# HOME HEALTHCARE SERVICE PROVIDER

IN NEW JERSEY

POLICY MANUAL

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# Policy 001: Trauma-Informed Practices and Family-Centered Care Policy

Effective Dates: [Insert Effective Date] Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

#### 1. Purpose

The Trauma-Informed Practices and Family-Centered Care Policy outlines the integration of trauma-informed principles and cultural inclusivity into every aspect of service delivery at **[AGENCY NAME]**.

#### 2. Additional Authority

- I. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- II. THRIVE Guide to Trauma-Informed Organizational Development.
- III. NJ State RFQ for Intensive In-Home Behavioral Services, 2024.

#### 3. Scope

This policy applies to all employees, contractors, and stakeholders involved in delivering Intensive In-Home Supports Behavioral Services (IIH-Behavioral) under [AGENCY NAME]. ■

#### 4. Responsible Party

 I. The Clinical Director ensures adherence to the policy by overseeing staff training, evaluating program implementation, and coordinating with community partners.
II. The Quality Assurance Manager monitors compliance and conducts regular audits. Contact: [Insert Contact Information].

#### 5. Definitions

I. **Trauma**: Experiences that overwhelm an individual's ability to cope, often resulting in emotional and behavioral challenges.

II. **Cultural Competence**: Skills and behaviors enabling effective engagement with individuals from diverse cultural backgrounds.

III. **Trauma-Informed Care (TIC)**: A framework incorporating awareness of trauma's impact into service delivery to promote safety and healing.

IV. **Family-Centered Care**: An approach that engages families as equal partners in planning and decision-making processes.

V. **Re-Traumatization**: Situations or practices that replicate aspects of past trauma, causing emotional distress.

VI. **Secondary Traumatic Stress**: Emotional strain experienced by staff from exposure to clients' trauma narratives.

VII. **Empowerment**: Practices that support individuals in taking control of their care and decision-making processes.

#### 6. Policy Statement

[AGENCY NAME] embeds trauma-informed and family-centered practices into its IIH-Behavioral services.

#### 7. Policy

- 7.1 Trauma-Informed Practices
- I. Understanding Trauma

II. Key Principles

- 1. Safety and Trust
- 2. Empowerment 3. Collaboration 4. Environmental Sensitivity 7.2 Cultural Inclusivity Practices I. Cultural Awareness Training II. Individualized Service Plans III. Community Engagement

#### IV. Resource Accessibility

#### 8. Procedure

8.1 Trauma-Informed Practices

I. Initial Assessment

II. Safety Planning

#### **III. Service Delivery**

8.2 Cultural Inclusivity Practices

I. Intake and Cultural Assessment

II. Ongoing Staff Support

**III. Feedback Mechanisms** 

- 9. Quality Assurance
- I. Monitoring and Evaluation

**II.** Continuous Improvement

References

# **Approval Signatures**

- Clinical Director: \_\_\_\_\_\_
- Date: \_\_\_\_\_
- Reviewed By: \_\_\_\_\_\_

### Distribution

# **Policy 3: Cultural Inclusivity Practices**

#### Effective Dates: [Insert Effective Date]

Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

# 1. Purpose

The purpose of this policy is to ensure that cultural inclusivity is fully integrated into every aspect of service delivery at [AGENCY NAME]. By fostering an environment that acknowledges and respects cultural diversity, the organization aims to deliver equitable, accessible, and person-centered care to youth with intellectual and developmental disabilities (I/DD) and their families. This policy supports [AGENCY NAME]'s commitment to respecting diverse cultural identities and reducing barriers to meaningful service engagement.

# 2. Additional Authority



#### 3. Scope

This policy applies to all employees, independent contractors, and stakeholders delivering Intensive In-Home Supports Behavioral Services (IIH-Behavioral) under [AGENCY NAME].

#### 4. Responsible Party

The Clinical Director leads the implementation of this policy, ensuring its integration into staff training and service delivery practices. The Quality Assurance Manager oversees the evaluation of policy adherence, providing feedback for continuous improvement.

Contact: [Insert Contact Information]

#### 5. Definitions

1. Cultural Competence:

| 2. | Cultural Safety:                   |
|----|------------------------------------|
|    |                                    |
| 3. | Individualized Service Plan (ISP): |
|    |                                    |
| 4. | Community Engagement:              |
|    |                                    |
| _  |                                    |
| 5. | Implicit Bias:                     |
| 0  |                                    |
| 6. | Language Access:                   |
| 7  |                                    |
| 7. | Cultural Humility:                 |

#### 6. Policy Statement

[AGENCY NAME] integrates cultural inclusivity practices into every aspect of its IIH-Behavioral services. By recognizing and respecting the unique cultural identities of youth and families, the organization ensures that care is both equitable and responsive.

#### 7. Policy

#### 7.1 Cultural Competence



#### 7.2 Individualized Service Plans (ISPs)



#### 7.3 Community Engagement

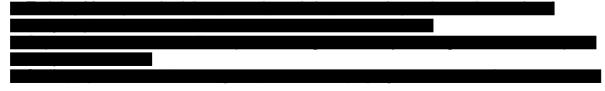


# 7.4 Resource Accessibility



### 8. Procedure

# 8.1 Cultural Competence Training



#### 8.2 Individualized Service Planning



#### 8.3 Community Engagement



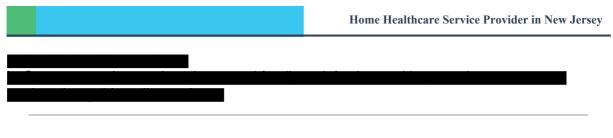
# 8.4 Resource Development



#### 9. Quality Assurance

# 9.1 Monitoring and Evaluation

# 9.2 Continuous Improvement



# 10. Review and Revision

# **10.1 Review Process**

# 11. References

12. Approval

Clinical Director: \_\_\_\_\_ Date: \_\_\_\_\_

# Policy 4: Measurement and Accountability

Effective Dates: [Insert Effective Date]

#### Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

#### 1. Purpose

The purpose of this policy is to establish a structured framework for assessing and improving the

#### 2. Additional Authority

3. Scope

#### 4. Responsible Party



Contact: [Insert Contact Information]

#### 5. Definitions

I. Metrics:

II. Continuous Improvement:

#### III. Audit:

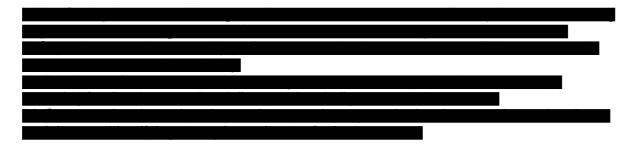
IV. Trauma-Informed Practices:

# 6. Policy Statement

[AGENCY NAME] integrates robust measurement and

# 7. Policy

# 7.1 Metrics



# 7.2 Continuous Improvement

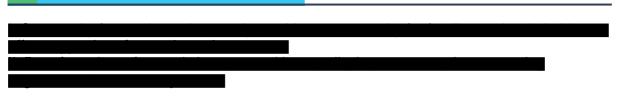
## 8. Procedure

#### 8.1 Metrics

# a. Staff Compliance Monitoring

# **b. Family Satisfaction Surveys** c. Outcome Data Collection 8.2 Continuous Improvement a. Feedback Analysis b. Strategy Development c. Training Enhancements d. Reporting and Communication 9. Quality Assurance 9.1 Monitoring and Evaluation 1.

# 9.2 Continuous Feedback Loop



10. Review and Revision

**10.1 Review Process** 

11. References

12. Approval

Clinical Director: \_\_\_\_\_ Date: \_\_\_\_\_

# Policy 5: Safety and Trustworthiness

**Effective Date:** [Insert Effective Date] **Reviewed and Revised Dates:** [Insert Reviewed/Revised Dates]

#### 5.1 Purpose

This policy establishes the framework for creating environments that prioritize both physical and emotional safety for youth with intellectual and developmental disabilities (I/DD). [AGENCY NAME] ensures that all service interactions are designed to build trust between providers and clients, eliminate potential triggers of trauma, and uphold respect for personal dignity and confidentiality.

#### 5.2 Additional Authority



#### 5.3 Scope

This policy applies to all administrative and service delivery staff, independent contractors, and collaborative partners of [AGENCY NAME] involved in providing Intensive In-Home Supports Behavioral Services (IIH-Behavioral).

#### 5.4 Responsible Party

The **Clinical Director** is responsible for overseeing the implementation and monitoring of safety and trustworthiness protocols. The **Program Manager** coordinates with service teams to ensure adherence to established guidelines. The **Quality Assurance Manager** evaluates compliance and conducts periodic audits.

#### 5.5 Definitions

Safety:
Trustworthiness:
Confidentiality:

#### **5.6 Policy Statement**

[AGENCY NAME] integrates trauma-informed principles to deliver services that ensure safety and establish trust with clients and their families.

# 5.7 Policy

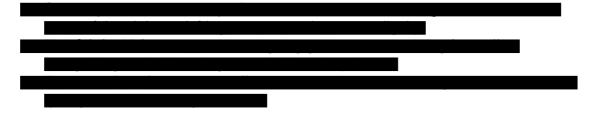
# **5.7.1 Communication Protocols**



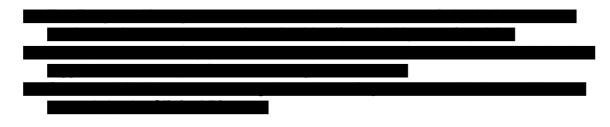
#### **5.7.2 Maintaining Confidentiality**



## 5.7.3 Respectful Boundaries



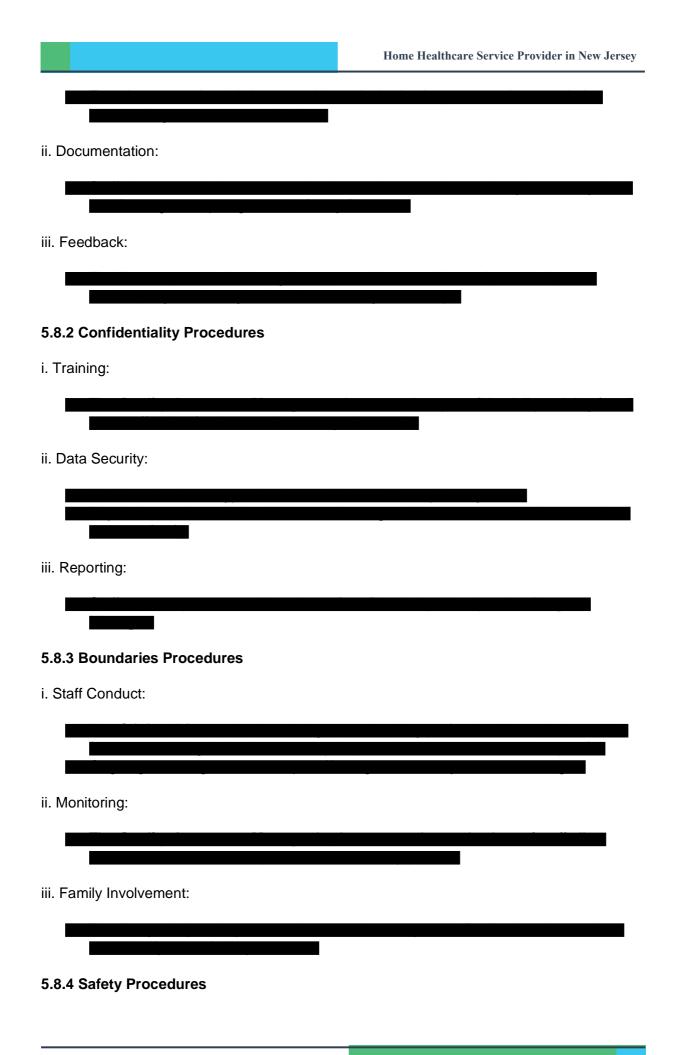
5.7.4 Physical and Emotional Safety



#### 5.8 Procedure

#### **5.8.1 Communication Procedures**

i. Intake:



i. Environmental Assessments:

ii. Emergency Planning:

iii. Continuous Monitoring:

# 5.9 Continuous Quality Improvement

The **Quality Assurance Manager** coordinates annual reviews of safety and trustworthiness protocols to ensure alignment with best practices and regulatory standards.

#### 5.10 Review and Revision

The **Program Manager** oversees an annual review of this policy, incorporating input from staff, clients, and stakeholders. Necessary updates are documented and approved by the **Clinical Director**.

#### 5.11 References



# Policy 6: Individualized Service Planning (ISP)

Effective Dates: [Insert Effective Date] Reviewed and Revised Dates: [Insert Reviewed/Revised Dates]

#### Purpose

The purpose of this policy is to establish a

#### **Additional Authority**

#### Scope

This policy applies to all staff and independent contractors involved in planning, delivering, or monitoring services at [AGENCY NAME].

#### **Responsible Party**

The Program Director oversees the implementation of ISPs. Direct care staff, therapists, and cultural liaisons contribute to plan development and execution. The Family Engagement Coordinator ensures family input and collaboration during the process.

#### Definitions

- 1. Trauma-Informed Care:
- 2. Cultural Competence:
- 3. ISP (Individualized Service Plan):

#### **Policy Statement**

[AGENCY NAME] prioritizes client-centered care through the creation of ISPs that reflect the individual needs and cultural values of each client.

# Policy

#### I. Development of Individualized Service Plans



#### **II. Trauma-Informed Approach**



# III. Cultural and Linguistic Inclusivity



#### Procedure

#### I. Initial Assessment

- 1. The Family Engagement Coordinator schedules an intake session with the client and family to collect information on cultural background, language preferences, and developmental history.
- 2. The Clinical Coordinator assigns a lead therapist to conduct a comprehensive assessment within seven days of intake. This assessment includes:

#### II. Development of the ISP



c. The finalized ISP includes clear timelines and responsibilities for all involved parties.

#### **III.** Implementation and Monitoring



#### **IV. Continuous Quality Improvement**

#### **Review and Revision**

[AGENCY NAME] reviews this policy annually or as needed to align with new evidencebased practices or changes in regulatory requirements. The Program Director is responsible for initiating the review process.

#### References



# Individualized Service Plan (ISP)

Client Name: [Insert Client Name] Date of Plan Development: [Insert Date] Review Date: [Insert Date] ISP Coordinator: [Name and Title] Contributors: [Family Members, Clinicians, Therapists, Cultural Liaisons]

# 1. Client Information

| Category                 | Details  |  |
|--------------------------|--|--|
| Full Name                | [Insert Full Name]   |  |
| Date of Birth            | [Insert DOB]   |  |
| Preferred Language       | [Insert Language]  |  |
| Cultural Background      | [Insert Cultural/Religious/Traditional Information]                    |  |
| Developmental<br>History | [Key Milestones, Delays, Diagnoses, Previous Interventions]            |  |
| Current Challenges       | [Behavioral, Social, Communication, or Emotional Issues<br>Identified] |  |

# 2. Purpose of the ISP

The ISP is designed to create a holistic, individualized approach for [Client Name] that incorporates their unique needs, strengths, and preferences. This plan focuses on enhancing development, addressing behavioral concerns, and fostering emotional well-being through culturally relevant and trauma-informed methods.

#### 3. Goals and Objectives

#### Short-Term Goals (Within 3 Months)

| Goal Objective                        |  |
|---------------------------------------|--|
| Client identifies and uses two coping | Reduced frequency of   |
|                                       | outbursts per week   |
| outbursts.                            |  |
| Client participates in one peer group | Increased positive social  |
| activity with minimal prompting.      | engagement   |
| Client uses picture cards to express  | Documentation of   |
| basic needs in 70% of opportunities.  | successful exchanges   |
|                                       | Client identifies and uses two coping<br>strategies to manage emotional<br>outbursts.<br>Client participates in one peer group<br>activity with minimal prompting.<br>Client uses picture cards to express |

#### Long-Term Goals (6-12 Months)

| Goal              | Goal Objective                          |                        |
|-------------------|---|------------------------|
| Build adaptive    | Client follows a 3-step morning routine | Observation and family |
| behavior skills   | independently in 80% of instances.      | reports                |
| Strengthen family | Family implements and monitors one      | Family satisfaction    |
| collaboration     | intervention strategy at home weekly.   | survey responses       |
| Promote cultural  | Client engages in activities reflecting | Family logs and        |
| connection        | their cultural traditions monthly.      | therapist feedback     |

#### 4. Assessment Summary

| Domain             | Findings                         | Implications                       |  |
|--------------------|----------------------------------|------------------------------------|--|
| Developmental      | Mild delays in fine motor skills | Emphasize occupational therapy     |  |
|                    | and verbal communication.        | and communication supports.        |  |
| Behavioral         | Frequent frustration and self-   | Incorporate trauma-informed        |  |
|                    | soothing behaviors (e.g.,        | interventions to address emotional |  |
|                    | rocking, biting).                | triggers.                          |  |
| Cultural/Family    | Strong connection to cultural    | Ensure therapy respects cultural   |  |
| Dynamics           | values and rituals; bilingual    | practices and offers materials in  |  |
|                    | home environment.                | native language.                   |  |
| Social Interaction | Limited engagement with peers    | Include social skill-building      |  |
|                    | and struggles with unstructured  | sessions in structured and semi-   |  |
|                    | activities.                      | structured settings.               |  |

# 5. Intervention Strategies

#### **A. Behavioral Interventions**

- 1. Self-Regulation Techniques:
- 2. Positive Reinforcement:
- 3. Structured Routines:

#### **B. Developmental Supports**

| Therapy                 | Frequency      | Target Areas  | Assigned<br>Therapist |
|-------------------------|----------------|---|-----------------------|
| Occupational<br>Therapy | 2x per<br>week | Fine motor skills, sensory integration, adaptive skills.                    | [Insert Name]         |
| Speech Therapy          | 3x per<br>week | Expressive language, articulation, and non-verbal communication strategies. | [Insert Name]         |

#### **C. Trauma-Informed Practices**

| Approach             | Implementation  |  |
|----------------------|---|--|
| Creating a Safe      | Sessions are conducted in a quiet, calming space with minimal     |  |
| Environment          | distractions to reduce anxiety.                                   |  |
| Empowerment through  | Client selects preferred activities during therapy to promote     |  |
| Choice               | autonomy.   |  |
| Collaborative Safety | Therapist, family, and client collaborate on strategies to manage |  |
| Planning             | triggers in home and community.                                   |  |

# **D. Cultural Competence**

1. Language Accessibility:

- 2. Culturally Relevant Activities:
- 3. Family Involvement:

# 6. Family Engagement Plan

| Strategy         | Frequency          | Purpose   |
|------------------|--------------------|---|
| Family Workshops | Monthly            | Teach families how to use behavioral strategies and   |
|                  |                    | tools at home.  |
| Progress Review  | Quarterly          | Review client's progress, gather feedback, and        |
| Meetings         |                    | update goals as needed.                               |
| Shared Cultural  | <b>Bi-annually</b> | Incorporate family traditions into therapy to promote |
| Celebrations     | -                  | inclusion and understanding.                          |

# 7. Monitoring and Review

| Task                          | Frequency   | Responsible Party                | Documentation                            |
|-------------------------------|-------------|----------------------------------|--|
| Progress Tracking             | Weekly      | Assigned Therapist               | Session notes, progress charts           |
| Plan Updates                  | Quarterly   | ISP Coordinator                  | Updated goals, adjustments to strategies |
| Family Feedback<br>Collection | Bi-annually | Family Engagement<br>Coordinator | Surveys, structured interviews           |
| Team Meetings                 | Monthly     | Program Director                 | Meeting minutes, action items            |

# 8. Risk Management Plan

| Risk                  | Mitigation Strategy                                | Monitoring             |
|-----------------------|--|------------------------|
| Emotional Distress    | Use of calming techniques (e.g.,                   | Therapist observation, |
| during Sessions       | sensory breaks, grounding exercises). session logs |                        |
| Non-compliance with   | Frequent reinforcement and Progress reviews        |                        |
| Interventions         | adjustments based on client family feedback        |                        |
|                       | preferences.                                       |                        |
| Cultural Misalignment | Continuous family collaboration to                 | Quarterly cultural     |
|                       | refine culturally relevant activities.             | feedback logs          |

# 9. Resource Allocation

| Resource             | Purpose                      | Source                    | Cost    |
|----------------------|------------------------------|---------------------------|---------|
| Visual               | Enhance non-verbal           | Purchased from [Vendor    | \$XX.XX |
| Communication Tools  | communication skills.        | Name].                    |         |
| Sensory Integration  | Support self-regulation      | Procured through          | \$XX.XX |
| Equipment            | techniques.                  | [AGENCY NAME]             |         |
|                      | -                            | inventory.                |         |
| Language Translation | Facilitate client and family | Contracted professionals. | \$XX.XX |
| Services             | communication.               |                           |         |

# **10. ISP Timeline and Milestones**

| Timeline | Action Item               | Responsible<br>Party | Completion Indicator |
|----------|---------------------------|----------------------|----------------------|
| Week 1   | Conduct initial           | Lead Therapist       | Completed assessment |
|          | assessment.               |                      | report.              |
| Week 3   | Finalize and approve ISP. | ISP Coordinator      | Signed ISP document. |

| Month 1     | Begin interventions.                       | Assigned                    | Documented session start             |
|-------------|--|-----------------------------|--------------------------------------|
|             |  | Therapists                  | dates.                               |
| Month 3     | First review of short-term goals.          | Team and Family             | Progress meeting minutes.            |
| Month 6     | Midpoint evaluation of<br>long-term goals. | Team, Client, and<br>Family | Updated ISP and documented feedback. |
| Month<br>12 | Final review and next ISP planning.        | Program Director            | Summary report and next plan draft.  |

# **11. Summary of Expected Outcomes**

By implementing this ISP, [AGENCY NAME] aims to achieve the following outcomes for [Client Name]:



#### 12. Signatures

| Client/Guardian:  | Date: |
|-------------------|-------|
| ISP Coordinator:  | Date: |
| Program Director: | Date: |
| Therapist(s):     | Date: |