



STEP-DOWN PLANNING

State Form 57072 (R2 / 12-21)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

Step-down planning must occur for each child placed in residential treatment. This form should be completed collaboratively during the initial Child-Focused Treatment Review (CFTR) or Residential Treatment focused Child and Family Team (CFT) Meeting, and reviewed during each CFTR or CFT Meeting as long as the child remains in Residential Treatment. Updates to this form must occur at a minimum of every ninety (90) days while the child remains in residential treatment. A new form must be completed if the youth moves to a different residential treatment facility. This form should be uploaded to the case management system. See policies 5.24 Child-Focused Treatment Review (CFTR) and 5.07 Child and Family Team Meetings for further guidance.

The following documents should be reviewed during completion and review of this form:

1. A copy of the most recent Case Plan/Prevention Plan;
Note: If the child does not have a Case Plan/Prevention Plan, section D must be completed.
2. A copy of the most recent Child and Adolescent Needs and Strengths (CANS) Assessment for DCS youth or the Indiana Youth Assessment System (IYAS) for juvenile justice youth;
3. A completed genogram;
4. An updated picture of the child; and
5. Any other documentation available to support the proposed level of care.

Date of CFTR/CFT Meeting (month, day, year)	Type of review <input type="checkbox"/> Initial CFTR/CFT Meeting <input type="checkbox"/> Follow-up CFTR/CFT Meeting <input type="checkbox"/> Ninety (90) Day Review
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SECTION A – CHILD INFORMATION

Name of child	Date of birth (month, day, year)	Current age of child
Gender of child	Race of child	Intelligence quotient (IQ) of child

SECTION B – DCS / JUVENILE JUSTICE INFORMATION

Name of Family Case Manager (FCM)	Name of FCM Supervisor
Name of Probation Officer (PO)	DCS / probation county office

SECTION C – To be completed if child is ten (10) years of age or younger (DCS youth only).

Date of Regional Manager (RM) approval (month, day, year)	Staffing details, including participants
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SECTION D – This section is required if child does not have a Case Plan/Prevention Plan.

CHINS Adjudication and/or Delinquency Adjudication (month, day, year)	Grade in school		
Reason for DCS and/or juvenile justice involvement			
Placements (Beginning with current placement.)			
Name	From (month, day, year)	To (month, day, year)	Type of Resource
Permanency Plan of child			
Second Permanency Plan of child, if concurrent planning			
Mental health diagnosis of child			
Date(s) of diagnosis (month, day, year)			
Current medication(s)			
Dosage(s)			

SECTION D (Continued)

Reason(s) for use

Strengths of child

Needs of child

Child services

Family services

Family visitation plan

Educational needs of child

Educational services of child

SECTION E – URGENT PLACEMENT PRIOR TO CFTR/CFT MEETING

Date of placement (*month, day, year*)

For juvenile justice youth, date of review process (*month, day, year*)

Staffing details, including participant and justification for urgent placement

SECTION F – RESIDENTIAL TREATMENT GOALS

State the child and family's residential treatment goals.

SECTION G – JUSTIFICATION FOR RESIDENTIAL TREATMENT

State why residential treatment is being considered at this time.

SECTION H – DECISION FOR RESIDENTIAL TREATMENT
(For dual status youth, both the DCS and juvenile justice sections must be completed.)

Was Residential Treatment court ordered?

Yes No

If yes, date of court order (*month, day, year*)

For DCS Youth

CFTR decision (*Only check N/A if child was admitted to urgent residential treatment.*)

Approved Denied N/A

Date of CFTR decision (*month, day, year*)

If CFTR decision, include justification for decision.

For Juvenile Justice Youth

Decision

Concur Alternate Recommendation Negotiated

Date of decision (*month, day, year*)

SECTION I – RECOMMENDED TREATMENT

The type of residential treatment recommended by the CFTR (e.g., level of facility security, sexually maladaptive, substance use disorder, Developmental Disability or Intellectual Disability [DD/ID], etc.):.

SECTION J – THIRTY (30) DAY ASSESSMENT

Thirty (30) day assessment completed?

Yes No

If yes, date of completion (*month, day, year*)

Thirty (30) day assessment decision:

QRTP Appropriate
 Family/Community Setting Appropriate

Justification for decision

SECTION K – STEP-DOWN PLANNING

Step-down plan *(Check one.)*

Group Home Foster / Relative Home Therapeutic Foster Home Reunification Other *(specify)*:

If the step-down plan is a foster family home, list specific needs and type of foster home.

Alternative plan(s)

Anticipated date of discharge *(month, day, year)*

Barriers to discharge

Aftercare services needed ninety (90) days prior to discharge

What steps have been taken since last review to move toward discharge?

Date of next court hearing *(month, day, year)*

SECTION L – CFTR/CFT MEETING PARTICIPANTS

Name of Attendee	Relationship to Child	Attendance Type
		<input type="checkbox"/> In-person <input type="checkbox"/> Virtual
		<input type="checkbox"/> In-person <input type="checkbox"/> Virtual
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