



# START Resource Center Supports Manual 2024 Edition

National Center for START Services®  
UNH Institute on Disability  
5 Chenell Drive Suite 301  
Concord, NH 03301  
[www.centerforstartservices.org](http://www.centerforstartservices.org)



## ACKNOWLEDGEMENTS

This manual, which is revised and published annually, has been developed through over 35 years of technical assistance and START program development in collaboration with members of the National START Network. Thank you to all the START Network for the valuable feedback and input that contributes to the continued enhancement of this manual.

### Editors

Robert Scholz, MS, LMHC  
Director of Resource Center Services

Morgan Futrell, LCSW  
Quality Assurance Project Coordinator

Andrea Caoili, LCSW  
Director of Research and Quality Assurance

Copyright January 2024

Available in alternative formats upon request

“Time after time, I have found that when people are taken seriously, when they are respected, when their behavior is interpreted, understood and responded to accurately, when they are engaged in mutual dialogue rather than subjected to unilateral schemes of ‘behavior management,’ somehow as if miraculously, they become more ordinary. I know a number of people who have had severe reputations who have shed them when those supporting them listened more carefully.”

- Herb Lovett, PhD, University of New Hampshire

# Table of Contents

---

<b>Table of Contents.....</b>	<b>3</b>
<b>Foreword .....</b>	<b>4</b>
<b>START Resource Center Overview .....</b>	<b>5</b>
Setting Comparisons.....	6
START Resource Center Overview .....	9
The Positive Psychology Approach .....	10
<b>Environmental Guidelines &amp; Requirements .....</b>	<b>14</b>
Resource Center Environmental Requirements .....	15
Recommended Environmental Modifications/Considerations: .....	15
Television, Cell Phones, and Electronic Use .....	16
<b>Resource Center Staffing.....</b>	<b>17</b>
24-Hour Crisis Response .....	17
Staff Roles & Responsibilities .....	18
<b>Resource Center Services Overview.....</b>	<b>21</b>
Referral, Linkage and Transition .....	21
Cross Systems Crisis Prevention & Intervention Plan Development and Revision .....	21
<b>Visiting the START Resource Center .....</b>	<b>24</b>
Reasons for Resource Center Visits .....	24
Development of Therapeutic Goals.....	26
Scheduling.....	27
Transportation .....	28
Resource Center Partial-Day/Day visit Use .....	28
<b>Admissions &amp; Discharge Procedures .....</b>	<b>29</b>
Admissions .....	29
Discharge Planning .....	31
Discharge and Follow-Up.....	32
<b>START Therapeutic Programming .....</b>	<b>33</b>
Healthy Eating/Wellness .....	33
Elements of a Therapeutic Day.....	34
<b>Additional Resources .....</b>	<b>44</b>

## Foreword

---

Welcome to the 2024 edition of the START Resource Center Supports Manual. This manual provides essential information needed to implement START Resource Center Services and addresses the following topics:

- Overview of START Resource Center Services
- Positive approaches and structuring of the Resource Center therapeutic day
- Clear expectations about the Resource Center's clinical environment and therapeutic milieu.

This manual is primarily designed for START Resource Center team members who provide center-based supports but is applicable for all START team members. It is important that the entire START clinical team understands the Resource Center mission and practices to ensure proper and thorough assessment, access, planning, and facilitation of the Resource Center when needed.

Since Resource Center services are therapeutic in nature and are not like traditional respite services, it is expected that START staff have enhanced expertise and experience in the mental health aspects of IDD, positive psychology, strengths-based work, and other evidence-based approaches. The [START Resource Center Supports Course](#), which is available in Moodlerooms, was developed for Resource Center counselors. The START Resource Center Supports Leadership Handbook is also available in the “Program Leadership Resources” section of the [START Online Resource Area](#) for programs in the process of developing a Resource Center.

## START Resource Center Overview

---

The START Resource Center is an alternative to a mental health in-patient admission, provides assessment and support to someone in distress, assists someone after discharge from a mental health in-patient facility, and/or provides ongoing support to a person who lives with family and cannot access or benefit from traditional respite programs. Resource Centers provide community-based, therapeutic support on a planned and emergency basis for adults enrolled in START services. Resource Center services promote person-centered approaches and training for the Resource Center guests, families, and caregivers using positive approaches. Positive outcomes are achieved through:

- Strong, positive, and diverse linkages with community partners
- Active guest, family, and support team involvement
- A commitment to recognizing and embracing cultural and linguistic diversity
- Recognizing and embracing each person's unique character strengths
- Promotion of improved expertise across systems of care
- Services designed to fill gaps in care

The Resource Center provides community-based, short-term therapeutic support for people enrolled in START. This service is utilized when people experience acute needs that may be identified as "crisis" or when people live with their families and cannot access traditional community respite options and need additional support. Different from an in-patient mental health facility, the intent of the Resource Center is crisis stabilization, assessment, treatment, and identification of interventions to reduce stress for the person and system. The START team accomplishes this by providing a change in environment and a structured, community-based, home-like, therapeutic setting. All guests of the Resource Center are admitted because they have a recent history of, are at risk for, or are currently experiencing crisis events.

## Setting Comparisons

The START Resource Center provides a service that is different from typical residential group living and does not replace an acute in-patient psychiatric hospital admission when needed. The following charts outline the differences between these types of facilities and the Resource Center. These are important considerations when designing the therapeutic programming of the Resource Center.

### Setting Criteria

Residential (non ICF)	Community In-Patient Psychiatric Unit	START Resource Center
<ul style="list-style-type: none"> <li>• Must meet eligibility criteria and be able to benefit from program, including setting, staffing and services</li> <li>• Must be able to be safely supported in the setting</li> <li>• Can support very severely impaired persons based on the program design</li> <li>• Requires collaboration with other providers and treatment providers</li> <li>• Goals are established through service planning and can take several months to achieve</li> </ul>	<ul style="list-style-type: none"> <li>• Must have an acute mental health condition that can benefit from a brief stay</li> <li>• Must leave when ready for discharge, can be transitioned through START Resource Center when needed</li> <li>• Must be a good fit for a traditional mental health unit. This often requires START assistance</li> <li>• Goals for assessment and treatment must be established upon admission.</li> <li>• Typical MH units are not designed for people with severe/profound ID</li> </ul>	<ul style="list-style-type: none"> <li>• Must meet the criteria for START services and have a place to return to upon discharge</li> <li>• Must have active collaboration with providers and treatment providers to assist the person and the system of support</li> <li>• Goals for assessment and treatment must be established upon admission</li> <li>• Designed for people diagnosed with mild ID to profound ID. Can meet a range of criteria. Need to be diagnosed with IDD-MH to be admitted</li> </ul>
Treatment Focus: Community living, skill development. Person-centered, sometimes implement PBSPs. Collaboration with the system of support is key	Treatment Focus: Diagnosis and treatment of acute mental health conditions. Identification and treatment of acute medical conditions may also occur. Follow up service and treatment recommendations also provided	Treatment Focus: Person-centered, trauma informed, positive, expressive therapies, health and wellness, assessment of communication, skill building. Consultation and collaboration with system of support is key

**ATTACHMENT H**

Setting/Service	Residential (non ICF)	Typical Community In-Patient Psychiatric Unit	START Resource Center
Locked	-	Yes	-
Long-term care	Yes	Brief care, usually 7-10 days	Up to 30 days
Planned admissions	Yes	-	Up to 5 days
Acute care admissions	Not typical	Usually through ER	Requires medical clearance
Voluntary only	Yes	-	Yes
Service recipient is known as	Resident /client	Patient	Guest
Independent community access	Yes	-	-
Ongoing collaboration with community providers, family, etc.	Yes	Sometimes	Yes
Single bedrooms	Sometimes	Sometimes	Yes
Access to household items, sharps	Yes	-	Supervised and limited
Community activities	Yes	-	Yes
Access to snacks and food outside of planned menu	Yes	-	Limited
Television, personal cell phone, electronic devices	Yes	Limited	-
Therapeutic structure	-	Yes	Yes
Crisis supports in house	Limited	Yes	Yes
Mechanical and chemical restraint options	-	Yes	-
Management of aggression and acute conditions	-	Yes	Yes
Management of chronic medical conditions	When designed to do so	Yes	With additional supports
Treatment/service plan required	Yes	Yes	Yes
Access to bed and bedroom during the day	Limited	Limited	Only if prescribed by MD
Day program provided	-	Treatment groups	Therapeutic Day

Setting/Service	Residential (non ICF)	Typical Community In-Patient Psychiatric Unit	START Resource Center
Supervision required	Variable	Line of sight, 30-minute checks	Line of sight with night checks
Setting designed to support people with autism	Variable (When designed to do so)	-	Low sensory room, Sensory strategies embedded
Caregiver training provided	Sometimes	Sometimes	Yes
Formal assessments provided	-	MH only	Yes (ABC, MEDS, Functional analysis, ADL, IADL, CSCPIP, VIA Character Strengths, Communication assessment)
24-hour awake staffing	Variable	Yes	Yes
Nursing 24 hours	-	Yes	Access, arranged as needed
MD prescribes on site	Community prescriber	Yes	Community prescriber MD consultant
Comprehensive discharge summary and follow-up	-	Limited summary	Yes
Supported by START team	Yes	Yes	Yes
Satisfaction surveyed	Sometimes	Sometimes	Yes
Transitional supports at discharge	-	-	Yes: as needed

## START Resource Center Overview

The Resource Center offers a highly structured setting that integrates numerous therapeutic approaches and supports. During their time at the Resource Center, guests have opportunities to identify and build on their strengths. In conjunction with comprehensive clinical assessment, therapeutic support encourages positive experiences and interactions, teaches stress reduction, improves self-esteem, and increases independence. These experiences are fostered through a carefully structured, therapeutic milieu, using strengths-based therapeutic group activities and interventions. The START Therapeutic Activities Toolkit, located in the [START Online Resource Area](#), provides details and instructions for specific therapeutic activities.

**Therapeutic Group Activities:** Therapeutic groups follow a structured approach with a clear beginning and ending. At the beginning of the activity, counselors review the purpose of the activity/group and provide a completed example for guests to use as a reference. Following the activity, guests share their thoughts and feelings, and participation is celebrated by everyone. All groups should be mastered by counselors and not "tried out" for the first time with guests. It should be practiced at staff meetings prior to being introduced into the therapeutic schedule. Counselors should use their participation as part of the therapeutic process and work directly with the guests.

**Skill Building:** Counselors assist guests with a variety of skill building activities that can be conducted in therapeutic groups or individually. The approach to skill building should use a combination of both methodologies, considering the guest's strengths, skills, interests, and their ability to learn and apply new skills. Guests are encouraged to participate in household tasks like cooking and daily living activities, building competencies and improving self-esteem. In addition, all therapeutic activities are designed to assist with communication, enhance guests' ability to manage daily stressors and are linked with individualized admission goals.

**Recreational Activities:** Mental and physical wellness are essential components of the START Resource Center's daily activities. At least one physical activity is scheduled each day. Guests can try a variety of exercises and recreational activities, including walking/hiking, yoga and stretching, Zumba, basketball, and other sports. They are also introduced to a wide variety of activities that promote community inclusion and exploration. All community-based activities support START Resource Center goals as well as those identified for each guest. Visiting the local farmers market, museums, gardens, and parks are encouraged. Activities that "give back" (such as Meals on Wheels or other volunteer opportunities) provide guests with a chance to connect with the community.

## The Positive Psychology Approach

START employs a positive psychology approach because it helps "build what's strong" to supplement the traditional "fix what's wrong" approach. This promotes serious consideration of people's intact faculties, ambitions, positive experiences, and character strengths, and how those strengths buffer against distress, helping the person withstand and overcome challenges. There are **three essential elements** that START incorporates into therapeutic supports based on the positive psychology approach:

- 1) Fostering positive experiences
- 2) Identifying signature strengths
- 3) Identifying talents, interests, and abilities

### Fostering Positive Experiences

START therapeutic supports focus on using wellness practices to improve the mental health stability of people. During the provision of services, guests can expect to be engaged with counselors and coaches in therapeutic activities that bring enjoyment and fun to their lives. Therapeutic activities used at the Resource Center are specifically designed to increase social engagement with others, identify new or enhance existing interests and wellness activities to be used across settings to decrease stress and increase happiness. START therapeutic support activities, which are compiled together in the START Therapeutic Activities Toolkit, focus on the following topic areas:

- Positive Identity Building
- Health & Wellness
- Emotional Regulation
- Relaxation & Stress Reduction
- Creative Arts & Self-Expression
- Community Skill Building & Positive Social Engagement

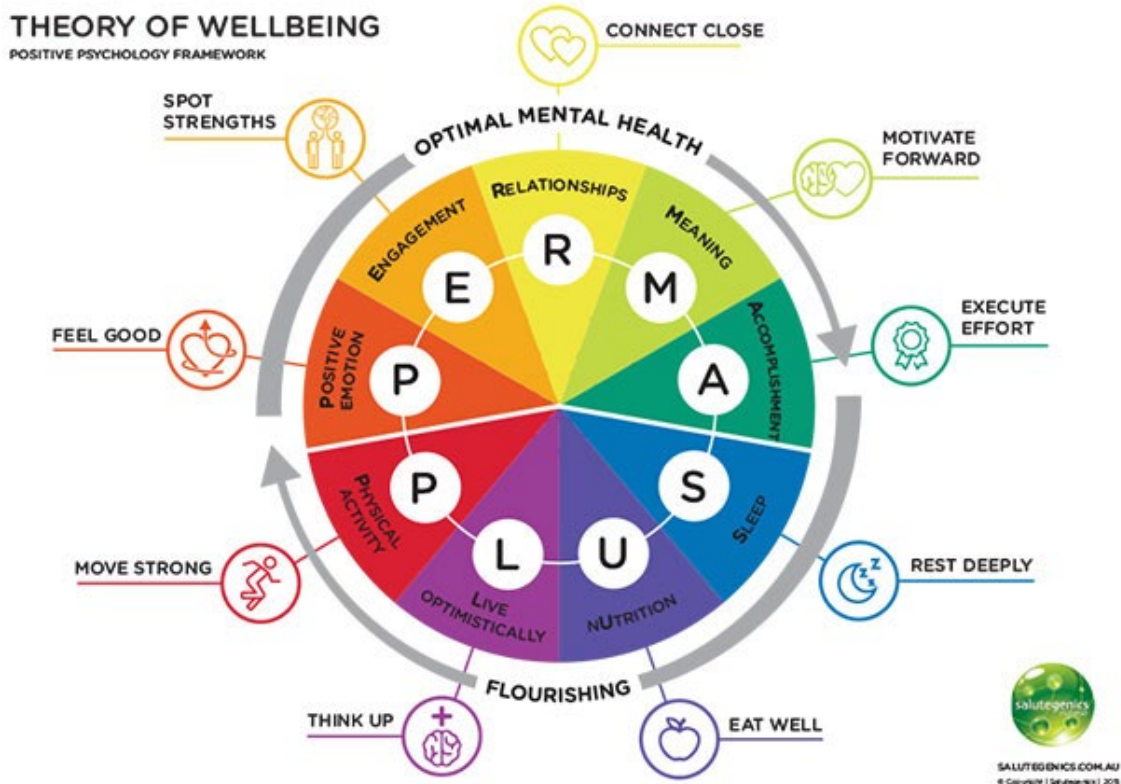
### A PERMA+ Focus

PERMA+ (also referred to as PERMA PLUS or PERMA-V) is an acronym for a model of well-being put forth by a pioneer in the field of positive psychology, Martin Seligman (2018)<sup>1</sup>. According to Seligman, PERMA+ makes up nine important building blocks of well-being and happiness:

- **P**ositive emotions – feeling good
- **E**ngagement – being completely absorbed in activities; being in “flow”
- **R**elationships – being authentically connected to others
- **M**eaning – purposeful existence and belonging
- **A**ccomplishment – a sense of achievement and success
- **P**hysical Activity – Move Strong
- **L**ive Optimistically
- **U** (n)utrition
- **S**leep – Rest Deeply

---

<sup>1</sup> Martin Seligman (2018) PERMA and the building blocks of well-being, The Journal of Positive Psychology, 13:4, 333-335, DOI: [10.1080/17439760.2018.1437466](https://doi.org/10.1080/17439760.2018.1437466)



2

Positive psychology is based on the premise that these nine elements help people experience a life of fulfillment, happiness, and meaning. Each of the five building blocks of happiness promote well-being, which is the mission of START therapeutic supports. All therapeutic activities utilized as part of START Resource Center services promote one or more of the nine building blocks of positive psychology. There are several benefits of achieving well-being including, but not limited to:

- More satisfying relationships
- Decreased likelihood of illness, improved physical health and longevity
- Fewer sleep problems
- Greater self-control, self-regulation, and coping abilities
- Decreased risk for anxiety and depression

<sup>2</sup> Salutegenics Psychology. Theory of Wellbeing: The Positive Psychology Framework. Retrieved from: <https://www.salutegenics.com.au/your-wheel-of-wellbeing/>

## Signature Strengths

Character or signature strengths are the psychological ingredients for displaying human goodness. They serve as pathways for developing a life of greater virtue. While personality is the summary of our entire psychological makeup, character strengths are the positive components— what is best in each of us. Character strengths make us feel happy, capable, and engaged. Knowing our own personal strengths helps us to identify them in others, supporting others to live purposeful lives. We know from research<sup>3</sup> that **meaning, pleasure, and engagement are the components that lead to happiness**. By focusing on developing strengths and helping others develop theirs, we can:



In his book, *Authentic Happiness*<sup>4</sup>, Martin Seligman identifies twenty-four (24) known, universal character strengths which were identified through extensive research across many nations and cultures. These strengths are considered universal across all aspects of life: work, school, family, friends, and community. These 24 strengths fall under 6 broader categories of virtues, which can be found in the Resource Center Materials folder in Moodlerooms or at [www.viacharacter.org](http://www.viacharacter.org).

<sup>3</sup> Duckworth, A.L., Steen, T. A., & Seligman, M. E. (2005). Positive psychology in clinical practice. *Annu. Rev. Clin. Psychol.*, 1, 629-651.

<sup>4</sup> Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Free Press.

## Talents & Abilities

Another element of PERMA+ that is addressed in START therapeutic supports is the identification of talents, interests, and abilities, or the things we do well. While strengths define who we are, talents and abilities are things we do. There are many different talents and abilities, a few of which are listed below:

Athleticism	Dancing	Playing an instrument
Painting	Singing	Independent living
Work skills	Cooking	Storytelling

## Recommended Practices

Some universal methods to incorporate positive, strengths-based therapeutic practices include:

- Use the VIA survey to identify areas of strengths in the guest as well as the family and team members. (<http://www.viacharacter.org/Survey/Account/Register>)
- Discuss the concept of PERMA+ and how it applies to the work of START team members
- Facilitate discussions with team members about their top strengths (top 3-5) and how they may be used in daily practice.
- Support team members with clearly identifying how the strengths of guests can be built upon in the context of the services offered and how to incorporate strengths into therapeutic activities and goals.
- Ongoing facilitated discussions focused on strengths should occur during group and individual supervision with counselors, coordinators and general START program leadership.

## Additional Resources

Peterson, C., & Park, N. (2009). Classifying and measuring strengths of character. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology*, 2nd edition (pp. 25-33). New York: Oxford University Press. [www.viacharacter.org](http://www.viacharacter.org)

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. New York: Oxford University Press and Washington, DC: American Psychological Association.

Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: empirical validation of interventions. *American psychologist*, 60(5), 410.

## Environmental Guidelines & Requirements

---

START Resource Centers provide proactive clinical approaches in an accessible, safe, and positive environment. A START Resource Center should have ample space for family-style dining, a large common room for therapeutic activities and group meetings, individual bedrooms for guests, a fenced-in yard to provide the opportunity for guests to leave the home without injury, and a low/reduced sensory room that can offer a quiet, tranquil area when needed. Ideally, Resource Centers should be situated within a residential neighborhood with access to ordinary community activities. The setting should be conducive to feeling safe, friendly, and welcoming. Single occupancy bedrooms are necessary, and bedrooms and bathrooms are lock free (each bathroom should have a Stop/Go sign on them to let others know when it is occupied). The floor plan optimizes the ability to have enough space to calm and reduce over-stimulation when needed and provide counselors open lines of sight throughout the facility.

Resource Centers are staffed with well-trained, direct support professionals (counselors) that have experience helping guests feel welcomed and accepted while also offering guidelines to promote safety and stability. Emergency procedures to address physical aggression, property destruction, leaving the area, suicidal gestures or attempts are in place, easily accessible, and well known by staff.

Resource Centers should make every effort to include guests in all aspects of home and community living and must always also take safety precautions. The Resource Center is a structured, therapeutic setting supporting people who are at high risk of experiencing crisis - it is not intended to exactly replicate or mirror a true home environment. To ensure safety, guests do not have unsupervised access to the community or to food, cleaning supplies, sharps, and flammable materials (including cigarettes and lighters).

Upon admission to the Resource Center, expectations are shifted so guests can stabilize without the demands and stresses of everyday life. This means that guests are coached and encouraged to participate in all aspects of the therapeutic programming. The Resource Center does not promote napping, watching TV, playing video games, or other leisure activities that are not therapeutic in nature. The Resource Center staff always demonstrate respect for diversity and other cultural factors that are a part of guests' identity and cultural affiliation. This includes but is not limited to language, communication styles, sexual orientation, religion, and beliefs.

Because mental health stabilization occurs at the Resource Center, the following environmental safety guidelines are necessary.

## Resource Center Environmental Requirements

- One floor living space
- Open floor plan with broad line of sight
- Large, fully fenced in yard or contained fenced in area connected to the primary entrance to the Resource Center for guest use and outdoor therapeutic activities
- Electric stoves/ovens (No natural gas operated elements): If Dutch door and/or induction cooktop are not used then a separate electric range cooktop “kill-switch” should be installed in cabinet next to range
- Separate locked pantry area
- Large, lockable refrigerator
- Lockable kitchen cabinets (either with keys or magnetic swipe)
- Large kitchen table to support family style dining
- 4 single bedrooms with full-size beds made of solid wood or metal, full size mattresses and hospital grade vinyl covers
- Secure medication storage and administration area
- One low/reduced sensory room
- Two full bathrooms, one of them being handicap accessible, with bariatric toilet. Bathrooms should not have locks, rather staff should place a Stop/Go sign on the doors.
- Separate storage areas for linens/bedding; Extra ADL supplies, toothpaste, shampoo, soap etc., cleaning supplies and programming/activity/recreational supplies
- Tempered glass, shatterproof or Plexiglas windows
- Durable, washable flooring (Resilient vinyl plank flooring works very well)
- Door and window alerts
- Central air-conditioning and heating system
- Overhead/recessed lighting - no ceiling fans
- Durable, washable furniture for each common space including activity table, couch and chairs
- 1 small refrigerator to hold water and healthy snacks
- No curtain rods, pull-backs, or window shades
- Staff office that locks
- Video-conferencing equipment, located in office or intake meeting area

## Recommended Environmental Modifications/Considerations:

- Private - away from busy roads and highways
- Within walking distance to a park or recreation center
- Two common areas: living/sitting area, activity area to accommodate at least 10 people

- Kitchen facing the main living area
- If kitchen is not open to living area, a Dutch door (lower part) to gain access to kitchen (or full door)
- Each bedroom should be painted different soothing pastel colors (linens, towel color match with designated room)
- One bedroom equipped with  $\frac{3}{4}$  bath
- Central fire sprinkler system
- Outdoor security lighting
- Small desk with computer for guest use
- 1 solid wood dresser and nightstand for each room or built-in wardrobes with shelving for clothing
- 2 washers and 2 dryers
- Thermostat controls with lockable safety covers
- Fire extinguishers in built in cabinets

It is the responsibility of all START team members to do an environmental assessment upon entering the Resource Center to ensure that the required safety elements are in place. Actions must be taken immediately if a discrepancy is identified to adhere to health and safety requirements. A *Programming and Environmental Checklist* is located in the [Program Certification Forms & Tools folder](#) in the START Online Resource Area.

## **Television, Cell Phones, and Electronic Use**

Resource Centers should not have televisions, guests are asked to leave cell phones, iPads/ tablets, gaming units, and other forms of technology at home unless specifically identified as an augmentative communication device or if there is therapeutic use of the device identified. If a guest elects to bring any of these items, and its use is not for communication or other therapeutic purposes, they are locked up for safety during their time at the Resource Center to ensure that preoccupation with the device will not interfere with engagement in therapeutic activities. Times during which the guest will use these items are negotiated and agreed upon by the guest and director or designee at admission.

## Resource Center Staffing

---

The Resource Center is staffed by the following personnel:

- Resource Center Director
- Assistant Resource Center Director/Resource Center Manager/Shift Supervisor
- Resource Center Counselors
- Nurse

Staff Requirements:

- Waking hours: 3 Counselors
- Overnight: 2 Counselors (both awake)

Since guests may experience crisis events, increased stress, or mental health instability at any time, staffing patterns must accommodate and anticipate challenges. The Resource Center should be fully staffed (2-3 staff depending on shift) at all times to respond to crises and maintain a safe, calm, and therapeutic environment. In addition, maintenance of full staffing provides the opportunity to admit a person known to START in a crisis. *The Resource Center Director, Assistant Director/Lead Counselor and other team members are required to provide additional support on the floor when needed.*

### 24-Hour Crisis Response

The Resource Center requires clear emergency back-up policies and procedures and a highly trained staff to provide needed services to guests. START clinical and Resource Center teams work collaboratively and all admissions/discharges are facilitated by the assigned START coordinator and Resource Center director or designee. Resource Center services also include evaluations by the medical and clinical directors in addition to ongoing discharge planning facilitated by coordinators.

START therapeutic services are provided 24 hours per day, 365 days per year and emergency admissions can occur at any time. A START coordinator, Resource Center director, and an administrator are always on-call with the coordinators being mobile and responding immediately. If there is an emergent need, the on-call coordinator works with other team members to provide timely, on-site response to help diffuse the crisis event and assist in identifying solutions to assure safety and stability. Once the crisis is stabilized, the assigned START coordinator debriefs with team members involved in the crisis and community team members on what was learned and next steps. Next steps may include additional assessments, consultation with the START medical or clinical director, or Cross Systems Crisis Prevention and Intervention Plan (CSCPIP) revisions.

<b>On-Call Coordinator</b>	<b>Resource Center Director</b>	<b>Administrator On-Call</b>
<ul style="list-style-type: none"> <li>• Responds immediately</li> <li>• Provides in-person support</li> <li>• Works with other team members to meet the needs of the person</li> </ul>	<ul style="list-style-type: none"> <li>• May provide crisis support and back-up during business hours if available.</li> <li>• If Resource Center Director is unavailable, the administrator on-call is expected to respond</li> </ul>	<ul style="list-style-type: none"> <li>• Provides consultation, coaching and guidance to on-call coordinator</li> <li>• Assists with disposition</li> <li>• Troubleshoots systems and resource challenges</li> </ul>

## Staff Roles & Responsibilities

Roles and responsibilities of START team members differ when assessing for, initiating, and providing planned or emergency Resource Center services. Full position descriptions for each role are located in the [Resource Center Job Descriptions](#) folder in the [START Online Resource Area](#).

### Resource Center Staff

#### Resource Center Director

The Resource Center Director (or representative) ensures that the guest and team members understand and agree with the policies/procedures of the Resource Center including any restrictions at the facility, what to bring, regular activities, etc. The Resource Center director also coordinates with the assigned START coordinator, clinical director, and medical director and modifies treatment approaches and admission goals as needed based on what is learned throughout the guest's stay. The Resource Center director participates in all discharge planning efforts and provides support to the coordinator when scheduling and facilitating weekly discharge meetings, determining discharge readiness, and developing or revising the CSCPIP. Additional responsibilities include:

- Projecting the utilization of planned and emergency beds and communicates Resource Center availability to START coordinators
- Coordinating Resource Center Admission/Discharge meetings with the START coordinator for all emergency center-based admissions (as needed for planned admissions)
- Supervising Resource Center counselors including training and support. They also ensure that the counselors have the needed supplies, materials, assessments, and data collection tools to successfully collaborate on the identified goals.
- Ensuring that required documentation is complete and filed: The Resource Center Admission and Discharge Summary, discharge planning documentation, and any assessments completed during stay.
- Tracking Resource Center admissions in SIRS.

**Resource Center Counselors**

- Provide the highest quality of care and service to all guests
- Maintain effective, positive, and quality operations at the Resource Center
- Assist guests to achieve personal goals; work on behalf of guests to overcome barriers; respect guests' personal beliefs, choices, and interests
- Provide appropriate assistance to promote health and wellness; communicate with medical professionals and record information regarding health events, conditions, and status
- Serve as role model and mentor, coach guests using approved techniques and strategies
- Drive company vehicle to transport guests to activities
- Act in a professional manner and communicate effectively with others
- Complete training programs, attend required meetings and follow all policies and procedures of the START Resource Center

**Assistant Resource Center Director/Resource Center Program Manager**

- Supports Resource Center Director with operations at Resource Center with a particular focus on managing the therapeutic milieu
- Assist therapeutic group facilitation, supervision of counselors, and general structure and flow of the therapeutic day
- Ensuring that groups and activities have the necessary resources to function
- Provides support on the floor running therapeutic groups as needed

**Resource Center Nurse**

- Provide training and support around START Resource Center medication administration
- Provide medical consultation to Resource Center director and other Resource Center staff regarding current and potential guests
- Oversee all admissions to the START Resource Center
- Complete MEDS assessments for all guests admitted to the START Resource Center for emergency admissions
- Work collaboratively with the START medical director and clinical director regarding medical issues of START Resource Center guests
- Assure quality of medication administration and documentation
- Assist in the development of health and wellness protocols for the Resource Center, which can include health and wellness groups
- Provide training to staff on medical/medication issues commonly encountered and to identify potential problems and appropriate action
- Provide on-call medical assistance to the Resource Center in emergency situations

## Clinical Team Staff

**The START Coordinator** (or representative) is responsible for providing necessary admission documentation to the Resource Center and keeping lines of communication open between all team members. If there are questions or concerns from the person or their system of support regarding policies/procedures, the coordinator provides clarification. Medication orders are needed prior to admission, and the coordinator helps to facilitate the receipt of the orders. The START coordinator also provides all counselors with general information about the guest prior to an admission as well as throughout the guest's stay.

- Works with the person's caregivers, community team and Resource Center staff to identify clinical needs for any Resource Center admission, discuss circumstances that led them to believe that a Resource Center admission would be beneficial.
- Provides necessary referral information and any other pertinent information for the team regarding Resource Center-based services.
- Completes, in collaboration with clinical director and resource center director, admissions portion of the START Resource Center Admission Summary with achievable goals and accompanying strategies/interventions.
- Facilitates completion/revision of Cross-Systems Crisis Prevention and Intervention Plan
- Works together with the clinical director and Resource Center Director to identify objectives to meet identified goals during Resource Center stay. They are also involved in identifying therapeutic activities and interventions
- Checks in regularly with the START Resource Center team and provider/family to review progress.
- Facilitates discharge planning meetings for emergency admissions

### **START Clinical Director:**

- Provides clinical support and oversight to coordinators and Resource Center Director to assure that supports meet the mission of the service.
- Assists with identifying goals, therapeutic interventions, and strategies to help meet the goals.
- Identifies possible assessments to be used during the Resource Center admission.
- Reviews and contributes to the admissions/discharge summary and accompanying documentation

### **START Medical Director:**

- Provides medical/psychiatric consultation to Resource Center guests. Specific consultation requests can be made by members of the START program or community providers. Reviews psychiatric records and provides recommendations to the START team.

- Identifies and assists with developing safety planning regarding psychiatric and medical issues present in the person receiving services.

## Resource Center Services Overview

---

### Referral, Linkage and Transition

While at the Resource Center, guests may be referred for services that extend beyond their stay for outpatient mental health services, specialized medical care and therapies, or further assessment. The primary START coordinator addresses these service needs during discharge planning meetings and provides follow-up as needed.

Transition planning begins immediately upon admission. Planning helps guests to successfully return with new skills to caregivers who have additional tools and interventions to promote success. It is helpful for providers and/or families to visit the guest at the Resource Center. These visits should occur at the center since it is a safe, therapeutic environment and should be scheduled at least 24 hours in advance whenever possible. Visits away from the Resource Center are not encouraged for guests during their stays.

### Cross Systems Crisis Prevention & Intervention Plan Development and Revision

In collaboration with the team, the coordinator develops or revises the CSCPIP during a Resource Center admission. This process is a key component of transition planning. Crisis planning focuses on the guest's strengths and skills and minimizing the need for tertiary intervention. Early interventions emphasize skill-building and strategies to reduce stress that enable the person to make positive decisions with support. Interventions also include building additional support when needed to promote the safety of the guest and others. Additional information on the CSCPIP and process can be found in the START Clinical Manual. At minimum, any person admitted to the Resource Center MUST have a provisional cross-systems crisis intervention prevention plan.

### Assessment/Observation

Comprehensive assessments are provided for all guests. The START team must work with families and community providers to gain a better understanding of the circumstances precipitating the admission so that planning can occur, and crises can be minimized in the future. Assessments should focus on the clinical and functional presentation of the guest and provide the basis for determining what services, environmental changes, or training is needed. The method of assessment varies depending on presenting concerns while incorporating all other aspects of the person's life (strengths, interests, culture, family life, aspirations and needs of the person and family). Minimally, assessments for all planned and emergency guests include general daily

functioning, observable signs of symptom presentation through sleeping and eating patterns, identification of strengths, skills and interests and determining precipitators of and interventions to reduce stress. The START team is trained to use several assessments to assist with gathering these data. Some include:

START Guest Leisure Interest Survey	Madsen Evaluation of Drug Side Effects (MEDS)
START Communication Assessment	UMASS Recent Stressors Questionnaire (RSQ)
Harvey's Happiness Assessment	<a href="#">VIA Character Strengths Survey</a> (choose "youth edition")

Additional information about the RSQ can be found in the START Clinical Team Manual. The other assessments, including the MEDS and Happiness Assessment, are used at the Resource Center, and are described in the following sections. They can be found in the [Center-Based Therapeutic Supports](#) section of the START Online Resource Area in Moodlerooms.

### **Matson Evaluation of Drug Side Effects (MEDS)**

While there are many assessments that are utilized throughout an admission, one required tool for all emergency admissions is the Matson Evaluation of Drug Side Effects (MEDS). The MEDS was developed by Matson and Baglio<sup>5</sup> and has strong psychometric properties, being widely used in research and clinical settings. It is an instrument designed specifically to suggest the presence of a side effect or adverse event related to treatment with psychotropic medicine for people with intellectual disability. The MEDS is used for all emergency admissions and is intended to be completed throughout the course of the guest's time, not immediately at admission. When interpreting the MEDS, it is important to appreciate that any "medical problem" identified (e.g., high blood pressure) may not be due to a side effect or adverse event, however, it does warrant further exploration from the guest's community medical provider to rule out the potential.

The RN/LPN or another person trained in administering the tool interviews a caregiver who knows the guest well. It is best to interview a natural support when possible. Afterwards, new medical information is incorporated into the MEDS scores, as the informant may not have full information. The final MEDS scores are a combination of the informant interview and written medical information. At discharge, a full copy of the MEDS is mailed to the involved medical providers, typically a general practitioner and psychiatrist. A letter explaining the findings accompanies this

---

<sup>5</sup> Matson, J. L., Mayville, E. A., Bielecki, J., Barnes, W. H., Bamburg, J. W., & Baglio, C. S. (1998). Reliability of the Matson evaluation of drug side effects scale (MEDS). *Research in Developmental Disabilities, 19*(6), 501-506.

document. Training on the MEDS and other resources supporting its use can be found in the Online Resource Area. Additional instructions for using the MEDS is included in the document titled “Using the MEDS and General Issues about Medication Side Effects for People with IDD” located in the Resource Center Materials folder In the START Online Resource Area.

### **Happiness Assessment**

The Happiness Assessment was developed by Karyn Harvey, Ph.D., and has been adapted with permission for use by START. The tool was developed with over 20 years of experience working with people with IDD. Dr. Harvey's focus has been on positive identity development to enhance the effectiveness of more traditional methods of treatment. Her tool places less emphasis on "problem behavior" and more focus on identifying how to promote happiness and enjoyment for the person. The Happiness Assessment is utilized when guests are admitted to the START Resource Center and should be completed throughout the length of their stay. This assessment is then sent with the guest when discharged to share with their team. The assessment is also summarized in the START Resource Center Admission/Discharge Summary and the person's CSCPIP. A copy of the Happiness Assessment is located in the [Resource Center Materials](#) folder in the START Online Resource Area.

### **VIA Character Strengths Survey**

The **VIA Character Strengths Survey**<sup>6</sup> is a psychometrically validated **personality** test that measures a person's **character strengths**. When you discover your greatest **strengths**, you can use them to face life's challenges, work toward goals, and feel more fulfilled both personally and professionally. Resource Center counselors can work with guests to complete the VIA Character Strengths survey while at the Resource Center. The survey can be completed over the course of a few days or at a pace which is acceptable to the guest.

---

<sup>6</sup> VIA Character Strengths Survey. VIA Institute on Character. <https://www.viacharacter.org>

## Visiting the START Resource Center

Most Resource Centers can serve 4 people at any given time with half of the beds designated for planned admissions and the other half for emergency admissions. There are also times where guests will visit and participate in therapeutic group activities but not stay the night. START Coordinators and Resource Center staff should follow the same admission, documentation, and discharge procedures for all types of visits, however the circumstances of the emergency visit will require greater expediency. The table below outlines the basic differences between the three types of admissions:

Visit Type	Who is eligible	Length of Stay	Hours of Stay
Planned Day Visit	Available for all adults enrolled in a START program	Day visit only; Does not include an overnight stay	Occurs during daytime hours (between 9am-7pm)
Planned Admission	Primarily designed for adults <u>living with family or natural supports</u> and unable to use traditional respite due to mental health concerns and/or complex needs.	The average length of planned stays is 3-5 days and is determined by the guest's clinical need and needs of the family.	Guests typically do not receive more than 40 planned service days per calendar year with one visit per month.
Emergency Admission	Available for all adults enrolled in a START program	An average of 21 days per admission. Do not exceed 30 days without approval. Focus is on achieving stability, assessment, intervention, and planning.	Admissions can occur 24/7. Access determined by an emergency assessment conducted by the on-call coordinator. Medical clearance is required (MD or nurse). Minimum of weekly discharge meetings and visits from coordinator required

### Reasons for Resource Center Visits

The START Resource Center provides an environment conducive to experiencing positive social interaction, learning coping strategies to reduce stress, and enhancing independent living skills. Crises can occur any time of day. As such, scheduling emergency admissions may necessitate a significant amount of planning and coordination within a very limited timeframe. Planning and

troubleshooting begin immediately following the completion of an emergency assessment when a determination is made that an admission is needed. This occurs through direct contact between the START coordinator and the Resource Center director.

When coordinating guests' emergency admissions, the assigned/on-call START coordinator contacts the Resource Center director to discuss the clinical and safety needs of the potential guest, goals of the potential admission, bed availability, and expected length of stay (not to exceed 30 consecutive days).

It is the joint responsibility of the START coordinator and Resource Center director to actively collaborate during the admissions process, throughout the stay and during discharge. The final decision about admissions occurs between the Resource Center director and START coordinator under the supervision of the program director. If needed, consultation with the clinical or medical directors will occur to make the final determination about the appropriateness of the admission. For emergency stays, the START Coordinator or designee is required to be in attendance for admissions to the Resource Center. An admissions meeting is held on-site to review goals and discharge plan and to provide coaching to counselors who are just getting to know the new guest.

There may be specific reasons for each type of visit, which are outlined in the table below:

Visit Type	Typical Reasons for Visit	Purpose of Visit
Planned Day Visit	<ul style="list-style-type: none"> <li>• Help family and person acclimate to the Resource Center prior to a planned visit</li> <li>• Provide opportunity for person to participate in group activities</li> </ul>	Promote community and social engagement; Support a person with accessing the service at another time.
Planned Admission	<ul style="list-style-type: none"> <li>• Provide a break from daily life experiences of guests and caregivers</li> <li>• Monitor treatment effects</li> <li>• Learn new skills and strategies</li> <li>• Identify strengths/skills/interests</li> <li>• Increase recreational opportunities</li> <li>• Assist the person with the development of skills that provide increased access to other community respite options.</li> </ul>	Avoid out of home placement when able; Prevent the need for crisis or more restrictive interventions.

Emergency Admission	<ul style="list-style-type: none"> <li>• Divert a psychiatric hospital admission when possible</li> <li>• Provide stabilization and extensive clinical assessment and intervention</li> <li>• Serve as part of the “step-down” transition following an acute psychiatric hospitalization</li> <li>• Achieve the same therapeutic effects listed in “planned admission” column.</li> </ul>	Enable the guest to return to their home environment; Avoid psychiatric hospitalization unless indicated during stay
---------------------	---	--

## Development of Therapeutic Goals

Developing and writing therapeutic goals for the utilization of the Resource Center is an important part of the admission process. Therapeutic goals should be individualized, measurable, achievable, relevant, and time limited. Development of therapeutic goals is a collaborative process and should always take into consideration the person and their system of support.

By design, START Therapeutic supports are **time limited** with recommended lengths of admissions for Resource Center services.

Goals must be therapeutic and flexible to meet the complex needs of those enrolled in START and their systems of support. When writing admission goals, it is important to consider the purpose of the service, or what therapeutic supports aim to accomplish. This should be directly related to an understanding of the biopsychosocial needs of the person and how their vulnerabilities are impacting them at that point in time. This means that the goals developed are **individualized** for the person and **relevant** to the reason they are receiving therapeutic support. Consider the primary purpose of admission and how the proposed goals are directly mitigating or neutralizing the presenting problem. When assessing whether admission goals align with the purpose, it is important to consider if the counselor knows what they need to do in supporting this person. One guiding question to consider when assuring individuality and relevance for goal development is, “Does this goal align with the purpose of admission?”

The identified goal should also be **measurable** so that progress can easily be observed and reviewed. Vague goals result in difficulty measuring and thus clearly identifying progress. It is important to note that when we emphasize measurability, we are not seeking behavioral measures, but instead clear progress agreed upon by the START team as well as the family or system that is supporting the person. Remember, the aim of START therapeutic supports is to not only address the presenting problem, but to also build skills and capacity of the person and their support team. It is

vital that START Therapeutic Supports have the flexibility to meet the person and their system of support where they are and build upon what is already strong while addressing the identified need. One guiding question to consider in assuring measurability is, “How will we know there is progress towards the goal?”

The goal should be **achievable** within the timeframe allotted and this should be considered when referring a person to the Resource Center. It is important to remember that, as a part of discharge planning, the START Coordinator will develop an action plan to continue to build upon the identified goals and strategies. Due to this opportunity, we can have goals that may not be fully met at the time of discharge, but work can continue towards achieving those goals throughout START involvement. START Therapeutic goals shouldn’t be too ambitious. It can be helpful to focus on one overarching vulnerability, like trauma, and develop goals that address different aspects of that vulnerability for the person. Some areas of focus for START therapeutic goals might be, but are not limited to, positive identity building, health and wellness, emotional regulation, stress reduction, self-expression, positive social engagement, communication, and sensory integration.

Strategies/interventions identified to help achieve the goals should be framed through the lens of what the counselor/caregiver will do, not what the person themselves will do. This is vital in framing the “problem” through the consideration of the person’s vulnerabilities and *how* we as the system address those vulnerabilities for the person, not focusing on them changing or becoming different. Given that the goal of the START model is to build capacity within the systems of support, Therapeutic Supports focus on collaborating with the system to enhance the ability to support persons with complex needs and improve quality of life.

## Scheduling

The first planned Resource Center admission is facilitated by the START coordinator in collaboration with the Resource Center director or designee. All subsequent planned admissions can be scheduled between the guest/family and the START Resource Center and communicated to the coordinator. The START Resource Center is responsible for developing a quarterly discharge summary for people who access planned services throughout the quarter. Policies, procedures, and sample forms for planned admissions are in the START Therapeutic Supports Forms Packet.

## Transportation

Guests are required to have confirmed transportation to and from the Resource Center. In limited circumstances the START team may provide transportation, although this does not occur regularly. The START program director or Resource Center director must approve any transportation provided by the START team.

## Resource Center Partial-Day/Day visit Use

When clinically indicated and if the milieu will support, partial-day use of the Resource Center can be highly effective in providing an alternative to overnight stays, monitoring individual progress, and maintaining stability.

Potential benefits of partial day use (sometimes called a day visit) include:

- Increased accessibility and exposure for potential guests who may be uncomfortable with the prospect of spending the night(s) in a new, unfamiliar setting
- Provides opportunities to complete assessments that can inform treatment and crisis planning (VIA Character Strength, Happiness Survey, MEDS, Communication assessment, Interest inventories, etc.)
- Can be used as a transitional step toward an overnight admission
- May be a helpful component of an emergency Resource Center discharge plan
- START enrollees who have used the Resource Center in the past, may volunteer (or obtain a paid position) at the Resource Center as a greeter, new guest orientation team, or peer support.

Parameters for partial day START Resource Center use:

- Limit the number of partial-day guests to no more than 2. It is critical to consider the current milieu when planning partial-day admissions
- Only schedule these visits during the weekday so Resource Center director or lead are available to augment the staffing pattern. Ratios can be augmented by floating the Resource Center manager or director into milieu.
- Medications are not checked in or administered during partial-day admissions. OTC PRN medications may be used with MD authorization.
- A CSCPIP must be in place for all partial-day guests.

There are other, additional considerations for START Resource Centers considering partial-day admissions. These include:

- The amount of support needed for each guest-staffing ratios and needs must be maintained to facilitate successful partial-day experiences

- There may be state licensing requirements that provide guidance regarding partial-day use. These should be considered and explored. If so, the program may need to request a waiver of that requirement prior to offering day visits.
- The program must work with NCSS to develop a process for partial day admission, including considerations regarding therapeutic goals, admission plans, etc.
- A plan to track partial-day admissions should be developed with NCSS for tracking and reporting purposes.

## Admissions & Discharge Procedures

---

### Admissions

#### Admissions Meeting

The START Coordinator and Resource Center Director facilitate an admission meeting upon admission approval, ideally prior to the person arriving at the Resource Center. During this START facilitated meeting, lead counselors, service coordinators, residential providers and the family discuss and develop the purpose, goals, and treatment approaches.

When guests arrive at the Resource Center, they are oriented to the house and introduced to counselors and other guests. Belongings are inventoried and START Resource Center guidelines are reviewed. Medications are counted, logged and a file is created with all pertinent documentation (START intake forms, emergency assessment, CSCPIP, etc.). A daily log is set up to track participation in group activities, sleep, bowel and eating patterns. Daily symptom tracking protocols are put in place to identify patterns related to increased stress. Counselors also strength spot the guest by identifying their personal strengths. These are written on an erasable or chalk board in the guests' bedrooms and remain for the entirety of the stay.

Thorough assessment, effective communication and planning that includes all START team members are necessary to best support the guest during a stressful adjustment and stabilization period. Prior to or within 24 hours of an admission, the coordinator conducts an in-service training for counselors where the purpose of the admission, goals, and interventions are discussed. Throughout the guests' admission to the START Resource Center, they and the team can expect regular contact from the START Coordinator. It is expected that the coordinator will visit the center regularly (at least 1 time per week) to observe and evaluate progress and service needs.

## Admission Protocols

Since each Resource Center is part of the START network, guests accessing out-of-region admissions should expect similar processes, therapeutic programming, and approaches. There may be slight variations in the way each team operates as part of their larger agency, but these differences are minimal. This protocol outlines these differences and streamlines the processes for clinical and Resource Center teams doing in-region or out-of-region center-based admissions. For admissions to be successful, all participants must have open lines of communication and collaboration.

The following must occur:

- The START coordinator places the request and provides all necessary documentation for the admission.
- Information provided is reviewed promptly and feedback regarding ability and availability is provided.
- Decisions regarding length of stay, admissions goals, therapeutic activities, and recommendations following discharge are made jointly and agreed upon by all team members involved.
- Necessary consents and paperwork required by the program providing center-based services are completed prior to admission.
- *If out of region:* At least one representative from each START team participates in emergency discharge meetings, occurring at least weekly.
- The team agrees on a plan and mode of communication in the event of a crisis or unforeseen emergency.
- The discharge summary and accompanying paperwork is provided within expected timeframes.

## Documentation

START Resource Center counselors and clinical staff complete relevant and appropriate documentation for all guests. Many of the documentation strategies and forms selected are specifically designed to meet the needs of the program, while some more generalized forms are agency or state required.

START requires counselors to document individual and group activity level and participation, vegetative functioning (sleeping, eating, bowels, etc.), strengths/skills/interests and other clinical data. Daily notes regarding the guests' participation and functioning at the Resource Center are completed by counselors. A note template with guidelines that are considered a “best-practice” are available in the [Center-Based Therapeutic Supports](#) folder in the START Online Resource Area.

Each day has its own note, which aligns with the “Word Of The Day”. Counselors record which groups the person participated in, level of engagement, if any modifications to activities were needed, and when the guest demonstrated strengths.

It is required that documentation be completed prior to the end of each counselor's assigned work shift. The Resource Center director and clinical director review documentation on a regular basis to assure it is completed and that all pertinent information is collected. Clinical decisions are made based on information gathered, which is then used for discharge planning. Assessments and data collected during the admission is summarized in the discharge summary and used to identify follow-up recommendations for the guests’ team.

Required Documentation for START Resource Center Admission:

- START Intake and Assessment Documentation (Guest records: individual support plans, psychological evaluations, behavior support plans, habilitative plans, medication history, etc.)
- IF EMERGENCY ADMISSION: Completed START Emergency Assessment
- Admissions Summary (Discharge portion completed within 24 hours of discharge)
- Cross-Systems Crisis Prevention and Intervention Plan (Provisional acceptable for admission if enrolled within 45 business days, but full CSCPIP completed by time of discharge)
- Completed consent to provide services
- Resource Center Packing List
- START Resource Center Prescreening/Guest Profile form including Interests Survey
- Current medication orders signed by guest's physician

## Discharge Planning

Discharge planning begins as soon as a guest is admitted. All guests at the Resource Center for emergency purposes have at least weekly discharge planning meetings facilitated by the Resource Center team and START coordinator. The meetings provide a forum for dialogue to assess significant events and progress toward goals as well as a potential discharge date, transition home, and any follow-up support.

Weekly discharge planning meetings require full collaboration and participation to maximize the effectiveness of the stay and prevent future crisis services when possible. Meetings include participation from the same team members who participate in the initial admissions meeting but may include other additional supports and resources as needs are identified during the stay. These meetings may occur via telehealth with the Resource Center staff and START Coordinator attending in-person at the Resource Center and other team members joining via telehealth if needed. Please see *Discharge and Follow Up* for additional information about the discharge process.

At the conclusion of the stay, the START team meets with the guest and their caregiver, shares results/findings from assessments conducted, discusses what was learned and answers any questions the guest and their caregiver(s) have. Guests are encouraged to complete a survey about their experiences during their time at the Resource Center. Planned discharge summaries are written quarterly by the Resource Center director or designee and are sent to the START coordinator for distribution to the guest's team.

### **Discharge and Follow-Up**

Once a guest has reached stability and the team has begun to address bio-psycho-social strengths and vulnerabilities, the transition to the guest's home begins. As outlined above, it also includes revising the CSCPIP, training at home and other steps to assist with the transition. Expectations and the ordinary demands of life outside of the Resource Center are reintroduced to assess the guest's capacity to successfully return home. The guest's ability to handle stress in his/her own environment is key to assuring continued success.

Throughout the guest's time at the Resource Center, information is gathered and collaboration among the Resource Center director, counselors, clinical director and assigned coordinator occurs to develop a *discharge summary*. This summary includes the data collected, findings from assessments conducted, the guest's progress toward goals, along with a summary of the skills and interests the guest developed or were uncovered during the stay. The summary is completed and disseminated **no later than one week after discharge**, but ideally within 24 hours. It is best practice to gather important information for this discharge summary throughout the guest's stay. The summary is then distributed and reviewed with the guests' team.

In some instances, planned Resource Center admissions are scheduled to further enhance the team's ability to support the person upon returning home. The assigned START coordinator always schedules follow-up outreach visits with contact occurring within one week of discharge. During this outreach, the coordinator checks in with the person and their caregiver, reviews recommendations from the discharge summary (the recommendations should not be a surprise to the caregiver as they are part of regular discharge planning meetings) and helps the caregiver develop a plan to address any outstanding recommendations.

# START Therapeutic Programming

---

A typical therapeutic day at the Resource Center is separated into individual and group activity segments. At the end of each activity, time is taken to record the guests' satisfaction with the activity and level of participation. For guests who do not use words to communicate, this is recorded through counselor observation of nonverbal cues. At the end of each activity, guests are given positive feedback for their contribution and participation.

Health and wellness are important components of group activities and are incorporated into all aspects of START Resource Center programming. Guests are involved in meal planning and preparation to promote independent living skills, wellness education, autonomy, and improved self-esteem. Outside food and beverages are discouraged unless the guest requires a specific diet. Physical exercise and movement are also incorporated into each day. A group membership to a local community center, athletic facility, or YMCA is strongly encouraged.

It is critical that all activities can be replicated and/or modified for use in the guest's home environment. All activities should focus on one or more aspects of PERMA+. Modification of the therapeutic schedule must be based on the clinical needs of guests and approved by the Resource Center director and clinical director. Activities should be consistent with therapeutic goals. START endorsed activities can be found in the companion [START Therapeutic Activities Toolkit](#), in the [START Online Resource Area](#).

## Healthy Eating/Wellness

### Meal Planning and Menu Development

Resource Centers encourage and facilitate a culture of health and wellness promotion. Healthy eating habits and regular movement is part of this culture of wellness. START Resource Centers use national food guidelines when preparing menus at the center ([www.myplate.gov](http://www.myplate.gov)). These nationally recognized guidelines provide natural teaching opportunities designed to teach guests skills that enhance knowledge of nutrition, promote healthy choices, portion control, and improved quality of life.

Healthy meals are served three times a day along with healthy snacks. Menus are visible to guests and include portion sizes. The daily menu should be reviewed at the morning meeting and guests are encouraged to assist with meal preparation whenever possible. Including pictures of the meal to be prepared that day is a useful tool to help guests see what will be served. Menu planning and meal

preparation presents many opportunities for learning, community building and socialization. Creativity is encouraged and some programs have found great success in incorporating fun meal ideas such as “Taco Tuesdays” or “Multi-cultural Mondays”.

Examples of daily and weekly menus with pictures and serving sizes are in the Resource Center Additional Resources folder in the START Online Resource Area. These resources are designed to be examples, so menus should reflect regional and/or ethnic preferences and variability may be present. Additionally, certain types of foods can be substituted when it makes sense, and it does not drastically change the nutritional balance of the meal. For example, haddock can be substituted for catfish or frozen vegetables can be substituted for fresh when availability or cost is a factor.

To the greatest extent possible, guests are involved in cooking and food preparation. Having guests assist with meal preparation teaches valuable skills, builds understanding about serving sizes and recognizing healthy choices. Lunches that involve simple assembly (such as meat and bread sandwiches, salads, etc.) are set up to encourage guests to participate in ingredient selection and lunch preparation. For meals with more complex preparation, one or two guests may be invited to assist directly with meal preparation while other guests help set the table or assist with other activities related to getting the Resource Center ready for mealtime.

Guests and counselors dine together. Buffet style dining is discouraged, as this does not allow for as many opportunities for practicing social skills and developing a sense of community among guests and counselors. Instead, it is expected that Resource Centers use “family style dining” approaches. Counselors should avoid bringing in any outside food, especially foods considered unhealthy, sweetened and/or caffeinated beverages, fried, or processed foods. Accommodation is made for guests with specific needs (choking risks, food allergies) without bringing attention to their differences and while seated with everyone else.

## Elements of a Therapeutic Day

A typical day at the Resource Center contains the following elements:

- **Therapeutic groups:** Groups are intended to promote mindfulness, active engagement, and development of strengths and skills that can be drawn upon when stressed. A word of the day from morning meeting should be incorporated into activities throughout the day. For example, if the Word of the Day is “Creativity” there should be activities embedded in the daily schedule that support the use of this character strength. Perhaps in the morning, there is a painting activity and then there is an art show where guests can share their creative talents.

- **Activities of Daily Living (ADLs):** self-care skills are incorporated into the therapeutic schedule of the Resource Center. Daily independent living skills are developed as a part of the overall goal of promoting healthy independent skills and developing positive self-concept.
- **Health and Wellness:** the promotion of a healthy lifestyle encourages wellness and happiness for guests. All START Resource Centers focus on healthy eating habits and regular movement.
  - **Nutrition:** nutritional meals based on national food guidelines are served three times a day along with healthy snacks. Menus are visible to guests and include nutritional information (proteins, fats, carbohydrates) to educate guests throughout their stay. The daily menu should be reviewed each day at the morning meeting and guests are encouraged to assist with meal preparation whenever possible.
  - **Movement:** The therapeutic day includes at least one, but often more, physical fitness activity for a minimum of 30 minutes each day. Movement activities are fun and promote social connection with other guests and counselors.
- **Community experiences:** It is recommended that at least one community outing occur daily as part of the therapeutic programming. The use of local gyms, parks, farmers' markets, libraries, and museums is encouraged. While some guests will assist with grocery shopping on occasion, shopping trips and visits to the mall are not considered "community experiences" and are not endorsed at the START Resource Center. Activities should incorporate teaching, skills building and promoting the achievement of each guest's person-centered goals.
- **Giving back:** The START Resource Center endeavors to improve the quality of life for guests by providing opportunities to give back to the community through volunteerism. One such program that START Resource Centers are highly encouraged to affiliate and collaborate with is Meals on Wheels. Other potential volunteer activities include cleaning up local parks, visiting nursing homes, or visiting/volunteering at local animal shelters.
- **Assessment and collaboration** with partners occur throughout the stay with close attention to the goals and objectives of the Resource Center admission, clinical and treatment modifications, and communication with the person's family and primary team throughout the stay. All community activities are designed to be easily replicated once the person returns home; they should not have associated excessive costs or planning aspects that will deter replication.

Guests are not required to and should be discouraged from bringing money to the START Resource Center. Unstructured visits to the store are not supported in the daily therapeutic programming and activities costing money will be paid for by START.

## Daily Activity Tracking

It is recommended that the START Resource Center uses some form of daily activity tracking. A sample activity tracker is provided in the Resource Center Additional Resources folder in the START Online Resource Area and should be modified to accommodate each START Resource Center's unique therapeutic day. This simple, one-page tool includes areas to record the schedule of activities, guest participation levels, and a checklist for daily living activity elements like showering, eating breakfast, brushing teeth, etc.

## Sample Daily Schedule

Time	Activity
7:00	Wake up
7:15	Activities of daily living (dress, shower, shave, etc.)
7:45	Breakfast
8:15	Clean kitchen, house chores, room clean, etc.
8:45	Break
9:00	Morning meeting, <b>Word Of The Day</b>
9:30	Movement/exercise
10:15	Snack/clean-up
10:45	Group activity: expressive arts (music, writing, art)
11:15	Circles program (social skills)
11:45	Preparation of lunch or individual time
12:00	Lunch
12:30	Cleanup
1:00	Group social skill building game
2:30	Snack/clean-up
3:00	Community outing/gym/meals on wheels
3:45	Planned independent structured activity or individual staff time
4:15	Yoga/meditation winding down or relaxation activity (sensory room)
5:00	Preparation for dinner or independent structured activity
6:00	Dinner
6:30	Clean kitchen, house chores
7:00	Enjoyable group activity (karaoke, dancing, talent show)
7:30	Evening activity (movie, community outing, karaoke, etc.)
9:00	ADLs/transition to bed
9:30	Bedtime

Although the Resource Center is highly structured, a person-centered approach is essential. Attention to peoples skills, goals, and wishes are incorporated into daily planning for each guest and for groups as well.

### General Guidelines for a Therapeutic Day

This section outlines in-depth details of everyday activities that are part of the therapeutic schedule. It is to be used by counselors to ensure consistency in the quality of activities. Where appropriate, sources have been added to justify a certain method of intervention, but all therapeutic approaches and interventions are based on the START values and principles and therefore are considered “best practices.”

Language: the terms **guest**, **counselor**, and **participant** are used frequently in this guide.

- **Guest:** A person who is currently staying at the Resource Center.
- **Counselor:** A paid, direct support professional that works at the Resource Center.
- **Participant:** Any other person joining in a therapeutic activity – as participants, counselors complete each step of the activity in the same way each guest is expected to complete the activity.

### Wake Up and Get Ready:

Guests begin to wake up at 7:15 am. Counselors knock on the door and let everyone know that people are waking up and getting ready for breakfast. Follow-up wake up calls (e.g., “Hey John. Just checking in on you. It’s time to get up and join the group.”) occur at 15-minute intervals until the guest has gotten out of bed and begun their morning routine. Regular reminders make sure that no one is left out of the early part of the day. Counselors gradually increase their efforts to encourage a guest to get up when giving these reminders e.g., “We’re all looking forward to seeing you!” “Breakfast is nearly ready!” “May I help you choose some clothes to wear?” Exceptions to the wake-up call might include guests that get up earlier than 7:15 am or who practice using an alarm clock to independently wake.

### Breakfast:

Breakfast starts at approximately 7:45 am and follows a posted menu. Breakfast meals offer a starch, protein, fruit and optional dairy. Guests are invited to help make breakfast (ex: mixing pancake batter) if they have joined the group early enough. Most guests will start eating breakfast around 8:15 am. Many breakfast items provide an opportunity to invite guests to make choices (e.g., toppings on oatmeal, preferences for side of fruit). Some guests will be better able to communicate their preference if these choices are laid out on the counter or table rather than attempting to choose from a list that is communicated verbally.

**Clean Up:**

Guests are encouraged to clean their area to the best of their ability, which includes wiping the table, scraping uneaten food into the trash, rinsing plates and silverware, and placing them in the sink. Guests are also invited to complete a group chore such as: wiping down the countertops, taking out the trash, washing pots and pans, sweeping the floor, etc. No-one is told to do chores, rather counselors and guests work parallel to one another and have a shared ownership of the space. Guests should feel like they are a part of an integrated community<sup>7</sup>, working side-by-side together to keep the Resource Center orderly and clean.

**Morning Meeting:**

Morning meetings begin at 9:00 am each day (including weekends) and provide the first opportunity for everyone to breathe and stretch before the day begins. A successful morning meeting creates a positive tone that carries throughout the rest of the day. At the end of the meeting, everyone should (1) feel awake and energized, (2) have had an opportunity to practice or talk about an activity related to the word of the day, (3) identify their own personal goal and (4) know what activities will be happening throughout the day.

**Word of the Day**

The content of each day's meeting revolves around a word of the day. Words should be simple, focused, positive and easy to explain and apply throughout a person's day. Complicated, abstract words and concepts should not be used. It is recommended that the [VIA character strengths](#) list be used as words of the day.

---

<sup>7</sup> Aubry, T., Flynn, R. J., Virley, B., & Neri, J. (2013). Social role valorization in community mental health housing: Does it contribute to the community integration and life satisfaction of people with psychiatric disabilities? *Journal of community psychology*, 41(2), 218-235.

**Movement:**

Movement activities occur daily and generally involve light aerobic exercise. This might include, but isn't limited to basketball, Frisbee, walking, catch, yoga, Zumba and dancing. Movement activities are adapted to each person's physical needs, personal interests, and abilities.<sup>8,9,10</sup>

It is important to intersperse seated activities with activities that involve movement to allow everyone to keep better focus and feel physically regulated. Low intensity aerobic activity, practiced regularly, should promote a feeling of greater mental wellbeing.

**Prepare Lunch:**

To the greatest extent possible, guests are involved in cooking and food preparation. Lunches that involve simple assembly (such as meat and bread sandwiches, salads, etc.) are set up to encourage guests to participate in ingredient selection and lunch preparation. For meals with more complex preparation, one or two guests may be invited to play a larger role in cooking while others rotate into the roles of setting out plates, filling water glasses, etc.

**Lunch:**

Guests and counselors eat together around a common table. This is called "family style dining" and includes food items being placed in serving dishes and the table being set. Buffet style dining is discouraged, as this does not provide for as many opportunities for practicing social skills and developing a sense of community among guests and counselors. Accommodation is made for guests with specific needs (choking risks, food allergies) without bringing attention to their differences and while seated with everyone else. If there is sufficient food, counselors are always invited to eat what has been cooked at the Resource Center.

Guests form expectations for meals based on counselors' food choices. Therefore, counselors should model healthy eating in a way that is consistent with the menu and looks like the guests' plates. Counselors should not make a plate for themselves that excludes fruit, vegetables, and complex carbohydrates. If a counselor has brought in outside food, healthy and balanced meals can be eaten

---

<sup>8</sup> Ogg-Groenendaal, M., Hermans, H., & Claessens, B. (2014). A systematic review on the effect of exercise interventions on challenging behavior for people with intellectual disabilities. *Research in developmental disabilities*, 35(7), 1507-1517.

<sup>9</sup> Pelletier, J. R., Nguyen, M., Bradley, K., Johnsen, M., & McKay, C. (2005). A study of a structured exercise program with members of an ICCD certified clubhouse: Program design, benefits, and implications for feasibility. *Psychiatric Rehabilitation Journal*, 29(2), 89.

<sup>10</sup> Bartlo, P., & Klein, P. J. (2011). Physical activity benefits and needs in adults with intellectual disabilities: Systematic review of the literature. *American journal on intellectual and developmental disabilities*, 116(3), 220-232.

with the guests at the common table. Other outside food, particularly unhealthy food (sodas, burgers, chips, pizza, and fried foods, coffee) should be consumed out of sight of guests.

### **Creative Expression:**

Creative expression is an arts activity that provides each person an opportunity to express feelings, ideas, or personal stories through drawing, painting, clay, and other mediums. These arts activities might include, but are not limited to mandalas, collages, storybook creation, drawing comics, tempura painting, stamps, luminaries, and jewelry making. The purpose of the creative expression session (frequently thought of as arts and crafts) is varied, but is always larger in scope than traditional skill building exercises. Arts activities that encourage a person to exercise their creativity by making something new provide each participant an opportunity to express something that may otherwise be hard to put into words. Other activities, such as mandala making, provide each participant an opportunity to practice mindfulness by focusing on the details of the activity.<sup>11</sup> While there are dozens of creative expression activities, the purpose to each one is unique.

### **Snack:**

Snacks are offered three times a day (morning, afternoon and evening). Whole fruits and raw veggies (oranges, apples, raw celery) are prepared and are available to eat at any time during the day and do not count toward the three daily snacks.

### **Afternoon Huddle:**

Afternoon huddle occurs every afternoon during transitions from first to second shift counselors. During the huddle, the last item in the morning schedule is completed and the afternoon schedule (times and picture cards) are arranged on the dry erase board in a single row. The new counselors introduce themselves to the guest(s), explain the afternoon schedule, and transition into the next activity. Short, ice-breaking activities may be used during this time to promote group cohesion during potentially difficult schedule transition. The afternoon huddle should help maintain the positive momentum in the morning while also giving counselors an opportunity to outline the specifics of the afternoon schedule.

### **Sensory Activity:**

Sensory needs vary greatly among all people. Some people may crave certain types of sensory stimulation while being fearful and avoidant of others. Others may be less sensitive to certain

---

<sup>11</sup> Schrade, C., Tronsky, L., & Kaiser, D. H. (2011). Physiological effects of mandala making in adults with intellectual disability. *The Arts in Psychotherapy*, 38(2), 109-113.

sensory stimuli but not seek out any extra sensory stimulation.<sup>12</sup> It is likely that some guests will encounter activities that they find to be too stimulating, in which case they should be invited to try something different. Sensory activities, while ranging from exciting to soothing, are always aimed at being positive. The guests should always remain in control of their participation and be respected if they indicate that they do not want to participate in any part of sensory activity.

Sensory activities provide an opportunity for guests to explore all senses: taste, touch, smell, sight, hearing proprioception and vestibular senses. These activities are intended to be fun but especially nourishing to people who require extra sensory stimulation. Each day, one sensory activity is introduced as part of a sensory diet. Sensory exploration groups are provided to expose guests to various sensory stimuli to gain a better understanding of their sensory needs. Some examples of these are smelling oils, submerging hands in a bucket to search for small action figures, feeling different play dough resistances, or using the light box. This is not an all-inclusive list and counselors should reference the START Therapeutic Activities Guide in the START Online Resource Area for additional ideas.

### **Walk:**

Weather permitting, an outdoor walk occurs each day. This walk may take place at local parks, walking paths, tracks or other locations that might require a short drive. There are greater barriers to decreasing sedentary behavior with people who have intellectual disabilities.

### **Dinner Preparation / Group Leisure Rotation:**

At 5:30, guests and counselors begin cooking dinner. Dinner is typically broken down into its component parts with guests rotating in and out of the kitchen to help with specific tasks to prevent overcrowding. While some guests are cooking, the other guests select games to play from a small set of choices (most frequently this is a three-choice set that is assembled to match both the guests' interests and abilities).

### **Dinner:**

As previously stated, meals present one of the greatest opportunities for people to sit together, discuss their day, and enjoy one another's company. Guests and counselors eat dinner together around a common table. Dinner is also served "family style," with all food placed on the table for the first serving and fruits and vegetables remaining on the table throughout the meal for people who would like additional servings of these healthy options.

---

<sup>12</sup> James, K., Miller, L. J., Schaaf, R., Nielsen, D. M., & Schoen, S. A. (2011). Phenotypes within sensory modulation dysfunction. *Comprehensive psychiatry*, 52(6), 715-724.

### **Celebrating our Creativity:**

This activity replaces a traditional evening and creates an opportunity for everyone to celebrate with each other at the end of the day. Each day of the week has a specific activity that is performed during this period (refer to the sample daily schedule provided earlier in this manual). While traditional residential type evening meetings tend to be more subdued, introspective, and built on conversation, celebrating our creativity sessions focus on high-energy, positive exercises that use games, actions, and props to provide a final daily reinforcement of each person's intrinsic value.

### **Guided Relaxation:**

After the last high-energy group of the evening, guided relaxation offers everyone a chance to relax and wind-down into a bedtime routine. Guided relaxation involves congregating in a circle and quietly listening to a counselor read a script (Floating on a Cloud, Day at the Beach, etc.) which prepares the group for individual journaling exercises later in the evening. After instructing guests in progressive muscle relaxation and breathing, counselors invite everyone to visualize the best parts of their day (e.g., "Remember going outside for walk and thinking about how warm and bright the sun was?"). Counselors may also use pre-recorded guided imagery scripts that include instructions on breathing, body scans, etc.<sup>13</sup> Robertson<sup>14</sup> has indicated that mindfulness-based interventions can be successfully used with people with IDD in addressing anxiety, mood, stress, aggression, and self-injury.

### **Get Ready for Bed:**

At 8:30 pm, guests start getting ready for bed by completing their evening hygiene activities, including showering, brushing teeth, putting on pajamas, etc. Getting ready for bed is purposefully scheduled more than an hour before it is anticipated that everyone will go to sleep to allow everyone an opportunity to thoroughly complete all their evening routine before anyone becomes too tired.

### **Journal/Independent Leisure:**

Journaling is a great way for guests to spend time reflecting on their day. Journaling may involve a person writing in a lined journal, but most often, this will be prompted writing, drawing, or scrapbooking. In addition, each person has an opportunity to choose an independent leisure activity from a three-choice set. Many of the prompted journaling exercises are based on Seligman's happiness exercises from *Authentic Happiness*,<sup>4</sup> specifically the Gratitude Visit, Three Good Things,

<sup>13</sup> Relaxation Resources. Loyola University Maryland retrieved from <http://www.loyola.edu/departments/counselingcenter/students/relaxation>

<sup>14</sup> Robertson, B. (2011). The adaptation and application of mindfulness-based psychotherapeutic practices for individuals with intellectual disabilities. *Advances in Mental Health and Intellectual Disabilities*, 5(5), 46-52.

and You at Your Best. These exercises can be easily tied to the morning's word of the day, which is introduced during the morning meeting. The citation below refers to a study of neuro-typical adults using Seligman's happiness interventions.

By 9:00 pm, some guests have decided to go to bed or spend the remainder of the night winding down in their rooms. While journaling is an important part of every day, guests are always welcome to work on their journal in their rooms or, if they are tired, to decline the activity altogether.

### **Relaxing Music:**

At 9:30 pm, the counselors begin playing relaxing music and lowering the lights in the main room, which provides a quiet and relaxing environment.

A good routine for getting ready to sleep (sometimes referred to as sleep hygiene) is very important in ensuring adequate, restful sleep. Gunning and Espie<sup>15</sup> indicate that, while sleep disorders are common among adults with IDD, behavioral sleep management is often effective in improving sleep.

### **Sleep:**

After the lights are lowered and music has been playing for 15 to 30 minutes, counselors invite everyone still awake to prepare for sleep. If a guest indicates that they are not tired and would like to stay up later, counselors may invite them to read or listen to quiet music in their rooms. For some people, inevitably, this will be ineffective. Sometimes, irregular sleep patterns or short sleep schedules are a function of a person's specific mental health, IDD diagnoses, or poor personal experiences with sleep.<sup>16</sup> If a guest remains awake and in the common areas, continue to provide them with relaxing music, low light, and soothing activities that help promote relaxation and sleep. In addition, always note whether a person is asleep or awake in 30-minute intervals through the Monthly Sleep Chart located in the [START Online Resource Area](#).

---

<sup>15</sup> Gunning, M. J., & Espie, C. A. (2003). Psychological treatment of reported sleep disorder in adults with intellectual disability using a multiple baseline design. *Journal of Intellectual Disability Research*, 47(3), 191-202.

<sup>16</sup> van de Wouw, E., Evenhuis, H. M., & Echteld, M. A. (2012). Prevalence, associated factors and treatment of sleep problems in adults with intellectual disability: A systematic review. *Research in developmental disabilities*, 33(4), 1310-1332.

## Additional Resources

---

You can find the following additional resources regarding Resource Center operations within the Online Resource Area in Moodle Rooms:

- Sample Menus
- Hand Guide to Portion Control
- Protocols for Bed Bug Prevention

This is one manual in a series of guides and handbooks provided by the National Center for START Services®. This manual along with other products was a collaborative effort of over 35 years of START. We thank the START network for your contribution. If you have questions or concerns at any time, reach out to the QA team at [ncss.qualityassurance.iod@unh.edu](mailto:ncss.qualityassurance.iod@unh.edu).