I. PURPOSE

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

II. POLICY

An assessment and case management system shall be developed to ensure offender 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 offenders and shall include the following elements: on-going risk and need assessment, responsivity, case planning, case plan follow-up and documentation, transfer of records, staff training, and quality assurance.
III. DEFINITIONS

A. Dynamic Risk Assessment for Offender Reentry (DRAOR) CBC - Structured assessment of dynamic risk, and protective factors. This assessment is used to identify treatment goals, as well as strategies to 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 offenders on an individual basis.

C. Risk, Needs, and Responsivity (RNR) Principle - risk assessments form the basis of the case plan. 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 offenders 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 programming for offenders. Case plans are to be developed with sensitivity to the responsivity principle.

D. See IDOC Policy AD-GA-16 for additional Definitions.

IV. 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, parole, work release, and OWI offenders unless assigned to low risk supervision using criteria established for that supervision level. This assessment shall be used to determine the initial level of supervision.

2. A Jesness responsivity assessment is encouraged to be completed on all probation, parole, work release, and OWI offenders supervised at high-normal 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, and OWI offenders supervised at high-normal or above within 60 days of case assignment. The Stable Risk, Acute Risk, Protective Factor and Supplemental Needs
Action Plans shall be completed each time a DRAOR is done. Stable Risk, Acute Risk, Protective Factor and Supplemental Needs Internal Notes shall be provided as needed that would allow an auditor to be able to verify the rationale for the scoring decisions. This requirement does not apply to offenders actively participating in the sex offender program. See Sex Offender Program policies and procedures for assessment protocols for this population.

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

B. Case Plans

Case Plans shall be competed as follows:

1. Case Plans shall be completed in ICON on all probation, parole, work release, and OWI offenders supervised at high-normal or above within 60 days of case assignment. The case plan shall address the criminogenic needs and build upon protective factors as identified in the DRAOR Assessment. The case plan shall include an action plan which shall identify how the offender plans to address the needs. The case manager shall support the action plan and verify the offender’s progress. The action plan shall be a collaborative effort between the offender and case manager.

2. The offender’s readiness to change shall also be considered when developing the DRAOR Case Plan. An offender’s stage of readiness shall influence the pace at which case work shall proceed. The case plan should appropriately reflect the stage of change.

C. On-going Case Management

1. Case Managers shall update the DRAOR assessment every 120 days if level of supervision is High Normal or above. The DRAOR may also be scored as significant events occur that could impact the level of supervision. If at any time the DRAOR score reduces the level of supervision below High Normal a case plan shall no longer be required.

2. Case Managers shall utilize the DRAOR assessment to develop a case plan with the client. At each meeting the case manager shall document in generic notes progress on the previous case plan utilizing the priorities/needs/protective factors identified by the DRAOR and core correctional practices to reduce their risk level.
3. For cases on low normal or below, when a significant event occurs, including new arrests, assaultive or threatening behavior, the case manager may either do an Iowa Risk Revised to re-examine static factors or conduct a DRAOR to determine whether the level of supervision shall increase to High Normal or above and a case plan developed.

An Iowa Risk Revised or DRAOR may be done at any time the case manager sees a need to re-assess the level of supervision to a higher degree of accountability or to address client needs.

4. The DRAOR Total Score shall be used to increase or decrease supervision from the level of supervision identified by the Iowa Risk-Revised as follows:

   a. High scores (10-23) should move up a level.
   b. Low scores (0-2) should move down a level.
   c. An override is available and can be used as needed.

D. Training and Quality Assurance

Staff whose job duties include case management and/or administration of these assessments, 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. Trained staff shall audit Iowa Risks in accordance with the Quality Assurance Plan approved by the District Directors, with more frequent audits for newly trained staff and less frequent audits for staff who have demonstrated proficiency as defined in the Audit Scoring Manual, IS-QA-01 Attachment A.

2. Jesness training maybe provided to case management staff and shall include how to use information gained from the Jesness.
3. DRAOR training shall be provided by trained trainers to all staff who supervise offenders on High Normal or above levels of supervision. They shall use the training curriculum and pre and post-tests developed by the DRAOR training committee.

(a) Following the initial orientation training:

(1.) Participants who score 80% or better on the post-test shall move forward in the training process.

(2.) Participants who score less than 80% shall receive additional training.

(b) Participants moving on shall begin practicing using the DRAOR and shall have a mentor for any questions they have.

(c) Participants shall receive a follow up training approximately 2 months after the initial training.

(d) Trained staff shall audit DRAOR’s in accordance with the Quality Assurance Plan approved by the District Directors, with more frequent audits for newly trained staff and less frequent audits for staff who have demonstrated proficiency.

E. Transfer of Cases

At the time of in-state transfer, staff shall ensure the following is entered into ICON to the receiving officer, unit, or institution: Iowa Risk Revised Assessment, DRAOR assessments, and any assessments by outside agencies, as applicable, including any supporting or justifying documentation used by the person administering the assessment, such as documentation of high risk behavior, crisis events or gains in protective factors such as employment or prosocial community involvement.