**NH START Therapeutic Resource Center:**

Policy and Procedure Behavior Plan

Updated 3/25/2021

The START (Systemic, Therapeutic, Assessment, Resource, and Treatment) model was first developed in 1988 by Dr. Joan B. Beasley. The program serves a target population of individuals with co-occurring diagnoses of both an intellectual/developmental disability and behavioral health needs.

The START mission is to enhance local capacity and provide collaborative, cost-effective support to individuals and their families through exemplary clinical services, education and training- with close attention to service outcomes.

Several years ago, Community Bridges partnered with the Bureau of Developmental Services and University of New Hampshire Institute on Disability to establish START Therapeutic Resource Center Services. Most recently, ongoing collaboration between Community Bridges, BDS, and UNH has led to the development of the first ever START Therapeutic Resource Center in the State of New Hampshire.

The START Therapeutic Resource Center is a single-story facility located in the town of Boscawen. There are six therapeutic beds in the START Therapeutic Resource Center, three of which are designated for planned therapeutic support while the other three beds are designated for emergency admissions. The lengths of stay for planned therapeutic support are brief, averaging four days. As for emergency admissions, the length of stay can be longer, lasting up to 30 days.

For both planned and emergency therapeutic support services, the goal is to provide assessment, systemic supports, and services so that the individual can return successfully to and/or remain in his/her home.

The START Therapeutic Resource Center promotes a person-centered approach and an environment steeped in the principles of positive psychology. Key components of the services that the START Therapeutic Resource Center provides are: optimistic therapeutic experiences, education, collaboration, evaluation, treatment, cross-systems crisis prevention planning, and intervention.

* The START Therapeutic Resource Center is a therapeutic facility, and we acknowledge that all guests are unique individuals. However, during their stay at the Center, elements of individualized behavior support plans may be suspended. Examples of suspended elements may include strategies such as: reinforcement schedules, cost-responses, and time-out strategies.
* Environmental restrictions have been established at the Center to ensure the safety of all guests and staff. Because the START Therapeutic Resource Center is designed to provide support to guests in crisis, some necessary environmental restrictions have been established to minimize risk in the environment. Examples include: locked sharps, locked cleaning products, monitoring alarms, etc.
* During their stay at the Center, all guests will be provided line-of-sight supervision- with the exception of bedrooms and bathrooms. Guests that typically have approved unsupervised time in the community will not be authorized to have unsupervised time during their stay at the START Therapeutic Resource Center in order to ensure that guests receive the maximum benefit from the Center’s therapeutic activities. Individuals do have opportunity for private/quiet time in their rooms during individual preferred activity time (up to 1 hour total). Staff will check on individuals every 15 minutes when they are in their room.
* The guest’s guardian or they themselves if they are their own guardian will provide written consent prior to admission regarding the behavior plan, policies, and procedures.
* All Center personnel will read and review these policies and procedures prior to working independently in the home and annually thereafter. A signed acknowledgement of their understanding will be kept on file. Any changes to the policies and procedures contained herein will be reviewed during the next available staff meeting.
* When being admitted to the Start Center each guest MUST have a physical address to return to and that the guest is able to return in the event of the need for immediate discharge. The START Therapeutic Resource Center is a short term therapeutic center and is not a permanent residence so all guests must have their own permanent residence.
* Facility Service Description:

1. This currently licensed facility at 46 Corn Hill Rd in Boscawen, NH is a 24 hour staffed community residence that provides therapeutic, short term residential services to individuals with disabilities and co-occurring mental health or behavioral health concerns. The START Therapeutic 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. Different from an in-patient mental health facility, the intent of the START 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 through a structured, therapeutic community-based, home-like setting that focuses on positive psychology, strengths, and person-centered treatment approaches. All guests of the START Therapeutic Resource Center are admitted because they have a recent history of or are currently experiencing frequent or intense crisis events. The START Therapeutic Resource Center requires clear emergency back-up policies and procedures and a highly trained staff to provide needed services to guests. The START clinical and resource center team work collaboratively and all admissions/discharges are facilitated by the assigned START coordinator and 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. This program also provides support, assistance, and training in the following areas: ADL skills (personal hygiene, household maintenance, meal planning and preparation, and fire safety), social and community integration skills (telephone etiquette, use of public facilities, use of recreational facilities, effective communication, courtesy, behavioral and conversational skills. The activities and goal-related progress of each person receiving services at the START Therapeutic Resource Center is documented twice daily by counselors, and is reviewed every morning via conference call with each individual’s support team. A summary of the individual’s stay at the Center is compiled after their discharge, and provided to the individual’s support team.
2. The health care services provided in the facility include health monitoring and medication administration by personnel authorized under the He-M 1201 regulations. The START Therapeutic Resource Center does not schedule, attend, or provide transportation to medical appointments, but will transport individuals to and from Concord Hospital or Urgent Care in the event of medical or mental health emergencies.
3. All services listed in paragraph 2 are conducted under the guidance and review of a nurse-trainer or through orders of each person’s physician.

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**What to Expect During Your Stay at the START Therapeutic Resource Center**

Welcome! We are excited that you are coming to the START Therapeutic Resource Center, and hope you enjoy your stay with us.  Here at the Center, we serve individuals that occasionally struggle to be mindful of their safety and the safety of others, so we may do things differently at the START Therapeutic Resource Center in order to make sure everyone is safe. We want to make you aware that:

* There are alarms on all doors and windows (they are not locked).
* We lock up knives.
* We lock up the cleaning supplies.
* We lock up personal items such as toiletries and razors, these items will be accessible when needed.
* We bolt all framed pictures to the wall.
* We have exit door alarms.
* We have a locked pantry with a refrigerator and freezer in a separate area that is not accessible to guests. However, there is a refrigerator in the common dining area that will have drinks and healthy snacks available at all times.

We complete a thorough search and an inventory check sheet of what you brought with you when you arrive here at the Center.

**WHAT TO BRING:**

**Personal Belongings-**

Here is a list of things you should bring with you (depending on the length of stay):

* All the medications you are currently prescribed with an order for each from prescriber including over the counter medications and PRN medications. You must have enough medication for the entire length of your stay at the Center.
* 3-5 pairs of pants/shorts
* 3-5 shirts/tops
* 3-5 sets of undergarments (bras, tights, slip, underwear, boxers)
* 3-5 pairs of socks
* Shoes (sandals, tennis shoes)
* Coat or Jacket - depending on the season & weather
* 1-2 sets of pajamas
* Bathing suit
* Hair brush
* Toothbrush/toothpaste/dental floss
* Deodorant
* Shampoo/conditioner
* Body wash/soap
* Razor (this will be put away for safety when you arrive and will be accessible as needed). Usage of this item may be supervised.
* iPod - only if part of the Cross System Crisis Plan(must be in the intervention section) and can only be used at bedtime and during Independent Preferred Activity time – must be turned into staff
* Special foods for dietary reasons. If you are on a prescribed restricted diet you must have diet order from your prescriber along with your medication orders. Religious dietary needs will be met with prior arrangement with the START Therapeutic Resource Center.

On admission all items will be checked and inventoried. In the event that a guest arrives without adequate items the person who is dropping off the guest will be asked to bring the items to the center within 24 hours. A guest arriving without medication will only be admitted at the discretion of the nurse trainer. The person who is bringing the guest to the center must remain with the guest until the processes of medication review and personal items inventory is completed and will only leave when the START Center staff lets them know that the process is completed.

**WHAT NOT TO BRING**:

There are also things you cannot bring to the START Therapeutic Resource Center these include:

* DVDs/CDs
* Mobile phones
* Knives, guns, or any kind of weapon
* Alcoholic drinks
* Illegal drugs or drug paraphernalia, like needles or pipes
* Fireworks
* Food EBT card
* Debit or credit cards
* Money
* Portable gaming systems
* Laptops or computers

**What you MIGHT want to bring**:

* Cigarettes and a lighter if you smoke. If you bring a lighter or matches, these will be locked up for safety, and will be accessible as needed. A smoking schedule will be arranged and agreed upon with you prior to your stay.
* Pre-paid phone card for long-distance calls
* Personal pillow and blanket (bedding and linens will be provided)
* Rain gear (rain jacket, water boots, umbrella, etc.)
* Belt (if this is used in any inappropriate way, we will put it in a safe place while it is not in use)
* Pictures (No frames)
* Makeup – please limit to 5 items
* Jewelry – this is not suggested and the center cannot be responsible if lost or stolen

This is not an all-inclusive list. If you have a question about something you would like to bring, please ask your START Coordinator prior to admission.

**Policy for PRN Medication**

**Policy:** All guests at the START Therapeutic Resource Center will have access to specific psychotropic PRN medication if there is an active order from the prescribing physician.

**Rationale:**

* To support the guest with symptoms of agitation, anxiety, etc. as ordered by their prescribing practitioner.
* To support the guest in the use of PRN medication as a de-escalation technique, as prescribed by their prescribing practitioner.
* PRN protocols that reflect the prescribing physician’s orders will outline the specific symptoms necessary for the administration of PRN medication.

**Implementation**:

* START Counselors and the Resource Center RN will follow and comply with the prescribing physician medication order.
* START Therapeutic Resource Center Registered Nurse will complete a PRN Protocol Form that reflects the prescribing physician’s PRN medication order.
* START Counselors are trained with the 1201 Regulation and Nurse Enhanced Training. They are familiar with psychotropic medications and the associated side effects.

**Policy for Unsupervised Access for Guests (Individuals)**

**Policy:** To ensure the safety of guests (individuals) who stay at the START Therapeutic Resource Center, Community Bridges has implemented the following policy for unsupervised access to:

**Sharps (Knives, Razors, Needles, Scissors, etc…):**

All sharps will be locked-up at all times when not in use by staff. One-on-one supervision required when guests (individuals) are utilizing sharp objects that can potentially cause harm to themselves or others. The only sharp that is ever to be used at the Center by a guest with verbal approval from management is a butter knife, with eyes-on supervision by staff within an arms’ length

**Flammable Materials and Cleaning Supplies:**

All flammable materials and cleaning supplies are to be stored in a locked supply closet when not in use. They must be returned to the locked closet immediately after use. Guests (individuals) are to be supervised one-on-one at all times when using any of the above materials or supplies (excluding Clorox Wipes), unless otherwise stated by a START Therapeutic Resource Center administrator.

**Food and or Drinks (Food Pantry/Refrigerator):**

Food pantry door will be locked at all times. ONLY STAFF will enter this area. This door is clearly marked.

The START Therapeutic Resource Center has (1) refrigerator and (1) freezer in a separate area that is locked, and not accessible to guests. However, there is (1) refrigerator in the common dining area for guests that will have drinks and healthy snacks available at all times.

**The Community:**

Guests are to be accompanied by START Therapeutic Resource Center staff at all times while in the community unless an exception is otherwise granted by START Therapeutic Resource Center administrators (ie: if guests are out in the community with an authorized family member by guardian or they themselves if they are their own guardian). Guests can be signed out for periods of time by their guardian with necessary medication, during the time of their absence from the Center, the guardian assumes responsibility for medication administration.

**Policy on Videotaping Therapeutic Groups**

**Policy:** Guests may be videotaped during therapeutic groups.

**Rationale:**

* Therapeutic groups will be videotaped in order to aid in the orientation and training of START counselors. This will be done with the intent to provide better therapeutic group supports, and advance understanding and learning of the START model and group facilitation with regard to social inclusion and person-centered best practices.

**Implementation:**

* All videos will be used for internal training purposes only, and will otherwise be covered by all applicable rights of confidentiality.
* START Therapeutic Resource Center Clinical Director will review a random sample of the groups and provide feedback in order to ensure that Resource Center staff continue to develop therapeutic group leadership tools and skills.
* Video camera and recordings will be stored electronically and confidentially in a HIPAA compliant manner. They will be deleted after three months.
* UNH-IOD consultants will have viewing only access to the recordings, electronically, stored in a HIPAA compliant manner.
* If video recordings will be used for teaching outside of the START Therapeutic Resource Center, additional permission will be requested.
* Permission to video record therapeutic groups in the above manner is obtained in writing at the time of admission from guardians or the guest themselves if they are their own guardian. Guests at the Center are aware of the recordings at the time they are done and have the right to decline.

**Policy for Guest Access to Healthy Food and Non-Caffeinated Beverages**

**Policy:** All guests will have access to healthy food and non-caffeinated beverages.

**Rationale:**

* Guests are encouraged to eat nutritious foods and practice a healthy lifestyle while staying at the center.
* Non-caffeinated beverages will be available to all guests.

**Implementation:**

* Healthy snacks are available at all times with a fruit bowl on the kitchen counter and in a small refrigerator in the dining room that contains bottled water and healthy snacks.
* The day’s meals and menu will be posted on the kitchen white board at all times.
* Limits and restrictions will be applied to surplus food and unplanned menu items.
* Decaffeinated coffee, milk, hot chocolate and juices may be limited to 2 cups per day
* Caffeinated and carbonated beverages are not allowed at the Center.

**Alarm System Policy**

**Policy:** All bedroom windows and exit doors will be alarmed and monitored.

**Rationale:**

* To ensure and monitor all the whereabouts of guests at all times.
* To provide a warning signal to staff if a guest attempts to leave the facility without supervision.
* To ensure safety for all guests while at the START Therapeutic Resource Center.

**Implementation:**

* Alarm system sensors are installed on all bedroom windows and exit doors.
* All START Counselors have an access code to disarm the alarm system.
* When the alarm is triggered, START Counselors will check to determine which sensor has been tripped, then silence the alarm by entering the access code. The alarm system must then be re-armed and residents visibly accounted for.
* When a guest attempts to leave the START Center without supervision , or successfully leaves the Center without supervision (Please refer to Leaving without Supervision Procedure for detailed information.)
  + Staff will contact Boscawen Police Department directly.
  + Staff will then contact the On-Call Clinical Staff and START Center Director to inform them and for consultation.
* The alarm system is monitored by Central Alarm Monitoring System. Telephone number:

1-800-639-2066

**Leaving Without Supervision Procedure**

**Leaving without Supervision:** When a guest of the START Therapeutic Resource Center leaves the Center with or without staff observation or knowledge of the guest’s departure.

**Prevention:** The START Therapeutic Resource Center utilizes a monitored alarm system in addition to line-of-sight supervision by staff to discourage and prevent guest elopement. (See “Alarm System Policy” and “Policy for Staffing Levels and Patterns”)

**Should a guest attempt to leave the Center without supervision:** In the event a guest attempts to leave the START Therapeutic Resource Center without supervision, staff should employ the following techniques:

1. Staff should follow the guest at a safe distance, speaking calmly, and remembering to reassure the guest. Staff should validate the guest’s feelings and present as being indifferent toward provocation. When possible, it is recommended that the staff-to-guest ratio be 2:1. Consideration should be paid to whether the guest has developed a negative opinion of a particular staff. If so, that staff should be excluded from attempts to return the guest to the Center unless factors such as staffing levels, competency, or physical limitations dictate otherwise. Staff attempting to return an eloping guest should also be mindful of the guest’s personal space, as crossing into an already dysregulated individual’s personal zone (~5ft in front, ~1.5ft to the side, and ~3ft to the rear) can cause increased anxiety and intensify dysregulation. Additionally, staff should be mindful of their body language, posture, gestures, and facial expressions. It is important to remember that as long as a guest is not in danger or endangering others, staff can continue to walk with the guest until the end of Corn Hill Road then the Boscawen Police will be called.
2. Should a guest indicate an intention to endanger themselves or others, staff should employ the least restrictive MOAB technique necessary to ensure the safety of the guest. Staff should position themselves in a way that is advantageous, but unthreatening to the guest, and attempt a MOAB Non-Contact Escort.
3. If the guest becomes a threat to their own safety, or the safety of others, staff should immediately intervene using the least restrictive MOAB technique necessary to manage the guest’s unsafe behavior. A MOAB Basic Escort hold should be used to escort the guest back to the Center. Should the guest continue to engage in unsafe behavior, staff should employ a MOAB Resistive Escort hold. It is important to note that staff can move between the MOAB Resistive Escort hold, and Basic Escort hold as needed to appropriately respond to the guest’s behavior. Staff should also be aware of their surroundings, noting potential weapons, loose footing, tripping hazards, and other dangers to the guest, staff, and others.
4. Should the guest’s behavior become assaultive, homicidal, suicidal, or rise beyond the level of staff’s physical intervention and verbal skills, staff should call 911 for police intervention. Staff should be consistently aware of their location, noting nearby addresses, landmarks or cross streets to aid first responders in locating the guest quickly. In addition to their location and nature of the emergency, staff should be sure to inform the police dispatcher of any pertinent information regarding the guest’s mental health diagnosis or medical conditions during the 911 call.
5. In the event of police involvement, staff should immediately contact the START Therapeutic Resource Center Directors and START Clinical On-Call once the police have determined that the situation is safe and secure.
6. Any attempt to leave the center without supervision will require the completion of an Incident Report by a staff who directly witnessed the incident. The Incident Report should be immediately submitted to the START Therapeutic Resource Center Director upon completion and then forwarded to the NH START Program Director and the NH START Clinical Director, the QI Coordinator, the guardian and the on-call START Coordinator (who will ensure the area agency on-call is notified and the report forwarded to the START case coordinator for follow-up).
7. Should staff need to physically intervene with a guest; a staff directly involved with the physical intervention will be required to complete a Restraint Report as well as an Incident Report. The Restraint Report should be immediately submitted to the START Therapeutic Resource Center Director upon completion.

**Should a guest successfully elope from the Center without the knowledge of Center personnel:** In the event a guest is successful in leaving the Center unsupervised, staff should take the following steps upon discovering that a guest has left the Center:

1. The shift leader should direct staff to ensure that all other guests who are staying at the Center are accounted for. Staff should engage those guests in a group activity in order to divert the guests’ attention away from the search for the eloped guest.
2. The shift leader should then complete a thorough search of the START Therapeutic Resource Center grounds, starting with the Center itself and working away from the Center to the outer reaches of the property. If the guest is located at any point in the search, the shift leader should follow the procedure detailed in the section labeled **“Should a guest attempt to leave the Center without supervision”.**
3. If the shift leader is unsuccessful in locating the guest within a 5 minute time frame they should contact the START Therapeutic Resource Center On-Call and the Boscawen Police Department and then continue to search the grounds. The START Therapeutic Resource Center On-Call will either respond to the Center immediately to assist in the search, or contact additional off-shift staff to aid in searching for the guest at their discretion. If the guest is located at any point in the search, the staff should follow the procedure detailed in the section labeled **“Should a guest attempt to leave the Center without supervision”.**
4. If the guest’s absence was discovered **prior to police arrival,** the shift leader should contact the Boscawen Police Department to report the missing guest has been found. The shift leader should be prepared to give the police dispatcher relevant information pertaining to the guest’s appearance prior to contacting the police such as: the guest’s name, gender, age, height, weight, hair color, and a description of the guest’s clothing. Should the guest have any other relevant diagnoses that if omitted could cause the guest to be at risk from police intervention, exposure to the elements, motorists, or interaction with members of the community, the shift leader should also share those with the police dispatcher.
5. Once the police have been called, the shift leader should remain available to field phone calls from the START Therapeutic Resource Center On-Call, as well as interface with the Boscawen Police as needed. It is recommended that the shift leader delegate all day-to-day responsibilities at the Center to the other staff on-shift until the guest is located and returned, or until cleared to do so by the START Therapeutic Resource Center On-Call.
6. In the event of police involvement, staff should immediately contact the START Therapeutic Resource Center Director once the police have cleared them to do so.
7. Any attempt to leave the Center without supervision will require the completion of an Incident Report by a staff directly involved in the search for the guest. The Incident Report should be immediately submitted to the START Therapeutic Resource Center Director upon completion.
8. Should staff need to physically intervene with a guest; a staff directly involved with the physical intervention will be required to complete a Restraint Report as well as an Incident Report. The Restraint Report should be immediately submitted to the START Therapeutic Resource Center Director upon completion.

**Policy for Staffing Levels and Patterns**

**Policy:** The START Therapeutic Resource Center maintains a shift-specific staff-to-guest ratio that provides adequate supervision of guests.

**Rationale:** Guests at the Center have a history of significant mental health diagnoses and unsafe behaviors. The Center is often utilized as a step-down placement from an acute psychiatric care.

The criteria for establishing adequate staffing ratios and patterns will be developed for each program based on the acuity level of the guests, the skill and competency level of staff, and the environmental structure.

**Implementation:**

1. The acuity level of guest, level of the program intensity, physical layout of the Center and treatment needs of guests determine staff-to-guest ratio.
2. START Counselors will directly supervise the guests at all times. There is always sufficient staff to ensure adequate supervision.

Exceptions are made in the case of overnight sleeping and guests wishing for alone time in utilizing the Sensory Room or quiet reading time in their designated bedroom.

1. Overnight staff is able to provide ongoing, random, and frequent visual supervision of guests.
2. The minimum staffing ratio is at least 1:3 at all times and by shift are listed as follows:
   1. Team A ------ 7:00 a.m. to 3:00 p.m. (3:6)
   2. Team B ------ 3:00 p.m. to 11:00 p.m. (3:6)
   3. Team C ------ 11:00 p.m. to 7:00 a.m. (2:6)

**Policy for Crisis Intervention**

**Policy:** Management of Aggressive Behavior (MOAB) will be utilized for crisis intervention with guests at the START Therapeutic Resource Center.

**Rationale:** This system teaches staff to develop a relationship with the guests and maintain that relationship through effective communication and de-escalation strategies to avoid or prevent crisis.

The implementation of MOAB techniques will be consistent with the graduated MOAB procedures. Training on the physical aspects of MOAB will be conducted at least annually, and more often as determined by the START Therapeutic Resource Center Director and/or the Clinical Director.

**Policy for Intimate/Romantic Relationships**

Intimate/romantic relationships will not be allowed while guests are staying at the START Center.The START Center is a therapeutic facility during which time guests are receiving treatment. Like any therapeutic treatment setting, all guests are encouraged to remain focused on their goals and individualized treatment. Having an intimate or romantic relationship in this setting takes the focus off of the individual and on to somebody else and therefore will not be permitted.

If guests wish to seek relations outside of the center, it is encouraged they request via their guardians or the guest themselves if they are their own guardian of their desire to do so in the community.

**The START Therapeutic Resource Center does provide education regarding healthy relationships through therapeutic groups. If a guest expresses a desire to pursue a relationship with another guest, Center staff will provide a clear explanation of this policy, acknowledging that the pursuit of relationship is a human right.**

**Policy on Guest Phone Use**

**Policy:** It is the policy of the START Therapeutic Resource Center that all guests’ phone calls will be monitored by staff.

**Rationale:** The purpose of this policy is to ensure that phone calls placed by guests are limited to their approved list of contacts, and the content of phone calls is appropriate.

**Implementation:**

1. Guests will have a list of guardian-approved contacts (The guest will do this list themselves if they are their own guardian) for incoming and outgoing phone calls. ONLY contacts on the approved list may communicate with a guest while they are staying at the START Therapeutic Resource Center and START Coordinator.
2. Outgoing and incoming personal phone calls for guests will be limited to a maximum of 4 calls per day, with 2 calls being the norm.
3. The times for phone calls can be placed and received from 1:00 pm to 2:00 pm, and again from 7:00 pm to 8:00 pm. Guests need to request to make a phone call
4. Calls should last no longer than 15 minutes per call.
5. All calls will be placed and monitored in a common area where staff can observe conversations for appropriateness of content.
6. If an inappropriate conversation occurs, staff will cue the guest to change topics.
7. If the guest continues to engage in inappropriate conversation, the staff will end the phone call.
8. When guests are placing outgoing calls, staff will:
9. Dial the number
10. Confirm that the person from the approved contact list on the line
11. Hand the phone receiver over to the guest
12. Monitor the entire call, ensuring that it lasts no longer than 15 minutes.
13. When receiving incoming calls, staff will:
14. Ask the name of the person calling for the specified guest, and with whom they intend to speak – **Providing no information as to confirm or deny that the guest is staying at the Center.**
15. Confirm that the person calling is on that guest’s approved contact list
16. Hand the phone receiver to the guest
17. Monitor the entire call, ensuring that it lasts no longer than 15 minutes

**If the person calling for a guest is not on the approved list, state to the caller that you “Cannot confirm nor deny” the person is a guest staying at the START Therapeutic Resource Center**.

**Policy on Smoking at START Therapeutic Resource Center**

**Policy:** Guests who choose to smoke may do so in a designated smoking area with staff supervision. Guests are responsible for providing their own smoking materials. Smoking materials will be stored in a locked location and dispensed at the guest’s request and in accordance with the guest’s behavior plan.

**Rationale:** START Therapeutic Resource Center recognizes the right of many of its employees to work in an environment that is free of tobacco smoke. The Center also respects the right of employees and guests who choose to smoke to make personal decisions without interference, as long as those decisions do not interfere with the rights of other employees and guests.

**Implementation:**

1. No smoking will be allowed anywhere on the grounds or within the facility except for the outdoor designated smoking areas. This policy pertains to all staff, guests, and visitors at the START Therapeutic Resource Center.
2. Guests will smoke in a separate designated area at the rear of the building only (inside the gated area).
3. Visitors may smoke in rear of building in the guest-designated area, or in their vehicle.
4. Staff will smoke at the left side of building near the generator, or in their vehicle. See employee handbook for limitations on breaks and the Agency smoking policy.
5. Staff will ensure eyes-on supervision of guests while taking cigarette break. The supervising staff will remain outdoors while providing eyes-on supervision and be able to view the individual clearly during this time.
6. Staff will NOT smoke in the presence of guests or visitors at the START Therapeutic Resource Center.

**Policy on Mobile Phone and Internet Use**

**Policy:** It is the policy of the START Therapeutic Resource Center that guests will not have access to mobile phones or the internet.

**Rationale:** To ensure that all conversations are monitored, and guests will not have access to illegal or inappropriate websites.

**Implementation:**

Guests will not be allowed access to mobile phones. If a guest is admitted with a mobile phone, the device will be stored in the office or sent home.

1. Guests will not be allowed access to Center computers, and are not allowed internet connections during their stay at the START Therapeutic Resource Center.

**Electronic Device Policy (Adopted 12.12.19)**

**The START Therapeutic Resource Center does not allow electronic devices to be brought in by any guests.**

**The fundamentals of the START Therapeutic Resource Center are to work on therapeutic goals and coping skills in an environment designed to promote this work. With the structure and therapeutic nature of the START Therapeutic Resource Center, electronic devices are a distraction from full participation in the program.**

**We do have sound machines available if needed**

**Adaptive Device Policy (adopted 12.12.19)**

**The START center encourages the use of medical devices for independence and accepts them for guest stays under the following criteria:**

* **MD signed order with the medical device listed as well of operational uses the doctor has advised (i.e. Directions of a wrist splint and order with how many hours on or off a day).**
* **The medical device cannot be altered from original state and must be in full working order without the use of duct tape or other bandaging of the device.**
* **The medical device has to be in the weight criteria of all other medical devices (i.e. Walkers need to weigh 5-12 pounds, depending on the type of walker. (Bariatric walkers being the higher poundage due to reinforcement and durability).**

**Incident Reporting Policy**

**Definitions:**

1. **Incident**: an incident that includes but is not limited to:

* 1. **Medical** – illness (medical or psychiatric) resulting in medical attention (i.e. ER, Hospitalization, Urgent Care, etc.), injury (with or without medical attention), physical changes, unusual marks or bruises/skin changes, falls, medication refusals, or seizures.
  2. **Social** – behavioral or mental health episodes, or when a person known for always being happy, lively, and talkative, spends much of a day quiet and withdrawn, or a generally even-tempered person becoming loud and threatening.
  3. **Legal** – the guest’s (individual’s) rights were potentially violated (i.e. abuse, neglect, exploitation, or a service rights violation), the guest (individual) eloped or is missing, or police involvement.
  4. **Victim** – the guest (individual) was the victim of theft, assault, other crimes or was in a car accident.

1. **Incident report**: The documentation of a significant incident submitted on a specific form provided by Community Bridges. Any occurrence that fits the criteria in the definition of an “incident” above must be documented on an incident report. Please see Behavioral Event section #3 below for the one exception to this rule.

In situations involving medication errors, staff shall follow procedures as outlined in He-M 1201 Administration of Medications, and Community Bridges Medication Occurrence Reporting Policy. Medication Occurrence Reports shall be submitted to the Quality Assurance Coordinator within 24 hours (business days) of the occurrence.

**Significant Incident Notification Procedure:**

All START Therapeutic Resource Center Counselors must report to the START Therapeutic Resource Center Director on any occurrence of extraordinary events involving or pertaining to individuals served, according to the procedures listed below.

1. **Emergency Event** – In the event of an emergency concerning a guest, such as: fire emergency; missing person; police involvement; emergency room visit; hospitalization; serious illness; serious bodily harm or injury; imminent death or death; injury to others (caused by individual/guest); immediate displacement of individual/guest; or serious destruction of property (caused by individual/guest); the START Counselor shall IMMEDIATELY:
   1. Ensure the health and safety of the individual/guest, staff and community
   2. Notify the individual’s/guest’s guardian, primary contact, and the START On-Call Clinical (see On-Call Procedure below), and then
   3. Complete a written Community Bridges Incident Report form. This form shall be submitted to the START Therapeutic Resource Center Director, the START Center Leadership team and will be forwarded to the START Clinical On-call Coordinator who is responsible to inform the Area Agency Case Manager (or AA on-call coordinator) immediately and forward the Incident Report to them and the START case coordinator.
2. **Non-Emergency Event** – Staff observing a Incident (see definition above), but the event does not constitute an Emergency Event (as described in #1 above), the notification process will be the same as in #1 except that verbal notification of an after-hours event can be delayed until normal business hours (on-call notification not required). Written documentation requirements remain 24 hours (next business day).
3. **Positive Event** – Staff/providers who witness a significant positive event with an individual/guest are encouraged to document this event on an Incident Report Form. Examples could be someone displaying significant growth in a target area; someone reaching a goal for decrease of target behaviors; or someone speaking spontaneously for the first time. These positive events should be treated like a Non-Emergency Event except that verbal communication is not necessary. Communication can occur via email or voice mail, but written documentation on an incident report form is requested.
4. **Potential Client Rights Violations**- In cases of known or suspected neglect, abuse, exploitation or service rights violation, the staff person aware of the situation will first ensure the health and safety of the individual, and will then notify the START Therapeutic Resource Center Director, START On—Call Clinical and START Center Leadership immediately. The START Therapeutic Resource Center Director will then notify the START Coordinator of the sending Area Agency and Guardian of the situation. An incident report shall be submitted to the START Therapeutic Resource Center Associate Director within 24 hours of awareness of a potential rights violation (preferably within 12 hours). Procedures as outlined in He-M 310, the Rights of Persons Receiving Developmental Services in the Community; He-M 202, Rights Protection Procedures; and 161-F regarding reporting to BEAS shall be followed.

**Incident Report Procedure:**

1. The START Counselor will first assure the health and safety of the individual receiving services by assessing if there is a need to contact 911 due to the severity of the injury, illness, or behavior, if there is victimization of the individual or if there is a fire. If 911 must be contacted, continue to step 2, if not skip to step 4.
2. If the incident requires a call to 911, the START Counselor will first assure immediate safety (for example taking someone from a burning building or beginning CPR), second, make that call to 911, and third, when the individual/guest is safe and medically/behaviorally stable, will begin notification of appropriate parties including START Therapeutic Resource Center Director, START Clinical On-Call coordinator and Guardian (if there is one).
3. The START Counselor will follow instructions given by the START Therapeutic Resource Center Director or START On-Call Clinical. Such instructions may include, notifying medical personnel, police, BEAS/ BDS, or guardian(s) regarding the incident and should be followed immediately.
4. If the incident is a Non- Emergency Event, verbal notification to the START Therapeutic Resource Center Director or START On-Call Clinical within 12 hours is needed. Such incidents may still require further action so contact with the START Coordinator is essential. Contact with the START Therapeutic Resource Center Director should follow requirements established by the agency.
5. When the situation is resolved to the point that the individual receiving services and all others involved in the significant incident are physically safe and medically/behaviorally stable, all appropriate notifications have been made, and instructions followed, the incident report form must be completed.
6. The first section of the incident report contains basic information about the situation, including the individual’s/guest’s name, date of incident, time of incident, staff/ provider’s name, provider agency’s name (**not the name of the residence**), staff to individual/guest ratio (at the time of the incident), and the type of incident. All types of incidents that apply should be checked off in this section (e.g. hospitalization- medical, injury requiring medical intervention, police involvement, etc.).
7. The incident report form has blank lines available for the description of the incident.
   1. A brief description of the circumstances just before the incident including where the individual/guest receiving services was, what the individual/guest was doing, who else was there, etc.
   2. Description of the incident including how it began, what happened, who was involved, staff’s response, and how it was resolved.
   3. What happened as an immediate follow-up to the incident?
8. On the second page of the incident report form, there are blank lines for the description of the condition of the individual receiving services after the incident. The next section should be completed according to who was notified of the incident, including the date, time and method of contact. The guardian, if applicable and START Therapeutic Resource Center Director or START On-Call Clinical should be notified for all incidents.
9. The next section is for the START Therapeutic Resource Center Director to describe his/her instructions to the START Counselor and the agency follow-up. The center director should complete this section in a timely manner so that the incident report form can be submitted to the START Coordinator within 24 hours of the incident (if this falls on a weekend or holiday, it must be submitted by the next business day). In circumstances when the form cannot be reviewed and completed by the supervisor within 24 hours, it is imperative that the START Counselor or START Therapeutic Resource Center Director contact the START Coordinator before the end of the business day or sooner to advise him/her about the incident and the follow-up being provided for the individual.
10. The incident report form can be hand delivered, faxed or emailed (password protection is required) to the START Therapeutic Resource Center Director.
11. The incident report form is received by the START Therapeutic Resource Center Director. The START Therapeutic Resource Center Director reviews the contents and determines if immediate follow-up is necessary. Reasons for immediate reply may include:
    1. To ask for a more readable or legible copy of the form.
    2. To ask for a more complete description of the incident or the follow-up provided.
    3. To provide instructions for further notification, for example to BEAS/ BDS, or further follow-up (e.g. to make an appointment with the individual’s primary care physician).
    4. To ask for an update on the condition of the individual/guest.
    5. To offer consultation to the provider agency.
    6. To ascertain if the START behavior plan was appropriately implemented.
    7. To obtain any missing information from the report (e.g. date, time, staff’s name, staff’s signature, program manager follow-up/ signature, guardian notification, etc.). Certain missing information on the report would require the report to be resubmitted (e.g. missing signature).

In an effort to maintain quality of reporting, the START Therapeutic Resource Center Director will schedule an annual Quality Improvement training for all staff.

1. The START Therapeutic Resource Center Director determines if there is a pattern that must be addressed or if any other notifications or actions are needed. Then assures that the appropriate actions are taken and contact the START Coordinator.
2. The START Therapeutic Resource Center Director completes the Program Manager Review/Follow-up section of the form, signs it, and forwards it to the START Coordinator of the sending area agency.

**On-Call Procedure:**

During non-business hours (between 5:00 pm- 8:30am Monday through Friday, and all day on weekends and holidays), START Counselors must contact the START Therapeutic Resource Center On-Call staff at (603) 892-8241 or START Therapeutic Resource Center Clinical On Call for all Emergency Events.

1. Protocol for Center On-call:

When there is a need for additional or substitute staffing, the START Counselors or Shift Leader calls the Center On-call. This can occur when a START counselor calls out sick or needs to go home for illness or personal reasons. The staffing ratio must be maintained at 1:2 it is critical for the Center on-call counselor to either find a replacement for that shift or to cover the shift themselves.

1. Protocol for Clinical On-call:

* The Clinical On-call staff will respond to situations or crisis that the staff is feeling overwhelmed by or unable to manage alone but has not yet risen to the level of calling 911.
* If a guest’s behavior is appearing to need emergency support, but staff is unsure if the guest needs a clinical evaluation, the on-call coordinator can consult by phone or in some instances, in-person.
* An individual in the milieu is struggling and the START Counselors would like clinical recommendations from the Clinical On-call. This can include coaching on the individuals START Cross Systems Crisis Plan (CSCIP).

The Clinical On-call staff will provide clinical clarity if staff is attempting to use information from the individual’s record to help understand an individual or an individual’s behavior that is not clear. When calling the START Therapeutic Resource Center Clinical On-Call, staff should have the following information available (some information may not be available for the initial call, so a follow-up call may be necessary):

* 1. Summary of incident (e.g. antecedents, who was involved, what happened, where, how, staff’s response, response of others- such as police, etc.)
  2. Follow-up to the incident-
     1. What are the current situation/ status with the individual/guest?
     2. Where are they?
     3. How are they doing?
     4. Any treatment received?
     5. Is there a plan for future action (e.g. further medical tests, mental health evaluation, admission to hospital or NHH, returning to regular residence, going to alternative placement (location needed), additional staff or interventions necessary, etc.)
  3. Who was notified?
  4. What medical, psychological, or personal concerns have occurred with the individual/guest recently?
  5. Any changes to the individual’s/guest’s program recently
  6. Any other pertinent information

1. Protocol for Medical On-call:

There is a registered nurse available 24/7 for START Counselors at the Center to contact.

The Nurse (RN) and/or the contractual RN who share in the rotation of on-call responsibilities for the Resource Center. Staff contacts them in the event that an individual demonstrates or reports symptoms of medical concern, such as pain or fever. If the RN is present in the milieu, they provide a brief nursing assessment of the individual to determine if medical support or first aid is required. If they are on-call, they are contacted by phone and provide coaching about what level of intervention is needed. This might include basic first aid, a trip to urgent care or to the local emergency room, depending on the severity of the symptoms.

Important to note: The On-call staff are available at all times during on-call and be ready to travel to the Center if necessary.

**Policy for Self Administration of Medications**

**Policy**: While guests are provided services within the START Therapeutic Resource Center, guests will not be authorized to self-administer medications under any circumstances.

**Rationale:** To ensure the safe administration of medications, the START Therapeutic Resource Center has implemented the preceding policy.

**Implementation:** Staff who have successfully completed the 1201 curriculum and have been subsequently authorized to administer medication by the Nurse Trainer or a licensed nurse will follow the 1201 regulations to administer medication to guests.

Annual training will be documented, signed and kept on file.

**START Therapeutic Resource Center Policies & Procedures Authorization Sheet**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the legal guardian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood the START Therapeutic Resource Center Policy & Procedure Manual, and authorize the implementation of the restrictions, policies, and procedures contained therein. I further authorize the suspension of any existing behavior plans, restrictions, or privileges for this individual that conflict with START Therapeutic Resource Center Policies & Procedures. Elements of the START Therapeutic Resource Center Policies & Procedures may be amended, modified, or suspended at the request of the Legal Guardian or START Therapeutic Resource Center Treatment Team if specific START Therapeutic Resource Center polices or procedures are found to be in conflict with, detrimental to, or have been shown to inhibit an individual’s progress toward treatment goals. Requests for individual-specific amendments, modifications, or suspensions of START Therapeutic Resource Center Policies & Procedures must be approved by the START Therapeutic Resource Center Director prior to implementation.**

**Signature of Legal Guardian Date**