

Section 6: Quality Assurance for Community Providers

I. GENERAL CONSIDERATIONS

- A. The following quality assurance provisions are designed to provide a mechanism to advance the integrity and effectiveness of the minimum requirements, standards and guidelines for specialized evaluation, treatment, and/or other sex offender management services.
- B. It is the intent of the SOMB to foster a supportive and collaborative relationship with providers to enhance service delivery while identifying areas that can be improved through materials and program reviews combined with site visits.
- C. In the event adverse findings are noted during the quality assurance/audit process, the SOMB shall develop a course of action to remedy the findings including and up to formal discipline.
- D. All quality assurance/audit reviews shall be conducted utilizing the applicable quality assurance/audit tools approved by the SOMB.
- E. The SOMB has the authority to request a quality assurance/audit review of any person certified by the SOMB at any time, should questions arise regarding ethics and/or appropriate standards of practice.
 - a. The duty to participate in any quality assurance/audit process is a condition of certification and failure to participate is grounds for discipline.
 - b. A request for exceptions pertaining to the quality assurance/audit process shall be made in writing to the SOMB. Requests shall be granted solely at the discretion of the SOMB. Possible reasons for exceptions may include:
 - i. The certificate holder selected to participate in the quality assurance/audit process is currently addressing remedial action requested by the SOMB; or
 - ii. Extenuating circumstances.

F. The certificate holder will be notified of the findings on any quality assurance process completed in accordance with these standards within 45 days of the

completion of such review. The notice shall minimally include the following elements:

- a. Strengths identified and recorded in the written documentation of the review and included on the quality assurance/audit tool;
- b. Adverse findings identified and recorded in the written documentation of the review and included on the quality assurance/audit tool; and
- c. Any expectations for remediation, which may include, but not be limited to, the following:
 - i. Development of a formal clinical supervision plan with an SOMB-certified Senior/Approved level provider;
 - ii. Specific corrective measures to address any identified deficiencies; and
 - iii. Requirements for submitting additional documentation for review by the SOMB to support quality assurance in accordance with these standards and guidelines.

G. The results of any quality assurance/audit process completed in accordance with these standards shall be maintained in the SOMB file for the certificate holder.

II. QUALITY ASSURANCE PERTAINING TO PSYCHOSEXUAL EVALUATIONS

- A. The SOMB shall establish a Quality Assurance Committee to assess SOMB-certified psychosexual evaluators' adherence to the standards and guidelines for psychosexual evaluations as set forth in these provisions. This committee shall at a minimum, include a clinical member of the SOMB.
- B. No individual serving on the Quality Assurance Committee shall review their own psychosexual evaluations or the psychosexual evaluations of an individual to whom they are related, who is a business partner, or otherwise has a potential conflict of interest.
- C. Any quality assurance/audit process findings involving an Associate/Supervised Psychosexual Evaluator or a Provisional/Supervised Psychosexual Evaluator shall also be forwarded to the supervising senior-level psychosexual evaluator.

- D. The SOMB shall utilize formal, objective and random selection procedures to carry out ~~two methods of~~ quality assurance/audit processes outside of the initial or renewal certification process for SOMB-certified psychosexual evaluators. ~~These methods are Ongoing Quality Assurance/Auditing and On-site Office Visit Reviews.~~
- E. Ongoing Quality Assurance/Auditing. ~~Approximately 25~~ Current psychosexual evaluations shall be randomly selected annually for quality assurance/audit review on newly convicted offenders. These psychosexual evaluations will be obtained by the SOMB from Idaho Department of Correction records.
- ~~a. A random list of 6 newly convicted sex offenders shall be generated quarterly from Idaho Department of Correction reporting sources, preferably 3 sentenced to probation in differing judicial districts and 3 sentenced to incarceration.~~
- a. The SOMB coordinator shall obtain copies of the psychosexual evaluations conducted prior to sentencing on ~~these~~ newly convicted sex offenders and redact identifying information prior to submission to the Quality Assurance Committee.
- b. The SOMB coordinator shall notify the SOMB-certified psychosexual evaluators whose psychosexual evaluations have been selected for ongoing quality assurance/audit review within 15 business days of evaluation selection.
- ~~c. The SOMB-certified psychosexual evaluator will be notified of the findings and provided feedback within 45 days of the completion of such review, which shall minimally include the following elements:~~
- ~~i. Strengths identified and recorded in the written documentation of the review and included on the quality assurance/audit tool;~~
- ~~ii. Adverse findings identified and recorded in the written documentation of the review and included on the quality assurance/audit tool; and~~
- ~~iii. Any expectations for remediation, which may include, but not be limited to, the following:~~

- ~~1. Development of a formal clinical supervision plan with an SOMB-certified Senior/Approved Psychosexual Evaluator;~~
- ~~2. Specific corrective measures to address any identified deficiencies in psychosexual evaluations; and~~
- ~~3. Requirements for submitting additional psychosexual evaluations for review by the SOMB to support quality assurance in accordance with these standards and guidelines.~~

- F. On-site/Office Visit Reviews. ~~SOMB-certified psychosexual evaluators shall be randomly selected to participate in on-site/office visit reviews. The SOMB may conduct random on-site/office visit reviews.~~
- a. ~~Any~~ On-site/office visit reviews shall be conducted by an SOMB member or an independent assessor selected by the SOMB (hereinafter “reviewer”).
 - b. ~~On-site/office visit reviews shall be conducted on a 3-year cycle:~~
 - i. ~~Year One.~~ Approximately 1/3 of the SOMB-certified psychosexual evaluators shall be randomly selected by lottery;
 - ii. ~~Year Two.~~ Approximately 1/3 of the SOMB-certified psychosexual evaluators shall be randomly selected by lottery, excluding persons selected in year one;
 - iii. ~~Year Three.~~ All remaining SOMB-certified psychosexual evaluators who were not selected in the two prior years will be selected for on-site/office visit reviews; and
 - iv. ~~Year Four.~~ The three-year cycle for the random selection process will restart. Nothing precludes an SOMB-certified psychosexual evaluator who is selected for on-site/office visit reviews in the third year of the 3-year selection cycle from being randomly selected the following year.
 - e.b. SOMB-certified psychosexual evaluators ~~randomly~~ selected to participate in the on-site/office visit review process shall be notified in writing of the following:

- i. Their ~~random~~ selection for participation in the quality assurance review process, for which agreement to participate is required pursuant to SOMB certification to conduct psychosexual evaluations;
- ii. The required documentation to be submitted for the quality assurance/audit process as specified herein; and
- iii. The criteria used for and processes by which the psychosexual evaluations shall be reviewed by the ~~assessor~~reviewer.
- ~~iii-iv.~~ Evaluations that were previously submitted to and/or reviewed by the SOMB as part of the individual's initial or renewal application documentation or for any previous quality assurance review/audit by the SOMB shall be excluded from the on-site/office visit quality assurance/audit process.
- ~~d-c.~~ Verbal notification will be made within 48 hours prior to the on-site/office visit review.
- ~~e.~~ ~~During the on site/office visit review process the psychosexual evaluator shall make available to the reviewer, all psychosexual evaluations conducted by the evaluator during the 1-year period prior to the quality assurance/audit process.~~
 - ~~i.~~ ~~The reviewer shall randomly select a minimum of 2 psychosexual evaluations that are made available for review.~~
 - ~~ii-i.~~ Evaluations that were previously submitted to and/or reviewed by the SOMB as part of the individual's initial or renewal application documentation or for any previous quality assurance review/audit by the SOMB shall be excluded from the on-site/office visit quality assurance/audit process.
- ~~f.~~ ~~Initial impressions of the quality assurance/audit review shall be discussed with the SOMB-certified psychosexual evaluator at the conclusion of the on-site/office review visit.~~

- d. The reviewer conducting an on-site/office visit review shall report the findings in writing to the SOMB within 14 days of completion of such review.
 - i. The reviewer may, at the discretion of the SOMB, be requested to meet with the SOMB to respond to any questions or challenges to the quality assurance/audit review findings.

~~e. The findings of the on-site/office visit review shall be provided to the psychosexual evaluator within 45 days of completion of such review, and shall minimally include the following elements:~~

- ~~i. Strengths identified and recorded in the written documentation of the review and included on the quality assurance/audit tool;~~
- ~~ii. Adverse findings identified and recorded in the written documentation of the review and included on the quality assurance/audit tool; and~~
- ~~iii. Any expectations for remediation, which may include, but not be limited to, the following:
 - ~~1. Development of a formal clinical supervision plan with an SOMB-certified Senior/Approved Psychosexual Evaluator;~~
 - ~~2. Specific corrective measures to address any identified deficiencies in psychosexual evaluations; and~~
 - ~~3.1. Requirements for submitting additional psychosexual evaluations for review by the SOMB to support quality assurance in accordance with these standards and guidelines.~~~~

**Idaho Sexual Offender Management Board
Quality Assurance/Audit Tool for Psychosexual Evaluations**

Name of Psychosexual Evaluator Reviewed:	
Reviewer(s):	Quality Assurance Review Date:
Purpose of Review (circle one): <input type="radio"/> Ongoing Quality Assurance/Audit <input type="radio"/> On-site/Office Visit Quality Assurance/Audit	
A. Proper Format, Structure for the Psychosexual Evaluation Report (Headers Present/Absent)	
	Circle rating
Preliminary statement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Identifying information	Yes <input type="checkbox"/> No <input type="checkbox"/>
Synopsis	Yes <input type="checkbox"/> No <input type="checkbox"/>
Referral information and nature of evaluation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confidentiality	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sources of information	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental status examination and psychological symptoms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Background, criminal and social history	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of current offense(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual history behavior	Yes <input type="checkbox"/> No <input type="checkbox"/>

Psychological test results	Yes — No	
Current DSM diagnosis	Yes — No	
Specialized risk assessment measures and measures of sexual behavior	Yes — No	
Risk variables	Yes — No	
Risk level	Yes — No	
Potential for future harm (optional but encouraged)	Yes — No	
Resources for community protection, amenability for treatment and recommended treatment focus	Yes — No	
Additional suggestions for management (optional)	Yes — No	
Report signed by Senior/Approved Psychosexual Evaluator	Yes — No	
Certification level of evaluator indicated on signature line	Yes — No	
<i>B.— Use of Multiple Strategies and Data Sources to Conduct the Psychosexual Evaluation</i>		
	Circle rating	Supporting, explanatory comments
Structured clinical interview(s)	Yes — No	
Official records	Yes — No	

Psychometrically sound measures for assessing intellectual, personality, functional, substance abuse, and other psychological variables	Yes—No	(List tools used)
Research-based instruments specifically designed to assess normative and deviant sexual interests, attitudes, arousal, and/or preferences	Yes—No	(List tools used)
Research-supported, sex-offender-specific risk assessment tools and protocols	Yes—No	(List tools used)
Research-supported risk assessment tools (general, not specific to sex offenders)	Yes—No	(List tools used)
<i>G. Quality of Content in the Psychosexual Evaluation</i>		
<p>0 = information not present or not readily identifiable, or is present but provides inaccurate or misleading information to consumer of report</p> <p>1 = information minimally present but content/details are limited, provides limited informative value for consumer of report</p> <p>2 = clear and detailed data present, content offers instructive/educational value for consumer of report</p>		
	Circle rating	Supporting, explanatory comments
Reason for referral, scope of evaluation congruent with standards	0—1—2	
Informed consent	0—1—2	

Psychosocial history	0—1—2	
Sexual history	0—1—2	
Sex offense-related history	0—1—2	
Clinical findings, diagnostic impressions	0—1—2	
Risk assessment results, sexual and non-sexual recidivism risk	0—1—2	
Intervention needs, including type, intensity, and dosage of interventions	0—1—2	
Responsivity considerations	0—1—2	
Recommendations are commensurate with the assessed level of risk, research-supported risk factors, protective factors, and intervention needs	0—1—2	
Findings, conclusions, and recommendations are congruent with the proper scope and purposes of psychosexual evaluations	0—1—2	

Overall Strengths:

Areas for Improvement:

Remediation expectations:

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III. QUALITY ASSURANCE PERTAINING TO SEX OFFENDER-SPECIFIC TREATMENT

- A. The SOMB shall establish a Quality Assurance Committee to assess SOMB-certified sex offender treatment providers' adherence to the standards and guidelines for sex offender treatment as set forth in these provisions. This committee shall at minimum, include a clinical member of the SOMB.
- B. No individual serving on the SOMB Quality Assurance Committee shall review their own treatment program records/individual client records, or records documented by an individual to whom they are related, who is a business partner, or otherwise has a potential conflict of interest.
- C. ~~The SOMB shall utilize a formal, objective, and random selection process to identify, on an annual basis, a minimum of one-third (1/3) of the SOMB-certified sex offender treatment providers to participate in an on-site/office visit quality assurance/audit review process. The SOMB may conduct random on-site/office visit reviews.~~
 - a. ~~Any~~ On-site/office visit reviews shall be conducted by an SOMB member or an independent assessor selected by the SOMB (hereinafter "reviewer").
 - b. ~~On-site/office visit reviews shall be conducted on a 3-year cycle:~~
 - i. ~~Year One.~~ Approximately 1/3 of the SOMB-certified sex offender treatment providers shall be randomly selected by lottery;
 - ii. ~~Year Two.~~ Approximately 1/3 of the SOMB-certified sex offender treatment providers shall be randomly selected by lottery, excluding persons selected in year one;
 - iii. ~~Year Three.~~ All remaining SOMB-certified sex offender treatment providers who were not selected in the two prior years will be selected for on-site/office visit reviews; and
 - iv.i. ~~Year Four.~~ The three-year cycle for the random selection process will restart. Nothing precludes an SOMB-certified sex offender treatment provider who is selected for on-site/office visit reviews in the third year

~~of the 3-year selection cycle from being randomly selected the following year.~~

- D. SOMB-certified sex offender treatment providers ~~randomly~~ selected to participate in the on-site/office visit quality assurance/audit review process shall be notified in writing of the following:
- a. Their ~~random~~ selection for participation in the quality assurance/audit review process, for which agreement to participate is required pursuant to SOMB certification to provide sex offender treatment;
 - b. The required treatment program records/individual client record documentation to be submitted for the quality assurance/audit review process; and
 - c. The criteria used for and processes by which the treatment program/service delivery documentation shall be reviewed by reviewer~~s~~;
 - e-d. The treatment program records/individual client record documentation previously submitted to and/or reviewed by the SOMB as part of the individual's initial or renewal application documentation or for any previous quality assurance review/audit by the SOMB shall be excluded from the on-site/office visit quality assurance/audit process.
- E. Verbal notification will be made within 48 hours prior to the on-site/office visit review.
- ~~F. During the on-site/office visit quality assurance review/audit review process the treatment provider shall make available to the reviewer, documentation for a randomly selected set of clients currently under or recently released from their care.~~
- ~~a. The treatment program records/individual client record documentation submitted for review shall be records created since their most recent effective date of certification by the SOMB to provide sex offender treatment;~~

- ~~b. The treatment program records/individual client record documentation previously submitted to and/or reviewed by the SOMB as part of the individual's initial or renewal application documentation or for any previous quality assurance review/audit by the SOMB shall be excluded from the on-site/office visit quality assurance/audit process; and~~
- ~~c. The on-site/office visit quality assurance review/audit shall minimally include the following:~~
- ~~d. On-site review of individual treatment plans, treatment progress notes, and treatment completion/discharge summaries;~~
- ~~e. Exploration of provider(s) processes for objectively gauging treatment progress;~~
- ~~f. Interviews with clients in programming;~~
- ~~g. Interviews with the certified sex offender treatment provider(s) delivering such services;~~
- ~~h. Frequency and intensity of treatment;~~
- ~~i. Live observation of sex offender treatment groups to identify the extent to which the standards and guidelines are implemented, focusing on:~~
- ~~j. Client to provider ratio;~~
- ~~k. Group dynamics and therapeutic climate;~~
- ~~l. Program model and theory;~~
- ~~m. Program targets and interventions employed to address treatment targets;~~
- ~~n. Provider facilitation skills;~~
- ~~o. Use of behavioral interventions to promote internal motivation, engagement, and skill building; and~~
- ~~p. Development of effective coping skills and strategies to reduce and manage risk.~~
- ~~q. Demonstrated collaboration with probation/parole officers from the Idaho Department of Correction.~~

- ~~r. In addition to the established SOMB quality assurance/audit tools, the reviewer may also utilize the Correctional Assessment Checklist (CPC).~~
- ~~s. Initial impressions of the quality assurance/audit review shall be discussed with the SOMB-certified sex offender treatment provider at the conclusion of the review.~~

- F. The reviewer shall report the findings in writing to the SOMB within 14 days of completion of such review.
 - a. The reviewer may, at the discretion of the SOMB, be requested to meet with the SOMB to respond to any questions or challenges to the quality assurance/audit review findings.
- ~~G. The findings of the on-site quality assurance/audit review shall be provided to the SOMB-certified sex offender treatment provider within 45 days of completion of such review, and shall minimally include the following elements:~~
 - ~~a. Strengths identified and recorded in the written documentation of the review and included on the quality assurance/audit tool;~~
 - ~~b. Adverse findings identified and recorded in the written documentation of the review and included on the quality assurance/audit tool; and~~
 - ~~c. Any expectations for remediation, which may include, but not be limited to, the following:~~
 - ~~i. Development of a formal clinical supervision plan with an SOMB-certified Senior/Approved Sex Offender Treatment Provider;~~
 - ~~ii. Specific corrective measures to address any identified deficiencies in the treatment program or documentation of treatment service delivery; and~~
 - ~~iii. Additional/subsequent requirements for submitting additional treatment program records for review by the SOMB to support quality assurance in accordance with these standards and guidelines.~~

Idaho Sexual Offender Management Board
Quality Assurance/Audit Tool for Sex Offender Treatment Providers

Name of Certified Sex Offender Treatment Provider:

Name of Reviewer(s):	Quality Assurance Review Date:
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A. Initial and/or Renewal Application

<i>The initial and/or renewal application includes the following:</i>	Circle rating
A program narrative describing the sex offender treatment program theory/model	Yes — No
Modality of treatment used for the sex offender treatment program	Yes — No
Acceptance criteria for the sex offender treatment program	Yes — No
Descriptions about how treatment plans are developed and modified	Yes — No
Templates of treatment plans, treatment contracts and treatment agreements	Yes — No
Treatment program rules and expectations	Yes — No
Assessment tools to be used to inform treatment planning and gauge treatment progress	Yes — No
An outline of modules, exercises, and activities	Yes — No
Data to be collected to assess program impact and effectiveness	Yes — No

B. Informed Consent, Treatment Agreements

<i>The informed consent form and/or treatment agreement for the client includes the following:</i>	Circle rating
The nature, goals, and objectives of treatment	Yes — No
The methods and modalities of treatment to be used	Yes — No
The expected frequency and duration of treatment	Yes — No
Benefits and risks associated with participating in treatment	Yes — No
Right to refuse or decline treatment, and the potential consequences of such a refusal or declination when treatment is mandated or ordered by the courts or other authorities	Yes — No
Mandatory reporting requirements, confidentiality limits	Yes — No
Rules and expectations of treatment program participants	Yes — No
Incentives for participation and progress	Yes — No
Consequences of noncompliance with treatment program rules and expectations	Yes — No
Criteria used to gauge treatment progress and determine completion of treatment	Yes — No

Informed consent, treatment contact signed and dated by client	Yes—No	
Informed consent, treatment contact witnessed, signed, and dated by Senior/Approved Treatment Provider	Yes—No	
<p>C.—Quality of Content of Individualized Treatment Plan</p> <p>0 = information not present or not readily identifiable, largely incomplete</p> <p>1 = information minimally present, but content/details are limited, relatively broad, non-specific, or non-individualized</p> <p>2 = clear, detailed, and thorough information present, content appears individualized to the client</p>		
	Circle rating	Supporting, explanatory comments
Client identifying information	0—1—2	
Summary of client background information and offense history	0—1—2	
Objective assessment data, including current risk assessment	0—1—2	(List tools used)
Summary of risk and intervention needs from a current psychosexual evaluation	0—1—2	
Clearly specifies individualized targets of treatment	0—1—2	
Targets of treatment are congruent with current research on dynamic risk factors	0—1—2	

<p>Focus of treatment program/plan clearly includes the following:</p> <ul style="list-style-type: none"> • General self-regulation • Sexual self-regulation • Attitudes supporting criminality • Close interpersonal relationships • Social and community supports 	<p>Yes—No</p> <p>Yes—No</p> <p>Yes—No</p> <p>Yes—No</p> <p>Yes—No</p>	
<p>Targets of treatment clearly individualized based on assessment data</p>	<p>0—1—2</p>	
<p>Interventions favor criminogenic needs those over non-criminogenic needs</p>	<p>0—1—2</p>	
<p>Intensity and dosage commensurate with assessed level of risk and need</p>	<p>0—1—2</p>	
<p>Specific, measurable goals and objectives</p>	<p>0—1—2</p>	
<p>Specific interventions to be employed address key targets of treatment</p>	<p>0—1—2</p>	
<p>Projected target dates for treatment goals/objectives</p>	<p>0—1—2</p>	
<p>Specifies methods for gauging progress</p>	<p>0—1—2</p>	

Evidence of currency of treatment plan	0—1—2	
Individualized treatment plan signed by client	Yes—No	
Individualized treatment plan signed and dated by Senior/Approved Treatment Provider	Yes—No	
D. <i>Progress Notes, Treatment Summaries</i>		
<p>0 = information not present or not readily identifiable, largely incomplete</p> <p>1 = information minimally present, but content/details are limited, relatively broad, non-specific, or non-individualized</p> <p>2 = clear, detailed, and thorough information present, content appears individualized to the client</p>		
	Circle rating	Supporting, explanatory comments
Treatment notes documented for each session/encounter	Yes—No	
Attendance information, including dates of attendance/contact hours	Yes—No	
Type of session/modality of intervention (i.e., individual, group, family/marital) noted	Yes—No	
Indicators of treatment progress reflects multiple methods such as:		
• Behavioral observations	0—1—2	
• Provider impressions	0—1—2	
• Client self-report	0—1—2	
• Collateral reports	0—1—2	

	<ul style="list-style-type: none"> • Research-grounded assessment scales specific to adult sex offenders • Specialized physiological and behavioral assessments 	<p>0—1—2</p> <p>0—1—2</p>	
	Progress based on dynamic risk factors linked to sexual recidivism	0—1—2	
	Progress notes/summaries signed by Senior/Approved Sex Offender Treatment Provider	Yes—No	
	Overall Strengths:		
	Areas for Improvement:		
	Remediation expectations:		