State of Iowa Department of Corrections

Policy and Procedures

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Chapter 12: COMMUNITY BASED CORRECTIONS
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Subject: ASSESSMENT, CASE MANAGEMENT, AND SUPERVISION STANDARDS
ACA Standards: N/A
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Authority:

1. PURPOSE

To describe the assessment and case management process conducted in Community Based Corrections.

2. POLICY

An assessment, case management and supervision standards system shall be developed to ensure client risk, criminogenic needs and protective factors are identified and addressed in an effort to lower risk and reduce victimization. This system is intended to focus the majority of resources on moderate and high risk clients and shall include the following elements: on-going risk and need assessment, responsivity, effective case management and supervision strategies, case planning, case plan follow-up and documentation, transfer of records, staff training, and quality assurance.

3. DEFINITIONS

A. Dynamic Risk Assessment for Offender Reentry (DRAOR) CBC - Structured assessment of dynamic risk, responsivity, and protective factors. This assessment is used to identify treatment goals, as well as drive case management strategies to manage and reduce risk.

B. Jesness Inventory - A personality and responsivity inventory that measures eleven personality scales and nine subtypes. This instrument elicits information that assists in providing the most effective way to respond to clients on an individual basis.

C. Risk, Needs, and Responsivity (RNR) Principle - Risk assessments form the basis of case management. Risk assessment information dictates the degree of intervention based upon assessed level of risk to reoffend. (Criminogenic) Needs describe the factors that have been demonstrated through research to be associated with and predictive of future criminal behavior. Identification of the specific needs of individual clients and those needs successfully addressed shall decrease the probability of future crime. Responsivity is the need for individualization and is a key component to determining the best way to approach supervision and programming for clients. Case management strategies are to be developed with sensitivity to the responsivity principle.

D. Case management strategies - Engagement of the client in the treatment process to include assessing the client's needs and protective factors, developing a case plan linking the client with appropriate services, monitoring and advocating for the client when needed, providing reinforcement and practice of skills and intervening with the least restrictive sanctions when necessary.

E. Structured Contacts – Clients on Level 3, 4 and 5 will meet individually with their supervising officer as outlined in Table 1. A minimum of 30 minutes should be devoted to a face to face meeting with a focus on risk reduction strategies utilizing core correctional practices to target the client's dynamic risk and protective factors. Officers will develop and demonstrate progress on individualized case management strategies. Collateral contacts are for the purpose of building and verifying protective factors, identifying or verifying needs, verifying the client is receiving an appropriate dosage of individualized or group interventions, and to overall help inform the case manager on case management strategies.

F. Monitoring Contacts - Clients on Level 1 and 2 will meet briefly with their supervising officer as outlined in Table 1. A maximum of 15 minutes should be devoted to a face-to-face or virtual meeting for the purposed of reviewing progress, monitoring court ordered conditions and assess compliance with supervision.

G. Monitoring Contacts for clients on Level 0- Complete appropriate paperwork/documentation, make appropriate referrals as needed, verify

court ordered obligations and schedule monitoring appointments only as needed.

H. See IDOC Policy **AD-GA-16** for additional Definitions.

4. PROCEDURES

A. Initial Assessments shall be completed as follows:

1. The Iowa Risk Assessment Revised shall be completed within thirty (30) days of case assignment for all probation, work release, and OWI clients, 30 days from release for parole, and 30 days from acceptance for ICOTs cases, unless assigned by district policy to Level 0 supervision. This assessment shall be used to determine the initial level of supervision.

2. A Jesness responsivity assessment may be completed on all probation, parole, work release, and OWI clients supervised at Level 3 or above unless one has been completed within the last four (4) years.

3. A Dynamic Risk Assessment for Offender Re-entry (DRAOR) shall be completed in ICON under Offender - Case Management - CBC DRAOR Case Plans on all probation, parole, work release, ICOTs, and OWI clients supervised at Level 3 or above no later than 30 days from date of residential bed assignment for residential, 90 days from date of sentencing for field, 90 days from release for parole, and 90 days from date of acceptance from ICOTs cases. This requirement does not apply to clients actively participating in the sex offender program. See Sex Offender Program policies and procedures for assessment protocols for this population. Stable Risk, Acute Risk, and Protective Factors Internal Notes shall be provided that would allow other to be able to understand/verify the scoring rationale. Supplemental Needs Internal Notes are optional.

4. Other validated assessments may be used to assess specific needs or with specific populations, including but not limited to sexual violators, domestic violence, and substance use.

B. Case Plans

Case Plans shall be competed as follows:

1. Case management strategies shall be documented in ICON on all probation, parole, work release, ICOTs, and OWI clients supervised at Level 3 or above no later than 30 days from date of residential bed assignment for residential and 90 days from date of sentencing for field, 90 days from release for parole, and 90 days from acceptance for ICOTs cases.

2. Case management strategies shall target criminogenic needs and build upon protective factors, as identified in the DRAOR Assessment, through individualized intervention strategies to achieve risk reduction.

3. Case management strategies shall include an action plan which shall identify how assessed needs will be targeted. The case manager shall support the action plan and verify the client's progress. The action plan shall be a collaborative effort between the client and case manager. The case manager will use SMART (Specific, Measurable, Attainable, Realistic, Time-bound) action steps to achieve risk reduction.

4. The case management strategies shall be reviewed and action steps updated and documented at each structured appointment.

C. On-going Case Management

1. The Acute Risk Factors shall be reviewed/assessed, scored, updated and documented at least monthly or more often if needed for all clients on Level 3 supervision or higher.

2. The Stable Risk, Protective Factors and Supplemental Needs shall be reviewed/assessed, scored, updated and documented at least quarterly or more often as needed if events occur that may drive the client's risk. New scoring justification will be provided.

3. Case Managers shall utilize the DRAOR assessment to drive the case management strategies with the client at each structured appointment the case manager shall document progress in ICON on the priorities/needs/protective factors identified by the DRAOR and core correctional practices used in an attempt to manage and reduce risk.

4. For cases on Level 0, 1 or Level 2, when a significant event occurs, that may include new arrests, assaultive or threatening behavior, the case manager may conduct a DRAOR to determine whether the level of supervision shall be increased and a case plan developed.

    a. An Iowa Risk Revised or DRAOR may be done at any time the case manager sees a need to re-assess risk to determine if the level of supervision is appropriate.

    b. If significant events indicate a higher or lower LOS is needed, the DRAOR assessment may be scored and the situation staff with a supervisor for a level change or override.

D. Statewide Supervisions Standards

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

E. Training and Quality Assurance (See IDOC Policy AD-TS_07, *Continuous Quality Improvement* for more detail)

Staff whose job duties include case management, shall be trained and demonstrate proficiency in the required assessments. The department shall comply with the proficiency and quality assurance standards as approved by the District Directors.

1. Iowa Risk-Revised training shall be provided by trained trainers using the training curriculum developed by the Department of Corrections. Each participant shall be provided a copy or access to the Iowa Risk Revised Manual.

2. Jesness training may be provided to case management staff and shall include how to use information gained from the Jesness.

3. DRAOR training shall be provided by certified trainers to all staff who supervise clients on Level 3, 4, or 5 as well as staff that conduct Pre-Sentence Investigations (PSIs).

4. All supervising officers who supervise clients on supervision Level 3 or higher will complete case management training by an approved case management trainer.

5. Staff who conduct assessments or case management as part of their duties shall demonstrate ongoing proficiency which will be monitored and measured via quality assurance methods. Staff will be provided ongoing training/boosters, updates, information and any other materials that become available.

F. Transfer of Cases

The sending district staff ensures that an Iowa Risk Revised Assessment is completed prior to initiating an intra-state transfer. For offenders that are not on new case status (at the onset of supervision), the sending district also ensures the following is entered in ICON for access by the receiving district or institution:

1. DRAOR assessments and case plan (if applicable);

2. A completed Jesness inventory within the last four (4) years (if applicable);

3. Treatment summaries, progress forms or otherwise relevant treatment information (if applicable);

4. Assessments completed by outside agencies (if applicable) and

5. Any supporting information used by the person administering the assessment such as documentation of high-risk behavior and crisis events or gains in protective factors such as employment and prosocial community involvement.