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BUILDING A DIVERSION CASE PLAN

Successful case planning incorporates the RNR principles to ensure the highest risk youths are receiving the most treatment/intervention/supervision. For any level risk, case plans should address the criminogenic needs specific to each youth identified by using an assessment tool (e.g. NSAT). Higher levels of needs should take priority in developing goals and action steps.

Case plans should be S.M.A.R.T.

Specific to the youth's needs, Measurable, Achievable, Realistic, and Timely (can be completed in 90 days or less).

Case plans should be Strength Based

The structured utilization of protective factors (i.e., strengths) has been shown to improve the success rates of case plans. Protective factors and other responsivity factors should be utilized to the best of your ability when developing a case plan. The NSAT has many protective factors. Domains that score low can be considered for use in case planning as strengths of the youth. Incorporate services that will provide the youth the most success.

Case plans should be effectively developed:

- Consider a youth's developmental level when setting case plan goals This refers to RNR's specific responsivity principle. Customize the goals and action steps for the youth's characteristics.
- Establish a positive relationship with the youth: Rapport building with youth and parent/guardian is important to ensure buy-in and motivation.
- <u>Resources</u> Use evidence-based interventions available in your community. Consider availability of community resources, program resources, and the family's resources.
- What motivates them How motivated are they to make a change and work their case plan?
 Incorporate the youth's interests and find what motivates them.
- Impact What can we do to give them the most success, possibly hitting on multiple needs at once.
- Incentivize Research has found that positive reinforcement is more effective than negative reinforcement in long term-behavior changes. It is best to follow a 4:1 ratio of incentives to sanctions. Incentives should be immediate, certain, relevant, and consistent. The incentives need to be something that motives the youth. Ideally, program staff should learn what the youth enjoys so that incentives can be tailored to each youth the more invested they are in earning the incentive the more likely they will work toward their goals. Incentives can be non-monetary such as a step-down in supervision in the plan or fewer restrictions (if applicable) if that is what motivates the youth.
- Review progress regularly Evaluate progress and modify case plan as necessary. Avoid rigidly sticking to the same plan if youth shows no progress. Be flexible.
- <u>Dosage</u> Do not overserve low risk youth. Dosage must also be considered when matching with appropriate services. Overserving low risk youth does more harm than good.

Case plans should be Responsive to Identified Needs:

General responsivity (principle 7 of the RNR model) states that the best overall approach to reducing recidivism is cognitive-behavioral and social learning strategies. These strategies include modeling, reinforcement, role-playing, skill-building, cognitive restructuring, and the practice of new behaviors.

Specific responsivity (principle 8 of the RNR model) is individual characteristics that may get in the way for the youth to attend and respond to a particular intervention (e.g., mental health). These responsivity factors may not necessarily be related to criminal behavior but are relevant to how the youth responds to different types of interventions. Examples could include health problem or physical disability, cognitive disability, low motivation, transportation issues, language, homelessness, low self-esteem, constant runaway, uncooperative parent/guardian.

Matching diversion case plan activities to domains:

Domain:	Activity Ideas:
School : Involvement; beliefs, encouragement & staff; suspensions, expulsions & conduct; academic performance and assessment	
Family: Conflict, parenting, support	
Associations: Free time, employment, community ties, antisocial peers	
Alcohol and Drugs	
Mental Health	
Cognitions and Behaviors: Attitudes, behaviors, aggression, skills, beliefs, perceptions, goal setting, coping, triggers, impulsiveness	