

STEP-DOWN PLAN GUIDELINES

The purpose of a Step-Down Plan is to continue working with the client toward his/her attainment of self-efficacy without formal supports. Step-Down Plans are not designed to “dump” on church members or family or community or other programs. They are not done if the client’s safety will be in jeopardy. They will not be implemented when the client is not “ready” or when it would not be clinically inappropriate – as decided by the Treatment Team and Care Management.

- 1) First develop a Person Centered Service/Treatment Plan. This will include Positive, Client-Meaningful, Attainable, Specific, Objective (identifying frequency, intensity, duration), Measurable Goals.
- 2) Once the positive outcomes have been established, then the Step-Down Plan will be much easier to plan for.
- 3) All Step-Down Plans will be **client-specific** and contingent upon the services that they are receiving. There can be a decrease in:
 - a. **Frequency** – (*FROM developmental therapy – more than 28 hours/week TO 28 hours/wk; FROM Community Respite every weekend TO Community Respite 1x/Month*).
 - b. **Intensity** – (*FROM Substance Abuse IOP Intensive Outpatient Treatment TO 1x/week support group to AA/NA*).
 - c. **Duration** – (*FROM 28 hours of developmental therapy/week to 28 hours of developmental therapy every 2 weeks*)
 - d. **Situational** – (*FROM developmental therapy in the school and home TO developmental in home only*)
- 4) Step-Down Plans will be inherent in the Person Centered Planning Process. It can begin at the time of goal setting BUT the goals MUST be Specific, Objective, Measurable, and Attainable within a given amount of time.
 - a. **If the goal is:**

“Client will obtain optimal physical health as evidenced by client/ guardian report” ...

...then the **Generic** Step-Down Plan (i.e., “*services will be stepped down when cl meets goal*”) can never be met because the goal is much too vague and not measurable as written.
 - b. **If the goal is:**

“Client will work toward obtaining optimal physical health as evidenced by:

 - a) attending at least 90% of all scheduled physical/MH appointments;
 - b) taking medications as prescribed with no more than one prompt per incident;
 - c) exercising at least 15 minutes/day - 5 days/week per client/guardian report

...then the **Generic** Step-Down Plan (i.e., “*services will be stepped down when cl meets goal*”) can be met because the goal is measurably written.