other than the index offense(s) to which they pleaded guilty and were convicted. Both the adult male and adult female materials have been updated. Additionally, in March of this year, the INSOMM Program Sexual Violence Education class was implemented for those offenders that pleaded not guilty to their sex offense conviction. Moving forward, the process and content of this class will be reviewed periodically to ensure efficient and effective use of the class to help offenders understand the impact of sexual violence upon victims, their families, and the community.
- During this third quarter, the INSOMM Program has moved forward with its efforts to improve the speed, security, and access to the Phase III web application by changing to a new internet provider and installing a new server. The Phase III web application is accessed regularly by the District Coordinators and On-Call Coordinators, as well as IDOC staff, to obtain offender information, view and/or enter case notes, and to view or enter offender utilization data relating to Phase III services. Currently, the process of migrating the web application and the database associated with that application from the old computer server to the new computer server is underway. It is anticipated that this process will be complete sometime during the month of August.

- As mentioned above, during the third quarter, a new process for assessing the satisfaction of IDOC parole agents and administrative staff, sub-contracted treatment providers and polygraph examiners, and Liberty Behavioral Health Corporation staff members was implemented. It is hoped that the use of "Survey Monkey" to survey the satisfaction of staff members and individuals associated with the INSOMM Program will be easier and will improve the rate of responding to these surveys. Moving into the fourth quarter, the INSOMM Program will continue to seek ways to use the feedback from these surveys to improve its services. Given restrictions on internet use, surveys provided to sex offenders participating in the INSOMM Program will continue to be completed via paper and pencil.

As we plan for the fourth quarter of the contract year, the following goals will be targeted:

- It is the goal of the INSOMM Program to assist the IDOC with the implementation of the use of GPS monitoring with juveniles being released from the STEP/INSOMM Program to community supervision under parole. A training event for all INSOMM Program personnel that work with juvenile sex offenders is scheduled to occur sometime during the fourth quarter.
- As reported above, it is the goal of the INSOMM Program to improve communication with Logansport Juvenile Correctional Facility to appropriately assess and identify students there that meet the criteria for sexual exceptional needs, and to refer those students for treatment services at Pendleton Juvenile Correctional Facility's STEP/INSOMM Program.
- During the fourth quarter, it is the goal of INSOMM Program Executive Director Adam Deming to provide suggestions and recommendations to IDOC Director of Registration and Victim Services Mr. Brent Myers and IDOC Event Planner Mr. Brian Barrett regarding potential topics for a series of upcoming Sex Offender Registration and Notification Act (SORNA) grant training events.