
Policy Number: 1**Title: Case Planning Policy****Effective Date: TBD**

PURPOSE: The purpose of this policy is to establish standardized guidelines for assessment-driven, collaborative case planning across all community supervision agencies in Minnesota. The goal is to ensure fair, equitable, effective, and consistent supervision practices that focus on identified criminogenic and behavioral health needs for moderate- and high-risk individuals, promoting behavior change, reducing recidivism, and enhancing public safety.

APPLICABILITY: Minnesota community supervision agencies

DEFINITIONS:

Case Plan – A case plan guides the corrections practitioner and the client toward the accomplishment of action steps and goals. The plan targets criminogenic needs and should be written, time and goal driven, and dynamic in nature.

Case Planning – Case planning is different than monitoring the client's conditions. The purpose of case planning is to reduce a client's risk of re-offense by building skills using cognitive behavioral interventions targeting a client's criminogenic needs. If a client has more than one criminogenic need, the initial case planning process will help align with an initial area of focus.

Cognitive Behavioral Interventions (CBIs) – individual or group interventions designed to help clients on supervision recognize and change harmful thinking patterns, beliefs, and behaviors that lead to criminal activity. These interventions focus on cognitive restructuring (teaching clients to identify and challenge distorted or risky thoughts), skill building (developing problem-solving, decision-making, and coping skills), and behavioral change (encouraging prosocial behavior and replacing harmful habits with constructive actions).

Criminogenic Needs – Attributes that directly contribute to an individual's likelihood of engaging in future criminal behavior and can be changed through interventions. (Examples include the ability to cope with life's stressors in a healthy way, the ability to identify positive peers, ability to make good decisions.)

Evidence-Based Practices (EBP): Strategies and techniques proven through rigorous empirical research to reduce recidivism, such as motivational interviewing, case planning, targeting more interventions to higher-risk individuals and less intervention to lower risk individuals, targeting an individual's thinking and behaviors through skill building, personalizing the approach for the best outcomes, and engaging community support.

Interventions – initial responses to undesirable, technical violation-based behavior should focus on informal, skill development-based interventions, such as cognitive behavioral interventions

Level of Service/Case Management Inventory (LS/CMI): A validated assessment tool used to determine an individual's risk of recidivating, identify circumstances and behaviors that increase or mitigate risk (needs and strengths) indicating targets for intervention, and to identify specific responsivity factors for an individual.

Risk-Need-Responsivity (RNR) Model: A framework supported by extensive research, comprised of principles guiding effective client rehabilitation. Key principles include directing more intervention to higher-risk individuals and less intervention for lower risk individuals (Risk Principle); targeting criminogenic needs through case planning and intervention (Need Principle); and tailoring interventions to an individual's learning style, motivation, and abilities (Responsivity Principle).

Responsivity: Individual characteristics that can affect an individual's response to interventions, such as motivation, cognitive abilities, mental health, and learning style.

- a. General Responsivity – Justice involved individuals are more successful when they have a professional alliance with their agent and more success when the agent uses cognitive behavioral interventions to building skills targeting the individual's criminogenic needs.
- b. Specific Responsivity - The individual's specific situation and characteristics must be considered with client interventions. Some of many such considerations are a client's learning style, motivation, abilities, and cultural context.

POLICY: All applicable clients shall be engaged in case planning that is assessment-driven, targets criminogenic needs, and is responsive to individual strengths and barriers. The process will align with the RNR model and utilize the CSTS platform for documentation and ongoing updates. The process must be a joint effort between the probation officer and the client to maximize the likelihood of success.

Key Components

A. Mandatory Case Planning

1. Agents must case plan with all high and very high-risk clients under supervision and are encouraged to case plan with medium risk clients.
2. The case planning process shall be utilized and documented at each planned client visit.

B. Agencies and agents must use and document an evidence-based case planning process that incorporates the initial and on-going processes that include:

1. Initial
2. Assessment
3. Feedback
4. Focus and Alignment
5. Goal Setting
6. On-Going Skill Practice
7. Transition

C. Assessment-Driven Approach

1. Case plans must be based on a current validated risk and needs assessments, (e.g. Level of Service/Case Management Inventory (LS/CMI), and/or an appropriate tool (e.g. Dynamic Risk Assessment for sex offense specific individuals).

2. The assessment will guide identification of criminogenic needs, prioritization of intervention targets and intensity of supervision.

D. Focus on Criminogenic Needs

1. It is encouraged that case planning target the thinking and behaviors behind the “central eight” criminogenic needs:
 - Antisocial behavior (Criminal History)
 - Antisocial personality pattern (Antisocial Pattern)
 - Antisocial cognition (Pro-criminal Attitude and Orientation)
 - Antisocial associates (Companions)
 - Family/marital circumstances
 - Education/employment
 - Leisure/recreation
 - Substance abuse (Alcohol/Drug Problem)
2. Non-criminogenic needs may be addressed as secondary, supportive goals.

E. Alignment with the RNR Model

1. Risk Principle – The level of supervision and interventions must match the client’s risk level.(i.e., people who are lower risk should have less supervision and fewer interventions while people who are higher risk should have more intense supervision and more interventions).
2. Need Principle – Focus must be on attributes that directly contribute to an individual’s likelihood of engaging in future criminal behavior.
3. Responsivity Principle-both general and specific responsivity must be considered.

F. Responding to Client Behavior:

Responses to client behavior must be purposeful, consistent, and directly tied to the individualized case plan. Interventions, incentives, and sanctions shall reinforce prosocial behavior, reduce undesirable behavior, and strengthen client motivation. All responses must be or have the ability to become evidence-based, proportionate to the behavior, and applied with fairness, consistency, and consideration of client circumstances.

- Incentives: Reinforcements, tangible, or intangible, to encourage prosocial behavior (e.g., gift cards, reduced reporting requirements, early discharge requests).
- Sanctions: Accountability measures to address undesirable behavior (e.g., effective disapproval, sanctions conferences, review bench warrants, probation violations).

Agencies shall evaluate responses to ensure evidence-based application and equity.

G. Integration with CSTS

1. The case planning process must be documented and updated within the CSTS system.
2. CSTS will be used to record assessments, interventions, case planning process, goals, action steps, progress notes, and indicators of success or progress.
3. Staff must be trained in CSTS functionality relevant to case planning and documentation.

Roles and Responsibilities

- Agents: Develop, monitor, and update case planning in CSTS in collaboration with clients.

- Supervisors: Ensure compliance with policy, provide oversight, and review case planning for quality assurance.
- Administrators: Ensure staff training, system support, develop and follow an evidence-based implementation plan and policy adherence across the department.

Quality Assurance and Review

Supervisors must conduct periodic audits of case planning in CSTS to ensure fidelity to this policy. Agencies must collect and analyze data on key metrics related to case planning, such as the number of open case plans by risk level, frequency of updates, percentage targeting specific needs (criminogenic vs. non-criminogenic), types of interventions used, and completion of action steps. This data will be used to inform continuous quality improvement efforts.

PROCEDURE:

Individual jurisdictions must develop local procedures related to case planning.

INTERNAL CONTROLS:

A. [Sample internal control]

B.

REFERENCES:**REPLACES:**

Policy xxx.xxx, "Policy Title," mm/dd/yy. [Last effective date.] [Omit line if new.]

All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS:

[Behavior Response Grid Memo]

APPROVAL:

Commissioner of Corrections

NOTES – Please:

1. Use auto-formatting – be sure bullets, numbering, and outline are all set to “NONE.” There must be one header at a minimum.
2. Do not use hard returns. You should use paragraph spacing instead. Check to see that line spacing is set to 1, and that the alignment is set to be left-justified.
3. Use Times New Roman 12, and leave the styles set at “AaBbCc Normal.” Bold and italicize definitions of categories. Do not underline.
4. Use the tab to indent lines and paragraphs, not spacing, and leave the tabs on the ruler bar blank so it just defaults to the invisible standard tab every half inch.
5. Thank you!!

DRAFT