New Jersey Department of Children and Families
Division of Child Behavioral Health Services
Behavioral Assistance Individual Service Plan (BAISP) Template Presentation

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Division of Child Behavioral Health Services - Training and Technical Assistance
Presentation Objectives

- Introduce the Behavioral Assistance Individual Service Plan (BA ISP)
- Identify the components of the BA ISP
- Provide an example of how to operationalize the components of the BA ISP
In-Community Authorization Pattern

- Authorization for IIC
- Active IIC Treatment Period
- IIC Plan of Care justifies need for BA
  - BA is authorized after 60 days of IIC
- IIC links youth to community based svcs.
What is the BA Individual Service Plan?

A written plan that is:

- Developed and periodically reviewed by a licensed independent clinical professional
- Implemented by a Behavioral Assistant

and includes the following:

- Defined outcomes or goals
- Specific target behaviors
- Specific intervention strategies
- Documentation of progress toward meeting outcome or goal
- Specific time expectations for achievement of goals
Behavioral Assistance Individual Service Plan Template

Required Elements of the BAISP

<table>
<thead>
<tr>
<th>Youth and Family Goals</th>
<th>Specific Target Behaviors</th>
<th>Strategies</th>
<th>Person(s) Responsible</th>
<th>Progress Toward Meeting Goal</th>
<th>Estimated Achieved Date</th>
<th>Actual Achieved or Rev. Date</th>
</tr>
</thead>
</table>
# Behavioral Assistance Individual Service Plan Template

## Youth and Family Goals

### Description

- Outcomes; describe what the youth and family want to be different in the next 90 days
- List and number the goals that have been developed with the youth and his/her family

### Example

1. Youth will demonstrate increased compliance with family rules and schedule
**Behavioral Assistance Individual Service Plan Template**

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### Specific Target Behaviors

**Description**

- Specify frequency, location, and intensity of desired target behaviors
- List the specific desired target behaviors that help achieve the stated goals

**Example**

- Youth will bring homework home, complete it, and present it to caregiver for review 5 days a week
- Youth will record his/her progress every week
- Caregiver will positively reinforce youth with praise and ____ after each weekly review of progress
## Behavioral Assistance Individual Service Plan Template

### Strategies

**Description**

- Identify strategies that will support the development of new or enhanced skills to modify the specific target behaviors.
- Use consistent, action-oriented, strengths-based language.

**Example**

- Youth and BA will organize schoolwork and backpack.
- Youth and caregiver will develop list of “priority” subjects.
- Youth, caregiver, and BA will establish an in-home “homework station.”
- BA will support and coach youth to complete homework.
- Youth and BA will report effective coaching strategies to caregiver.
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**Persons Responsible**

**Description**

- All persons who will be attentive to this goal. This includes all members of the Child and Family Team, if applicable.
- Include, if applicable, outpatient therapist, teacher, extended family member, etc.

**Example**

- Youth
- Caregiver
- Teacher or Guidance Counselor
- BA
### Behavioral Assistance Individual Service Plan Template

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</thead>
</table>

**Progress Toward Meeting Youth and Family Goal**

**Description**

- **“Achieved”** = 85-100% reduction and/or adoption of behavior
- **“Definite Progress”** = 50-80% reduction or adoption
- **“In Progress”** = less than 50% change behavior.
- **“In Progress”** requires review and revision of target behavior, strategies, and/or person(s) responsible

**Example**

- Youth has made definite progress. Youth is bringing home, completing, and presenting homework to caregiver 3 out of 5 days a week
Behavioral Assistance Individual Service Plan Template

Youth and Family Goals ▪ Specific Target Behaviors ▪ Strategies ▪ Person(s) Responsible ▪ Progress Toward Meeting Goal ▪ Estimated Achieved Date ▪ Actual Achieved or Rev. Date

Estimated Achieved Date

Description

• 30, 45, 75, or 90 days from date of the plan

Example

• 30 days; November 30, 2007
**Behavioral Assistance Individual Service Plan Template**

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**Actual Achieved or Revised Date**

**Description**

- The date the goal was achieved
- Enter the Revised Estimated Achieved Date if the goal was not achieved on the original Estimated Achieved Date

**Example**

- 45 days; December 15, 2007
Signature Page

All fields of the signature page must be completed

<table>
<thead>
<tr>
<th>Licensed Clinician</th>
<th>Type Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>(responsible for the development of the Behavioral Assistance Plan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensure (i.e., LPC, LCSW, LMFT, LCMHC, APN (MH), Psychiatrist, Psychologist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>License Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>License Expiration Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The first signature required is of the licensed clinician who DEVELOPED the BA Plan
Behavioral Assistance Individual Service Plan Template

### Signature Page

<table>
<thead>
<tr>
<th>BA Supervisor: Licensed Clinician (if different than above)</th>
<th>Type Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>(signing does not indicate responsibility for development or implementation of the plan, but does demonstrate awareness of the plan)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensure (i.e., LPC, LCSW, LMFT, LCMHC, APN (MH), Psychiatrist, Psychologist)</td>
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<td></td>
</tr>
</tbody>
</table>

If the Behavioral Assistant is supervised by someone other than the IIC therapist developing the plan, he/she must be aware of the plan.

To indicate the BA supervisor’s awareness of the plan, he/she must sign here.
The next signature required is of the behavioral assistant who is to IMPLEMENT the BA Plan.
The BA Plan must be signed by the caregiver and the youth.
Copies of the Behavioral Assistance Plan must be provided to the youth and to the caregiver.

Checking “Yes” indicates that the plan was provided to both the youth and caregiver.
Behavioral Assistance Individual Service Plan Template

Effective date:

11/12/07
Contact Information

For more information regarding the Behavioral Assistance Individual Service Plan call DCBHS Provider Relations:

Raymond Grimaldi

609-292-0994

or visit our website by clicking on:

www.nj.gov/dcf/behavioral/

or e-mail DCBHS Provider Relations by clicking on:

Raymond.Grimaldi@dcf.state.nj.us