

Sixth District Department of Correctional Services POLICY	Issue Date 02/07/92	Effective Date 08/10/18	Policy Number 117-18
SUBJECT CONTINUOUS QUALITY IMPROVEMENT PROCESS		Review Month September	Author 0166 (KMC)
Rescinds 117-17	References Statewide Assessment and Case Planning Policy		

POLICY:

A Continuous Quality Improvement process is implemented to regularly assess the quality of work being performed by Department staff in assisting the offender in making positive changes to reduce their risk of future criminal behavior.

PURPOSE:

Continuous Quality Improvement (CQI) reviews are conducted on a regular basis to ensure that work is performed in accordance with Evidence Based Practices, Department Policy and Procedures, and applicable State and Federal regulations.

DEFINITION:

1. Dynamic Risk Assessment for Offender Re-Entry (DRAOR) - Tool developed for use by Correctional Service of Canada and New Zealand Department of Corrections and has been adopted and validated for use in Iowa.
2. Jesness Inventory-Revised (JI-R) - Tool designed to help caseworkers, psychologists, teachers, youth counselors, and parole and probation staff better understand the nature and differences that define the groups of people with whom they work. It measures 11 personality characteristics and 9 personality subtypes. Information includes proneness to anti-social behavior, withdrawal/depression, alienation from authority, aggression tendency, ego-centric thinking, repression and denial of life issues.
3. Iowa Risk Revised – Assessment tool with a focus on prediction of new violent and/or property offenses, used to assign initial level of supervision in the community.
4. Core Correctional Practices - Department staff are agents of change. Core Correctional Practices are the tools used by staff to influence.

PROCEDURE:

1. Iowa Risk Revised Review (101A):
 - A. Designated staff complete all assigned Iowa Risk Revised Reviews in the Audit Database.

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- B. Reviews do not become a part of the case file.
 - C. Assessments to be reviewed are randomly selected whenever possible.
 - D. District Directors or their designees establish Iowa Risk Revised Review follow-up protocols that include time frames, coaching, scoring revisions, and updating database.
 - E. District Directors or their designees may designate staff to be peer reviewers. Staff designated as peer reviewers have completed specific training as set out by their District Directors and follow written protocols for conducting CQI tasks.
2. Iowa Risk Revised Review Proficiency Standards:
- A. Satisfactory Assessment - A satisfactory assessment is defined as one in which the total scores are within +/- one (1) point of the reviewer's scores AND one (1) or fewer items is incorrectly scored.
 - B. Unsatisfactory Assessment - An unsatisfactory assessment is defined as one in which the total scores are two (2) or more points different from the reviewer's score OR two (2) or more items are incorrectly scored.
 - C. Initial proficiency status is attained by achieving the following proficiency rating on a minimum of five (5) randomly selected IRR assessments.
 - 90% and above = 5%, minimum of 2 cases audited the following year
 - 80% - 90% = 10% audited the following year
 - 79% and below = 15% audited the following year
 - D. IRR audits are conducted on a quarterly basis and the number of audits completed on an agent is determined by their proficiency status as outlined in #3.
3. DRAOR Non-Case Manager Review - refer to the Review Scoring Manual:
- A. These reviews are conducted only for non-case managers (i.e. PSI writers, intake officers)
 - B. DRAORs for case management purposes are reviewed as a part of the case review.
 - C. Minimum of 2 (two) initial DRAORs are reviewed within a thirty (30) day period to determine initial proficiency. Both DRAORs audited must meet the criteria outlined in #4 to be deemed proficient.
 - 1) If proficient, re-review takes place on an annual basis.

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PROCEDURE: (continued)

- 2) If not proficient, recommendations to include training and/or coaching and/or mentoring within a six (6) month time of initial review. Follow-up reviews take place every six (6) months until staff is deemed proficient. Skill development plan is completed and individualized to accommodate staff needs.
- D. Proficiency:
- 1) No two (2) point deviation on any item.
 - 2) Adoption of the SME (Standard Measure of Error) once provided by Serin/Hansen.
- E. Justifications:
- 1) If the justification does not match the score, and the score is correct, the agent receives feedback and coaching on justifications matching both the item and the score.
- F. Ongoing proficiency to include:
- 1) Of the selected DRAORs reviewed for initial proficiency, one (1) may be selected (once staff has been deemed proficient) to be audio and/or video recorded at time of reassessment.
 - 2) Proficiency standards apply with the addition that items are resolved and/or addressed. Skill development plan is completed and individualized to accommodate staff needs.
- G. Designated staff complete all assigned DRAOR Reviews in the Database.
- H. DRAOR Reviews do not become a part of the case file.
- I. DRAORs to be reviewed are randomly selected whenever possible.
- J. DRAORs for non-case managers (i.e. PSI writers, intake officers) are reviewed to determine initial proficiency.
- K. District Directors or their designees establish DRAOR Review follow-up protocols that include time frames, coaching, scoring revisions, and updating database.
4. DRAOR/Case Management Review - Refer to the Review Scoring Manual for minimum proficiency standards and review scoring guidelines.

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PROCEDURE: (continued)

- A. Assigned staff complete all DRAOR case management reviews in the Audit Database.
- B. DRAOR/Case Management Reviews do not become a part of the case file.
- C. Case Reviews to be completed are randomly selected whenever possible. Other reviews may be assigned by the District Director or their designees as a means to evaluate targeted areas of performance, to respond to case developments, or as follow-up to a critical incident.
- D. DRAORs for case management purposes are reviewed as part of the case review. Case managers are reviewed to determine both initial and ongoing proficiency.
- E. District Directors or their designees establish Case Review follow-up protocols that include time frames, coaching, scoring revisions, and updating database.
- F. The following criteria is included in Case Reviews:
 - 1) Timeliness - All assessments and case plan activities are completed within prescribed time frames.
 - 2) Needs Identification - Need identification and focus are arrived at through use of approved assessment tools.
 - 3) Conditions - Requirements mandated by the Court, Board of Parole and the Department are being enforced in an effective and timely manner. The correct level of supervision is identified and contact standards are being met.
 - 4) Case Management - Supervision activities are appropriate and based on risk and need.
 - 5) Case Planning - The case plan is appropriate as evidenced by individualized plan based on needs by reinforcing concepts and goals.
 - 6) Core Correctional Practices - Ways of behaving in order to intentionally influence individuals toward prosocial change through unplanned or planned interactions.
 - 7) Documentation - All ICON entries.
- G. For cases supervised at Level 3, 4, or 5, a full review is conducted and includes all criteria above.

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- H. For cases which are supervised at Level 0, 1 or 2, the reviewer only evaluates Timeliness, Conditions and Documentation. District Directors determine their own review process for reviewing supervision Level 0, 1 and 2 cases.
- I. Eligibility - For cases to be eligible for a full case review they must have been supervised by the officer being reviewed for a minimum of ninety (90) days unless the review is assigned for a specific reason (i.e. in response to a critical incident), or the review is being completed of the intake/assessment process.
- J. Case – Review Proficiency Standards:
 - 1) Each supervision Level of 3 and above the Case Review has a potential range of scores from 0-21. Within this range three (3) levels of proficiency are defined:

18-21	Proficient
17-15	Emerging
14 and below	Not yet demonstrating
 - 2) Initial Proficiency:
 - a. Proficient - the average score of five (5) randomly selected case reviews in the past year is between 18-21.
 - b. Emerging - the average score of five (5) randomly selected case reviews in the past year is between 15-17.
 - c. Not Yet Developed - the average score of five (5) randomly selected case reviews in the past year is 14 or below.
 - 3) Ongoing Proficiency:
 - a. Those who score at the Proficient level must continue to maintain proficiency on two (2) randomly selected cases each year in order to maintain this level of proficiency and to have a reduced case management review schedule.
 - b. Those who score in the Emerging and Not Yet Developed range have more frequent reviews (frequency must be defined by each District individually) each year in order to assist them in achieving Proficient status and a reduced review schedule.
 - 4) Case Management Review Follow Up - District Directors or their designees establish review follow-up protocols that include time frames, coaching, scoring revisions, and updating database.

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PROCEDURE: (continued)

5. Other Quality Assurance Activities:
 - A. The District Director or their designees assign other quality assurance activities.
 - B. Other CQI activities include but are not limited to: direct observation of groups, coaching and feedback on reviews conducted, individual offender sessions, and offender contacts in the field. A random selection method is utilized to assign these quality activities when possible.
 - C. Proficiency standards for these CQI activities are defined by the District Director or their designees.

BY ORDER OF:

Bruce Vander Sanden, District Director