

State of Iowa Department of Corrections

Policy and Procedures

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Chapter 1: ADMINISTRATION & MANAGEMENT

Sub Chapter: TRAINING & DEVELOPMENT

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Subject: CONTINUOUS QUALITY IMPROVEMENT (CQI)

PREA Standard: N/A

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Authority:

1. PURPOSE

Continuous Quality Improvement (CQI) reviews shall be 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.

2. POLICY

A CQI process shall be implemented to regularly assess the quality of work being performed by Department staff in assisting the client/incarcerated individual in making positive changes to reduce their risk of future criminal behavior.

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3. DEFINITIONS (As used in this document):

Case Management Review for Community-Based Corrections (CBC) is a structured process used to confirm the effectiveness of services and strategies to provide consistent, targeted feedback to staff, directly supporting continuous skill improvement and the achievement of the best possible outcomes.

Continuous Quality Improvement (CQI) is a systematic, ongoing process focused on improving the effectiveness and efficiency of an organization's programs and services.

Dynamic Risk Assessment for Offender Re-Entry (DRAOR) Tool developed for use by the Correctional Service of Canada and New Zealand Department of Corrections and has been adopted for use in Iowa.

Improving Outcomes With Action (IOWA) Tool is a group fidelity tool, which can be utilized with any cognitive behavioral group, with the goal of enhancing group facilitation through observation, coaching, feedback, and follow-up.

Iowa Violence and Victimization Instrument (IVVI) is intended to be used to assess the potential for future violence and victimization among Iowa's incarcerated individuals when released from prison as well as assign the initial supervision level for clients in the community.

Reviewer refers to a staff person who conducts the examination and evaluation of completed assessments and documents for continuous quality improvement, providing coaching and feedback to staff to ensure accuracy, consistency, and compliance.

Program Fidelity is the degree to which a program or intervention (such as a psychoeducational group or training) is implemented as intended by its original design.

4. PROCEDURES

A. Iowa Violence and Victimization Instrument (IVVI):

1. Initial IVVI Training and Certification:

- a. Any staff member who will be required to complete IVVI assessments on clients will be required to obtain initial training of the IVVI assessment and gain certification in the tool through training procedures set by the IDOC.
- b. Initial training and certification procedures include (but are not limited to): Staff completing all IVVI eLearning training in the Iowa Department of Corrections online Learning Management System (LMS).

2. Proficiency Standards:

- a. Satisfactory Assessment - A satisfactory assessment is defined as one in which the case manager's total score in both and/or either of the violence and victimization subscales is within +/- one point of the reviewer's score AND one or fewer items are scored incorrectly.
 - b. Unsatisfactory Assessment - An unsatisfactory assessment is defined as one in which there is a difference of two or more points from the case manager's score and the reviewer's score within the violence and victimization subscales OR two or more items are scored incorrectly.
3. Initial IVVI proficiency for each individual staff member is attained by achieving the following:
- a. 5 reviews will be completed within a 3-month period after individual staff has completed their initial IVVI training to establish initial proficiency.
 - b. If 5 out of 5 reviews are satisfactory, initial proficiency is obtained.
 - c. If within the first 5 reviews one or more are unsatisfactory, a new batch of 5 IVVI reviews will be completed until all 5 reviews are each rated satisfactory.
4. Ongoing IVVI proficiency standards for each individual staff member is attained by achieving the following:
- a. Ongoing proficiency is determined by reviewing 5% of each staff member's completed IVVI's in the rating period.
 - b. The percentage to be reviewed can be calculated by selecting the date range and percentage needed in the dropdown menu within the CQI Audit Tool Database.
 - c. If staff have completed 40 or less total IVVI's within the rating period, a minimum of 2 reviews will be completed.

- d. Staff will maintain an overall proficiency of 90% or above.
 - e. For those that do not maintain proficiency, certified CQI IVVI staff will review a new batch of 5 IVVI assessments in the CQI Audit Tool Database. This process will be repeated until 5 out of 5 IVVI reviews are satisfactory in order to achieve ongoing proficiency.
5. Certification of IVVI Reviewers:
- a. Reviewers shall complete specific CQI training and certification requirements as set by the Central Office CQI Department.
 - b. IVVI CQI initial certification for reviewers is attained by achieving the following:
 - 1) Central Office CQI Department will assess the first 5 IVVI reviews (in which an individual's supervision level is Level 3 or higher) completed by the potential reviewer with coaching and feedback being provided regardless of assessment review results.
 - 2) 5 out of 5 IVVI reviews (in which an individual's supervision level is Level 3 or higher) must be scored as satisfactory assessments.
 - 3) If within the first 5 reviews, one or more are unsatisfactory, a new batch of 5 IVVI reviews will be completed (and the process repeated) until all 5 reviews are rated satisfactory.
 - c. Upon IVVI CQI Certification all Reviewers shall:
 - 1) Document and submit all reviews in the CQI Audit Tool Database.
 - 2) Regardless of assessment outcomes, IVVI CQI staff shall provide feedback and coaching to the staff member whose IVVI they have reviewed to support continuous learning and improvement.
 - 3) Reviewers should utilize the random selection option in the Audit Tool Database whenever possible.
 - 4) Institutions and Districts shall review a minimum of 10% of all IVVI's completed for the entire district/institution within that year. For example, if 3000 IVVI's are completed within a year across the institution/district, a minimum of 300 reviews should be completed within the year.

B. Dynamic Risk Assessment for Offender Re-Entry (DRAOR)

1. Initial DRAOR Training and Certification:
 - a. Any case manager supervising clients needing a DRAOR assessment, including for a PSI or during intake, will be required to obtain initial training of the DRAOR assessment and gain certification through training procedures set by the IDOC.
 - b. Initial training and certification procedures will include (but not limited to): Staff completing all DRAOR eLearning training in the Iowa Department of Corrections online Learning Management System (LMS), including initial assessment and reassessment modules.
2. Proficiency Standards:
 - a. Satisfactory Assessments - A satisfactory assessment is defined as one in which the case manager has no 2-point deviations in either the initial assessment or reassessment.
 - b. Unsatisfactory Assessments - An unsatisfactory assessment is defined as one in which there is a 2-point deviation in either the initial assessment or the reassessment.
3. Initial DRAOR proficiency for each individual staff member is attained by achieving the following:
 - a. A minimum of 2 reviews will be completed within a 60 day period after individual staff has completed their initial DRAOR training to establish initial proficiency.
 - b. If 2 reviews are satisfactory, initial proficiency is obtained.
 - c. If within the first 2 reviews, one or more are unsatisfactory, a minimum of 2 additional reviews will be completed until both reviews are each rated satisfactory.
 - d. A Skill Development Plan shall be completed and individualized to assist staff in gaining proficiency. Training and/or coaching shall take place throughout the process.
4. Ongoing DRAOR proficiency standards for each individual staff member is attained by achieving the following:
 - a. Two DRAORS will be reviewed annually and all of the previous proficiency standards will apply.

- 1) Regardless of assessment outcomes, DRAOR CQI staff must provide feedback and coaching to support continuous learning and improvement.
- b. For those who do not maintain proficiency, certified CQI DRAOR staff will complete follow up reviews in the CQI Audit Tool Database within three months of the non-proficient review until staff are deemed proficient. To achieve ongoing proficiency, DRAOR CQI staff will continue DRAOR reviews until two satisfactory reviews are achieved within the annual rating period.
 - 1) A skill development plan will be completed and individualized to assist staff in obtaining proficiency.

5. Certification of DRAOR Reviewers:

- a. Reviewers shall complete specific CQI training and certification requirements as set by the Central Office CQI Department and follow all protocol and procedures for conducting CQI duties.
- b. DRAOR CQI initial certification for reviewers is attained by achieving the following:
 - 1) Central Office CQI Department will assess the first 2 DRAOR reviews completed by the potential reviewer with coaching and feedback being provided to the reviewer.
 - 2) To achieve DRAOR CQI proficiency and certification, 2 DRAOR audit reviews must be reviewed by Central Office CQI staff and deemed satisfactory. If one or more are deemed unsatisfactory, Central Office CQI staff will continue to conduct DRAOR audit reviews until two satisfactory reviews are achieved.
- c. Upon DRAOR CQI Certification all Reviewers shall:
 - 1) Document and submit all reviews in the CQI Audit Tool Database.
 - 2) Regardless of assessment outcomes, DRAOR CQI staff shall provide feedback and coaching to the staff member whose DRAOR they have reviewed to support continuous learning and improvement.
 - 3) Reviewers should utilize the random selection option in the Audit Tool Database when choosing assessments from the database whenever possible.

- 4) Reviews may be assigned by the Directors/Wardens or their designees as a means to evaluate targeted areas of client concerns, to respond to case developments, or as a follow-up to a critical incident.

C. Case Management Review for CBC Only:

1. Certification of Case Management Reviewers:
 - a. Reviewers shall complete specific CQI training and certification requirements as set by the Central Office CQI Department.
 - b. Case Management Review CQI certification is attained by achieving the following:
 - 1) Staff will complete all Case Review eLearning training in the Iowa Department of Corrections online Learning Management System (LMS) and;
 - 2) Receive individualized feedback from the CO CQI department and complete all follow up requirements.
 - c. Upon achieving Case Management Review certification, all reviewers shall:
 - 1) Document and submit all reviews in the CQI Audit Tool Database.
 - 2) Regardless of assessment outcomes, DRAOR CQI staff shall provide feedback and coaching to the staff member whose Case Review they have reviewed to support continuous learning and improvement.
 - 3) Reviewers should utilize the random selection option in the Audit Tool Database when choosing assessment from the database whenever possible.

Reviews may be assigned by the Director or their designees as a means to evaluate targeted areas of client concerns, to respond to case developments, or as a follow-up to a critical incident.

- 4) District cases supervised at Level 3, 4, or 5, shall utilize a full case review format located in the CQI Audit Tool Database.
- 5) District cases supervised at Level 0, 1, or 2, shall utilize the short case review format located in the CQI Audit Tool Database.
- 6) Case Reviews may be done in conjunction with DRAOR reviews (meaning the 2 clients that DRAOR reviews are conducted on can also be 2 of the cases used for case review purposes).

- Conducting a Case Review alone does not equal doing a DRAOR review.
- For cases to be eligible for a full case review, the same officer must have supervised the case for a minimum of 90 days, unless the review is assigned for a specific reason.

Case Management Review Proficiency Standards:

1. Scoring of the case review ranges from 7 to 21 with three (3) levels of proficiency.

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|-----------------|-------------------|
| a. 18-21 | Proficient |
| b. 15-17 | Emerging |
| c. 14 and below | Not Yet Developed |

2. Initial Staff Proficiency

- a. Five (5) case reviews shall be completed within a case manager's first year with one case review completed in three (3) months of initial case management training.
 - 1) Proficient - the average score of 5 randomly selected case reviews is between 18 to 21.
 - 2) Emerging - the average score of 5 randomly selected case reviews is between 15 to 17.
 - 3) Not Yet Developed - the average score of 5 randomly selected case reviews is 14 or below.

3. Ongoing Staff Proficiency

- a. Staff must have two (2) randomly selected cases per year with both cases scoring in the proficient range of 18 to 21.
- b. Staff who score in the Emerging and Not Yet Developed range will have another case review completed within three months until proficient status is achieved.
- c. Regardless of case review outcomes, CQI staff shall provide feedback and coaching to support continuous learning and improvement.

D. Improving Outcomes With Action (IOWA) Tool

1. District and Institution staff responsible for observation and review of groups shall complete the IOWA Tool training and certification requirements through the Central Office CQI Department.
2. All group reviews shall be conducted utilizing the IOWA Tool.
3. All IOWA Tool reviews shall be entered in the Audit Tool Database.
4. Each group facilitator shall be reviewed annually utilizing the IOWA Tool. A minimum of one IOWA tool will be conducted for each different type of group the staff member facilitates.
5. After completion of the IOWA Tool, if an action plan is needed for administration or the facilitator(s), it will be submitted in the Audit Tool Database within 30 days.
6. Each institution/district will be responsible for following up to ensure the action plan is followed and coaching and feedback are provided.

E. Other Continuous Quality Improvement Activities

1. Institutions and Districts may assign any other quality improvement activities.
2. Other CQI activities include but are not limited to: other direct observations, coaching and feedback on reviews conducted, individual client sessions, responsiveness assessments and client contacts in the field. A random selection method shall be utilized to assign these CQI activities when possible.
3. Proficiency standards for these CQI activities shall be defined by each individual Institution and District.