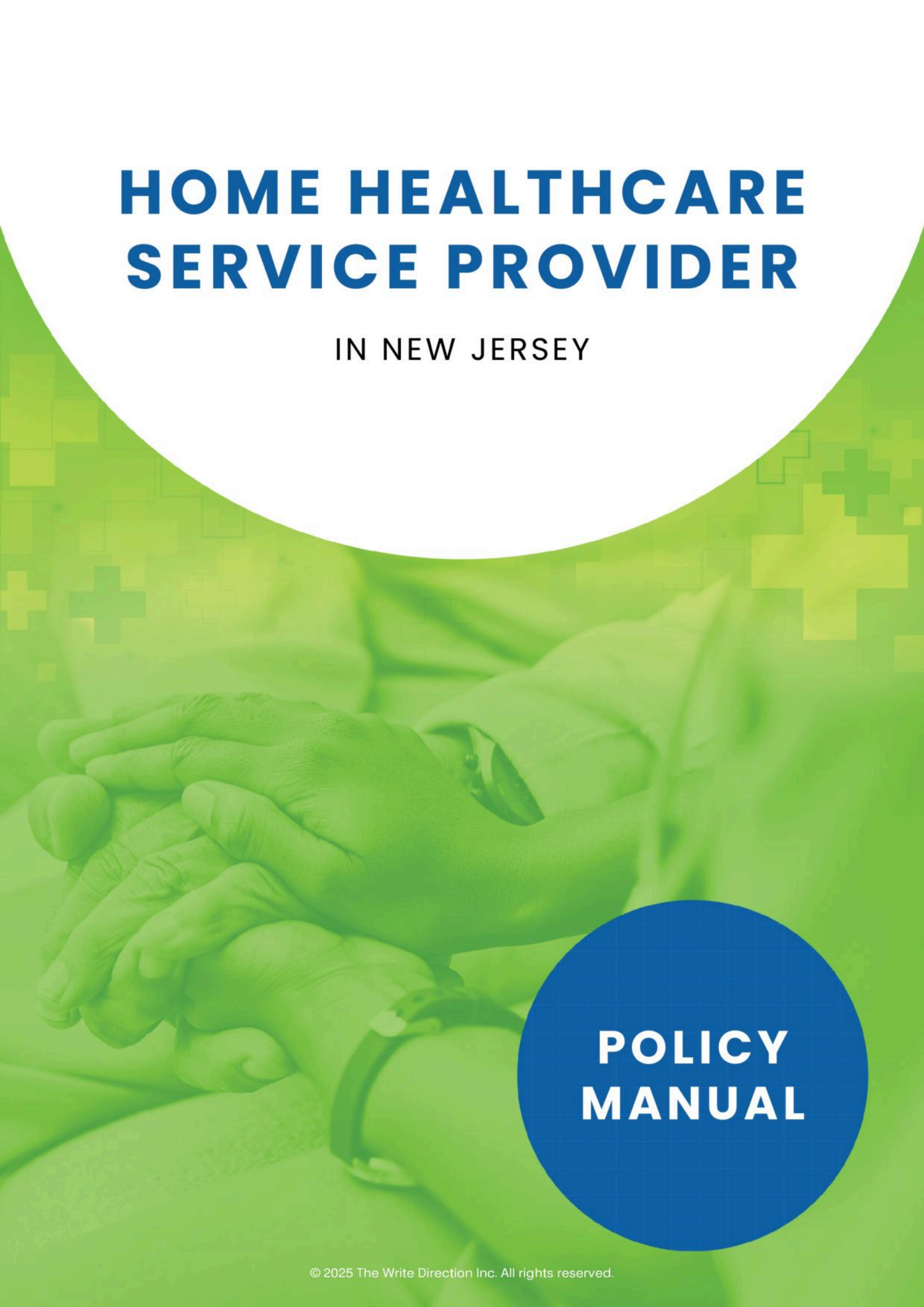
HOME HEALTHCARE SERVICE PROVIDER

IN NEW JERSEY



POLICY MANUAL

TABLE OF CONTENTS

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]**. [redacted]

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]. [redacted]

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. [redacted]

7. Policy

7.1 Trauma-Informed Practices

I. Understanding Trauma

[redacted]

II. Key Principles

1. **Safety and Trust**

   [redacted]

2. **Empowerment**

   [redacted]

3. **Collaboration**

   [redacted]

4. **Environmental Sensitivity**

   [redacted]

7.2 Cultural Inclusivity Practices

I. Cultural Awareness Training

[redacted]

II. Individualized Service Plans

[redacted]

III. Community Engagement

[redacted]

IV. Resource Accessibility

[redacted]

8. Procedure

8.1 Trauma-Informed Practices

I. Initial Assessment

[redacted]

II. Safety Planning

[redacted]

III. Service Delivery

[redacted]

8.2 Cultural Inclusivity Practices

I. Intake and Cultural Assessment

[redacted]

II. Ongoing Staff Support

[redacted]

III. Feedback Mechanisms

[redacted]

9. Quality Assurance

I. Monitoring and Evaluation

[redacted]

II. Continuous Improvement

[redacted]

[redacted]

References

[redacted]

Approval Signatures

- Clinical Director: _____
- Date: _____
- Reviewed By: _____

Distribution

[redacted]

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

[redacted]

3. Scope

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

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. [redacted]

Contact: [Insert Contact Information]

5. Definitions

1. **Cultural Competence:** [redacted]

2. **Cultural Safety:**
3. **Individualized Service Plan (ISP):**
4. **Community Engagement:**
5. **Implicit Bias:**
6. **Language Access:**
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

[redacted]

7.4 Resource Accessibility

[redacted]

8. Procedure

8.1 Cultural Competence Training

[redacted]

8.2 Individualized Service Planning

[redacted]

8.3 Community Engagement

[redacted]

8.4 Resource Development

[redacted]

9. Quality Assurance

9.1 Monitoring and Evaluation

[redacted]

9.2 Continuous Improvement

[redacted]

[redacted]

10. Review and Revision

10.1 Review Process

[redacted]

11. References

[redacted]

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 [redacted]

2. Additional Authority

[redacted]

3. Scope

[redacted]

4. Responsible Party

[redacted]

Contact: [Insert Contact Information]

5. Definitions

I. **Metrics:** [redacted]
II. **Continuous Improvement:** [redacted]
III. **Audit:** [redacted]
IV. **Trauma-Informed Practices:** [redacted]

[redacted]

VI. **Family Satisfaction:** [redacted]

VII. **Outcome Data:** [redacted]

6. Policy Statement

[AGENCY NAME] integrates robust measurement and [redacted]

7. Policy

7.1 Metrics

[redacted]

7.2 Continuous Improvement

[redacted]

8. Procedure

8.1 Metrics

a. Staff Compliance Monitoring

[redacted]

b. Family Satisfaction Surveys

[redacted]

c. Outcome Data Collection

[redacted]

8.2 Continuous Improvement

a. Feedback Analysis

[redacted]

b. Strategy Development

[redacted]

c. Training Enhancements

[redacted]

d. Reporting and Communication

[redacted]

---

9. Quality Assurance

9.1 Monitoring and Evaluation

I. [redacted]

9.2 Continuous Feedback Loop

[redacted]

10. Review and Revision

10.1 Review Process

[redacted]

11. References

[redacted]

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

- [redacted]

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

1. **Safety**: [redacted]
2. **Trustworthiness**: [redacted]
3. **Confidentiality**: [redacted]

5.6 Policy Statement

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

5.7 Policy

5.7.1 Communication Protocols

[redacted]

5.7.2 Maintaining Confidentiality

1. The **Quality Assurance Manager** [redacted]
2. [redacted]
3. [redacted]

5.7.3 Respectful Boundaries

[redacted]

5.7.4 Physical and Emotional Safety

[redacted]

5.8 Procedure

5.8.1 Communication Procedures

i. Intake:

[redacted]

[redacted]

ii. Documentation:

[redacted]

iii. Feedback:

[redacted]

5.8.2 Confidentiality Procedures

i. Training:

[redacted]

ii. Data Security:

[redacted]

iii. Reporting:

[redacted]

5.8.3 Boundaries Procedures

i. Staff Conduct:

[redacted]

ii. Monitoring:

[redacted]

iii. Family Involvement:

[redacted]

5.8.4 Safety Procedures

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 [redacted]

Additional Authority

[redacted]

Scope

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

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**: [redacted]
2. **Cultural Competence**: [redacted]
3. **ISP (Individualized Service Plan)**: [redacted]

Policy Statement

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

Policy

I. Development of Individualized Service Plans

[redacted]

II. Trauma-Informed Approach

[redacted]

III. Cultural and Linguistic Inclusivity

[redacted]

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:

[redacted]

II. Development of the ISP

[redacted]

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

III. Implementation and Monitoring

[redacted]

IV. Continuous Quality Improvement

[redacted]

Review and Revision

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

References

[redacted]

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 History	[Key Milestones, Delays, Diagnoses, Previous Interventions]
Current Challenges	[Behavioral, Social, Communication, or Emotional Issues 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	Outcome Measure
Improve self-regulation skills	Client identifies and uses two coping strategies to manage emotional outbursts.	Reduced frequency of outbursts per week
Enhance social interaction	Client participates in one peer group activity with minimal prompting.	Increased positive social engagement
Develop communication skills	Client uses picture cards to express basic needs in 70% of opportunities.	Documentation of successful exchanges

Long-Term Goals (6-12 Months)

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

4. Assessment Summary

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

5. Intervention Strategies

A. Behavioral Interventions

1. **Self-Regulation Techniques**: [redacted]
2. **Positive Reinforcement**: [redacted]
3. **Structured Routines**: [redacted]

B. Developmental Supports

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

C. Trauma-Informed Practices

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

D. Cultural Competence

1. **Language Accessibility**: [redacted]
2. **Culturally Relevant Activities**: [redacted]
3. **Family Involvement**: [redacted]

6. Family Engagement Plan

Strategy	Frequency	Purpose
Family Workshops	Monthly	Teach families how to use behavioral strategies and tools at home.
Progress Review Meetings	Quarterly	Review client's progress, gather feedback, and update goals as needed.
Shared Cultural Celebrations	Bi-annually	Incorporate family traditions into therapy to promote 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 Collection	Bi-annually	Family Engagement Coordinator	Surveys, structured interviews
Team Meetings	Monthly	Program Director	Meeting minutes, action items

8. Risk Management Plan

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

9. Resource Allocation

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

10. ISP Timeline and Milestones

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

Month 1	Begin interventions.	Assigned Therapists	Documented session start dates.
Month 3	First review of short-term goals.	Team and Family	Progress meeting minutes.
Month 6	Midpoint evaluation of long-term goals.	Team, Client, and Family	Updated ISP and documented feedback.
Month 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]:

[redacted]

12. Signatures

Client/Guardian: _____ **Date**: _____
ISP Coordinator: _____ **Date**: _____
Program Director: _____ **Date**: _____
Therapist(s): _____ **Date**: _____