

<p style="text-align: center;">STATE OF IOWA DEPARTMENT OF CORRECTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>		Policy Number	Applicability
		AD-TS-07	<input checked="" type="checkbox"/> DOC <input checked="" type="checkbox"/> CBC
		Policy Code	Iowa Code Reference
		N/A	904.108
Chapter 1	Sub Chapter	Related DOC Policies	Administrative Code Reference
ADMINISTRATION & MANAGEMENT	TRAINING & DEVELOPMENT	IS-CL-03 AD-TS-06 CBC-01	201-1.2(904)
Subject		ACA Standards	Responsibility
CONTINUOUS QUALITY IMPROVEMENT		N/A	Kris Weitzell Sally Kreamer
		Effective Date	Authority
		May 2019	Daniel Craig Interim Director Signature on file at Iowa DOC

I. 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.

II. POLICY

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

III. DEFINITIONS

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/probation staff, and correctional counselors 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. Core Correctional Practices (CCP) - Department staff are agents of change. Core Correctional Practices are the tools used by staff to influence the change process.
4. The Iowa Violence and Victimization Instrument (IVVI) and the Iowa Risk Revised (IRR) Assessment tool with a focus on prediction of new violent and/or property offenses, and used to assign initial level of supervision in the community.

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.

IV. PROCEDURES

- A. Iowa Violence and Victimization Instrument and the Iowa Risk Revised Review (**See AD-TS-07 Attachment A**)
 1. Designated staff shall complete all assigned Iowa Violence and Victimization Instruments and Iowa Risk Revised Reviews in the CQI Database. Reviewers shall have completed specific training as set out by their District Directors or Wardens and follow written protocols for conducting CQI tasks.
 2. Reviews shall not become a part of the case file.
 3. Assessments to be reviewed shall be randomly selected from the database whenever possible.

4. Institutions and Districts shall review a minimum of 10% of all IRR/IVVI's completed within that year. For example, if 3000 IRRs are to be completed within a year across the district, a minimum of 300 reviews should be completed.
 5. Institutions and Districts shall establish Iowa Violence and Victimization Instrument and Iowa Risk Revised Review follow up protocols that include follow up timeframes, coaching, scoring revisions, and updating database.
- B. Iowa Violence and Victimization Instrument and Iowa Risk Revised Review Proficiency Standards
1. Satisfactory Assessment - A satisfactory assessment is defined as one in which the total scores are within +/- one point of the reviewer's scores AND one or fewer items is incorrectly scored.
 2. Unsatisfactory Assessment - An unsatisfactory assessment is defined as one in which the total scores are two or more points different from the reviewer's score OR two or more items are incorrectly scored.
 3. Initial proficiency status is attained by achieving the following:
 - a. If 5 out of 5 reviews are satisfactory, initial proficiency is obtained.
 - b. If within the first 5 reviews, one or more are unsatisfactory, a minimum of 10 reviews will be conducted, or until 90% proficiency is achieved.
 4. The percentage to be reviewed can be calculated by selecting the percentage needed in the dropdown within the CQI database.
 5. For initial proficiency, all staff who will complete IVVI's or IRR's regularly (intake officer, PSI, reception counselor, and case managers who complete their own IVVI's or IRR's) will be assigned IVVI/IRR's to complete and would complete one IVVI/IRR and receive feedback/coaching before completing the next and continue this process until proficiency is met. All IVVI/IRRs and reviews should be completed within a 3-month period after initial IVVI/IRR training to establish initial proficiency.
 6. Ongoing Proficiency is defined as follows:

If staff maintain 90% proficiency and above= 5% reviewed or a minimum of two the following year.

7. For those that do not maintain proficiency, Wardens and Directors will develop protocol to bring staff to proficiency.
8. For ongoing proficiency, staff would review assessments consecutively meaning staff would review a batch in a snapshot in time and then review all results with the staff person being reviewed.
9. For staff who will not conduct IRR's, initial IRR training is required but the standards for initial proficiency are not required. If they do complete an IRR they shall be reviewed by a CQI staff to ensure their accuracy. If their duties change in which they will conduct regular IRR's, all requirements as outlined for initial and ongoing proficiency must be met.
10. Institutions and Districts shall determine a review schedule as a part of their CQI plan, adhering to the proficiency standards outlined above.

C. DRAOR Review Proficiency Standards

1. Initial DRAOR Review Proficiency:
 - a. Minimum of 2 (two) initial DRAORs will be reviewed within a 60 (sixty) day period per the Case Review and Training Manual.
 - b. Designated staff shall complete all assigned DRAOR Reviews in the Database.
 - c. DRAOR Reviews shall not become a part of the case file.
 - d. No 2 (two) point deviation on any item.
 - e. Justification shall match the item and the score and if it does not, coaching and feedback will be provided.
 - f. If proficient, re-review will take place on an annual basis.
 - g. If not proficient, recommendations to include training and/or coaching and/or mentoring within a 6 (six) month time of initial review. Follow up reviews will take place every 6 (six) months

until staff is deemed proficient. Skill development plan will be completed and individualized to accommodate staff needs.

2. Ongoing DRAOR Review Proficiency:
 - a. Two initial DRAORS will be reviewed per the Case Review and Training Manual.
 - b. Proficiency standards apply with the addition that item errors are resolved and/or addressed. Skill development plan will be completed and individualized to accommodate staff needs.
3. Designated staff shall complete all assigned DRAOR Reviews in the Database.
4. DRAOR Reviews shall not become a part of the case file.
5. DRAORs to be reviewed shall be randomly selected whenever possible.
6. DRAOR reviews will be conducted only for non-case managers (Districts only-i.e. PSI writers, intake officers). DRAOR for case management purposes will be reviewed as part of the DRAOR/Case Management Review.
7. Institutions and Districts shall establish DRAOR Review follow up protocols that shall include timeframes, coaching, scoring revisions, and updating database.

D. DRAOR/Case Management Review Proficiency Standards

1. Assigned staff shall complete all DRAOR case management reviews in the Database.
2. DRAOR/Case Management Reviews shall not become a part of the case file.
3. Case Reviews to be completed shall be randomly selected whenever possible. Other reviews may be assigned by the Directors 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.
4. DRAORs for case management purposes will be reviewed as part of the case review. Case managers will be reviewed to determine both initial and ongoing proficiency.

5. Institutions and Districts shall establish Case Review follow up protocols that shall include timeframes, coaching, scoring revisions, and updating database.

6. The following criteria will be included in Case Reviews:
 - a. Timeliness - All assessments and case plan activities are completed within prescribed time frames.
 - b. Needs Identification - Need identification and focus are arrived at through use of approved assessment tools.
 - c. 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.
 - d. Case Management - Supervision activities are appropriate and based on risk and need.
 - e. Case Planning - The case plan is appropriate as evidenced by an individualized plan that is based on specific assessed needs of the individual client and that reinforces the progress the client makes towards achieving his or her goals.
 - f. Core Correctional Practices - Ways of behaving in order to intentionally influence individuals toward prosocial change through unplanned or planned interactions.
 - g. Documentation - All ICON entries

7. For cases supervised at Level 3, 4, or 5, a full review shall be conducted and shall include all criteria above. (Districts only)

8. For cases which are supervised at Level 0, 1 or 2, District Directors shall determine their own review process and will include in their local policy. (Districts only)

9. 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 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.

10. Case – Review Proficiency Standards

a. Each supervision Level of 3 and above in the community and those within the institution that require a DRAOR, a Case review will be completed. The Case Review has a potential range of scores from 0-21. Within this range three levels of proficiency are defined:

- 1) 18-21 Proficient
- 2) 15-17 Emerging
- 3) 14 and below Not yet demonstrating

b. Staff Initial Proficiency

- 1) Proficient - the average score of 5 randomly selected case reviews in the past 6 months is between 18-21.
- 2) Emerging - the average score of 5 randomly selected case reviews in the past 6 months is between 15-17.
- 3) Not Yet Developed - the average score of 5 randomly selected case reviews in the past 6 months is 14 or below.

c. Ongoing Proficiency

- 1) Those who score at the Proficient level must continue to maintain proficiency on 2 randomly selected cases each year in order to maintain this level of proficiency and to have a reduced case management review schedule.
- 2) Those who score in the Emerging and Not Yet Developed range will 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.

d. Case Management Review Follow Up – Institutions and Districts shall establish review follow up protocols that shall include time

frames, coaching, scoring revisions, and updating database as well as strategy to obtain and maintain proficiency. Plan can be submitted separately or part of the District's annual report.

E. IOWA (Improving Outcomes With Action) Tool **(See Attachment B)**

1. Districts and Institutions shall have certified staff conduct group reviews utilizing the IOWA Tool.
2. All IOWA Tools will be entered in the CQI database.
3. IOWA Tool Reviews shall not become part of the case file.
4. Each group facilitator will have a minimum of one IOWA Tool completed per year, per group they facilitate.
5. After completion of the IOWA Tool, if an action plan is needed for administration or facilitator, it will be submitted to Central Office within 30 (thirty) days for review.
6. Each institution/district will be responsible for following up to ensure the action plan is followed and coaching and feedback is provided.

F. Other Quality Assurance Activities

1. Institutions and Districts shall assign other quality assurance activities.
2. Other CQI activities include but are not limited to: direct observation of groups, coaching and feedback on reviews conducted, individual client sessions, 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 the Institutions and Districts.