State of Iowa Department of Corrections

Policy and Procedures

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Subject: SEX OFFENDER ASSESSMENT, CASE MANAGEMENT, SUPERVISION STANDARDS, AND STAFF QUALIFICATIONS
PREA Standards: N/A
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Authority:

1. PURPOSE

To describe the Iowa Department of Correctional Services' Sex Offender Treatment Program assessment, case management and supervision standards.

2. POLICY

It is the policy of the Iowa Department of Correctional Services Judicial 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.

The District 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 on-going assessment of client risk, need, and responsivity.

3. DEFINITIONS - As used in this document:

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

B. Truth verification assessment. These assessments include polygraph and voice stress assessments, and assist with identifying risk for recidivism, as well as aid treatment, supervision and monitoring decisions.

C. See **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 are recommended to possess certification as a Sex Offender Treatment Provider through IBTSA.

3. The District shall assist the SOTP staff in obtaining training hours in order to obtain and maintain Sex Offender Treatment Provider certification.

4. The District cannot pay for certification.

B. Level of Supervision

1. After the Iowa Risk Revised (IRR) is completed (within 30 days of case assignment), clients shall be overridden to Level 5 for up to 3 months or until the submission of the Sex Offender Treatment Intervention and Progress Scale (SOTIPS), whichever comes first, after which time SOTP Program staff shall follow the Levels of Supervision specified below.

2. Levels of supervision for SOTP Program Participants are determined by the Static 99-R, SOTIPS, Iowa Sex Offender Risk

Assessment (ISORA), and/or IRR and Iowa Violence and Victimization Instrument (IVVI).

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 IRR/IVVI or Static 99-R risk scores, whichever is higher.

   b. Chart 2 is used for males when the Static 99-R is not applicable, and outlines the Level of Supervision associated with IRR/IVVI or ISORA risk scores, whichever is higher.

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

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

		SOTIPS		
IRR/IVVI Level*	**Static 99-R 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 99-R is not applicable.

		SOTIPS		
IRR/IVV Level*	**ISORA*****	**Low (0 to 10)**	**Moderate (11 to 20)**	**High (21 to 48)**
Level 1 & 2	**0 to 3**	**Level 2**	**Level 2**	**Level 3**
Level 3	**4 to 7**	**Level 2**	**Level 3**	**Level 4**
Level 4	**8 to 9**	**Level 3**	**Level 4**	**Level 5**
Level 5	**10+**	**Level 4**	**Level 5**	**Level 5**

Chart 3. For use with female clients.

	SOTIPS		
IRR/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**

4. A client may be moved to level 1 if they meet the following criteria, and it has been staffed and approved by a team identified by the District Director.

   - *Meets the lowest risk criteria as defined by the charts
   - Successfully completed all sex offender treatment requirements
   - A minimum of 6 months post sex offender treatment completion

   An updated SOTIPS would be done to confirm the risk category. The override to level 1 will occur in the SOTIPS with the override reason of Sex Offender Policy.

C. Statewide Supervision Standards - Minimum Statewide Supervision Standards and definitions are outlined in 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. Group treatment completion shall be determined in collaboration between the supervising agent, SOTP Psychologist, and SOTP Supervisor. Minimum requirements for group treatment completion will consist of acceptable comprehension of the intervention's material, and staff determination that the individual has reached maximum benefits in terms of treatment needs. Clients may be

returned to SOTP groups if their case plan indicates additional treatment needs.

a. SOTP staff may approve treatment completed by private providers. Elements considered for approving private sex offender treatment should include: Appropriate credentials for the provider (ATSA or IBTSA certified), choice of treatment materials and curriculum, and degree to which treatment is adhering to the required dosage hours pertaining to the Client's risk.

b. The SOTP can provide additional treatment as deemed necessary to supplement private sex offender treatment.

E. Case planning and review

1. The SOTIPS will be used for case planning. At the bottom of the SOTIPS in ICON it will ask for time offense free. That date is either the date of conviction for the index offense or the date in which the individual was released from incarceration if they were immediately taken into custody for the index offense.

2. After completion of the SOTIPS a note will be entered in Generic Notes (GN) identifying the top needs (no more than 3) and the strategies and/or interventions that will be used to address those needs.

3. A monthly note with the Note Category: Case Plan and the Note Subject: SOTIPS/ACUTE Case Plan Review is entered in Generic Notes for individuals on level 3 and above which provides a summary of progress. The ACUTE maybe utilized to show progress towards identified needs.

4. After the initial SOTIPS is submitted subsequent SOTIPS will be completed every 6 months until the client has completed all required primary and aftercare treatment and reached a Level 2 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.

5. The Acute 2007 and Stable 2007 may also be used for case plan/review purposes.

F. Truth verification assessment

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

2. 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.

3. 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/agents knowledge of the client, situation, professional relationship, consideration of the impact performing the exam will have on the professional relationship.

4. Evaluation Frequency

    Please refer to Chart 4 below for evaluation use and frequency.
    LOS = Level of Supervision.

Chart 4. Evaluation Frequency

Level 5 LOS	**Level 4 LOS**
Sex History evaluation Regular 6-month schedule for maintenance evaluations Specific issue as needed throughout primary SOTP treatment	Sex History evaluation Regular 6-month schedule for maintenance evaluations Specific issue as needed throughout primary SOTP treatment Once they complete primary SOTP treatment then annual, random evaluations
Level 3 LOS	**Level 2 LOS**
Sex History evaluation. If No Deception Indicated/No Significant Response no maintenance evaluations Specific issue as needed throughout primary SOTP treatment	Sex History evaluation. If No Deception Indicated/No Significant Response no maintenance evaluations Specific issue as needed throughout primary SOTP treatment

5. Evaluation Process

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

    b. No individual, other than the examiner and examinee, shall be present inside the examination room during the examination. The only acceptable exception is for the use of an interpreter during Computerized Voice Stress Analysis (CVSA) exams.

    c. Polygraph examinations will be conducted in a manner consistent with the American Polygraph Association (APA) – Model Policy for Post-Conviction Sex Offender Tests.

    d. Voice stress analysis examinations will be conducted in a manner consistent with the particular vendor's requirements and policies for exam administration.

    e. 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.

6. Certifications

    a. Examinations must be conducted by certified examiners.

        1) Polygraph examiners must be a graduate from a polygraph school that has been accredited by the American Polygraph Association (APA), the American Association of Police Polygraphists, or meets the minimum standards of the American Society for Testing and Material. Polygraph examiners must also meet all APA – Model Policy for Post-Conviction Sex Offender Test certification guidelines.

        2) Voice stress analysis examiners must have an active certification from the National Institute of Truth Verification or other voice stress analyzer certification program.

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

7. 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 SOTP Unit's file retention policy. Final reports will be saved in ICON.

8. Restrictions

a. Polygraph and CVSA 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. Electronic Monitoring System (EMS) – A term used collectively for technology that determines the location of the clients who have restricted movement while being supervised in their respective community. These systems encompass the following technologies:

    a. Radio Frequency (RF) – A home monitoring receiver unit with the client's phone attached, a phone cord to the phone cord to the phone jack and plugged into power. The client wears a waterproof ankle transmitter band that does alert the provider of strap tamper (strap or clip cut and/or opened) and/or body tamper (unit not against the skin). This unit monitors the client's arrivals and departures and curfew hours.

    b. Global Positioning System (GPS) – This unit reports the time and date of arrivals and departures, the travel path and travel times, removal of or tampering with the ankle band and monitoring unit, and violations of exclusions zones (designated areas that the client is restricted from entering).

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

2. Procedure

    a. Clients currently on probation, parole, work release, special sentence or any other type of conditional release for a

sexually motivated crime are placed on GPS immediately after assignment to supervision until all required risk assessments are completed. In special circumstances a District Director/Designee can approve that GPS is not required for a client.

b. GPS will remain on all individuals who are a Level 5 due to Sex Offender Specific Risk Assessment Instruments. GPS may be removed when a client's level of supervision places them at a Level 4 or below.

c. EMS for clients who present with dynamic risk factors related to substance use is also available (e.g., SCRAM, VICAP, MEMS). This technology may be used in conjunction with, or instead of GPS or RF, if the treatment team determines these more effectively reduce risk.

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

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

   According to **Iowa Code 915.17A** – A Judicial District Department of Correctional Services notifies a registered victim, regarding a sex offender convicted of a sex offense against a minor who is under the supervision of a Judicial District Department of Correctional Services, 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/or RF, and the nature of the change.

4. Placement of EMS Information in ICON

   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

These case management and assessment procedures shall remain in effect as long as the client meets the definition of a Sexual Offender. Once the client no longer meets this definition, then general probation/parole assessment and case management standards shall apply.

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.