## **AISP FY26 AGENCY CASE PLAN**

Agency Name:	Cowley County Community Based Services- Community Corrections	]	
Principle #1:	Measure relevant processes/practices.	-	
Timorpto #1:	GOAL #1	BARRIERS	SUPPORT ENTITIES
85% of clients a	assessed as moderate-to-high risk will be referred to and offered participation in an	57 11 11 12 110	0011 0111 21111120
	cognitive-behavioral program (e.g., MRT or CBT). At least 70% of enrolled clients will		
	ogram, as documented through program completion certificates and case notes.		
	ACTION STEPS	PERSON RESPONSIBLE	TARGET DATE
1. Administer r	isk/needs assessment within 45 days of intake to determine risk/need level.	Staff	Monthly
2. Identify clier	nts who score moderate-to-high in criminogenic thinking/behavior.	Staff	Monthly
3. Refer eligible	e clients to available CBT groups or individual interventions.	Staff	Monthly
4. Monitor atte	ndance weekly and follow up with missed sessions immediately.	Staff	Weekly
5. Record com	pletion status and update case plan within 7 days of program completion.	Staff	Monthly
6. Monitor asse	essment completion dates	Director	Weekly
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8.			
9.			
10.			
	1 <sup>ST</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK		
	2 <sup>ND</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
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	3 <sup>rd</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK		
	END OF YEAR PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK		

Principle #2:	Engage ongoing support in natural communities.		
	GOAL #2	BARRIERS	SUPPORT ENTITIES
	ill have at least one identified pro-social support (family, mentor, or community		
,	umented in their case plan. Additionally, 75% of clients will participate in at least two		
·	nily engagement activities during supervision, verified through case notes or attendance		
logs.			
	ACTION STEPS	PERSON RESPONSIBLE	TARGET DATE
1. Conduct an mentors).	initial support network assessment within 45 days of assignment (family, peers,	Staff	Weekly
2. Collaborate	with the client to identify at least one positive support person.	Staff	Weekly
3. Include pro-	social support engagement as a case plan objective.	Staff	Weekly
	mily or support-involved meetings quarterly.	Staff	Quarterly
_	lient participation in community-based, pro-social activities (job fairs, recreation ith-based events, peer support).	Staff	Weekly
6. Document s	upport engagement and participation in supervision notes.	Staff	Monthly
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	KDOC FEEDBACK		
	END OF YEAR PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK		

Principle #3: Target Interventions.		
GOAL #3	BARRIERS	SUPPORT ENTITIES
Within 30 days of intake/assessment, 100% of client case plans will include goals and interventions		
directly linked to assessed risk/need areas. Case plans will be reviewed at least quarterly, and at least		
80% of clients will show documented progress in one or more targeted criminogenic need areas by case		
plan review.		
ACTION STEPS	PERSON RESPONSIBLE	TARGET DATE
1. Complete risk/needs assessment within required timeframe.	Staff	Weekly
2. Develop individualized case plans that target at least one identified criminogenic needs.	Staff	Weekly
3. Apply motivational interviewing techniques to enhance client buy-in.	Staff	Weekly
4. Match services and interventions to responsivity factors.	Staff	Weekly
5. Review progress on case plan goals at least once per quarter.	Staff/ Director	Quarterly
6. Track and report progress through Athena.	Staff	Monthly
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3 <sup>rd</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
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END OF YEAR PROGRESS	CHALLENGES	MODIFICATIONS
KDOC FEEDBACK		

Principle #4:	Choose an item.		
	GOAL #4	BARRIERS	SUPPORT ENTITIES
	ACTION STEPS	PERSON RESPONSIBLE	TARGET DATE
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	KDOC FEEDBACK		
	RDOOTELDBACK	-	
	END OF YEAR PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK	-	

Principle #5:	Choose an item.		
	GOAL #5	BARRIERS	SUPPORT ENTITIES
	ACTION STEPS	PERSON RESPONSIBLE	TARGET DATE
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	ROGOTELDBAGK		
	2 <sup>ND</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK		
	RDOC FEEDBACK	-	
	3 <sup>rd</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
	VDOC FFFDBACK		
	KDOC FEEDBACK	-	
	END OF YEAR PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK	-	
	NDOC FEEDBACK	-	

## **JISP.CM FY26 AGENCY CASE PLAN**

Agency Name:	Cowley County Community Based Services- Youth Services	7	
Principle #1:	Measure relevant processes/practices.		
	GOAL#1	BARRIERS	SUPPORT ENTITIES
85% of clients a	ssessed as moderate-to-high risk will be referred to and offered participation in an		
evidence-based	cognitive-behavioral program (e.g., MRT or CBT). At least 70% of enrolled clients will		
complete the pr	ogram, as documented through program completion certificates and case notes.		
	ACTION STEPS	PERSON RESPONSIBLE	TARGET DATE
1. Administer r	isk/needs assessment within 45 days of intake to determine risk/need level.	Staff	Monthly
	nts who score moderate-to-high in criminogenic thinking/behavior.	Staff	Monthly
	e clients to available CBT groups or individual interventions.	Staff	Monthly
4. Monitor atte	ndance weekly and follow up with missed sessions immediately.	Staff	Weekly
5. Record com	pletion status and update case plan within 7 days of program completion.	Staff	Monthly
6. Monitor asse	essment completion dates	Director	Weekly
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	KDOC FEEDBACK  2 <sup>ND</sup> QUARTER PROGRESS  KDOC FEEDBACK	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK  2 <sup>ND</sup> QUARTER PROGRESS  KDOC FEEDBACK  3 <sup>rd</sup> QUARTER PROGRESS  KDOC FEEDBACK	CHALLENGES  CHALLENGES	MODIFICATIONS  MODIFICATIONS
	KDOC FEEDBACK  2 <sup>ND</sup> QUARTER PROGRESS  KDOC FEEDBACK  3 <sup>rd</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK  2 <sup>ND</sup> QUARTER PROGRESS  KDOC FEEDBACK  3 <sup>rd</sup> QUARTER PROGRESS  KDOC FEEDBACK  END OF YEAR PROGRESS	CHALLENGES  CHALLENGES	MODIFICATIONS  MODIFICATIONS
	KDOC FEEDBACK  2 <sup>ND</sup> QUARTER PROGRESS  KDOC FEEDBACK  3 <sup>rd</sup> QUARTER PROGRESS  KDOC FEEDBACK	CHALLENGES  CHALLENGES	MODIFICATIONS  MODIFICATIONS

Principle #2:	Engage ongoing support in natural communities.		
	GOAL #2	BARRIERS	SUPPORT ENTITIES
	ill have at least one identified pro-social support (family, mentor, or community		
,	umented in their case plan. Additionally, 75% of clients will participate in at least two		
·	nily engagement activities during supervision, verified through case notes or attendance		
logs.			
	ACTION STEPS	PERSON RESPONSIBLE	TARGET DATE
1. Conduct an mentors).	initial support network assessment within 45 days of assignment (family, peers,	Staff	Weekly
2. Collaborate	with the client to identify at least one positive support person.	Staff	Weekly
3. Include pro-	social support engagement as a case plan objective.	Staff	Weekly
	mily or support-involved meetings quarterly.	Staff	Quarterly
_	lient participation in community-based, pro-social activities (job fairs, recreation ith-based events, peer support).	Staff	Weekly
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	KDOC FEEDBACK		
	END OF YEAR PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK		

Principle #3: Target Interventions.		
GOAL #3	BARRIERS	SUPPORT ENTITIES
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KDOC FEEDBACK		
END OF YEAR PROGRESS	CHALLENGES	MODIFICATIONS
KDOC FEEDBACK		

Principle #4:	Choose an item.		
	GOAL #4	BARRIERS	SUPPORT ENTITIES
	ACTION STEPS	PERSON RESPONSIBLE	TARGET DATE
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	KDOC FEEDBACK	_	
	3 <sup>rd</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK		
	RDOOTELDBACK	-	
	END OF YEAR PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK	-	

Principle #5:	Choose an item.		
	GOAL #5	BARRIERS	SUPPORT ENTITIES
	ACTION STEPS	PERSON RESPONSIBLE	TARGET DATE
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	1 <sup>ST</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK	-	
	ROGOTEEDBAGK		
	2 <sup>ND</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK		
	RDOC FEEDBACK	-	
	3 <sup>rd</sup> QUARTER PROGRESS	CHALLENGES	MODIFICATIONS
	VDOC FFFDBACK		
	KDOC FEEDBACK	-	
	END OF YEAR PROGRESS	CHALLENGES	MODIFICATIONS
	KDOC FEEDBACK	-	
	NDOC FEEDBACK	-	

## FY25 Community Corrections Year-End Outcome Report Signatory Approval Form

Judic	ial District: 19th JD C	ommunity Corrections				
	Agency Director: Brennan Hadley					
	ort Period: July 1, 20					
	re certifies that I auth	ored this report, and ass	sisted in the compilation an	d analysis of the data cited therein.		
Signature				Date		
			dvisory Board/Governing Bo	pard reviewed the Year-End Report n.		
ant	In Yu	Un		9/25/2025		
Signature o	f Advisory/Governing	Board Chairperson		Date		
Address:		311 E. 9	oth Ave Winfield, KS 67156			
Phone:	620-221-5478	Fax:	E-mail:	akling@cowleycountyks.gov		
8		pard of County Commissi ndings and discussion th		nd Report of Outcomes for Fiscal		
Signature o	f Board of County Cor	nmissioners Chairpersor	n (Host County only)	Date		
Address:		311 E. 9	th Ave Winfield, KS 67156			
Phone:	620-221-5402	Fax:	E-mail:	wwilt@cowleycountyks.gov		

## FY25 Community Corrections Year-End Outcome Report Signatory Approval Form

Judic	licial District: 19th Judicial District Juvenile Services				
	Agency Director: Brennan Hadley				
	ort Period: July 1, 202		8		
My signatu therein.	ire certifies that I auth	ored this report, and as	sisted in the compilation an	d analysis of the data cited	
Signature				Date	
			dvisory Board/Governing Bo ndings and discussion therei	pard reviewed the Year-End Report n.	
ash	ly Yhi	110		9125/2025	
Signature o	f Advisory/Governing	Board Chairperson		Date	
Address:		311 E. 9	th Ave Winfield, KS 67156		
Phone:	620-221-5478	Fax:	E-mail:	akling@cowleycountyks.gov	
		pard of County Commiss Indings and discussion th		nd Report of Outcomes for Fiscal	
Signature o	f Board of County Cor	nmissioners Chairpersor	n (Host County only)	Date	
Address:		311 E. 9	th Ave Winfield, KS 67156		
Phone:	620-221-5402	Fax:	E-mail:	wwilt@cowleycountyks.gov	