

Writing A Strong Service Plan

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Why is a strong plan important?

- Provides clear direction to the person served and documents their voice.
- Provides clear direction for the team
- Provides a structure for staff to document against
- Provides a clear way to measure and track progress
- Provides a way for the team to work on identified needs.



Plan Elements

Goal

Barriers

Objectives

Interventions



Plan Element: GOAL



- Looks at the BIG picture achievement

Ex. I want to improve my overall health so that I can stay living in my own home

Ex. I want to find a job in the community

Ex. I want to make more friends

Ex. I want to be able to manage my own money so I can become my own payee

Ex. I want to manage my mental health so I can stay hospital free.





Plan Element: BARRIERS

- Identifies information on why a person needs support/training in reaching the goal.
 - Note: For Habilitation Services this needs to include the mental health issues that impact the person specific to this goal/objective.

Ex. Sally has a diagnosis of Bipolar Disorder. The symptoms she experiences are poor concentration and manic episodes that impair her ability to handle money or make safety choices such as who to trust. When depressed she isolates, has poor eating habits, and has attempted suicide twice via med overdosing.



Plan Element: OBJECTIVES



- Objectives are the  of the plan.
- It's critical these are written well.
- They drive the documentation by giving staff direction on progress and it can be used to identify the allowed teachable skill type.





Plan Element: OBJECTIVES

- Identifies the specific, *measurable* step that one takes to get closer to achieving the overall goal.
- Individualized & based on a person's needs and skills
- Need to be *SMART*
 - **S**pecific (what's it about, when is it, who's doing it)
 - **M**easurable (how much, how many, how is it accomplished)
 - **A**ttainable (set obj where progress can be noted..want to succeed)
 - **R**ealistic
 - **T**imely (be sure you have clear parameters about timeframes)



Objective Structure

- A single sentence that is composed of the following:
 1. Condition(s)
 2. Person
 3. Behavior
 4. Performance Criteria(s)
 5. Timeline



1. Condition-enter in as necessary to make objective clear.

- Identify WHAT type of assistance or prompts will be used
 - When asked by Jeff,... or
 - When given 2 verbal reminders, or
 - When given the instruction,...

- Identify WHEN it will be used ..
 - At bedtime,
 - When in the van,
 - During Day Hab,
 - Before showering



2. Person



- Use a person's name or "I"
- Check that you didn't write a staff objective.
 - Staff objective: *After working out, staff will assist Sally in her daily routine of showering.*
 - Client Objective: *After working out, I will take a shower without reminders from staff*



3. Behavior

- Identify an OBSERVABLE/OVERT behavior (i.e. Action Verb)
- Needs to be specific
 - Unclear:
 - Sam will behave when in group
 - Mary will learn how to wash clothes
 - Kelly will participate in making supper
 - Tim will understand how to manage his mental health
 - Clear:
 - Sam will use non-vulgar language when in group
 - Mary will demonstrate how to wash clothes
 - Kelly will make supper
 - Tim will write out a coping plan for his mental health



3. Behavior Cont.



Covert (Don't Use)	Overt (Good to Use)
Think	Draw
Feel	Name
Understand	List
Be able	Paraphrase
Know/learn	Write/recite
Like	Describe
Appreciate	Repeat
Try to..	identify





3. Behaviors cont.

- Behaviors should **not** be compound
 - Examples of compound Objectives:
 - *Kelly will complete her laundry and take her medications daily...*
 - *Kelly will ask for her medications at administration time and take her medications successfully 3 of 4 days a week...*
 - If she does her laundry but doesn't take her meds then did she make progress or not?
 - If she doesn't ask for meds but then takes med when reminded is she successful?

Solution: you need 2 objectives or you need to do 1 at a time





3. Behaviors cont.

- Behaviors identify what specific action or skill needs to be changed, added or modified.
 - Examples:

Unclear: I will review her coping plan daily to reduce her anxiety.

- *Is this the real behavior you want?*
- *Ask yourself...why do I want them to use the coping plan? Is that achieving the behavior needed?*

Clearer: When at Day Hab, I will use my coping tools so I stay with my group throughout the entire scheduled time 30 of 60 opportunities from...to



4. Performance



- Degree to which the person will perform the task or skill successfully.
- Should be easily witnessed/easily determined
- Asks-How many? How well? How fast? How often? (can be used together)
 - Ex. I will use non-vulgar language (i.e language that does not involve swearing) in my interactions during group 20 of 25 groups a month for at least 3 of the next 6 months...
 - Ex. At least 3 times a month for 8 of the next 12 months, I will review my MH coping plan to ensure it is current and accurate.
 - Ex. I will wash and dry all my dirty clothes once a week for at least 30 of the next 52 weeks.



4. Performance: Do we have everything we need?

I/Sally (*person*) will wash and dry (*observable behavior*) all my dirty clothes once a week (*condition*) for at least 30 of the next 52 weeks (*performance criteria*).

All the piece are present... BUT...

- What if Sally waited until Sunday at 11pm to start her laundry? Is she successful?
- What if Sally started her laundry at 8am and then left her clothes in the washer for 2 days before she dried them?Is she meeting the objective?



Important to know the person and include all the criteria needed.

Ex. I will wash and dry all my dirty clothes once a week, completing the task in 1 day prior to 7pm, for at at least 30 of the next 52 weeks.



4. Performance: Is the Skill type identified?



It may be helpful to list the skill type in the objective

Ex. To improve on my adaptive living skill of doing laundry, I will wash and dry all my dirty clothes once a week, completing the task in 1 day prior to 7pm, for at least 30 of the next 52 weeks.

Ex. I will work on my community integration skills by attending at least 2 times a month a community event with my house peers, engaging in conversation for at least 10 minutes while on the activity, for 4 of the next 6 months.



Home Based Hab	SCL-ID Daily	Day Habilitation
<ul style="list-style-type: none"> ● Adaptive skill development ● Assistance with activities of daily living ● Community inclusion ● Transportation (except to and from a day program) ● Adult educational supports ● Social and leisure skill development ● Personal care ● Protective oversight and supervision 	<ul style="list-style-type: none"> • Community Skills Training <ul style="list-style-type: none"> • Personal Mgmt Skills (\$, meal prep, community integration, select food at grocery store, etc.) • Socialization • Communication Skills • Personal Environment support svcs-help person do things that keep them in least restrictive environment • Transportation • Activities of Daily Living (ADL) • Individual Advocacy • Physiological Txmt (med mgmt.) • Psychotherapeutic txmt (assist w/ behaviors, beliefs, emotions, etc) 	<ul style="list-style-type: none"> ● Intellectual functioning. ● Physical and emotional health and development. ● Language and communication development. ● Cognitive functioning. ● Socialization and community integration. ● Functional skill development. ● Behavior management. ● Responsibility and self-direction. ● Daily living activities. ● Self-advocacy skills. ● Mobility.



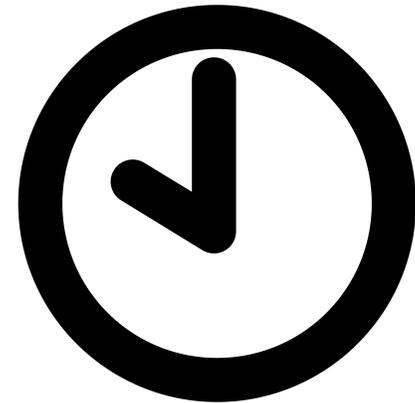
Questions to ask?

1. Are the conditions clear so everyone knows how or when this is to be run?
2. Is the behavior something I can SEE? (overt skill)
3. Is the skill really the behavior I want to see changed?
4. Is it written for the client not the staff?
5. Is it specific to 1 skill-not compounded?
6. Do I have enough performance criteria so that it's not a 1 and done type objective?
7. Is it positive and strength based?



5. Timeline

- Date by which the performance criteria should be achieved. Includes a month, date, and year.
- Sometimes we don't need this specifically in the sentence b/c the plans indicate the start and end dates near the information.



Plan Element: INTERVENTIONS

- Indicate HOW we are going to teach a skill
- Need to give instructions at the level of the client's learning abilities.
- Ask...Do they include the best way to teach based on the person? (verbal/hand-over-hand/visual, etc.)

This is the DSP's key resource in knowing how to support a person. If this isn't clear they CAN'T do their jobs well.





Plan Element: INTERVENTIONS

Example:

1. Staff will assist Sally with setting an alarm on her watch to remind Sally of her med pass times.
2. Staff will provide a verbal reminder to Sally to take meds at her prescribed times if she does not ask for them at prescribed times (allowing a 15 minute window past admin time).
3. Staff will review the medications prior to each med pass to provide medication education.
4. Staff will give constructive feedback to Sally on her ability to recall her meds and reason for taking them as well as her asking for meds at the appropriate times.
5. Progress is made on this objective when Sally takes her medications 15 minutes before or after prescribed time, without a staff reminder.



Goal: I want to be able to take my medications without assistance.

Barriers: Client's diagnosis includes ADHD, RAD, and Mild ID, as a result, he has functional limitations associated with medication management. He is unable to identify what his medications are, why he is taking them, and how often he takes them. He requires staff assistance to learn this information. Without assistance, he is at risk of medical attention due to the inability to take medications correctly.

Objective: To work on the skill of medication management, during each scheduled medication administration (*condition*), I (*person*) will name every medication (*behavior*) I am taking without staff assistance (*conditions*) for 10 consecutive schedule medication administration times(*performance*).

Start Date: 12/1/18

Target Date: 6/30/19 (timelines)

Interventions:

1. Staff will ask Sam to name each of his meds at each med pass.
2. For any medications Sam can't name, staff will provide the name and reason for taking the medication and then ask Sam to repeat this information back to them.
3. Staff will note progress in the service documentation.



Goal: I want to live in my own apartment

Barriers: Due to Mickey's mental health diagnosis of schizophrenia, he struggles completing daily and adaptive living skills. He shows extreme anxiety and difficulty with comprehension, due in part to the active auditory hallucinations he experiences. Mickey needs staff to instruct him step by step with things like stirring, making a sandwich, getting dressed, completing hygiene activities, as well as most activities of daily living.

Objective: To improve my adaptive living skills, I *(person)* will make and pack *(behaviors)* into my lunch box *(condition)* a sandwich, a fruit or vegetable, a drink and at least 1 other item of my choosing *(condition)* daily 4 of out 5 days a week *(Performance)*, for at least 19 of 26 weeks *(Performance)* from 12/1/18 thru July 31, 2019 *(timeline)*.

Intervention: Staff will assist Mickey in identifying and gathering needed food items, giving reminders on what needs to be in the lunch, and providing physical assistance as needed. Staff will educate Mickey on healthy food options. Staff will also assist Mickey with getting to the store and making purchases necessary for this objective. At the store, staff will give guidance, education, and support as needed. If mental health symptoms are active during any events, staff will re-assure Mickey of his safety and review his coping tools to minimize symptoms.



Goal: I want to manage my Mental Health symptoms so I can remain living in my own apartment.

Barriers: Due to Jo Jo's mental health diagnosis of major depression, he struggles completing daily and adaptive living skills. He experiences difficulty with comprehension, organization and concentration. The depression when active usually results in him avoiding others, sleeping excessively and not eating or managing hygiene regularly.

Objective: I (*person*) will work on my adaptive living skill of hygiene by showering (*behavior*) at least 3 days between Monday thru Sunday (*conditions*) for 15 of 26 weeks (*Performance*) from 12/1/18 thru July 31, 2019 (*timeline*).

Intervention: Staff will monitor the number of days and which days that JoJo showers during their drop in support. Staff will ensure that JoJo marks his shower days on his tracking calendar and reviews what days are left in the week to be successful at this objective. Staff will do a MH wellness check-in to review if his symptoms are barriers to his success, and provide a review of or suggestion for coping tools he can use to improve his recovery steps. If JoJo has not showered for more than 2 days, staff will encourage him to take the shower while staff are present, if JoJo complies following the shower staff will ask JoJo the impact this action has taken on his overall feeling of wellness and discuss this in terms of how personal care can aide in feeling better.



Takeaways

Goals: long term focus, not necessarily measurable

Barriers: Identify the reasons the goals/objectives are necessary...why services are needed.

Objectives: Need to be...

- SMART
- Include the following elements: 1. Condition 2. Person 3. Behavior 4. Performance Criteria 4. Timeline.
- OVERT and NOT compounded
- May need to use more than 1 performance criteria in behavior to have a clear outcome.

Interventions: List the “what to’s” for staff. Gives them structure to how to support the person and document progress.



why?
how? who?
WHEN?
Where?



References

<http://www.dhs.state.il.us/CBL/DDWritingMeaningfulGoalsandMeasureableObjectivesVersion2.pdf>

IACP documentation training

