



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
DEPARTMENT WIDE

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POLICY

TITLE
CONTINUOUS CASE MANAGEMENT

REVIEW/REVISION HISTORY:

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SUMMARY OF REVISION/REVIEW:


VI.C. - Adjusted language for clarification

APPROVED:

Signature on file

CHERYL STRANGE, Secretary
Department of Corrections

1/4/21
Date Signed

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	<p>APPLICABILITY DEPARTMENT WIDE</p>		
	<p>REVISION DATE 1/12/22</p>	<p>PAGE NUMBER 2 of 6</p>	<p>NUMBER DOC 300.000</p>
	<p>TITLE CONTINUOUS CASE MANAGEMENT</p>		

REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 72.09.270](#); DOC 300.380 Classification and Custody Facility Plan Review; DOC 320.400 Risk and Needs Assessment Process; DOC 380.200 Community Supervision of Offenders; Risk Reducing Contact Steps

POLICY:

- I. The Department has established a continuous case management system based on evidence-based principles and practices to address safety, accountability, and the reduction of recidivism, including:
 - A. Assessments,
 - B. Behavior observation entries,
 - C. Formal and informal interventions, and
 - D. Collaborative input.

DIRECTIVE:

- I. General Requirements
 - A. Protected Health Information (PHI) contained in an individual's electronic file will only be accessed by designated employees to the minimum extent necessary in the course of their duties, including transfer investigations, and only while an individual is under the Department's jurisdiction.
 - B. Case managers must successfully complete:
 1. Case Management Academy before entering any information on the Case Management banner in the electronic file, and
 2. Subsequent case management training.
 - C. Case managers will use the resources on the Case Management Services page of the Department's internal website to develop and maintain a continuous case plan for each individual on the case manager's caseload, to include:
 1. Personal goals and incentives,
 2. Assessment results,
 3. Behavior targets,
 4. Identifying and targeting risks and needs,
 5. Collaborative goals and objectives,
 6. Contacts, and
 7. Strategies that keep the individual invested in making progress toward the individual's goals.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	<p>APPLICABILITY DEPARTMENT WIDE</p>		
	<p>REVISION DATE 1/12/22</p>	<p>PAGE NUMBER 3 of 6</p>	<p>NUMBER DOC 300.000</p>
	<p>TITLE CONTINUOUS CASE MANAGEMENT</p>		

D. Reception Diagnostic Center (RDC) case managers are not required to complete:

1. Personal Goals and Incentives
2. Behavior Targets
3. Collaborative Goals and Objectives
4. Prioritization of Risk/Needs or identification of Barriers in the Assessment Domains

II. Personal Goals and Incentives

A. Upon an individual being assigned to a caseload, the case manager will meet with the individual within 30 days to complete or review/update the Personal Goal Narrative and Incentives Narrative sections of the individual's electronic file.

1. The Personal Goal Narrative will be a personal, pro-social goal the individual would like to achieve.
2. The Incentives Narrative will include the reason/motivation the individual gives for wanting to achieve the personal goal.
3. Personal Goals and Incentive Narratives will be reviewed and/or updated when the:
 - a. Goal has been accomplished or is no longer relevant, or
 - b. Individual identifies a new pro-social goal they would like documented.


III. Risk Need Responsivity (RNR) Assessment

A. The case manager must complete the RNR assessment per DOC 320.400 Risk and Needs Assessment Process before the rest of the elements of the case management plan.

IV. Behavior Targets

A. Unless already completed for an active cause, the case manager will complete the initial Behavior Targets section of the individual's electronic file within 30 days of the initial assignment to assist with identifying priorities in the case plan.


1. The case manager will meet with the individual to complete a High Risk Situation, documenting the individual's version of the events that led to criminal/antisocial behavior related to a current cause.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY DEPARTMENT WIDE		
	REVISION DATE 1/12/22	PAGE NUMBER 4 of 6	NUMBER DOC 300.000
	TITLE CONTINUOUS CASE MANAGEMENT		

- a. If the individual refuses to participate, the case manager will staff the situation with the supervisor and document the refusal in the electronic file.
2. The case manager will then use relevant information (e.g., High Risk Situation interview, police reports, probable cause) to complete the Triggers and Motivations section, identifying the individual's motivations, triggers, and patterns of behavior.
 - a. This will be completed using available documentation (e.g., police reports), even if the individual refuses to participate in the High Risk Situation interview.
- B. Additional High Risk Situations and/or Triggers and Motivations may be completed when the case manager determines it is beneficial or informative to case management.

V. Case Management Needs/Goals


- A. After Behavior Targets have been completed, and within 30 days of an RNR assessment/reassessment or assignment to a parent facility, the case manager will:
 1. Prioritize risk/needs identified on the Needs/Goals banner under the Assessment Domains section and identify barriers to determine where to focus strategies for the individual's success and progress.
 - a. "High" risk/needs will be prioritized before "Moderate" and "Moderate" before "Low" unless a barrier is documented for other targets to be prioritized first.
 - b. The following will be considered when establishing priorities:
 - 1) Specific responsivity for the individual
 - 2) What the individual is motivated to work on
 - 3) Court-ordered requirements
 - 4) Available resources and programs
 2. Select at least one priority need area as a current focus to target for intervention.
 - a. Case managers will target a moderate or low need area for individuals without an identified high need area.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	<p>APPLICABILITY DEPARTMENT WIDE</p>		
	<p>REVISION DATE 1/12/22</p>	<p>PAGE NUMBER 5 of 6</p>	<p>NUMBER DOC 300.000</p>
	<p>TITLE CONTINUOUS CASE MANAGEMENT</p>		

- b. Other need areas may be targeted at the discretion of the case manager in consideration of responsivity, court-ordered requirements, or other factors.
3. Meet with the individual to establish, maintain, and document at least one Collaborative Goal in the targeted need area(s) with at least 2 active Objectives.
 - a. The case manager will keep Collaborative Goals and Objectives current and updated to keep the individual involved and moving toward success.
4. Add a future Program to the Progression Plan.

VI. Case Manager Contacts

- A. Case managers will plan the following contacts to focus on the case plan, develop strategies, make case management decisions, address identified barriers, and enforce conditions set by the Department, court, and/or Indeterminate Sentencing Review Board.
 1. Office visits will be conducted as face-to-face contacts in a Department facility/office and are intended to provide a safe, honest, and mutually respectful conversation with the individual.
 2. Field contacts will be conducted as face-to-face contacts in the community.
 3. Collateral contacts will be conducted with individuals socially or professionally significant to the individual (e.g., spouse/state registered domestic partner, employer, educator, treatment provider, associate).
- B. Face-to-face contacts will be conducted using the step-by-step Risk Reducing Contacts Expectations located on the Case Management Services page on the Department's internal website.
 1. KIOSK reporting may be used as an enhancement to supervision but will not substitute for required face-to-face contacts.
- C. Case managers in total and partial confinement will meet with the individual per DOC 300.380 Classification and Custody Facility Plan Review. Case managers in Community Corrections will follow minimum contact standards per DOC 380.200 Community Supervision of Offenders.

 <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p>	APPLICABILITY DEPARTMENT WIDE		
	REVISION DATE 1/12/22	PAGE NUMBER 6 of 6	NUMBER DOC 300.000
	TITLE CONTINUOUS CASE MANAGEMENT		

- D. Contacts will be documented in the Contacts sections of the individual's electronic file to include the date, time, location, type of contact made, and a narrative of the discussion.

VII. Case Plan

- A. The case manager will review the case plan with the individual, print it out, have the individual sign it, provide a copy to the individual, and scan the original into the individual's electronic imaging file when:
1. Initial collaborative goals and objectives have been established, and
 2. As needed.
- B. When printing the case plan, the case manager should include:
1. Risk/protective factors,
 2. Collaborative goals,
 3. Objectives, and
 4. Conditions.
- C. Consideration should be given to the individual's location and what is selected to be printed in the case plan (e.g., sex offense indicators).

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Case Manager. Other words/terms appearing in this policy may also be defined in the glossary section.

ATTACHMENTS:

None

DOC FORMS:

None