State of Iowa Department of Corrections

Policy and Procedures

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Chapter 12: COMMUNITY-BASED CORRECTIONS
Sub Chapter: SEX OFFENDER TREATMENT PROGRAM (SOTP)
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Administrative Code Reference: N/A
Subject: SEX OFFENDER ASSESSMENT, CASE MANAGEMENT, SUPERVISION STANDARDS, AND STAFF QUALIFICATIONS
PREA Standards: N/A
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1. PURPOSE

To describe the Iowa Department of Corrections (DOC) Community-Based Corrections Sex Offender Treatment Program assessment, case management and supervision standards.

2. POLICY

It is the policy of the Iowa DOC Community-Based Corrections Districts to provide the most effective community supervision of clients based on research and resources available. Supervision intensity and duration is based on the client's risk to re-offend, the severity of the offense and the client's legal status.

Districts shall ensure that Sex Offender Treatment Program (SOTP) participants' risk and needs are identified and addressed in an effort to lower risk and reduce victimization. This process shall include the following elements: contact standards, case planning, case plan follow-up and documentation, quality assurance, and ongoing assessment of client risk, need and responsivity.

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3. DEFINITIONS - as used in this policy:

Sexual Offender - Clients who are evaluated by a sex offender treatment provider who deems the client as needing sex offender treatment and/or supervision.

Truth Verification Assessments - These assessments may include but are not limited to; polygraph, eye detect, and voice stress assessments. They are designed to assist with identifying risk for recidivism, as well as aid treatment, supervision and monitoring decisions.

See **DOC Policy CBC-01** *Assessment, Case Management, and Supervision Standards* and District Case Management policies for additional definitions.

4. PROCEDURES

A. Certification

1. Individuals providing treatment for sexual offenders are required to possess, or be actively working toward, certification as a Sex Offender Treatment Provider through the Iowa Board for the Treatment of Sexual Abusers (IBTSA).

2. Individuals providing supervision for sexual offenders who are assessed to be average to above average risk (Level 3-Level 5) are required to possess certification, or be working towards certification, as a Sex Offender Treatment Provider through IBTSA. Those providing supervision for lower risk sex offenders are encouraged to seek certification and/or training in effectively working with this population.

3. Districts shall assist and support the staff working with clients who have sexually based offenses in obtaining professional development and training hours in order to obtain and maintain Sex Offender Treatment Provider certification/training when appropriate or beneficial as described above.

4. DOC cannot pay for certification.

B. Level of Supervision

1. The initial level of supervision is determined by Iowa Violence and Victimization Instrument (IVVI) and/or the Static-99R (when applicable). Assessments must be completed within 30 days of DOC receiving the court order. The level of supervision is determined by the instrument in which the client scores higher.

2. Ongoing levels of supervision for SOTP Participants are determined by the Static-99R or IVVI, whichever assessment scores them higher, combined with the SOTIPS.

3. Each level of supervision requires specific contact standards in order to appropriately protect the public and ensure the delivery of services. The following charts provide the initial level of supervision for clients.

a. Chart 1 is used for males when the Static 99-R is applicable, and outlines the Level of Supervision associated with IVVI or Static 99-R risk scores, whichever is higher.

b. Chart 2 is used for males when the Static-99R is not applicable, and outlines the Level of Supervision associated with IVVI and SOTIPS.

c. Chart 3 is used for females and outlines the Level of Supervision associated with IVVI and SOTIPS.

d. Clients may drop to a Level 1 from a Level 2 if in addition to the risk assessment instruments placing them in the lowest of risk range (purple in the chart) and they meet the following criteria:

   1) Completed treatment

   2) No significant violations for a minimum of 6 months

   3) Treatment Team support

Chart 1. For use with male clients when Static-99R is applicable.

		SOTIPS		
IVVI Level*	**Static-99R Score****	**Low (0 to 10)**	**Moderate (11 to 20)**	**High (21 to 48)**
Level 1 & 2	**-3 to 0**	**Level 2**	**Level 2**	**Level 3**
Level 3	**1 to 3**	**Level 2**	**Level 3**	**Level 4**
Level 4	**4 to 5**	**Level 3**	**Level 4**	**Level 5**
Level 5	**6+**	**Level 4**	**Level 5**	**Level 5**

Chart 2. For use with male clients when Static-99R is not applicable.

		SOTIPS		
IVV Level*		**Low (0 to 10)**	**Moderate (11 to 20)**	**High (21 to 48)**
Level 1 & 2		**Level 2**	**Level 2**	**Level 3**
Level 3		**Level 2**	**Level 3**	**Level 4**
Level 4		**Level 3**	**Level 4**	**Level 5**
Level 5		**Level 4**	**Level 5**	**Level 5**

Chart 3. For use with female clients.

	SOTIPS		
IVV Level*	**Low (0 to 10)**	**Moderate (11 to 20)**	**High (21 to 48)**
Level 1 & 2	**Level 2**	**Level 2**	**Level 3**
Level 3	**Level 2**	**Level 3**	**Level 4**
Level 4	**Level 3**	**Level 4**	**Level 5**
Level 5	**Level 4**	**Level 5**	**Level 5**

C. Statewide Supervision Standards - Minimum Statewide Supervision Standards and definitions are outlined in DOC Policy CBC-01 Attachment A *Table 1 Statewide Supervision Standards*.

D. Treatment

1. All sex offender treatment programs shall strive to adhere to standards established by the Association for the Treatment of Sexual Abusers (ATSA).

2. Clients will be referred to interventions fitting their level of risk and needs.

3. See the **DOC Policy CBC-SOTP-01 Attachment A** *SOTP Procedure Manual* for specifics on group treatment protocols and group treatment completion expectations.

E. Case Planning

1. Initial Case Plan: The SOTIPS will be used for case planning. The case plan must identify no more than three top needs, along with the strategies or interventions used to address them. After completion of the SOTIPS and a case plan is developed, a note will be entered in Generic Notes (GN) with the Note Category: SOTIPS and Subject: SOTIPS Assessment or Reassessment. See *SOTP Procedure Manual* for examples and guidance.

2. Ongoing Case Progress Updates: A monthly note with the Note Category: Case Plan and the Note Subject: SOTIPS/ACUTE Case Plan and Progress Updates is entered in Generic Notes for individuals on level

3 and above which provides a summary of progress the client is making towards the case plan goals.

3. SOTIPS Reassessment: SOTIPS will be completed every 6 months until the client has completed all required primary and aftercare treatment and reached a Level 2 or 1 in their level of supervision. The SOTIPS shall be updated in response to significant life events that may impact the client's level of risk and/or needs that may result in an increased level of supervision.

F. Truth Verification Assessment - The following general procedures establish the minimum standards for using truth verification examinations for those clients entering or being assessed for a specialized sex offender program.

1. A sexual history exam may be completed to help facilitate appropriate treatment interventions and dosage, enable individualized case plan development, and guide supervision decisions.

2. Responsibilities

   a. The examiner will be the sole determinant regarding the degree to which a potential examinee is fit for an examination.

   b. Examiners will not conduct an exam that may compromise their integrity. For example, an examiner will not examine someone with whom he or she has a close relationship. The definition of "close relationship" is up to the professional discretion of the examiner. If a "close relationship" is determined, the examinee must be referred to a neutral examiner.

      In the event that the examiner is the client's supervising agent the decision to test their own clients will be discretionary and based on the examiner/agent's knowledge of the client, situation, professional relationship, consideration of the impact performing the exam will have on the professional relationship.

3. Evaluation Frequency

   Please refer to the *SOTP Procedure Manual* for Evaluation Frequency procedures.

4. Evaluation Process

    a. Examinees will sign an informed consent form prior to taking the examination.

    b. It is preferred that no individual, other than the examiner and examinee, shall be present inside the examination room during the examination. A request to vary from this approach should be approved by the supervisor.

    c. All and any truth verification examinations will be conducted in a manner consistent with the particular vendor's requirements and policies for exam administration.

    d. In the event that a juvenile (individuals 17 years of age or younger) is sentenced to adult supervision, the juvenile's legal guardian or custodial parent(s) must sign an informed consent and release of information form prior to the juvenile taking the examination.

5. Certifications

    a. Examinations must be conducted by certified examiners.

    b. Examiners will keep their respective certifications current and maintain proficiency in the use of their respective equipment and examination procedures.

6. Records and Documentation

    a. Examiners will document their examination results in a manner necessary to adequately communicate the pretest interview process, relevant questions asked, test results, posttest interview (if applicable), and examiner conclusions.

    b. The work product generated from examinations, including, but not limited to, chart tracings, reports, and audio/video recordings, will be maintained for a length of time consistent with **DOC Policy AD-GA-18** *Records Retention*. Final reports will be saved in ICON.

7. Restrictions

    a. Truth Verification examination results by themselves are not sufficient evidence to prove guilt or innocence, and are used as a

component of a broader supervision and treatment approach for individuals who sexually offend.

b. Examination results cannot serve as a final determinant for arrest, warrant, or other legal action. Rather, they should be used to identify treatment needs and risk areas specific to the client.

G. Electronic Monitoring System (EMS)

1. EMS – A collective term for technologies used to determine the location of clients who have restricted movement while under community supervision. These systems encompass the following technologies:

   a. Radio Frequency (RF) – A home monitoring system with a receiver unit connected to the client's phone line and power source. The client wears a waterproof ankle transmitter that alerts the provider in case of tampering or removal. This system monitors client arrivals, departures, and compliance with curfew hours.

   b. Global Positioning System (GPS) – GPS tracks and reports the client's movements, including arrivals and departures, travel paths, and violations of exclusion zones. It also alerts for tampering or removal of the ankle band or monitoring unit.

   c. EMS may also incorporate the ability to conduct random substance abuse testing.

2. Procedure

   a. The use of the Global Positioning System will be done in accordance with the *SOTP Procedure Manual*.

   b. Status on EMS can be reviewed at any time, and the criteria may be overridden in unique situations with SOTP staff and supervisory approval.

   c. Additional monitoring devices can be utilized as appropriate and to meet dynamic risk needs of the particular client (eg. SCRAM).

3. Notification of Victims **(Iowa Code § 915.17A)**

   According to **Iowa Code § 915.17A** and **DOC Policy VS-01** *Victim Notification*, the DOC notifies a registered victim, regarding a sex

offender convicted of a sex offense against a minor who is under the supervision of the DOC, of the following:

a. The beginning date for the use of EMS and/or RF, and the type of electronic tracking and monitoring system used.

b. The date of any modification to the use of EMS, and the nature of the change.

4. Placement of EMS Information in ICON per **DOC Policy CBC-15** *Electronic Monitoring Systems.*

   Electronic monitoring information is entered into ICON as follows:

   a. A "Specialty" is added to ICON, off the Supervision Status record. When the electronic monitoring device is removed from the client, an appropriate Reason for Change is entered on the Specialty record.

   b. If a client moves from one type of electronic monitoring system to another on the EMS continuum, the "Specialty" is closed and a new "Specialty" added to reflect that movement.

H. Program Completion

1. These case management and assessment procedures shall remain in effect as long as the client meets the definition of a Sexual Offender.

2. If a client is on supervision for the index sexually based offense and once the client no longer meets this definition, they may be supervised by non-SOTP unit staff. However, if concerns arise the SOTIPS will be utilized to determine if a higher level of supervision is needed.

3. If a client is on supervision for a registry offense the Supervisor will review the case and the reason for the registry violation and make a determination on whether the case will be supervised as an SO/SOTP unit or whether they will be supervised in a traditional probation/parole unit.

I. Quality Assurance

1. All staff are responsible for compliance with policy and procedures regarding the supervision of clients in the community.

2. Assigned staff shall complete quality assurance activities on assessment and case management services.